



BEYOND SCREENING

Achieving California's Bold Goal of
Reducing Exposure to Childhood Trauma

October 2020

THIS REPORT WAS DEVELOPED BY THE CALIFORNIA FUNDERS WORKGROUP ON PREVENTION AND EQUITY, WHICH INCLUDES:



Blue Shield of California Foundation is an independent licensee of the Blue Shield Association



THE REPORT WAS WRITTEN BY PREVENTION INSTITUTE:

Juliet Sims, RD, MPH and Manal J. Aboelata, MPH

ACKNOWLEDGEMENTS

The authors would like to thank the following organizations for contributing content or providing feedback on select strategies outlined in this paper:

Children Now

California Coalition Against Sexual Assault

California Partnership to End Domestic Violence

First 5 Alameda County

California LGBTQ Health and Human Services Network



Prevention Institute (PI) is a national nonprofit with offices in Oakland, Los Angeles, Houston, and Washington, D.C. Our mission is to build prevention and health equity into key policies and actions at the federal, state, local, and organizational levels to ensure that the places where all people live, work, play and learn foster health, safety and wellbeing. Since 1997, we have partnered with communities, local government entities, foundations, multiple sectors, and public health agencies to bring cutting-edge research, practice, strategy, and analysis to the pressing health and safety concerns of the day. We have applied our approach to injury and violence prevention, healthy eating and active living, land use, health systems transformation, and mental health and wellbeing, among other issues.

California is facing a crisis: adverse childhood experiences. Fifteen percent of children under the age of five show signs of experiencing abuse or neglect¹, 5% of children have an incarcerated parent², and 20% of children report witnessing a family assault.³ According to the California Department of Public Health, two-thirds of adults in the state say they experienced a traumatic childhood experience, such as abuse, neglect, or exposure to violence,⁴ and children who grow up in households where parents have been exposed to these kinds of experiences are more likely to experience them, too.⁵

These adverse childhood experiences (ACEs) impact Californians' physical and mental health throughout the course of their lives. Research shows that individuals who experience ACEs are at greater risk for chronic diseases, depression, and substance abuse. According to the US Centers for Disease Control and Prevention (CDC):

"ACEs can have negative, lasting effects on health, wellbeing, and opportunity...The evidence confirms that these exposures increase the risks of injury, sexually transmitted infections, including HIV, mental health problems, maternal and child health problems, teen pregnancy, involvement in sex trafficking, a wide range of chronic diseases, and the leading causes of death such as cancer, diabetes, heart disease, and suicide." ⁶

That's why it's so important that Governor Newsom and the state's first surgeon general, Dr. Nadine Burke Harris, have prioritized addressing ACEs and improving children's mental health. Surgeon General Burke Harris has laid out an ambitious goal: California will reduce the burden of ACEs by 50% in a generation.⁷ Toward this end, Governor Newsom included \$45 million in the state's [2019-2020 budget](#) to screen California Medi-Cal recipients for ACEs and link at-risk families to interventions and services.

This investment in screenings is an important and laudable first step that will enable providers to treat ACEs, hopefully through early intervention. But clinical screenings *alone will not prevent* children from experiencing trauma and abuse in the first place.

“ Fifteen percent of children under the age of five show signs of experiencing abuse or neglect. ”

To prevent ACEs and support the health and wellbeing of all California families, our efforts will need to address the inequitable community conditions that increase the risk of ACEs for children, families, and across whole communities. Without addressing systemic, community-wide factors that fuel toxic stress⁸ and trauma, ACEs would more likely occur. Systemic racism, a hostile climate for immigrants, displacement, economic inequity, and unequal access to health-promoting resources like parks and public transit all contribute. Without addressing these underlying causes, we will not dramatically reduce ACEs in California.

COMMUNITY FACTORS CAN REDUCE—OR INCREASE—THE LIKELIHOOD OF ADVERSE CHILDHOOD EXPERIENCES

A strong and growing evidence base demonstrates the role community environments play in shaping health, mental wellbeing, safety, and equity.^{8,9,10} According to [County Health Rankings](#), which measures vital health factors in nearly every county in the United States, health outcomes are shaped far more by community factors, including the social, economic, and physical environment, than by clinical care or personal health behaviors.

⁸ Toxic stress can occur when a child experiences prolonged activation of the stress-response system.

In the *American Journal of Preventive Medicine*, Craig A. McEwen and Scout F. Gregerson of Bowdoin College describe why it's time to broaden ACEs interventions to take into account the wider context of the social determinants of health:

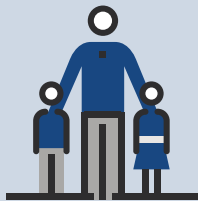
“This wider context invites research, practice, and policy that address the significant adversities children face resulting from child poverty, economic and racial segregation, unaffordable housing, stagnant wages, and weak social supports for parents and caretakers.”¹¹

In California, a wider context for understanding ACEs would take into account factors like historical and institutionalized racism, which the American Association of Pediatrics (AAP) recently recognized as a social determinant of health.¹² AAP outlines three levels through which racism operates: (1) institutional*, (2) personally mediated†, and (3) internalized‡.¹³ On a community level, institutional racism—expressed through the implicitly or explicitly discriminatory policies and practices of social institutions (eg, governmental organizations, schools, banks, and courts of law)—has segregated communities of color from health-promoting resources and exposed these communities to

“ The complex, cumulative impact of racism has been linked to preterm birth and mental health challenges in children and adolescents, and can predispose individuals to chronic disease. ”

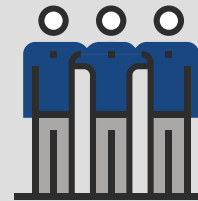
health threats like environmental hazards, disinvestment, and violence. Institutional and personally mediated racism can result in internalized racism and chronic stress, leading to trauma and a diminished sense of self in youth of color.^{14, 15}

The complex, cumulative impact of racism has been linked to preterm birth and mental health challenges in children and adolescents, and can predispose individuals to chronic disease.^{16, 17} Across California the health impacts of racism are borne out in life expectancy segmented by race and place: In Oakland, for example, an African-American child who lives in the low-income flatlands will, on average, die 14 years earlier than a White child who lives in the affluent hills.¹⁸



Adverse Childhood Experiences

- Physical abuse or neglect
- Sexual abuse
- Emotional abuse or neglect
- Parent or caregiver treated violently
- Substance misuse within household
- Household member who has mental illness
- Parental separation or divorce
- Incarceration of household member



Adverse Community Experiences

- Concentrated poverty and economic instability
- Housing displacement and homelessness
- Deteriorated community conditions caused by underinvestment and the flight of businesses out of communities
- Failing school systems
- Inequitable access to parks and green spaces
- Residential segregation/ segregation from opportunity
- Racism and anti-immigrant bias
- Disproportionate exposures to toxics and pollution
- Poor transportation and food systems

*Institutional (structural) racism is defined as differential access to goods, services, and opportunities of society by race. Institutional racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator.

†Personally mediated racism is defined as prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race.

‡Internalized racism is defined as acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth.

Current-day policies like separating immigrant families at the border and rhetoric that inflames hatred against immigrants also contribute to adverse childhood experiences and trauma. This is especially important in California, where nearly half of children under the age of five are children of immigrants.¹⁹

Other forms of oppression and discrimination also produce disproportionate ACE impacts in certain populations—for example, lesbian, gay, bisexual, and transgender individuals report disproportionately higher prevalence of ACEs, particularly in the area of parental abuse. Gender-nonconforming individuals also report higher levels of abuse, pointing to the role of social norms around gender roles in mediating ACEs.²⁰

A child-by-child or family-by-family approach to ACEs that does not address the broader community context may be limited in terms of its potential effectiveness. McEwen and Gregerson note that the ACEs index fails to account for many dimensions of childhood adversity derived from social inequalities and thus underrepresents the presence of adversity among patients and in communities. To account for this, some researchers are calling for inequities including experiencing racism and living in unsafe neighborhoods to be recognized as ACE factors²¹

Broadening our understanding of ACEs to address *adverse community experiences* would mean evaluating and addressing adverse experiences that happen inside and outside the home.

In [Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#), the CDC recommends addressing negative community conditions that are associated with ACEs.²² The CDC reports that:

“ACEs and associated conditions, such as living in under-resourced or racially segregated neighborhoods, frequently moving, experiencing food insecurity, and other instability can cause toxic stress. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of multigenerational poverty resulting from limited educational and economic opportunities.”

Indeed, a community’s physical, social, and economic conditions can either support or undermine health, mental wellbeing, and safety. Community conditions can either become risk factors for poor health, mental wellbeing, and safety outcomes (e.g., unsafe or unaffordable housing) or protective/resilience factors supporting good health, mental wellbeing, and safety (e.g., supportive, affordable housing).

A Pair of ACEs: Understanding the Impact of Adverse Community Experiences on Adverse Childhood Experiences

When community factors undermine health, mental wellbeing, and safety, these conditions can be understood as adverse community experiences. Adverse community experiences contribute to community trauma, which in turn contributes to and exacerbates adverse childhood experiences in two ways:

1.

Community trauma increases risk factors that make adverse childhood experiences more likely to occur⁵¹

- Adverse community experiences contribute to trauma across the community, too often on top of the trauma that individuals may already be experiencing, creating negative cumulative impact.
- Community trauma is a risk factor for community violence, which can increase exposure to adverse childhood experiences.

2.

Community trauma reduces resilience factors that protect against the impact of adverse childhood experiences

- Community trauma is a barrier to putting effective community improvement strategies in place. Communities with high rates of trauma are compromised in their capacity to be part of the solution.^{52, 53}
- Community trauma compromises social networks and support—a protective factor against toxic stress.⁵⁴

THE OPPORTUNITY TO EXPAND CALIFORNIA'S APPROACH

As California embarks on its campaign to reduce adverse childhood experiences and the health and mental health conditions that can result from them, it is important that our approach include elements that *reduce adverse community experiences and build community resilience*.

The strategies that have emerged to prevent adverse experiences at the community and individual levels include those that focus on individuals and families, communities, and systems. These strategies are guided by principles of health equity, including the shared responsibility to ensure all children have a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded or dismissed from achieving this potential.²³ California's state government can play a vital role in facilitating and supporting efforts to improve community-wide health, safety, and wellbeing, by reducing exposure to trauma, and increasing individual and community resilience.

Below, we outline four strategy domains that create a framework for work and collaboration across multiple state agencies and offices, in partnership with community-based partners throughout the state. Taking a multi-sector, multi-discipline approach—one that reduces pressure on the healthcare system to solve the crisis—ensures that communities, philanthropy, healthcare, and local and state governments can be “all in” to address a public health challenge that matters to us all. Together, we can forge the path toward a healthy future for California's children and families.

1. Strengthen economic supports to families

Families' economic wellbeing and ability to meet their children's basic needs is acutely impacted by neighborhood circumstances. Historical and current policies and systemic disinvestment have created barriers to opportunity in certain neighborhoods,

“ California's state government can play a vital role in facilitating and supporting efforts to improve community-wide health, safety, and wellbeing...” ”

particularly those with higher numbers of families of color, making it essential to address inequitable access to economic resources in order to improve outcomes for young children, and promote safe, thriving communities. Parents that face financial hardship are more likely to experience stress, depression, and conflict in their relationships, all of which can negatively influence their relationships with children and their ability to buffer children from negative stress, increasing the risk of ACEs.^{24,25} About one in six Black and Latino California children live in areas of high poverty; Black and Latino Children are five times more likely to live in high poverty neighborhoods than White children in the state.²⁶ Strong evidence consistently links low income and poverty to ACE exposures and poor health, educational, and social outcomes for children in the long term.^{27,28} Addressing the social and economic inequities that increase the risk of ACEs is critical to achieving lasting sustainable effects.²⁹ Recommendations to consider:

- **Maximize statewide participation in the California Earned Income Tax Credit** by increasing culturally informed community outreach and education, and continue to expand the financial benefits to allow for greater participation and increased support to the lowest income families.
- **Ensure that all Californians can earn living wages.** That will require addressing exploitation, wage theft, unfair scheduling practices that generate economic instability and make it difficult for families to cover caregiving responsibilities, and the vulnerabilities faced by undocumented workers.

- **Strengthen California’s paid family leave program** and other forms of disability insurance in order to support parent-child bonding and provide financial stability to parents and caregivers experiencing short-and long-term disability. Within the paid family leave program, this includes raising the wage replacement benefit percentage and ensuring equitable access for low-wage earners, caregivers, and communities of color.
- **Incentivize and support** equity-oriented economic development, including investing in entrepreneurs of color, with a particular investment in women of color.
- **Remove barriers to employment and housing** among formerly incarcerated individuals and increase investments in adult education and training to help break the cycle of intergenerational poverty and reduce the number of people who are incarcerated.
- **Increase accessibility and the benefits** provided by programs that provide direct assistance to families, such as CalWORKS and CalFresh, in order to fully meet the needs of families in poverty.
- **Identify and implement policies** that allow immigrant families and mixed-status immigrant families access to social services that protect health, safety, and wellbeing, including Medi-Cal, Supplemental Nutrition Assistance Program (SNAP), and housing assistance.
- **Across governmental agencies, identify and eliminate fines and fees** that disproportionately burden low-income families, such as court fines and vehicle tickets.

2. Promote social norms that protect against violence and adversity

Norms are beliefs and expectations about how members of a community or society should behave.^{30,31} Norms can support or undermine health and wellbeing. For example, norms around masculinity that emphasize dominance and aggression or norms that treat domestic violence

“ Changing social norms that excuse or ignore violence and adversity can help prevent ACEs. ”

as a private matter rather than a public concern, can make violence and trauma more likely.³² On the other hand, norms that emphasize shared responsibility for the health and wellbeing of all children support safety and wellbeing.³³ Changing social norms that excuse or ignore violence and adversity can help prevent ACEs.³⁴

Policy change is an effective and valuable tool to foster healthy norms. When policy change is designed to undo or counter structural racism, for example, it has the capacity to de-normalize the inequities that have diminished the life chances of Black and Brown children and to support communities of color to heal from intergenerational trauma. Recommendations to consider:

- **Establish a statewide office or entity** to coordinate effective, community-based solutions to end cycles of violence, promote healing, and ensure community safety, and consolidate existing funding and programs for violence prevention that operate under California Victim Compensation Board, California Office of Emergency Services, and more.
- **Support full implementation and enforcement** of the California Values Act (SB 54) to ensure that California is a sanctuary state that protects immigrants’ rights and safety.
- **Strengthen and expand investments** in youth diversion programs and strategies that prevent initial contact with the juvenile justice system using approaches that are evidence-based, culturally relevant, healing-centered and developmentally appropriate, and evaluate program impact to ensure benefits are reaching communities with traditionally disproportionately high rates of systems-involved youth.

- **Invest Proposition 64**—the Control, Regulate, and Tax Adult Use of Marijuana Act—state and local tax **allocations** in programs and initiatives that promote health, safety, wellbeing, and racial justice, and do not contribute to over-policing and drug-related arrests in communities of color.
- **Use the re-alignment of the Division of Juvenile Justice** to the county level to engage local community-based organizations to help institute meaningful reforms that allow youth to live in small, close-to-home settings where they can maintain close contact with loved ones and supportive community members, and establish oversight by the Health and Human Services Agency.
- **Expand access to school-based programs** to prevent teen dating violence and sexual harassment, and promote expectations for caring, respectful, non-violent relationships among young people, such as the Shifting Boundaries program.
- **Explore and implement strategies** that support incarcerated parents and provide safe and quality parent-child contact through friendly, accessible visitation environments, and prepare parents for reentry.

3. Foster access to housing and health-promoting community development

Lack of affordable housing strains family budgets, displaces families from their homes and communities, and forces many families into substandard housing conditions in neighborhoods that often lack the resources to support health, safety, and wellbeing. Stable housing supports mental health and wellbeing for adults and children, and decreases financial stress, which enables families to cover other needs like childcare, healthy food, healthcare, and other expenditures that positively affect the health of families and young children.^{35,36} Linking affordable housing initiatives with equitable community development can support the revitalization of neighborhoods that have

“ Stable housing supports mental health and wellbeing for adults and children, and decreases financial stress... ”

historically experienced disinvestment by race and income, ensuring families have enough resources for food, early learning opportunities, healthcare, and other basic needs that support thriving children and communities. Such revitalization efforts can produce benefits like jobs, increased local purchasing power, and improved neighborhood quality, while decreasing risk factors associated with violence.³⁷ In support of these goals, recommendations to consider:

- **Adopt zoning regulations** that incentivize robust equitable development and community stabilization policies in transit-rich, job-rich communities where lower-income residents face increased risk of displacement. Other measures that support stable and inclusive communities include expanding tenant protections, preserving existing affordable housing, and developing multi-family, subsidized, supportive and extremely-affordable units.
- **Create family-friendly housing developments** that include childcare and outdoor play areas, particularly in mixed use buildings or those with affordable units.
- **Repeal legal mechanisms** that enable communities to maintain exclusionary housing practices based on race and income (e.g., Article 34) and the criminalization of poverty (e.g., overnight parking regulations).
- **Strengthen investments to remove lead and environmental hazards** from early care and education settings such as licensed childcare centers, schools and residences.

- **Support policies to improve air and water quality** and enact “green zones” that transform areas heavily impacted by environmental hazards, poor health, and low economic opportunities without displacing residents.
- **Incentivize Medi-Cal managed-care plans** to support community-based organizations and agencies engaged in community development activities that promote social connection and create health-and safety-promoting infrastructure, such as healthy food retail that supports local food systems, parks, youth centers, public art, and vibrant public spaces.
- **Increase the number and safety** of publicly-managed parks, open spaces, walking paths, and trails—and include quality youth programming and special play zones for toddlers—with the goal of eliminating racial and economic inequities in access to open space, recreation, and shade or cooling spaces.

4. Ensure a strong start for children and youth in educational settings

In order for the neighborhoods where children and families live out their daily lives to be safe, they must be able to offer equitable educational opportunities to children and youth. For children, relationships with others inside and *outside* the family plays a role in healthy brain development, as well as in the development of physical, emotional, social, behavioral, and intellectual capacities.^{38,39} High-quality childcare and preschool programs helps children build a strong foundation for future learning by improving their physical, social, emotional, and cognitive development, building language and literacy skills, and ensuring school readiness.^{40,41,42} For children and youth, having a positive connection to schools protects against youth violence,⁴³ including teen dating^{44,45} and sexual violence.^{46,47} Approaches that strengthen connections between home, early care and education, and school

“ For children, relationships with others inside *and outside* the family plays a role in healthy brain development...” ”

environments can be especially beneficial to economically disadvantaged children who may not have access to educational resources at home.^{48,49,50}

Recommendations to consider:

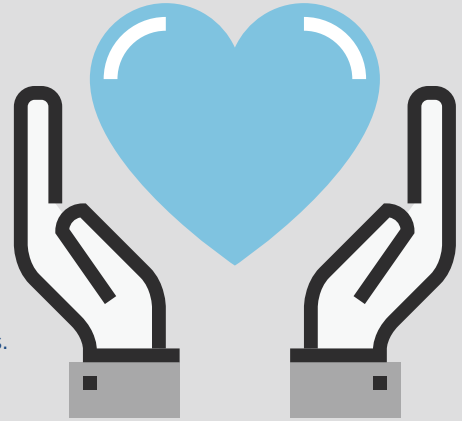
- **Create a coordinated early childhood system of care** that includes access to affordable, high-quality childcare and education programs; comprehensive health and development screenings and connection to support services; and programs that support families’ ability to forge strong connections. These programs should be culturally and linguistically appropriate and meet the needs of vulnerable and underserved communities.
- **Maximize the capacity of schools** to serve as primary prevention centers for youth by embracing the community-schools model, which brings together many partners to offer a range of supports and opportunities to children, youth, families, and communities.
- **Develop strategies in partnership** with local school districts that result in sustained equitable investments in our state’s under-resourced schools; and, increase overall funding for public schools by ensuring California corporations contribute fairly to the state’s public-school system and community infrastructure.
- **Make restorative justice an organizational practice** in education settings to support youth to stay in school and provide opportunities to develop important skills in problem-solving, conflict resolution, and job preparedness.

Healing as a Starting Point

For communities that have experienced community trauma, including the impacts of historical and present-day institutional racism, upfront strategies that prevent future community trauma and build resilience are most effective when paired with approaches that support healing. At the community level, healing is indeed a starting point for community agency, which is necessary for effective collective action to find solutions that improve community health.

Healing approaches can take a wide range of forms that operate on both the individual and on the community level. For example, individual healing may involve trauma-informed care and mental health services, while community healing may involve healing circles and vigils or instituting restorative justice practices and community dialogues that acknowledge transgressions and identify solutions for moving forward.

These approaches will look different in each community, but many of the most successful approaches draw on culturally based knowledge and practices, including indigenous, Black, and Latino cultural practices, values, and traditions. By engaging community members across generations, these practices help communities reconnect to, reaffirm, and celebrate cultural identity.



BUILDING A HEALTHY, SAFE, AND EQUITABLE CALIFORNIA FOR ALL CHILDREN

As California advances its ambitious goal to reduce the burden of ACEs by 50% in a generation, state government is uniquely positioned to complement screening and intervention with community-level strategies that both protect children from adverse experiences *and* foster supportive environments that help children and families to be more resilient in response to ACEs and heal from trauma that has occurred. Incorporating these community-level prevention and healing approaches will help to ensure that we prevent ACEs where we can, while promoting the healthy development of children in ways that support more equitable health and safety outcomes across the life course. Through engagement and partnership with multiple agencies, sectors, and communities, California can build momentum for change that ensures that communities, philanthropy, healthcare, and local and state governments align toward the shared vision of a healthy, safe, and equitable California for all children and families.

“ Through engagement and partnership with multiple agencies, sectors, and communities, California can build momentum for change that ensures that communities, philanthropy, healthcare, and local and state governments align toward the shared vision of a healthy, safe, and equitable California for all children and families. ”

- ¹ Putnam-Hornstein E. Cumulative Risk of Child Protective Service Involvement before Age 5: A Population-Based Examination. Children’s Data Network. <https://www.datanetwork.org/research/cumulative-risk-of-child-protective-service-involvement-before-age-5-a-population-based-examination>. Published October 2014. Accessed December 11, 2019.
- ² Children of Incarcerated Parents, a Shared Sentence: The Devastating Toll of Parental Incarceration on Kids, Families and Communities. The Annie E. Casey Foundation. <https://www.aecf.org/resources/a-shared-sentence/#summary>. Published April 18, 2016. Accessed December 16, 2016.
- ³ Domestic Violence. California Victim Compensation Board. <https://victims.ca.gov/victims/issues/domesticviolence>. Accessed December 11, 2019.
- ⁴ Let’s Get Healthy California, Healthy Beginnings, Reducing Adverse Childhood Experiences. California Department of Public Health. <https://letsgethealthy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences>. Accessed November 18, 2019.
- ⁵ Merrick M, Guinn A. Child Abuse and Neglect: Breaking the Intergenerational Link. American Journal of Public Health. 2018; 108(9): 1117-1118.
- ⁶ Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence. Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/82316>. Published 2019. Accessed November 14, 2019.
- ⁷ Written Statement of Dr. Nadine Burke Harris, Surgeon General of California, Before the Committee on Education and Labor, United States House of Representatives. Education and Labor Committee of the United States House of Representatives. <https://edlabor.house.gov/imo/media/doc/BurkeHarrisTestimony091119.pdf>. Published September 2019. Accessed December 20, 2019.
- ⁸ A Health Equity and Multisector Approach to Preventing Domestic Violence. Prevention Institute. <https://www.preventioninstitute.org/publications/health-equity-and-multisector-approach-preventing-domestic-violence>. Published July 2017. Accessed December 16, 2019.
- ⁹ Countering the Production of Health Inequities: A Framework of Emerging Systems to Achieve and Equitable Culture of Health. Prevention Institute. <https://www.preventioninstitute.org/countering-inequities>. Published December 2016. Accessed November 14, 2019.
- ¹⁰ Baciu A et al. and National Academies of Sciences, Engineering, and Medicine. Communities in action: Pathways to health equity. Washington DC: The National Academies Press; 2017.
- ¹¹ McEwen CA and Gregerson SF. A critical assessment of the adverse childhood experiences study at 20 years. American Journal of Preventive Medicine 2018; 56(6): 790-794.
- ¹² Trent M, Dooley D, Douge J. The Impact of Racism on Child and Adolescent Health. Pediatrics. 2019; 144(2).
- ¹³ Jones CP. Levels of racism: A theoretic framework and a gardener’s tale. Am J Public Health. 200; 90: 1212-1215.
- ¹⁴ Pachter LM, Coll CG. Racism and child health: a review of the literature and future directions. J Dev Behav Pediatr. 2009; 30(3): 255-263.
- ¹⁵ Hardy KV. Healing the hidden wounds of racial trauma. Reclaiming Children and Youth. 2013; 22(1): 24-28. <https://static1.squarespace.com/static/545cdfce4b0a64725b9f65a/t/54da3451e4b0ac9bd1dcd30/1423586385564/Healing.pdf>.
- ¹⁶ Trent M, Dooley D, Douge J. The Impact of Racism on Child and Adolescent Health. Pediatrics. 2019; 144(2).
- ¹⁷ Pachter LM, Coll CG. Racism and child health: a review of the literature and future directions. J Dev Behav Pediatr. 2009; 30(3): 255-263.
- ¹⁸ Alameda County Maternal, Child, and Youth Health Indicators. Community Assessment Planning and Evaluation Unit (CAPE), Alameda County Public Health Department. <http://www.acphd.org/media/472354/mch2017.pdf>. Published August 2017. Accessed December 20, 2019.
- ¹⁹ The Effect of Hostile Immigration Policies on California Children’s Early Childhood Development. The Children’s Partnership. <https://www.childrenspartnership.org/research/the-effect-of-hostile-immigration-policies-on-california-childrens-early-childhood-development>. Published November 18, 2019. Accessed December 16, 2019.
- ²⁰ Baams L. Disparities for LGBTQ and Gender Nonconforming Adolescents. Pediatrics. 2018; 141(5).
- ²¹ Cronholm P et al. Adverse Childhood Experiences: Expanding the Concept of Adversity. American Journal of Preventive Medicine. 2015; 49(3): 354-361.
- ²² Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence. Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/82316>. Published 2019. Accessed November 14, 2019.
- ²³ Health Equity. World Health Organization. https://www.who.int/topics/health_equity/en. Accessed December 20, 2019.
- ²⁴ Stith S M et al. Risk factors in child maltreatment: a meta-analytic review of the literature. Aggression and Violent Behavior. 2009; 14(1): 13-29.
- ²⁵ Capaldi DM, Knoble NB, Shortt, JW, and Kim HK. A systematic review of risk factors for intimate partner violence. Partner Abuse. 2012; 3(2): 231-80.
- ²⁶ Children Living in High Poverty Areas, by Race/Ethnicity in California - 2014-18. Kids Count Data Center from the Annie E. Casey Foundation. <https://datacenter.kidscount.org/data/tables/7753-children-living-in-high-poverty-areas-by-race-and-ethnicity#detailed/2/6/fal/se/1692,1691,1607,1572,1485,1376,1201,1074,880/10,11,9,12,1,185,13/14943,14942>. Accessed on June 1, 2020.
- ²⁷ Shonkoff JP, Garner, AS, and Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care and Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. Pediatrics. 2012; 129(1): 232-246.
- ²⁸ Cooper K and Stewart K. Does money affect children’s outcomes? A systematic review. Joseph Rowntree Foundation. <http://www.jrf.org.uk/publications/does-money-affect-childrens-outcomes>. Published October 22, 2013. Accessed November 14, 2019.
- ²⁹ Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence. Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/82316>. Published 2019. Accessed November 14, 2019.
- ³⁰ Basile KC et al. STOP SV: A technical package to prevent sexual violence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>. Published 2016. Accessed November 14, 2019.

- ³¹ Fortson BL et al. Preventing child abuse and neglect: a technical package for policy, norm, and programmatic activities. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>. Published 2016. Accessed November 14, 2019.
- ³² A Health Equity and Multisector Approach to Preventing Domestic Violence. Prevention Institute. <https://www.preventioninstitute.org/publications/health-equity-and-multisector-approach-preventing-domestic-violence>. Published July 2017. Accessed December 16, 2019.
- ³³ Fortson BL et al. Preventing child abuse and neglect: a technical package for policy, norm, and programmatic activities. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>. Published 2016. Accessed November 14, 2019.
- ³⁴ Basile KC et al. STOP SV: A technical package to prevent sexual violence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>. Published 2016. Accessed November 14, 2019.
- ³⁵ Maqbool N, Ault M, Viveiros J. The impacts of affordable housing on health: A research summary. Center for Housing Policy. <https://www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf>. Published April 2015. Accessed November 14, 2019.
- ³⁶ Bradley RH, Corwyn RF. Socioeconomic status and child development. Annual Review of Psychology. 2002; 53(1): 371-399.
- ³⁷ Wardrip K, Williams L, Hague S. The role of affordable housing in creating Jobs and stimulating local economic development. Center for Housing Policy. <https://providencehousing.org/wp-content/uploads/2014/03/Housing-and-Economic-Development-Report-2011.pdf>. Published January 2011. Accessed November 14, 2019.
- ³⁸ David-Ferdon C et al. A comprehensive technical package for the prevention of youth violence and associated risk behaviors. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>. Published 2016. Accessed November 14, 2019.
- ³⁹ Fortson BL et al. Preventing child abuse and neglect: a technical package for policy, norm, and programmatic activities. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>. Published 2016. Accessed November 14, 2019.
- ⁴⁰ David-Ferdon C et al. A comprehensive technical package for the prevention of youth violence and associated risk behaviors. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>. Published 2016. Accessed November 14, 2019.
- ⁴¹ Fortson BL et al. Preventing child abuse and neglect: a technical package for policy, norm, and programmatic activities. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>. Published 2016. Accessed November 14, 2019.
- ⁴² Niolon PH et al. Preventing intimate partner violence across the lifespan: a technical package of programs, policies, and practices. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>. Published 2017. Accessed November 14, 2019.
- ⁴³ Youth Violence: Risk and Protective Factors. Centers for Disease Control and Prevention. <http://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html>. Updated February 27, 2019. Accessed December 20, 2019.
- ⁴⁴ Capaldi DM et al. A Systematic Review of Risk Factors for Intimate Partner Violence. Partner Abuse. 2012; 3(2): 231-280.
- ⁴⁵ Cleveland HH, Herrera VM, Stuewig J. Abusive Males and Abused Females in Adolescent Relationships: Risk Factor Similarity and Dissimilarity and the Role of Relationship Seriousness. Journal of Family Violence. 2003; 18(6): 325-339.
- ⁴⁶ DeGue S et al. Identifying Links Between Sexual Violence and Youth Violence Perpetration: New Opportunities for Sexual Violence Prevention. Psychology of Violence. 2013; 3(2): 140-156.
- ⁴⁷ Basile KC et al. The theoretical and empirical links between bullying behavior and male sexual violence perpetration. Aggression and Violent Behavior. 2009; 14(5): 336-347.
- ⁴⁸ David-Ferdon C et al. A comprehensive technical package for the prevention of youth violence and associated risk behaviors. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>. Published 2016. Accessed November 14, 2019.
- ⁴⁹ Fortson BL et al. Preventing child abuse and neglect: a technical package for policy, norm, and programmatic activities. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>. Published 2016. Accessed November 14, 2019.
- ⁵⁰ Niolon PH et al. Preventing intimate partner violence across the lifespan: a technical package of programs, policies, and practices. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>. Published 2017. Accessed November 14, 2019.
- ⁵¹ Pinderhughes H, Davis R, Williams M . Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Prevention Institute. <https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing>. Published 2015. Accessed August 28, 2020.
- ⁵² Greiner KA, Li C, Kawachi I, Hunt DC, Ahluwalia JS. The relationships of social participation and community ratings to health and health behaviors in areas with high and low population density. Social science & medicine 2004;59(11):2303-2312. 30.
- ⁵³ Gebo E, Boyes-Watson C, Pinto-Wilson S. Reconceptualizing organizational change in the Comprehensive Gang Model. Journal of Criminal Justice 2010;38(2):166-173.
- ⁵⁴ Pinderhughes H, Davis R, Williams M . Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Prevention Institute. <https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing>. Published 2015. Accessed August 28, 2020.