

# Connecting the Dots: Addressing Multiple Forms of Violence

## Overview of presentation

- Introduction
  - Objectives
  - Who is in the audience?
- Prevention Institute
- Essentials For Childhood Initiative
- Break out questions
- Take home examples
- Next Steps

La'Quana Williams, MPH Prevention Institute

Steve Wirtz, Ph.D. California Department of Public Health

# Objectives

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- Describe shared risk and protective factors between sexual violence and other forms of violence.
- Learn about how communities across the country are leveraging research on shared factors to operationalize efficient and effective solutions to concurrently prevent many types of violence in the first place
- Identify how Essentials for Childhood aligns with sexual violence prevention efforts.
- Identify opportunities for potential collaboration in preventing violence in all of its forms



# Connecting the Dots: Addressing Multiple Forms of Violence

La'Quana Williams  
September 5, 2019  
CALCASA Conference

**PREVENTION**  
INSTITUTE



# Prevention Institute

# Connecting the Dots

## Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

Prevention  
and  
equity | Institute  
at the center of community well-being

## UNITY MAKING THE CASE



From a cycle of violence to a culture of safety:  
Leveraging connections to prevent multiple forms of violence

Photo Credit: CC Viktor Luis

An overview of the links among multiple forms of violence by the CDC and Prevention Institute

# Five connections between multiple forms of violence

1. Child maltreatment, sexual violence, intimate partner violence, and community violence are often experienced together.
2. Common underlying factors influence the likelihood of multiple forms of violence.
3. Different forms of violence have common impacts on individuals, families, and communities.
4. Exposure to one form of violence increases risk of further victimization and engagement in violent behavior.
5. Multiple forms of violence are shaped by common structural factors such as racism and sexism, resulting in inequities in rates of violence.

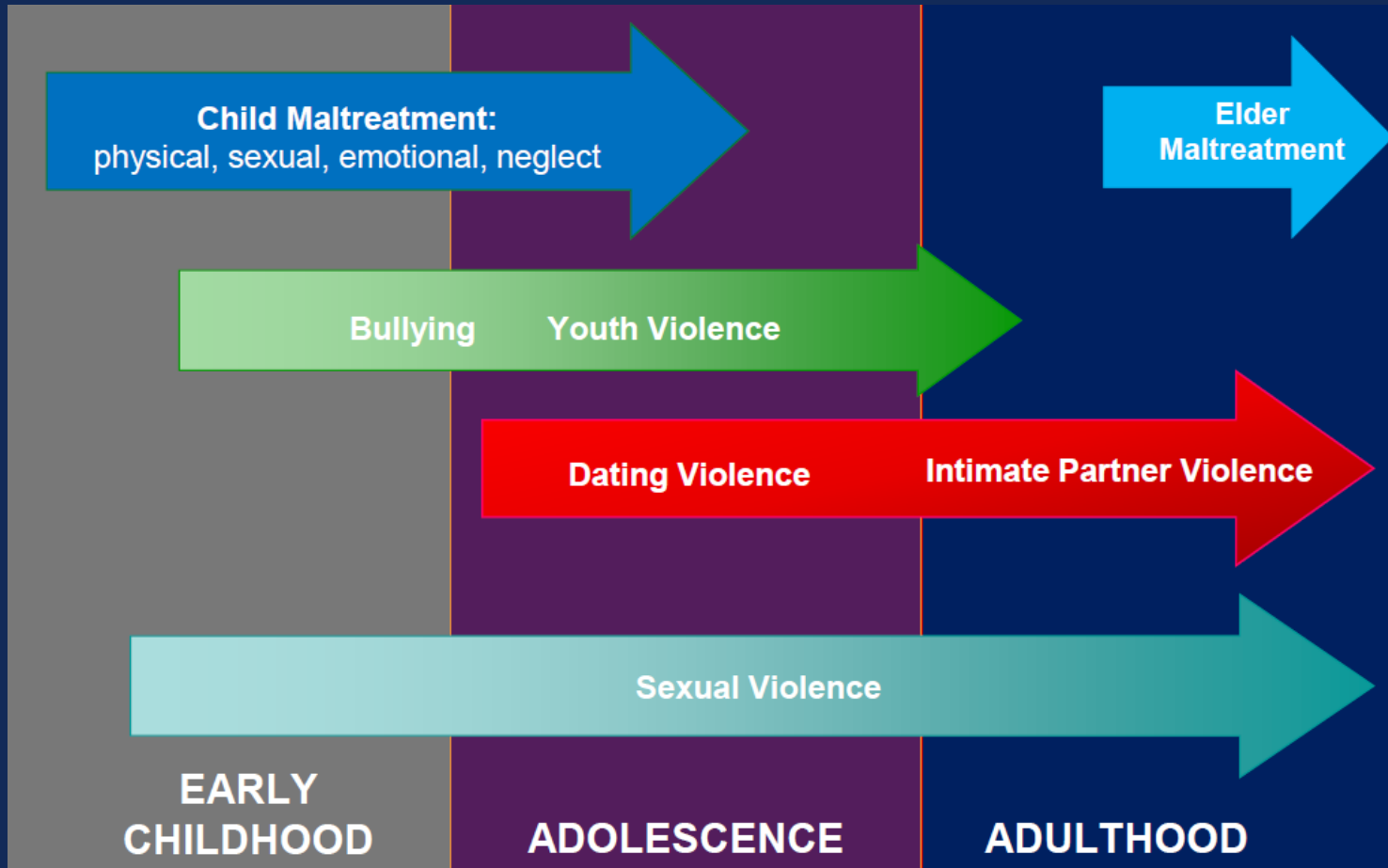


Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. **It's all connected.** We operate in these silos that we've got to break down.

Deborah Prothrow-Stith, M.D., Dean, Drew College of Medicine




# Different Forms of Violence



Source: Centers for Disease Control and Prevention, Division of Violence Prevention




# Individual Level Risk Factors

	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Low education	X	X	X		X	X	X	
Lack of non-violent problem solving skills	X	X	X	X	X	X	X	X
Poor behavior/ impulse control	X	X	X	X	X		X	
Violent victimization	X	X	X	X	X	X	X	X
Witnessing violence	X	X	X	X	X	X	X	
Mental health problems	X	X	X		X		X	X
Substance use	X	X	X	X	X	X	X	X

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

# Relationship Level Risk Factors

	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Social isolation	X	X	X		X	X	X	X
Poor parent-child relationships	X	X	X	X	X	X	X	
Family conflict	X	X	X	X	X	X		
Economic stress	X		X		X		X	X
Association w/ delinquent peers		X	X	X	X	X		
Gang involvement		X	X	X	X			


NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

# Relationship/Individual Level Protective Factors



	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Family support/ connectedness	X	X			X	X	X	X
Connection to a caring adult		X			X		X	
Association w/ prosocial peers		X			X	X		
Connection/ commitment to school		X		X	X	X	X	
Skills in solving problems non-violently	X	X			X		X	

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth




It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environment conspire against such change.

- Institute of Medicine



# Societal Risk Factors



	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Norms supporting aggression*	X	X	X	X	X			X
Media Violence				X	X	X	X	
Societal income inequality	X		X		X	X		
Weak health, educational, economic, and social policies/laws	X		X	X			X	
Harmful gender norms*	X	X	X	X	X	X		

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

\*Norms are generally measured at the individual level

# Neighborhood Risk Factors




	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Neighborhood poverty	X		X	X	X		X	
High alcohol outlet density	X		X		X		X	
Community violence	X			X	X	X		
Lack of economic opportunities	X		X	X	X		X	
Low Neighborhood Support/ Cohesion*	X	X	X		X		X	

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

\*Neighborhood support/cohesion typically measured at the individual level

# Neighborhood Protective Factors

	CM	TDV	IPV	SV	YV	Bullying	Suicide	Elder Abuse
Coordination of services among community agencies	X		X				X	X
Access to mental health and substance abuse services	X						X	
Community support and connectedness*	X		X	X	X		X	X

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

\*Community support and connectedness typically measured at the individual level

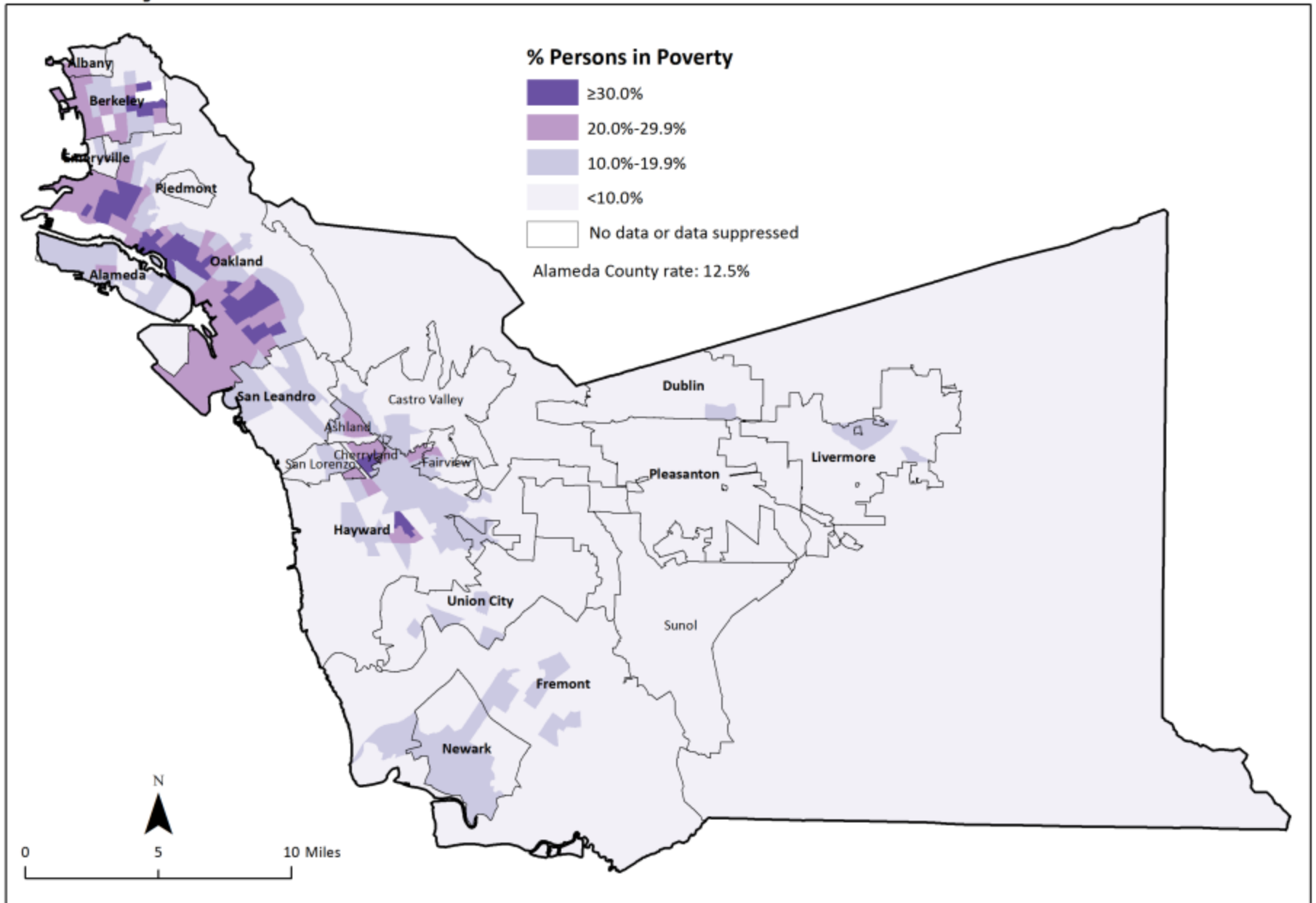
Source: Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence**. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

# Trajectory of Interpersonal Violence



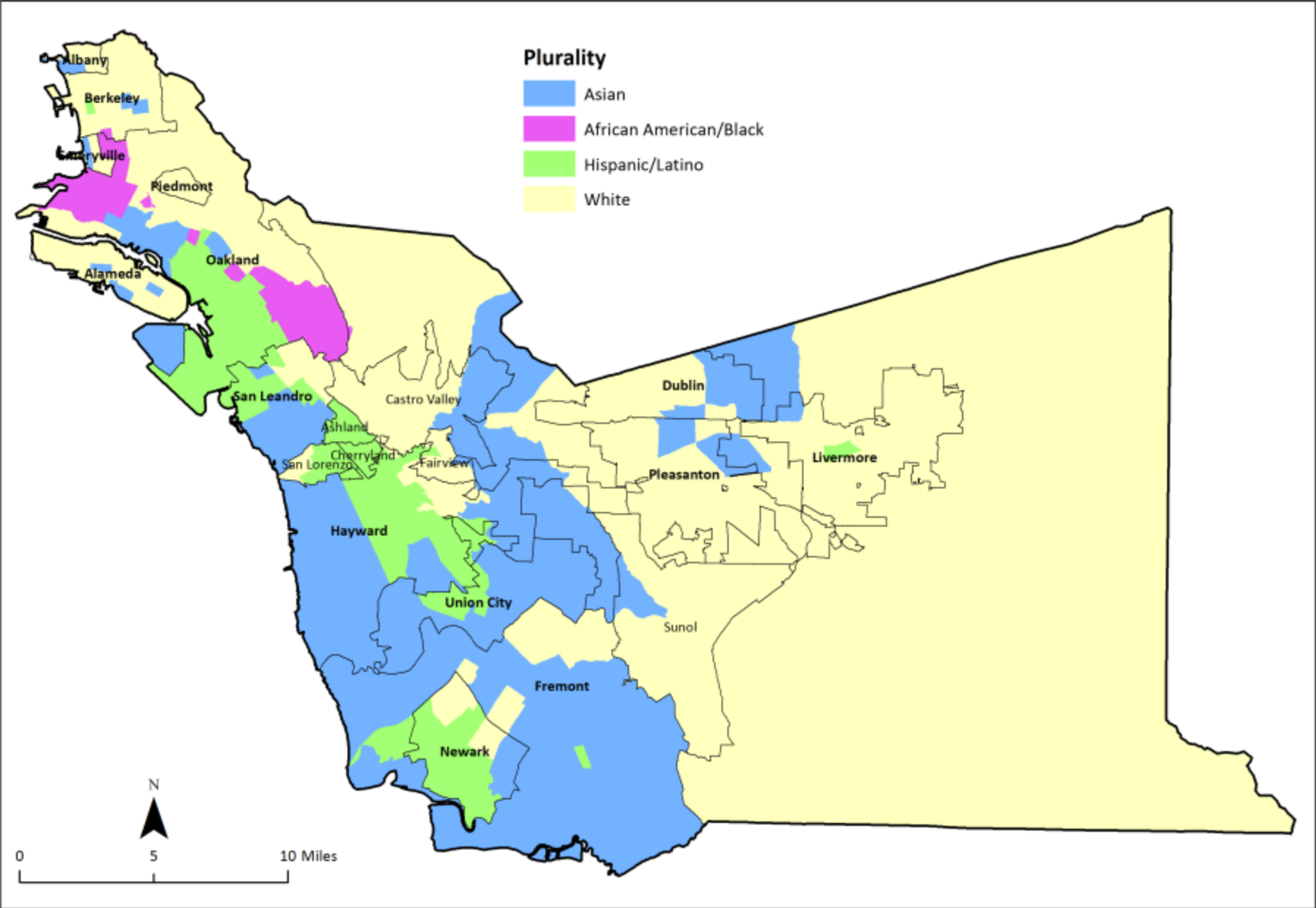


# Poverty



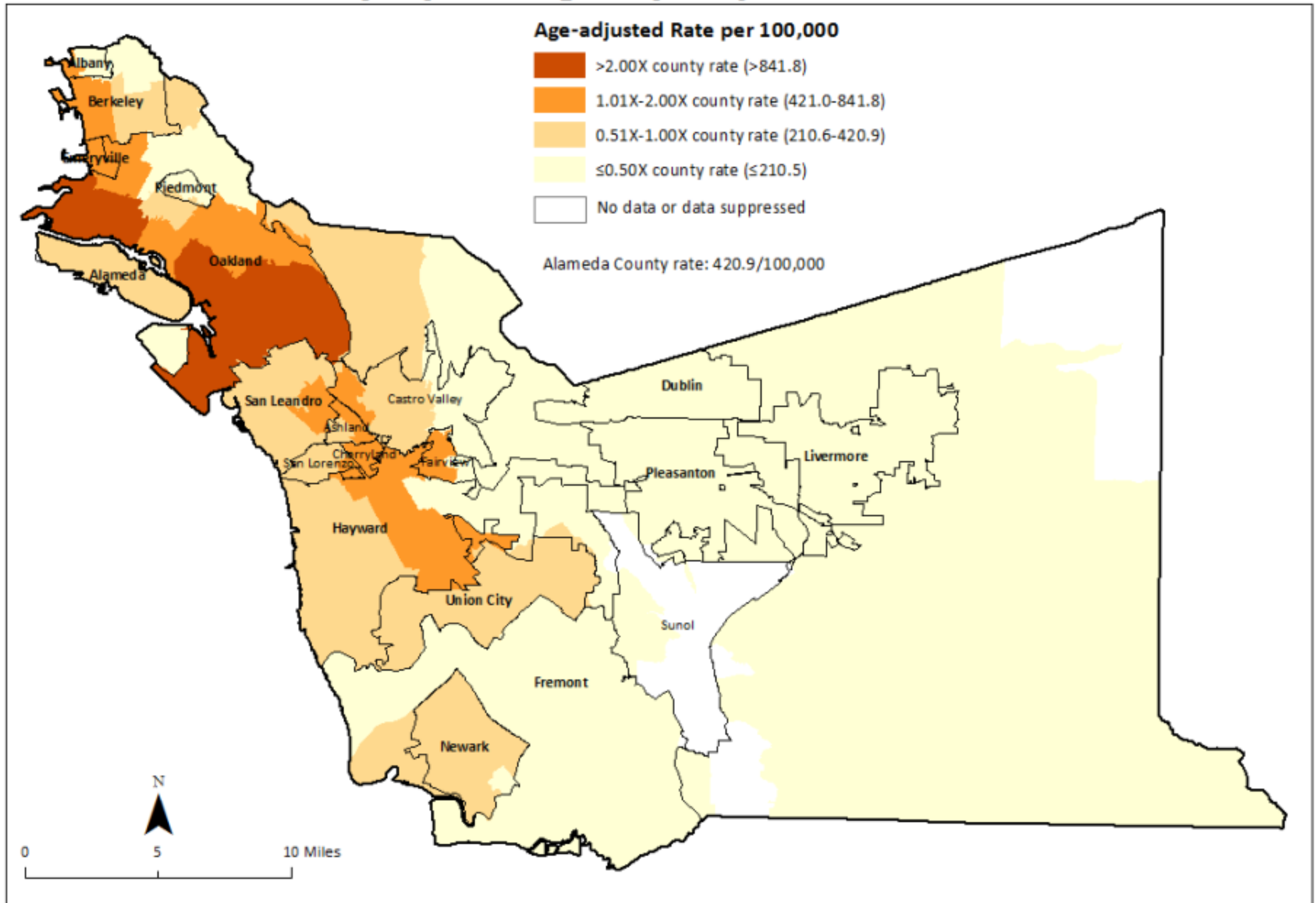
Source: CAPE, with data from American Community Survey 2013 5-year files.

# Race/Ethnic Plurality



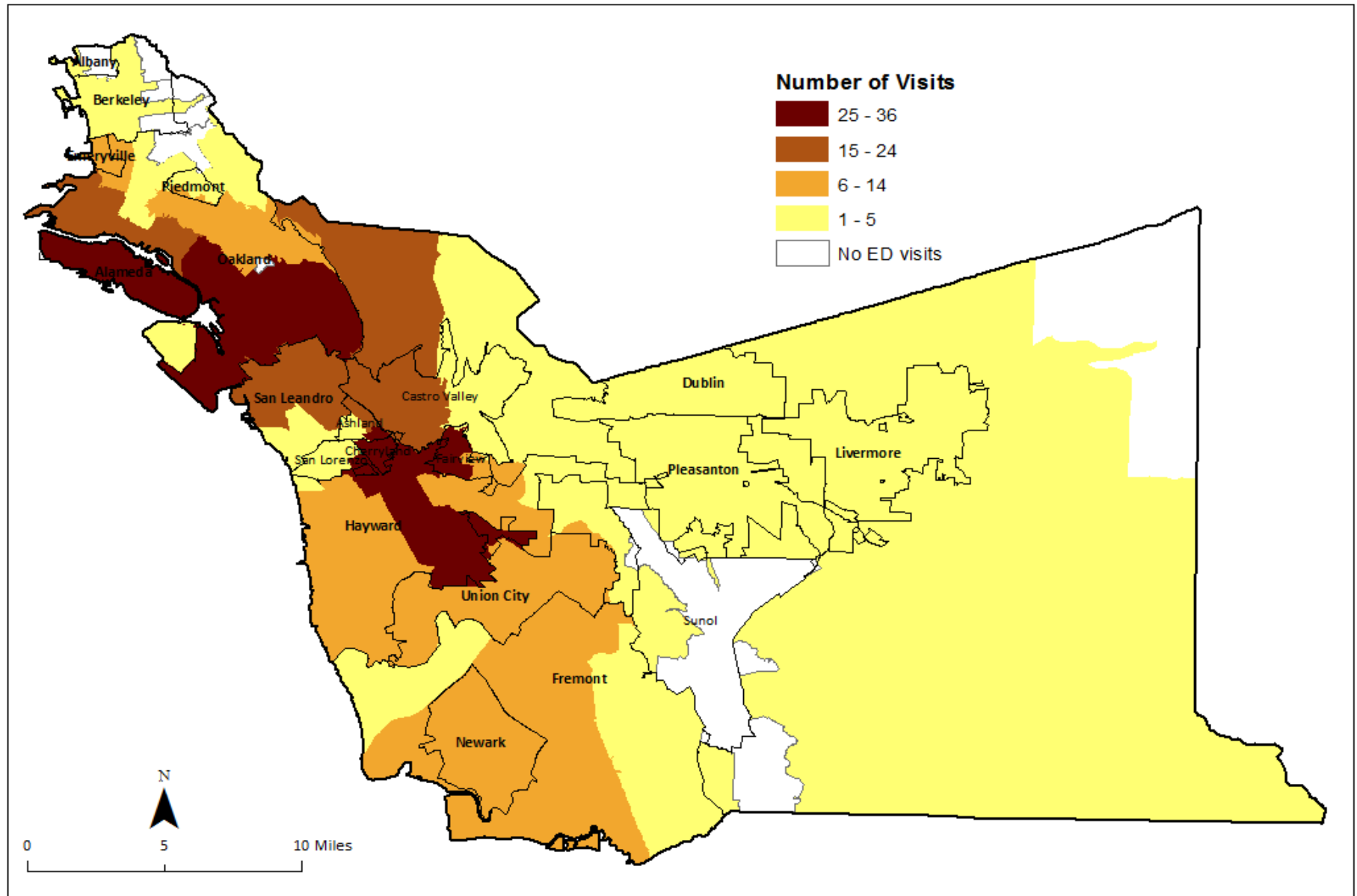
Source: CAPE, with data from Esri 2015.

# Assault Related Injury Emergency Department Visit Rate



Source: CAPE, with data from OSHPD 2011-2013.

# Total Number of Partner Assault ED Visits

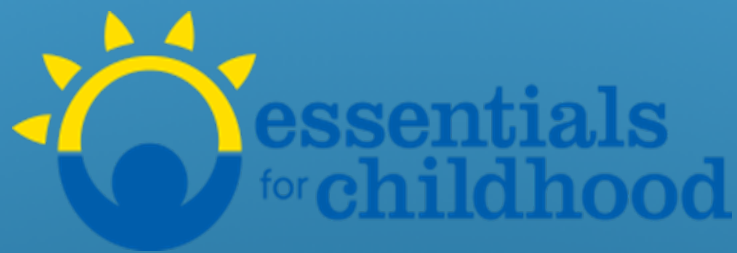


Source: CAPE, with data from OSHPD ED (including those admitted), 2011-2013.

"There is no such thing as a single-issue struggle, because we do not live single-issue lives."

Audre  
Lorde

*ForHarriet.com*



# California Essentials for Childhood Initiative

## Connecting the Dots: Addressing Multiple Forms of Violence

Steve Wirtz, Ph.D., Chief  
Surveillance and Epidemiology Section  
Injury and Violence Branch  
California Department of Public Health (CDPH)



# Public Health Perspective

- Population based
- Primary prevention priority
- Focus on social determinants of health
- Comprehensive and systems orientation
- Promotes equity and social justice
- Data informed (i.e., best available research, experiential and contextual evidence)
  
- Collaborative involving multiple sectors
- **Large scale social change requires broad cross sector coordination**
  - Not enough to have isolated interventions of individual organizations

# CDC's Essentials for Childhood: Safe, Stable Nurturing Relationships and Environments

- Raise awareness and commitment to promote and support Safe, Stable, and Nurturing Relationships and Environments to prevent child maltreatment
- Use data and best practices to inform actions and solutions
- Create the context for healthy children and families through social norms, systems change and program improvements
- Create the context for healthy children and families through policy



# CA Essentials Backbone Organizations

California's 2<sup>nd</sup> 5-Year CDC grant 2018-2023

- Safe and Active Communities Branch,  
California Department of Public Health
- Office of Child Abuse Prevention,  
California Department of Social Services



# California Essentials for Childhood Common Agenda

## Vision:

- All California children, youth, and their families thrive in safe, stable, nurturing relationships and environments

## Mission/Purpose:

- To develop a common agenda across multiple agencies and stakeholders to align activities, programs, policies and funding so that all California children, youth, and their families have safe, stable, nurturing relationships and environments





## CDC EfC Goals: 2018-2023

Goal 1: Formalize and sustain systems change, resources, and cross sector partnerships working to implement the EfC Initiative state plan activities

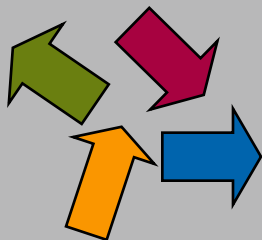
Goal 2: Increase public awareness of societal factors that lead to SSNR&E

Goal 3: Increase implementation of CM prevention strategies and approaches to strengthen economic support and social norms.

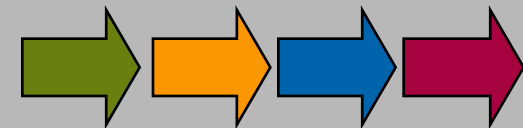
# Collective Impact Approach

- All working toward the **same goal** and **measuring the same things**
- **Cross-sector** alignment
- **Organizations** actively **coordinating** their action and sharing lessons learned
- To achieve **positive and consistent progress at scale**

## Isolated Impact



## Collective Impact



# Five Conditions for Collective Impact



**Common Agenda**



**Shared Measurement**



**Mutually Reinforcing Activities**



**Continuous Communication**

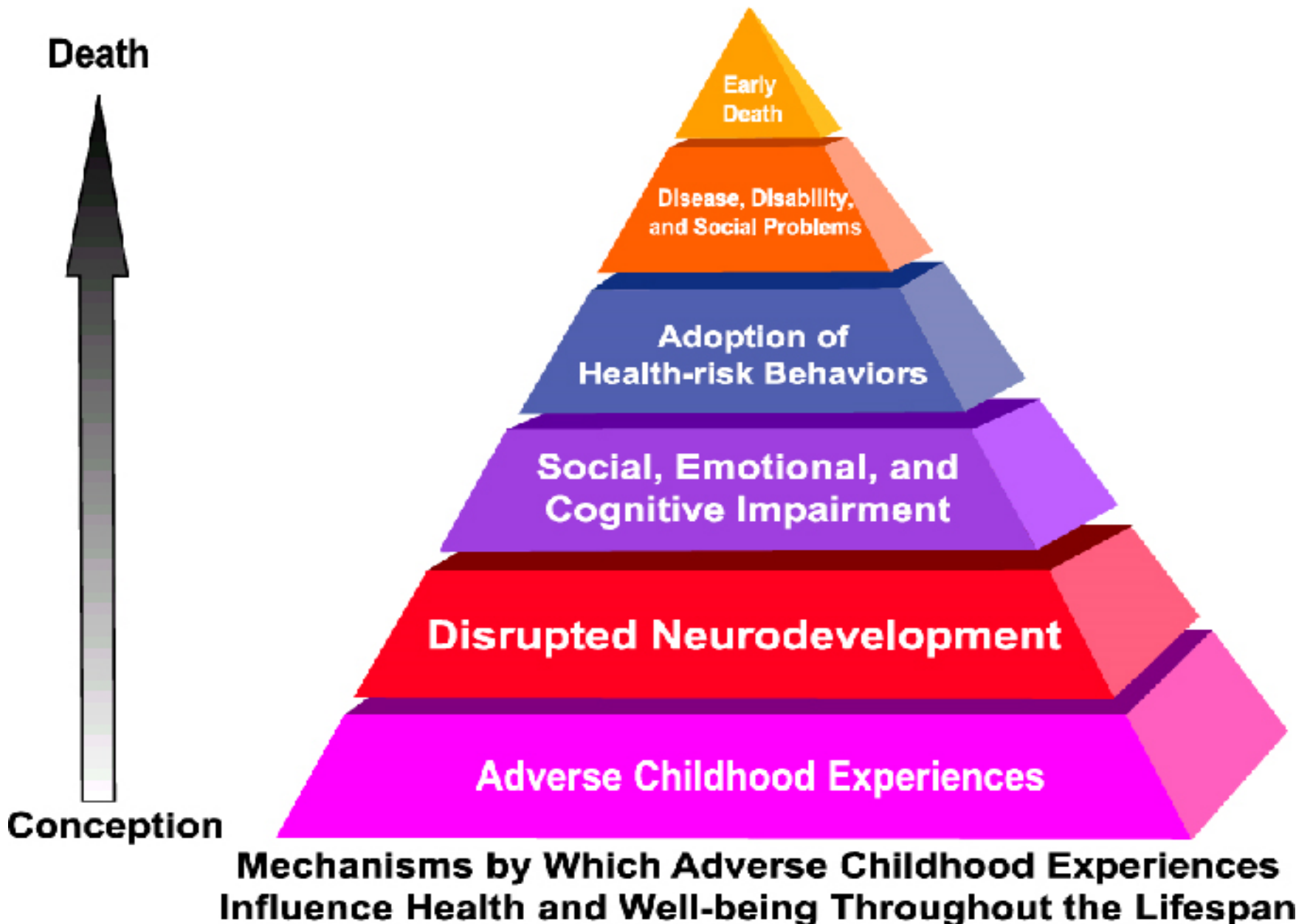


**Backbone Support**

# Statewide Network of Initiatives

- California Health and Human Services Agency
  - Surgeon General
  - Strategic Growth Council - Health in All Policies
  - Let's Get Health California (CDPH Convener)
- Essentials for Childhood Initiative (CDPH)
- Strategies 2.0, Community in Unity & Prevention Summits (OCAP)
- ACEs Connection
- California Campaign to Counter Childhood Adversity (4CA) - Center for Youth Wellness/Children Now/ACEs Connection
- CA Partnership to End Domestic Violence
- Cal CASA
- Early Childhood Education
- First 5 California/Association
- Prevent Child Abuse California, Family Resource Centers (CAPC)





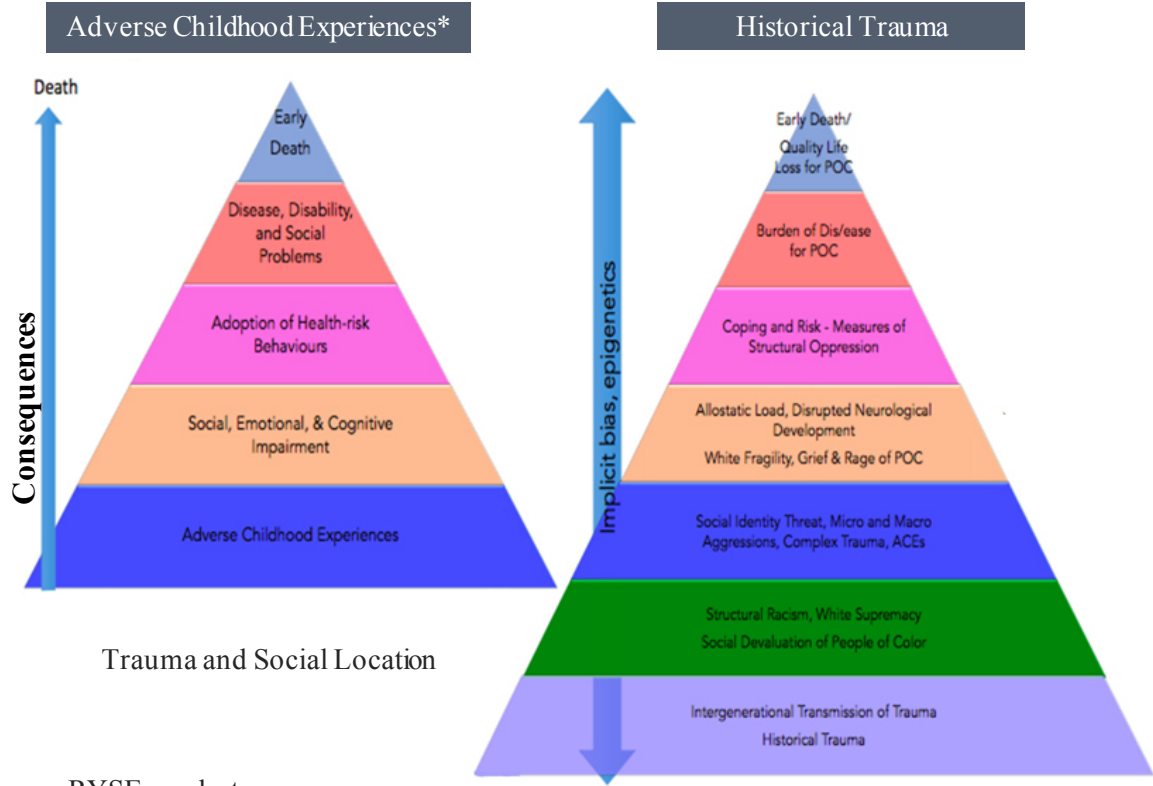
Felitti, V. & Anda, RF The Relationship of Adverse Childhood Experiences to Adult Health Status  
A collaborative effort of Kaiser Permanente and The Centers for Disease Control <http://www.cdc.gov/ace/>

# ACEs Summary

- Childhood trauma is common
- Not just the ACEs traumas – social and community conditions
- Extreme traumas tend to cluster together to produce cumulative impacts
- Poverty increases the negative impacts of trauma
- Consistent health impacts across multiple domains
  - Social emotional impairment
  - Unhealthy behaviors
  - Mental health problems
  - Physical health problems
  - Chronic diseases
- Prevention and recovery are possible
- Collaborative multi-sector approach will be necessary, e.g., Health in All Policies



# Racing ACEs - If It's not Racially Just, It's not Trauma-Informed



RYSE works to ensure primacy of the priorities, needs, and interests of young people of color across all practices, policies, approaches, investments, and relationships.

- We lead with love and sacred rage
- We prioritize people over programs
- We acknowledge injustice and harm
- We take risks
- We stop to acknowledge loss and grief
- We encourage self-care
- We practice collective healing
- We honor resilience and resistance
- We celebrate and have fun

## RYSE Center, Richmond CA

- ▶ Trauma is historical, structural, and political.
- ▶ The science has finally caught up.
- ▶ Impacts of trauma are embodied across generations.
- ▶ Differentiated Response:
  - White communities are validated, empathized, resourced restored.
  - Communities of color are shamed, questioned, ignored, stigmatized, criminalized.

“Racism is (whites’) massive experience of cognitive dissonance.”  
– Dr. Joy deGruy



1. RYSE Center. (2015) ACES and Social Location. Retrieved from <https://rysecenter.org/field-building>  
2. POC: Person of color

## The Pair of ACEs

### Adverse Childhood Experiences

Maternal  
Depression

Physical &  
Emotional Neglect

Emotional &  
Sexual Abuse

Divorce

Substance  
Abuse

Mental Illness

Domestic Violence

Incarceration

Homelessness

### Adverse Community Environments

Poverty

Discrimination

Community  
Disruption

Lack of Opportunity, Economic  
Mobility & Social Capital

Poor Housing  
Quality &  
Affordability

Violence

Ellis W & Dietz W, A New Framework for Addressing Adverse Childhood and Community Experiences:  
The Building Community Resilience (BCR) Model, *Academic Pediatrics* (2017).



# CHILD BORN INTO POVERTY

## Family Stress/Dysfunction

- Single Parent Household
- Limited Family Support
- Depression/Mental Disorders/SUDs
- Lack of Parenting Skills
- Family Violence

## Child Welfare System/Criminal Justice

- Over Representation of People of Color
- Disparities in Substantiations/Out of Home Placements
- Inequalities in Arrests, Prosecution & Sentencing
- Incarceration
- Recidivism

## Cummulative/Lifetime Consequences

- Accumulation of Toxic Stress
- Institutional Racism
- Chronic Health Problems
- Unemployment
- Unsafe/Violent Neighborhood
- Homelessness

## Environmental Inequalities

- Limited Access to Resources
- Poor Health Care
- Lack of Affordable Housing
- Limited/Poor Education
- Unsafe /Violent Neighborhood

## Risky Behaviors

- Poor Nutrition
- Limited Physical Activity
- Substance Use/Abuse
- Early Sexual Activities
- Criminal Activity/Violence

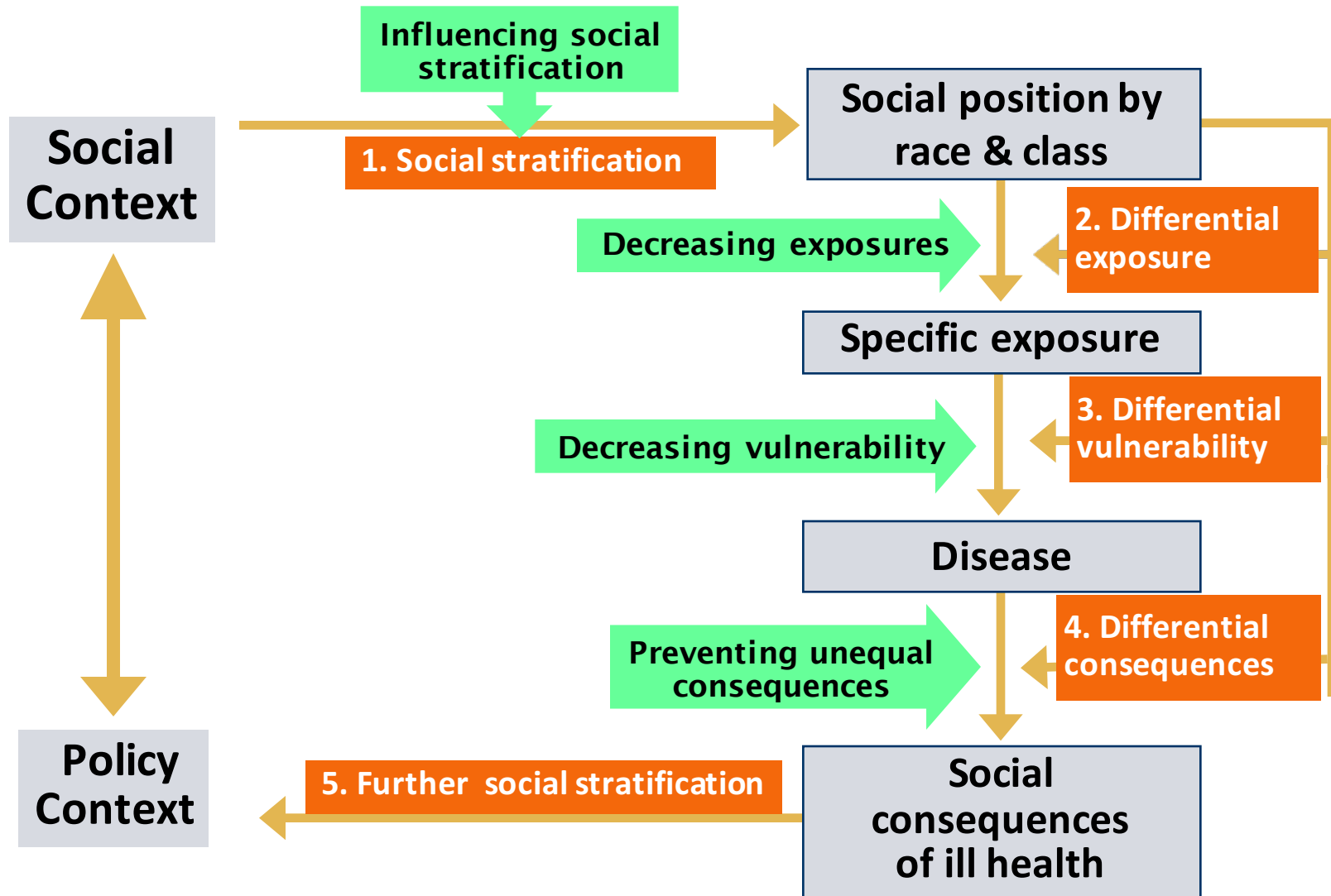
## Social Exclusion/Isolation

- Marginalization
- Reduced/Denied Civil Rights
- Stigma/Stereotyping
- Limited Community Support

## COMMUNITIES WITH HIGHLY CONCENTRATED POVERTY

- Chronic Family/Generational Poverty
- Low Educational Achievement
- Fewer Opportunities and Resources for Healthy Behavior Leads to Significantly Worse Health Outcomes
- Reduced/Limited Income Opportunities Lead to Illegal Activity

# Understanding social disadvantage and impact on health across the life course and across generations



## Trends in Health Equity in the United States by Race/Ethnicity, Sex, and Income, 1993-2017

JAMA Netw Open. 2019;2(6):e196386. doi:10.1001/jamanetworkopen.2019.6386

**Table. National Estimates of Change in Health-Equity Constructs From 1993 to 2017<sup>a</sup>**

Equity Measure	Years, No.	Year Coefficient (97.5% CI)	P Value
<b>Healthy Days</b>			
Average health	25	-0.023 (-0.032 to -0.015)	<.001
Black-white health gap	25	0.021 (0.012 to 0.029)	<.001
Income disparities	25	-0.060 (-0.076 to -0.044)	<.001
Health justice	25	-0.045 (-0.053 to -0.038)	<.001
Health equity metric	25	-0.025 (-0.033 to -0.017)	.001
<b>Self-Reported Health</b>			
Average health	25	-0.017 (-0.029 to -0.006)	.005
Black-white health gap	25	0.030 (0.025 to 0.035)	<.001
Income disparities	25	-0.029 (-0.046 to -0.012)	.002
Health justice	25	-0.035 (-0.046 to -0.023)	<.001
Health equity metric	25	0.001 (-0.007 to 0.009)	.84

# How Do We Get There?

## A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



FIGURE 3: Bay Area Regional Health Inequities Initiative (BARHII) Conceptual Framework, 2006.

# EfC Initiative Goal: Strengthening Economic Supports for Communities, Families and Children

- Child Tax Credit
- Earned Income Tax Credit
- Family-friendly business policies and practices
- Food safety net services (e.g., CalFRESH; School meals; WIC)
- Minimum wage
- Paid family leave



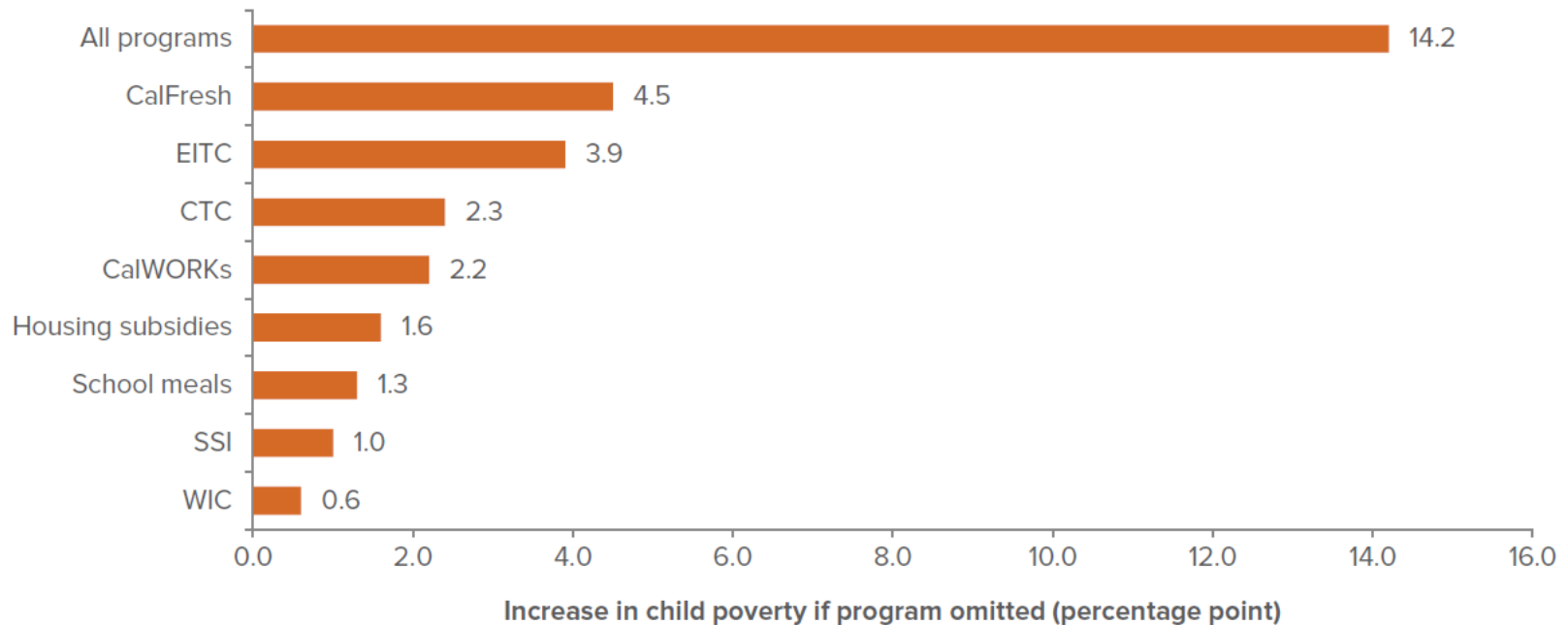
# CHILD POVERTY IN CALIFORNIA



PPIC

PUBLIC POLICY  
INSTITUTE OF CALIFORNIA

Child poverty is high but would be even higher in the absence of the social safety net



**Source:** Estimates from the 2013 CPM.

**Note:** “All programs” bar shows the combined effect of the individual programs listed below—but the individual program bars do not sum to top bar due to overlapping program effects.



# Strengthen Economic Supports

## Policy Context under Governor Newsom

- Dr. Mark Ghaly, Secretary, Health and Human Services Agency
- Kris Perry – Deputy Secretary, Early Childhood Development Initiatives
- Dr. Nadine Burke Harris – Surgeon General, ACEs Initiatives

## Highlights from May Revision 2019-20 Governor's Budget

- Increased ACEs and developmental screening
- Expanded Earned Income Tax Credit
- Expanded Paid Family Leave
- Increased CALWORKS grants
- Whole person care pilots - housing
- Expanded home visiting (CALWORKS; MCAH)
- Expanded and subsidized child care
- Expanded full day preschool slots
- Support for child welfare Continuum of Care Reform



# Strengthen Economic Supports

## Potential EfC Initiatives

- Mobilize community partners to raise awareness of EITC and Child Tax Credit
- Conduct EITC outreach to hard to reach families
- Engage private tax preparers and expand access to VITA sites
  
- Promote fuller use of CALWORKS wrap around resources
- Expand enrollment in food safety services (e.g., CalFresh, school meals, WIC)
  
- Promote family friendly business policies and practices (e.g., flexible schedules, onsite child care, paid family leave)
- Identify and award businesses for family friendly practices
  
- Expand pro-child, pro-family institutional and community policies practices



# EfC Initiative Goal: Creating a Resilient, Trauma Informed State

Strengthening California's communities, families, and children through:

- Awareness of ACEs science, social-economic determinants of health, and trauma informed policies and practices
- Social norms change within organizations and communities
- Trauma informed policies and practice and promotion of resilience within organizations and across systems of care



# Social Norms Change

## Dominant Public Narrative for Child Maltreatment

- Parenting is a family issue – not a government or community problem
- Bad parents and children are to blame
- It is mainly a problem among the poor and “cultural” groups
- It is inevitable
- Child welfare and legal systems are not tough enough

## Create an Alternative Public Narrative

- Create a Resilient, Trauma Informed State starting with existing partners, organizations and systems
- Grounded in values and beliefs that support SSNR&E
- Focused on the shared responsibility for the well being of all children
- Based on the science of child development and child adversity
- Proposed pro-active solutions

# Trauma Informed Approach

- Cultural paradigm shift
- Create a common agenda, shared language and collective action
- Build awareness and knowledge of trauma to shape policies and practices across the full range of environments, systems, and agencies aimed at:
  - Preventing trauma from occurring in the first place
  - Stopping existing trauma from continuing
  - Avoiding/reducing re-traumatization of youth and families
  - Avoiding/reducing secondary trauma among the professionals who serve
  - Mitigating/healing the impact of trauma
  - Improving the social and emotional well-being of youth and families
  - Building resiliency/sense of competency

# Creating a Resilient, Trauma Informed State

## Potential EfC Initiatives

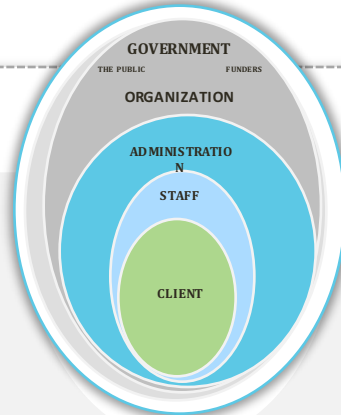
- Conduct outreach to existing partners to document current TI activities and identify promising/best practices (e.g., assist with Surgeon General 's environmental scan)
- Promote use of the ACEs Connection and Essentials Engagement tracking tools
- Conduct community outreach and training to expand awareness and commitment among professional, organizational and community leaders across multiple sectors
- Develop TI Tool Kits with both Core and Domain-specific guidance for TI policies and practices (e.g., child welfare, education, health care)
- Frame effective SSNR&E messages for public events (e.g., April Child Abuse Prevention Month; Child Abuse Prevention Day at the Capitol; Policy Education Day at the Capitol)
- Expand communication strategies to reach a wider public and decision maker audience





## TRAUMA ORGANIZED

- Reactive/Organizational Hyperarousal (Crisis driven)
- Reliving/Retelling
- Fragmentation/Us vs Them
- Interpersonal Conflict/Silo
- Organizational Disassociation/Amnesia
- Avoiding/Numbing
- Authoritarian Leadership



## TRAUMA INFORMED

- Shared Language
- Foundational Understanding of Trauma and Healing
- Understanding of the nature and impact of trauma
- Understanding racial disparities and insidious trauma




## HEALING ORGANIZATION

- Reflective
- Collaborative
- Culture of learning/Curiosity
- Making meaning out of the past
- Growth and Prevention Oriented (Conflict OK)
- Relational Leadership

TRAUMA INDUCING

TO

TRAUMA REDUCING



**Activity: How do these factors  
present themselves in your  
communities?**

**What are the benefits of working  
on shared risk and protective  
factors?**





**Reporting Out:**

**Linked but  
distinct?**

# Spotlight Examples and Solutions

# Technical Packages for Violence Prevention



Strategies • Approaches • Evidence

# 5 Ways to Prevent Multiple Forms of Violence

1. Integrate equity policies and practices throughout
2. Build in a life course perspective and focus on positive early childhood development
3. Build a shared understanding from lived experience and data
4. Address shared risk and resilience factors, with an emphasis on promote community resilience
5. Build and operationalize a shared agenda

# Addressing Priority Shared Risk and Protective Factors



CONNECTEDNESS



POSITIVE SOCIAL  
NORMS



GOOD BEHAVIORIAL  
HEALTH



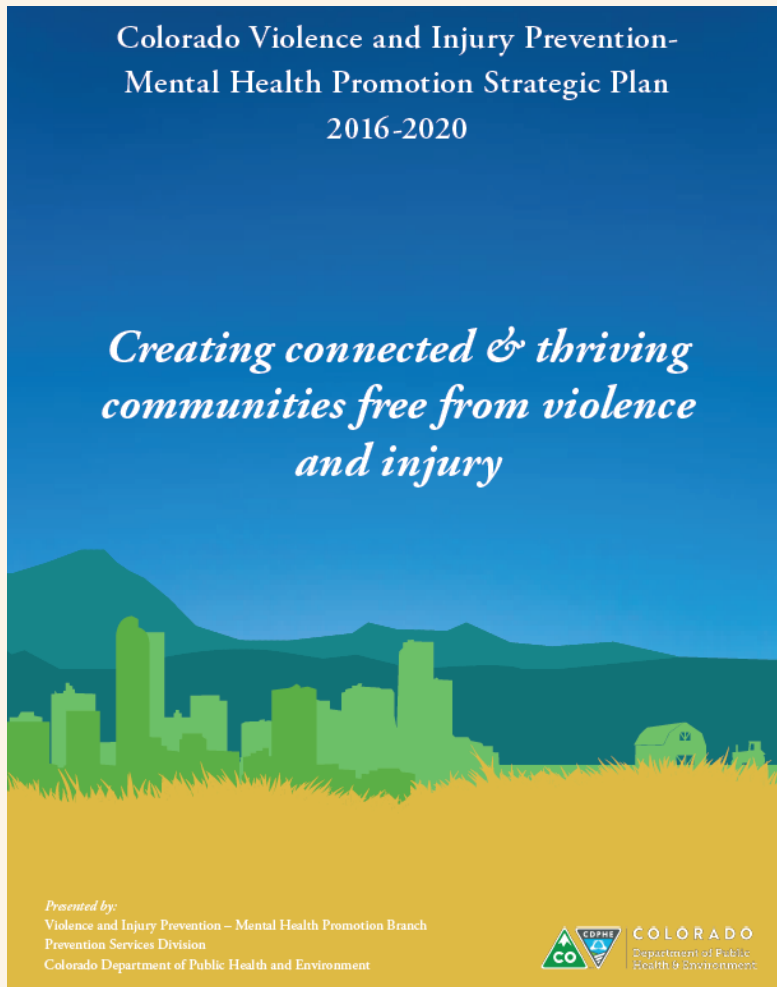
ECONOMIC  
STABILITY



RESILIENCE

# Build and operationalize a shared agenda

Strategic planning to address multiple forms of violence, *Colorado, USA*



Suicide

Prescription drug overdose

Older adult falls

Motor vehicle crashes

Interpersonal violence

Child maltreatment

Traumatic brain injury

# Braiding and Blending in Colorado

Level of SEM	Evidence-based strategy	Funding agencies	Connections to other work
 <p>SOCIETAL</p>	<ul style="list-style-type: none"> <li>• Comprehensive Sexual Health Policy</li> <li>• Statewide Bullying Prevention Policy</li> </ul>	<p>CO Dept. of Public Health and Environment; CO Youth Matter CO Dept. of Education</p>	<ul style="list-style-type: none"> <li>• Interpersonal</li> <li>• Suicide</li> <li>• Child maltreatment</li> </ul>
 <p>COMMUNITY/ ORGANIZATIONAL</p>	<ul style="list-style-type: none"> <li>• Communities that Care</li> <li>• Social norms around healthy relationships</li> <li>• Youth-led community organizing</li> </ul>	<p>CO Dept. of Public Health and Environment; Local Public Health Agencies; CO Dept. of Human Services (Office of Behavioral Health and Tony Grampsas Youth Services)</p>	<ul style="list-style-type: none"> <li>• Substance abuse</li> <li>• Child maltreatment</li> <li>• Interpersonal</li> <li>• Suicide</li> </ul>
 <p>INTERPERSONAL/ RELATIONAL</p>	<ul style="list-style-type: none"> <li>• Safe Dates</li> <li>• Mentors in Violence Prevention</li> <li>• Good Behavior Game</li> <li>• Sources of Strength</li> </ul>	<p>CO Dept. of Human Services (Office of Behavioral Health), Dept. of Education</p>	<ul style="list-style-type: none"> <li>• Interpersonal</li> <li>• Substance abuse</li> <li>• Suicide</li> </ul>

# Shared agenda in Multnomah County, OR

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- Broad support for a **sustained, multi-sector community-driven approach** to violence prevention
- **Decreased dating abuse** victimization and perpetration among Latino, African American and Native youth 10-24 in East County
- **Decreased rates of youth violence** victimization and perpetration among Latino, African American and Native youth 10-24 in East County



# “Place-Making as Peace-Making”



- 1 Futsal tournament *City of Gresham*
- 1 Soccer field *Wood Village Baptist Church*
- 1 Food cart *Ty White Enterprises (externally funded youth economic development project outside grant area)*

- Health Department gives \$3,700 to community-led CPTED projects
- Projects have community buy-in and multiple other partners





# CBIM

Coaching Boys Into Men



- Buy in of facilitators
- Inclusivity (Spanish/Women/LGBTQ/Cultural)
- Yr 1 cohorts (Native American Youth Association, Open East H.S.)
- New cohorts , including non-traditional sports settings (H.S. Football, Churches, community sports teams)



# Shared factors being addressed

## Among residents of East County

- ↑ neighborhood support and cohesion
- ↑ positive relationships with pro-social adults
- ↑ association with pro-social peers
- ↓ social isolation/ ↑ social support

## Among high school age boys in East County

- ↑ awareness of dating abuse and resources to help with abusive relationships
- ↑ interpersonal communication in relationships
- ↑ use of anger management techniques
- ↑ conflict resolution skills
- ↑ bystander intervention to promote non-violent behavior

# Local Public Safety Coordinating Council

## Youth & Gang Violence Steering Committee

Office of  
Juvenile Justice  
& Delinquency  
Prevention

Gang Model  
Implementatio  
n Plan

### Violence Prevention Coordination Team

Defending Childhood

Violence Prevention  
Coordination Grant

STRYVE / YSHEP

Teen Dating & Youth  
Violence Prevention  
Grant

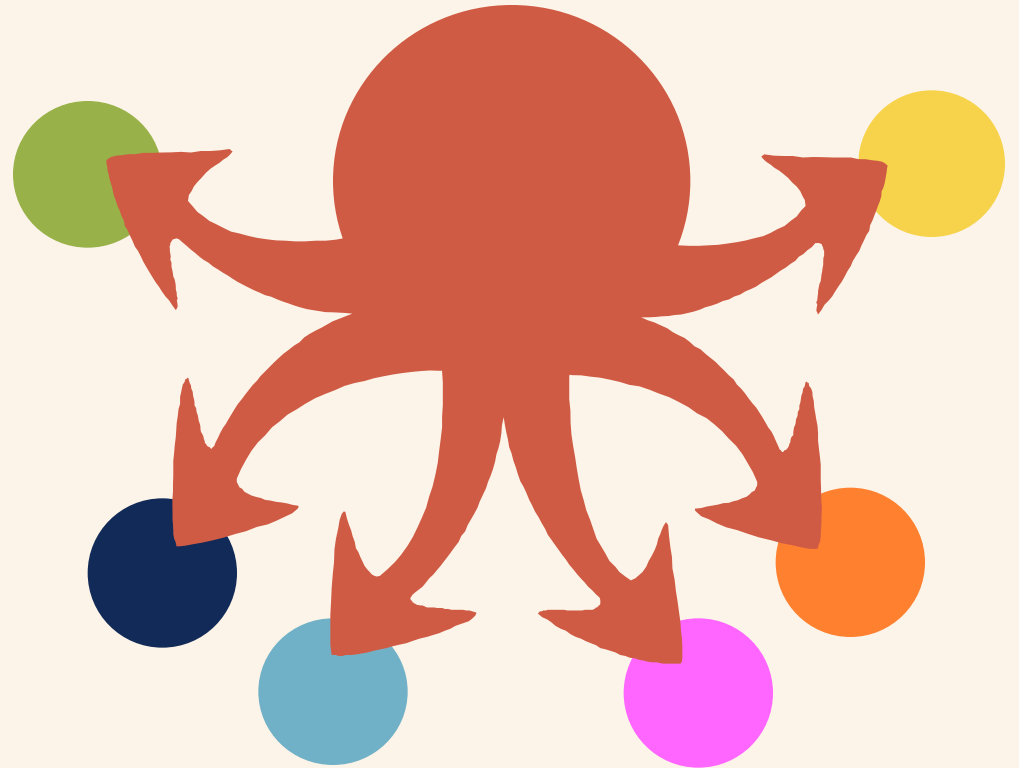
*Multnomah County Health Dept. Strategic Plan updated  
to include teen dating and youth violence prevention.*

# 5 Ways to Prevent Multiple Forms of Violence

1. Integrate equity policies and practices throughout
2. Build a shared understanding from lived experience and data
3. Address shared risk and resilience factors, with an emphasis on promote community resilience
4. Build and operationalize a shared agenda
5. Build in a life course perspective and focus on positive early childhood development

**What can your agency do? Where can you add value?**

**A good solution  
solves  
multiple  
problems.**



# Shared Data and Outcomes Workgroup

- Childhood Adversity and Resilience topic link on kidsdata.org: <http://www.kidsdata.org/topic/95/childhood-adversity-and-resilience/summary>
- CA & County dashboard – [www.kidsdata.org](http://www.kidsdata.org)
- ACEs training with Essentials for Childhood, Berkeley Media Studies, ACEs Connection, Kidsdata: Butte May 2016 (9 rural northern counties), Alameda (7 bay area counties), Fresno, San Bernardino, and Riverside counties.
- ACES Connection: [https://acesconnection.shinyapps.io/sacramento\\_app/](https://acesconnection.shinyapps.io/sacramento_app/)



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## See Data by Topic

**Make a selection:**

[\(Expand all\)](#) | [\(Collapse all\)](#)

**– Child and Youth Safety**

**+ Bullying and Harassment at School (summary)**

**+ Child Abuse and Neglect (summary)**

**– Childhood Adversity and Resilience (summary)**

**Children with Two or More Adverse Experiences (Parent Reported)  
by Legislative District**

**Children Who Are Resilient (Parent Reported)  
by Legislative District**

**Prevalence of Childhood Hardships (Maternal Retrospective)  
by Family Income (CA Only)  
by Maternal Age (CA Only)  
by Prenatal Insurance Coverage (CA Only)**



# California Data Dashboard: Child Adversity and Well-Being

 VAL KRIST ○ 10/4/17 @ 6:30 AM ✱

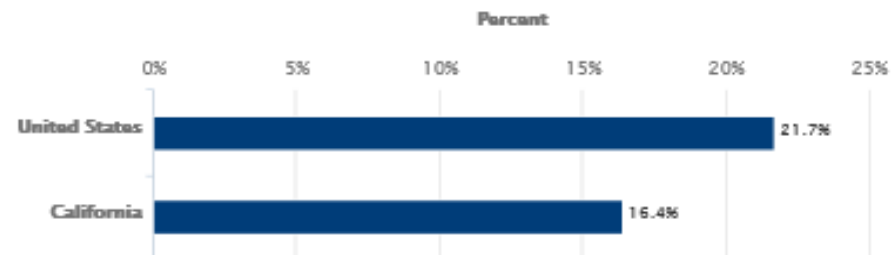


A product of the CA Essentials for Childhood Initiative, the California Data Dashboard contains 23 select indicators of child adversity, health and well-being, utilizing data available on kidsdata.org. For more information about this project please [go here](#).

- Child Life Course
- Pregnancy and Birth
- Early/Middle Childhood
- Adolescents

## Children with Two or More Adverse Experiences (Parent Reported)

Year(s): 2016



CUSTOMIZE CHART



**What are your next steps?**

**What's something you'd  
like to explore further  
after today's training?**

# Take home resources

- **Milwaukee Blueprint for Peace**

<https://www.preventioninstitute.org/publications/milwaukee-blueprint-peace>

- **North Carolina Division of PH**

<https://www.preventioninstitute.org/blog/connecting-dots-colorado-and-north-carolina-preventing-multiple-forms-violence>

- **Winfield Anti-Violence Coalition**

<https://www.preventioninstitute.org/publications/expanding-partnerships-and-linkages-key-directions-sexual-and-domestic-violence>

- **East San Jose *PEACE* Partnership**

<https://www.preventioninstitute.org/east-san-jose>

- **SAFE (Sectors Acting for Equity) Approach**

[preventioninstitute.org/publications/sectors-acting-equity-safe-communities-preventing-intimate-partner-violence](https://www.preventioninstitute.org/publications/sectors-acting-equity-safe-communities-preventing-intimate-partner-violence)



# Thank you!

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