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

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*"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."*

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Early childhood is a critical time for development. Early experiences and exposures can shape opportunities and outcomes for a lifetime.[2] This is also a period in which exposure to violence – including child maltreatment, intimate partner violence, and community violence – can have a particularly deleterious impact. Promoting optimal early childhood development means keeping young children safe. Recognizing and acting on the connections between multiple forms of violence presents an emergent opportunity to prevent violence and promote a culture of safety.

## Violence contributes to more violence

Most victims of violence do not act violently. However:

- Survivors of one form of violence are more likely to be victims of other forms of violence.
- Survivors of violence are at higher risk for behaving violently.
- People who behave violently are more likely to commit other forms of violence.

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

Lived experience, community wisdom, practitioner insights, and a growing body of research demonstrate the linkages between different forms of violence. Multiple forms of violence share common risk and resilience factors and too often, experiencing or witnessing one form of violence is associated with exposure to additional forms of violence. Further greater recognition is emerging that multiple forms of violence have a particularly harmful impact on young children.

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Direct experience as well as exposure to multiple forms of violence can have a compounding negative impact on children's development. Despite the strong relationship, the fields of practice addressing different forms of violence have largely been silo-ed. More recently with the release of Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence by the Centers for Disease Control and Prevention and Prevention Institute[3] and initiatives such as the Defending Childhood Initiative, there is a growing recognition of the importance of these linkages. There are increasing efforts to build a more integrated approach to violence prevention through, for example, taking a life course perspective that focuses on childhood and adolescence to maximize long-term impact; scaling up strategies that address risk and resilience factors that are common across forms of violence; and concentrating investments among populations and communities that experience disproportionate rates of violence.

This brief summarizes five connections between child maltreatment, intimate partner violence, and community violence and makes the case for an integrated movement for safety in our homes and communities. It draws on recent research and analysis on the linkages between multiple forms of violence[4,5] and offers examples of emerging actions to address the linkages. Achieving the bold vision of a Culture of Health means that we must also create a culture of safety.

## Five connections between multiple forms of violence:

1. Child maltreatment, 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.

## Five connections between multiple forms of violence

**1** **Child maltreatment, intimate partner violence, and community violence (referred to as multiple forms of violence) are often experienced together.** Many individuals experience more than one form of violence in their lifetime. According to the National Survey of Children's Exposure to Violence, up to one in 10 children in the U.S. are victims of more than one type of violence.[6] Community violence, intimate partner violence, and child maltreatment can all take place under one roof and in the same neighborhood.[7] For example, there is considerable evidence that child maltreatment and intimate partner violence often co-occur in the same family.[8] For individuals who either witness or are victimized by co-occurring forms of violence, the trauma can be compounded.[9]

In order to design prevention strategies, it's important to understand the prevalence and dynamics of co-occurrence of different types of violence in families and communities through, for example, community assessments. A local anti-violence coalition in Winfield, Kansas joined together with the state health department and Kansas University to conduct a participatory community

assessment. Involving residents in discussing how violence was playing out in families and neighbor-hoods led to shared understanding, informed creative policy, and environmental design strategies, and greater community-wide buy in for these strategies.[10]

**2** **Common underlying factors—such as community cohesion, economic stress, and harmful gender norms—influence the likelihood of multiple forms of violence.** Risk factors increase the likelihood of violence, while resilience factors protect against it. No one factor alone can be attributed with causing or preventing violence; it is the accumulation of risk factors without compen-satory resilience factors that puts individuals, families, and communities at risk. Risk factors – such as norms that support aggression, lack of economic opportunities, and low neighborhood cohesion – increase the likelihood of multiple forms of violence.[11] Resilience factors such as social cohesion, especially when focused on norms that support safety, can strengthen collective efficacy and protect against multiple forms of violence.[12,13,14,15]

By pursuing prevention strategies that affect risk and resilience factors common to different forms of violence, practitioners, communities, and individuals are more likely to prevent several forms of violence simultane-ously. Communities are increasingly working to address common underlying factors through a focus on resilience factors at the community level. For example, the East San Jose PEACE Partnership in San Jose, California, is working to promote social capital and economic oppor-tunity at the neighborhood level in order to prevent multiple types of violence.

**3** **Different forms of violence have common impacts on individuals, families and communities.** There are common impacts of child maltreatment, intimate partner violence, and community violence on victims.[16] In addition to injury and death, violence and exposure to violence can have a range of negative impacts on health and wellbeing. The impacts can potentially be long-term across the lifespan. Chronic stress and a negative impact on mental health, well-being, and physical health all cut across forms of violence. For example, child maltreatment can have short and long term negative impacts on mental, emotional, and physical health.[17,18,19]

## Definitions

**VIOLENCE** is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psycho-logical or emotional harm, mal-development, or deprivation.[32]

**CHILD MALTREATMENT** is an act, intentional or not, that results in harm, the potential for harm, or the threat of harm to a child; the failure to provide for a child's needs or to protect a child from harm or potential harm.[33]

**INTIMATE PARTNER VIOLENCE** is physical violence, sexual violence, stalking, and psycho-logical aggression (including coercive tactics) by a current or former intimate partner.[34]

**COMMUNITY VIOLENCE** is a unique form of violence that is cyclical in nature and often intergenerational with impacts on the commu-nity's ability to trust the police, other parts of government, and others for safety. It is different from random acts of violent crime in that it refers to the deeply shared impact of experi-encing violence in public space.[35]

**STRUCTURAL DRIVERS**, sometimes referred to as structural determinants, are the distri-bution of power, money, and other resources nationally and globally that, "together fashion the way societies are organized." [36] Structural drivers include economic and social policies, and processes and norms, particularly at the national and international levels, that reflect historic and present day systems of inequality, such as racism, classism, sexism and hetero-sexism. Structural drivers not only fuel chronic stress – such as from the stressors associated with living in poverty and with racism – they are also the fundamental root contributors to inequities in community conditions and, conse-quently, health and safety outcomes.[37]

Intimate partner violence is associated with a number of adverse outcomes to partners and children, as a direct result and through chronic stress and adverse coping behaviors.[20,21,22,23,24] Community violence has negative impacts on children, adolescents, and adults, including mental health, and chronic disease.[25,26,27,28] The impacts of these forms of violence are particularly severe for children. Exposure to multiple forms of violence in early childhood or adolescence can affect behaviors, emotional health, and overall progression through age-appropriate developmental milestones.[29,30,31] Commonalities in the impact of multiple forms of violence on families and communities also exist. When violence is prevalent, entire communities can experience trauma, weakened social ties, and lack of economic investment.[38]

By recognizing the shared and compounding impacts of multiple forms of violence, practitioners, and advocates can come together to build a shared agenda, demonstrate that investment in violence prevention can have an impact across several issues, and advocate for program, practice, and policy changes. The Colorado Department of Public Health and Environment has built many partnerships to operationalize its strategic plan to address multiple forms of violence, including partners from education, youth development, community services, domestic violence, and suicide prevention, as well as bullying, and substance abuse. This "big tent" approach has allowed the Department to combine otherwise siloed funds and partnerships to develop and implement creative, multifaceted programming.

**④ Exposure to one form of violence increases risk of further victimization and engagement in violent behavior.** Exposure to violence as a witness or a victim increases one's risk of victimization from other forms of violence.[39,40,41,42,43] Cumulative exposure to violence can generate cumulative risk for experiencing more violence.[44] The pathways have not been fully delineated, but likely have to do with underlying conditions in common. Too often, both communities and individuals experience an overwhelming number of risk factors without an equal balance of resilience factors. In addition, those who display one form of violent behavior are more likely to engage in other forms of violence.[45]

For example, adults who are violent toward their partners are also more likely to harm their children.[46] Furthermore, while the majority of victims of violence do not act violently, substantial research also indicates a correlation between exposure to violence during childhood and perpetrating violence later in life.[47,48,49,50] For instance, witnessing community violence can alter brain function in early childhood, leading to the preferential development of survival skills and 'adaptive' tendencies towards violence at the expense of the development of other, vital competencies unless there are intervening experiences to counter the impact.[51,52] Violence exposure in childhood may also affect future relationships and eventually parenting capacities, potentially contributing to a cycle of violence.[53] Exposure to community violence is associated with an increased risk for intergenerational child maltreatment.[54]

Recognizing that exposure to one form of violence increases the risk of victimization or perpetration of others, in its 2012 update to its statewide strategic plan, the North Carolina Division of Public Health, Injury and Violence Prevention Branch and stakeholders decided that child maltreatment prevention would be one of the three cross-cutting issues in its plan to prevent multiple forms of injury and violence.[55]

**⑤ Multiple forms of violence are shaped by common structural factors such as racism and sexism, resulting in inequities in rates of violence.** Structural drivers—the inequitable distribution of power, money, opportunity, and resources—are a key determinant of inequities,[56] including violence. At a fundamental level, inequities in rates of violence can be understood as disparities in power. Another way that structural drivers influence health outcomes is by shaping the circumstances in which people are born, grow, live, work, and age.[57] Drivers such as structural racism and socio-economic inequity, for example, play out at the community level to deeply impact community conditions such as lack of economic opportunities, and low neighborhood cohesion. Research has now shown that after adjusting for individual risk factors, there are neighborhood differences in health and safety outcomes.[58] For example, young people are more likely to be exposed to violence at home and in the community when they are living in poverty.[59] While all

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communities experience violence, it takes an inequitable toll on groups with less power, including young people, people of color, and people living in poverty.

Social inclusion is the process of improving the terms for individuals and groups to take part in society.[60] Strategies to improve social inclusion can reduce the risk for violence by expanding participation in decision-making processes, reducing isolation, and ensuring that all people have access to the community resources they need. The Milwaukee Health Department is leading a citywide planning effort to address multiple forms of violence that acknowledges that structural factors generate inequities in rates of violence, emphasizes equity as a principle for prevention, and includes community building, community healing, restorative justice, training to address implicit bias, and a variety of community engagement strategies in ongoing violence prevention planning and implementation. Further, recognizing the intersection of healthy child development and community safety, the plan integrates a life course perspective and strategies to support young children and parents.

## Toward a Culture of Safety

The Robert Wood Johnson Foundation's bold vision for a Culture of Health underscores the need to promote safety. Their metrics for the nation include reducing the percentage of people with two or more Adverse Childhood Experiences (ACEs) and increasing the percentage of youth who report feeling safe in their communities and schools. Recognizing and operationalizing strategies to foster safety must take a life course perspective in support of our most vulnerable children and families who are too often victimized by cycles of multiple forms of violence. Success can be achieved through, for example, braiding and blending funding streams, investing in a more integrated infrastructure, and cultivating partnerships among researchers, advocates, and practitioners for a broader set of assets and stronger collective voice to drive policy and practice. Families and young children do not experience violence in siloes; too often they experience multiple forms. By addressing these multiple forms, we can achieve a culture of safety.

## Additional Resources

Connecting the Dots: An Overview of the Links among Multiple Forms of Violence: Prevention Institute developed this publication with the U.S. Centers for Disease Control and Prevention. It identifies shared risk and protective factors for multiple forms of violence and can inform joint efforts to prevent multiple forms of violence at once, thus protecting young children from exposure to violence.

Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots:  This strategic vision, developed by the U.S. Centers for Disease Control and Prevention, articulates why a cross-cutting approach is important to achieving measureable reductions in violence and how it can be done.

How Do We Connect the Dots? Local Approaches to Preventing Multiple Forms of Violence: This web conference references the Connecting the Dots research, while expanding the conversation about local and state strategies that prevent sexual and domestic violence among other forms of violence concurrently.

A Good Solution Solves Multiple Problems: Exploring Prevention Strategies that Address Multiple Forms of Violence: This paper lays out the multiple connections among child abuse, intimate partner violence and community violence.

Reducing Children's Exposure to Violence: Maximizing Outcomes through Multi-Sector Engagement: This paper explores the benefits of engaging multiple sectors in reducing traumatic exposures for children and youth.

## Funding and Authorship

**PREVENTION INSTITUTE** is a focal point for primary prevention, dedicated to fostering health, safety, and equity by taking action to build resilience and to prevent problems in the first place. A national nonprofit with offices in Oakland, Los Angeles, and Washington D.C., we advance strategies, provide training and technical assistance, transform research into practice, and support collaboration across sectors to embed prevention and equity in all practices and policies. Since its founding in 1997, Prevention Institute has focused on transforming communities by advancing community prevention, health equity, injury and violence prevention, healthy eating and active living environments, health system transformation, and mental health and wellbeing.

**UNITY**, a Prevention Institute initiative, builds community safety in cities through comprehensive, multi-sector strategies that prevent violence and support community resilience. By supporting practice and innovation, UNITY has been collectively advancing the field and shifting the paradigm on community violence and what cities can do about it since 2005.

**THE CENTER FOR THE STUDY OF SOCIAL POLICY (CSSP)** is a national, nonprofit organization recognized for its leadership in shaping policy, reforming public systems and building the capacity of communities. CSSP's mission is to secure equal opportunities and better futures for all children and families. The organization works to ensure that children and youth are born healthy; enter school ready to learn and succeed; and grow up in safe, supported, and economically successful families and communities. CSSP especially focuses on those who face the most significant barriers to opportunity, including racial and ethnic minorities, immigrants and refugees, families in neighborhoods of concentrated poverty, and families in contact with intervening public systems.

**EARLY CHILDHOOD LEARNING AND INNOVATION NETWORK FOR COMMUNITIES (EC-LINC)**, an initiative of the Center for the Study of Social Policy, was developed by and for local communities across the country, and works to support families and improve results for young children through accelerating the development of effective, integrated, local early childhood systems.

# Endnotes

1.  Prothrow-Stith, D. (2011). Preventing Violence in the Next Decade: Five Lessons for the Movement. Oakland, CA: Prevention Institute.

2.  Center on the Developing Child (2010). The Foundations of Lifelong Health Are Built in Early Childhood.

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

4.  Lyles, A., Davis, R.A., Cohen, L., & Lester, L. (2017). A good solution solves multiple problems: Exploring prevention strategies that address multiple forms of violence. Oakland, CA: Prevention Institute.

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

6.  National Task Force on Children Exposed to Violence (U.S.), Listenbee, R. L., & Torre, J. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Washington, D.C.: Attorney General's National Task Force on Children Exposed to Violence.

7.  National Task Force on Children Exposed to Violence (U.S.), Listenbee, R. L., & Torre, J. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Washington, D.C.: Attorney General's National Task Force on Children Exposed to Violence.

8.  Herrenkohl, T.I., Sousa, C., Tajima, E.A., Herrenkohl, R.C., & Moylan C.A. (2008). Intersection of child abuse and children's exposure to domestic violence. Trauma, Violence, and Abuse, 9(2), 84-99.

9.  Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2009). The developmental epidemiology of childhood victimization. Journal of Interpersonal Violence, 24(5), 711-731.

10. Somji, A. & Fujie Parks, L. (2017). Expanding partnerships and linkages: Key directions in sexual and domestic violence prevention.

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

12. Center for Disease Control and Prevention. (2013). Healthy Places - Social Capital.

13. Heise, L. (1998). Violence against women: An integrated ecological framework. Violence against Women, 4(262).

14. Beyer, K., Wallis, A. B., & Hamberger, L. K. (2015). Neighborhood environment and intimate partner violence: A systematic review. Trauma, Violence & Abuse, 16(1), 16-47.

15. 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.

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

17. Committee on Child Maltreatment Research, Policy, and Practice for the Next Decade: Phase II; Board on Children, Youth, and Families; Committee on Law and Justice; Institute of Medicine; National Research Council. (2014). Consequences of Child Abuse and Neglect. In A.C. Petersen, J. Joseph, M. Feit (Eds.), New directions in child abuse and neglect research. Washington (DC): National Academies Press.

18. Perry, B.D. (2001). The neurodevelopmental impact of violence in childhood. In D. Schetky & E. Benedek (Eds.), Textbook of child and adolescent forensic psychiatry (221-238). Washington (DC): American Psychiatric Press.

19. National Center for Injury Prevention and Control, Division of Violence Prevention (2016). Child abuse and neglect: Consequences.

20. Black, M.C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. American Journal of Lifestyle Medicine, 5(5),428-439.

21. Margolin, G., & Gordis, E. B. (2000). The effects of family and community violence on children. Annual Review of Psychology, 51(1), 449.

22. Breiding, M.J., Black, M.C., & Ryan, G.W. (2008). Chronic disease and health risk behaviors associated with intimate partner violence—18 U.S. states/territories, 2005. Annals of Epidemiology, 18, 538–544.

23. Crofford, L. J. (2007). Violence, stress, and somatic syndromes. Trauma Violence Abuse, 8, 299–313.

24. Leserman, J., & Drossman, D.A (2007) Relationship of abuse history to functional gastrointestinal disorders and symptoms. Trauma, Violence and Abuse, 8, 331–343.

25. Margolin, G., & Gordis, E. B. (2000). The effects of family and community violence on children. Annual Review of Psychology, 51(1), 449.

26. Centers for Disease Control and Prevention (2014). Youth Risk Behavioral Surveillance—United States, 2013. Morbidity and Mortality Weekly Report, 64(4), 1-172.

27. UNITY, Prevention Institute. (2011). Fact Sheet: Links between Violence and Mental Health.

28. UNITY, Prevention Institute. (2011). Fact Sheet: Links between Violence and Chronic Illness.

29. Margolin, G., & Gordis, E.B. (2000). The effects of family and community violence on children. Annual Review of Psychology, 51(1), 445-79.

30. McCoy, D.C., Raver, C.C., & Sharkey, P. (2015). Children's cognitive performance and selective attention following recent community violence. Journal of Health and Social Behavior, 56(1), 19-36.

31. Lyles, A., Davis, R., Cohen, L., & Lester, L. (2017). A good solution solves multiple problems: Exploring prevention strategies that address multiple forms of violence.

32. Health Topics: Violence. (2014). Geneva, Switzerland: World Health Organization.

33. Injury Prevention and Control: Division of Violence Prevention. VetoViolence (2014). Definitions. Atlanta, GA: Center for Disease Control and Prevention.

34. Intimate Partner Violence: Definitions. (2016). National Center for Injury Prevention and Control, Division of Violence Prevention. Atlanta, GA: Centers for Disease Control and Prevention.

35. Oakland Unite (April 2015) Violence in the city: Draft strategic planning report.

36. Commission on Social Determinants of Health (CSDH), World Health Organization (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. Final report of the CSDH.

37. World Health Organization (WHO) (2003). Social determinants of health: The solid facts (2nd ed.).

38. Davis, R., Pinderhughes, H., & Williams, M. (2016). Adverse community experiences and resilience: A Framework for addressing and preventing community trauma. Oakland, CA: Prevention Institute.

39. World Health Organization (2014). The VPA Approach.

40. Centers for Disease Control and Prevention (CDC) (2009). Child Maltreatment Fact Sheet.

41. World Health Organization (2014). World Report on Violence and Health.

42. The California Attorney General's Civil Rights Commission on Hate Crimes (2009). California Attorney General's Civil Rights Commission on Hate Crimes Final Report.

43. Center for Behavioral Health and Justice Transformation, SAMSHA, "Fact Sheet: Historical Trauma."

44. Taylor, C. A., Boris, N. W., Heller, S. S., Clum, G. A., Rice, J. C., & Zeanah, C. H. (2008). Cumulative experiences of violence among high-risk urban youth. Journal of Interpersonal Violence, 23(11), 1618-1635.

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

46. Knickerbocker, L., Heyman, R. E., Smith Slep, A. M., Jouriles, E. N., & McDonald, R. (2007). Co-occurrence of child and partner maltreatment. European Psychologist, 12(1), 36-44.

47. Logan, J.E., Leeb, R.T., & Barker, L.E. (2009). Gender-specific mental and behavioral outcomes among physically abused high-risk seventh-grade youths. Public Health Reports, 124(2), 234-245.

48. Duke, N.N., Pettingell, S.L., McMorris, B.J., & Borowsky, I.W. (2010). Adolescent violence perpetration: associations with multiple types of adverse childhood experiences. Pediatrics, 125(4), e778-e786.

49. Violence and the Family: Report of the American Psychological Association Presidential Task Force on Violence and the Family. Washington, DC: American Psychological Association; 1996.

50. Loeber, R., & Hay, D.F. (1994). Developmental approaches to aggression and conduct problems. In: Rutter M, Hay DF, eds. Development through Life: A Handbook for Clinicians (288-516). Boston, Mass: Blackwell Scientific.

51. Swick, K.J., & Williams, R.D. (2006). An analysis of Bronfenbrenner's bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress. Early Childhood Education Journal, 33(5), 371-8.

52. Gunnar, M.R. (1998). Quality of early care and the buffering of stress physiology: its potential role in protecting the developing human brain. IMPrint: Newsletter of the Infant Mental Health Promotion Project, 21, 4-7.

53. Finkelhor, D. (2009). Children's exposure to violence: A comprehensive national survey. Washington, D.C.: U.S. Government Printing Office.

54. Valentino, K., Nuttall, A.K., Comas, M., Borkowski, J.G., & Akai, C.E. (2012). Intergenerational continuity of child abuse among adolescent mothers' authoritarian parenting, community violence, and race. Child Maltreatment, 17(2), 172-81.

55. North Carolina Health and Human Services (2012). Building for Strength: North Carolina's Strategic Plan for Preventing Injuries and Violence. Addendum to Update Objectives.

56. Commission on Social Determinants of Health (CSDH), World Health Organization (WHO). (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. Final report of the CSDH. Geneva: World Health Organization.

57. Commission on Social Determinants of Health (CSDH), World Health Organization (WHO). (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. Final report of the CSDH. Geneva: World Health Organization.

58. House, J.S., & Williams, D.R. (2000). Understanding and Reducing Socioeconomic and Racial/Ethnic Disparities in Health. In Promoting Health: Intervention Strategies from Social and Behavioral Research (81-124). Washington, D.C.: Institute of Medicine/National Academy Press.

59. Listenbee, R. L., & Torre, J. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Washington, D.C.: Attorney General's National Task Force on Children Exposed to Violence.

60. The World Bank (2017). Social Inclusion.