

Mural for the Family Education and Resource Center, A program of the Mental Health Association of Alameda County By Joaquin Alejandro Newman and Eduardo Pineda

## Introduction

The quality and safety of our partner relationships have vast immediate and long-term physical, emotional, social, economic, and other impacts on our lives. Yet in California and across the country, violence in relationships is pervasive, creating harm for those directly affected, including children, as well as repercussions in the broader family and among community members. Domestic violence, also known as intimate partner violence, or partner violence, refers to physical violence, sexual violence, stalking, and psychological aggression, including coercive acts, by a current or former intimate partner. More than 3.5 million Californians have experienced domestic violence as an adult, which is comparable to the population of Los Angeles - the most populous city in California. Domestic violence disproportionately affects young women, women with low household incomes, women of color, and LGBTQ+ individuals.

Increasingly, community members, leaders, and organizations are calling for more significant investments in community-wide solutions that help to proactively support people in having safe relationships and families, with attention to reducing the racial, gender, and other systemic inequities that underlie violence.

California has achieved success in shifting some norms and behaviors related to domestic violence through advocacy, organizing, healing, and social change efforts. For example, in a statewide California survey, 88% of participants from diverse demographic backgrounds stated that domestic violence is a serious problem in society right now.<sup>2</sup> This represents progress from decades ago when the issue was largely considered a private matter, not a serious social problem. Increasingly,

community members, leaders, and organizations are calling for more significant investments in community-wide solutions that help to proactively support people in having safe relationships and families, with attention to reducing the racial, gender, and other systemic inequities that underlie violence.<sup>3,4</sup>

This call for action is occurring in the context of a growing understanding that addressing the determinants of health is critical for wellbeing and safety. The determinants of health refer to the broad set of factors that influence health and safety directly and that shape the environments in which we live, work and play. However, few initiatives focus on preventing domestic violence through addressing the determinants of health. With support from Blue Shield of California Foundation, and in partnership with representatives from multiple sectors, including domestic violence prevention advocates and researchers, Prevention Institute developed SAFE (Sectors Acting For Equity), a health equity and multisector approach to domestic violence prevention. Through this project Prevention Institute is working with leaders at the state and local levels to address the underlying determinants of domestic violence and build community environments that support safe relationships.

This brief summarizes and expands on a more extensive research and practice report, A Health Equity and Multisector Approach to Preventing Domestic Violence. In this brief we outline five key elements of the SAFE approach: 1) health equity and social justice, 2) underlying contributors, 3) community resilience, 4) multiple sectors and social movements, and 5) prevention and healing. We include examples of communities who are applying these elements in their efforts to prevent domestic violence. We define many of the terms in the glossary (P. 11) and define the community determinants of domestic violence and safe relationships in Table A (P. 12-13). This brief can be helpful for advocates and practitioners already engaged in domestic violence prevention work, who are seeking to enhance their impact through greater engagement of multiple sectors and social movements to influence community environments. This brief can also be helpful for those who are engaged in multi-sector community-level work to promote health, safety, and equity, who may be unfamiliar with how to integrate domestic violence into their broader agenda, and are seeking guidance and examples.

## Key Elements of the SAFE Approach

The SAFE approach acknowledges that there isn't one model for achieving impact, but rather there are critical elements to consider while leveraging local assets and addressing needs. The following section explores each of the key elements of the SAFE approach.

### 1. Leading with health equity and social justice:

A commitment to health equity and social justice can help communities identify and counter the unequal and unjust conditions that lead to violence and inequities in rates of violence. With this commitment, we can work toward creating communities where every person has an equal opportunity to achieve optimal health and safety in their relationships, families, and communities. Structural drivers of inequity (i.e., the inequitable distribution of power, opportunity, and resources from racism, sexism, disenfranchisement, etc.) create unequal access to the conditions that promote safety, contributing to

A commitment to health equity and social justice can help communities identify and counter the unequal and unjust conditions that lead to violence and inequities in rates of violence.

disproportionate rates of domestic violence affecting young women, women with low household incomes, women of color, and LGBTQ+ individuals. A significant component of the SAFE approach is pushing back on the structural drivers of inequity that contribute to the inequities in rates of domestic violence. We need to challenge these structural drivers in order to create equitable community conditions that are conducive to safety in relationships and prevention of violence. To truly counter structural drivers and create more equitable environments, it is critical that community members drive prevention work, including survivors and those most affected by partner violence. This means ensuring that communities most impacted have the power, opportunity, and resources to drive solutions and priorities.

## Health equity and social justice in action: Multnomah County, Oregon

Violence prevention partners in Multnomah County name racism as a form of violence and integrate actions to promote racial justice into their efforts to prevent multiple forms of violence, including teen dating violence and domestic violence. For example, they recognize positive engagement with culture as critical to racial equity and community resilience, and promote culturally-rooted violence prevention strategies. The county hired two full-time community health workers who come from communities experiencing high rates of violence and are grounded in "culture-first" approaches. The community health workers hold positions on the county's violence prevention coordination team that is tasked with developing policy recommendations to support racial justice and violence prevention. One community health worker partners with students at the Native American Youth Association's high school for indigenous youth, and has supported them in developing an intergenerational approach to violence prevention, by integrating healing with activism and civic engagement to

foster lasting change. Another community health worker is partnering with youth at an alternative high school. Here, students analyzed the intersection of trauma and violence and developed the first Latino Student Union prompted by collective concern for the trauma experienced by immigrant and undocumented persons.



Multnomah County, Oregon hires community health workers with lived experience of violence to lead the County's violence prevention efforts, imbues a commitment to racial justice, and supports "culture-first" strategies. Photo provided by Multnomah County Youth and Family Services Division.

#### Health equity and social justice in action: Alliance for Boys and Men of Color

Within domestic violence prevention, gender and racial justice have emerged as critical intersectional lenses that bring the "margins to the center" for achieving health equity. The Alliance for Boys and Men of Color, a coalition led by PolicyLink to improve the lives of California's boys and young men of color, seeks opportunities to strengthen the role of boys and men of color in preventing violence and informing practice through

experiential knowledge. The Alliance is bringing together their commitment to racial and gender justice to push back on the structural drivers that produce racial and gender inequities. For example, the Alliance is conducting trainings and network-building opportunities and promoting policy shifts away from criminalization and separation strategies toward prevention, healing, and community-building strategies.

## 2. Changing community conditions through underlying contributors

Understanding that the community environment is impacted by structural drivers, the SAFE approach shifts negative narratives that ask "what's wrong with our communities?" to tell the story of "what's happening to/ in our communities?" Structural drivers such as racism and sexism create inequitable community environments, and these inequitable community environments shape individuals' exposures and behaviors related to domestic violence. Community environments offer an actionable place to push back against structural drivers. A focus on addressing underlying contributors and improving community environments creates a pathway toward health and safety in our relationships at a population level.

Drawing on practitioner and advocate wisdom and synthesizing research, Prevention Institute identified six community-level risk factors that are underlying contributors to partner violence (for further details see Table A on pages 12-13):

- A. Harmful norms that support gender inequities and other power disparities within relationships, violence, and lack of engagement and intervention in family matters.
- **B.** Weak social networks that result in distrust and isolation among individuals, couples, and families.
- C. Unwillingness to take action on domestic violence as a community issue that enables violence and discourages help-seeking.
- D. A retail environment with high alcohol outlet density and harmful marketing practices that models and reinforces harmful norms and culture.
- **E.** Housing insecurity that can contribute to stress, harmful coping behaviors, disruption of social networks, and economic insecurity.
- **F.** Family and community economic insecurity that can contribute to instability and difficulty providing necessary resources.

Multiple sectors and social movements can come together to influence these underlying contributors that shape people's daily experiences, what they are exposed

to, and how they act. By reducing these underlying contributors, we can influence the experiences, exposures, and behaviors of community members, and reduce the likelihood of domestic violence.

## 3. Promoting community resilience

The SAFE approach underscores the importance of not only addressing factors that increase risk, but also of strengthening factors that build resilience. This approach centers on community and cultural strengths, and focuses on answering the question, "how do we amplify what's going well in the community?"

To prevent partner violence, communities can promote resilience factors at the community-level that are associated with safe relationships (for further details see Table A on pages 12-13):

- **A. Healthy norms and culture** that support equitable relationships, non-violence, and engagement in family matters.
- **B. Strong social networks** that result in trust, solidarity, and inclusion within a neighborhood or community and among individuals, couples, and families.
- C. Willingness to take action on domestic violence as a community issue that enables safety and encourages help-seeking and support for survivors.
- D. A retail environment with low alcohol outlet density and marketing practices supportive of healthy and equitable relationships that models and reinforces healthy norms and culture.
- **E.** Affordable, stable, and supportive housing with supportive design that contributes to family stability and health, and improved social networks and trust.
- **F.** Family and community economic security that increases the ability to securely meet basic needs.

The presence of these factors can fundamentally change people's daily experiences, what they are exposed to, and how they act, in a positive manner that increases the likelihood of safety within partner relationships. These changes can be facilitated through the intentional collective efforts of multiple sectors and social movements.

## Structural Drivers

# Diagram A: The Trajectory of Safe Relationships

The Trajectory of Safe Relationships illustrates how structural drivers that promote empowerment, enfranchisement, and equitable distribution of power and resources, can improve community conditions, which in turn shape exposures and behaviors, and contribute to safe relationships and reduced domestic violence. Community healing and community safety are overarching community factors in the community environment that reinforce cycles of safety and healing among and between families and the larger community. The trajectory is not a linear model and is not predictive, nor does it suggest causality. Rather, it depicts the complexity of interrelated factors that can support safe relationships and reduced domestic violence. The diminishing size of the circles from top to bottom indicates the importance that structural drivers and community determinants have on fostering safe relationships.

# Community Determinants of Safe Relationships

#### **People**

Healthy norms and culture Strong social networks and trust

Willingness to take action on DV

Structural Empowerment/Enfanchisemes

#### Place

Low alcohol outlet density

. Safe, stable, and affordable housing

## Equitable Opportunity

Family and community economic security

Laurable Distribution of Power and Resources

## Exposures & Behaviors

Fewer exposures to multi-generationa or community violence

Strong social and emotional support and connections, especially in times of need

Presence of active role models for safe and healthy relationships

Emotional regulation and nonviolent social skills

Adherence to norms of non-violence

Awareness of strong community sanctions against DV

Desire for equity and safety in relationships

Safe Relationships

Reduced DV

## 4. Collaborating across sectors and social movements

As we understand the kinds of community conditions we want to change and promote, it becomes very apparent that the work of fostering safety and equity inherently requires collaboration across sectors and social movements. We can ask, "With whom can we partner to make these changes?" Partnerships are most effective when they center the leadership and engagement of community members who are directly impacted by the issues. Partners can include culturally-rooted organizations committed to racial and gender equity, and various sectors such as family support, public health, community development, businesses/workplaces, and others.

As Audre Lorde, poet and activist famously wrote, "There is no such thing as a single-issue struggle, because we do not live single-issue lives." Working with community

members, and across sectors and social justice movements, requires understanding each other's goals, areas of expertise, resources, and more. Prevention Institute's <u>Collaboration Multiplier Tool</u> can help unearth specifics about each sector and illuminate how efforts to reduce domestic violence can be supportive of achieving each partner's desired outcomes, as well as cultivate shared outcomes and joint strategies.

## 5. Attending to prevention and healing

While the SAFE approach explicitly focuses on promoting safe relationships and preventing partner violence from occurring, we understand that healing and prevention are interrelated processes and seek holistic solutions that reduce future violence while addressing the trauma and harms of current and past violence. Since communities and individuals within them have interconnected lives and needs, community-level prevention efforts must acknowledge that

# Collaboration in action: East San Jose PEACE (Prevention Efforts Advance Community Equity) Partnership

The East San Jose PEACE Partnership is working to build a healthy, peaceful and empowered community by preventing and addressing violence and trauma that affects youth, families, and the community. The Partnership is a demonstration site for the California Accountable Communities for Health Initiative. Through this work, domestic violence has emerged as a priority and the partnership is making it a community issue by exploring promotores models and integrating the issue into several workgroups focused on influencing policies, practices, and programs that shape the neighborhood. Through a collaborative governance structure, the East San Jose PEACE Partnership brings residents and traditional decision-makers together on a Leadership Team to share decision-making power and build collective capacity to affect change. The team has 30 members, including residents and community/ empowerment organizations, health and healthcare partners, justice, education, and parks and recreation providers. During the formation of the group, participating organizations prioritized representatives who reside in the neighborhood to serve on the Leadership Team.



The East San Jose PEACE Partnership is working to build a healthy, peaceful and empowered community by preventing and addressing violence and trauma that affects youth, families and the community. Children of the Rainbow Park, San Jose, 2017. Photo provided by Andrea Flores Shelton.

communities include people from multiple generations who are experiencing and/or healing from violence. Community healing, resilience, and future safety go together. This may mean integrating individual and community healing and accountability practices, e.g., healing circles and other culturally-rooted practices, restorative justice, and other practices. Attention to community healing and accountability, in fact, helps to change norms that suggest that partner violence is a private matter, not a community issue. Through interrelated efforts, communities can demonstrate willingness to take action on domestic violence as a community issue, create strong social networks that can reshape norms and culture, and advocate for the housing, economic, and retail environments that are conducive to safety in relationships.

## **Growing the Work Together**

As a result of decades of tireless efforts among many domestic violence prevention advocates and partners, there are strong examples of multi-sector communitylevel prevention from which we can learn. There are also many multi-sector collaboratives and coalitions that are implementing powerful strategies to create health, wellbeing, and equity in communities across California that are not addressing domestic violence. With many of these collaboratives identifying domestic violence prevention as an emerging priority, or a long-standing unaddressed priority, there are many opportunities to more intentionally integrate domestic violence prevention into a diversity of collaboratives throughout the State. As more and more communities expand their attention to domestic violence prevention, engage multiple sectors, and build shared capacity, there will be even greater diversity and creativity of approaches to multi-sector community-level domestic violence prevention throughout California. Working with an unwavering commitment to safe relationships and equity across sectors and communities, collectively we can support safe and equitable relationships, families, and communities, and decrease domestic violence and inequities in rates of domestic violence. Further, as we grow this work together, we can move away from issue silos toward a more holistic, integrated, and sustainable approach to community health, safety, and wellbeing.

# Examples of Collaborative Actions that Embody the SAFE Approach

Here are a few examples of efforts to implement multisector, community-level prevention with a commitment to health equity.

## Engaging Champions for Healthy Norms: South West PA Says No More

In the Greater Pittsburgh Area, through South West PA Says No More, FISA Foundation and United Way engage influential men in the community, like athletes and business leaders, to mobilize for healthy gender norms. They have partnered with the Major League Baseball team, the Pittsburgh Pirates, and National Football League team, the Steelers, and hosted symposiums for coaches who are new to their Coaching Boys Into Men program to connect with coaches already implementing the program. They also promote a Father's Day Pledge where they ask leaders in partner organizations to voice a commitment to end gender violence and pledge to not use violence in their relationships, and to speak up if another man is causing harm. They also commit to being an ally to women working to end violence, and to mentor and teach boys to treat women and girls with respect.



Seeing sexual and domestic violence prevention as a leadership issue, South West PA Says no more, United Way, and FISA Foundation strategically bring together a range of community champions, including coaches, athletes, and business leaders to end gender-based violence. Photo provided by South West PA Says No More.

This work is based on the idea that to connect with community members beyond the traditional "choir," advocates have to offer a small and doable first step that can contribute to norms change. Philanthropic leaders in Pennsylvania wrote an op-ed and signed on to the pledge with the support of FISA. They also host a corporate leadership conference to further engage prominent leaders in the community. This helps increase the number of people talking about the issues across Southwest Pennsylvania and build political will to even more broadly take on sexual and domestic violence prevention as a community priority.

## Community determinants influenced:

- · Healthy norms and culture
- Strong social networks
- Willingness to take action on domestic violence as a community issue

#### Partners:

- Community members, including youth
- Sports sector (professional leagues and local coaches)
- · Business sector
- · Social services

## Creating Housing that Supports Safe Relationships: North Carolina Coalition to End Domestic Violence and the Charlotte Housing Authority

The North Carolina Coalition to End Domestic Violence and the Charlotte Housing Authority have formed a unique partnership to address and prevent domestic violence. They have found that domestic violence and conflicts between neighbors are the most common types of violence in public housing communities. After identifying contributing factors, they began to look at how to promote a positive environment within the housing community. The partnership has trained property managers, vendors, and residents to take a proactive stance to reduce violence as part of the housing authority's organizational policies.



Charlotte Housing Authority has trained property managers, vendors, and residents to take a proactive stance to reduce violence as part of the housing authority's organizational policies. Photo provided by Charlotte Housing Authority.

They also bring residents together through community meetings and provide space for local youth to express their opinions on violence and aggression that they witness. Using prompts like "What does a healthy community look like?" and "What does a healthy family look like?", youth and families transform their thoughts into billboards, magnets, keychains, welcome packages, etc. — visible reminders for the community to support safe relationships and work together to end partner violence and other forms of violence.

## Community determinants influenced:

- · Healthy norms and culture
- Strong social networks
- Willingness to take action on domestic violence as a community issue
- Affordable, stable, and supportive housing

#### Partners:

- Community members (public housing residents)
- Housing
- DV services

## Preventing alcohol outlet overconcentration: Alcohol Justice and Los Angeles Drug and Alcohol Policy Alliance

Alcohol Justice organizes with community groups to pass laws that regulate the production, distribution, and sales of alcohol to keep communities healthy and safe. Alcohol Justice recognizes that most alcoholrelated violence is domestic violence and views its work as part of the social justice movement. Instead of focusing on individual behaviors associated with alcohol, Alcohol Justice promotes evidence-informed public health policies and organizes campaigns with diverse communities. For example, with the Los Angeles Drug and Alcohol Policy Alliance, the agency is organizing to pass a city ordinance that will create Alcohol Restricted Use Subdistricts (ARUS). ARUS is a planning and land use tool that places a limit on the number of alcohol licenses that are granted in selected neighborhoods. With the introduction of this ordinance, communities would have the ability to petition for an ARUS zone if they have high alcohol outlet overconcentration, high rates of violence, or if community members want to protect sensitive areas, such as parks and schools.

## Community determinants influenced:

- Healthy norms and culture
- A retail environment with low alcohol outlet density and marketing practices supportive of healthy and equitable relationships

#### Partners:

- · Community members
- City Government
- Social justice organizations
- · Social services
- Faith and cultural groups
- Education

# Addressing Pay Equity in Wyoming: Wyoming Coalition Against Domestic Violence and Sexual Assault and Wyoming Health Council

Wyoming consistently has one of the largest gender pay gaps in the United States, with women on average earning 64 cents for every dollar a man earns. Men whose highest level of education is a high school diploma earn more than women with a bachelor's degree.6 The Wyoming Coalition Against Domestic Violence and Sexual Assault is challenging the local narrative that the wage gap is a matter of "choice" and is employing a collective impact model to organize and advocate for pay equity. Together with the Wyoming Health Council, these organizations are acting as the backbone of the movement for pay equity, bringing together partners from across the state to organize around the common goal of closing the gender wage gap. The team in Wyoming is using a social network analysis to better understand connections and relationships each partner has and is determining next steps through the lens of shared risk and protective factors. These efforts address the disparate gender wage gap and promote economic security.

## Community determinants influenced:

- · Healthy norms and culture
- Strong social networks
- Family and community economic security

#### Partners:

- Community members, including youth
- DV services
- Healthcare
- Social justice (women's organizations)
- · Social services
- Policy advisors
- · Workforce development

## Community Accountability through Synagogues: Shalom Bayit, San Francisco Bay Area

Shalom Bayit is an agency in the San Francisco Bay Area committed to ending domestic violence in the Jewish community. Through its policies and procedural guidelines for responding to intimate partner violence, Shalom Bayit is working with synagogues to implement a community accountability model. The agency asks congregational leadership to prioritize protecting the safety of those who have been harmed and of other congregants with actions like safety planning, while also supporting a *teshuvah* (repentance) process focused on accountability. As part of *teshuvah*, congregations encourage those who have caused harm to admit wrongdoing, respect safety plans, and take responsibility for their actions while making necessary behavior changes. For example, the person who has caused harm

can be asked to relinquish positions of leadership in the synagogue, not attend services or events that the survivor attends, and acknowledge that their abusive behavior involved a misuse of power, to name just a few actions included in the policies. Rather than separating people from their social networks when they experience or perpetrate abuse, Shalom Bayit's model allows individuals to remain at their synagogues when possible and keep connected to their faith and community. The policies require rabbis and other leaders to integrate education about intimate partner violence into religious services, social action activities, counseling, and more.

## Community determinants influenced:

- · Healthy norms and culture
- Strong social networks
- Willingness to take action on domestic violence as a community issue

#### Partners:

- Community members (congregants)
- DV services
- · Faith sector

## Acknowledgments

We are grateful to Blue Shield of California Foundation for generous support for the SAFE project and this publication. We are also grateful for the numerous practitioners and advocates with whom we partner and for the work they do, some of which we feature in this brief.

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.

For more information visit: www.preventioninstitute.org.

The Sectors Acting For Equity (SAFE) project promotes community environments that support safe relationships in partnership with communities that are engaging community members and collaborating across sectors and social movements. To learn more about the SAFE approach, please read A health equity and multisector approach to preventing domestic violence at <a href="www.preventioninstitute.org/">www.preventioninstitute.org/</a> projects/safe. To get involved, contact safe@preventioninstitute.org.

## Glossary

**Determinants of health:** The broad set of factors that influence health outcomes directly and that shape community environments. These factors reach far beyond the healthcare system, and include structural drivers (e.g., the inequitable distribution of power, money, opportunity, and resources) and conditions of daily life (e.g., the environments in which people are born, live, work, play, worship, and age).<sup>7,8</sup>

Domestic violence, or intimate partner violence, or partner violence: Physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by: emotional connectedness, regular contact, ongoing physical contact and/or sexual behavior, identity as a couple, and/or familiarity and knowledge about each other's lives.

**Health equity** means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.<sup>10</sup>

Intersectionality and margins to the center: The ways in which power structures based on race, ethnicity, gender, class, ability, religion, nationality/citizenship, and other markers of difference interact to inform individual realities and lived experiences, as well as to shape systemic policies and practices.<sup>11</sup> "Margin to the center" means having the marginalized/oppressed who are at the margins move to the center where there is greater power, influence and control.

Multi-sector community-level prevention: Multi-sector refers to efforts that engage community members, culturally-rooted organizations committed to racial and gender equity, and various sectors such as family support, public health, community development, businesses/workplaces, etc. Community-level prevention refers to strategies that increase community-level resilience factors associated with safe relationships and decrease community-level risk factors associated with domestic violence to systematically reduce rates of domestic violence at a neighborhood, community, or population level.

**Resilience factors:** Conditions or characteristics in individuals, families, communities and society that are protective, thus reducing the likelihood that violence will occur, even in the presence of risk factors. Effective violence prevention efforts reduce risk factors and strengthen resilience factors.

**Risk factors:** Conditions or characteristics in individuals, families, communities and society that increase the likelihood that violence will occur. No one factor alone can be attributed with causing or preventing violence; it is the accumulation of risk factors without compensatory resilience factors that puts individuals, families and communities at risk.

**Sector:** A field, discipline, or area of expertise that is characterized by a combination of related activities and functions that are typically understood as distinct from those of others.

**Structural drivers:** The inequitable distribution of power, opportunity, and resources from racism, sexism, disenfranchisement, etc. Structural drivers can be improved to promote equitable distribution of power and resources and enfranchisement.

**Social justice:** Fair and just relations between individuals within a society, including equal access to wealth, opportunities, and privileges.

**Social movement:** A form of association between persons, networks, and organizations connected in common purpose across an extended period to effect social change.

## Table A: Community Determinants Associated with Partner Violence and Safe Relationship

THRIVE is a Prevention Institute community resilience framework that identifies community determinants of health and safety, grouped in three interrelated clusters: the socio-cultural environment (people), the physical/built environment (place), and the economic/ educational environment (equitable opportunity). Table A summarizes how six THRIVE factors and two overarching community factors apply to partner violence and to safe relationships.

THRIVE Factor	THRIVE Factor Definition	THRIVE Sub-Factors for DV and Safe Relationships	
Socio-cultural Environment (People Cluster)			
Norms & Culture	Broadly accepted behaviors to which people generally conform that promote health, wellness and safety among all community residents; discourage behaviors that inflict emotional or physical distress on others; and reward behaviors that positively affect others.	Harmful norms such as norms that support gender inequities in relationships, norms supportive of violence and norms of non-intervention in family matters reinforce power disparities within relationships, condone the use of violence to solve problems, and discourage community intervention. Conversely, healthy norms and culture such as norms that support healthy and equitable relationships, norms supportive of non-violence, and norms that support engagement in family matters can support safe relationships.	
Social Networks & Trust	Trusting relationships among community members built upon a shared history, mutual obligations, and opportunities to exchange information and that foster new connections.	Weak social networks result in <b>distrust</b> and increased <b>social isolation</b> within communities, a known risk factor for DV whereas <b>social cohesion and inclusion</b> improves trust and solidarity between community members and fosters healthy community relations.	
Participation & Willingness to Act for the Common Good	The capacity, desire and ability to participate, communicate and work to improve the community; meaningful participation by local/indigenous leadership; and involvement in the community through community and social organizations and participation in the political process.	Weak community sanctions, i.e., the lack of legal sanctions and moral or social pressure from the broader community to intervene to address and prevent DV, reflect low community capacity to address and prevent DV as a community issue. This low participation and willingness to act enables perpetrators to use violence with relatively little fear of repercussions while discouraging survivors to seek support. Strong community sanctions against DV reflect community participation and willingness to act to address DV as a community issue, which deters perpetration of DV while also fostering support for survivors.	

THRIVE Factor	THRIVE Factor Definition	THRIVE Sub-Factors for DV and Safe Relationships	
Physical/Built Environment (Place Cluster)			
What's Sold & How it's Promoted	The availability and promotion of safe, healthy, affordable and culturally appropriate products and services.	High alcohol outlet density and availability is correlated with higher rates of DV, while low alcohol outlet density is associated with reduced rates. Media and marketing practices that reinforce harmful norms and culture are associated with increased sexual aggression and inequitable gender norms in intimate relationships. Conversely, media and marketing practices that support healthy norms and culture promote and reinforce safe behaviors in relationships.	
Housing	High quality, safe and affordable housing that is accessible for residents with mixed income levels.	Housing insecurity, including difficulty paying rent or bills, frequent moves, and overcrowded living conditions, is closely linked to increased risk of DV. Access to safe, stable and affordable housing with supportive design increases family stability and health, and improves social networks and trust, thus reducing the risk for DV.	
Economic/Educational Environment (Equitable Opportunity Cluster)			
Living Wages & Local Wealth	The local ownership of assets; accessible local employment that pays living wages and salaries; and access to investment opportunities.	Family and community economic insecurity often plagues entire communities with instability and concentrated disadvantage making it difficult for many to provide necessary resources to their families. Conversely, family and community economic security increases the ability to securely meet basic needs.	
Overarching Community Factors			
Community Violence	Intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim, characterized by its shared widespread impact and cyclical nature within the community.	Exposure to <b>community violence</b> is associated with an increased risk for DV. High rates of community violence negatively impact social networks, economic and housing security, and other determinants that increase risk of further DV. Conversely, <b>community safety</b> is protective and supportive of resilience factors such as strong social networks, economic security, stable housing, etc.	
Community Trauma	Community trauma is the cumulative and synergistic impact of interpersonal violence, historical and intergenerational violence, and exposure to the impact of structural drivers of inequity.	Community trauma negatively alters community environments and reinforces systems and cycles of disenfranchisement, inequity, and multiple forms of violence.  Community healing can reduce the risk for multiple forms of violence and strengthen multiple factors that support safe relationships.	

#### References

- Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. (2015.) Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Blue Shield of California Foundation. (2017.) Californians' Views on Gender, Sexism, and Domestic Violence Survey Findings. San Francisco, CA: Author.
- Prevention Institute. (2017). A Health Equity and Multisector Approach to Preventing Domestic Violence. Oakland, CA: Author.
- Niolon, PH, Kearns, M, Dills, J, Rambo, K, Irving, S, Armstead, T, & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- 5. Lorde, A. (2007.) "Learning from the 60s," in *Sister Outsider:*Essays & Speeches by Audre Lorde. Berkeley, CA: Crossing Press.
- Connolly, C. (2016). The Wage Gap between Wyoming's Men and Women. Retrieved September 28, 2017.

- 7. World Health Organization Commission on Social Determinants of Health, 2008. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health.
- 8. Office of Disease Prevention and Health Promotion. Social determinants of health. Healthy People. Retrieved August 3, 2015.
- Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. (2015.) Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Braveman, P, et al. (2017.) What is health equity? And what difference does a definition make? San Francisco, CA: University of California San Francisco and Princeton, NJ: Robert Wood Johnson Foundation.
- 11. NoVo Foundation. (2016). <u>Movement Building Practice: Margins</u> to Center. Retrieved June 28, 2018.