An Overview of the SAFE (Sectors Acting For Equity) Approach: Promoting Community Environments that Support Safe Relationships and Prevent Domestic Violence

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.

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. 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.

This call for action is occurring in the context of a growing understanding that addressing the determinants of health is critical for wellbeing, safety and equity. The determinants of health refer to the broad set of factors that influence health and safety outcomes directly and shape the environments in which we live, work and play. However, few initiatives focus on preventing domestic violence through understanding and addressing the determinants of health. With support from the 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. We believe that by working with an unwavering commitment to safe relationships and equity across sectors and communities, we can support safe and equitable relationships, families, and communities, and decrease domestic violence and inequities in rates of domestic violence.

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. We hope that the work to support safe relationships and prevent domestic violence will continue to grow and evolve in a manner that acknowledges how domestic violence interrelates with other community issues, moving away from issue silos toward a more holistic and integrated approach to community health, safety, and wellbeing. By building on our gains in working together with multiple sectors and facilitating broad and
holistic community change, in the coming years, we expect to see an increase in creativity and diversity of approaches to multisector community-level domestic violence prevention throughout California.

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 on page 11. 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. We wrote this brief just as much for those who are engaged in multisector 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 examples and potential directions.

The Key Elements of the SAFE Approach

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 in which 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 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 be committed to challenging these structural drivers in order to create community conditions that promote safe relationships.

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 integrating healing with activism and civic engagement to prompt 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 through collective concern for the trauma experienced by immigrant and undocumented persons, developed the first Latino Student Union.

**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, sees 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 also 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 page 12):

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, and is related to concentrated disadvantage.

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 their behaviors. By reducing these underlying contributors, we can influence these experiences, exposures, and behaviors, 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. The 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 page 12):

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 their behaviors, in a positive manner that increases the likelihood that people will be able to have safe partner relationships. These changes can be facilitated through the intentional collective efforts of multiple sectors and social movements.
The Trajectory of Safe Relationships illustrates how the continuous and reciprocal interplay of factors within the environment (structural drivers, community determinants, and overarching community factors) can fundamentally shape exposures and behaviors, and thereby contribute to safe relationships and reduced domestic violence. 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.

Diagram A: The Trajectory of Safe Relationships
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 work 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. There are many multi-sector coalitions and collaboratives that are implementing powerful strategies to create greater safety, wellbeing, and equity in communities across California. Many of these collaboratives have identified domestic violence prevention as a community priority and are seeking to more intentionally support safety in relationships and families.

As Audre Lorde, poet and activist famously wrote, “There is no such thing as single-issue struggle, because we do not live single-issue lives.” Working with residents, and across sectors and social justice movements requires understanding each other’s goals, areas of expertise, resources and more. Prevention Institute’s [Collaboration Multiplier Tool](https://www.prevention.org/files/2014/11/5089CollabMultiplierTool2014.pdf) 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, and cultivate shared outcomes and joint strategies.

**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 different workgroups focused on influencing policies, practices, and programs shaping 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.

**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 prevention efforts must acknowledge that communities also include people who are experiencing and/or healing from violence. Community healing, resilience, and future safety go together. Attention to community healing and accountability, in fact, helps to change norms that say that partner violence is a private matter, not a community issue. Through these interrelated efforts, communities can promote willingness to take action on domestic violence as a community issue, and create strong social networks that can reshape norms and culture, and advocate for the housing, economic, and retail environments that are supportive of safety in relationships.

Examples of Collaborative Actions that Embody the SAFE Approach

Here are a few examples of efforts to implement multi-sector, 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, speak up if another man is being abusive. 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. This work is based on the idea that to get 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 issue across Southwest Pennsylvania and build political will to even more broadly take on the issue of 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:
- Sports sector (professional leagues and local coaches)
- Business sector
- Social services
Creating Housing Environments that Support 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. 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 on a daily basis. 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. — a visible reminder for the community to support safe relationships and work together to end partner 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:
- Housing
- DV services
- Community members (public housing residents)

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 alcohol-related 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:
- City Government
- Social justice organizations
- Social services
- Faith and cultural groups
- Education
- Residents
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.iii 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 all in support of addressing the disparate gender wage gap and economic security.

Community determinants influenced:
- Healthy norms and culture
- Strong social networks
- Family and economic security

Partners:
- DV services
- Healthcare
- Social justice (women’s organizations)
- Social services
- Policy advisors
- Workforce development
- Community members (including youth)

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 those who have been abused and support safety 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 all 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. Sharing policies and practices like these with congregants supports prevention by creating a culture that does not tolerate violence. 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 we partner with 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 partners with communities that are engaging residents and building partnerships across sectors and social movements to promote community environments that support safe relationships. To learn more about the SAFE approach, please read A health equity and multisector approach to preventing domestic violence at www.preventioninstitute.org/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. [iv-v]

- **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. [vi]

- **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. [vii] “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 (THRIVE Factors) Associated with DV and Safe Relationships

This table summarizes how six of the THRIVE factors and two overarching community factors apply to DV and to safe relationships.

<table>
<thead>
<tr>
<th>THRIVE Factor</th>
<th>THRIVE Factor Definition</th>
<th>THRIVE Sub-Factors for DV and Safe Relationships</th>
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<tbody>
<tr>
<td>Socio-cultural Environment</td>
<td>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.</td>
<td>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.</td>
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<tr>
<td>People Cluster</td>
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<td>Norms &amp; Culture</td>
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<tr>
<td>Social Networks</td>
<td>Trusting relationships among community members built upon a shared history, mutual obligations, and opportunities to exchange information and that foster new connections.</td>
<td>Weak social networks result in distrust and increased social isolation within communities, a known risk factor for DV whereas social cohesion and inclusion improves trust and solidarity between community members and fosters healthy community relations.</td>
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<tr>
<td>&amp; Trust</td>
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<td>Participation</td>
<td>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.</td>
<td>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.</td>
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<tr>
<td>&amp; Willingness to Act for the</td>
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<td>Common Good</td>
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<th>Physical/Built Environment (Place Cluster)</th>
<th>THRIVE Sub-Factors for DV and Safe Relationships</th>
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<tr>
<td><strong>What’s Sold &amp; How It’s Promoted</strong></td>
<td>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.</td>
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<tr>
<td><strong>Housing</strong></td>
<td>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.</td>
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<th>Economic/Educational Environment (Equitable Opportunity Cluster)</th>
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<td><strong>Living Wages &amp; Local Wealth</strong></td>
<td>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.</td>
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<th>Overarching Community Factors</th>
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<td><strong>Community Violence</strong></td>
<td>Exposure to community violence 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, community safety is protective and supportive of resilience factors such as strong social networks, economic security, stable housing, etc.</td>
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<td><strong>Community Trauma</strong></td>
<td>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.</td>
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References


