

EDITORIAL



Reflecting and rejuvenating our work, together: One team's consideration of AJCP publications on gender-based violence

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Abstract

Community psychology has long valued reflexive praxis as a critical part advancing our research and action. In this Virtual Special Issue (VSI), we, a group of community psychologists and gender-based violence (GBV) researchers at many different points in our careers, reflected on GBV publications that have appeared in AJCP. We examine the ways in which community psychology broadly and articles in AJCP more specifically have conceptualized GBV as a sociocultural issue, how GBV intersects with other oppressions and forms of violence, the tension when systems that aspire to support survivors are inequitable and focused on ameliorative change, and the importance of interventions being locally informed and locally driven. By highlighting selected GBV-focused articles published in AJCP, this VSI discusses (a) understanding and transforming culture via robust research and local partnerships, (b) targeting effective interventions for survivors, (c) invoking systems and targeting change in institutional environments, and (d) making connections between local efforts and broader social movements. To continue to move forward, we conclude we must reflect, embrace methodological plurality, partner, and push for structural change. Reflective questions regarding research and action are offered, to address gender-based violence.

KEYWORDS

community partnerships, community psychology, domestic violence, gender-based violence, sexual violence, systems change

Highlights

- Community psychology conceptualizes gender-based violence (GBV) as a sociocultural issue, targeting contextual factors.
- GBV intersects with other oppressions and forms of violence.
- Systems that aspire to support survivors are often inequitable and focused on ameliorative change.
- Interventions should be locally informed and locally driven.
- Reflective questions regarding research and action are offered, to address gender-based violence.

INTRODUCTION

This editorial introduces the first Virtual Special Issue (VSI) of papers published in the *American Journal of Community Psychology* (AJCP). A VSI is the curation of a set of papers already peer-reviewed and published in the journal, with the goal of bringing attention to existing findings and articulating future directions for the field.

Working on a VSI allows for collaboration across researchers and practitioners working in a particular area. While a VSI does not serve as a thorough review of all published work in the field (the papers are limited to Wiley publications), it can provide a perspective on the current state of published research in the pages of AJCP and create an opportunity for reflection and advancement of a research and practice agenda. This issue is devoted to an exploration of community

psychology research on gender-based violence. To see the VSI, please go to: [https://onlinelibrary.wiley.com/doi/10.1002/\(ISSN\)1573-2770.gender-based-violence](https://onlinelibrary.wiley.com/doi/10.1002/(ISSN)1573-2770.gender-based-violence).

Community psychology has long valued reflexive praxis as a critical part of pushing our work forward. In this Virtual Special Issue (VSI), we, a group of community psychologists and gender-based violence (GBV) researchers at many different points in our careers, reflected on GBV publications that have appeared in AJCP. Together, we read and reflected on old and new AJCP articles, grouped articles by themes, and now present a curated list of publications for collective consideration. The inclusion of articles here does not denote special status nor does the exclusion of articles imply any evaluation (many excellent articles are not included here). This VSI is not a comprehensive review but, rather, a collection of articles that allows us to examine common themes and, from these themes, discern future directions, particularly as they relate to our efforts to shift the systems and social contexts in which GBV occurs. Each theme, introduced below, provides a glimpse into a few of the many facets of community psychology research on GBV.

GBV takes many forms, including intimate partner violence, dating violence, sexual violence, stalking, and sexual harassment. GBV remains a pervasive social issue, with one in five women and one in 71 men in the United States surviving rape in their lifetimes, and more than one in three women and one in four men surviving intimate partner violence (Black et al., 2011). Rates of GBV against women of color—particularly multiracial non-Hispanic women and American Indian or Alaska Native women—are higher (Black et al., 2011), and emerging research has underscored the reality that many activists have known for so long: transgender people are targeted with GBV at higher rates than cisgender people (Wirtz et al., 2020). Most (but not all) reported perpetrators are men (Black et al., 2011), and one can be both a perpetrator and a survivor of GBV (Park & Kim, 2019). Discrimination against people's genders and races is not the only influence on who may be targeted; multiple, intersecting oppressions, as well as contextual factors, are at play (Crenshaw, 1989; Rieger et al., 2021; Sokoloff & Dupont, 2005). Neurodiverse people and disabled people/people with disabilities are targeted with GBV at markedly higher rates (e.g., del Rio Ferres et al., 2013; Meer & Combrinck, 2015).

Importantly, the field of community psychology has long conceptualized GBV as a socio-cultural issue; that is, a *social* problem that is driven, maintained, and perpetuated by long-standing social norms reflected in institutional and cultural practices marked by sexism, racism, classism, cis-sexism, ableism, and heterosexism (among other sources of structural inequalities). Ideally, our research and practice target the contextual factors that enable and perpetuate GBV including setting, social, system, and structural factors. This has certainly occurred to an extent in our research and action. Community psychology research has long examined the individual, community, and societal antecedents and consequences of such violence

(Jason et al., 2019). In addition, the field of community psychology has documented the limitations of the community and system response to GBV and has explored emerging practices to reform this response (e.g., Kennedy et al., 2012).

This VSI (a) draws on the strengths of existing research, highlighting core findings across a variety of articles, and (b) calls for a research and practice agenda that advances a socio-cultural approach to GBV. As you explore the various themes below, we invite you to take a constructive stance about what is the ideal vision for community psychology work on GBV, where we are currently, what is needed, and what is the next view we can carve out for our future (see Prilleltensky, 2001).

In particular, this VSI has focused on research related to what we have learned from AJCP-published articles regarding (a) understanding and transforming culture via robust research and local partnerships, (b) targeting effective interventions for survivors, (c) invoking systems and targeting change in institutional environments, and (d) making connections between local efforts and broader social movements. We also explore what is missing (questions that have not been asked, populations that have not been included, conceptualizations that have not yet been adequately explored here), methods and means of knowing, as well as the tensions that inevitably emerge in work that is at the intersection of GBV and community psychology (e.g., trying to reform systems that may be better off being dismantled entirely). We conclude by articulating a future research agenda to advance our goal of engaging in research and action, one that is grounded in changing the critical contexts that contribute to and sustain GBV, and that reflects the complexity of this persistent social problem.

UNDERSTANDING AND TRANSFORMING CULTURE VIA ROBUST RESEARCH AND LOCAL PARTNERSHIPS

Research in the field of community psychology punctuates that to identify specific intervention foci, we must conduct robust, contextualized research on the components and mechanisms that reinforce current cultural norms tied to GBV. Root cause analysis (e.g., Doggett, 2005) directs us to address cultural norms underlying GBV. For example, Willie et al.'s (2018) article examined linkages between sexual cultural scripting, masculinity, and intimate partner violence. Sexual cultural scripting and adherence to traditional masculinity uniquely and independently contributed to future intimate partner violence. This affirms the importance of targeting interventions toward individual beliefs and practices connected to the societal maintenance of heteronormativity and patriarchy. The authors emphasize paying attention to community-specific cultural norms, such as variations in masculinities within Latinx and African American communities, calling for more locally-driven research.



Similarly, this literature points to the ways in which systematic research can help identify environmental factors that support bystander intervention. McMahon's (2015) article highlights the difficulties of implementing an intervention that is targeted to individuals, while meant to cultivate community-level change. In advocating for university settings' push towards structural change, McMahon reminds us that even in an educational intervention delivered to individuals, environmental context and research partnerships are key. Specifically, setting-level characteristics (e.g., social norms, policies, and the physical environment) may influence bystander behavior; institutions would do well to attend to these setting-level concerns rather than, for example, focusing energy primarily or only on increasing community members' knowledge.

This research also highlights how innovative, arts-based approaches may be deployed to disrupt cultural norms. Intentional community dialog and interactive theater were identified as a robust and meaningful modality for sharing information and promoting new social norms. Highlighting an interactive, participatory approach to (a) link culture-specific context to GBV and (b) support emerging community efforts to transform culture, Yoshihama and Tolman (2015) describe one decade-long in-depth community partnership between an organization founded by the authors and other community agencies. This collaboration was designed to be responsive to specific Asian communities in one locality. The authors showcase the value of deep partnerships and using research to design interventions that can influence community norms. Each data-driven performance of community-based theater by organizational leaders and community members served as a site of collective iteration, sparking multiple conversations that brought new insights and opportunities to deepen dialog that unearth and challenge culturally-specific norms.

Taken together, these articles emphasize the potential for cultural change and the importance of long-term partnerships. These efforts also speak to the slow pace of embedded culture change work; cultural transformation requires investment beyond short-term engagements. We must understand the unique norms in our partnering local communities that contribute to GBV and build the relationships needed to partner with communities in shifting those norms.

TARGETING EFFECTIVE INTERVENTIONS FOR SURVIVORS

GBV scholars recognize that interlocking systems of oppression enable and exacerbate GBV and create significant needs among survivors. Violence deprives survivors of resources, and oppression reinforces violence and resource deprivation. Resource acquisition, then, as a form of increasing power, became community psychology's response to violence (Bybee & Sullivan, 2002). Chronister et al. (2006) and Kennedy et al. (2012) articulate how

violence and other interlocking oppressions, particularly class-based, lead to cumulative resource deprivation. Abuse depletes resources and resource depletion acts as a vulnerability that abusive partners exploit to their advantage. One implication is that people with greater access to resources may be more difficult for abusers to target (Bybee & Sullivan, 2002; Chronister et al., 2006; Kennedy et al., 2012).

Each intervention in this VSI section focused on strategies for helping survivors obtain needed resources, although they varied in approach (e.g., individual vs. group intervention). In an experimental study of a community-based advocacy program, Bybee and Sullivan (2002) found that working with an advocate helped survivors obtain community resources, which led to increased social support and improved quality of life. In a review of literature by Kennedy et al. (2012), authors critiqued traditional systems' responses to survivors (e.g., criminal legal and medical), while demonstrating how both community-based advocacy for intimate partner violence survivors (including Bybee & Sullivan, 2002) and rape crisis center advocacy for sexual assault survivors effectively help individual survivors obtain resources and services. Finally, Chronister et al. (2006) describes implementing a career-intervention group for intimate partner violence survivors. The article chronicles the complexity of addressing survivors' financial goals and raising critical-consciousness within a racially and economically diverse group of women, and how racism and classism hurt women of color and poor women who participated.

There is strong evidence that individualized, values-driven advocacy interventions effectively help survivors attain needed resources (Bybee & Sullivan, 2002; Kennedy et al., 2012). Authors recognized that survivors have multifaceted needs and emphasized that interventions should be adaptive, helping survivors address the needs and resources they most want to work on (Bybee & Sullivan, 2002; Kennedy et al., 2012). Effective interventions with survivors also enhance connections to their community and provide positive social support, while minimizing retraumatization (Bybee & Sullivan, 2002; Chronister et al., 2006; Kennedy et al., 2012).

Interventions for survivors need to be designed and implemented in ways that are attuned to the local community (Bybee & Sullivan, 2002; Chronister et al., 2006; Kennedy et al., 2012) and cultural and social contexts (Chronister et al., 2006; Kennedy et al., 2012). However, interventions are not always so attuned or responsive as we might hope. Survivors report mixed effectiveness of interventions in their lives, especially those who experience multiple marginalization (Kennedy et al., 2012). In Chronister et al.'s study (2006), women of color felt judged by white women in the groups, despite the researcher attempting to create an empowering space that raised women's consciousness about race, class, and violence. Therefore, the universal application of safety and accountability strategies may perpetuate insufficient and limited formal service systems. While it is not feasible to expect

that any one strategy will produce a sufficient response given GBV's scale, ongoing financial investment in a few system strategies (e.g., criminal processing) and limited or no investment in other community-based strategies (e.g., domestic violence programs and grassroots organizations) continues to create exclusive systems that sometimes fit the needs of some and certainly do not meet the needs of all.

INVOKING SYSTEMS AND TARGETING CHANGE IN INSTITUTIONAL ENVIRONMENTS

Community psychologists often work with and in existing systems; such work is often rife with tensions (Javorka, 2020). Eight of the articles in this VSI invoke ecological and systems thinking to understand and target change efforts in institutional environments, including the criminal and civil legal systems (Allen et al., 2013; Shaw & Lee, 2019; Shaw et al., 2016); the health care system (Allen et al., 2013; Campbell et al., 2010); institutions of higher education (Edwards et al., 2016; Holland & Cortina, 2017); and the military (Holland et al., 2014). This section represents the largest proportion of this VSI's articles.

Some of these articles explore and document how different systems and institutions are currently operating and interfacing with survivors. These articles often focus on identifying social regularities within each system or setting—the existing patterns of social relationships, connections, and linkages between system parts (for more on social regularities framing, see Seidman, 1988). Other articles empirically examine community-driven attempts to restructure these systems and institutions by altering existing social regularities, or by creating new, alternative ones.

Examining social regularities within institutional contexts reveals what maintains problematic responses to GBV. To explore social regularities within the criminal legal system, Shaw et al. (2016) examine how police explain and justify their lack of response to sexual assault survivors. The authors use social dominance theory to conceptualize the criminal legal response to sexual assault as a form of institutional discrimination that contributes to the maintenance of existing systems of oppression. Rape myths often guided if and how police responded to survivors, and survivors (most often Black survivors) were blamed by police for the less-than-thorough police response. In a second article, Shaw and Lee (2019) take a broader look at social regularities within the criminal legal system and how this system perpetuates race-based oppression, specifically. Through a systematic review, Shaw and Lee bring together the full literature on what we know about the influence of race on the criminal legal system response to sexual assault to provide a complete story of the complex, cumulative, and substantial race-based oppression within the criminal legal system.

Cross-agency partnerships may be positioned to disrupt social regularities and produce a change in the formal system's response to GBV. Allen et al. (2013) examined a

community-driven systems change effort that resulted in changes in criminal and civil legal responses to domestic violence, as indicated by an increase in the issuance of plenary orders of protection when survivors chose to pursue them. Like the other studies in this section that examine change efforts and interventions (i.e., not just identifying social regularities, but attempting to alter them), Allen and colleagues did not create an intervention and then evaluate it. Instead, they employed a “learning from communities” approach (Miller & Shinn, 2005) to examine an existing, community-driven initiative. Allen and colleagues found that the presence and development of cross-sector partnerships may indeed foster institutionalized change in the judicial system response to intimate partner violence, with the goal of increasing access for survivors who choose to engage with it.

In this same vein of learning from communities, both Allen et al. (2012) and Campbell et al. (2010) identified and studied existing, community-driven interventions intended to change the health care system response to intimate partner violence and sexual assault, respectively. Allen et al. (2012) examined the use of health care coordinating councils (cross-sector partnerships) to alter social regularities in the health care response to intimate partner violence. Specifically, they examined the extent to which council efforts successfully altered providers' beliefs about and capacity for screening for intimate partner violence, providers' beliefs about intimate partner violence as a healthcare issue, organizational policies and protocols to encourage screening, and providers' actual screening behaviors. Targeting organizational environments is essential to produce change in individual attitudes and behaviors. Not surprisingly, Allen and colleagues found that successful interventions require change efforts to target the organizational environment, and not just the individuals within it. Campbell et al. (2010) also examined existing efforts to alter social regularities within the health care system. Relying on ecological theory, Campbell and colleagues examined the effectiveness of sexual assault nurse examiner programs in responding to sexual assault patients. They focused on the specific mechanisms that enabled program success by mapping them onto the key principles of ecological theory (i.e., interdependence, cycling of resources, adaptation, and succession).

Community norms and institutional policies are key to ensuring survivors can access key services. The last three articles in this section take us into institutions of higher education and the military in an effort to examine and make explicit current social regularities across these settings in terms of how they prepare for, respond to, and interface with intimate partner violence and sexual assault survivors. Within institutions of higher education, Holland and Cortina (2017) use a mixed-methods approach to explore why survivors choose not to use three potential campus supports: a Title IX office, a sexual assault center, and housing staff. Like Allen et al. (2012), they found that community norms and institutional policies were most in need of targeted change to ensure survivors could access key services.



Edwards et al. (2016) also proposed and collected data in a university for an initial exploration of a conceptual model for understanding and addressing intimate partner violence among LGBTQ+ college students. They bring together minority stress theory, social climate theory, and a focus on community readiness to make explicit social regularities within this setting, demonstrating that LGBTQ+ students do not see their campuses as ready to meet their needs. Finally, Holland et al. (2014) take us into the military setting and employ a social-ecological framework to identify social regularities relating to service members' sexual assault training across different branches of the military. The authors identify institutional and individual factors that influence training exposure and perceptions of training effectiveness, and question the Department of Defense's conclusion that active-duty personnel receive effective training on sexual assault.

All of these efforts—making existing social regularities known; fundamentally changing existing social regularities; and creating new, alternative ones—have the potential to restructure our systems and institutions. Still, relatively few proven interventions exist that focus on changing institutions and systems, and our lived experience as researchers, activists, and advocates reminds us that institutional responses remain resistant to change. There are strong and compelling critiques of how systems negatively treat survivors with stigmatized or marginalized experiences making it difficult for survivors to get resources and attain safety, specifically survivors of color, survivors within mental health conditions, or survivors with addictions (Chronister et al., 2006; Edwards et al., 2016; Kennedy et al., 2012; Shaw & Lee, 2019; Shaw et al., 2016).

MAKING CONNECTIONS BETWEEN LOCAL EFFORTS AND BROADER SOCIAL MOVEMENTS

While many of the articles in this VSI could be framed as contributing to a broader social movement for change, the final three articles are either explicitly tied to assessing links to the social movement and the goal of political, social, and cultural change or to broader national conversations. For the purposes of this VSI, we define social movements as sustained, collective action towards common goals at the outer layers of the social ecology (e.g., social transformation, policy change, and power shifts). The articles in this section center around the role of service agencies, such as rape crisis centers and domestic violence agencies, as key settings where movement work is taken up (or not). Focused analysis of these contexts, which began as grassroots alternative settings, feels especially significant for the field of community psychology (for more information on social movements and action in community psychology, see Tremblay et al., 2017). Questions taken up in these articles include: How do individual organizations support the larger movement's commitments to community mobilization and cultural and social change? How can funding and top-down

leadership support (or interfere with) community mobilization capacity-building among people on the ground? In these articles, we see the tension and possibility between service delivery and social change.

Survivor support services and aspects of social change movements can inform and build upon each other. Menon & Allen's 2020 case study of a grassroots anti-domestic violence agency in India links between the agency's cross-level work and indicators of social change connected to reductions in domestic violence and promotion of support for survivors. This article also showcases a method for evaluating the extent to which agency practices may shatter silence, shift the frame from an individual's problem to a social problem, and link emerging counter narratives to subsequent social action and change.

Agencies' individual-level support work and social change efforts are not always congruent. One way to take the pulse of a social movement is to explore how advocates interpret and apply problem definitions. Lehrner and Allen's (2008) qualitative study of domestic violence advocates found that advocates had not been socialized into the movement: they took an individual-level framing of domestic violence into their everyday work. In emphasizing social services and downplaying the contribution of gender inequity to the prevalence of GBV, advocates veered from the movement's social change agenda. This article (a) emphasizes the role of counter-narratives in social change movements, (b) highlights the tangible impacts of how well a social movement passes the torch to the next change agents, and (c) upholds advocates as key informants on the front line of the response to GBV.

Unless intentionally addressed, dominant oppressive cultural narratives that center individual responsibility and intervention are likely to hold influence across contexts, including GBV agencies and movement spaces. Campbell et al. (1998) mixed methods study of rape crisis centers explores how rape crisis centers' social activism has changed. In their findings, the social movement was still present in these centers, even if attenuated: many rape crisis centers maintained involvement in community events and legislative activities while adapting to new initiatives (e.g., with primary prevention—stopping the perpetration of violence before it ever occurs—being framed as a “new social change initiative”). Older centers that had managed to retain a collective organizational structure more often pushed for social change (i.e., more radical work). Like Lehrner and Allen's investigation, this article functions in part as a reflection on how GBV social movements have changed over time, with a research emphasis on listening to people who directly do anti-GBV and survivor services work.

A core potential challenge to agency-based movement work identified by Lehrner and Allen (2008) and Campbell et al. (1998) is the often unspoken narratives and theories of change guiding practitioners and organizations. Highlighting the importance of connecting local efforts across many spaces, Estefan et al. (2019) examined the impact of efforts to bring information on local prevention efforts into a national discourse via funded science dissemination techniques.

Estefan et al. (2019) focused principally on public health framing and prevention, examining factors like creating awareness, catalyzing action, and effecting change. This article points to a potential role of dissemination science in supporting communication across local contexts. This may support shifts in movement practices and promote partnership development and co-learning across contexts. While this article highlights the increasing importance of a public health framing in federally funded anti-GBV work (DeGue et al., 2012), many of the prevention efforts documented here are focused on the individual, rather than community-level change, and thus do not specify attention to liberatory, power-conscious frameworks.

This set of articles invites us to consider the contributions of community psychologists in evaluating the connection between service agencies and movements for change, and builds on a long tradition in the field (e.g., Riger, 1984). Our research and action best lives up to our values when we continuously revisit questions and look for opportunities to infuse a social movement analysis into our research and evaluation. While we must ensure our partnerships meet the immediate needs of our community partners, we can also encourage questions related to social transformation and support agencies evaluating the extent to which their practices contribute to the movement to end GBV.

DISCUSSION

An invitation

In this final section of our VSI, we reflect on the conversations and themes that these articles inspired in our team. The most salient theme for us may be the need to push for transformative change to the social norms and structures that reify violence, a perennial challenge for our field (Nelson & Prillettensky, 2010). Perhaps more importantly than any of our own further reflections in this discussion section, we leave you (for now, we hope) with an invitation and tangible tools to reflect yourself. As we will discuss below, we are consistently reminded and grateful for community psychology's invitation (some might say *requirement*) to reflect upon our work. Such reflection moments are precious, fleeting, and easy to miss - they are also what might help us prioritize transformative change. So we invite you to reflect with us.

In a seminal community psychology piece, *In Praise of Paradox*, we are reminded that if everyone in the room agrees with you, something is wrong (Rappaport, 1981). You might—or, will likely (again, we hope)—think of things that we missed (or did not have enough pages to write about; thus we did not prioritize as you might have). Our excitement for this VSI, then, now turns to the spaces that we want to gather in next: the opportunities we can create with and for each other to reflect, push each other to be as transformative as possible. Please review Table 1 for a summary of some of our takeaways from the curated

articles. To support your ongoing reflection on the intersection of GBV and community psychology, review Table 2 for guided reflection questions, and Table 3 (in supplemental materials) for a matrix to further think through how some of our group's discussion points might apply to your work.

What we found, who is missed

Dominant cultural norms, including an individual-level lens and reforming existing systems compared to the abolition of entrenched systems, are well represented in the work published in our field. It is not surprising that our published work tends to target individual levels, direct service, and amelioration rather than cultural transformation. It is also not surprising that much of the work to date tends to promote (even if “promotion” was not a research team's intended goal) systems that better serve white hetero able-bodied cis women, leaving out (or pulling in to harm) people of color of all genders, people with disabilities, queer people, and people with many, multiple identities not listed here. However, we want to be cautious: stating that some systems serve some people “better” is not the same as those systems serving people *well*. We will not claim any survivor is well-served by our current systems. The following reflections emerged from our careful review of our field's current efforts to pursue contextual change.

First, there remain critical gaps in this work, including a need for a deeper exploration of liberation from violence, particularly led by Black and Indigenous scholars, explicit grappling with the tensions of working within harmful systems such as the criminal legal system (Kim, 2021; Richie, 2012), balancing the urgency of immediately supporting individuals in crisis and the promise of pushing for broader societal change, and detailing totally transformative, liberated, and survivor-centered futures. This requires exploring entirely new paradigms, and invites us to think about not just reforming existing systems (which remains perhaps necessary, but insufficient), but facilitating the development of entirely new approaches to safety and accountability that are not reliant on the criminal processing system.

Second, scholars often state the need to transform conditions from oppressive to liberatory; yet supportive interventions and approaches are often essentially ameliorative in nature even when they attempt to change the conditions of survivors' lives through greater access to resources and opportunities (Chronister et al., 2006). There is misalignment between advocating for transformative values and engaging in ameliorative interventions that respond to individual resource deprivation but do not change the conditions that created the resource deprivation in the first place. The limited focus on changing conditions means the field creates methodologically rigorous interventions that inadvertently aim to fit survivors more neatly into oppressive conditions.



TABLE 1 Summary of the VSI themes' takeaways.

VSI section	Brief takeaways
Understanding and transforming culture via robust research and local partnerships	<p>Need for robust, contextually focused research on components and mechanisms that contribute to the existence of and response to GBV</p> <p>Attention to environmental factors that support prevention and response, including community-specific cultural norms</p> <p>Value of community-specific work</p> <p>Long-term partnerships are key to change</p>
Targeting effective interventions for survivors	<p>Violence deprives survivors of resources</p> <p>Oppression reinforces violence and resource deprivation</p> <p>Resource acquisition is a focal point in community psychology's response to violence</p> <p>Helping survivors acquire resources and enhance connections to their community is critical</p> <p>Interventions need to be survivor-centered, focus on multitude of needs, and attend to community and cultural context</p>
Invoking systems and targeting change in institutional environments	<p>Work within systems is both (a) centered in community psychology research and practice and (b) rife with tensions</p> <p>Research can support identifying and better understanding social regularities within institutional contexts (which maintain problematic responses to GBV)</p> <p>Cross-agency partnerships may be well positioned to disrupt social regularities, spurring change in formal systems</p> <p>Targeting organizational environment change is essential to producing change in individual attitudes and behaviors; yet, changing systems in practice is complex and difficult</p> <p>Community norms and institutional policies are key to ensuring that survivors can access key services</p>
Making connections between local efforts and broader social movements	<p>Survivor support services and aspects of social change movements can inform and build upon each other</p> <p>Agencies' individual-level support work and social change efforts are not always congruent</p> <p>Unless intentionally addressed, dominant oppressive cultural narratives that center individual responsibility and intervention are likely to hold influence across contexts, including GBV agencies and movement spaces.</p>

Abbreviations: GBV; gender-based violence; VSI, Virtual Special Issue.

Third, to end GBV, theories of change that center social and institutional root cause framings must permeate each level of movement work, from response to survivors and interventions on local culture to policy advocacy. If we can identify effective methods for disseminating the socio-cultural root cause framing and related practices across and within agencies, we may create a more responsive and unified movement to end GBV, including via service-providing agencies that may become separated from a social movement orientation as part of the human service delivery system.

Methodological plurality

The VSI also highlights the diverse methodological approaches that are being used to study GBV within AJCP.

Studies that piqued our collective interest used a variety of approaches, including quantitative, qualitative, and mixed methods original studies, as well as systematic reviews and conceptual frameworks. We believe that methodological plurality is necessary to fully understand the many pressing questions that need to be answered about GBV.

Systematic reviews, conceptual frameworks, and commentaries allow for identifying broad patterns that transcend specific contexts and communities (Edwards et al., 2016; Kennedy et al., 2012; McMahan, 2015; Shaw & Lee, 2019). Rigorous experimental and quasi-experimental designs have helped provide a strong evidence base supporting the implementation and dissemination of community-based interventions (Allen et al., 2013; Bybee & Sullivan, 2002; Campbell et al., 2010). Qualitative studies, in their own right, or as part of mixed methods designs (Allen et al., 2012; Campbell et al., 2010;

TABLE 2 Guided reflexive questions.

Domain	Question
Thinking about your program of research and/or practice over the last 5–10 years	Who is explicitly centered in your work? Who is implicitly (or unintentionally) centered? What key leaders? Which populations?
	If you are serving the “general population,” how is that being defined? Who holds you accountable to serving the “general population?”
	What level are you working at in your conceptualizations or theory? What level are you working at in practice? How are these (theory and practice) aligned, or misaligned?
	In that work, in what ways are you resisting dominant norms or narratives? Which ones? How?
	What systems does your work depend on? How are those systems aligned with the goal to address root causes while centering populations that are most impacted?
Thinking about the training you offer students and community-partners (here referred to as “learners” collectively)	What skills are learners developing most proficiently? What supports their learning in these areas so (relatively) readily?
	What levels of analysis are learners trained to engage? What would it mean to provide other levels of analysis?
	In what ways are these skills and focal levels of analysis contributing to the movement to end GBV? In what ways are they not?
	Are there opportunities to build partnerships to extend training to address other levels of analysis (e.g., partnering with policy studies programs)? What kind of time, energy, and “expertise” would these partnerships require, and who might best be able to provide that support?
	What intended outcomes do you hope to contribute to? What indicators will you use to know if you have reached these goals?
Thinking about your future	What frameworks guide your approach? What feels missing to your knowledge? Who might you listen to, and how might you listen, to expand and better understand your frameworks?
	What opportunities do you have to integrate attention to interlocking systems of oppression in your work?
	Who is most impacted by violence and harm in your context? How do you know this? How will your work (professional or personal) contribute to ending violence with that population?
	Who do you want to center in your work? Why? What is your role in truly centering this person/these people? What do you need to get there?
	What level of analysis do you want to focus on? Why? What knowledge, skills, resources, or relationships do you need to do that work? How will you pull people in? How will you contribute to work once people are gathered?
	What barriers do you face that impact your next steps? Who else experiences these barriers? Who (or what systems) might be in place to help?
	For some of us, we cannot shift our program of research for a variety of reasons. So, instead, we may donate our time or financial resources to support organizations who are doing the work in settings or targeting root causes that we cannot. What do you do in your personal activism outside your “professional” practice? Where do you see a separation (if there is any) between your personal activism and your “professional” practice?

Estefan et al., 2019; Holland & Cortina, 2017; Lehrner & Allen, 2008; Menon & Allen, 2020; Yoshihama & Tolman, 2015), have revealed iatrogenic effects of interventions (Chronister, 2006) and have showcased what is most important to survivors, in their own words (Chronister, 2006; Holland & Cortina, 2017). Researchers have also made use of archival data such as organizational

records to understand the role of systems in preventing (Estefan et al., 2019) and responding to (Shaw et al., 2016) sexual violence. Multilevel quantitative studies helped to illustrate the effects of different ecological levels on community phenomenon and interventions (Allen et al., 2013; Holland et al., 2014), as do quantitative studies that center on organization-level models (Campbell



et al., 1998) and norms (Willie et al., 2018). We applaud this methodological plurality. We hope that GBV researchers continue to reflect about their methodological choices, and how those choices were informed by their partners, values, context, ethics, focal questions, to contribute to an even richer conversation about which methods when.

Strength with and through each other

Each of us will take up the work of ending GBV in unique ways. We may work in individual contexts, seek to transform systems responses to promote more just, healing treatment of survivors, or push for tangible (and implemented) policy change. We believe all of this study can contribute to the commitment to address root causes and, subsequently, end GBV, albeit in different ways. Given the broader structural forces that maintain white ableist cisheteropatriarchy, we need all of us working across levels to support existing survivors AND transform the root causes that allow GBV to thrive. We are pulled in both directions; the urgency of violence that is happening right now, as you read this piece, as well as a vision for a safer, more welcoming, more strengths-based, and more loving future. Both directions take all of us being reflexive and looking for every opportunity to contribute to cultural transformation - be it through our program or research, training practices, and/or our personal activism.

Scholars, activists, and cultural thinkers like Mimi Kim, Beth Richie, bell hooks, adrienne maree brown, Mia Mingus, Kai Cheng Thom, and the members of INCITE! have been calling on all agents of change to come together to resist harm from a place of love, joy, and possible futures. Embracing their invitation, we use the remainder of this discussion to invite all of us to turn toward our work; we provide the following reflection tools from a place of curiosity and commitment to liberation. Where can we reconsider our approaches, identify new partners, and pursue more liberatory questions? Where can we strengthen what is already underway?

This is also a moment to recognize ourselves as a network—a collective of change agents operating from our spheres of influence to address this multilevel, multifaceted social problem. We each bring strengths and limitations. Together, we bring more. If we embrace vulnerability and set down competition, silos, and distrust, we can share the wisdom of our work and build a complementary and affirming movement where none of us is working alone. One of the benefits of working on this VSI was the reflective space it created for us as collaborators. Thus, we ended with an invitation to reflect. The following tools are offered to encourage this reflection. These tools may lead you to prioritizing, in whatever way is possible for you, transformative change: shifts or even total reconstructions of the systems that may fuel and complicate GBV, which might prevent or disrupt healing. They may also lead you to your own conclusion about the intersection of GBV and community psychology. First, we provide a set of questions

for our collective consideration and particularly for those of us engaged in research and action in the community response to GBV. Emphasizing levels of analysis, intended outcomes, and guiding frameworks, Table 2 invites readers to reflect on their past work, training they provide to students and community partners, and future goals. Table 3, in supplemental materials, poses a set of questions connecting different areas of research and practice to the themes highlighted in this VSI. We hope you will find something useful in these reflexive tables, to support your work as well as our collective effort to end GBV.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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