

Advancing Theory, Methods, and Dissemination in Sexual Violence Research to Build a More Equitable Future: An Intersectional, Community-Engaged Approach

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Abstract

Sexual violence is a devastating trauma with long-lasting effects on survivors' health and well-being. Despite the substantial impacts of the last 25 years of research, the prevalence of sexual violence has remained stable. It will be necessary to reconceptualize our work, challenging our theories, methods, and strategies for dissemination and implementation moving forward. We outline an intersectional, community-engaged approach for sexual violence research to center the stories of survivors who face systemic oppression and inequity. Finally, we suggest applications of this approach for justice, healing, and prevention to inform our collective work to end sexual violence.

Keywords

sexual assault, intersectionality, justice, healing, prevention

This year marks the 25th anniversary of *Violence Against Women*. Just months before Dr. Renzetti founded this journal, the Violence Against Women Act (VAWA) was authorized, marking a pivotal shift in the movement to end violent crimes against women (Backes, 2013). VAWA formalized sexual violence (among other forms of

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violence against women) as a national priority in the United States, providing funding for sexual violence research, prevention, and response (Backes, 2013). Acknowledging sexual violence in our federal policy came more than 125 years after Black women testified before Congress about the gang rapes they survived at the hands of a White mob during the Memphis Riots of 1866. It came 50 years after Rosa Parks, who survived an attempted rape, fought against racialized sexual violence as an investigator for the National Association for the Advancement of Colored People (NAACP). But almost 25 years after VAWA was passed and *Violence Against Women* was established, a survivor, Dr. Christine Blasey Ford, testified before Congress about being sexually assaulted by a nominee for the Supreme Court of the United States. Her perpetrator was confirmed as an Associate Justice, while she received death threats for her bravery. Simultaneously, the #MeToo movement, originally founded in 2006 by Black, anti-violence activist Tarana Burke to help survivors of color, was emerging at the national level, providing a platform for survivors to challenge the systems that normalize sexual violence against women. This history illustrates that cultural change is slow and the work has been carried on the backs of survivors, many women of color, speaking out to ensure that what happened to them never happens to another.

For scholars, this journal has provided a platform to amplify the voices of survivors, with the goal of using our science as a tool to shape policy and practice. Here, we review some of what we have learned from 25 years of research on sexual violence, highlighting the critical impacts this body of research has made on our legal and health care systems. But our work is far from complete. Globally, one in three women will experience sexual violence in their lifetime (Abrahams et al., 2014; García-Moreno, Pallitto, Devries, Stöckl, & Watts, 2013), with a majority of sexual violence survivors first victimized before age 25 (S.G. Smith et al., 2018). Vulnerability to sexual violence is shaped by power and privilege, resulting in heightened risk among those with marginalized identities (e.g., women of color, queer/trans people, women with disabilities; Cantor et al., 2015; Coulter et al., 2017; R. A. E. Smith & Pick, 2015) and in certain contexts (e.g., college, prison, armed forces; Beck, Berzofsky, Caspar, & Krebs, 2013; Cantor et al., 2015; Department of Defense, 2018). Yet, our work often centers the experiences of White, heterosexual, cisgender women and our systems reify the power of privileged groups, resulting in survivors being blamed or disbelieved when they share their stories. As scholars and activists, we can and must challenge systemic inequities through our research and practice so that sexual violence is finally eliminated. What have we learned from 25 years of research on sexual violence? What is needed now to build a more equitable future? This is our take.

Our Foundation: What We Know From 25 Years of Research on Sexual Violence

We know that it is hard for survivors to disclose what happened to them and many places they turn to for help often revictimize them

Sexual violence survivors often struggle with this trauma alone, as it is difficult and risky to tell others about their experience. Disclosure is not necessarily an orderly,

linear process because survivors differ in what they need, from whom, and when. Indeed, disclosure begins within survivors themselves, as more than half of victims do not acknowledge or name their experience as sexual violence even though it meets behavioral and legal definitions of this trauma (Wilson & Miller, 2016). These “unacknowledged” victims instead label their experiences as a mistake, a miscommunication, or bad sex, yet they experience psychological distress and struggle with feelings of shame and self-blame similar to those who label their experience sexual violence (Orchowski, Untied, & Gidycz, 2013).

Most survivors will disclose to someone, usually a close friend or family member: 96% of adult survivors, 60-85% of adolescent survivors, and 34% of child survivors confide in such informal sources at some point in their lifetime (Jacques-Tiura, Tkatch, Abbey, & Wegner, 2010; London, Bruck, Ceci, & Shuman, 2007; Rickert, Wiemann, & Vaughan, 2005). Survivors disclose for varied reasons and most simply want their experiences to be witnessed by a trusted person in their life (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Fehler-Cabral & Campbell, 2013; Jacques-Tiura et al., 2010). Others, especially adolescent survivors, disclose to friends or family because they need tangible help bridging to formal help-seeking in criminal justice, medical, and/or mental health systems (Ahrens et al., 2007; Campbell, Greeson, Fehler-Cabral, & Kennedy, 2015; Ullman, 2010). The decision about whether or not to disclose is not the same for all survivors; African American survivors, for example, may have additional barriers to disclosure stemming from cultural stigmas and systematic racism, such as stereotypes about Black women’s sexuality (Tillman, Bryant-Davis, Smith, & Marks, 2010).

The reactions survivors receive when they disclose can have a profound effect on their health and well-being (Ullman, 2010). Survivors’ friends typically have the most positive, helpful reactions to disclosures of sexual victimization, whereas family members and partners often have mixed reactions, with their positive support tempered by blaming, controlling, or egocentric reactions that focus more on their own feelings instead of those of the survivor (see Ullman, 2010, for a review). When family and friends respond with care and compassion, such social support can significantly mitigate the negative psychological and health impacts of sexual violence (Campbell, Greeson, Fehler-Cabral, & Kennedy, 2015; Ullman, 2010). Unfortunately, negative social reactions from informal support providers often increase victims’ distress, damage the relationship between the survivor and the disclosure recipient, and result in survivors not speaking about their assault again for months or years (Ahrens, 2006; Ahrens et al., 2007; Filipas & Ullman, 2001; Milliken, Paul, Sasson, Porter, & Hasulube, 2016; Orchardski & Gidycz, 2012).

Survivors are often hesitant to reach out to formal help sources, including the criminal justice system, Title IX offices on college campuses, medical providers, and advocacy organizations, with less than 24% of adult survivors and 8-15% of adolescent and child survivors disclosing to formal resources (Casey & Nurius, 2006; Jacques-Tiura et al., 2010). Victims who have nonstereotypical assaults (e.g., nonstranger rapes without weapons), survivors of color, survivors of low socioeconomic status, male survivors, and survivors experiencing fear, shame, and stigma are less likely than others to report their assaults to formal systems (Campbell, Wasco, Ahrens, Sefl, & Barnes,

2001; Starzynski, Ullman, Filipas, & Townsend, 2005). Disparate policing policies in communities of color, criminal justice systems that minimize violence perpetrated upon women of color and immigrants, and the lack of culturally congruent services decrease the ability and willingness to access, as well as the utility of, many services for survivors (Brubaker, Keegan, Guadalupe-Diaz, & Beasley, 2017; Gill, 2018; Nnawulezi, Lippy, Serrata, & Rodriguez, 2018).

When survivors do seek formal help, they are often treated in retraumatizing ways. Research on interactions with law enforcement and medical professionals has found that many survivors encounter victim-blaming behaviors that leave them feeling distressed, violated, embarrassed, distrustful of others, regretting their decision to seek help, and, ultimately, reluctant to seek further help (Campbell & Raja, 2005; Campbell et al., 1999; Konradi, 2007; Logan, Evans, Stevenson, & Jordan, 2005). Support from rape crisis center advocates, however, is generally experienced as more positive and has been linked with lower distress and self-blame, increased social support, self-efficacy, sense of control, and better treatment from service providers (Campbell, 2006; Wasco et al., 2004).

When a survivor is treated in a callous manner by representatives of an institution (like a campus), or when it seems as if the institution knowingly allowed dangerous conditions to flourish, survivors may experience an *institutional betrayal*, which research has linked to increased trauma symptoms (C.P. Smith & Freyd, 2013). For survivors with marginalized identities, such as lesbian, gay, and bisexual survivors, institutional betrayals may be more common and more harmful (C.P. Smith, Cunningham, & Freyd, 2016). Certain institutional characteristics may increase the likelihood of institutional betrayal. For example, strict membership criteria, placing high value on conformity, and the prioritization of prestige and reputation are characteristics that may increase the likelihood that an institution will deny wrongdoing, blame victims, or write off perpetrators as lone “bad apples” (C.P. Smith & Freyd, 2014). The trauma of institutional betrayal compounds and exacerbates the distress survivors are already experiencing from the assault itself.

We know that the trauma of sexual violence has long-lasting effects on survivors’ health and well-being but we know how to mitigate these devastating impacts

Sexual violence is a terrifying trauma, and survivors of both stranger- and nonstranger-perpetrated assaults often say that they feared for their lives during the assault (Gershuny, Cloitre, & Otto, 2003; Zinzow, Grubaugh, Frueh, & Magruder, 2008). Research on the neurobiology of trauma substantiates that the brain and body respond to sexual violence as a threat to a person’s survival (Cuevas, Balbo, Duval, & Beverly, 2018; Kozlowska, Walker, McLean, & Carrive, 2015). The fear circuitry of the limbic system recognizes the physical intrusiveness of sexual violence as a serious threat, flooding the body with stress hormones that functionally impair the brain’s prefrontal cortex and its deliberative, decision-making processes (Arnsten, 2009; Baldwin, 2013). Sexual violence might prompt a neurobiological “fight or flight” response, but

“freeze” responses are far more common, as they are evolutionarily adaptive to protect survival (Kozłowska et al., 2015). Survivors may experience tonic immobility, which is characterized by muscular paralysis, such that victims cannot move or speak, though they are alert and aware of what is happening to them (Marx, Forsyth, & Lexington, 2008; Moller, Sondergaard, & Helstrom, 2017). Although victims may be confused and sometimes even ashamed by these reactions, advances in neuroscience research help explain why survivors behave the way they do, and underscore how society’s expectations of how survivors “ought” to behave (e.g., fighting back, yelling for help, highly emotional demonstrable reactions) are not consistent with the ways the human brain functions during a traumatic event.

In the days, weeks, and months after the assault, survivors may experience increasing psychological distress across multiple types of psychopathology including fear, anxiety, posttraumatic stress disorder (PTSD), depression, bipolar conditions, disordered eating, obsessive–compulsive conditions, substance use, and suicidality (Campbell, Dworkin, & Cabral, 2009; Dworkin, Menon, Bystryński, & Allen, 2017). Sexual violence also has negative effects on survivors’ physical health and well-being, including gastrointestinal, neurological, muscular/skeletal, gynecological, and cardiovascular health problems (Booth et al., 2012; Campbell, Sefl, & Ahrens, 2003; Ullman & Brecklin, 2003). The sexual and reproductive health impacts of sexual violence (coercive sexual violence, in particular) are numerous, with survivors being more likely to experience unintended pregnancy and sexually transmitted infections (Basile et al., 2018; Gazmararian et al., 2000; Koenig et al., 2004). Given these health consequences, the prevalence of sexual violence among women seeking care in health care settings is higher than the general population and many survivors report that they struggle with work, school, and interpersonal relationships for months and years after the assault (Coyle, Wolan, & Van Horn, 1996; Evans-Campbell, Lindhorst, Huang, & Walters, 2006; Peschers et al., 2003).

However, more than a dozen techniques have been found to be effective at reducing symptoms and enhancing well-being after sexual violence (Bryant-Davis, 2011), including both clinical (e.g., counseling) and nonclinical (e.g., trauma-sensitive yoga, self-defense training) interventions. A robust body of research documents that cognitive processing therapy, exposure therapy, and eye movement desensitization and reprocessing (EMDR) demonstrate consistent success in reducing symptoms of PTSD, depression, and anxiety (Bisson et al., 2007; Castillo, 2011; Regehr, Alaggia, Dennis, Pitts, & Saini, 2013; Seidler & Wagner, 2006). Cognitive therapy helps survivors change negative thoughts and beliefs resulting from sexual violence to improve their mood, correct distorted beliefs, and enhance their coping skills. Exposure therapy helps survivors process the negative emotions and physical reactivity associated with victimization by helping survivors revisit memories of the traumatic events. EMDR combines elements of imaginal exposure to the trauma with repetitive eye movements, tapping or flashing lights that redirect the participant’s attention.

Clinical practices addressing the physical health of survivors have shifted over time. Twenty-five years ago, few survivors received information on sexually transmitted infections, pregnancy, and other health outcomes when they presented to emergency

departments (and likely other health care practices). More recently, sexual assault nurse examiner programs have served a critical role, providing emergency contraception and prophylactic antibiotics for survivors among other health services (Campbell, Patterson, & Lichty, 2005). Research has focused on trauma-informed universal screening practices in general health care settings, recommending the use of behaviorally specific language to identify sexual violence (Kimerling, Gima, Smith, Street, & Frayne, 2007; Probst, Turchik, Zimak, & Huckins, 2011) or assessment practices that promote universal education about sexual violence, rather than seeking disclosure, and harm reduction strategies related to why survivors are seeking health care (e.g., making emergency contraception widely available for survivors) (Abebe et al., 2018).

We know how to prevent sexual violence in some contexts

Given the pervasiveness of sexual violence and its long-lasting negative health effects, prevention is critical. The U.S. Centers for Disease Control and Prevention (CDC) underscores the need for prevention efforts at multiple levels of the social ecology to promote social norms that protect against violence, teach skills to prevent sexual violence, empower women and girls, create protective environments that reduce the likelihood of sexual violence, and support victims/survivors to reduce the consequent harm should it occur (Basile et al., 2016; DeGue et al., 2014). These recommendations are informed by research documenting risk factors that shape perpetrator behavior such as peer attitudes and behaviors, gender- and violence-related cognitions, and structural/environmental factors (Tharp et al., 2013).

Emerging from a call for community responsibility for sexual violence prevention (Banyard, Plante, & Moynihan, 2004), high school and college campuses across the country have implemented bystander intervention programs that are effective in reducing violence perpetration and victimization among youth and young adults (e.g., Bringing in the Bystander, Green Dot, Coaching Boys Into Men; Banyard, Moynihan, & Plante, 2007; A. L. Coker et al., 2015; Miller et al., 2012). These programs teach youth and young adults to recognize sexual violence, intervene when they witness abusive behaviors, and promote prosocial norms (Banyard et al., 2004). There is also empirical support demonstrating that individual skills building programs can reduce sexual violence risk, including empowerment-based self-defense and healthy relationship programs, such as the Enhanced Assess, Acknowledge, Act Sexual Assault Resistance program (Hollander, 2014; Senn et al., 2015).

Community-level strategies that aim to modify characteristics of settings like schools and neighborhoods are much less common, yet critical given the structural roots of sexual violence (DeGue et al., 2012). Evidence from the sexual harassment literature indicates that a positive organizational climate decreases rates of violence, reduces retaliation against those who do confront and report violence, and improves the work and psychological outcomes of survivors (Bergman, Langhout, Palmieri, Cortina, & Fitzgerald, 2002; Buchanan, Settles, Hall, & O'Connor, 2014; Glomb, Munson, Hulin, Bergman, & Drasgow, 1999). Building-level interventions in middle and high schools (e.g., Shifting Boundaries) have shown promise in reducing sexual violence victimization and perpetration by focusing on shifting school climates through monitoring

abusive behavior and “hot spot mapping” to identify where students feel safe or unsafe (Taylor, Stein, Mumford, & Woods, 2013). Evidence from global settings highlights the utility of gender-transformative sexual violence prevention programs that employ community change campaigns and promote gender equity; evaluations of such programs in the United States are underway (Kato-Wallace et al., 2019).

Shifting Our Approach: Theory, Methods, and Dissemination

As a field, we have elucidated the pervasive nature of sexual violence and the harm it causes for individuals, relationships, and communities. We have documented the social factors that shape vulnerability to sexual violence, knowledge that has allowed us to develop clinical, school, and community interventions to mitigate and prevent this human rights concern. Yet, the prevalence of sexual violence has remained remarkably stable, suggesting that we must challenge each other to do our work in different ways. This should happen on several fronts, advancing the *theory* and *methods* that have guided our research and practice, as well as assessing whether and how we prioritize *dissemination and implementation* of our work for, with, and in local, national, and global communities.

Advancing Our Theory

Every survivor matters. Every story matters. Yet our work over the last 25 years has often centered the lives and stories of those who benefit from power and privilege. This has resulted in the further marginalization and erasure of survivors with marginalized identities. Moreover, in our important efforts to highlight that people of all genders experience sexual violence, we have shifted to an “identity-neutral” place that could hinder our ability to address the social structures (e.g., racism, misogyny) that reinforce power, privilege, and, ultimately, sexual violence. Moving forward, we challenge us all to shape our work through the lens of intersectionality, recognizing that sexual violence research and practice can and should promote social justice.

Intersectionality theory (Crenshaw, 1991) emerged from Black feminists’ resistance to traditional conceptualizations of victimization that focused on race *or* gender and did not address the ways in which their experiences were *both* raced *and* gendered simultaneously. As a result of the intersectional invisibility (Purdie-Vaughns & Eibach, 2008) created by our work, to date, most sexual violence response systems and prevention strategies are best suited for White, middle-class, heterosexual, cisgender women and fail to address the needs and concerns of those that do not fit within this identity box. Intersectionality theory requires consideration of the many intertwined social identity groups to which one belongs because (a) the understanding of one social identity (e.g., gender) is dependent on the other social identities that one holds (e.g., sexual identity, race, social class; Bowleg, Huang, Brooks, Black, & Burkholder, 2003); (b) identity combinations create unique social locations that hold unique meanings in society (Case, 2017; Cole, 2009; Settles & Buchanan, 2014); (c) the identity combinations and their social meanings create experiences of marginalization that can be uniquely expressed

(e.g., racialized sexual harassment; Buchanan & Ormerod, 2002; Buchanan, Settles, Wu, & Hayashino, 2018) and experienced (Bryant-Davis, Chung, Tillman, & Belcourt, 2009; Gomez, 2019; Loya, 2014); and (d) these experiences reflect layers of oppression that are experienced simultaneously (Settles & Buchanan, 2014) and place individuals at differing levels of risk for a variety of types of victimization and increased frequency of victimization (i.e., double/multiple jeopardy; Beal, 1970; Bowleg et al., 2003). Perhaps most important, intersectionality theory demands that social justice be the foundation of all we do as practitioners, scholars, and activists (Buchanan & Wiklund, in press; Moradi & Grzanka, 2017; Rosenthal, 2016). Scholars must engage in critical inquiry while also engaging critical application of that knowledge with those doing the work on the ground and in the trenches (Collins & Blige, 2016). Ideally, scholars, activists, and practitioners become one, mutually contributing to each and informing one another. This orientation is critical for our work moving forward.

Considering sexual violence with an intersectional lens requires attendance to the nuance and context of an individual's existence (Gill, 2018; Nnawulezi et al., 2018). At a minimum, an intersectional perspective acknowledges that such a body of research does not reflect the experiences of a broad swath of women and tries to identify how the experiences and needs of survivors are similar and where they diverge. Intersectionality also considers the sociohistorical context within which individuals exist. For example, Black women in the United States are stereotyped as hypersexual, promiscuous, and immoral (Lewis, Mendenhall, Harwood, & Browne Hunt, 2016) and, consequently, they are less likely to be believed and taken seriously as survivors of sexual violence (Tillman et al., 2010). In addition, low-wealth communities of color have traditionally had contentious relationships with law enforcement and been subject to police violence (Jeffers, 2019). Raced-gendered stereotypes, community over-policing, racial profiling, and personal or vicarious experiences of police brutality decrease the likelihood that one will seek legal remedy following sexual violence (Carbone-López, 2006; Gillum, 2019; Tillman et al., 2010). However, there are very few options for survivors to seek justice outside of the carceral system and even fewer options that seek to address survivors' needs in a culturally responsive manner.

Comprehensive efforts to address sexual violence require an intersectional focus that not only incorporates structural, cultural, and sociohistorical contexts, but also integrates strategies that promote social justice (Collins & Blige, 2016; Rosenthal, 2016; L.T. Smith, 2012). Efforts to remediate sexual violence must not focus narrowly on cisgender women or on a single ethnic minority community. Instead, intersectional social justice strategies to address sexual violence must consider the ways in which oppression is simultaneously shaped by gender, race, class, sexual orientation, ability, and other aspects of identity.

Advancing Our Methods

Framing our work with an intersectional lens acknowledges that survivors experience sexual violence and its aftermath differently based on how they are positioned relative to multiple, intertwined systems of oppression. If we want to develop effective

response systems and prevention strategies that truly respond to the varied needs of survivors, researchers must consider and incorporate the unique experiences of survivors with multiple intersecting identities. Embracing intersectionality in our field will require many of us to conduct research in new (to some of us) ways. Our work should be in genuine connection with community, and particularly with communities often left out of academic discourse or we are bound to replicate power dynamics that privilege the experience of some survivors over others.

Our recommendation for community-engaged research is in comparison to traditional research approaches that operate in isolation from communities, reinforcing problematic power dynamics and resulting in research that may lack context and nuance (Burk, 2018; Nnawulezi et al., 2018). Community-based participatory research (CBPR) acknowledges the history and harms of traditional research and actively works toward mitigating power differentials between researchers and communities (Ghanbarpour et al., 2018; Wallerstein & Duran, 2006). In these approaches, survivors and community members have shared ownership at all stages of the research and embrace shared decision-making to ensure that the findings and knowledge produced truly benefit survivor communities (Israel, Schulz, Parker, & Becker, 1998; Thomas et al., 2018; Wallerstein & Duran, 2006). Community members take an active role in identifying research questions of interest and then collaborate with researchers to develop and implement research studies (Wallerstein & Duran, 2006). Ideally, such approaches involve opportunities for mutual learning, with researchers learning from community wisdom and community members developing research skills they might not otherwise be able to access (Wallerstein & Duran, 2006).

We recognize that there are structural barriers to equitable, inclusive, community-engaged research, within both academia and practice settings (Minkler, 2005; Wallerstein & Duran, 2006). For researchers, community engagement requires significant time and resources, with funding agencies being less likely to fund these intensive projects. This may result in fewer outcomes typically rewarded in academic settings (i.e., grant money, publications; Nnawulezi et al., 2018; Wallerstein & Duran, 2006). Researchers may lack training or exposure to the skills necessary for participating in equitable, community-engaged research, and even those who do this work may find themselves unintentionally replicating the power dynamics they seek to undo (Ghanbarpour et al., 2018). For community members and practitioners, there may be significant distrust of research, rooted in historic patterns of harm and exploitation (Ghanbarpour et al., 2018). Community agencies may need to invest money in research and evaluation, something which is difficult to do when budgets typically are insufficient to meet the needs of survivors (Burk, 2018). Despite these potential challenges, however, domestic and sexual violence leaders have identified a need for more survivor involvement in the design and evaluation of programs and services and have called for strengthening researcher–practitioner partnerships (White, Sienkiewicz, & Smith, 2019). A community-engaged approach to our research seems the most promising way to incorporate survivor voices in the development of a robust knowledge base that reflects the diverse contexts in which sexual violence occurs.

Advancing Our Dissemination and Implementation

The stable prevalence of sexual violence over time also suggests that we have not effectively communicated our research in ways that resonate with stakeholders who are in a position to prompt sea changes in practice, policy, and public discourse. We have struggled with dissemination and implementation, in part because of disciplinary silos and scholarly disagreement about the theories, methods, and practices best suited for this work, who should be represented in our work, and who should be at the table. Lessons from public health research on dissemination highlight that stakeholder engagement, perceived utility of the information, tone of the information, and alignment of information with organizational/community needs and resources are factors that facilitate dissemination (Brownson, Eyler, Harris, Moore, & Tabak, 2018). Perhaps most importantly, this work highlights that measures of academic impact are often markedly different than measures of impact for practitioners and policymakers, requiring researchers to be skilled in balancing the needs of the various stakeholders (Brownson et al., 2018). Noticeably, the factors that facilitate dissemination align nicely with the intersectional, community-engaged approach we recommend.

Effective dissemination, which many assume to be the culmination of the research process, actually begins long before data are collected. Dissemination efforts will ultimately be more successful if researchers consider up front whom they aim to impact with their research and whether their research questions align with the needs of that particular community (Brownson et al., 2018). An intersectional, community-engaged approach is ideal for promoting dissemination and implementation of contextually relevant research, given the focus of this theoretical and methodological orientation on partnering with communities in the research process to identify problems and solutions. An additional strength of this approach is that communities are often in the best position to identify who has the power to make change in policy and practice, increasing the likelihood of successful implementation (Tilley, Shaxson, Young, Rea, & Ball, 2017). Aligning with the CDC's call for using an ecological perspective in our work, we can also consider policy, itself, as a tool to prevent and reduce the harm of sexual violence rather than simply an outcome of our efforts (Iverson & Issadore, 2018; Lippy & DeGue, 2016; Moylan & Javorka, 2018). Our reach will inevitably expand if we invite policymakers and other influencers in as partners in our research (i.e., involving them in the research process from the beginning), rather than consider them recipients of the knowledge we create.

In our increasingly connected world, we must also consider the changing landscape with respect to how we share our work with the general public. Indeed, as the #MeToo movement has gained momentum, so too has the ability of the public to use social media to communicate about this once-considered "private issue." For example, "hashtag feminism"—feminist activism on social media (Clark, 2016)—has included calls to challenge social norms related to sexual violence, engage men in conversations about sexual violence, and hold perpetrators accountable (Maas, McCauley, Bonomi, & Leija, 2018; PettyJohn, Muzzey, Maas, & McCauley, 2018). Importantly, social media have provided platforms to elevate the experiences of and create visibility for

marginalized communities previously missing in both scholarly and popular discourse. Moreover, these public conversations have created a sense of community among survivors and have been used as a mechanism for survivors to hold systems (e.g., college campuses) accountable (Linder, Myers, Riggle, & Lacy, 2016). Sexual violence scholars may consider using social media platforms as an important avenue for research dissemination, as social media's constraints (e.g., needing to share an idea in 240 characters) require us to communicate our research in accessible ways and social media's reach allows us to connect with communities we have previously neglected in research and in our dissemination efforts. Finally, following discourse about sexual violence on social media provides a way for scholars to gauge whether their work is translating to demonstrable change and social justice for individuals and communities, or whether myths and problematic social norms about sexual violence remain in our public consciousness (McCauley, Bonomi, Maas, Bogen, & O'Malley, 2018). As we develop our dissemination and implementation strategies in the context of an intersectional, community-engaged framework, we may benefit from considering social media as another community space with which we can engage to promote social justice.

For the Future: Applying an Intersectional, Community-Engaged Framework to Promote Justice, Healing, and Prevention

We have made the case for employing an intersectional, community-engaged framework to catalyze system-level change for survivors, especially those whose stories remain untold because of systemic oppression and inequity. What would this look like in practice? Here, we illustrate how our proposed framework could be applied to (a) explore the meaning of justice in the criminal justice system; (b) challenge the role (or lack thereof) of healing in the mental health system's response to sexual violence; and (c) expand how we think about sexual violence prevention in college and university settings. Within each context, we argue how an intersectional, community-engaged framework centers the experiences of survivors with marginalized identities, allowing researchers to ask different questions in these contexts to promote equity for survivors and their families and, ultimately, reduce sexual violence.

Striving for Justice

We have not yet achieved justice for sexual violence survivors, particularly for women of color and members of other marginalized communities. All too often cases that are reported to the police are never investigated, medical forensic sexual assault kits are never tested for DNA evidence, and offenders are not prosecuted (Campbell, Shaw, & Fehler-Cabral, 2015; Lonsway & Archambault, 2012; Spohn & Tellis, 2012). Participating in the criminal justice system is grueling and retraumatizing for most survivors, and as a punitive, adversarial system, it is not equipped, by design, to address "the emotional trauma that results from victimization" (Regehr & Alaggia,

2006, p. 40). We must continue to challenge the criminal justice system on its sexism, racism, classism, and other forms of oppression to make this option truly accessible and empowering for all survivors who want to seek this form of justice—and, at the same time—we must also explore other systems of accountability. Unfortunately, the possibilities for the civil legal system as a site for more survivor-centered accountability are waning, as Title IX processes for sexual violence on university and college campuses now mimic those used in the criminal justice system (e.g., imposing live hearings and cross-examination). More than a decade ago, Koss (2006) argued that “present justice options are inadequate” (p. 206). We argue that this statement remains true today. Moving forward, we need to reconceptualize accountability from an intersectional, community-engaged perspective to identify options for survivors outside the traditional criminal and civil systems.

One alternative is the restorative justice (RJ) model, which has been practiced for decades throughout the world with diverse populations, including survivors of sexual violence (see Ptacek, 2010; Van Ness & Strong, 2014, for reviews). RJ broadens the conceptualization of who is harmed in sexual violence and, therefore, who must be involved in accountability, to include not only survivors, but also those who suffer with them (e.g., family and friends), as well as offenders and their families and friends, and community members whose safety is compromised by the widespread tolerance of violence (Daly & Stubbs, 2006; Koss & Achilles, 2008). RJ uses a variety of methods, including sharing circles, community reparation boards, and conferences, to promote acceptance of responsibility by offenders and repair harm (Koss & Achilles, 2008; Koss, Bachar, & Hopkins, 2003; Van Wormer, 2009). The appropriateness of RJ in sexual assault cases has sparked considerable debate, rooted in concerns that it is “justice lite” and that conferences do not truly hold perpetrators accountable and prevent future perpetration (see Ptacek, 2010, for a review). We need to address these concerns as empirical questions, rather than ideological debates, and advance a rigorous research agenda on RJ options (Gang, Loff, Naylor, & Kirkman, 2019; Hopkins & Koss, 2005). To date, there are only a handful of empirical evaluations of using RJ in sexual violence cases and it is not yet known whether this approach prevents offender recidivism (Gang et al., 2019); preliminary data, however, indicate that survivors are satisfied with the process, are not retraumatized, nor is their safety jeopardized through their participation (Daly, 2006; Julich, 2010; Koss, 2014; McGlynn, Westmarland, & Godden, 2012).

The debate as to whether RJ provides “enough” accountability and punishment highlights fundamental tensions between feminist carceral models (i.e., remedying sexual violence through incarceration) and anticarceral theories and praxis (see Baker & Bevacqua, 2018; Bumiller, 2009; D. Coker & Macquoid, 2015; Whittier, 2016, for reviews). The epidemic of mass incarceration in the United States reveals how carceral solutions disproportionately harm people of color, queer/trans people, and members of other marginalized communities (Alexander, 2012; Lobuglio & Piehl, 2015). Although mass incarceration is clearly not due to widespread overpolicing and prosecution of gender-based violence (National Research Council, 2014), the prison abolitionist movement challenges the power of the carceral state and the harm it inflicts on

marginalized communities; thus, an intersectional, community-engaged approach to sexual violence research and practice invites deeper reflection on the justice system and any “alternative” justice system. The prison abolitionist movement complicates the narrative that accountability = imprisonment = justice because, as the Chrysalis Collective (2016) explained, “the state and its prisons are the biggest perpetrators of violence against our communities,” and, for many survivors, incarceration of offenders will not “bring about healing, justice, and peace” (pp. 189-190).

To that end, transformative justice (TJ) is an emerging model defined by scholar/activists in marginalized communities, including INCITE!, the Bay Area Transformative Justice Collective, and the Chrysalis Collective, among others. The TJ model challenges the primacy of the state and shifts responsibility to the community. Accountability is not defined as apprehending and imprisoning offenders, but as “a system of community-based justice grounded in the humanity—not the brokenness—of its members and in our creative capacity to transform and heal from living in a violent and imbalanced society” (Chrysalis Collective, 2016, p. 190). TJ’s roots in peace building, conflict transformation, and community activism shape its intentional practice (Gready & Robins, 2014). The TJ process does not involve legal, medical, and advocacy professionals/para-professionals and instead focuses on training community members to hold each other accountable for addressing violence and supporting healing. The Chrysalis Collective (2016) outlined a multistep process of forming a survivor support team, forming an accountability team for the aggressor, defining the relationship between the two teams to clarify roles and responsibilities, and creating a TJ plan for the aggressor and bringing them into community with the teams for dialogue and action to address the harms committed against the survivor and community. Throughout the entire TJ process, the goal is to challenge rape culture, patriarchy, racism, and other oppressive structures, while protecting and centering survivor safety. The scalability, efficiency, and effectiveness of TJ models are not yet known, and there is a pressing need for research using participatory and transformative methods (e.g., Mertens, 2008) to explore how this model works.

Striving for Healing

Our efforts to promote healing after sexual violence have been guided by clinical trials of evidence-based practices (EBPs), which demonstrate that we can effectively address the numerous psychological health impacts of sexual violence. Although promising, we should keep these findings in perspective. Specifically, clinical trials determine the effectiveness of an intervention by assessing whether participants’ symptoms decline over the course of treatment; yet, the reduction (or absence) of symptoms that meet the diagnostic criteria for PTSD should not be equated with healing. The true measure of healing is movement beyond the absence of depression, anxiety, and PTSD to the presence of survivor-defined outcomes. A focus on posttraumatic growth and *thriving* should be the minimum standard we hold for successful interventions with survivors. With this in mind, our clinical and therapeutic treatment modalities may need to be expanded to create space for this transformation to happen. We can move in this

direction by employing an intersectional, community-engaged approach to mental health research and practice.

Effective mental health treatment for survivors must address the fact that survivors experience sexual violence in a context that is racist and sexist, and their responses are often far more complex than is conceptualized by most trauma models (Campbell et al., 2009; Wasco, 2003). In the United States, cultural messages, practices, and social norms contribute to the sexual objectification of girls and women and victim-blaming beliefs about sexual violence that challenge recovery. Moreover, for many survivors, sexual violence is only one of many stressful and traumatizing life experiences they will experience, particularly for those with intersecting marginalized identities (Bryant-Davis et al., 2009; Settles & Buchanan, 2014). For example, compared with White, Latinx, and Asian peers, Black girls and women (from 12 years of age) experience higher rates of sexual violence (Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013), more severe violence (Prather, Fuller, Marshall, & Jeffries, 2016), more varieties of violence (Prather et al., 2016), and experience violence that uniquely targets them based on race and gender simultaneously (Buchanan & Ormerod, 2002). Chronic, complex, and insidious trauma can manifest in similarly complex ways and reflect both individual and cultural differences (Bryant-Davis, 2011; Wasco, 2003). Therefore, existing EBPs that were designed and evaluated among middle-class, White, cisgender, women may not adequately address the needs of survivors with marginalized identities, nor those with chronic, complex, and insidious trauma experiences. At a minimum, this means we must evaluate these approaches for group differences and anticipate that adaptation may be needed to be culturally responsive for survivors of color and queer/trans survivors, among others (Bryant-Davis, 2011; West & Johnson, 2013).

A culturally responsive, intersectional approach to survivor mental health services requires that we engage community members and the unique context, sociocultural history, and contemporary realities of that community (Curry-Stevens & Muthanna, 2016; Gillum, 2008). Such interventions build upon the cultural traditions of the community; use language that is culturally syntonetic, familiar, and accessible; create interventions with community members; create safe spaces for survivors to talk freely; employ personnel that reflect the population served; and disseminate information in ways that are accessible and relevant for the community (Gillum, 2008). One example is the Sexual Assault Services for Holistic Healing and Awareness (SASHA) Center in Detroit, Michigan (<http://www.sashacenter.org>). SASHA was founded by Kalimah Johnson, a Black woman and sexual assault survivor, with the goal of offering culturally responsive, comprehensive services for other Black women who have experienced sexual violence. They focus on holistic, mind, body, spirit, and cultural healing and wellness. Sessions open and close with an affirmation and include a culturally centered communal activity, such as candle lighting, libation, or burning bowl ceremonies. Service providers and staff are Black women, many from the local community. Treatment contextualizes their assault within a sociohistorical and contemporary context that reflects the legacy of sexual victimization and stereotyping of Black women in the United States since the 1600s. SASHA connects survivors with additional

community resources and highlights those with a similar philosophy and investment in Black women. Importantly, SASHA also focuses on disseminating information about sexual violence in ways that are accessible and culturally relevant for the population and local community they serve. Culturally competent and responsive services have significant effects on nearly every component of psychological intervention, such as increased perceptions of provider credibility; higher satisfaction with services received; increased disclosure about their symptoms, challenges, coping resources, and experiences; increased attendance; and better compliance with treatment recommendations (Bryant-Davis, 2011; West & Johnson, 2013). Thus, it will be important to adapt and evaluate culturally competent and responsive mental health services, promote these resources as options for survivors, and advance our understanding of what it means to survive sexual violence.

Striving for Prevention

Despite reductions of sexual violence perpetration and victimization in some settings, research on sexual violence prevention remains an area in dire need of expansion (DeGue et al., 2014). EBPs in prevention comprise bystander intervention programs for high school and college campuses, healthy relationship skills-building interventions, and programs to engage men and boys as allies (Basile et al., 2016). To date, rigorous evaluations of these programs have been conducted among predominately White samples on 4-year college campuses and have not considered whether these interventions are as effective for students with marginalized identities as they are for White, heterosexual, cisgender students (Banyard et al., 2007; A. L. Coker et al., 2015). Moreover, few programs have been evaluated at community colleges or technical schools, which are more likely to serve first-generation students from low-wealth communities and have unique campus contexts (e.g., a student body that commutes to school; Ma & Baum, 2016) that shape vulnerability to sexual violence. Thus, despite promising advances in the evidence base, our prevention research could be strengthened by adopting an intersectional, community-engaged framework and intentionally centering unique needs of students with marginalized identities.

In addition to gaps in research, our ability to reduce sexual violence at a population level may also be limited by *how* we frame sexual violence prevention. Specifically, we often incorporate “power-evasive, identity-neutral” content into our prevention programs, a strategy that emerged from efforts to highlight that people of all genders experience sexual violence and for the purposes of reducing men’s resistance in prevention efforts (Hong, 2017; PettyJohn et al., 2018). However, as sexual violence is rooted in power, interventions that assume equity in the ability to negotiate consent or intervene to disrupt abusive behavior may be insufficient to promote sustained reductions in sexual violence (Hong, 2017). Our hypothesis is supported by research that demonstrates that racism, sexism, homophobia, classism, and other harmful belief systems are associated with greater rape myth acceptance and sexual violence perpetration (Aosved & Long, 2006; Espelage, Basile, Leemis, Hipp, & Davis, 2018). Gender-transformative programs are often touted as strong alternatives to gender-neutral programs because

they attempt to shift misogynistic social norms and attitudes (Casey, Carlson, Two Bulls, & Yager, 2018). Yet, sexual violence persists, and students of color and queer/trans students still experience elevated rates of sexual violence (Cantor et al., 2015), suggesting that even these programs have not been enough. We will need to *lean in* to addressing structural oppression as a form of sexual violence prevention, by explicitly addressing the intersections of misogyny, gendered homophobia, racism, and sexual violence. This power-conscious approach could be informed by equally reimaged campus climate surveys that do more than measure the prevalence of sexual violence (which is only a proxy for campus climate), but also related experiences of racism or homophobia to provide context regarding the lived experiences of students with marginalized identities in the campus setting (Moylan & Javoroka, 2018).

Finally, using an intersectional, community-engaged framework in sexual violence prevention would recognize that our students shape and are shaped by the communities in which college campuses are located. As such, it will be important for us to be innovative in where we implement sexual violence prevention programs to affect campus climate and reduce victimization. For example, studies have evaluated the effectiveness of bystander intervention programs among bar staff, showing promise of these programs in reducing rape myth acceptance and increasing bartenders' willingness to intervene if they witness abusive behavior in these off-campus settings (Powers & Leili, 2018). Doing this work from an intersectional, community-engaged perspective would strengthen our ability to acknowledge the collective and historical trauma of a community, especially communities of color, to promote trauma-informed practice on and off campuses. Studies among Black college students have highlighted that students' experiences of racial climate on college campuses mirror our nation's racial climate, prompting students to fear for their safety and fear interactions with police, especially when they step off campus (George Mwangi, Thelamour, Ezeofor, & Carpenter, 2018). Survivors of sexual violence have similarly shared that national discourse on sexual violence and witnessing perpetrators of sexual violence rise to the highest positions of power in the United States have resulted in distress and self-blame (Maas et al., 2018). Collectively, these findings highlight that even when campuses address systems of oppression with their campus-based prevention programs, these efforts will not be adequate to make an impact on students' vulnerability to sexual violence without partnering with leaders outside of the campus context to shift social norms in the broader community, too. Multisectoral collaborations will be needed and we encourage researchers to take cues from their community partners in this work to influence change at multiple levels of the social ecology.

Conclusion

We must strive to do our work differently over the next 25 years, making changes that will require collaboration among all of us who create, implement, and fund research on sexual violence. What would happen if we prioritized the informational needs of survivors and their families, rather than prioritizing the informational needs of our research communities? Could we more effectively reduce sexual violence if we centered the

experiences that survivors, themselves, identified as something worth addressing, rather than chasing circular gaps in the literature? Start with the millions of women, people of color, and queer/trans people who have survived sexual violence, navigated systems, and gone on to thrive. Listen to the survivors who are still fighting for justice and healing. Hear their stories. Center survivor voices in research and practice, and commit to challenging power, privilege, and oppression to end sexual violence for the next generation.

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