

Envisioning Future Directions: Conversations With Leaders in Domestic and Sexual Assault Advocacy, Policy, Service, and Research

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Abstract

This article delves into the views of 72 leaders in domestic violence and sexual assault advocacy, policy, service, and research to determine their vision for the future direction of the field. Through discussions with experts, we identified numerous strategies necessary to best meet the needs of domestic violence and sexual assault victims. Common themes focused on the need to (a) examine the context of victims' and offenders' experiences; (b) increase cultural competence to adequately provide appropriate victim services and criminal justice responses for underserved, marginalized, and culturally specific populations; (c) increase reliance on victims' voices; (d) continue to develop partnerships at both the community and the state levels and ensure the role of local communities; (e) expand the concept of successful outcomes that can be reliably and validly assessed; (f) emphasize mixed-methods approaches to address these questions, in recognition that various methods complement each other; and (g) be open to novel or emerging approaches to intervention.

Keywords

sexual assault, domestic violence, coordinated community responses, underserved populations

The articles in this special issue of *Violence Against Women* speak to the successes and challenges the field has faced over the past quarter century. Each in its own way has noted unanswered questions and offered ideas for next steps. The present article, in

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keeping with the theme of the special issue by looking back to look forward, contributes to the discussion. This article delves into the views of leaders in domestic violence and sexual assault advocacy, policy, service, and research to determine their vision for the future direction of the field. Through discussions with experts, we have identified numerous strategies necessary to best meet the needs of domestic violence and sexual assault victims.

The Violence Against Women Act (VAWA) came into law as part of the Violent Crime Control and Law Enforcement Act of 1994 and has documented successes in increased safety for victims of sexual assault and domestic violence (113th Congress, 2013). Across the United States, we have seen increases in the number of victims receiving life-saving services, perpetrators being held accountable, and communities uniting to address these issues (Aday, 2015; Boba & Lilley, 2009; Bureau of Justice Statistics, U.S. Department of Justice, 2012). However, systemic barriers persist, blocking the delivery of necessary services. Many victims of domestic violence and sexual assault still do not report their victimization, and if they do, they are likely to receive inadequate or inappropriate services (Francis, Loxton, & James, 2017; Tjaden & Thoennes, 2006; Ullman, 2010); this likelihood increases if they are members of historically marginalized groups (Abbey, Jacques-Tiura, & Parkhill, 2010; Acierno et al., 2010; Black et al., 2011; Gentlewarrior, 2009; Hetling & Zhang, 2010; Howard, 2013; Hughes, Lund, Gabrielli, Powers, & Curry, 2011; Perilla, Lippy, Rosales, & Serrata, 2011; Reina & Lohman, 2015; Tillman, Bryant-Davis, Smith, & Marks, 2010).

One important way of identifying strategies to overcome systemic barriers is to speak directly with victims, service providers, and other leaders in the field about their everyday experiences with creating personal and social change (Baker & Bevacqua, 2018; Koss, White, & Lopez, 2017). Numerous qualitative studies have provided insight derived from service providers' and victims' voices. For example, in a qualitative study of dating violence, Martin, Houston, Mmari, and Decker (2012) learned from African American teen and young adult women about their challenges with formal and informal systems of help and provided insight to develop youth-specific prevention and intervention programs. In another qualitative study of rape victim advocates, Ullman and Townsend (2007) identified systemic barriers to service provision—namely, staff burnout—as well as secondary victimization by the criminal justice, medical, and mental health systems. They found consistent “problems with access, availability, affordability, and acceptability of services” (p. 438), and noted the need for more resources, training, and education for service system personnel. Macy, Ogonnaya, and Martin (2015) recommend that service providers participate in designing evaluation procedures, provide input on evaluation tools, and utilize victim empowerment philosophies by building on survivors' strengths and resources, and actively collaborate with survivors (based on Busch & Valentine, 2000).

This article is based on a series of conversations with leaders in the fields of domestic violence and sexual assault over a 2-year period (2014-2016) as part of a project funded through a Cooperative Agreement with the U.S. Office of Violence Against Women (OVW) and the University of North Carolina at Greensboro. In consultation with OVW staff, we initially contacted six national experts to discuss project goals and

seek recommendations of additional leaders throughout the United States working on different types of violence (domestic violence, sexual assault, stalking, and teen dating violence), in various capacities (service provision, justice responses, advocacy, research) with victims and/or perpetrators from different backgrounds such as race, ethnicity, sex, sexual orientation, gender identity, age, and ability and immigration status. In total, we conducted focused conversations with 72 people. Leaders were asked three broad questions pertaining to their priorities for practice, policy, research, and/or evaluation: (a) Which response(s) to domestic violence, sexual assault, stalking, or dating violence do you consider to be most important? And why? (b) If you had unlimited resources and could evaluate 2-3 projects, what would you focus on? And why? and (c) What contextual factors do you think are most important to consider? Conversations were wide-ranging and often went beyond discussing these three questions directly. Information gathered during these discussions was organized based on the Victim Empowerment, Safety, and Perpetrator Accountability Through Collaboration (VESPAC) conceptual model previously developed by White and Sienkiewicz (2018).

The VESPAC Model

White and Sienkiewicz (2018) used grounded theory (Charmaz, 2006) to analyze congressionally mandated purpose areas for grants authorized by the VAWA. Each grant program authorized by VAWA focuses on specific content areas (e.g., legal assistance to victims or transitional housing) and various target populations (e.g., the elderly, those with disabilities, tribal governments). As a result, each grant program has, by statute, mandatory and permissible purpose areas that reflect the ongoing and emerging needs of victims and the agencies serving them. When VAWA was first enacted, and with subsequent reauthorizations, the purpose areas were created with input from experts in the field, thus, reflecting ongoing and emerging needs of victims and service providers (Legal Momentum, 2017; National Task Force to End Sexual and Domestic Violence, 2017).

The VESPAC model (see Figure 1) consists of five overarching and interconnected constructs: Community Readiness, Victim Services, Justice Responses, Coordinated Community Responses, and Cultural Relevance. The model suggests that coordinated responses across these constructs are central to ensuring effective collaborations between organizations to maximize victim safety and perpetrator accountability in culturally appropriate ways. Community readiness consists of infrastructure support such as facilities and equipment; training for responders, providers, and advocates; and various forms of public awareness programming, education, outreach, and prevention efforts. Victim services include a scope of immediate and long-term responses ranging from hotline assistance, first responders, shelters, and rape crisis centers to financial empowerment trainings, continued therapy, and overall promotion of health and well-being. Justice responses consist of the range of programming directed at offenders including investigation, arrest, prosecution, protection orders, probation, incarceration, and civil remedies, as well as programs to reduce recidivism. Cultural relevance acknowledges that successfully meeting the needs of victims depends on the use of

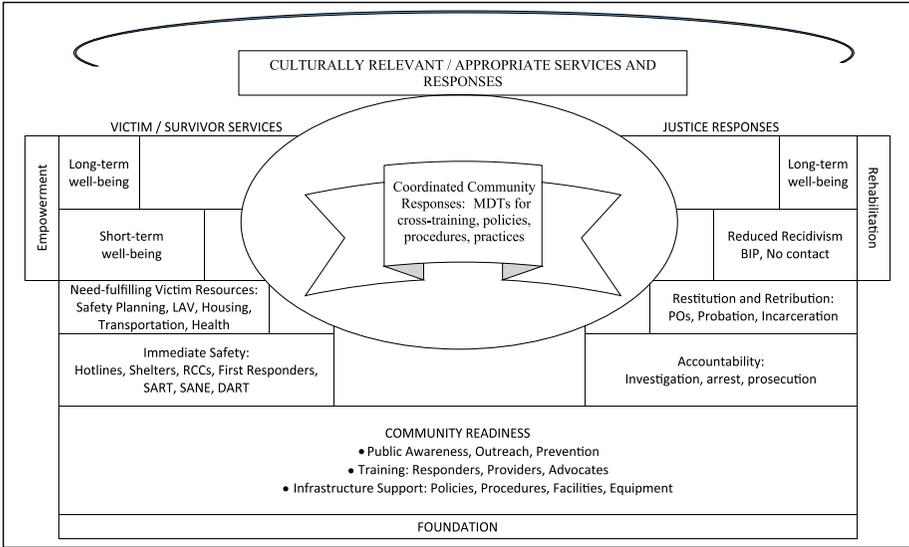


Figure 1. VESPAC Conceptual Model.

Note. BIP = Batterer Intervention Program; SART = Sexual Assault Response Team; SANE = Sexual Assault Nurse Examiner; DART = Domestic Abuse Response Team; MDTs = Multi-disciplinary Training; LAV = Legal Assistance to Victims; PO = Protective Orders; RCC = Rape Crisis Centers.

culturally specific strategies to increase access to resources for victims and promote sustainability of services to underrepresented populations. Involving voices from local communities is critical for gaining insights into local cultural values and practices.

White and Sienkiewicz (2018) argued that the VESPAC model can help agencies, coalitions, and communities be more strategic in determining how their strengths best interface with one another, while encouraging and incorporating voices from the local community. The model, while based in current OVW priorities, offers opportunities for expansion and innovation in ways that can connect where the field has been to where the field wishes to go. Thus, we used the VESPAC model as the conceptual framework to organize the responses from our discussions with leaders in the field. Below, we describe the experts’ recommendations for practice, policy, research, and/or evaluation using VESPAC as a guide. We conclude with a discussion of how these recommendations position the field to move forward in both mainstream and innovative ways, including ideas for expanding how we evaluate “success” in our programs and policies. Notably, what impresses us about the results of these interviews, and hence our analytic focus, is the breadth and depth of the responses, not their frequency.

Results

Across all the key constructs in VESPAC, the leaders called for more flexible funding; more opportunities for planning grants; research using multimethod approaches,

including greater use of big data; literature reviews; and more focus on development of valid measurement tools (e.g., tools to assess various types of violence, such as sexual assault; tools to evaluate outcomes, such as efficacy of risk assessment instruments). They also expressed a great deal of interest in expanding the concept of success when evaluating programs; currently used measures of success could limit work and imagination by their narrow focus on conviction rates and other criminal justice outcomes (this is discussed further below). They also mentioned myriad topics in need of further attention by researchers, practitioners, and policy makers. Such topics included more practical attention to multiple types of aggression (e.g., bullying, sexual assault on campus and in the military, strangulation), novel or emerging approaches to intervention (e.g., individual and social change processes, justice work, and strengths-based interventions), and other contextual issues that could inform our prevention and response efforts (e.g., parenting including fathering, substance abuse, historical trauma, and learnings from neuroscience). In addition, many advocated for strengthening prevention and response strategies by incorporating anti-oppression and social justice approaches. Such an approach involves understanding how some personally benefit from and help sustain the oppression of other groups (e.g., by race, sexuality, immigrant status, religion, ability) as well as examining how our work in the movement aligns with, or might in fact be distant from, other social justice work in our communities (see Kyra, 2014 and Mayeno, 2015 for discussions of racism in organizations). Below, we report the leaders' ideas as they related to the key elements in the VESPAC (see Table 1).

Community Readiness

A community's readiness and capacity to effectively prevent and respond to domestic violence, sexual assault, stalking, and teen dating violence are foundational to an effective community response. Throughout our discussions, the leaders acknowledged the importance of "breaking out of our silos" to connect with others working on related issues in our communities. This recognition was accompanied by a repeatedly stated need for more outreach and advocacy within local communities, including using local communities to give voice to their priorities and strengths, as well as traditions that would enhance success. In this regard, there was advocacy for more community-based participatory research. Specific suggestions addressed outreach and prevention; training of various entities including first responders, service providers, law enforcement personnel, and advocates; and infrastructure support, including policies, procedures, facilities, and equipment.

Advancing community readiness requires improvements in three different areas: public awareness, outreach, and prevention; training and capacity development; and sustainability. Everyone we talked with recognized the importance of enhancing the community's knowledge and awareness of available resources. Importantly, they recognized that family, friends, colleagues, and members of the faith community are often the "real" first responders, and more needs to be done to ensure that these groups have adequate knowledge and training on how to best respond. They cited the need to more

Table 1. Recommendations Across Constructs of the Victim Empowerment, Safety, and Perpetrator Accountability Through Collaboration Model.

Community readiness	
Category	Specific recommendations
Expanding public awareness, outreach, and prevention	<ul style="list-style-type: none"> a. Educate a wide range of “first responders” b. Prepare communities to address multiple forms of violence: bullying, campus sexual assault, dating violence, incest, assault in the military, strangulation, and human trafficking c. Prepare communities to understand how historical and cumulative trauma manifests and affects the body and mind and how to make appropriate referrals and other responses d. More fully develop and evaluate prevention and response strategies: public service/media; behavior change strategies for non-victims, primary prevention; and community engagement
Expanding training	<ul style="list-style-type: none"> a. Compare and evaluate short- and long-term impact of different training models including use and impact of equipment, such as body cameras b. Evaluate TA services
Developing infrastructure and organizational capacity	<ul style="list-style-type: none"> a. Build capacity in institutions serving marginalized populations b. Expand and evaluate improvements in organizational capacity including program management, policies/procedures, data use, and monitoring and evaluation c. Create a national police database that looks at police practices, trends, and the use of force to rank departments to identify best practices
Sustainability	<ul style="list-style-type: none"> a. Assess sustainability measures to see which are most effective in various contexts b. Increase investments in innovation to look outside the domain of EBPs c. Provide more flexible funding and more funding for planning grants d. Support program flexibility rather than expect one size to fit all
Victim services	
Immediate safety	<ul style="list-style-type: none"> a. Advance and evaluate trauma-informed care utilized across different service providers and sectors (healthcare, law enforcement, criminal justice system) b. Scale up and evaluate Domestic Assault Response Teams, Sexual Assault Response Teams, Sexual Assault Nurse Examiners programs c. Evaluate risk assessment tools

(continued)

Table 1. (continued)

Community readiness	
Category	Specific recommendations
Need-fulfilling resources	<ul style="list-style-type: none"> a. Evaluate a variety of program models (service, survivor-focused) for empowering survivors and ensuring long-term well-being b. Compare mandatory (service-focused) versus voluntary programming (survivor-focused) on levels of victim autonomy and choice in service delivery c. Investigate strategies for engaging survivors in nonsurvivor programs d. Consider principles of universal design to meet the needs of diverse populations of survivors e. Evaluate how well core services meet the needs of victims
Long-term safety and well-being	<ul style="list-style-type: none"> a. Evaluate long-term support programming for survivors, including nontraditional programs b. Evaluate programs that have a focus on children, especially those who have witnessed violence, and programs that work with entire family
Justice responses	
Immediate safety: first responders, specialized units, and law enforcement responses	<ul style="list-style-type: none"> a. Evaluate the effectiveness of specialized law enforcement units (sex crimes units, DV units, stalking units) compared with standard operating procedures b. Examine how to increase victim reporting options c. Evaluate the impact of mandatory arrest (including dual arrest) on victims and communities—especially in marginalized communities d. Compare and evaluate how protective orders are implemented in various jurisdictions across the country and their effectiveness in providing increased safety for victims e. Identify and address problems with local and statewide databases that track arrests, charges, and dispositions
Victim-informed and victim-centered approaches	<ul style="list-style-type: none"> a. Define and evaluate victim-oriented approaches, how to engage victims b. Evaluate the contexts in which victim-informed prosecution programs are carried out c. Further refine victim profiles to shed insight on potential mechanisms for prevention, as well as prosecution, including case (including case attrition)
Safety: criminal justice responses	<ul style="list-style-type: none"> a. Evaluate outcomes of core sexual and domestic violence investigations, prosecution, and judicial processes b. Evaluate specialized and/or innovative approaches compared to standard approaches c. Examine impact of custody decisions on victim/offender outcomes d. Conduct more work on understanding jury (public) attitudes and behaviors

(continued)

Table 1. (continued)

Community readiness	
Category	Specific recommendations
Alternatives to criminal justice responses	<ul style="list-style-type: none"> a. Evaluate work in the civil legal arena, especially in divorce and custody cases b. Evaluate restorative justice strategies and community policing
Long-term safety and well-being	<ul style="list-style-type: none"> a. Evaluate perpetrator treatment programs that are specific to various communities and different types of batterers that focus on behavior change b. Conduct more research on how to motivate offender compliance and desistance from violence using a combination of both sanctions and treatment c. Conduct more research on decision-making processes, within organizations as well as how victims and offenders engage with systems
Lethality assessment	<ul style="list-style-type: none"> a. Evaluate how use of risk assessment strategies within the criminal justice system impact injury and reoffending b. Continue to evaluate the reliability, validity, and generalizability of various risk and lethality assessment tools c. Improve training of those who conduct these assessments
Coordinated Community Responses	
Formal CCRs	<ul style="list-style-type: none"> a. Evaluate the impact of CCRs on systems' responses and attitudes of individuals within the systems b. Evaluate collective impact based on five elements: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and the presence of a backbone organization
Exploring innovative ideas	<ul style="list-style-type: none"> a. Expand community-led initiatives b. Evaluate family justice centers c. Evaluate statewide models of interagency and intersectoral coordination d. Expand university-community partnerships
Cultural relevance	
Intersectionality	<ul style="list-style-type: none"> a. Integrate into practice/research/policy the complex dynamics that comprise social identities, social contexts, vulnerabilities, and histories b. Examine barriers and strengths related to receiving and seeking help in marginalized communities
Culturally specific programs	<ul style="list-style-type: none"> a. Evaluate service for historically marginalized populations b. Evaluate organizational and community-level changes to facilitate provision of more effective help c. Evaluate organizational capacity to serve culturally diverse populations d. Conduct feasibility studies for culturally tailored interventions

(continued)

Table 1. (continued)

Community readiness	
Category	Specific recommendations
Address cultural issues in programs serving general populations	<ul style="list-style-type: none"> e. Develop culturally specific resources including translated materials f. Evaluate capacity of service providers to create physically accessible spaces to meet the needs of those with physical limitations g. Evaluate capacity of DV shelters to address the needs of diverse populations h. Evaluate strengths-based interventions i. Evaluate faith-based interventions a. Compare population-specific programs with general population programs that work with specific populations b. Evaluate integration of intercultural competence in DV service provision c. Evaluate capacity of DV shelters to address needs of diverse populations
Cultural relevance/context	
Nature of abuse	<ul style="list-style-type: none"> a. Type of abuse b. Poly-victimization c. Severity d. Repeat occurrence
Individual level	<ul style="list-style-type: none"> a. Demographics (e.g., gender, race, ethnicity, education, immigration status) b. Cultural identifies (religion, language, origins) c. Sexual and gender identities d. Physical abilities and co-occurring problems (disability, health, wellness, substances abuse)
Relationship level	<ul style="list-style-type: none"> a. Parental status/needs of children b. Desire to remain with offender c. Prior involvement with justice system d. Degree of community stigmatization e. Demographic/identify match between provider and victim
Organizational level	<ul style="list-style-type: none"> a. Evaluation capacity at the state and local level b. Resourced versus underresourced communities (levels of funding available) c. Role of faith/religion in organizational policy
Community level	<ul style="list-style-type: none"> a. Geography (region, rural/urban, neighborhood characteristics) b. Social characteristics (poverty, community investment, norms, crime, incarceration, community relationships, housing, transportation) c. Local/state policies d. Context of victimization (campus, military, etc.)

(continued)

Table 1. (continued)

Community readiness	
Category	Specific recommendations
Cultural level	<ul style="list-style-type: none"> a. Historical trauma b. History of mistrust c. Narrative of violence d. Transnational issues e. Healing tools (rituals) f. Family-centric

Note. CCR = Coordinated Community Response; TA = Technical Assistance; EBP = evidence-based practice; DV = domestic violence.

fully develop and evaluate general awareness and dissemination initiatives, such as public service announcements, and noted the need for better evaluation of primary prevention programs, including bystander programs. Leaders were particularly interested in developing more effective strategies for community engagement, especially around issues of trust in communities with histories of negative experiences with formal service systems (including law enforcement and court systems).

To improve training, respondents recommended more intense comparison and evaluation of various modes of training (such as in-person vs. online), as well as assessing long-term effects of training and identifying mechanisms for maintaining newly acquired skills. A focus on equipment, including body cameras and assessment tools (such as risk assessment), underscores that training on their appropriate use is important and that the impact of their use needs to be evaluated. The evaluation of Technical Assistance (TA) services was also recommended, and respondents were consistent in their call for including community voices in all research, training, and evaluation efforts (this idea is reinforced in the section below on cultural relevance).

Last, to ensure community readiness, leaders repeatedly called for analyses of policies and procedures, at the systems level as well as those governing organizations. Frustration with a disconnect between policy makers' decisions and the impact of those policies on communities and individuals was mentioned more than once, as expressed by one interviewee: "Funders and the field still don't understand how policies (or lack of policies) affect people on the ground—what are the implications of these policies?" Interviewees also called for research and evaluation to identify better infrastructure support for locally based service providers and community-based organizations (CBO). One expert stated, "I struggle with capacity building and organizational development—these organizations have to . . . be strong and healthy for this to work." As discussed below in the section on cultural relevance, interviewees felt that local CBOs are best equipped to ensure the cultural appropriateness of responses to victimization and perpetration, but in many cases presently lack the resources needed to meet this goal. Interviewees believed that organizational capacity could be enhanced by assisting organizations in developing their capacity to collect and use their own

data and to conduct more rigorous evaluations of their own policies and procedures. They also suggested that organizational capacity could be improved by addressing privilege and oppression within program management and organizational structures, as well as investing in innovation beyond evidence-based practices (EBP). Finally, several interviewees suggested creation of a national police database of best practices and trends that could assist organizations in identifying models that might work in their communities.

Victim Services: What Works? What Is Generalizable?

White and Sienkiewicz's (2018) model consists of three categories of victim services: (a) immediate safety, (b) need-fulfilling resources that provide for safety and transitions, and (c) long-term safety and well-being of survivors. The leaders we interviewed proposed ideas relevant to all three. Cutting across these areas were recommendations for programs and services to be more informed by victims' voices and the need to expand services beyond victim safety to include programs that empower survivors for longer term well-being and advance trauma-informed care across sectors. Across all types of service provision, access to services and resources was a recurring theme. One respondent noted,

The concept of access is narrowly understood. Access isn't just having more programs for specific ethnic groups. All programs have to be accessible to all. . . . This is known as universal design in the architecture world. . . . Access is designing things in ways where anyone can access it. People think it's back to the one-size-fits-all equation, but it's not.

This type of program design requires us to consider the diverse needs and abilities of all throughout the design process such that the inclusion of victim and survivor voices will result in improved program outcomes, and may require "thinking outside the box."

In addressing immediate safety needs, leaders stressed the importance of trauma-informed training and care across all types of first responders (i.e., those with whom victims have first contact when reporting an incident, including those at hotlines, crisis centers, shelters, healthcare facilities, and law enforcement). Interviewees also reported a need to evaluate the effectiveness of volunteer-based crisis interventions for reducing future abuse and promoting access to preventive services, as well as further evaluation of various risk assessment tools. Finally, they also identified a need to scale up and evaluate Domestic Assault Response Teams (DART), Sexual Assault Response Teams (SART), and Sexual Assault Nurse Examiner (SANE) programs.

Leaders in the field also expressed a need to look beyond the short-term needs of victims and identify ways to develop and evaluate long-term support programming to promote continued safety and empowerment of survivors. It is well-established that victims have a host of needs, prompting interviewees to discuss how best to determine individual victims' most pressing concerns and how to most effectively address them. In this context, victim voice was seen as critical; if we want to know what victims

need, we must ask them. Needs they see victims requesting include transitional housing, micro-loans and financial literacy, legal assistance, education and employment, childcare, and mental health and substance abuse services. Respondents placed great emphasis on the need to evaluate a variety of domestic violence and sexual assault services' organizational models. For example, they suggested a need to compare the efficacy of mandatory, service-focused models, which require victims to receive certain services, compared with voluntary, survivor-focused models, which assess the needs of victims at various levels of outcomes, including survivor autonomy. They also suggested that models of service delivery (i.e., stand-alone services, dual agencies, multiservice agencies) be compared for effectiveness and quality of service provision. Some interviewees also suggested exploring alternatives to shelter programs. For example, more than one interviewee mentioned the promise of residential farms.

Leaders also acknowledged the need to expand our idea of where our services are located and who is targeted for intervention. Because many victims do not seek out formal services, there is a need to find ways to engage them in nonsurvivor-focused programs. Essentially, we need to find individuals "where they are," rather than expecting them to come to us:

Most people aren't in a survivor program. . . . How does one engage a survivor who is going for cancer treatment? Or who is showing up for a pediatrician appointment? What are ways to engage, not just screen?

Several experts suggested this include a greater focus on children, especially children who have witnessed violence, through evaluations of home visitation programs, supervised visitation, and exchange programs, as well as programs that work with the entire family.

Justice Responses: Better Informed Interventions

This category received more comments from the leaders than any other category, and their responses drew attention to the full range of interventions, from prevention of offending to the first contact that victims and offenders have with law enforcement through the investigative process to various judicial responses. Broadly speaking, much of these discussions focused on how to improve justice responses, included a call to move beyond programs that are in or connected to the criminal justice system, and emphasized strengths-based approaches.

Field leaders noted that, historically, less attention has been directed toward perpetrators than toward victims. There was widespread agreement that we need more research and evaluation on programs that seek to prevent initial perpetration and re-perpetration. Many stated that only a greater focus on the offenders can result in successful reduction of recidivism and prevention. They saw a need for more research and evaluation of programs to focus on various Batterer Intervention Programs (BIP) and other programs aimed at reducing recidivism. Several also called for more attention to lethality assessment protocols, including assessing their reliability, validity, and

generalizability, as well as improved training in their use and their impact on law enforcement responses, decisions to arrest, level of bail set, and long-term planning in dealing with offenders.

Leaders were very concerned with how we ensure victim safety across all justice programs, from arrest to charging decisions, via the use of protective orders, prosecution, and probation. Respondents suggested that immediate victim safety could be enhanced by improving the effectiveness across a full range of professional and volunteer first responders, including but not limited to law enforcement officers, emergency medical technicians, and victim advocates, all of whom are likely to encounter a victim immediately following an act or acts of violence. First responders may be professionals or volunteers. The experts also suggested that standard operating procedures within law enforcement should be compared with specialized law enforcement units (i.e., sex crimes, domestic violence, and stalking units). There was emphasis on engaging victims in the justice process in ways that ensure victim safety and mitigate revictimization by the system. Leaders also called for more thorough evaluation of the impact of mandatory arrest (including dual arrest) on victims and communities, especially among marginalized populations. Furthermore, they stressed the importance of more work comparing and evaluating how protective orders are implemented in various jurisdictions across the country and their effectiveness in providing increased safety for victims. Several respondents also called for improvement in local and state-wide databases that track arrests, charges, and dispositions.

Interviewees also called for more victim-focused approaches, including engaging victims in defining and evaluating what such approaches might look like in the contexts in which they are implemented. Some also called for more evaluation on how further development of a victim profile might provide insight into potential mechanisms for successful prosecution, including a better understanding of case attrition, case clearance, and, in the case of sexual assault, decision rules for unfounding cases. The need for more systematic tracking and monitoring of forensic evidence associated with criminal cases, and the identification of factors that inhibit evidence processing were also discussed. Suggestions for next steps included evaluating prosecution processes from inception of a case through post-conviction, as well as comparing integrated and nonintegrated court systems. They also called for further evaluation of no-contact orders, probation, and judicial supervision. One respondent noted,

Criminal no-contact orders are often imposed by the court without victim input. Are these orders helpful to victims or not? If helpful, who are these victims? If not, who are those victims? What is the impact on victims and the case if a court provides clear procedures for requesting that these orders be dismissed?

Respondents also expressed interest in looking at how heightened efforts at offender engagement in judicial interactions and how consistent enforcement of incentives and sanctions might keep offenders more engaged and, therefore, less likely to reoffend. Leaders questioned whether selective incarceration, through probation revocation or other strategies for increasing the perceived threat of legal sanctions, was an effective

deterrent for re-abuse. In addition, they called for more evidence-based guidance to be provided to the courts on the appropriateness of alternative sentences and supervision conditions. Many respondents argued that more attention needs to be given to alternatives to criminal justice responses, and they recommended more evaluation in the civil legal arena, especially in divorce and custody cases. Several also called for more evaluation of restorative justice strategies and community accountability models. Consistently, leaders called for victims to be heard and their voices integrated throughout court proceedings and the entire justice process.

Coordinated Community Responses

A recognition that the field needs to break out of silos was clear throughout all our discussions. This recognition was accompanied by a repeated need for more outreach and advocacy within local communities, including using local communities to give voice to their priorities and strengths, as well as traditions that would enhance success. In this regard, there was advocacy for more community-based participatory research and evaluation of formalized Coordinated Community Responses (CCR).

Respondents recognized that CCRs were critical for the development of sustainable partnerships. They expressed a need to better document the policies, procedures, and processes involved in developing and sustaining effective CCRs, including creating opportunities for cross-training to facilitate partners learning about each partner's various strengths and skills. Respondents were largely united in their agreement pertaining to the centrality of CCRs as the field moves forward.

Community-level coordination and collaboration are key to solving problems related to lack of adequate and appropriate services for underserved, marginalized, and culturally specific populations. Respondents recommended that the processes and impact (on individuals and systems) of CCRs be researched and evaluated to determine best practices. They also acknowledged the need to go beyond local CCRs and study the impact of statewide collaboratives on systems' responses and attitudes of individuals within the systems. They saw a need to identify effective ways of building stronger linkages between different sectors of the community to understand how best to coordinate policies of different partners within the CCR. As one respondent noted,

Keeping families safe . . . this is a quality of life issue. It's bigger than an OVW issue . . . it's about all of us. We need to expand and collaborate to best leverage the funding we have to work with. Collective impact is looking at both the issues and potential collaborations to increase the quality of life for all.

Specific examples included evaluation of interagency coordination fostered by domestic violence courts compared with the absence of such coordination, as well as evaluation of the effectiveness of a domestic violence county coordinator who is independent of any agency or organization. Several respondents also noted that strengthening researcher-practitioner partnerships, as well as more community-based participatory

research, would foster better collaborations. Such partnerships could enhance both EBP and practice-based evidence.

Cultural Relevance: Underserved Populations, Intersectionality, and Aligning Programs With Communities

Concerns about the cultural relevance of all programs and strategies was a common thread across respondents. The importance of emphasizing and incorporating victims' voices in program design and evaluation was commonly considered key to ensuring cultural relevance. Aligned with this idea was the importance of recognizing and engaging with *intersectionality*, a term most used spontaneously. Intersectionality is a term, first popularized by scholar Kimberle Crenshaw (1989), to describe how the intersection of race and gender combine to disproportionately oppress black women as they become seen as both "raced" and "gendered"; she saw this as leading to the "double bind of race and gender." Today, intersectionality is widely used as a framework to illuminate how people can experience both privilege and oppression, or multiple forms of either/both, and how these intersections shape their lives and our social responses to people. Leaders were adamant that victims are unique and complex individuals with multiple intersecting social identities (e.g., older lesbian with a physical disability or male teen immigrant) and social locations (e.g., prominent community member residing in a rural area or low-income inner-city resident). When discussing culture and historically marginalized populations, they stressed the importance of acknowledging the complex dynamics that comprise social identities, social contexts, vulnerabilities, strengths, and histories. Individuals' identities and experiences are also framed by their community's vulnerabilities and histories of abuse and/or marginalization. These identities and locations intersect to uniquely define an individual's victimization experiences. The combinations of various identities and contexts are endless; thus, although a one-size-fits-all approach will never work, it also is not feasible or desirable for a community to create multiple programs, each tailored to fit a certain profile. Hence, nimbleness and flexibility are needed in all programs. Respondents recommended specifically that intersectionalities (including multiple oppressions) be addressed in all programs and that we give more attention to examining the barriers to, and supports for, help-seeking for individuals from marginalized populations. This necessitates local program staff having access to ongoing training about how to reach out to, engage with, and respond to, a wide diversity of communities and individuals. For example, agencies that want to increase their capacity to respond to LGBTQ+ individuals and communities will have to acquire new knowledge, enact new policies, identify new strategies for outreach, revise materials and spaces, possibly hire new people, possibly identify new sources of funding, and understand the risks and benefits of becoming more inclusive.

Field leaders had recommendations for both general and culturally specific service providers and programs. Comparison of the efficacy of population-specific programs with general programs working with specific populations was mentioned several

times, along with documenting the work of culturally specific organizations: What works well? And what services are most appropriate for various cultural groups? One respondent said,

I would start by trying to identify multiple communities and multiple models of truly trauma-informed, victim-centered approaches in response to sexual assault. I would conduct case studies with these various programmatic models to assess things like: What do their service models look like? How are they being trained? What mechanisms of care are they utilizing? How are they serving marginalized populations? There is no one way to do this.

Respondents also called for more attention to the integration of intercultural competence in service provision and for the evaluation of the capacity of domestic violence shelters to address needs of diverse populations. Respondents cited the need to focus evaluation efforts on services for historically marginalized populations, as well as examining how organizational- and community-level interventions may facilitate the provision of more effective services for culturally diverse populations. Some leaders suggested feasibility studies for culturally tailored interventions, while others noted the need to look at alternative methods of healing, focusing on strengths- and faith-based interventions. Last, several respondents mentioned the need to develop culturally specific resources, including translated materials, and to evaluate the capacity of service providers to create physically accessible spaces to meet the needs of those with physical limitations.

Context: Considerations Across the Social Ecological Model

We asked our respondents to reflect on “context” broadly conceived, without us providing a definition. Respondents repeatedly noted that “knowing your community and its residents” is a fundamental prerequisite of any service or program. As gleaned from the interviews, context is multifaceted, encompassing factors at all levels of the social-ecological model—individual, relationship, organizational, community, and cultural levels—and is relevant for victims and perpetrators, as well as for service providers (Bronfenbrenner, 1992; Campbell, Dworkin, & Cabral, 2009). In addition, respondents went beyond the traditional levels of the social ecology to include the nature of the abuse experienced and whether it co-occurred with other forms of abuse, as well as aspects of the type and quality of service provision. In addition to what we typically think of as individual-level attributes, such as sex, race, ethnicity, class, gender identity, and sexual orientation, our experts also mentioned education level, employment status, language spoken, resiliency, history of abuse, and access to U Visas. Context also included attributes of the community, not just physical, such as locale (region, rural/urban, level of poverty/resources), but also encompassed the cultural values of the community and a group’s historical trauma.

Indices of Success

The need to expand the approach to measuring “success” in our work was mentioned spontaneously and repeatedly throughout conversations. One leader in the field noted,

“We need to fund efforts that don’t just measure success at the system level but look at individual outcomes as well. How is success defined?” We organized suggested outcomes in terms of short-term and long-term outcomes, as well as for different entities (i.e., communities, organizations, and individuals, including victims and offenders, as well as those responding to and/or providing services to victims and offenders; see Table 2). Many noted that it is not enough to understand the impact of interventions on individual victims and offenders, but, in addition, to determine why programs are or are not successful. This suggests the need for process evaluation to help assess the impact of training on those who provide services; for research to help us better understand more about the larger community climate in which programs occur, including a community’s knowledge of the issues and readiness as well as adequacy of resources; and for outcome evaluation to assess the effects of our programs on individuals.

Leaders also recommended that we focus on a broad range of outcomes. We need to measure outcomes at the level of services provided (e.g., victims served, arrests made, cases prosecuted), changes in individuals (assessing change in knowledge, attitudes, and behaviors), and changes at the organizational and community levels. One respondent elaborated by suggesting that proximal outcomes might include, at the systems level, the implementation of new ideas/recommendations or changes in law and law-like systems, such as protocols, practices, policies, mission statements. Shifts in interagency information sharing, collaboration, communication, coordination, cooperation, and integration between agencies and stakeholders could help us assess change at the community level. In addition, we could assess the impact of the media (e.g., public education and awareness campaigns), by examining circulation of materials; as well, we might want to assess the impact of these outreach efforts on the target population. At the organizational level, we need to evaluate services that are offered (scope of programs), how they are offered (processes, mechanisms) and their impact on the target population. More long-term outcomes might include rates across time of intimate partner violence and sexual assault, as well as homicides, violent incidents reported by police, incident-based victimization rates, arrests, diversions to batterer intervention programs, convictions, incarceration, and attitudinal shifts among team members regarding domestic violence and sexual assault. Outcomes could also include tracking the development and use of risk assessment and management procedures in the handling of domestic violence cases.

It became apparent that respondents recognized linkages between outcomes. If training of first responders is not effective, then those first responders will not have the skills to intervene successfully. Likewise, if professionals hold victim-blaming attitudes, their interactions with victims are less likely to succeed. Thus, it would be premature to claim that specialized response teams are ineffective, if team members were not properly trained or were unaware of implicit biases that they may hold.

Summary and Conclusion: Building on Accomplishments and Returning to Our Roots

The views of the experts with whom we talked suggest that it is time for innovative and transformative approaches to sustain and grow a vibrant, antiviolenence movement

Table 2. Indices of Success: Short- and Long-Term Indicators Across Levels of the Social Ecological Model.

Short-term outcome indicators (<2 years)	
Individual: Victims	<ul style="list-style-type: none"> a. Actions: Disclosure, reporting, safety planning b. Psychosocial: Feelings of vulnerability, safety, empowerment c. Re-victimization, new victimization d. Access to resources (material and emotional) e. Economic security f. Attitudes toward responders, providers, and systems g. Impact on children
Individual: Offenders	<ul style="list-style-type: none"> a. Arrest b. Conviction c. Probation d. Diversion program e. Alternative to CJS f. Completion of intervention programs
Individual: Service Providers	<ul style="list-style-type: none"> a. KAP: Changes in Knowledge, Attitudes, Practice b. Trauma-informed approach c. Increase in relevant skills and quality of delivery
Organizational Level	<ul style="list-style-type: none"> a. Changes in capacity b. Changes in interorganizational, intersectoral collaboration c. Culturally sensitive approaches d. Accessibility to target populations
Community Level	<ul style="list-style-type: none"> a. Increased awareness b. Changes in attitudes c. Impact of community-based interventions (such as bystander intervention)
Long-term outcome indicators (>2 years)	
Individual: Victims	<ul style="list-style-type: none"> a. Safe (no more victimization) b. Increased well-being c. Empowered
Individual: Offenders	<ul style="list-style-type: none"> a. Violence cessation b. Increased well-being
Individual: Service Providers	<ul style="list-style-type: none"> a. Continuous skill improvement b. Continuous increases in KAP
Organizational Level	<ul style="list-style-type: none"> a. Sustainability b. Documented effective collaborations c. Effective implementation and dissemination of best practices d. Use of cultural tailoring in all practices
Community Level	<ul style="list-style-type: none"> a. Changes in social norms b. Policy changes

Note. CJS = Criminal Justice System; KAP = knowledge, attitudes, practice.

rooted in the community and built with community voice. We found agreement that there is a need for greater collaborations that include victims' voices and are rooted in community values, while being realistic and flexible. Our respondents stressed the importance of delivering services and programs in contextually sensitive ways that give primary consideration to addressing services for underserved, marginalized, and culturally specific victims; specific groups referenced were older adults, those with disabilities, those who identify as Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+), immigrants, refugees, the geographically isolated, and members of various racial and ethnic groups. However, experts were adamant that it is not possible to create distinct programs that address the multitude of possible victim profiles. The solution is for all service providers to know and understand the communities in which their organizations are situated. Respondents also voiced strong interest in greater evaluation and research of services that are located within the community, at sites where victims are most likely to already be and are already comfortable (e.g., health-care services, community centers, faith-based programs), as well as how services are delivered to maximize physical, cultural, and linguistic accessibility.

We also found recognition that members of marginalized communities are often reluctant to seek services related to intimate partner violence or sexual assault, in part, due to a lack of sensitivity by service providers to a group's characteristics, experiences, and needs. Marginalized communities may experience unique barriers to accessing services; thus, cultural sensitivity and humility are critical to advancing anti-violence work. The words of Sokoloff and Dupont (2005) continue to resonate: "The failure to address the multiple oppressions of poor women of color (race and class) jeopardizes the validity and legitimacy of the antiviolence movement" (p. 41).

It is possible that had we discussed these issues with other experts in the field, different ideas may have emerged; however, we heard much that resonates with the views of other experts, providing consensus regarding what needs to be addressed and how that might best be accomplished. For example, the concluding chapters found in *Violence Against Women and Children* (Vol. 1, White, Koss, & Kazdin, 2011b; Vol. 2, Koss, White, & Kazdin, 2011b) reveal consensus regarding training, intervention, prevention, and policy issues uncovered in the present article. These chapters reinforce the need for methodological advances and innovations around research, evaluation, and assessment (White, Koss, & Kazdin, 2011a), as well as a pressing need to address cultural and contextual inequalities, diversify the field's focus, enhance services, and direct more resources toward prevention, and do so by building a stronger infrastructure and more fully realizing collaborations (Koss, White, & Kazdin, 2011a). "Novel models of intervention are needed . . . [including] new ways of delivering interventions . . . a broader portfolio of ways of delivering interventions and prevention in different languages and over longer distances . . ." (Koss et al., 2011a, p. 274). "When scientists and funders enforce narrow views of what constitutes informative knowledge, the field figuratively shoots itself in the foot" (Koss et al., 2011, p. 303). Others in the field also reinforce these ideas.

Aday (2015) argued that the sustainability of many types of services may have reached its limit in part due to barriers to continued infrastructure support from the government. Aday further stressed that partnerships with the private sector and

grassroots advocacy, which were the foundation of the anti-gender-based violence (anti-GBV) movement, hold promise. Similarly, Koss et al. (2017) have argued for greater focus on partnerships rooted in local communities to meet the needs of victims, especially for underresourced and culturally diverse groups. They call for a shift back to innovative and culturally appropriate services for victims as defined by victims, for expanded concepts of justice, and for increased community awareness and support. They suggest that innovative partnerships can avoid a retrenchment of a “do less, with less” mentality, that a climate of declining resources and increased demand can create.

Reaching a more equitable spectrum of people and locations is an achievable goal that rests on grounding in the scope of victim needs, developing bold and innovative modalities and service delivery mechanisms to meet those needs, and focusing on approaches that are more efficient for each dollar expended. (p. 1024)

Likewise, Baker and Bevacqua (2018) remind us that the anti-GBV movement has always encompassed a range of responses and services to victims and offenders, and even as the more formalized approaches have reached ascendancy, community-based, grassroots advocacy efforts continue. They, like Aday and Koss et al., recognize that as support for more formalized approaches declines, activism based in the local community and initiatives to change social norms hold potential to energize and propel anti-rape and anti-domestic violence work forward. Just as the leaders in the field with whom we spoke noted, Koss et al. (2017) and Baker and Bevacqua (2018) see this work moving beyond the criminal justice system to create systemic and social change. We conclude that scholars, such as those cited here, and the service providers, researchers, and advocates with whom we spoke, agree on the necessary next steps to transform the field: continue to move toward victim-centered, culturally informed, community-based collaborations. Furthermore, they have concrete ideas of how to accomplish these goals and the commitment to do so.

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