Community-based research in the domestic violence context

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Introduction

As each of the chapters in this book conveys, intimate partner violence (IPV) — including physical, psychological, sexual, and financial abuse, and stalking — is a public health epidemic (Breiding, Chen, & Black, 2014) with pervasive and sustained effects on survivors’ mental and physical health (Campbell, 2002; Goodman, Smyth, Borges, & Singer, 2009), economic stability (McLean & Bocinski, 2017), and capacity to parent effectively (Pels, van Rooij, & Distelbrink, 2015). Since IPV was first recognized as a social problem rather than a private issue between two people, researchers and practitioners have used their respective skills, resources, and strategies to identify and address the dynamics of IPV and the needs of those affected by it. Yet, these two groups have often remained in their own silos, failing to integrate their complementary knowledge and skills in service of knowledge creation (Yuan et al., 2016). The cost inevitably falls on survivors and those who work with them: researchers fail to ask questions that are deeply grounded in the wisdom, perspectives, and needs of those most affected, and programs, policies, and practices cannot evolve or transform on the basis of relevant and rigorous research.

Community-based participatory research (CBPR) — an approach to research that emphasizes ongoing collaboration, joint decision-making, and shared power between researchers and relevant stakeholders — offers a critical alternative, one embraced by a growing number of researchers and community members in the IPV field (Goodman et al., 2017). By combining types of expertise, researchers and community stakeholders can produce more relevant, creative, and applicable research on IPV than could be obtained through the exclusive reliance on traditional approaches (Goodman et al., 2017). For example, in one collaboration, described in more detail later, researchers partnered with advocates and consulted with survivors to develop a DV program outcome measure now used widely across the country (Goodman, Bennett et al., 2015). Its value comes from its dual foundations in practice relevance and research rigor. Yet, distrust among IPV-affected community members, and insufficient opportunity to learn about CBPR among both researchers and potential community partners remain major obstacles. Further, scholarship on this approach remains sparse and somewhat disjointed, focused more on specific studies than on what CBPR is and how it is or could be used in the IPV context (Ragavan et al., 2019). This chapter aims to fill this gap, providing an overview of the nature and uses of CBPR in the IPV context.
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Discussion and analysis
The first part of this section reviews the historical roots of CBPR, the second describes its major principles, and the third takes a deeper dive into some recent CBPR partnerships and the findings they have generated to improve the lives of survivors.

What are the historical roots of CBPR?
CBPR emerges from several academic and activist traditions: the Northern tradition promoted the idea of action research, with the practical goal of improving systems (Wallerstein & Duran, 2017). Kurt Lewin coined the term action research in the 1940s to describe a form of research that could shrink the gap between theory and action. Specifically, he wanted to solve practical problems through a research cycle that involved planning, action, and investigating the results of the action (Lewin, 1948, 1997). This process inevitably engaged the community as active participants in the research process rather than simply objects under investigation (Wallerstein & Duran, 2017). Lewin’s work inspired and guided generations of researchers interested in conducting research in service of social change (Wallerstein, Duran, Oetzel, & Minkler, 2017).

By contrast, the Southern tradition was more frankly political, emphasizing the need to challenge the historically colonizing practices of research that produced knowledge by and for the elites (Hall, Tandon, & Tremblay, 2015). This tradition emerged in the 1970s in Latin America, Asia, and Africa as a close cousin to liberation theology, a Marxist critique of the social sciences, and the development of adult education practices with marginalized communities vulnerable to the forces of globalization (Wallerstein & Duran, 2017). At its heart, this tradition stressed the importance of knowledge that emanated from people’s experience rather than from the academy. Academics and researchers had an important role as catalysts and supports of educational processes, but not as substance experts or leaders of the change process (Hall, Gillette, & Tandon, 1982). Brazilian philosopher, educator, and activist Paulo Freire (1970) was central to this movement. He critiqued authoritarian paradigms in which education was unidirectional, objective, and decontextualized, creating a “culture of silence” in which those without power simply lost the means to critically respond (Wallerstein & Duran, 2017). Instead, he developed a method of popular education that centred the critical analysis of personal lives in relation to oppressive structural forces that could control them. The goal of this emancipatory process was critical consciousness (conscientización), the capacity to perceive social, political, and economic oppression and then act against it (Ferreira & Gendron, 2011).

Although Freire focused on education, Colombian sociologist Orlando Fals Borda built on these ideas to promote the “decolonization of social sciences” (Fals-Borda, 2013, p. 157). He coined the term participatory action research (PAR) to describe an approach that involved a cyclical process of research, action, and reflection with communities in service of understanding the world through trying to change it. In this process the research relationship was transformed from one in which communities were objects of study to one in which community members participated centrally in the enquiry itself (Wallerstein & Duran, 2017).

Over time, multiple academic disciplines have taken up various strands of these traditions to forge their own approaches to collaborative research, using a variety of terms including participatory research, participatory action research, collaborative enquiry, feminist research, community-engaged research, research-practice partnerships, and community-based participatory research.

Although these various approaches do not share all the same assumptions, they do share certain fundamental characteristics that set them apart from traditional research paradigms. They
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hold, for example, that research is not value-neutral and the role of the researcher is not to be a detached expert; that research should serve to transform the world, not simply describe it; and that those who are the focus of research have extensive and unique knowledge that requires their participation in all parts of the research process (Edleson & Bible, 2001).

What are the major tenets of a CBPR approach?

CBPR in particular is prominently associated with public health, medicine, and nursing, though researchers in psychology and sociology have begun to take it up as well (e.g. Collins et al., 2018). It is not a set of methods, but rather an approach to research that fundamentally changes the relationship between researchers and researched (Wallerstein et al., 2017).

The community of people being researched might be characterized by a shared identity or challenge, shared geography, or a common interest. In each of these cases, CBPR researchers see community stakeholders as invaluable partners, with unique expertise on the subject at hand, without whom critical research questions simply could not be addressed. Rather than remaining separate and independent of the people being researched, then, CBPR researchers emphasize the need to join with community members throughout the research process, collaborating on identifying the question to be asked, determining the methods to be used, and interpreting and disseminating the results (Israel et al., 1998; Minkler & Wallerstein, 2010). In doing so, they aim to create transformative, and sustainable change “together with, for, and in communities” (Collins et al., 2018, p. 1).

What is the role of CBPR in the IPV context?

Although there have been many successful collaborations between researchers and community members to conduct IPV-related research, forming partnerships has also been fraught with tension and distrust (e.g. Andrews, Pepler, & Motz, 2019; Ghanbarpour et al., 2018; Murray & Smith, 2009; Murray & Welch, 2010; National Violence Against Women Prevention Research Center, 2001). In the IPV context, two sets of community stakeholders are especially salient: practitioners who work with IPV survivors, and survivors themselves. Turning first to practitioners, members of this group have raised a series of concerns about researchers, even those who in some way attempted to consult or partner with them. They have perceived some researchers as too narrow in their focus, or interested only in the experience of certain survivors – for example White heterosexual women – ignoring the influence of race, class, sexual orientation, and other aspects of experience (Richie, 2012). Some point to researchers’ insufficient concern for survivors’ mental health and safety throughout the research process (Murray & Welch, 2010). Some are impatient with a research process that takes too long in the face of urgent need (Edleson & Bible, 2001). Some feel intimidated, demeaned, or taken advantage of by researchers (Burk, 2018; Murray & Smith, 2009; NVAWPRC, 2001). Some feel distrustful of researcher motives, especially when they have been burned before by “drive-by” data collectors who swoop in to collect data and are then never heard from again (Horowitz, Robinson, & Seifer, 2009). Some have seen the results of their work published in a way that renders their own contributions invisible (Goodman et al., 2017).

Although less has been written about survivor concerns about research, the first author has heard from scores of survivors that they worry about the very same things as researchers. Several have described their array of worries under the banner of feeling “unseen” by researchers who sometimes fail to see survivors as three-dimensional people, who are both strong and vulnerable, capable in some realms, and in need of support in others, valuable thought partners on
how to conduct the research as well as critical reporters on the experience of abuse and how to heal from it.

These concerns are not surprising. It is easy to imagine how researchers who do not form relationships with the people about whom they are researching could fail to see survivors and those who support them as valuable experts and co-learners, just as it would be easy for them to miss the multiple forms of power, resources, and status they carry (Muhammad et al., 2015). Their power to conduct and disseminate research shapes the way a social issue is defined, understood, and responded to. Further, researchers may also hold power and privilege based on their social class, education, race/ethnicity, or other identities. They may not even realize how these forms of power shape their interactions with community members, even in subtle ways such as, for example, expecting community members to volunteer while university research assistants are paid, assuming that community partners will come to a university for a meeting without considering their expense or comfort; or failing to translate research tools into languages that would provide more opportunity for a wider range of participants (Goodman et al., 2017).

These and other dynamics may be especially important in IPV research given how much survivors and DV practitioners are attuned to the possibilities of abuses of power in their relationships. A strong CBPR partnership in the IPV context therefore requires careful work to identify and manage potential unequal power dynamics between researchers and community partners (Muhammad et al., 2015).

To provide a taste of how a CBPR partnership in the IPV context might address some of the previously described challenges, the following section describes a set of principles adapted from two sources: an online toolkit for IPV researchers interested in CBPR, which the first author co-developed (Goodman et al., 2017; Goodman et al., 2018), and a recent article discussing equitable research-practice partnerships (Burk, 2018). They are not fixed rules, nor are they comprehensive guidelines. Rather, they combine to create a flexible framework for approaching diverse types of CBPR partnerships in the IPV context.

**Principle 1: CBPR requires honesty and mutual trust**

Although traditional researchers do not form partnerships with members of the community they aim to study, doing so is the cornerstone of CBPR. Building honest and mutually trusting relationships is not easy. It requires clear and sometimes difficult communication about expectations and goals for the research process, commitments that each party is making, and the products to come from it. Researchers may need to nurture these conditions with particular care when working with marginalized communities. Survivors and practitioners from these communities may have faced decades of discrimination and trauma and feel deep concern about whether their ways of seeing and knowing will be prioritized, especially when the researchers are not from the same community.

Whether or not they share certain identities, CBPR researchers cannot expect to gain the trust of their community partners without spending the time to learn about their varying backgrounds and contexts – not just as individuals but also as a community aligned for a common purpose. If CBPR researchers are working with practitioners in a DV program, they need to learn about the program’s history, philosophy, challenges, and organizational culture, as well as the backgrounds, wishes, needs, and hopes of the survivors in it (Goodman et al., 2017). They need to learn whether and how staff and survivors at that program have worked with researchers in the past, and how they feel about research as a result. All of these things will shape how the relevant stakeholders enter into and communicate within the partnership. For example, if community stakeholders have had prior negative experiences with researchers, they may enter
a new partnership with a certain level of suspicion or at least caution. CBPR researchers will be in a better position to negotiate that position with sensitivity if they understand something about these past experiences.

In particular, building trusting relationships requires attending to intersectional power dynamics within CBPR partnerships. Salient identities that may confer power include race, class, educational status, immigrant status, gender identity, and sexual orientation, just to name a few. Different members of a collaboration will almost certainly have differing combinations of privileged and marginalized identities, though it is common for researchers to have significantly more identities that confer power, just by virtue of their educational and professional backgrounds. The ability to recognize the complex ways that intersectional identities and power dynamics play out in a CBPR collaboration and affect how members relate to one another can meaningfully impact mutual honesty and trust (Hailes, Colgan, Goodman, & Thomas, under review).

To give a taste of the grainy details that go into creating good communication between researchers and their community partners, consider a recent project designed to develop guidelines for putting CBPR into practice in the IPV context (Burke et al., 2013). Academics and DV practitioners held a series of meetings to discuss what it means to build successful CBPR relationships and came up with the following recommendations:

Define how to address each other (first names vs. titles). Develop structured way to check-in with all group members such as asking everyone to speak. . . . Routinely check in with the community as to what their needs are and what gains can be made. Disseminate information back to ALL; inform and communicate what is learned. . . . Discuss why each member is involved. Constantly make time for feedback and to address challenges. Understand [that] parts of process will make flexibility and feedback easier and some parts harder. . . . Encourage on-going communication. Identify a point person responsible for communication. Meet regularly with agreed upon frequency. Identify one person to serve as liaison from community and one from academic institution.

**Principle 2: CBPR entails building on each party’s skills, resources, and interests**

Another cornerstone of CBPR is the idea that research is best accomplished by combining the knowledge, skills, resources, and sources of power of researchers and community partners respectively (Burke et al., 2013; Minkler & Wallerstein, 2010). These assets may be held at the individual, organizational, and community levels (Minkler & Wallerstein, 2003; Banks & Armstrong, 2012). For example, at the individual level, community members may have lived experience of IPV that will lead to specific research questions that researchers could not conceive of. At the same time researchers may have a way of formulating those specific questions to make them more easily researchable. At the organizational level, each party may have something to offer so that, perhaps, a program can offer a setting in which to conduct the research while the university can offer access to important research infrastructure including software, transcription services, and other research support. And at the community level, researchers have the skills to conduct rigorous investigation into a given issue, while community stakeholders may hold the trust of the community of interest, who will look to them to determine whether or not the
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research is worthwhile even if rigorous. Understanding all of these nuances will enable both researchers and their community partners to leverage the strengths that each party brings to the table.

No matter what kinds of expertise each party is bringing to the table, it is important to establish as clearly as possible what roles and responsibilities each member of the collaboration will take on, how decisions will be made, and how people will be accountable to each other throughout the process. This can look different in different projects. It may be that one party has greater expertise or interest in one domain and the other party excels in another. It may be that one party does not want to participate in certain decisions but very much wants to participate in others. A variety of decision-making arrangements make sense in the CBPR context, as long as the needs and goals of each party are considered.

To ensure a robust decision-making process, many CBPR projects build on an organized, coherent, and collaboratively developed plan that is documented and shared by those involved. The plan would clearly describe mutually agreed upon (1) contributors and roles – for example who will be responsible for tasks as varied as sending communications, planning and attending meetings, and recruiting participants; (2) expectations and goals for the project; (3) processes that will be used throughout, including how meetings will be run and how disagreements or unexpected events will be navigated; and (4) how results will be shared and disseminated (Minkler, 2004; Sullivan, Price, McPartland, Hunter, & Fisher, 2017). At the same time, in any CBPR project, decisions are likely to be revisited as unexpected challenges arise (Ross et al., 2010) or as reflective researchers and community partners come to new understandings of how power can be shared more effectively.

Principle 3: Centre survivor safety and mental health in all CBPR activities

That means, for example, that all parties in the partnership need to consider the ways that confidentiality will be upheld throughout the process, and how researcher reporting mandates might affect survivors, their family members, and others. For example, what happens if a researcher discovers that a child is currently being exposed to the survivor’s partner’s abuse? Under what conditions would that information have to be reported to the state and how would that affect the survivor and her family, as well as the CBPR partnership as a whole?

Second, all parties need to conduct their work with an eye towards how current and prior trauma might be shaping the research process for survivors, their family members, and program staff (Edleson & Bible, 2001; World Health Organization, 2001; Sullivan et al., 2017). All should understand the ways that interpersonal trauma affects individuals, families, and communities; how other forms of oppression might intersect with interpersonal trauma to shape individual experience; and how that experience, in turn, could be worsened or alleviated by various parts of the search process. Understanding these dynamics enables researchers and their community partners to build relationships with each other and perhaps with outside organizations to ensure that the right levels of support are available throughout the process.

Principle 4: The products of the CBPR process belong to all partners

At the heart of CBPR is the idea that research products should be co-owned by researchers and community partners and disseminated to both practitioner, community, and scholarly audiences (Banks & Armstrong, 2012; Wilson, Kenny, & Dickson-Swift, 2018). This means that
data needs to be interpreted jointly, with each party bringing its own lens to the process of understanding what a set of research findings really means. This can be a complicated undertaking. If a CBPR partnership finds that a specific intervention does not produce the expected outcomes for a group of survivors, for example, the implication could be that the intervention failed to effect change or that it was administered by the wrong people, conducted in the wrong setting, or focused on the wrong outcome. Interpretation matters a great deal and the best interpretations emerge from discussions across roles, social identities, forms of expertise, and life experiences.

In terms of actually disseminating results, although peer-reviewed publications may be critical products for researchers, policy reports, practice manuals, or op-eds may be more valuable to community partners. It is therefore critical that from the beginning, practitioners and researchers work together to interpret and frame all results jointly; and they think about who is best positioned for what kinds of dissemination, recognizing the different strengths, social locations, skills, and networks of various stakeholders.

What does a CBPR partnership actually look like?

Having described principles of CBPR in the DV field, we now turn to a few examples of how these principles have been applied in practice. We selected these particular case studies both because they have been described in some detail in the scholarly literature and because they each represent a distinct type of partnership: the Domestic Violence Program Evaluation and Research Collaborative (DVPERC) is an ongoing regional CBPR partnership involving multiple DV organizations and research institutions collaborating on a range of projects over years. The District Alliance for Safe Housing (DASH) CBPR collaboration involved one DV organization and one research institution collaborating on a single program evaluation project. The Interconnections Project/Proyecto Interconexiones was a collaboration between one research institution and multiple community organizations to develop and pilot culturally relevant mental health interventions.

**DVPERC**

The Domestic Violence Program Evaluation and Research Collaborative was developed in Massachusetts in 2011 when a small group of DV agencies came together to discuss the increasing pressure they felt to evaluate and demonstrate program effectiveness to funders (Thomas et al., 2018). Agreeing that no existing measures adequately documented the strengths of their programs, they decided to create their own measures and reached out to the first author for assistance. She introduced another researcher to the project, other DV agencies joined, and soon the group grew into a regional collaborative comprised of representatives from over 20 programs across New England. Together, the group developed a set of research priorities and a plan to achieve them, committing to include survivors in the process even though survivors themselves were not part of the DVPERC. Since then, DVPERC has developed into an ongoing collaboration, where researchers and practitioners meet on a bi-monthly basis to share recent research findings, challenges and insights from their practice, and collaborate on research projects (Thomas et al., 2018).

The initial DVPERC project developed outcome measures for DV program evaluation, involving multiple focus groups with advocates and survivors to create the measures and a survey of hundreds of survivors across agencies to validate the measures. Ultimately, DVPERC generated several measures, including the Measure of Victim Empowerment Related to Safety...
(MOVERS; Goodman, Bennett et al., 2015; Goodman, Thomas, & Heimel, 2015) and the Survivor Defined Practice Scales (SDPS; Goodman, Thomas et al., 2016). Shared ownership of these research projects led to peer-reviewed academic articles as well as an online guide to implementing and scoring the MOVERS scale (Goodman, Bennett et al., 2015; Goodman, Thomas et al., 2015). This scale has been used in multiple states in the United States and in multiple countries around the world. Recently, an international group of scholars and practitioners developed an online community of practice to share experiences using the MOVERS in both research and program evaluation.

Since its inception, DVPERC has practiced the CBPR principles described above. From the outset of the collaboration, all parties were committed to transparency about their individual, organizational, and collective needs and goals (Thomas et al., 2018). Many early conversations around these needs and goals contributed to a foundational sense of honesty and trust within the group (Hailes et al., under review). Without this foundation of trusting relationships, DVPERC may not have continued to produce research on a range of other topics relevant to survivor and advocate interests, after the initial project that produced the MOVERS scale. DVPERC has also built upon the unique skills and resources of all of its members. For instance, in the development of the SDPS and MOVERS scales, the partnership relied upon both academic researchers’ expertise in developing validated measurements and DV practitioners’ knowledge of the challenges of communicating their work for funders (Goodman, Bennett et al., 2015; Goodman, Thomas et al., 2016). DVPERC’s commitment to prioritizing survivor safety and mental health is clear even from the type of measures the collaborative has developed. The MOVERS scale operationalizes empowerment related to safety as an important outcome, and from a later project, the Trauma Informed Practice (TIP) scales help DV organizations evaluate and improve the trauma-sensitivity of their programs (Goodman, Bennett et al., 2015; Goodman, Sullivan et al., 2016). As mentioned, shared ownership of DVPERC products has led to practical user guides for the scales and a community of practice, along with academic journal articles.

**DASH**

While DVPERC is an ongoing regional CBPR collaboration, many CBPR partnerships develop around a specific single project between one research institution and one DV organization. The DASH program evaluation CBPR partnership is one example of this model. The partnership developed when two researchers reached out to DASH, a community organization that provides housing, advocacy, counselling, and other supportive services in the Washington, DC area, to see if they had evaluation data for their program (Nnawulezi, Sullivan, Marcus, Young, & Hacskaylo, 2019). The researchers were interested in DASH’s model because of its focus on increasing survivors’ sense of power, autonomy, and well-being. While DASH leadership were interested in evaluating their program, they had not had capacity to do so yet, so, with trust already established between one of the researchers and the founding director of DASH through a prior relationship, the researchers proposed a CBPR partnership to evaluate DASH’s model.

The researchers and members of the DASH leadership team collaboratively determined the study design, and the researchers developed trust and buy-in from organization staff by introducing the project during regularly scheduled staff meetings, inviting staff to participate during paid work hours, and asking staff about what kinds of findings would be useful for them and how involved they would like to be in the study. These steps demonstrated respect for staff members’ time and expertise and genuine interest in their input in the research process. The study ultimately involved designing and implementing staff and resident interview protocols.
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DASH staff members were involved at multiple points in the process and to varying degrees depending on their interest level. The collaborators determined that data from the study would be shared and research products decided upon collaboratively. So far, products have included a dissertation, multiple peer-reviewed articles and conference presentations, and a report to be used with partners and funders. DASH has also implemented a transformational coaching framework across the organization, based on study findings.

As in the DVPERC case study, the CBPR principles are clearly evident in the DASH program evaluation partnership. Buy-in from staff members within the organization was essential for effectively evaluating DASH’s model, and the entire project would not have been possible without careful attention to establishing trusting relationships with both senior leadership and program staff at DASH (Nnawulezi et al., 2019). The evaluation relied on the expertise of all members of the partnership, for instance researcher knowledge and capacity to conduct evaluations and organization staff’s expertise on practice issues and their own program. Attention to survivor safety and mental health was evidenced by the careful way that members of the partnership incorporated survivor input: researchers and DASH staff partnered on all aspects of the study but collaboratively decided to invite residents in the program (survivors) to be involved only in a limited subset of these aspects, partly out of recognition of survivors’ more pressing needs (Nnawulezi et al., 2019). Like DVPERC, the DASH partnership has also shared research products among members and has created a transformational coaching framework, along with academic articles and presentations.

The Interconnections Project/Proyecto Interconexiones

The Interconnections Project/Proyecto Interconexiones is an example of another different kind of CBPR partnership from DASH and DVPERC. The Interconnections Project/Proyecto Interconexiones partnership developed between medical researchers and multiple community programs to create culturally specific treatments for depression among DV survivors (Nicolaidis, Mejia et al., 2013; Nicolaidis, Wahab et al., 2013). Initially, the group conducted a series of focus groups with White, Latina, and African American survivors to understand their experiences, beliefs, and recommendations about depression and seeking help for depression (Nicolaidis et al., 2008, 2010, 2011). Through these focus groups, the partners determined a need for culturally specific adaptations of depression interventions for IPV survivors, tailored to African American and Latina women. Culturally specific interventions were developed and piloted in collaboration with the Bradley-Angle House, a DV agency that runs a culturally specific drop-in centre for African American women and with Familias en Acción, a community-based organization serving Latinx families.

The intervention for Latina survivors was designed and implemented by a team that consisted primarily of Latina women, including women with experiences of DV (Nicolaidis, Mejia et al., 2013). In response to focus group feedback, the intervention was led by a promotora (community health worker) and was hosted at the community organization, rather than in a medical setting. The intervention was based on an existing Chronic Care Model (CCM) for depression, consisted of 12 weekly group sessions, was conducted entirely in Spanish, and was adapted to incorporate creative elements, such as crafting projects and icebreaker activities. The intervention was found to be effective for decreasing depression symptoms, increasing depression self-efficacy and self-esteem, and decreasing stress. Participants reported high satisfaction with the program and expressed appreciation that the intervention was community-based and specific to Latina women. A similar intervention was designed and piloted specifically for African...
American survivors and achieved similarly high levels of participant satisfaction (Nicolaidis, Wahab et al., 2013).

While the structure and aims of the Interconnections Project/Proyecto Interconexiones CBPR partnership were different to the DASH and DVPERC models, it also exemplified key CBPR principles. Researchers and practitioners collaborated on focus groups studies together for five years before piloting their culturally specific depression interventions, developing crucial relationships of trust (Nicolaidis, Wahab et al., 2013). Researchers and practitioners each played invaluable roles in the partnership, as well. Latina and African American community collaborators provided essential expertise about their racial and ethnic communities, for instance suggesting that the interventions be housed in community programs rather than medical settings and that they be led by promotoras and community health advocates to promote trust (Nicolaidis, Mejia et al., 2013; Nicolaidis, Wahab et al., 2013). For the White principal investigator on these studies, accessing, building trust, and effectively studying these communities would have been incredibly difficult without the expertise of collaborators of colour. The partnership’s prioritization of survivor mental health and safety was evidenced by the very decision to study and develop culturally specific interventions for survivors with depression (Nicolaidis, Mejia et al., 2013; Nicolaidis, Wahab et al., 2013). Finally, because they were conducted by promotoras and community health advocates and in a community setting, the interventions piloted by the Interconnections Project/Proyecto Interconexiones may also be easier for the community collaborators involved in the study and other community organizations to replicate (Nicolaidis, Mejia et al., 2013; Nicolaidis, Wahab et al., 2013).

**Conclusion**

Without careful attention to forming true partnerships, grounded in trust, transparency, recognition of shared and separate strengths, and keen attention to power dynamics, it is hard to imagine that our research will reflect the true experiences, challenges, strengths, and vulnerabilities of domestic violence-affected communities. Through CBPR collaborations, researchers, practitioners, and survivors are able to co-create knowledge that each party would be unable to create alone. While CBPR collaborators may come from different backgrounds, with different experiences and expertise, the common aim to support and advocate for the needs of survivors and their communities is a powerful shared orientation, which has led partnerships to develop a wide range of tools for practitioners and survivors, along with traditional research publications. As the value of this approach is increasingly recognized, opportunities to conduct CBPR are expanding through new funding opportunities, fellowships, trainings, and journals devoted exclusively to participatory research (Horowitz et al., 2009). With these growing opportunities, we hope to see the rich tapestry of CBPR collaborations in the DV field continue to develop, deepening our collective understanding and ability to advocate for survivors.

**Critical findings**

- Modern CBPR developed out of the combined influences of the Northern and Southern traditions of community-based research.
- CBPR researchers view community stakeholders as critical partners and experts.
- Four principles of CBPR research on intimate partner violence include:
  1. CBPR requires honesty and mutual trust.
  2. CBPR entails building on each party’s skills, resources, and interests.
CBPR centres survivor safety and mental health in all CBPR activities. The products of the CBPR process belong to all partners.

- Successful CBPR collaborations on intimate partner violence have taken a range of forms, from ongoing, regional partnerships to single-project-focused collaborations between a researcher and a community organization.

**Implications for policy, practice, and research**

- CBPR approaches can mitigate harmful power dynamics and legacies of mistrust in the community and can be a powerful tool for researchers and community collaborators to build trusting relationships.
- More detailed recommendations for those interested in exploring CBPR partnerships on intimate partner violence can be found in the CBPR Toolkit (cbptoolkit.org).
- Universities and funding bodies should facilitate and support researchers engaging in CBPR research with community organizations and survivors.
- Further development and study of the range different CBPR collaborations will enrich our collective understanding of the power and possibilities of this form of research.

**Note**

Although intimate partner violence (IPV) has become the preferred term to describe abuse by an intimate partner in scholarly literature, programs that support survivors typically use the term domestic violence (DV). Thus, we use the two terms interchangeably.

**References**


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