



Violence Against Women RFI Report

National Institute of Nursing Research
&
Office of Research on Women's Health

December 2023



National Institutes of Health
Turning Discovery Into Health



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List of Acronyms

NIH	National Institutes of Health
NINR	National Institute of Nursing Research
ORWH	Office of Research on Women's Health
NICHD	Eunice Kennedy Shriver National Institute of Child Health and Human Development
NIMHD	National Institute on Minority Health and Health Disparities
OBSSR	Office of Behavioral and Social Sciences Research
ODP	Office of Disease Prevention
SGMRO	Sexual and Gender Minority Research Office
RFI	Request for Information
SDOH	Social Determinants of Health
VAW	Violence Against Women
IPV	Intimate Partner Violence



Executive Summary

According to the World Health Organization, approximately 30% of women worldwide are exposed to some form of violence in their lifetime, such as intimate partner violence (IPV), sexual assault and rape, peer violence, abuse, stalking, homicide, and elder mistreatment. In addition to physical injury and mortality, women exposed to violence have a range of other adverse physical and mental health sequelae such as poor pregnancy outcomes, the development of chronic diseases and conditions, depression, and substance use. Concerted efforts to expand VAW research to address the immediate and underlying causes of VAW offer the greatest opportunity to make sustained improvements in the prevention, treatment, and ultimate elimination of VAW.

In February 2023, NINR and ORWH in partnership with the NICHD, NIMHD, OBSSR, ODP, and SGMRO published a RFI [NOT-NR-23-008](#) to gather public input on priority scientific directions in VAW research. This includes a focus on cisgender, transgender, and gender-diverse persons who identify as a woman or girl, as well as other individuals assigned female at birth but who may not identify as a woman or girl. In this request, VAW was considered broadly to include, but not be limited to, domestic violence or IPV, sexual assault and rape, dating violence and abuse, peer violence, physical and mental abuse, sexual coercion, stalking, homicide, and elder mistreatment. Over a seven-week period, 118 responses were received from scientists, advocates, community organizations, and people with lived experience. Largely, a given response conveyed multiple areas of research and their synergetic relationship deemed necessary to prevent, treat, and ultimately eliminate VAW. As such, identified themes do not necessarily represent unrelated or independent points. From the responses, nine overarching themes for advancing VAW research were identified and are summarized in this report.

The views and ideas presented in this report reflect those of the respondents and do not necessarily represent the views of the NIH, the Department of Health and Human Services (HHS), or the U.S. Government and do not necessarily reflect any planned action by NIH or by specific Institutes, Centers or Offices.

Content Analysis Procedure

The RFI responses were analyzed by a team of three scientists from ORWH and NINR. The method involved three steps: 1) open coding, 2) the development of a code book, and 3) formal coding. These analytical processes guided the synthesis and summarization of responses. All responses were coded, and the resulting analysis provides the structure for this report.

Respondents

Researchers, healthcare providers, advocates, and people with lived experience submitted a total of 118 responses to the RFI. This encompassed responses from both groups and individuals. The largest proportion of respondents comprised those within academic departments/research organizations, followed by non-profit/advocacy organizations.



Overarching Themes

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- Theme 1: Advance Social Determinants of Health (SDOH) Research to Understand and Mitigate Risk**
Consider SDOH from the perspective of victimization and perpetration to comprehensively understand the societal and social causes that place women at risk.
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- Theme 2: Inform Policy Efforts for Broader Impact**
Inform policy at the local, state, federal, and organizational levels to foster sustained impacts on the prevention of VAW.
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- Theme 3: Strengthen Measures and Methodologies in VAW Research**
Identify new ways to assess the magnitude of and factors that contribute to VAW victimization and perpetration.
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- Theme 4: Increase Focus on Intersectionality**
Consider intersectionality widely across population groups and subgroups, the life course, and topic areas.
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- Theme 5: Address the Health Sequelae of Violence**
Expand research to focus on the health effects of VAW beyond the acute phase.
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- Theme 6: Incorporate Research on Violence Perpetration**
A clear and concerted effort is needed to understand the causes of and effective paths to addressing violence perpetration.
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- Theme 7: Foster Family-Based Research to Address the Intergenerational Transfer of Violence**
Assess the interactions, relationships, and health outcomes related to the effects of violence on the family unit across generations.
-
- Theme 8: Leverage Diverse Settings to Prevent and Treat VAW**
Utilize a variety of settings to promote VAW prevention and treatment.
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- Theme 9: Expand Focus on Disproportionately Impacted Populations**
Expand focus on underrepresented populations in VAW research and populations that are currently represented in the literature but remain disproportionately affected.
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Note: Themes are not necessarily ordered in proportion to the number of responses.



Theme 1: Advance Social Determinants of Health (SDOH) Research to Understand and Mitigate Risk

SDOH arose as a prominent response in efforts to prevent and eliminate VAW. Respondents considered SDOH from the perspective of victimization and perpetration in that the circumstances that place women at risk of violence are deeply rooted in the conditions of daily living and the wider set of systems and forces that determine them. These determinants were considered broadly across SDOH domains and sectors. Respondents indicated the below considerations are needed to fill scientific knowledge gaps related to SDOH.

- Widely consider VAW as a public health problem with recognition of SDOH as the root cause.
- Recognize poverty as a key factor in the prevention, treatment, and elimination of VAW.
- Address barriers to violence prevention with a focus on housing and economic instability, lack of childcare, inaccessible transportation, and limited access to domestic violence services and community resources.
- Advance multilevel research to expand understanding of VAW risk across individual, social, and structural levels of influence.
- Foster intervention research to address SDOH and to understand the differential impacts of addressing factors simultaneously.
- Consider sexism as a structural determinant of health.
- Increase focus on the SDOH of violence perpetration such as education, economics, incarceration and the criminal legal system, and community cohesion.
- Expand focus on the de-implementation of policies and programs that are not working well for IPV and other forms of violence.
- Encourage multidisciplinary research across sectors to better understand SDOH impact on VAW (e.g., neighborhood disadvantage, public policy, economics, and law).

Theme 2: Inform Policy Efforts for Broader Impact

Respondents expressed a need to advance research that informs policy implementation or de-implementation at the local, state, federal, and organizational levels. This includes policies that impact the provision of social services related to housing, cash assistance, and the criminal legal systems in addition to organizational policies in healthcare settings. Within the healthcare setting, respondents indicated that research is needed to inform organizational policy change to enable the identification of violence exposure throughout the life course, and not just during the pregnancy period. Respondents identified the below research gaps.

- Evaluation research to elucidate the impacts of current policies, laws, regulations, programs, and practices on VAW.
- Research to inform the de-implementation of harmful policies and programs.
- Research to inform policy efforts to combat VAW including addressing barriers to resources related to housing and public benefits.
- Research to understand the health impact of policies aimed to prevent and treat violence in institutional and organizational settings like colleges and healthcare settings.



Theme 3: Strengthen Measures and Methodologies in VAW Research

A large proportion of respondents discussed the need to develop new ways to assess the magnitude of and factors that contribute to VAW victimization and perpetration. Responses focused on identifying opportunities to better capture VAW incidence and prevalence as well as linking data across national and local sources and across sectors such as economic, housing, and criminal legal sectors to better understand risk and resilience factors. Respondents' specific considerations to address research gaps in VAW measurement and methodologies are indicated below.

- Integrate current data across different federal and state agencies and departments.
- Address limited national data on the incidence and prevalence of VAW.
- Conduct better epidemiological and longitudinal research on the long-term impacts of VAW on victims and their families.
- Examine and define risk factors for victims and how well those factors can be used to build protection and resilience.
- Examine a broader range of types of violence (e.g., psychological abuse, economic control and exploitation, reproductive coercion and abuse, and violence committed by non-partners).

Theme 4: Increase Focus on Intersectionality

A large proportion of respondents indicated that intersectionality research is needed to advance efforts to better understand and prevent victimization and perpetration of VAW, and to mitigate the immediate and long-term health impacts of violence exposure. Respondents conveyed that intersectionality should be considered widely across population groups and subgroups, the life course, and topic areas. Moreover, intersectionality was discussed not only in the context of social statuses/positions that give rise to VAW but the adverse SDOH that underlie them. Key considerations identified by respondents to foster intersectional VAW research are outlined below.

- Incorporate SDOH to increase understanding of VAW risk and intervention points across intersections of marginalized social statuses/positions.
- Strengthen data linkages to foster intersectional inquiry across social statuses/positions and economic, housing, and criminal legal sectors.
- Focus on axes of oppression and discrimination among a wide range of populations that vary by age, ability, immigration status, race, sexual orientation, and gender identity.
- Increase focus on topic areas in VAW research like HIV, substance use, pregnancy, intergenerational trauma, child and elder maltreatment, and polyvictimization.
- Examine intersectionality across systems of oppression such as homophobia, racism, classism, ableism, indigeneity, and immigration to understand how these systems contribute to VAW.
- Foster understanding of the ways in which social statuses/positions pose barriers to violence disclosure and treatment.
- Expand family-based research that recognizes individual family members' own set of social statuses/positions in the context of VAW.



Theme 5: Address the Health Sequelae of Violence

Respondents emphasized the need for research assessing the health effects of VAW beyond the acute phase. There was an expressed need to expand research across and within different stages of life, from childhood to late life. Further, respondents expressed recognition that the health effects of violence are wide and varied, including increased risk of chronic disease, infectious disease, and stress. Respondents identified the below research gaps:

- Research on early recognition of VAW health sequelae and interventions to address it.
- Research on sequelae of violence across the life course, especially considering childhood development, adolescence, pregnancy, midlife, aging populations, and menopausal and post-menopause periods of life.
- Health consequences conveyed by respondents for consideration in VAW research include:
 - Hypertension, cardiovascular disease, and other chronic conditions.
 - Infectious diseases such as HIV.
 - Cancers (e.g., cervical)
 - Traumatic brain injury and brain health (e.g., dementia).
 - Substance use disorders.
 - Posttraumatic stress disorder, depression, and sleep disorders.
 - Accelerated biological aging.

Theme 6: Incorporate Research on Violence Perpetration

Respondents expressed that ignoring perpetrators of violence misses an opportunity to more comprehensively understand and intervene on VAW. Respondents contended that much of the research to date has focused on women or those who have been victimized in the absence of the victimizer. A theme derived from the responses was a clear and concerted effort to understand the immediate and root causes that underlie the perpetration of violence and opportunities to intervene. Research gaps that emerged from the responses focus on the below key points.

- Increase understanding of underlying factors that foster violence, the immediate circumstances that contribute to violence, and how violence is perceived.
- Understand the relationships between violence perpetration and societal factors such as SDOH and cultural and gender norms, and how families and communities shape attitudes about violence.
- Develop better, culturally relevant multi-level interventions addressing violence perpetration that consider SDOH factors together with family- and individual-level factors.
- Advance early interventions focusing on children and adolescents.



Theme 7: Foster Family-Based Research to Address the Intergenerational Transfer of Violence

Respondents expressed the need for research that links the health outcomes of women to the health outcomes of their family to derive a holistic picture of the effects of violence on the lives of women and the family unit across generations. Many respondents mentioned the need for research assessing the interactions, relationships, and outcomes related to a household or familial relationship in the context of violence. Intergenerational trauma, embedded in SDOH and a family's link to the broader community in which they live and interact, was also mentioned as a research gap. Broad research gaps emerged from the responses as indicated below.

- Understanding the long-term consequences of childhood exposure to violence, both psychological and future risk of violence victimization and/or perpetration.
- Consideration of the entire family when designing interventions aimed at preventing VAW.
- Focusing on the intergenerational transfer of violence perpetration.
- Age-specific interventions focused on children's perception of and exposure to violence.
- Examining social processes and modifiable pathways to prevention and mitigation.
- Identifying best approaches to intervene and prevent violent behaviors in the family unit.

Theme 8: Leverage Diverse Settings to Prevent and Treat VAW

Respondents highlighted the importance of utilizing a variety of settings for VAW prevention and treatment research. The largest number of respondents addressing this category indicated that community settings are a key location to address violence victimization and perpetration. Healthcare settings were the second most cited as overlooked for prevention and treatment efforts. Justice settings, including both courts and jails, were also mentioned – particularly in the context of interventions that support the prevention and rehabilitation of perpetrators. Key points identified by respondents are indicated below.

- Investment in community-based research to prevent and treat VAW.
- Leverage community groups – which are often overlooked – already involved in VAW prevention and treatment as potential partners.
- Embed VAW screening and prevention efforts in emergency rooms, regular clinics, and prenatal and primary care centers.
- Research on VAW prevention, screening, and treatment delivered via telehealth.
- Utilization of online/virtual settings for VAW research, especially on the relationship between non-contact forms of violence (e.g., cyber-stalking and digital coercion) and health.



Theme 9: Expand Focus on Disproportionately Impacted Populations

Most respondents indicated a need to increase focus on underrepresented populations in VAW research. Further, there was an expressed need to continue to focus on populations that are currently represented in the literature but remain disproportionately affected. The most mentioned population was racial and ethnic minority groups (e.g., American Indian or Alaska Native); followed by sexual and gender minorities; immigrants, migrants, refugees, and asylum seekers; youth; people with disabilities; and men. Discussion of specific populations or sub-populations was often tied to other research gaps – especially themes such as SDOH, measurement and methods, intersectionality, and settings. Responses highlighted the need for VAW research on the below.

- Populations underrepresented in VAW research such as American Indian and Alaska Native groups.
- Populations that experience a higher incidence of VAW or higher incidence of specific forms of violence.
- Populations for which data on the incidence and prevalence of VAW is lacking.
- Populations that have specific issues or needs requiring targeted interventions and/or have limited access to current interventions or services.
- Populations that face structural or legal challenges that place them at greater risk of violence or limit their ability to seek services and healthcare.



Appendix

Participating Institutes and Offices

National Institute of Nursing Research (NINR) – info@ninr.nih.gov
Office of Research on Women's Health (ORWH) – orwhinfo@nih.gov
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
National Institute on Minority Health and Health Disparities (NIMHD)
Office of Behavioral and Social Sciences Research (OBSSR)
Office of Disease Prevention (ODP)
Sexual & Gender Minority Research Office (SGMRO)

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