





## SPECIAL CONTRIBUTION

# SAEM Response to the National Institutes of Health request for information: Future directions in violence against women research.

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*The following statement is adapted from the Society for Academic Emergency Medicine (SAEM) response to the request for information (RFI) from the National Institutes of Health (NIH) to solicit public commentary on priority directions in violence against women (VAW) research.*

## INTRODUCTION

SAEM is committed to supporting research that impacts underrepresented populations, such as women (including all persons assigned

female at birth and those identifying as female) experiencing violence. SAEM appreciates the opportunity to respond to this NIH multidisciplinary call for ideas of future directions in this field. As emergency physicians, we recognize that women experiencing or at risk for violence often utilize the emergency department (ED) as their first or only point of contact with the health care system.<sup>1-4</sup> In light of this, we recommend that research conducted by emergency physicians and/or focused on the ED visit should be supported and prioritized. In particular, there is a need for further research into appropriate and effective screening interventions,<sup>5</sup> staff training on

SAEM Research Committee are listed in Appendix A.

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and incorporation of trauma-informed care (TIC),<sup>6</sup> and the impact of supportive services and community linkages<sup>7</sup> that could benefit survivors both during and after an ED visit. The principles of TIC should be incorporated into all research on VAW, as this has potential to improve outcomes and may help to interrupt the cycle of violence.<sup>8,9</sup> Furthermore, research on VAW should be informed by the voices of survivors and incorporate their lived experience.

## SUPPORTIVE SERVICES

A wide variety of social services are available to women at risk for or experiencing violence, but there is little evidence to support specific types or models of service.<sup>10</sup> Research is needed to evaluate appropriate and effective (1) means of identifying women at risk for or experiencing violence; (2) preventive services for women at risk for violence; (3) models for providing services during an ED visit after an episode of violence; and (4) models for connecting patients to services after an ED or other acute medical visit to provide safe, ongoing community-based support, including but not limited to substance use disorder treatment, family planning, economic security, and mental health support.

## RACIAL- AND GENDER-MINORITIZED POPULATIONS

We confirm our support of the proposed research priorities focused on populations minoritized due to race and gender, particularly those related to (1) social determinants that put women at risk for violence<sup>11</sup>; (2) the role of childhood trauma, polyvictimization across the lifespan, and intergenerational trauma; (3) unique challenges related to intersectional identities,<sup>12,13</sup> including transgender and gender-diverse populations; and (4) effective strategies for interrupting cycles of violence within these communities. These populations disproportionately rely on the ED for medical care,<sup>14-16</sup> and research is needed to identify inequities in care and understand how best to serve these communities while avoiding propagation of existing biases.

## IMMIGRANTS AND REFUGEES

We strongly agree that research focused on immigrant and refugee women should be a priority. Specifically, understanding the challenges and stressors of the displacement journey, cultural factors that may facilitate violence against women, and the role of gender-based violence in family units will allow for more appropriate and effective mitigation strategies.<sup>17,18</sup> Additionally, evidence-based resources could greatly benefit immigrant and refugee women experiencing violence, lead to the development of culturally and linguistically relevant materials and interventions, and create models for partnerships between hospitals and community-based

organizations to better provide ongoing, trauma-informed, culturally sensitive services and care. The ED is also particularly suited to this type of research as it is often the first or only point of contact for many immigrant and refugee populations.<sup>19</sup> Research involving ED-community partnerships should be prioritized.

## SEXUAL ASSAULT

Given disparate care models for survivors of sexual assault and a paucity of evidence regarding optimal training and care team structure, research into the impact of Sexual Assault Nurse Examiner (SANE) programs on outcomes for women experiencing sexual assault should be included in the funding priorities. Additionally, research should be encouraged to examine the implementation and sustainment of existing best practices such as SANE programs, which are currently the criterion standard for acute sexual assault care as well as to evaluate innovative models such as tele-SANE programs.<sup>20</sup>

## INSTITUTIONAL AND PUBLIC POLICY

We recommend that research priorities include investigation of the impact of institutional, state, and national policies on medical and psychosocial outcomes of violence against women. Policies of interest may include, but are not limited to, those that impact health care practices related to emergency contraception, reproductive health, human trafficking, mandatory reporting,<sup>21</sup> medical documentation,<sup>22</sup> child protection,<sup>23</sup> requirements for SANE services, and universal screening<sup>24,25</sup> for violence and social determinants of health that may elevate the risk of violence.

## SEXUALLY TRANSMITTED INFECTIONS (STIs)

We agree that priorities should include research into the effects of violence on pregnancy and contraception, including access to emergency and long-acting reversible contraception. We further recommend that research priorities address the effects of violence on STI transmission and access to testing and treatment, including HIV pre- and postexposure prophylaxis (PrEP/PEP) and follow-up infectious disease care after sexual assault.

## CONCLUSIONS

In summary, we agree with the proposed topics outlined in the 2023 National Institutes of Health “Request for Information: Future Directions in Violence Against Women Research.” We strongly urge additional emphasis on emergency medicine research, as the ED is a primary point of access and care for many women at risk for or experiencing violence. Moreover, there is

a need for further research on the impact of trauma-informed care education, training and certification for care team members, the distribution of roles and responsibilities between members of the care team, and the most effective care team structure. Additionally, we feel that the provision of social services before, during, and after a medical visit for women experiencing violence should be explored to better understand the optimal structure of the services offered and the partnerships between service providers and the health care team. Finally, several of the proposed topics should be modified slightly to include important related research priorities as described above. Research supporting the prevention of violence against women and the mitigation of its effects is of utmost importance to our nation's health, and we very much support the prioritization of further scientific research to increase knowledge and improve care in this important area.

### AUTHOR CONTRIBUTIONS

Kimberly A. Stanford: composed primary draft of letter, recruited co-authors. Wendy Macias-Konstantopoulos: editing. Judith Linden: editing. Pooja Agrawal: editing. Emma Cortes: editing. Rebecca Barron: editing. Hanni Stoklosa: editing. Annette Dekker: editing. James Paxton: review, author recruitment, Chair of SAEM research committee. Sarah Knack: review, author recruitment, Chair of RFI objective subcommittee. Willard W. Sharp: editing, review, author recruitment, Vice-Chair of SAEM research committee.

### CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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## Appendix A

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