

# Intimate Partner Violence Research Priorities: Proposed 2024 Updates

Board of Scientific Counselors  
Meeting

January 11, 2024



# Presentation Overview

- + Summarize information identified from internal and external landscape review of intimate partner violence (IPV) and teen dating violence (TDV) prevention research
- + Present proposed 2024 updates to NCIPC's IPV Research Priorities

# IPV Research Priorities Core Workgroup

## Co-leads:

- **Lianne Estefan** – *Research and Evaluation Branch*
- **Megan Kearns** – *Research and Evaluation Branch*

## Workgroup Members:

- **Yanet Ruvalcaba** – *Research and Evaluation Branch*
- **Andrés Villaveces** – *Field Epidemiology and Prevention Branch*
- **Stephanie Miedema** – *Field Epidemiology and Prevention Branch*
- **Norah Friar** – *Surveillance Branch*
- **Jessie Crowell** – *Prevention Practice and Translation Branch*
- **Kathleen Basile** – *Associate Director for Science*
- **Matt Breiding** – *Deputy Associate Director for Science*

# IPV Research Priorities Consulting Group

## **Division of Violence Prevention:**

- **Jim Mercy**
- **Tom Simon**
- **Jeffrey Herbst**
- **Greta Massetti**
- **Kristin Holland**
- **Gayle Holmes**
- **Candace Girod**
- **Phyllis Ottley**

## **NCIPC Office of Science:**

- **Amanda Garcia-Williams**
- **Chris Harper**
- **Arlene Greenspan**

# Guiding Principles for Updating Priorities

- + **Research priority topic areas** aid the Injury Center in:
  - setting research goals
  - prioritizing research that will have public health impact
  - encouraging innovative research
  - focusing CDC's public health expertise
- + Integrates **intramural and extramural** priorities
- + Priorities are intended to cover **three to five years**
- + May not be fully accomplished, but need to **demonstrate progress**
- + Allows the Research Priorities document to be an evergreen or **living document** (updated on a regular basis)

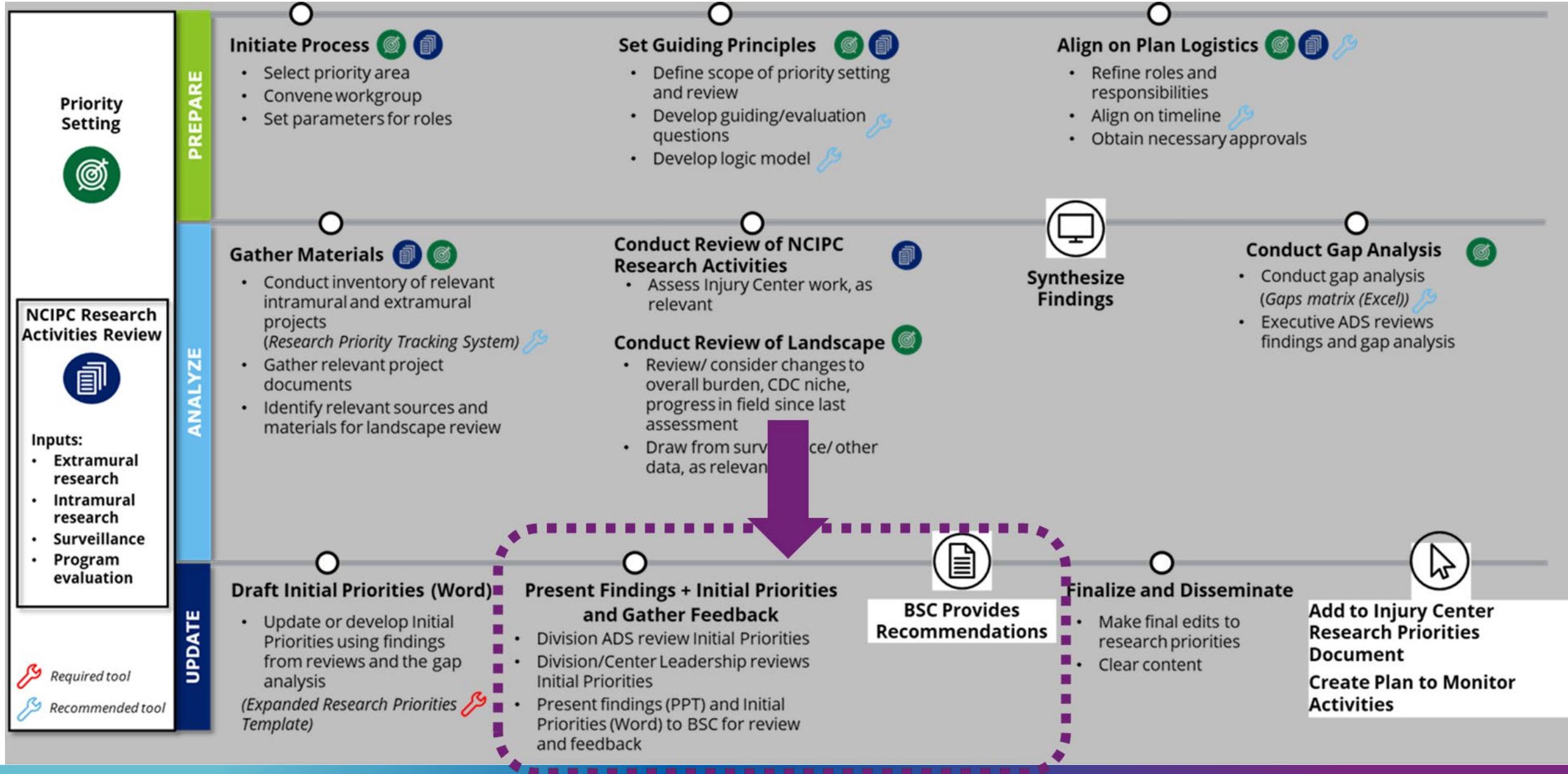
# Current IPV Research Priorities

\*published in 2015

\*full version available [here](#)

- + Identify and measure contextual typologies for TDV and adult IPV to guide prevention planning and improve evaluation quality
- + Examine the relationship-level (e.g., with peers, parents, romantic partners) and community-level risk and protective factors for TDV and adult IPV to identify potential opportunities for prevention strategies at these levels of the social ecology
- + Evaluate innovative or promising prevention strategies to examine their short- and long-term effects on TDV and adult IPV

# Reassessing Existing Priorities Process:



# Guiding Questions

- + **What research has been carried out by the Injury Center to address IPV?**
- + **How has external research addressed gaps and priority areas that align with NCIPC's research priorities for IPV?**
- + **How has the field or overall burden changed since priorities were last assessed?**
- + **What other issues or research questions have emerged from research and practice-based efforts?**

# Phase 2 Activities:



**NCIPC Internal  
Review**



**External Landscape  
Review**



**Partner Interviews**

\*\*timeframe for review: 2015 to present

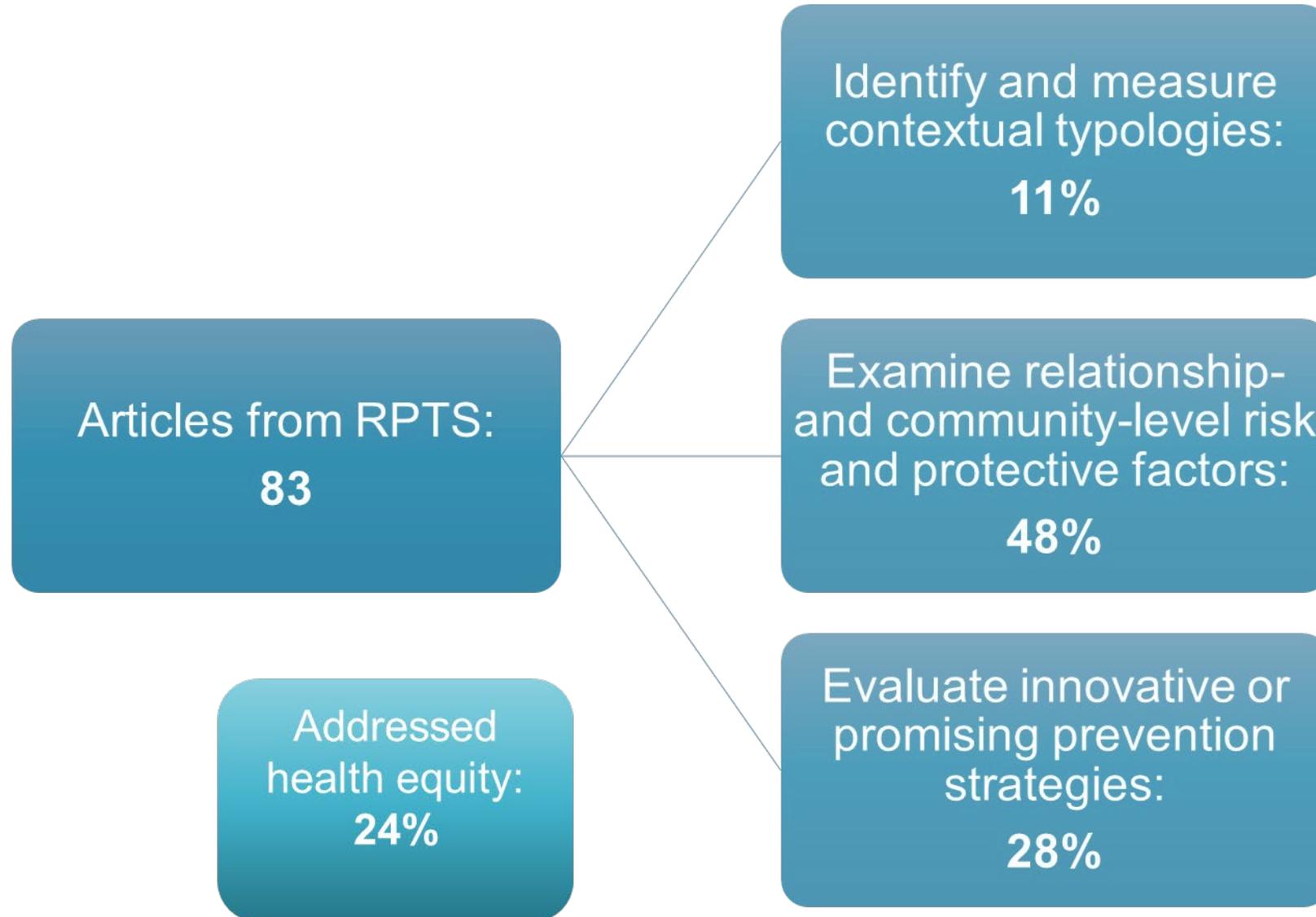
# NCIPC Internal and External Landscape Review

# NCIPC Internal Review:

## Overview and Approach

- ❑ **Evaluate progress** on existing IPV research priorities and **identify remaining gaps** by scanning the following internal data sources:
  - ❑ Research Priority Tracking System (RPTS)
  - ❑ Programmatic data from relevant PPTB programs (e.g., DELTA, PREVAYL, etc.)
  - ❑ Surveillance reports (e.g., NISVS, YRBS, etc.)
  - ❑ Reports and supporting documents not in RPTS (e.g., CDC products and webpages)

# RPTS Outputs by Research Priority (2015-2023)

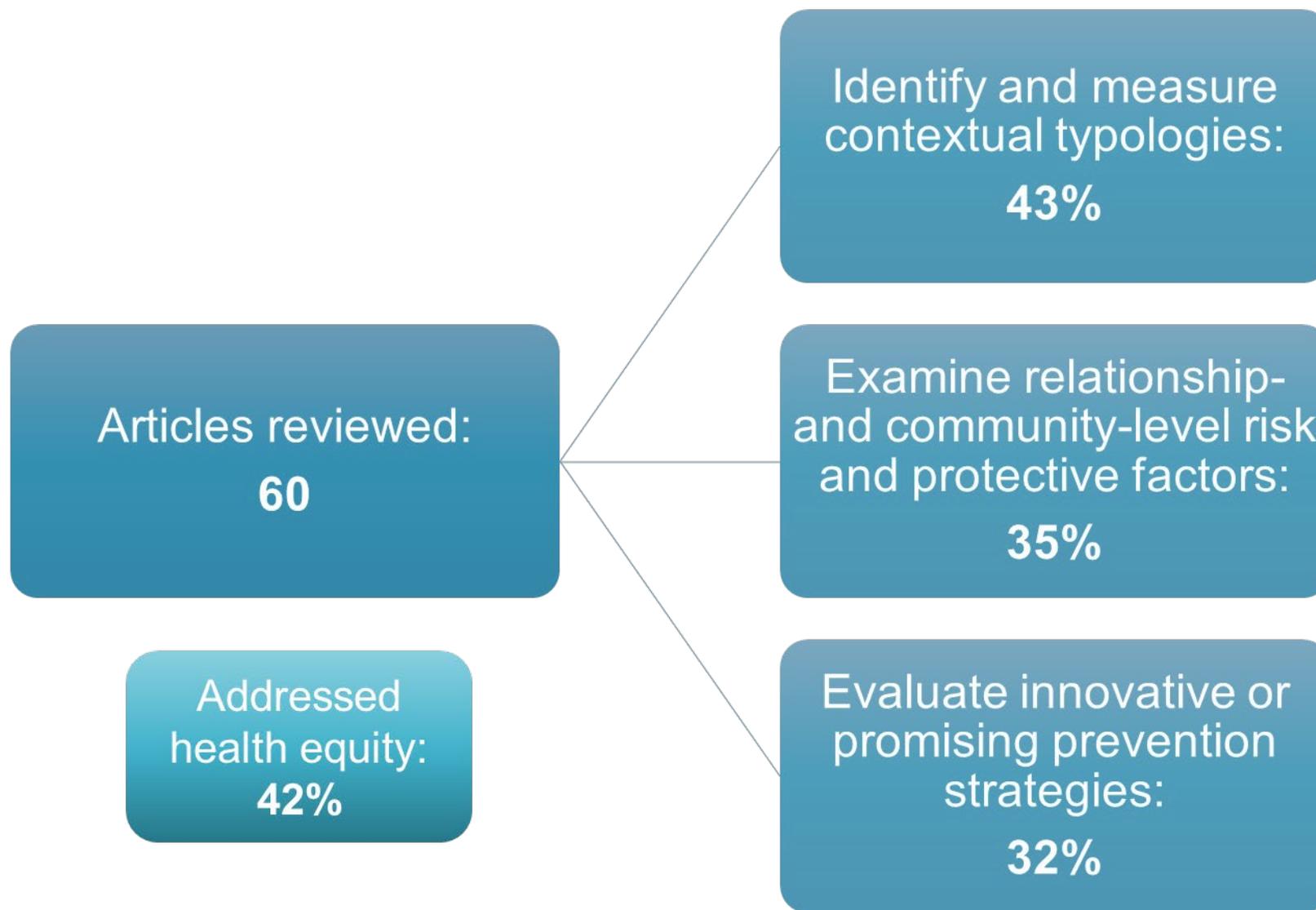


# External Landscape Review:

## Overview and Approach

- ❑ Identified relevant publications, prioritizing **literature reviews** and **meta-analyses**:
  - ❑ Systematic reviews (n = 32)
  - ❑ Meta-analyses (n = 23)
  - ❑ Narrative literature reviews (n = 1)
  - ❑ Original research article (n = 3)
  - ❑ Practice-focused article (n = 1)
- ❑ Limited search to articles published since **2015**
- ❑ Examined **health equity science** across all areas of the landscape review
- ❑ Considered additional **cross-cutting themes** (e.g., COVID-19, technology-facilitated violence)

# External Landscape by Current IPV Priority (2015-2023)



# Progress on Current IPV Research Priorities:

What research has been carried out by the Injury Center to address IPV?

- Since 2015, CDC intramural and extramural research has resulted in over 80 publications that address IPV prevention and align with one or more current research priorities for IPV.
- These studies have expanded knowledge on risk and protective factors for IPV and identified effective new prevention approaches (e.g., Dating Matters).

How has external research addressed gaps and priority areas that align with NCIPC's research priorities for IPV?

- External research has also resulted in progress for the field, including identifying relationship-level risk and protective factors. Less work has focused on community and societal-level factors.
- Promising prevention approaches have also been evaluated; most work has focused on school-based settings.

# Progress on Current IPV Research Priorities:

How has the field or overall burden changed since priorities were last assessed?

- Prevalence data continues to identify inequities in IPV in certain groups, including but not limited to people with disabilities, racial/ethnic minority groups, and sexual and gender minority groups.
- There is emerging interest in understanding the burden of technology-facilitated IPV and TDV.

What other issues or research questions have emerged from research and practice-based efforts?

- Understanding differential impact of prevention strategies to address the unique needs of communities experiencing IPV-related inequities – what works for whom?
- Identifying additional opportunities for intervention at the community and societal-levels, including policy-based approaches and interventions that can address root causes of violence.

# Conversations with Researchers and Partner Organizations

# Conversations with Researchers and Partner Organizations:

- ❑ **Academic researcher conversations (n = 5):**
  - ❑ Shanti Kulkarni, PhD – University of North Carolina Charlotte
  - ❑ Emily Rothman, ScD – Boston University
  - ❑ Abraham Salinas-Miranda, MD, MPH, PhD – University of South Florida
  - ❑ Jeff Temple, PhD – University of Texas Medical Branch
  - ❑ Tiara Willie, PhD – Johns Hopkins University
  
- ❑ **Partner organization conversations (n = 3):**
  - ❑ National Resource Center on Domestic Violence
  - ❑ Futures Without Violence
  - ❑ National Network to End Domestic Violence

# Researcher Feedback on Current IPV Priorities

## Identify and measure contextual typologies for TDV and IPV

- Build on existing recognition by the field that IPV is not “one size fits all” and looks different across situations and relationships
- Focus on how typologies can lead to more tailored interventions – what works for whom?
- Develop effective models for disproportionately impacted groups

## Examine relationship-level and community-level risk and protective factors

- Increase research on community and societal-level risk and protective factors, including across diverse communities
- Expand research on resilience, including community-level assets and strengths

## Evaluate innovative or promising prevention strategies

- Expand evidence on policy-based approaches and prevention outside of school-based settings
- Increase focus on dissemination and implementation research
- Leverage technology to enhance prevention (phone apps, social media)

# Partner Organizations: Highest Priorities for Future Research

## Increased attention to marginalized communities

- Address groups most at risk
- Improve data availability
- Understand disparate impacts of IPV and addressing unique needs
- Utilize trauma-informed lens

## Additional research on systems-level factors

- Examine promising practices to address conditions that contribute to IPV (e.g., racial inequity, housing, etc.)
- Conduct policy evaluation, including on gun violence prevention and IPV

## Science- and data-to-action

- Understand differential impacts of interventions, including policy
- Conduct research on how to scale up or adapt interventions
- Involve practitioners early on in research to ensure it meets community needs

# Gap Analysis for Informing Updated IPV Research Priorities

# Identified Gaps in IPV Research

Research on groups experiencing inequitable burden

For example, people with disabilities, sexual and gender minority groups, racial/ethnic minority groups, pregnant or parenting adolescents, rural populations, people experiencing homelessness

Technology-facilitated IPV

More research is needed on **risk and protective factors** and **evaluating promising approaches** that address technology-facilitated IPV and TDV

Risk and protective factors

Significant gaps remain for IPV risk and protective factors at the **community and societal levels, including social and structural determinants of health**

Evaluation research

More research needed in **different settings** and for **different types of approaches**

Implementation research

Critical research gaps include examining **adaptations** for specific groups, and understanding how to **scale-up** evidence-based interventions

# Proposed New Priorities

# Overview

- + Priorities were drafted based on the gap analysis and reviewed by internal Division and Center leadership.
- + Draft priorities were then reviewed externally by both federal and non-federal partners.
- + Based on this process, CDC's proposed priorities for IPV will focus on the following areas:
  - Etiological research on risk and protective factors for IPV
  - Evaluation research to expand the evidence base for IPV prevention
  - Implementation research that can guide prevention planning
- + All research priorities will center health equity and prioritize gaps related to social and structural determinants of health

# Advance research on risk and protective factors for IPV, especially factors at the community and societal level that contribute to inequitable risk.

## Example Research Questions:

- 1.1:** What community-level risk and protective factors (e.g., neighborhood disinvestment and collective efficacy) contribute to risk or protect against IPV perpetration among different populations and communities?
- 1.2:** How do structural determinants of health (e.g., economic, social, and organizational policies) increase or decrease risk for IPV and contribute to inequitable burden?
- 1.3:** How have historical, collective community, or intergenerational forms of trauma (e.g., ACEs) contributed to inequities in risk for IPV?
- 1.4:** What protective factors (e.g., cultural and community strengths) operate among communities experiencing inequitable burden of IPV?
- 1.5:** What modifiable risk and protective factors increase or decrease the likelihood of technology-facilitated TDV and IPV perpetration, and how do these factors overlap with risk and protective factors for TDV and IPV perpetrated in person?

# Evaluate innovative or promising prevention strategies to examine their short- and long-term effects on TDV and IPV.

## Example Research Questions:

**2.1:** What prevention approaches effectively reduce risk and enhance protective factors for TDV and IPV at the community- and societal-levels of the social ecological model?

**2.2:** What social, economic, and organizational policies can prevent TDV and IPV, mitigate its consequences, and reduce inequities in IPV?

**2.3:** What programs, policies, and practices are effective at preventing technology-facilitated TDV and IPV?

**2.4:** What are the effects of practice-based TDV and IPV prevention approaches that have substantial uptake in practice but lack evaluation research evidence, particularly in communities experiencing inequitable burden of IPV?

**2.5:** To what extent do effective or promising TDV and IPV prevention approaches (e.g., evidence-based approaches for related forms of violence) demonstrate sustained or strengthened effects over time when additional follow-up is conducted?

**Identify factors that influence effective implementation of IPV prevention strategies to guide prevention planning and inform more tailored prevention efforts.**

### **Example Research Questions:**

- 3.1:** What are the essential elements or core components of evidence-based IPV and TDV prevention approaches, including policies?
- 3.2:** How can evidence-based TDV and IPV prevention approaches be adapted to be effective for other populations, in other settings, and using other delivery methods (e.g., digital apps or online programs), particularly among communities experiencing inequitable burden of IPV?
- 3.3:** What is the economic impact (e.g., the cost-effectiveness and cost-benefit) of evidence-based TDV and IPV prevention approaches?
- 3.4:** What contextual factors (e.g., training and technical assistance; organizational factors; cultural factors) influence uptake, implementation, adaptation, and sustainability of evidence-based TDV and IPV prevention approaches, particularly among communities experiencing inequitable burden of IPV?
- 3.5:** How can evidence-based TDV and IPV prevention approaches be scaled up to have community- or population-level impact, particularly for groups experiencing inequitable burden of IPV?

# Discussion

# Discussion Questions

## Research at the Community- and Societal-level

- + What challenges exist for addressing research gaps in IPV/TDV prevention at the community- and societal-level of the social-ecological model, especially gaps focused on social and structural determinants of health?
- + How can CDC support the research community in overcoming these challenges?

## Addressing Inequities in IPV

- + What research should CDC prioritize in the next 3-5 years that can support the greatest advances in health equity science and reducing inequities in IPV/TDV?

## Implementation Research

- + What are the greatest opportunities and challenges for advancing implementation science for IPV/TDV prevention efforts in the next 3-5 years?

# Thank you!

**The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.**

