Response to the Request for Information (RFI): Future Directions in Violence Against Women Research
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Submitted by:
Society for Academic Emergency Medicine (SAEM)

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Please note: If communicating between March 28th – March 31st, 2023 please contact Julie Wolfe,
Senior Manager, SAEM Foundation, at jwolfe@saem.org as Melissa McMillian will be out of the US on
tavel with limited access to email.

RFI Response:
The Society for Academic Emergency Medicine (SAEM) is committed to supporting research that
impacts underrepresented populations including women experiencing violence. SAEM appreciates the
opportunity to respond to this NIH multidisciplinary call for ideas of future directions in this field. As
emergency medicine 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 healthcare
system. 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, staff training on and incorporation of
trauma informed care, and the impact of supportive services and community linkages that could
benefit survivors both during and after an ED visit.

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.1 Research is needed
to evaluate appropriate and effective 1) identification of 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.

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,2 2) the role of childhood trauma,
polyvictimization across the lifespan, and intergenerational trauma, 3) unique challenges related to
intersectional identities,3,4 and 4) effective strategies for interrupting violence within these
communities. These populations may disproportionately rely on the ED for medical care, and research
is needed to 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. 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. 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 gold standard for acute sexual assault care.

**Public policy.** We recommend that research priorities include investigation of the impact of state and national policies on medical and psychosocial outcomes of violence against women. Policies of interest may include, but not be limited to, those that impact health care practices related to reproductive health, emergency contraception, human trafficking, mandatory reporting, child protection, requirements for SANE services, and universal screening.

**Sexually transmitted infections (STIs).** We agree that priorities should include the effects of violence on pregnancy and contraception. We further recommend that research priorities address the effects of violence on STI transmission and access to testing and treatment, including HIV post-exposure prophylaxis and follow up infectious disease care after sexual assault.

In summary, we are in agreement with the proposed topics. 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 effective trauma-informed 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 healthcare providers. 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.
References:


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