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National Institute of Nursing Research
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Re: NOT-NR-23-008 - Request for Information (RFI): Future Directions in Violence Against Women Research

Thank you for the opportunity to provide comments on "Request for Information (RFI): Future Directions in Violence Against Women Research" published on February 10, 2023.

As a nurse researcher and forensic nurse who has cared for patients who have experienced sexual or intimate partner violence for over a decade, I want to highlight a few key areas in which I think NIH has the ability to focus efforts to impact the field immensely.

1. **Dedicated resources for systematic state and national data collection regarding violence prevention and response in health, justice, and social service settings.** Such a focus is key to nearly all the priority areas described in this RFI. Our current ability to understand both what is happening to diverse groups of the population and how health care interventions impact health is limited by lack of data at scale. Limited individual hospital or jurisdiction data exist for outcomes such as number of patients, type of violence, demographic information, etc. In many cases, this data is not consistent or comparable between hospitals or within a state. However, the ability to understand state and national policy changes on this patient population is critical to identifying additional opportunities for both prevention and response. Data at scale can also identify and address gaps in access to or treatment for marginalized populations. Even national datasets have significant limitations, the National Crime Victimization Survey collects data routinely on prevalence but does so at the expense of vast measurement concerns and limits the depth of information gathered. The National Sexual Violence and Intimate Partner Violence Survey occurs less frequently and can collect more detailed information but cannot be linked to justice or advocacy system care seeking or outcomes that part of a holistic multidisciplinary response to these patient concerns. Partnership with other agencies and funders such as the Centers for Disease Control and Prevention, or the Office on Violence Against Women at the National Institutes of Justice who have interests that align regarding prevention or response to violence but without a focus on health outcomes to **create a shared national research agenda,** databases, and repositories may minimize redundancies and improve our overall understanding of the phenomena of violence against women.

1. I applaud NIH's inclusion of multiple marginalized and minoritized groups on your current priority list. Marginalized and minoritized populations experience more violence, adverse health outcomes, and poverty across the lifespan.[1–15] To address these disparities, **e**nsuring that work focuses on centering marginalized and minoritized individuals including but not limited to Black, Indigenous, Latinx, disabled, sexually diverse, gender diverse, immigrant, refugee, and asylee women is one necessary step. This may include culturally-tailored or -specific interventions. **It must also address the lack of healthcare providers and researchers from these backgrounds through dedicated outreach, training, and retention programs beginning in primary and secondary education where these disparities present themselves.[16]**

2. **Ensuring new and expanding technologies are implemented in ways that are equitable and trauma informed.** The expansion of telehealth services, accelerated by the COVID-19 pandemic, has been essential to ensuring that a wide range of patients are receiving high quality treatment. (17,18) In the forensic nursing realm, telehealth for SANE services have been an area of particular program change and growth, with initial evidence suggesting that these services have been transformative in

extending forensic nursing expertise to patient populations in need.(19–22) There is a need for research into the long term efficacy and outcomes of telehealth as a mode of healthcare provision. **Importantly, the reality of how these models have been implemented and how patients seek care following acute sexual assault incidents is likely to preclude "typical" randomized controlled trial designs and researchers and clinicians need to partner to ensure that evaluation is both feasible and robust given this reality.** There are also specific considerations that need to be addressed regarding violence related care provided via telehealth. Ensuring attention to these concerns in clinical application, research, and evaluation metrics is imperative to ensure this model of care is implemented successfully and safely in the future.

a. Screening, assessing for, and recognition of violence during healthcare visits was limited during COVID-19 stay at home orders and the ongoing impact of this related to telehealth care is unknown.[23,24] The ability to assure privacy, confidentiality, and physical safety during virtual visits is a unique challenge that perpetrators of violence may take advantage of and requires specific attention.[25–27]

b. Collection of forensic evidence (such as a sexual assault evidence recovery kit often referred to as a "rape kit" or photodocumentation of injuries related to violence) requires not only the health care provision, but also specific legal attention to ensure evidence is able to be used for civil or criminal procedures.[28] The impact of telehealth on these services is an important aspect for research consideration.

c. To my knowledge, no data exists on the impact of reduced access to important violence advocacy services for patients during the pandemic. Anecdotally, many victims declined services when they were not in person.[29,30] During COVID-19 stay-at-home orders, programs were not able to respond to hospitals or provide their full range of services. A direct focus on the impact of in-person advocacy compared to phone or video advocacy services during healthcare encounters would be beneficial in providing recommendations in future public health emergencies. Understanding the best means of referral to these essential collaborators and services is necessary to providing appropriate access to services to achieve the full benefits of those services and secondary and tertiary prevention.

3. Lastly, but perhaps most importantly, **I most strongly recommend that NIH, evaluate how funding is awarded and managed, to allow the small community-based organization that currently provide a great deal of on-the-ground health and advocacy services for women and children impacted by violence to more actively participate in research.** Small, community-based organizations also provide a significant amount of sub-specialized services to multi-marginalized people (e.g. abortion care services, LGBTQ care services, services to patients who speak a language other than English), making this imperative to improving the diversity and equity of health care. The current administrative barriers in place to being an awardee or partner on a federal award make the ask too burdensome for many of these organizations that dedicate their small number of FTEs to "doing the work" and do not have the legal, financial, and administrative staff to manage the current paperwork requirements. Creating pathways to funding designed specifically for these community-based organizations would open incredible new areas of research and understanding patient experiences.

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Pronouns: she/her/hers

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