Sexual Violence Research Priorities: Proposed 2024 Updates

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Division of Violence Prevention

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SV Research Priorities Workgroup

Workgroup Leads:

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- **Laura Chiang –** *Field Epidemiology and Prevention Branch*
- **Katie Jones**– *Prevention Practice and Translation Branch*
- **Norah Friar** – *Surveillance Branch*

Presentation Overview

- Summarize information identified from internal and external landscape review of sexual violence (SV) and child sexual abuse (CSA) prevention research
- Present proposed 2024 updates to NCIPC's SV Research Priorities

SV Research Priorities Consulting Group

Division of Violence Prevention:

- Jim Mercy
- Tom Simon
- Reshma Mahendra
- Jeffrey Herbst
- Greta Massetti
- Kristin Holland
- Gayle Holmes
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NCIPC Office of Science:

- Joyce Dieterly
- Chris Harper
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Purpose & Guiding Principles

Research Priorities help NCIPC:

- set research goals
- prioritize research that will have public health impact
- encourage innovative research
- focus CDC's public health expertise

Guiding Principles for Updating Priorities

- Priorities are intended to cover 3-5 years
- These research priorities represent what **CDC** can do to move the field forward
- Integrates intramural and extramural priorities
- Priorities may not be fully accomplished within 3-5 years, but movement is expected and an ability to demonstrate progress is critical
- Living document is updated on a regular basis

Current SV Research Priorities

- Published in 2015
- Full version available here

Identify modifiable risk and protective factors for SV perpetration by adolescents and young adults to better understand the ideal developmental points and focus for effective prevention.

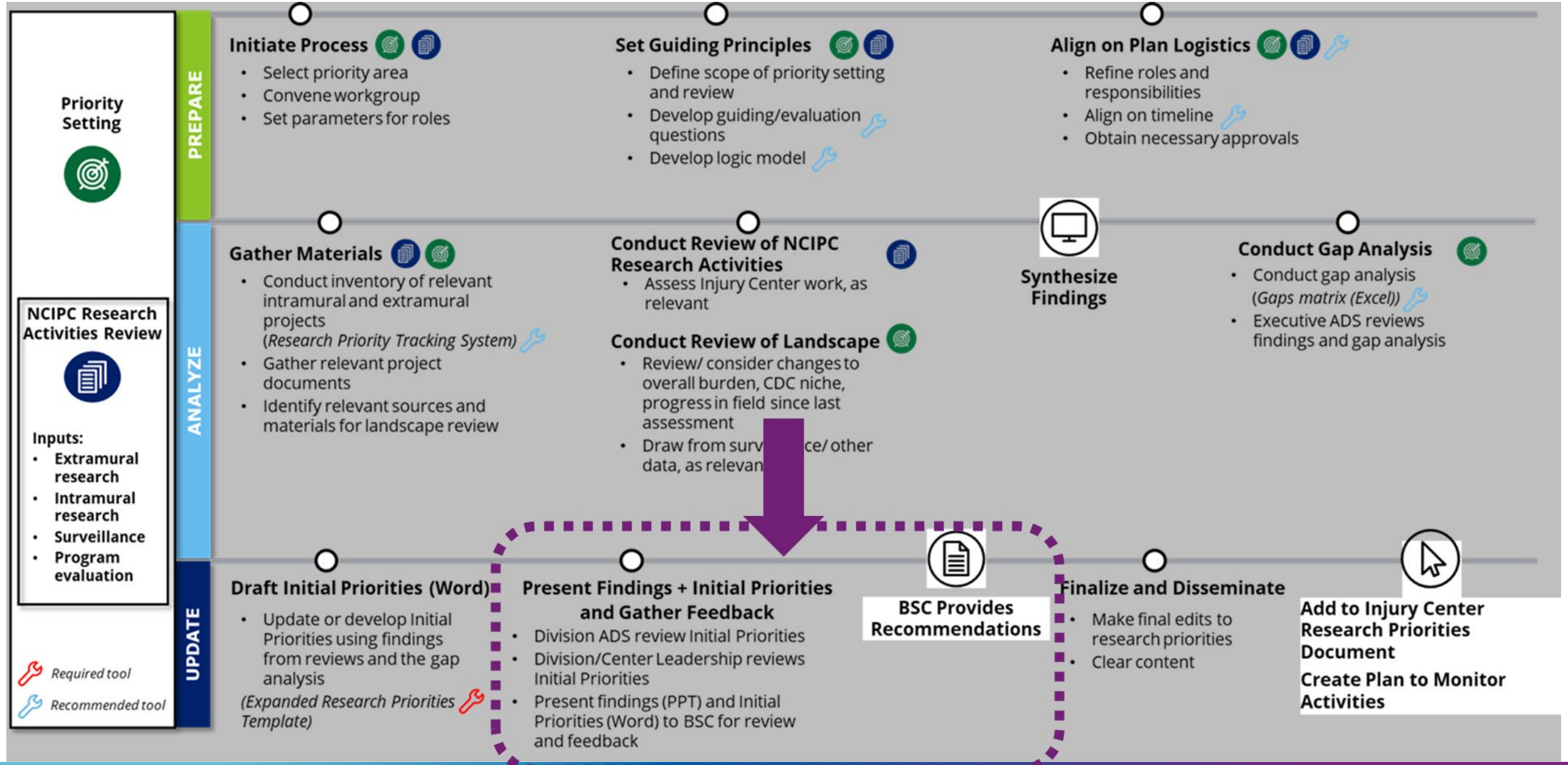
Evaluate the effectiveness and economic efficiency of approaches to prevent SV that target high-risk populations and shared risk factors with other health outcomes.

Evaluate the effectiveness of SV prevention approaches that have substantial uptake in practice and are evidence-informed but lack evaluation research evidence.

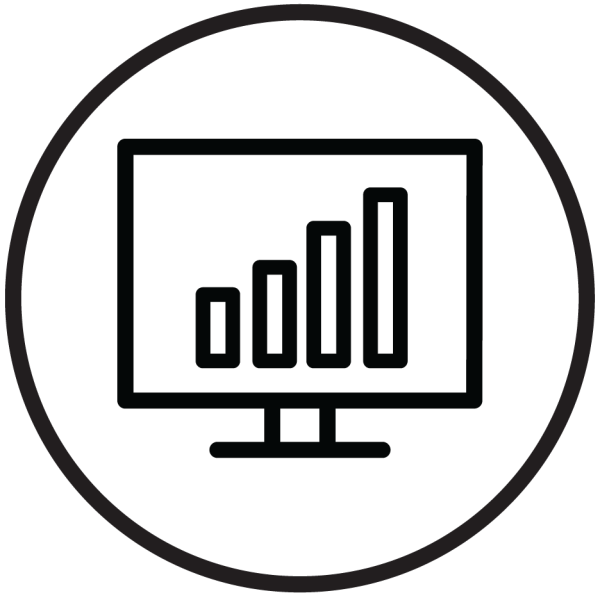
Child Sexual Abuse

- Update includes research on child sexual abuse (CSA)
- Research examining CSA is often siloed from other SV research in the literature and distinguished by a focus on adult-to-child perpetration or child victimization by other children or adults
- CSA research involving familial/caregiver perpetrators will also be included in updated priorities for Child Abuse and Neglect

Reassessing Existing Priorities Process:



Data Collection and Review



NCIPC Internal Review

External Landscape Review

Partner Interviews

**timeframe for review: 2015 to present

Guiding Questions

- **What research has been carried out by the Injury Center to address SV?**
- **How has external research addressed gaps and priority areas that align with NCIPC's research priorities for SV?**
- **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?**

NCIPC Internal and External Landscape Review

NCIPC Internal Review:

Approach and Method

Evaluate progress on existing SV research priorities and **identify remaining gaps** by scanning the following internal data sources:

- **Research Priority Tracking System (RPTS):** Reviewed all relevant articles in RPTS output (*n* = 136)
- **Surveillance reports** (e.g., NISVS, YRBS, etc.)
- **Reports and supporting documents not in RPTS** (e.g., Gender Based Violence National Plan, Report to Congress on CSA Prevention)
- **Programmatic data from relevant DVP programs** (e.g., RPE, DELTA, PREVAYL, etc.): SMEs identified and reviewed programmatic documents; provided summary findings

External Landscape Review:

Approach and Method

- Non-systematic "review of reviews"
- Prioritized **literature reviews** and **meta-analyses published 2015-2023**, in four areas:
  - **SV prevalence/trends**
  - **Risk and protective factors/etiology**
  - **Efficacy/effectiveness research**
  - **Implementation science**
- N ≈ 170 publications reviewed
- Followed by SME synthesis and discussion to identify high-level themes, patterns, and gaps to inform DVP's research priorities

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

- Since 2015, CDC intramural and extramural research has resulted in at least 136 publications that address SV prevention and align with one or more of the current research priorities for SV.
- These studies have expanded knowledge on risk and protective factors for SV and identified effective new prevention approaches (e.g., Dating Matters®, Green Dot).

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

- External research has added knowledge of relationship-level risk and protective factors. Work on protective factors and community and societal-level factors remains limited, and most studies are cross-sectional.
- Research identified several bystander programs and teen dating violence (TDV) programs as effective for preventing SV. Most are school-based programs.
- Most CSA prevention programs evaluated are child-focused and do not have evidence for victimization outcomes.

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

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

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

- Understanding differential impact of prevention approaches to address the unique needs of communities experiencing SV-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, either alone or as part of multi-level approaches.

Conversations with Researchers and Partner Organizations

Partner Interviews:

Approach and Method

- Interviewed **external SV prevention partners** to gain additional perspectives on CDC's current priorities for SV
  - Programmatic partners (n=6)
  - Academic researchers (n=3)

- **Discussion topics:**
  - Advances in SV prevention research in last decade
  - Evidence of programmatic change (e.g., uptake) resulting from research advances
  - Emerging strategies, technologies, methods, practices, or needs that can enhance SV research or should be focus of research
  - Highest priorities for SV research in the next 3-5 years
  - Biggest gaps with potential to inform practice

Partner Interviews:

Feedback on Current SV Priorities

Risk and protective factors

- Understanding shared (and unique) factors remains important and helpful
- Attention to *shared* factors should not be at the expense of specific focus on SV outcomes

Bystander Prevention

- Cited as a key successful outcome of the last decade of SV prevention work funded by CDC
- Shows efficacy and wide uptake
- Additional research needed to understand and support fidelity

Cost Analysis

- Cost of violence and cost-effectiveness estimates are useful for partners as they demonstrate and describe the need for more implemented programs and research
- More work needed on cost-effectiveness

Community-Level Strategies

- More attention needed on community-level and policy strategies
- Communities are asked to do community-level prevention but don't know what it "looks like"

School-based Prevention

- K-12 schools remain important, but more efforts are needed to expand prevention efforts to other contexts (e.g., bars, virtual, sports)
- Continued effort needed in college settings to comply with Dept of Ed mandates; focus has shifted too much to younger ages

Partner Interviews: Key Gaps and Needs

Perpetration research

- **Measurement development** work is needed to improve measurement of CSA perpetration and some forms of SV (e.g., tech-facilitated) for research purposes
- Outcome evaluations are not consistently measuring **effects on perpetration**; this is difficult due to a lack of perpetration data
- **Perpetration prevention** is an important new direction for CSA, and should be an ongoing focus for SV

Implementation Research

- Identify **essential elements** of strategy types, including component analysis of multi-component programs
- **Adaptation** of programs for specific communities (as needed)
- Understand effectiveness of **in-person vs. virtual** implementation
- Understand how **fidelity** impacts effectiveness

Partner Interviews:

Areas of interest for future research

Health Equity

- Who are existing strategies working for (subgroups)?
- Need more culturally-specific/representative data
- More attention to AIAN, transgender, immigrant, and disability populations
- Address connections between racism, oppression, and economic justice and SV

Technology/Virtual Spaces

- Online implementation of prevention strategies
- Utilizing online communities for prevention

Child Sexual Abuse

- Addressing CSA along with other forms of SV in these priorities is helpful but unique aspects of CSA should also be considered
- Problematic youth sexual behavior needs research attention
- Parents are an important and largely untapped focus for intervention (for CSA and SV)
- Comprehensive sexual education is a promising approach that needs more research for CSA/SV prevention

Gap Analysis for Informing Updated SV Research Priorities

Identified Gaps in SV Research

Research to understand and address inequitable SV burden	Address risk and protective factors that contribute to inequities in SV risk in marginalized groups, including approaches that are **intersectional, culturally relevant, and inclusive**
Risk and protective factors	Significant gaps remain for SV risk and protective factors for perpetration at the **community and societal levels, including social and structural determinants of health**
Technology-facilitated SV	More research is needed on risk and protective factors and evaluating promising approaches that **address technology-facilitated SV and utilize technology for prevention**
Evaluation research	More research on **innovative approaches** that move beyond existing models (e.g., school-based programs) and address **risk at the community and societal levels**
Implementation research	Critical research gaps include examining **adaptations** for specific populations and strategies to **increase uptake and effectiveness of evidence-based approaches**

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 (N=15).
- Based on this process, CDC's proposed priorities for SV will focus on the following areas:
  - **Etiological research** on risk and protective factors for SV
  - **Evaluation research** to expand the evidence base for SV prevention
  - **Implementation research** that can guide prevention planning
  - Research specifically **advancing health equity and social determinants of health**

Priority 1

Identify and increase understanding of modifiable risk and protective factors for SV perpetration with an emphasis on community and societal factors.

1.1 Which modifiable **physical, social, or economic characteristics of communities** (e.g., physical and online environments, policies and norms that support gender equality, alcohol policies, social norms related to SV perpetration, economic supports, collective efficacy) serve to increase or decrease risk for SV perpetration at the community level?

1.2 What **factors protect against SV perpetration** for individuals exposed to risk at the individual, relationship, and/or community level (e.g., school or community connectedness, healthy sexuality, gender relationship norms, employment or economic stability)?

1.3 Do different forms of SV perpetration **share modifiable risk and protective factors** with each other and/or with other types of violence and other public health issues?

1.4 What mechanisms and processes influence **how social and structural determinants of health** (e.g., economic and physical conditions, social policies, systems, social norms, racism, sexism, heterosexism) **operate** to impact the risk for SV perpetration and contribute to disparities in SV victimization?

1.5 How do **risk and protective factors interact, over time and across levels of the social ecology**, to increase or buffer against risk for SV perpetration and/or victimization? Across the lifespan?

Priority 2

Evaluate the effectiveness of innovative approaches to prevent SV perpetration, prioritizing approaches that reduce or protect against risk at the community and societal levels.

2.1 To what extent are **technology-based approaches** (e.g., social media policies, SV prevention-related apps or games, web-based resources for those concerned about their or others' sexual thoughts or behavior toward children) effective at reducing risk for SV perpetration both in person and online?

2.2 Do **organizational or public policies** (e.g., school safety policies, workplace policies, social welfare policies, policies that promote gender or health equity) that address characteristics of the social, physical, or structural environment impact rates of SV at the population-level?

2.3 To what extent do approaches focused on **reducing risk and building resilience in families** prevent CSA victimization, SV perpetration, and other problematic and/or harmful sexual behaviors among youth? Examples of such approaches include building safe, stable, and nurturing parent-child relationships and providing economic and structural support for women and families.

2.4 Are approaches that **create protective community environments** by addressing the physical environment, economic or social incentives (or consequences) for behavior, or other characteristics of the community (e.g., alcohol outlet density, creation and enforcement of laws or policies that reinforce norms against SV perpetration, "greening" initiatives, approaches to improve community connectedness and collective efficacy) effective for reducing SV perpetration?

2.5 Do community-level or multi-level **approaches that promote sexual health** (e.g., policies that require comprehensive sexual education, parent training on sexual health communication combined with school-based sexual health programs) and address shared risk and protective factors prevent SV and related public health outcomes?

Priority 3

Identify factors and approaches that influence implementation quality, reach, and effectiveness for existing evidence-based SV prevention approaches.

3.1 Are evidence-based prevention approaches focused on the individual and relationship levels (e.g., healthy relationships programs, bystander training, approaches engaging men and boys) **more effective when combined with community-level approaches** (e.g., policy, built environment approaches, social norms change)?

3.2 Which **elements of evidence-based prevention approaches must be retained** to prevent SV as modifications to the approach (e.g., linguistic or cultural factors, accessibility) are made to increase uptake and cultural relevance for different communities?

3.3 Which **implementation supports** (e.g., technical assistance, implementation or adaptation guidance, practitioner and community partner networks) are effective for improving SV prevention approach quality, reach, and outcomes and achieving buy-in from communities?

3.4 How do **adaptations to delivery mode** (e.g., online vs. in-person, implementer type, setting) impact effectiveness for evidence-based SV prevention approaches?

3.5 What are the **most significant barriers to implementing and disseminating** SV prevention approaches, and how can these barriers be mitigated?

Priority 4

Advance etiologic, evaluation, and implementation research on the social and structural determinants of health that contribute to inequities in risk for SV victimization.

4.1 How do **social and structural determinants of health** (e.g., access to healthcare, built environment, economic stability, supportive social context, education) **protect against risk for** SV victimization and perpetration in communities experiencing inequitable risk for SV (e.g., marginalized racial/ethnic groups, sexual and gender minority individuals, or individuals with disabilities)?

4.2 How do **social, economic, and political structures impact risk** for SV victimization or perpetration?

4.3 Do **policies or programs that address economic inequality** (e.g., housing access, income supports, wage equity policies) reduce inequities in risk for SV victimization or perpetration?

4.4 Do prevention approaches that address **historical, collective community, or intergenerational forms of trauma** (e.g., adverse childhood experiences, community violence, structural racism, patriarchal social structures) reduce SV outcomes among historically marginalized communities?

4.5 How do **characteristics of implementation** (e.g., modality, facilitator type, setting, etc.) affect outcomes for SV prevention approaches implemented **in communities experiencing inequitable risk for SV** (e.g., marginalized racial/ethnic groups, sexual and gender minority individuals, or individuals with disabilities)?

Discussion

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.