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American Psychological Association

Request for Information (RFI) Response:

Future Directions in Violence Against Women Research

March 31, 2023

The American Psychological Association (APA) is pleased to provide comments on the Request for Information (RFI): Future Directions in Violence Against Women Research (NOT-NR-23-008). APA is the leading scientific and professional organization representing psychology in the United States (U.S.), composed of more than 146,000 researchers, educators, clinicians, consultants, and students. Its mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

Background

Violence against women is an intersectional, systemic, and global crisis. APA has prioritized the eradication of “violence against women” through research on prevalence, causes and intersections, impact on mental and physical health, empirically evaluated innovative interventions and prevention programs, and policy resolutions representing the consensus of membership. We applaud the intent of the National Institutes of Health (NIH) RFI to inform a research agenda that brings to light areas of research and the priorities of communities that have historically been underrepresented or overlooked.

Terminology

Before responding to the specific requests, terminology must be established. The RFI uses the acronym VAW, which undoubtedly is adapted from the Violence Against Women Act.^{1 2} (VAWA). VAWA was enacted originally as part of the Violent Crime Control and Law Enforcement Act of 1994. Thus, it is understandable that the field has a vocabulary with a strong law enforcement influence. That said, VAW terminology differs widely in federal databases, state statutes, national and international health bodies, and in scientific literature. The term VAW is problematic because it has no universally adopted definition and can be considered cissexist and heterosexist. The term is at odds with the intersectional perspective on violence adopted by many institutions including the APA. Alternatives to VAW that are frequently seen include violence against women (and children), gender-based violence, intimate partner sexual, and physical violence, sexual harassment, coercion, and abuse. Limitations of these terms are that not all non-consensual acts involve violence and victims are not constrained by gender, age, or relationship.

We acknowledge that there is debate within the field as to the most appropriate terminology to describe gendered patterns of violence. With the caveats previously noted, we will use the term ‘violence against women’ for consistency with the RFI on VAW research. Doing so renders invisible the multiple intersections between sexual and physical violence against women and violence against children, which is inconsistent with the approach of the United Nations and World Health Organization where children are explicitly included. In the international context, a more comprehensive priority-setting exercise on intersections is happening.

¹ S.47 - 113th Congress (2013-2014): Violence Against Women Act of 2013 (2013, March 7) Public Law 113-4 on 3/7/2013. <https://www.congress.gov/bills/113/congress/senate-bill/47/text>

² Aday, Tara (2015) "The Effectiveness of the Violence against Women Act (VAWA) in Creating System Level Change," SPNHA Review: Vol. 11: Iss. 1, Article 3.



The health and safety impact of some acts are minimized by terms such as coercion and sexual abuse, and the terms containing the word “violence” are viewed skeptically both by law enforcement and the general public due to the inclusion of acts that are compelled without force.

Inconsistent terminology is a scientific issue that complicates or even precludes the accumulation of data. The U.S. federal government conducts multiple surveys with variation in terminology, therefore it is challenging to directly compare results across agencies. Examples include the National Crime Victimization Survey (NCVS) and the Centers for Disease Control and Prevention National Survey of Intimate Sexual and Physical Violence (NISVIS).

The term “sexual exploitation” is a potentially unifying term for sexual VAW. This term is promoted by the United Nations Refugee Agency and the World Health Organization to delineate a range of forced or coerced sex acts by persons who are responsible for providing services to vulnerable people such as those in refugee or national disaster settings. The National Center for Missing and Exploited Children defines exploitation as sex acts including child abuse, child trafficking, sextortion, and on-line harassment. As a construct, the term sexual exploitation is amenable to a definition that is inclusive of all genders, ages, and relationship to the perpetrator. It can be defined as subsuming non-consensual sex acts without bodily contact such as cyber sexual exploitation, acts where the pressure is coercive language, incidents completed without the recipient having the opportunity to freely-consent (e.g., when sleeping, incapacitated from drugs or alcohol, or dependent on the perpetrator for essential needs), and assaults compelled by threats of bodily harm or actual violent behavior, and sex acts compelled by unequal power in environments such as workplaces, coaching, and religious institutions. The term sexual exploitation is already accepted to include acts compelled by threats to withhold survival needs, harm to children or animals, seizure of essential documents, traffic, and sex work. An expanded definition of sexual exploitation conveys severity while avoiding labeling all acts as violence and division by binary gender, as well as separation of acts by age, setting, or legal jurisdiction. Similar efforts would be helpful to find language around non-sexual violence that is similarly inclusive.

The use of the words “victim” and “survivor” perhaps should not be viewed as synonyms, particularly from the perspective of psychology. For many uses particularly in the criminal justice context, victim is most appropriate because it places emphasis on a person upon whom unlawful behavior was perpetrated. In service-provision contexts, the word “survivor” may be more appropriate because it signals resilience and the intent of psychological, social and community-based interventions to promote recovery from harm.

Terminology that is unifying may help break down the separation of research, law enforcement, and services that presently exist and is essential to expand research, promote cross-discipline and cross-sector collaborators, and address the roots of all types of VAW in inequality. We recommend that the NIH comprehensively analyze which terminology is most inclusive.

Adapting a Socio-ecological Model

The socio-ecological model is widely known. Stemming from the work of Bronfenbrenner,³ and adopted throughout public health bodies and research, this model is illustrated by starting with a small circle and drawing successively larger circles to encompass all smaller ones. The inner circle represents the individual level, next is the circle of family and peer influence. There are several vantage points from which to view sexual exploitation, each valuable, but none capable of mapping out the entire domain on its own, including strategy of exploitation (physical, sexual, psychological), developmental stage (childhood, adolescent, adult, older adults), context (family, workplace, school, community, etc.), victim and perpetrator perspectives, and level of analysis, which may be individual, dyadic, family, community, or societal/cultural, with the latter including discussions of power and control, as well as gender and patriarchy. Other issues that can serve as a basis for examining commonalities across types of sexual exploitation include adverse childhood experiences, poly-victimization, acute and complex trauma. Grasping the scope of interpersonal violence phenomena and issues can be a daunting task; this underscores the need for a framework from which to see the “big picture,” such as offered by a developmental biopsychosocial ecological model, yielding a deeper insight into the complexities of sexual exploitation. This results in new perspectives that can guide more effective

³ Bronfenbrenner, U., 1979. *The ecology of human development*. Cambridge, Mass.: Harvard University Press.



research, practice, advocacy, and policy. When determining a final research framework, APA recommends adapting a socio-ecological model to ensure a broad spectrum of perspectives are included.

Models of Service Provision

VAWA historically focuses on law enforcement efforts and requires all funded programs to use a coordinated community response model (CCR). This model directs the efforts of victim service providers towards enhancing the performance of law enforcement and prosecution. The legislation receives input from the National Task Force to End Sexual and Domestic Violence, but this advocacy group is clearly constrained in questioning the justice framing of VAW. The evolution of service provision over the past three decades has resulted in a sophisticated, expansive, bureaucratized, and expensive response network with a central criminal justice focus.⁴ Over the years, the policies and practices of communities and organizations have shifted in response to funding mandates.⁵ VAWA money creates more stability for justice initiatives compared to historical activities such as support, counseling and advocacy, and fosters more interaction of service providers with criminal justice personnel and less connection with other social, medical, mental health, and community entities. For a movement that began at the grassroots in the 1970s with victims themselves raising awareness and starting the first support groups, VAWA implementation has ended up pushing them from the table. Despite language in the Violence Against Women Reauthorization Act⁶ that prioritized improved responsiveness to specific cultural groups and those who may hesitate to access services because of sexual orientation, gender identity, and religion, biannual reports from grantees supported by VAWA-authorized funds document that a justice-focused response model leaves many unserved.⁷ The data indicate that most recipients are White, urban, English-speaking women without disabilities who are not considered elderly.

Research utilizing focus group methodology reveals that justice is only one of a range of services victims seek. Multiple studies identify a range of needs that are primary and without attention and render justice seeking a luxury. APA recommends that services for victims should address financial support, child welfare, employment, self-care opportunities, longer-term therapeutic services, more stable groups for peer support, initiatives to elicit community support, and opportunities to be involved in education and prevention.

Determining the Research Agenda

A Global Shared Research Agenda has been created by the Sexual Violence Research Initiative, initiated by the World Health Organization and funded by the Wellspring Foundation. This group conducted a multi-step iterative planning process among practitioners, victims, researchers, and funders to set priorities. The framework that is presented in the current RFI likewise offers input from multiple stakeholders. However, it is unlikely that all views are treated equally without some voices being more dominant than others in the absence of a structured process. APA strongly suggests that a similar formal agenda setting process be considered for future VAW restructuring.

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Opportunities in Health Care

APA recommends a reimagined approach focusing on wellness when addressing violence against women. Dr. Mary Koss has created a plan which transforms rape crisis centers into wellness centers.⁸ Under the wellness umbrella are

⁴ Koss, M. P., White, J. W., & Lopez, E. C. (2017). Victim voice in reenvisioning responses to sexual and physical violence nationally and internationally. *American Psychologist*, 72(9), 1019–1030. <https://doi.org/10.1037/amp0000233>

⁵ Aday, Tara (2015) "The Effectiveness of the Violence against Women Act (VAWA) in Creating System Level Change," SPNHA Review: Vol. 11: Iss. 1, Article 3.

⁶ S.47 - 113th Congress (2013-2014): Violence Against Women Act of 2013 (2013, March 7) Public Law 113-4 on 3/7/2013. <https://www.congress.gov/bills/113th-congress/senate-bill/47/text>

⁷ 2018 Biennial Report to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act. United States Department of Justice Office of Violence Against Women. <https://www.vawamei.org/grant-programs/>

⁸ Chisholm, K., & Koss, M.P. (under review). A Comparison of Survivors Views of their Post-Sexual Assault Needs with Service and Justice System Providers' Priorities for Community Response



various services including innovative approaches to individual brief therapy, support groups, organizing survivors to participate in anti-violence activities, and restorative processes for those who assist with methods to interact with the person who harmed them whether in person or other communication methods. This includes technological and task shifting approaches that bring services into the community rather than in a fixed place that requires an appointment for access.

In recognition of the value in both prevention and treatment in a traditional health care setting, providers receive comprehensive training on how to engage in prevention. Trying to address a survivor of VAW without training may result in the person avoiding primary care assistance in the future. There is some evidence that healthcare providers have successfully been trained on motivational interviewing to address issues like smoking cessation and alcohol use with their patients.

For example, the Healthcare Professional's Core Resource on Alcohol was developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and consists of 14 interconnected articles covering the basics of what every healthcare professional needs to know about alcohol. The Core articles provide user-friendly, practical overviews of foundational knowledge for understanding alcohol-related problems, clinical impacts of alcohol, and strategies for prevention and treatment of alcohol problems.

It is difficult to do both primary and secondary prevention in a healthcare setting, especially because providers have so much to cover during these brief visits. However, secondary prevention may be a promising way to invest in this initiative given that once identified, survivors can receive information and services so that the violence can stop.

Thus, APA recommends research on the best method and protocols for providers to connect with the survivor in the survivor's community, and the development of effective preventative tools.

Efforts to understand the long-term psychological sequelae of childhood exposure to various forms of violence

It is important to understand childhood exposure to violence in its socio ecological milieu. According to the Handbook of Interpersonal Violence and Abuse across the Lifespan, Vol. 1, Berman & Hosack, experiencing childhood violence can be buffered by positive aspects of the cultural and developmental context like a strong ethnic identity, and forming stable attachments with at least one person, as well as social support. Research has shown that polyvictimization is ubiquitous and an important correlate of intimate partner violence. APA recommends the focus should not just be on childhood maltreatment by a caregiver, but also consider other forms of victimization such as bullying, community violence, etc. Beyond individual factors, research should also strive to elucidate the structural correlates of childhood exposure to violence. Changing structural factors (e.g. low SES) should be an important target for primary and secondary intervention.

Strength-based approaches to prevent and treat VAW including approaches aimed at preventing violence perpetration and promoting resilience strategies

Dr. Mary Koss has created a plan which transforms rape crisis centers into wellness centers. Under the wellness umbrella are various services including innovative approaches to individual brief therapy, support groups, organizing survivors to participate in anti-violence activities, and restorative processes for those who assist with methods to interact with the person who harmed them whether in person or other communication methods. This includes technological and task shifting approaches that bring services into the community rather than in a fixed place that requires an appointment for access.

A focus on wellness is critical in addressing resilience. In focus groups with victims⁹, researchers found that survivors were eager to participate in advocacy and prevention. A wellness umbrella could also encompass these opportunities. Such a program could connect victims with each other and provide information on opportunities to be involved. These

⁹ Koss, M.P., & White, J.W. (2008). National and global agendas on violence against women: Historical perspective and consensus. *American Journal of Orthopsychiatry*, 78(4), 386- 393. DOI: 10.1037/a0014347.



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victims also wanted long term support groups, which are currently difficult to locate. APA urges consideration of moderated, closed social media groups as an avenue through which to provide this support. We must first consider these strengths-based approaches in their socio ecological context. Different cultures and ethnic groups may already possess factors that can promote resilience. However, they may not be aware, or research may not have not elucidated their importance. These resilience-promoting factors should be leveraged in any intervention targeting the prevention of violence.

APA appreciates that NIH recognizes the need to restructure the current VAW research framework. We recommend that future research focuses on wellness and resilience, has the capacity to adopt more inclusive terminology, creates an agenda that encourages alternative models of service organization, and frees applicants to be innovative.

Again, APA thanks NIH for the opportunity to respond to this request for information. If APA can be of further assistance, don't hesitate to contact Krysta Jones, Director, Congressional & Federal Relations, at knjones@apa.org.

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