

INTIMATE PARTNER VIOLENCE PREVENTION RESEARCH PRIORITIES

Problem Description

Intimate partner violence (IPV) includes physical violence, sexual violence, stalking, or psychological aggression by a current or former intimate or dating partner. IPV can occur throughout the lifespan and includes teen dating violence (TDV) and adult experiences. TDV and IPV are pervasive problems in the United States, affecting millions of people each year. IPV can have severe and long-term social, emotional, and health consequences. These consequences can also extend to family and loved ones, especially children who are exposed to IPV in the home. Both witnessing IPV in childhood and experiencing TDV in adolescence are considered adverse childhood experiences, potentially traumatic experiences that can have lifelong consequences.

Furthermore, data consistently demonstrate that some people and communities experience an inequitable burden of IPV. Examples include, but are not limited to, women and girls; people with disabilities; racial and ethnic minority groups; and sexual and gender minority groups. Despite the significant public health burden, limited research has been conducted on root causes of TDV and IPV, such as how discrimination and other social and structural determinants of health contribute to risk for TDV and IPV.

Most of the effective and promising programs for preventing partner violence focus on middle and high school students in order to promote healthy interpersonal skills and prevent partner violence as dating relationships begin. However, achieving a broader population-level impact on IPV also requires comprehensive prevention approaches. Such approaches that address risk and protective factors across diverse contexts and at all levels of the social-ecological model are needed to support community efforts to more effectively prevent IPV throughout the lifespan.

To enhance TDV and IPV prevention efforts, additional research is needed in several key areas. Attention is needed to risk and protective factors related to social and structural determinants of health, as well unique and shared factors between technology-facilitated TDV and IPV (e.g., use of digital technologies to coerce or control an intimate partner) and violence perpetrated in person. Evaluation research is needed on practice-based TDV and IPV prevention strategies that already have traction in communities. Finally, implementation research is needed to improve understanding of how to successfully implement and adapt effective prevention approaches in diverse practice-based settings. Across these areas and at each stage of the research process, engagement with individuals with lived experience of IPV and communities experiencing inequitable burden of IPV can strengthen prevention. Collectively, this research can support communities in developing tailored prevention efforts that can more effectively achieve population-level decreases in IPV.

Research Gaps and Priorities



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

There is a wealth of evidence on risk and protective factors for IPV at the individual- and relationship-level among the general population. However, research on risk and protective factors for IPV at the community- and societal-levels is limited, including research on the social and structural determinants of health that relate to inequities. Furthermore, there are significant gaps in our understanding of factors that increase risk or protect against IPV among certain populations that have been marginalized, including but not limited to people from sexual and gender minority groups, people from racial and ethnic minority groups, people from immigrant and refugee populations, people with disabilities, and older adults, as well as individuals at the intersections of these identities. Finally, research is needed to advance understanding of modifiable risk and protective factors for emerging issues in the field, including technology-facilitated TDV and IPV perpetration. Etiological research on IPV can help to identify salient and modifiable factors that can inform IPV prevention efforts.

Examples of research questions include:

- What community-level risk and protective factors (e.g., neighborhood disinvestment and collective efficacy) contribute to risk for or protect against IPV perpetration among different populations and communities?
- How do structural determinants of health (e.g., economic, social, and organizational policies; access to health care) increase or decrease risk for IPV and contribute to inequitable burden?
- How have historical, collective community, or intergenerational forms of trauma (e.g., adverse childhood experiences) contributed to inequities in risk for IPV?
- What protective factors (e.g., cultural and community strengths) could be leveraged to decrease the likelihood of TDV and IPV among communities experiencing inequitable burden of IPV?
- 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?

Etiological research that utilizes both quantitative and qualitative research methods and focuses on community- and societal-level factors that can increase risk for or protect against IPV, including social and structural determinants of health, is important. Such research, particularly among communities experiencing inequitable burden of IPV, can help to inform community-relevant prevention and intervention strategies.



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

Many existing evidence-based TDV and IPV prevention programs focus primarily on teaching healthy relationship skills and encouraging bystander behavior among youth in school-based settings. To move towards more comprehensive prevention efforts, research is needed to expand the existing evidence base, particularly for community-led programs,

policies, and practices that can be implemented at the community- and societal-levels and outside of school-based settings. Additionally, acts of TDV and IPV perpetration can occur online or be facilitated through the use of technology; therefore, prevention research may be enhanced by including technology-facilitated contexts. Furthermore, there is a need for evaluation of trauma-informed and culturally responsive IPV prevention approaches that address social and health inequities and their underlying root causes.

Examples of research questions include:

- 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?
- What social, economic, and organizational policies can prevent TDV and IPV, mitigate their consequences, and reduce inequities in TDV and IPV?
- What programs, policies, and practices are effective at preventing technology-facilitated TDV and IPV?
- 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 and populations experiencing inequitable burden of TDV and IPV?
- To what extent do effective TDV and IPV prevention approaches, or promising approaches that address risk and protective factors for TDV and IPV, demonstrate sustained or strengthened effects over time when further follow-up is conducted?

Evaluation of programs, policies, and practices that prevent TDV and IPV and related inequities is critical to expanding the best available evidence. Research that engages the community in evaluating innovative and promising prevention approaches can advance efforts to create protective environments and achieve population-level reductions in TDV and IPV.



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

The evidence for effective TDV and IPV prevention approaches continues to expand; however, research is needed on the contexts and strategies that influence successful implementation of these approaches. In particular, implementation research is needed in diverse practice-based settings and with groups inequitably impacted by violence who have not historically been the focus of such research. Efforts to better understand “what works for whom” can include research on adapting evidence-based prevention approaches in new populations and settings, how to scale up evidence-based practices, and identification of community- and societal-level implementation factors that impact prevention effectiveness. Conducting research that centers the voices of the community and people exposed to TDV and IPV would allow for more tailored prevention that can effectively address the needs of groups experiencing inequitable risk for TDV or IPV.

Examples of research questions include:

- What are the essential elements or core components of evidence-based TDV and IPV prevention approaches, including policies?
- 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 an inequitable burden of IPV?

- What is the economic impact (e.g., the cost-effectiveness and cost-benefit) of evidence-based TDV and IPV prevention approaches?
- 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 TDV or IPV?
- 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?

Advances in implementation research will enhance the effectiveness and sustainability of prevention efforts across diverse communities, including those experiencing inequitable burden of TDV and IPV. In addition, understanding how to implement and adapt those efforts to specific social and cultural contexts will help support the development of tailored prevention efforts to more effectively guide TDV and IPV prevention decision-making in communities and states.

CDC's National Center for Injury Prevention and Control (the Injury Center) advances research to prevent injuries and violence and reduce their consequences. Research includes identification of factors that increase or decrease risk and rigorous evaluation of innovative prevention strategies. The Injury Center translates science into effective policies and programs and guides how to adapt evidence-based strategies to community needs to increase widespread use. The research priorities strategically focus on research gaps that the Injury Center can address to strengthen public health action and impact. The Injury Center research priorities are updated as research and public health needs evolve.

Suggested citation: National Center for Injury Prevention and Control. Intimate Partner Violence Prevention Research Priorities. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2024. Available at [cdc.gov/injury-violence-prevention/programs/research-priorities.html](https://www.cdc.gov/injury-violence-prevention/programs/research-priorities.html).