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# Shared Understanding of Knowledge Translation in a Domestic Violence Research Network

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Submitted in total fulfilment of the requirements of the degree of

Doctor of Philosophy

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## Abstract

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**Background:** Despite significant growth in knowledge translation research, there remains a gap in our understanding of the connection between knowledge translation, domestic violence research and research networks. Knowledge translation is crucial as it creates the connection between those that produce the research and those that use the research. However, despite efforts, there is still a disconnect between researchers, practitioners and policymakers, suggesting a need to further explore this critical area of research. One framework, Integrated Knowledge Translation, offers the potential to bridge these gaps.

**Aims:** Given the paucity of existing literature, this study explored the shared understanding of knowledge translation of a domestic violence research network. The study answered the following questions: *What is the shared understanding of knowledge translation and activity in a domestic violence research network? How is a shared understanding of knowledge translation developed in a domestic violence research network?*

**Method:** The study utilised several methodological approaches, including participatory action research and realist research. The three phases of data collection included an online scoping survey; a realist informed systematic review and deliberative dialogue.

**Results:** The scoping survey completed by 49/65 researchers found a focus on practitioners when sharing results from research with considerable gaps that included policymakers and survivors. A systematic literature review of 50 studies using a realist lens identified mechanisms of change that support knowledge translation. The synthesis of the included studies identified five potential program theories. A deliberative dialogue explored these mechanisms further and identified four key actions 1) agreement on a knowledge translation approach; 2) active promotion of dedicated leadership within an authorising environment; 3) development of sustainable partnerships through capacity building and collaboration particularly with survivors; and 4) employment of multiple strategies applying different kinds of evidence for diverse purposes and emerging populations.

**Conclusion:** This study adds to our understanding of the meaning of shared knowledge translation by exploring the knowledge translation activity of a research network. Moreover, the mechanisms of change identified will support the knowledge translation of future research networks. The use of the deliberative dialogue has uncovered specific factors required for the successful knowledge translation of domestic violence research. These factors have been added to the Integrated Knowledge Translation capacity framework to enhance its application for domestic violence research. Future research could explore these individual, professional organisational and network factors further by evaluating them in practice. Forthcoming research could also explore these factors with input from survivors.

## Declaration

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I, Jacqueline Jane Cameron, do hereby declare:

- I. This thesis comprises only my original work towards the degree of Doctor of Philosophy, except where indicated in the preface.
- II. The due acknowledgement has been made in the text to all materials used.
- III. The thesis does not exceed the word limit of 100,000 (excluding bibliography and appendices).

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## Acknowledgement of Country

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I would like to acknowledge that this work was undertaken for three years on the traditional land of the Wurundjeri people of the Kulin Nation in Victoria and then for the past eight months on the land of the Dharawal people in NSW.

I pay my respects to Aboriginal and Torres Strait Islander elders past, present, and emerging. I sincerely value Aboriginal Torres Strait Islander history, culture and knowledge and lived-experience. Always was, always will be Aboriginal land.

## Acknowledgements

---

First and foremost, thanks to my partner of twenty-two years and now wife Lainey, you have been a PhD mistress for far too long! Thank you for loving and supporting me every single day on this crazy PhD journey, pushing me along always saying, '*you can do anything you put your mind to*'. Thanks for getting up in the morning when you didn't have to and for the many lattes, cookies and cute notes you left on the bench for me, these have kept me going as have the best G&Ts at the end of many very long days!

To paraphrase my dear friend Valerie, you may do a PhD on your own, but never alone. Thank you to my remarkable supervisors, the most amazing women, Professor Cathy Humphreys and Professor Kelsey Hegarty. Cathy, you took me on as your PhD student on Kelsey's say-so! Lainey and I now have the life we dreamt of because you both encouraged me to do this. I know Cathy has said many times to her students '*the only way is through*'. You are right of course, but even more Cathy, you were always there at the end of a quick email saying, '*keep going Jacqui*'. Kelsey, you have been on the fringe of my research life for a long, long time. I am so glad that we finally could work together, even if only briefly and more than this you have been a brilliant, thoughtful, and strategic supervisor, providing me with every opportunity. I recognise this and will be forever grateful.

I must thank all the participants of the *Safer Families Centre of Research Excellence*. They were so generous with their time and experience. Many of you have become more

than colleagues but friends, research colleagues and collaborators. Thanks to Bec (my mentor), Simone and Kitty as well as all the Program Scholars.

My PhD committee has been incredibly supportive. To have the CEO of ANROWS on your PhD committee is no small thing. Dr Heather Nancarrow, I am so grateful for every bit of encouragement and support you have given me. Assoc Professor Anita Kothari, you are far away, but always at the end of an email and one of the few people that can really understand why my PhD topic matters. Thanks for being a co-author and realist buddy! Speaking of realist buddies, I need to say special thanks to Kerryn for all her support and our 'realist' writing days at LaTrobe.

I never would have completed this thesis without the care and support of the 'Kelsey' girls, Renee, Sally, Liz, Carol, Mandy, Cynthia, and Jacquie K! We have had the full COVID-19 pandemic PhD package experience. We have been supporting each other through lockdown, and through all that this past year has sent us and I never would have reached this point without all of you! Thanks so very much for every kind word of support and every word you have read and read again.

To my secret supervisor, Barb, thanks for your friendship and replying to all my frantic emails and phone calls when I was doubting myself. You were always sure I had something worthwhile to contribute even when I could not see it.

To Professor Gail Gilchrist, you gave me my first research job way back in Scotland 2000. If you had not done this, I would not have found my way to research! We have had the joy of working together in two different countries now and I hope we get to

collaborate again soon. Speaking of Scotland, Ian, you have been there for every step of this crazy life journey, our daily 'Words' battle over the past three years was a welcome distraction and I am so grateful for our friendship.

To Professor Jo Spangaro and all my new Wollongong colleagues and friends, thank you for supporting me over the past twelve months as I transitioned from full-time PhD to full-time social work academic. I am looking forward to many more years working together.

Finally, to my dear family & friends, you have all been on this long journey with me. Jack & Faye for always being there and my darling sisters Andrea and Karen for always believing in me! To Ang my stats guru, Polly my dear friend, Bridget and Caro for the garden! Finally, a very special thanks to the 'Sushi' girls, Sophie & Mandy who have been my best friends for over thirty years and never stopped believing in me and supporting me with Japanese dinner every three months during this PhD journey.

We all get our lives back now, you can all come and visit us soon!

## Acronyms and Abbreviations

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|      |                                    |
|------|------------------------------------|
| DV   | Domestic violence                  |
| DD   | Deliberative dialogue              |
| DVRN | Domestic violence research network |
| FV   | Family violence                    |
| IKT  | Integrated knowledge translation   |
| KT   | Knowledge translation              |
| LEP  | Lived-experience participants      |
| PM   | Policymakers                       |
| RR   | Realist review                     |

A note on language! This thesis covers several areas of research where terms are often used in different ways for different contexts. The following terms are used interchangeably at various points throughout this thesis.

**End-users** – In this thesis, the term ‘end-users’ describes a participant who is the subject OR recipient of the research outcomes and may comprise different groups including: researchers, practitioners, policymakers, and participants who have lived-experience of domestic violence.

**Lived-experience participants** – In this thesis, this term (unless stated) refers to women who are survivors of domestic violence. As this study has developed, the phrase

‘participants with lived-experience’ has also been used, however there are also occasions (**Chapters 5 & 6**) where the term lived-experience participants, (LEP), or survivors is also used.

**Safer Families** – In this thesis, the term *Safer Families* is used to describe the *Safer Families Centre of Research Excellence*. For the most part, the term *Safer Families* is used but at times the full title is also used.

## Preface

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### Scholarship

This research was part-funded by the *Safer Families Centre of Research Excellence* and the *Australian Government Research Training Program Scholarship*. They were not involved in the study design, collection, analysis, and interpretation of the data or in the writing and submission of the manuscript.

### Publications

In this thesis, major findings are presented in two manuscripts and corresponding chapters. My contribution to each of these manuscripts was over 90%. I was responsible for all aspects of these studies including study design, ethics, data collection, data analysis and write-up. My co-authors contributed by conceptualising the studies with me, providing supervision and feedback, critically reviewing the draft manuscript preparing preparation for publication. All the authors approved the final manuscripts.

The following peer-reviewed manuscripts have been published or are under review in academic journals.

#### **Chapter 4**

Cameron, J., Humphreys, C., & Hegarty, K. (in press). Knowledge translation activity of a domestic violence research network: A scoping survey. *Journal of Gender*

*Based Violence* (Submitted for publication on 22<sup>nd</sup> January 2021 accepted for publication on 22<sup>nd</sup> April 2021, the final pre-proof version is contained in this thesis).

## **Chapter 5**

Cameron, J., Humphreys, C., Kothari, A., & Hegarty, K. (2020). Exploring the knowledge translation of domestic violence research: A literature review. *Health & Social Care in the Community*, 28, 1898-1914. doi:10.1111/hsc.13070 (Accepted for publication on 28<sup>th</sup> May 2020).

## **Chapter 6**

Originally published Cameron, J., Humphreys, C., Kothari, A., & Hegarty, K. (2021). Creating an action plan to advance knowledge translation in a domestic violence research network: A Deliberative Dialogue. *Evidence & Policy*, vol xx, no xx, 1–19, DOI: 10.1332/174426421X16106634806152 (Accepted for publication on 23<sup>rd</sup> December 2020). Republished with permission of Policy Press (an imprint of Bristol University Press, UK).

The journal has also requested a ‘blog’ of this paper to be published in November 2021.

Some of the findings of the thesis have been presented at the following national and international conferences.

## Conference Presentations

Cameron, J., Humphreys, C., & Hegarty, K. (2020). Shared Understanding of Knowledge Translation in a Domestic Violence Research Network. Paper presented at the *2020 ANZSWWER Virtual Symposium*, Sydney.

Cameron, J. (2020). The Share Project - Shared understanding of knowledge translation in a domestic violence research network. Paper presented at the PhD Completion Seminar, Melbourne.

Cameron, J., Humphreys, C., & Hegarty, K. (2019). The Share Project – Lessons learned from using an informed realist approach. Paper presented at the *Melbourne School of Health Sciences, Graduate Research Colloquium*, University of Melbourne, Melbourne.

Cameron, J., Humphreys, C., & Hegarty, K. (2018). Shared Understanding of Knowledge Translation with an Interdisciplinary Research Network – The Share Project. Paper presented at the *Melbourne School of Health Sciences, Graduate Research Colloquium*, Melbourne.

Cameron, J., Hegarty, K., Humphreys, C., & Kothari, A. (2018). Engaging Lived Experience Participants (LEP) Using Integrated Knowledge Translation. Paper presented at the *International Domestic Violence and Health Conference: Sustainable Change in the Health Sector*, Melbourne.

Cameron, J. (2018). Closing Keynote Panel: Getting Your Message Out. Paper presented at the *International Domestic Violence and Health Conference: Sustainable Change in the Health Sector*, Melbourne.

Cameron, J. (2018). Implementing a Novel Approach to Knowledge Translation with a Research Network. Paper presented at the Visualise Your Thesis Competition, Melbourne.

Cameron, J., Humphreys, C., & Hegarty, K. (2017). Strategies to improve uptake of domestic violence knowledge translation: A realist review. Paper presented at the *MSSH Research Higher Degree Colloquium “Beyond Imagination”*, Melbourne.

Cameron, J., Humphreys, C., & Hegarty, K. (2017). Strategies to improve uptake of domestic violence knowledge translation: A realist review. Paper presented at the *International Conference for Realist Research Evaluation and Synthesis*, Brisbane.

## Professional Development

During candidature I have undertaken several courses and development activities. In 2019, I attended a five-day intensive workshop, run by Professor Gill Westhorp on **Realist Research and Evaluation**. As a result of my interest in realist research I have also been the co-convenor of the **Melbourne Realist Research Group** since 2018. This group continues to meet eleven times per year to share learnings regarding realist evaluation and research.

In 2019 I contributed to a **Cochrane review** using realist research methods which resulted in the following publication:

Rivas, C., Vigurs, C., Cameron, J., Yeo, L. (2019) A realist review of which advocacy interventions work for which abused women under what circumstances. *Cochrane Database of Systematic Reviews*, Issue 6. Art. No.: CD013135. DOI: 10.1002/14651858.CD013135.

In 2019 I was invited by *Australia's National Research Organisation for Women's Safety* (ANROWS) to deliver a tailored workshop on knowledge translation. I have recently been invited to speak on a panel at the 2021 ANROWS conference, 'Evidence in Action', as an expert on knowledge translation, the focus is on exploring substantive ways evidence has been applied in policy and practice to reduce violence against women and their children.

## Membership

I am a Program Scholar with the Community of Scholars as part of the *Safer Families Centre of Research Excellence* since April 2017. In 2020 I assumed a two-year role as leader of the Scholarly Leaders Group which supports the Program Scholars.

# **PART A: CONTEXT AND METHODOLOGY**

## Chapter 1: Introduction

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The first part of **Chapter 1** contextualises the thesis by briefly describing the literature gap, followed by a personal reflection that explains the catalyst for this thesis. The second part of the chapter briefly describes the methods and my role as an 'middle' researcher within the research setting. The final part of this chapter details the structure of the thesis.

### Literature Gap

Despite a recent growth in knowledge translation research, domestic violence research, and research networks, there remains a gap when combining these three fields of interest. This study directly engaged with a domestic violence research network (DVRN) to explore the relationship between these three areas of work. From a 'middle' researcher's perspective, this unveiled an opportunity to enhance knowledge of the meaning of shared knowledge translation, and the mechanisms of change in domestic violence research.

### Personal Reflection

As a social worker with over 20 years' experience in health and other community-based settings including criminal justice, child protection, alcohol and drug and mental health, my research career officially began in Glasgow, Scotland. Here, I had been working in child protection when the opportunity to undertake a short evaluation with older people in residential care presented itself. I enjoyed getting out and conducting

interviews, analysing the survey data, and sharing the results. It was a short-term project, just a few months, but it piqued my interest in doing more research.

After returning to a social work role, I was interviewed for a Research Officer position in the 'Addictions team' at the Greater Glasgow Health Board. The chair of the interview panel Professor Gail Gilchrist (my mentor and friend) asked seriously tricky questions of someone with virtually no research experience. Somehow, I got the job and was in this role for four years. I was encouraged to do further study and completed a *Master of Philosophy (M.Phil.) in Social Science Research* at the University of Glasgow. The university was covered in snow in the winter when I trudged up the hill to attend night classes three nights a week, but I treasured going back to study and more learning about research. My thesis was on the experiences of grandparents who had become full-time carers for their grandchildren because of parental drug use. Talking to these grandparents, who would not reveal their identity for fear of 'the social' taking their grandchildren away, opened my eyes to the power of research. In essence, they only wanted to be heard and have a voice. This work inspired my career in research. However, my research goals were not lofty, and I enjoyed fieldwork as I could use my social work skills! My organisational qualities enabled me to release my inner Project Manager and complete my projects on time.

I returned to Melbourne in 2004, where I was offered a Research Fellow position at Turning Point Alcohol and Drug Centre, at a time when 'comorbidity' was emerging in alcohol and drug research. As a result, my research now focused on primarily working

with alcohol and drug practitioners in clinical settings to navigate this new and challenging area of work. It was during this time, having undertaken many file audits, that I noticed case notes were of variable quality. The anecdotal evidence confirmed that alcohol and drug practitioners were avoiding case notes. Either they did not know how to write them well or were afraid if they did, they would be subject to potential subpoenas and end up in court.

In 2009, I was awarded the inaugural *Allens Arthur Robinson Research to Practice Fellowship*. Having secured funding, and with my Social Work hat firmly on, a process was undertaken to develop a model of case note writing for workers in the alcohol and drug sector. The process included 'road testing' different versions of case note models developed around the evidence-based systematic review. We then asked practitioners to try the different approaches and provide feedback *before* we created the final guidelines. This process ignited my passion for knowledge translation. Up to this point, *Turning Point Alcohol and Drug Centre* had a reputation for developing clinical treatment guidelines that were evidence-based, produced, written, printed, and disseminated, in that order. This project broke the mould by having practitioners as partners during the development process and by them providing real-time feedback during the development phases. Looking back, it was a form of co-production and collaboration, but in 2010, it was really about trying to engage practitioners in a process which would ensure better outcomes and uptake for knowledge translation. It was this experience which led me to the start of

my PhD journey, with a passion for knowledge translation and a desire to improve the ways in which researchers share their outcomes.

After years of research, I had all but given up on any chance of undertaking a PhD. There were many barriers, family commitments, carer responsibilities, financial considerations, being a mature age student. At the end of another short-term research contract, the question I asked myself, should I pursue other roles (outside research) to obtain greater job security?

It was at this time having a long-overdue coffee with Professor Kelsey Hegarty, with whom I had worked briefly back in 2007. We talked about my future employment options, and Kelsey said, rather directly, that I had to get a PhD or get out of research! Over our coffee Kelsey and I talked further about the research areas I had worked in over the years, alcohol and drug, mental health, general practice. What they all had in common, was a passion for translating research to practice for the benefit of practitioners and participants with lived-experience. Kelsey explained they were establishing a domestic violence research network called *Safer Families* which had just received funding for five years. The domestic violence research network was developing early interventions for domestic and family violence. This domestic violence research network is a collaboration of international researchers with a range of experience working together to produce a variety of interventions and responses to domestic violence. The network is a 'virtual' one representing a range of academic institutions. One of the original pillars of the network was the development of the knowledge translation activity of the network.

This domestic violence research network would provide the 'setting' for my PhD. It will be referred to in this thesis as the domestic violence research network (DVRN) or 'network' as appropriate.

Although my research experience in domestic violence was limited, issues of alcohol and drug, as well as mental health, had often intersected with domestic violence. More importantly, it was an area with which I could totally engage and see the value for quality knowledge translation. At the end of this conversation, Kelsey invited Professor Cathy Humphreys, in the Department of Social Work (this was starting to feel like fate) for a further conversation. It had never occurred to me before to do a PhD with the Department of Social Work (really!), so to meet with Cathy and immediately connect with her, was yet another sign. It was a case of being in the right place at the right time, combined with an opportunity to secure the most incredible supervisors and a topic that I could get excited about!

## **‘Insider’ or ‘Middle’ Researcher**

My dual role as an 'insider' researcher and initially as a program scholar within the domestic violence research network was central to the integrity of this study. Briefly, insider researchers are those that choose to study a group to which they belong, outsider researchers generally do not belong to group under study (Breen, 2007). Undertaking this kind of action research within the organisation as an insider rather than an outsider allows for 'understanding in use' to develop rather than only 'reconstructed understanding' to occur (Coghlan, 2019c). This is especially relevant to the setting of this

study which is further explored in **Chapter 3**. Experiences from my research career in different contexts have contributed to my own 'real world' understanding of this topic. Both the 'insider' and 'outsider' researcher position add a valuable perspective to the research that would not otherwise be easily accessible. Although there are challenges with being an 'insider' researcher, the duality brings increased complexity, but also understanding and rigour. While the 'insider' role provides an opportunity for access, it also has potential challenges. My role as 'the student', combined with my role as 'the researcher' collecting data, developing relationships with participants, and seeking to understand the process from the inside out required a high degree of transparency and accountability. A qualitative study by Breen (2007) found it is essential for researchers to explain their motivation for research and qualify their position as either 'insiders' or 'outsiders'. Acker (2000) argues that the dual role of 'insider or 'outsider' researcher cannot be fully resolved. Humphrey (2007) argues that to reflect on this role and achieve resolution is too simplistic. An alternative option, therefore, is that of 'middle' researcher, an approach which allows the researcher to be both (Breen, 2007). My role was more affiliated with the 'middle' researcher position as it was not impacted by the predicaments inherent to that of the 'insider' researcher because as a member of the domestic violence research network I was afforded opportunities to 'come in and out', providing some distance between the researcher and participants. Such a role definition is crucial as it generates distance, while still providing the advantage of being 'part of the group'. As a result, this thesis was undertaken with an understanding of both the benefits and limitations of the approach and my position as a 'middle' researcher.

Action research is an appropriate method for this study as the values underpinning action research resonate with social work values (Alston & Bowles, 2018). It brings together action, reflection, theory and practice to create solutions for problems that are co-created using knowledge with, and not just for those experiencing the issue or problem (Coghlan, 2019a). Participatory research is an 'umbrella' term for several different collaborative approaches (Bush et al., 2017). Participatory action research is a qualitative research methodology that encourages active participation in the research process, including all aspects of decision making. The goal is for specific change (MacDonald, 2012), transformation (Jordan, 2008) or reduced inequity while incorporating lived-experience (Baum et al., 2006). As participatory action research is a process where partners can critically examine issues and generate knowledge, it provides the methodological foundation for this study (Denzin & Lincoln, 2011). However, several other paradigms are also relevant.

This thesis was undertaken with a realist lens. Realism is an approach developed by Pawson & Tilley (1997). Realism is not purely constructivism or positivism; it rests between the two paradigms. The goal of the realist researcher is to explain the causal process (Shearn et al., 2017). The premise is 'what works for who in what circumstances' in regards to programs or interventions and is especially well suited to solving complex (Pawson, 2006c) or 'wicked' problems (Byrne, 2018). Realism is not a methodology but a group of methods that are grouped by a common framework. More detail regarding this approach is provided in **Chapter 3**.

## Structure of Thesis

The structure for this thesis is a hybrid model with three papers included as **Chapters 4, 5** and **6**. As the subject of this thesis is knowledge translation, the dissemination and sharing of knowledge was an essential outcome for this study. I documented a range of informal activities (detailed in **Chapter 3**) undertaken by the DVRN, along with more traditional forms of dissemination, including conference presentations and peer-review publications. I have submitted **Chapters 5 & 6** as peer-review publications to ensure that knowledge is shared immediately. **Chapter 4** has been written as a publication but has not yet been submitted. The peer-review publications aim to contribute to the international landscape of knowledge translation of domestic violence research. The current requirements for candidates submitting a 'thesis with publication'<sup>1</sup> at The University of Melbourne include *'a literature review that clearly details the research question and a general discussion that integrates the work and places the publication in the context of the research question'*. A brief literature review is provided in **Chapter 2**. A declaration for a thesis with publication form and co-author authorisation forms are provided as per the guidelines.

The structure of this thesis is as follows, **Part A: Context and Methodology** which includes **Chapters 1-3**. **Part B: Findings** which contains **Chapters 4-6** and **Part C:**

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<sup>1</sup> <https://gradresearch.unimelb.edu.au/preparing-my-thesis/thesis-with-publication>

**Discussion**, which include **Chapters 7-8**, the discussion and conclusion. This introductory chapter (**Chapter 1**) provides a personal narrative for the study.

The role of knowledge translation which contextualises this thesis is presented in **Chapter 2**. A brief review details the current literature regarding the knowledge translation of domestic violence research. **Chapter 2** explores the history of defining knowledge translation and includes a study by McKibbin (2010), which found well over a hundred definitions of knowledge translation. Although commonly cited, the Graham et al. (2006) approach to knowledge translation has limited evidence when applied to a domestic violence context. This gap calls attention to the need for more research and **Chapter 2** provides a summary of the domestic violence literature, including the impacts of domestic violence in Australia and internationally to provide further justification for the study. Finally, the chapter describes the research aims, questions and phases of the research study.

**Chapter 3** provides a detailed description of the domestic violence research network (which is the setting for this study), and an overview of the methods used for the thesis, while **Chapters 4, 5** and **6** provide specific findings for each of the study phases. The section describes the overall theory and methods used to select and recruit research participants for the online survey and the deliberative dialogue. The methodological foundation for this thesis was participatory action research, so this chapter includes a description of the activities that were undertaken with the domestic violence research network. These activities were instrumental to the successful development of the data

collection. For example, early in the study, an exercise was undertaken with different groups of researchers from the research network to explore their definition of knowledge translation. This data was used to inform the subsequent data collection phases that are detailed in **Part B Findings (Chapters 4, 5 and 6)**. This activity, along with others, were also part of the rapport and trust-building process that is essential for ‘insider’ researchers. The subsequent data collection phases that were undertaken as part of this study are presented as three different results chapters later in the thesis (**Part B**). **Chapter 3** concludes with a description of the role of ‘middle’ researcher, which is a continuing narrative for this thesis.

**Chapter 4** contains findings from the online survey (**Phase 2**) undertaken with the domestic violence research network. Within this chapter the survey findings related to the knowledge translation activities of the domestic violence research network, focused on the following topic areas; understanding of knowledge translation; engagement during the research process; translation of research to end-users; and barriers to knowledge translation. This chapter has been presented as a peer-review publication ready for submission.

**Chapter 5** provides the findings from the second peer-review publication. The realist informed review resulted in the development of five potential program theories for the knowledge translation of domestic violence research.

**Chapter 6** provides the third peer-review publication based on the results of the deliberative dialogue, undertaken with the domestic violence research network. Detailing

the rationale for using a deliberative dialogue and reflections on how the process has informed the further development of the program theories identified in **Chapter 5**, this chapter then provides linkage to the outcomes of the deliberative dialogue.

**Chapter 7 (Part C: Discussion and Conclusion)** presents the interpretation and discussion drawing on **Part B: Findings (Chapters 4, 5 & 6)**. This chapter also revisits the research questions and drawing on the findings explores the results concerning each question. It presents a revised framework for the knowledge translation of domestic violence research, considering the combined results of **Part B**. Finally, this chapter presents the conclusions obtained from this thesis. It outlines the contributions of the study to the literature more broadly, specifically the impacts on the knowledge translation of domestic violence research but also the knowledge translation activities undertaken by the domestic violence research network. The concluding chapter contains final observations, highlights the limitations of this study, and provides reflections on areas for future research.

## Chapter 2: Background

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A participant in this study stated that understanding knowledge translation is like ‘trying to nail jelly to the wall’, given the complexity and diverse disciplines that have contributed to the ‘science’ of knowledge translation. However, knowledge translation is a current and real-world problem. It is critical to get this right and we need to acknowledge that knowledge creation is not enough (Gauthier et al., 2005). We need to ensure that research is translated into practice (MacDermid & Graham, 2009), and avoid wasting research funding (Graham et al., 2018), because knowledge translation needs to be useful and accessible (Bero et al., 1998).

Recent trends in research translation have led to a proliferation of theories, models, and frameworks (Chapman et al., 2020; Esmail et al., 2020). Despite this, the evidence gap between research and practice remains (Campbell et al., 2019; Heinsch et al., 2016; Lau et al., 2015; Mallidou et al., 2017, 2018; Murunga et al., 2020; Strifler et al., 2018) and our understanding of effective and sustainable knowledge translation is still being explored (Fontaine et al., 2019; Murunga et al., 2020; Strifler et al., 2018; Tricco et al., 2016; Yost et al., 2015). Knowledge translation approaches can be strengthened by theory (Esmail et al., 2020; Johnson & May, 2015; Mallidou et al., 2017), but also can develop as a result of interacting with another approach or model. For example, participatory action research (PAR) is a paradigm that has emerged as an approach to underpin knowledge translation activities (Salsberg et al., 2014). Understanding, defining, and exploring knowledge translation remains challenging, given the endless

models, framework and theories that exist. Similarly, understanding the knowledge translation of domestic violence research is equally complicated. For the purpose of this study, knowledge translation is defined as the ongoing exchange, sharing and collaboration with end-users and people with lived-experience, throughout the various stages of research from crafting the research question to dissemination of key messages.

**Chapter 2** contextualises this study by providing two literature review summaries on knowledge translation and domestic violence. A more comprehensive realist informed systematic review in **Chapter 5** supports these smaller summaries (and is also one of the results chapters). The second part of this chapter identifies the gaps in this area of research and provides an overview of the research aim and research questions.

## Knowledge Translation Literature Review

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Choi (2005) describes the knowledge translation process as being similar to a power grid; the high voltage maximises efficiency at one end, but at the other end the electricity must be 'stepped down' for the household voltage. Similarly, complex information must be 'stepped down' for usage with different audiences.

Different knowledge translation theories, models and frameworks have been developed over the past decade (Chapman et al., 2020; Esmail et al., 2020; Hoekstra et al., 2020). The complexity of the knowledge translation literature presented several challenges in how to present the literature review for this chapter. Numerous perspectives could be taken, for example, by theory, by model/framework, by approach,

by author, country, or organisation. My examination of general knowledge translation approaches demonstrates leading scholars in the field (e.g. Gauthier (2005), Graham (2006), Grimshaw (2012), Greenhalgh (2011), Lavis (2003), and Straus (2009) among others) who are all cited repeatedly across the various fields with which they are associated. A summary of knowledge translation models is provided as part of the **Chapter 4** scoping survey study.

The decision to focus on the ‘knowledge to action’ framework as a foundation for this literature review for this study was made for the following reasons. Firstly, this model was chosen by the *Safer Families Centre of Research Excellence* as their model of knowledge translation in the original grant (further details of this are explained in the setting in **Chapter 3**). Secondly, in accordance with the development of a program theory to underpin the realist informed systematic review (see **Chapter 5**) it is necessary to start with a model/theory and as such this knowledge translation model was chosen for this purpose. Thirdly, this model is the precursor to the Integrated Knowledge Translation model which is focused on the collaboration and grounded by PAR between researchers and end-users including people with lived-experience (Graham, Tetroe, & McLean, 2014; Kothari et al., 2017; Salsberg et al., 2014; Straus et al., 2013), thus it is very relevant to this population.

Historically, research investigating the factors associated with knowledge translation is as relevant today, as many of the issues explored ten years ago. As a result, I provide the following summary of the literature commencing with the definition of

knowledge translation and extending to include the development of the knowledge to action framework and Integrated Knowledge Translation framework. The section has been organised under the following sub-headings:

- (1) Defining knowledge translation,
- (2) Evidence of effectiveness,
- (3) Barriers to knowledge translation,
- (4) Policy and knowledge translation,
- (5) The evolution of integrated knowledge translation.

## **Defining Knowledge Translation**

In this section, I explore the terms and definitions used to describe knowledge translation as well as other concepts related to knowledge translation, including the other 'users' that are identified as part of the knowledge translation process.

During the last decade, there has been an emerging body of literature that recognises the value and importance of knowledge translation (Chapman et al., 2020; Esmail et al., 2020; Gould et al., 2017; Greenhalgh & Wieringa, 2011; Heinsch et al., 2016; Hoekstra et al., 2020; LaRocca et al., 2012; Lau et al., 2015; Mallidou et al., 2018; Oliver et al., 2014; Sarkies et al., 2017; Tait & Williamson, 2019; Yamada et al., 2015; Yost et al., 2015). The issue has grown with a recent focus on knowledge translation by government, health, and research funding bodies (LaRocca et al., 2012; Tait & Williamson, 2019). Whilst

its use has grown, it remains challenging to define. Greenhalgh & Wieringa (2011) identified the first usage of 'knowledge translation' as a library index term in 1972, and Heinsch et al. (2016) found the study of 'knowledge utilisation' began in the 1940s. There are over 100 documented definitions of knowledge translation (Esmail et al., 2020; Graham, Tetroe, & Pearson, 2014; McKibbin et al., 2010). Terms such as 'knowledge translation', 'knowledge exchange' 'research implementation' and 'research utilisation' are used interchangeably even though they can have different meanings (Curran et al., 2011; Graham et al., 2006). There is further variation across disciplines and between countries (Mallidou et al., 2018). For example, in Australia, the term 'knowledge translation' or 'knowledge exchange' is often used. In the United Kingdom, the term 'knowledge mobilisation' is used more frequently, whilst in Canada, several terms have been used as the discipline has evolved. Perhaps the most well-known is the Canadian Institutes of Health Research (CIHR) definition. It is commonly cited in many studies, and reviews (Chapman et al., 2020; Esmail et al., 2020; LaRocca et al., 2012; Mallidou et al., 2018; Straus et al., 2013; Tait & Williamson, 2019; Yamada et al., 2015) of knowledge translation and has also evolved as illustrated by the two definitions below from 2006 and 2009.

"The exchange, synthesis and ethically-sound application of knowledge - within a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system (Graham et al., 2006, p.15)."

"Knowledge Translation is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound

application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system. This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user (Canadian Institutes of Health Research, 2016; Graham & Tetroe, 2009, p. 46)."

The two definitions above demonstrate the transition of thinking over time as the first definition is focused on system-level outcomes. In contrast, the latter definition is focused on the interaction between researchers and knowledge users as well as the process of knowledge translation itself, which is equally as valuable as the outcomes.

In addition to the above definition, the Canadian Institutes of Health Research also describes the four elements of knowledge translation which include synthesis, dissemination, exchange, and the ethically sound application of knowledge. They also note two approaches to knowledge translation: including end of grant knowledge translation; and integrated knowledge translation. The latter is detailed further at the end of this section (Canadian Institutes of Health Research, 2016).

The Canadian Institutes of Health Research definition of knowledge translation has been adopted widely. The World Health Organization (2005, no page nbr) have adapted the Canadian definition with a global focus:

"...the synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health."

The Cochrane community (2019) in the United Kingdom provides high-quality information for making health decisions. It defines knowledge translation on their website as *'the process of supporting the use of health evidence from high quality, trusted Cochrane systematic reviews by those who need it to make health decisions'*. This is worth noting as Cochrane reaches over one-hundred countries worldwide and includes contributions from researchers, health professionals, patients, and carers. Moreover, there is a growing emphasis by Cochrane on the value of consumer and consumer-led involvement as part of the Cochrane (2017) and broader research community.

It has been argued by Straus et al. (2013) that there is also a difference between 'knowledge translation' and 'research translation' as the latter only refers to the communication of research outcomes, whereas 'knowledge' encompasses much more, as noted by the World Health Organization (2005, no page nbr):

"...knowledge is more than research evidence; knowledge translation strategies can harness the power of scientific evidence and leadership to inform and transform policy and practice."

Other terms used widely in the knowledge translation literature include 'stakeholders' or 'knowledge users' or 'end-users'. These terms are also used interchangeably to identify different participants in the knowledge translation process including practitioners, policymakers, patients, carers or those with interest in the research, but who may not act on the findings of the research (Graham et al., 2019). With recent developments in the co-production and co-design of research (Palmer et al., 2019), there has also been an increased focus on participants with lived-experience. The range

of terms used and volume of studies, highlight the magnitude of this complex field of research. By way of illustration the different terms include: consumers (Collins et al., 2005; McLaughlin, 2009; Synnot, 2018; Telford et al., 2004), experts-by-experience (Geregová & Frišaufová, 2020; Horgan et al., 2020; Kong et al., 2020; McLaughlin, 2009; Misca et al., 2019; Palmer, 2020; Preston-Shoot, 2007; Videmšek & Fox, 2018), knowledge-users (Banner et al., 2019; Canadian Institutes of Health Research, 2012; Kothari et al., 2017; Kothari & Wathen, 2013, 2017; Videmšek & Fox, 2018; Wathen & MacMillan, 2015), lived-experience participants (Given, 2008; Horgan et al., 2020; Palmer, 2020; Palmer et al., 2019; Pinfold et al., 2015; Suomi et al., 2016), patients (Hoddinott et al., 2018; Palmer, 2020; Shippee et al., 2015; Staley et al., 2016), research users (Donnelly et al., 2014; Gagliardi et al., 2017), service users (Beresford, 2020; Bovaird & Loeffler, 2012; Bush et al., 2018; Joss et al., 2016; Kong et al., 2020; McLaughlin, 2009; Mulvale et al., 2019; Slade et al., 2016; Wallace et al., 2016) and end-users (Armstrong et al., 2006; Canadian Institutes of Health Research, 2008; Damarell & Tieman, 2017; Davies et al., 2015; Donnelly et al., 2014; Graham & Tetroe, 2007; Graham, Tetroe, & McLean, 2014; Graham, Tetroe, & Pearson, 2014; Jagosh et al., 2014; Lumley et al., 2003; Salsberg et al., 2014; Straus et al., 2009). In this thesis, we have chosen to use the term ‘end-user’ unless we are referencing from a source with different usage of terms.

## Evidence of Effectiveness

This section presents a summary of the evidence regarding knowledge translation from current literature drawing on systematic reviews and seminal studies from general, health and social work knowledge translation settings.

The process of knowledge translation ensures that evidence is used by relevant stakeholders (Chapman et al., 2020). Despite favourable support, the uptake and implementation of knowledge translation models, including evaluation, has been generally low and evidence is limited, underutilised and difficult to evaluate (Sarkies et al., 2017; Tait & Williamson, 2019). There also continues to be, despite considerable differences, in what is often described as 'the gap' between evidence and practice, where research is stuck in this 'gap' (Graham et al., 2018; Mallidou et al., 2018; Oliver et al., 2014; Sarkies et al., 2017). One of the reasons for this might be the number of terms that have 'marred' the knowledge translation landscape (Esmail et al., 2020). Greenhalgh and Wieringa (2011) argue that while essential to define knowledge translation, the term remains flawed by three assumptions. Firstly, that research is readily reproducible in practice. Secondly, there is a gap between knowledge and practice to be filled. Thirdly, that practice equals a simple set of decisions which can be influenced by research. What this means is that these assumptions continue to act as the drivers for knowledge translation including the notion that simple solutions to reduce the 'gap' can be remedied by the implementation of written or clinical guidelines (Greenhalgh & Wieringa, 2011). However, as demonstrated by the landmark Gabbay and le May (2004) study,

conversations and discussions with colleagues will often override clinical guidelines. This reliance on informal sharing of information is supported by Oliver and colleagues (2014), who found that a third of the included studies in the review mentioned informal knowledge translation. Kastner et al. (2013) undertook a realist review to explore why clinical practice guidelines have limited impact on clinical practice and identified five domains to support clinical practice guideline implementation including language, format, rigour, feasibility and decision making.

Several reviews have explored different aspects of knowledge translation. The focus of the research partnership was explored by Hoekstra and colleagues (2020) who focused on partnerships in research; capacity building which was the target of Tait & Williamson (2019); and the role of knowledge brokers was explored by Bornbaum et al. (2015). Other studies focused on the competencies of knowledge translation including knowledge, skills and attitudes (Mallidou et al., 2018), stakeholder input by Gould et al. (2017), sustainability by Tricco et al. (2016), and the use of toolkits in knowledge translation by Yamada et al. (2015). A study by Powell et al. (2016) of research agencies found that of one-hundred surveyed, many still relied on the 'push' model of knowledge translation. This model is a researcher-led process focused on sharing outcomes from the evidence that research has generated and is generally undertaken at the end of the research (Tugwell et al., 2006). Gauthier et al. (2005), among others, argue that this linear approach to knowledge translation needs to shift to a more dynamic approach that will result in the better use and uptake of evidence.

Various reviews have investigated different knowledge translation strategies and found no single strategy (or strategies) to be useful in all settings. Moreover, often robust conclusions cannot be drawn due to the variability of interventions, outcomes and limitations of the included studies (Esmail et al., 2020; LaRocca et al., 2012; Mallidou et al., 2018; Sarkies et al., 2017; Yost et al., 2015).

## **Barriers to Knowledge Translation**

Several studies have revealed the barriers to knowledge translation which often focus on problems of implementation with different professional groups (Chambers et al., 2011; Estabrooks et al., 2006; Graham & Tetroe, 2007; Grimshaw et al., 2012; Oliver et al., 2014; Straus et al., 2013; Yost et al., 2015).

Examples of these barriers include: financial disincentives and lack of resources; lack of equipment/technology; lack of leadership; lack of capacity; time constraints; knowledge, attitudes and skills of practitioners; low adherence/compliance with study protocols; the conflict between stakeholders and researchers; lack of understanding of the information being shared; difficulty applying evidence; lack of appraisal skills; issues around trustworthiness of the research; and fear and resistance to change (Chapman et al., 2020; Gauthier et al., 2005; Hoekstra et al., 2020; LaRocca et al., 2012; Mallidou et al., 2018; Powell et al., 2016; Sarkies et al., 2017; Straus et al., 2013; Yamada et al., 2015).

These barriers are dynamic and operate at different levels influenced by diverse needs, expectations and the cultural context of different professional groups (Lau et al.,

2015; Powell et al., 2016; Tait & Williamson, 2019). Moreover, this phenomenon is consistent across many countries, disciplines, and populations. Thus, any knowledge of translation action/activity needs to adapt to this ever-changing landscape. However, there is less discussion in the literature regarding the barriers for other end-user groups, including policymakers and those with lived-experience (Gould et al., 2017). Powell et al. (2016) found in their review that less than a quarter of included studies utilised participatory action research methods to engage end-users. This suggests that the barriers to effective knowledge translation remain challenging and are operating with all end-user groups to varying degrees.

## **Policy and Knowledge Translation**

Traditionally, it has been customary for systematic reviews to be used to inform the development of policy. However, the evaluation of these is limited, and their impact is not known (Chambers et al., 2011). Powell et al. (2016) distinguish between the development of theoretical approaches to knowledge translation and how these might then inform future policy development. In the United Kingdom, for example, the establishment of the Collaborations for Leadership in Applied Health Research and Care, the development of the Researcher-in-Residence model, projects such as 'Research Learning Communities' and 'Research Champions' are all examples of research influence on policymaking and practice (Powell et al., 2016). In the United States, there is the Institute for Healthcare Improvement and the Agency for Healthcare Research and Quality (Powell et al., 2016). In Australia, the Sax Institute and the National Health and

Medical Research Council (Powell et al., 2016) are examples, as well as the Australian National Research Organisation for Women Safety (2019) discussed in more detail below. These examples illustrate the establishment of centres of excellence designed to influence and change policy. They reflect the shift there has been in the ways in which research can inform policy, however, the establishment of these centres may not in itself be enough to promote meaningful knowledge translation, suggesting a need to understand and develop strategies of knowledge translation that can demonstrate meaningful impact with policymakers.

## The Evolution of 'Knowledge to Action'

One well-known knowledge translation framework often cited in the literature is the original 'Knowledge to Action' framework; a conceptual model for knowledge translation (Graham et al., 2006). This model (**Figure 1**) was developed following a review of over thirty planned action theories. Graham and colleagues (Graham et al., 2006; Straus et al., 2009) identified elements common to the different theories and combined them to create the model. Building on previous models, actions identified from the review were added to the existing 'knowledge creation' process to create the 'knowledge to action cycle' (Graham & Tetroe, 2007; Straus et al., 2009, 2013). This model is characterised by collaboration which involves researchers and end-users working together as partners during each phase of the knowledge creation process (Boland et al., 2020; Kothari et al., 2017; Straus et al., 2013; Wathen & MacMillan, 2015). This allows activities to be tailored for end-users and draws heavily on paradigms including co-production, participatory

research, linkage, and exchange. The focus is on the process, solutions and impacts that the approach provides (Graham, Tetroe, & McLean, 2014; Straus et al., 2009).

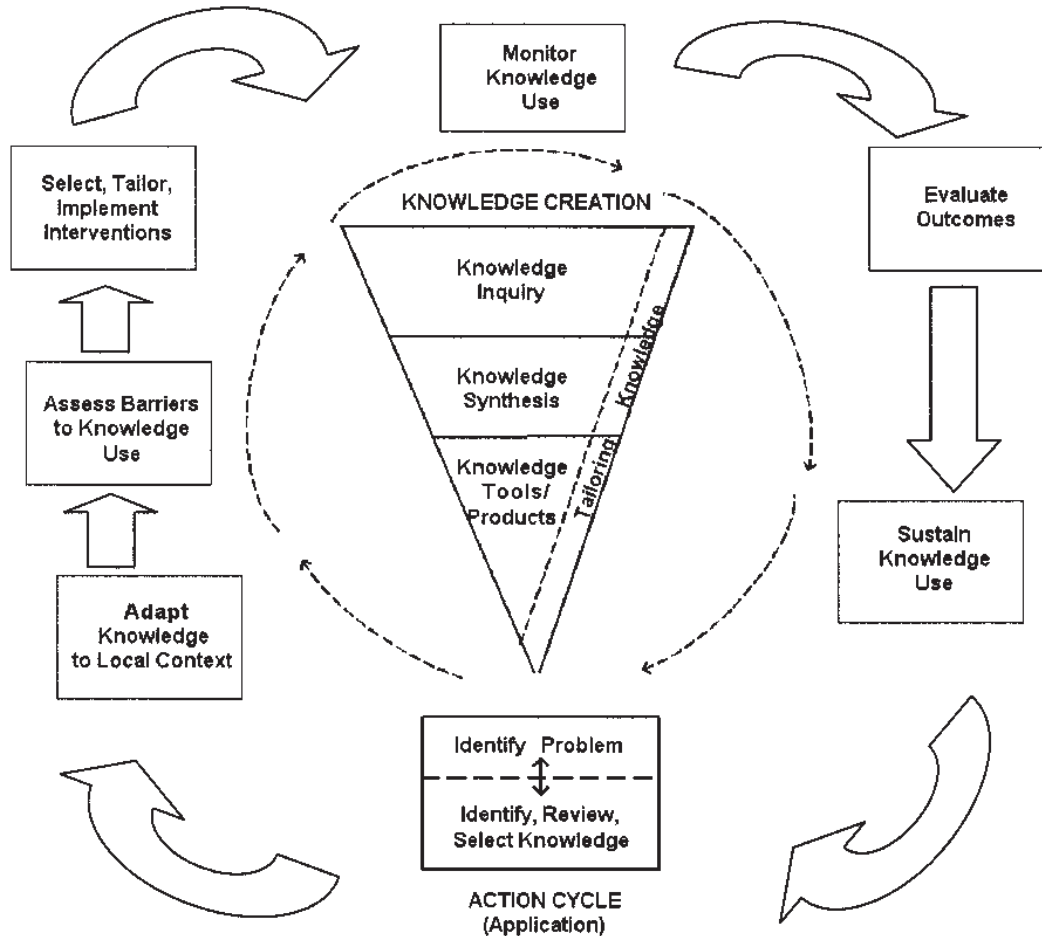


Figure 1: Knowledge to action original framework

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in Knowledge Translation: Time for a Map? *Journal of Continuing Education in the Health Professions*, 26 (1), 13-24. doi:10.1002/chp.47. Reprinted with permission.

While knowledge translation has historically operated as a researcher-led approach, more recently there has been a substantial shift towards an equal researcher and end-user approach (Graham, Tetroe, & McLean, 2014). Accordingly, there is the potential to view knowledge translation as a continuum (**Figure 2**). The continuum of knowledge translation is explored further by Graham et al. (2014) with Integrated

Knowledge Translation. A research-led paradigm might, for example, be required to share results immediately from a randomised control trial to improve practice in a hospital setting. However, in such a scenario the co-production aspect may include developing different strategies for dissemination or 'scaling up'. In this way a co-production approach potentially offers a more inclusive approach to knowledge translation (Salsberg et al., 2014; Straus et al., 2013).

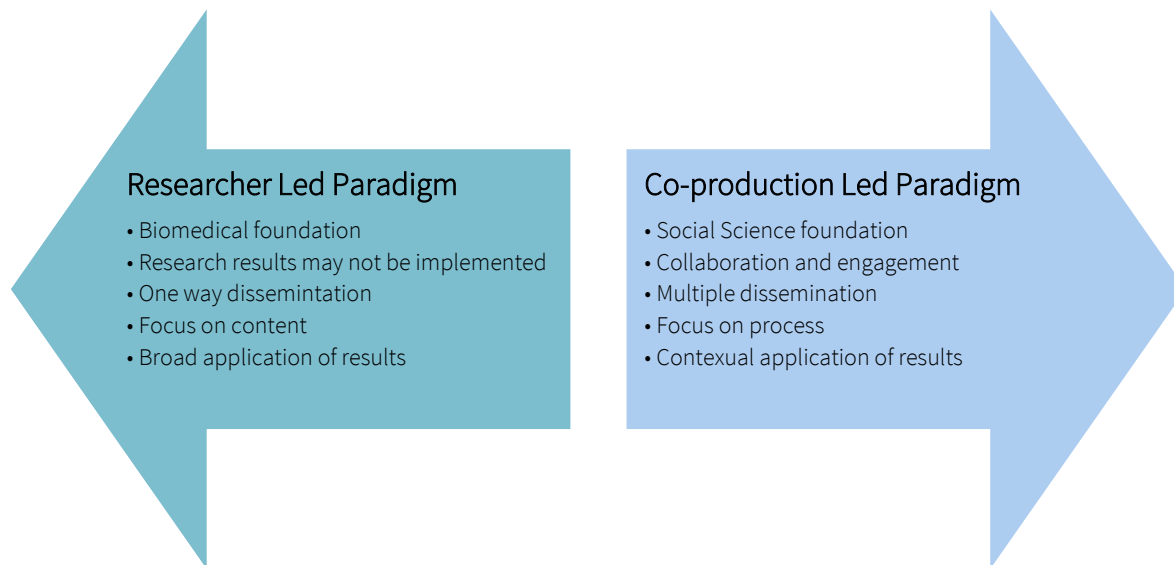


Figure 2: Knowledge translation continuum

Over the past ten years, studies on knowledge translation have increasingly included elements of co-production, co-design or similar methods to ensure the voices of those impacted by research are heard and are part of the process, including the ability to influence policy and practice (Graham et al., 2019; Kong et al., 2020; Kothari & Wathen,

2017). The co-production of knowledge is not a new concept and is one that can connect researchers and end-users (Graham et al., 2018; Graham et al., 2019; Graham, Tetroe, & McLean, 2014; Kothari & Wathen, 2017). As a result, the knowledge creation paradigm has, been expanded to include these elements and is known as Integrated Knowledge Translation.

Integrated Knowledge Translation is a model of collaborative research that applies the principles of knowledge translation to the entire research process (Banner et al., 2019; Boland et al., 2020; Graham et al., 2018; Kothari et al., 2017; Straus et al., 2013; Wathen & MacMillan, 2015). The social sciences underpin the paradigm of integrated knowledge translation (Graham, Tetroe, & McLean, 2014) with an approach based on the principles of participatory action research (Salsberg et al., 2014) including collaboration as a core component (Banner et al., 2019; Bowen, 2014; Gagliardi et al., 2016; Graham, Tetroe, & McLean, 2014; Kothari & Wathen, 2017; Salsberg et al., 2014; Wathen & MacMillan, 2015).

Currently, the evidence for this approach is limited (Graham et al., 2018), but anecdotally it has been shown to improve the uptake of evidence in policy and practice (Kothari et al., 2017). Gagliardi et al. (2016) conducted a scoping review of Integrated Knowledge Translation after identifying a gap in the literature regarding evaluation of this particular knowledge translation approach. The authors found that Integrated Knowledge Translation was poorly described and assessed in most studies (Gagliardi et al., 2016). While the evidence for this approach is limited, there is an emerging evidence

base describing the benefits and challenges of this approach (Banner et al., 2019; Boland et al., 2020; Wathen & MacMillan, 2015) which will result in better outcomes (Gagliardi et al., 2016; Graham et al., 2018; Graham et al., 2019). However, more research is required to fully understand precisely how to measure these critical outcomes (Graham et al., 2018). As an approach, it also advocates for multiple forms of evidence, including quantitative and qualitative evidence (Graham, Tetroe, & McLean, 2014).

As Integrated Knowledge Translation is a collaborative approach, researchers work with end-users who identify a problem and importantly have the authority to implement the research recommendations (Kothari et al., 2017; Kothari & Wathen, 2017). The experiential knowledge of practitioners is critical; this means listening to and including the practice experience of the practitioner community (Graham, Tetroe, & McLean, 2014; Kothari & Wathen, 2017; Wathen & MacMillan, 2015). Researchers bring methodological and content expertise to the collaboration, while knowledge users bring unique expertise about the research topic (Kothari et al., 2017; Kothari & Wathen, 2017).

There is a focus on the co-production of knowledge that includes end-users for the entire research journey (Campbell, 2014; Graham et al., 2018; Graham et al., 2019; Kothari et al., 2017; Plamondon & Pemberton, 2019; Salsberg et al., 2014; Straus et al., 2013). The knowledge is co-created and thus co-owned, and all partners contribute to the interpretation of results (Kothari et al., 2017; Kothari & Wathen, 2017). Integrated Knowledge Translation can produce research findings that are more likely to be relevant to the community for which they are designed because the community have been

instrumental in the design process (Kothari & Wathen, 2017). In addition, all the decision making, and governance is shared between the researchers and the end-users (Graham, Tetroe, & McLean, 2014; Kothari et al., 2017) and the end-users are involved in constructing the direction of the research, including the research question, the data collection, the data analysis and ensuring outcomes are implemented appropriately (Campbell, 2014; Plamondon & Pemberton, 2019; Salsberg et al., 2014; Wathen & MacMillan, 2015).

Integrated Knowledge Translation as an approach is also strongly aligned with the principles of participatory action research which describes the inclusion of end-users as 'partners' in the research process (Bowen, 2014; Salsberg et al., 2014). By using this approach, the usual power balance inherent in any researcher and participant relationship is moderated as all stakeholders discuss any potential harms as well as the potential benefits of the research (Kothari et al., 2017; Salsberg et al., 2014). The approach advocates that all partners play an equal role in decision-making and are experts, bringing different experiences to the process (Gagliardi et al., 2017; Kothari et al., 2017; Kothari & Wathen, 2017; Salsberg et al., 2014; Wathen & MacMillan, 2015).

There are barriers and challenges to implementing Integrated Knowledge Translation (Gagliardi & Dobrow, 2016), and three lessons are described by Wathen and colleagues (Wathen et al., 2011) regarding Integrated Knowledge Translation. These are: Lesson 1, 'Evidence' is only one kind of knowledge; there are many forms of knowledge that can contribute to the evidence base; Lesson 2, The 3Ts of Partnership including talk,

trust and time; and Lesson 3, Integrated Knowledge Translation is messy (Wathen et al., 2011).

In summary, Integrated Knowledge Translation as an approach advocates for end-users as partners in the research process (Banner et al., 2019; Kothari & Wathen, 2017; Salsberg et al., 2014). Integrated Knowledge Translation is non-linear thus, while planning is essential, there is also the need to be flexible and adapt to change (Salsberg et al., 2014). Integrated Knowledge Translation can be supported by a range of tools (e.g. priority setting) to influence policy & practice (Banner et al., 2019; Campbell, 2014; Kothari & Wathen, 2017). There is a focus on the process of knowledge translation (for examples see Graham et al. (2018), Boland et al. (2020) and Gagliardi and Dobrow (2016)) and not just the outcomes of knowledge translation, which is central to this approach and there is recognition of the need for multiple dissemination strategies (Graham, Tetroe, & McLean, 2014; Kothari et al., 2017; Kothari & Wathen, 2017). Complex issues or ‘wicked problems’ such as domestic violence are well suited to this approach of knowledge translation (Plamondon & Pemberton, 2019; Wathen & MacMillan, 2015).

The findings of this summary have emphasised several issues. There are many terms, definitions, and approaches to knowledge translation as well as terms used to define the different groups who are participants in the knowledge translation process. The sheer volume may confuse if inconsistent definitions or assumptions are being used, and consequently, assumptions being made about shared meaning. What this means is that researchers and end-users may not have a shared understanding of knowledge

translation. The potential consequence of this misunderstanding will be a limited uptake of knowledge translation outcomes because they were not developed with a truly shared meaning from the outset (and thus not meeting the needs of the end-user). There is limited evidence regarding how this shared understanding can impact knowledge translation during the life of a research project. This gap has implications for the ongoing evaluation of knowledge translation, but equally, it has implications in understanding how best to implement knowledge translation practice.

## **Domestic Violence Literature Review**

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Whilst there has been a steady increase in research in the domestic violence setting, with a focus on early intervention designed to reduce the harm, there remain substantial gaps regarding in the knowledge translation of domestic violence research.

The following section presents a summary of the knowledge translation literature within the field of domestic violence research. It has been organised under the following three sub-headings:

- (1) Defining domestic violence,
- (2) Impacts of domestic violence,
- (3) National policy responses.

## Defining Domestic Violence

Domestic violence is a pervasive and complex issue receiving increasing attention from national and international governments, policymakers, health systems and the media (Ali & McGarry, 2020; Meyer & Frost, 2019; Yates, 2020). As public health and social issue, domestic violence impacts millions of individuals and families across the world (Ali & McGarry, 2020). Intimate partner violence and sexual violence are the most common forms of violence experienced by women globally (World Health Organization, 2017a). However, there are different terms used to describe and define domestic violence depending on the country and context (Geffner, 2016). There are also numerous explanations for violence including patriarchy, culture, society and individual attributes (Ali et al., 2020).

The Australian Institute of Health and Welfare distinguishes between family violence and intimate partner violence. It states that '*Family violence refers to violence between family members, typically where the perpetrator exercises power and control over another person. The most common and pervasive instances occur in intimate (current or former) partner relationships and are usually referred to as domestic violence (Australian Institute of Health and Welfare, 2018, p.ix)*'. Within the Australian context, there are several competing discourses regarding the definition and framing of this issue (Hawley et al., 2018; Murray & Powell, 2009; Yates, 2020). However, despite the importance of this discourse, this discussion is not the focus of this thesis, and the term domestic violence will be used.

## Impacts of Domestic Violence

The impacts on women and children are well documented nationally and internationally and prevalent globally (World Health Organization, 2021). In Australia, in 2015-2016, the cost of domestic violence was estimated to be \$22 billion (KPMG, 2016). Globally, 1 in 3 women will experience physical and or sexual violence by a partner, or sexual violence by a non-partner (World Health Organization, 2013). Women who are exposed to violence are more likely to experience a range of poor health outcomes, including depression, anxiety, reproductive disorders, physical harms and chronic disease (World Health Organization, 2013). Intimate partner violence is the most significant health risk factor for women aged 25-44 (ANROWS, 2018a). The World Health Organization has reported 42% of women who have experienced physical or sexual violence from a partner have experienced injury (World Health Organization, 2017c). The women at greatest risk of domestic violence include Indigenous women, young women, pregnant women, women separating from their partners, women with a disability, and women experiencing financial hardship (ANROWS, 2018a; Australian Institute of Health and Welfare, 2018, 2019). Just over half (54%) of women who have experienced current partner violence have done so on more than one occasion, and women who are about to, or have just ended a relationship are at greater risk (Australian Institute of Health and Welfare, 2018). However, many women do not get help, with just over half (54%) of women reporting they did not seek help after violence from a current partner and 82% did not contact the police (Australian Institute of Health and Welfare, 2018). There are also

an increasing amount of literature citing the risk to, and impacts on, children as a result of domestic and family violence (ANROWS, 2017; Clarke & Wydall, 2015; Gregory et al., 2020; Hester, 2011; Howarth et al., 2016; Kaspiew et al., 2017; Nancarrow, 2015; Turner et al., 2017). For children and adolescents subject to domestic and family violence, the impacts on their health, wellbeing, education, relationships and housing can be pervasive and long lasting (ANROWS, 2018b). These impacts can continue well after the parents have separated (Kaspiew et al., 2017).

## **National Policy Response**

Domestic violence is now a priority for all Australian national, state and territory governments (Australian Institute of Health and Welfare, 2019). The '*National Plan to Reduce Violence Against Women and Their Children 2010-2022*' (first released in 2011) focused on the two main types of violence experienced by women, family/domestic violence and sexual assault (Australian Institute of Health and Welfare, 2019, p4). The National plan delivered via a series of action plans has built on each plan over time (Commonwealth of Australia, 2019). The first action plan – *Building a Strong Foundation 2010-2013* implemented the blueprint for long-term change, targeting policy and service delivery for reducing violence against women. The second action plan – *Moving Ahead 2013-2016* committed to a national prevention campaign and expanded the research program as well as further developing primary prevention. The third action plan – *Promising Results 2016-2019* increased the data collection and expanded the research for early and crisis interventions. The fourth action plan – *Turning the Corner 2019-2022* is the

final action plan in the series and aims to address the gaps of the previous three plans with a stronger focus on policy (Commonwealth of Australia, 2019, p2). There are similar policy statements for each State (Government of Western Australia, 2012; NSW Ministry of Health, 2016; Queensland Government, 2016; Tasmanian Government, 2019; Victorian State Government, 2017) and Territory (ACT Government, 2016; Northern Territory Government, 2017) and collectively these policy statements actively support the National Plans. The original National Plan endorsed by the Council of Australian Governments in 2011 and as a result the *Australian National Research Organisation for Women Safety Limited* (ANROWS) (2019) was established as a not-for-profit independent national research organisation. It is an initiative of the original National Plan and was established by the Australian, state and territory governments of Australia to produce, disseminate and assist in the development of evidence for policy and practice addressing violence against women and their children.

However, despite this shift in policy, the National Audit Commission conducted an audit against the objectives of effective governance, targeted funding and action aligned with outcomes and monitoring and reporting of performance as the effectiveness of the National plan. The audit concluded that there was a lack of critical evidence to demonstrate that actions taken were based on the available evidence, therefore, targeted research activities are still required to identify what works for whom in what contexts (Australian National Audit Office, 2019, p8).

## Knowledge Translation of Domestic Violence Research

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Although extensive research has been completed on knowledge translation, there are few studies on the knowledge translation of domestic violence research. A review by Spalding et al. (2015a; 2015b) using knowledge translation explored issues of violence against women. Of the 24 studies included, they concluded there was limited evidence with most studies not including standardised outcome measures and the majority of studies targeting health care professionals. Several studies included multiple knowledge translation strategies, the most common were educational staff training, patient resources and practice guidelines or linkage interventions. Commonly reported outcomes measured by pre-post surveys (with no controls) included increase in self-reported knowledge of domestic violence, improved documentation and screening for domestic violence with minimal reported changes to attitude and beliefs and behaviours (Spalding et al., 2015b).

Overall, they found a considerable gap in the literature regarding knowledge translation exchange of domestic and family violence research. They concluded that the study designs were of poor-quality, making a comparison between the studies difficult. Another issue was the focus on health professionals as the target population. The authors concluded that *'further investment in the high-quality evaluation of approaches to translating the evidence about what works in practice related to violence against women is required* (Spalding et al., 2015b, p.20).'

A review to explore strategies to promote uptake of intimate partner violence and child maltreatment completed by MacGregor et al. (2014) suggested that knowledge translation was undergoing an ‘identity crisis’ and as such, was no longer just about translation (suggesting a one-way direction) but very much about exchange (suggesting a two-way direction). This same review concluded that of the sixty-two studies examined for evidence of knowledge translation, it was difficult to identify whether a given strategy would result in better outcomes. They also found that there had been substantial growth in knowledge translation research, that it was no longer just referring to the ‘gap’ between knowledge and practice. The review found considerable gaps and issues with the data. Despite the gaps, they proposed a guiding framework to assist future researchers. The framework provides three potentially iterative decision-making stages: (1) setting goals, (2) choosing the intervention, and (3) choosing the evaluation.

Despite the growth in domestic violence research, a study by Madden (2016, p.2) highlighted the fact that research was largely being ignored, with the majority of studies receiving ‘little to no online attention or citations in academic journals, indicating a need for the field to focus on implementing strong knowledge dissemination plans.’ The continued prevention of violence against women has been identified as a priority health area for many international agencies including the World Health Organization, the Centres for Disease Control and Prevention, the National Center for Injury Prevention and Control and the European Union, among others. Stanley & Devaney (2017, p. 329) noted that whilst the *‘European Union has done much to foster the growth of research and the*

*transfer of knowledge on gender-based violence across Europe, at the time of writing, its future looks less secure, and this is paralleled by political change in the United States'*. This statement provides greater incentive for effective knowledge translation of domestic violence research to be of the highest priority amongst researchers and policymakers. Whilst there is a substantial literature on knowledge translation strategies, the identification of which strategies work remains unclear.

Domestic violence research presents unique methodological and ethical challenges not found in other areas of research. For example, the stigma associated with disclosing domestic violence and practitioners asking about violence (Sprague et al., 2016), the changes in how domestic violence is perceived in the media (Hawley et al., 2018), the ability to accurately measure rates of domestic violence, the ability of services to be able to ask about domestic violence in a sensitive and trauma-informed way (Hegarty et al., 2017) and new forms of violence for example technology-facilitated violence (Woodlock et al., 2020) are just a few of the complex issues. Although there have been subtle shifts, an understanding of the key elements of domestic violence, such as its location within a gender inequality framework, its gendered nature and link to power and control is now accepted. Ironically as argued by Theobald et al (2017) the acceptance of domestic violence as a mainstream issue has perhaps watered down its feminist roots. Historically, feminist service provision has been part of domestic violence services, however, as the language about domestic violence is changing, it remains a feminist issue.

Extra care needs to be taken by researchers to ensure that the data collected is justified. Researchers are also required to be mindful of issues with randomisation and suitable control groups. The benefit of the study must out-weigh any risk, and informed consent and confidentiality of participants must be protected. Other issues that impact domestic violence research include the training of research staff, protocols to manage distress and disclosure, and mandatory reporting. The World Health Organization has developed a set of guiding principles for managing these complex issues when conducting domestic violence research (World Health Organization, 2017b).

With the current spotlight in Australia resolutely focused on domestic and family violence research, it is critically important to identify and maximise the knowledge translation strategies for the implementation of domestic and family violence research. More recently, there has been an increased emphasis on knowledge translation to promote the uptake and fast implementation of research outcomes. The generalisability of much-published research on this issue is problematic. There is some evidence that the integrated knowledge translation approach has merit for domestic violence research, but it is yet to be thoroughly tested. Moreover, the inclusion of participants with lived-experience in this process by policymakers and practitioners despite efforts, still remains limited. As noted by Tarzia, Humphreys and Hegarty (2016), whilst it is encouraging to have the current government and community support for research in areas of domestic violence, it is the longer-term sustainability of emerging research knowledge translation which remains paramount.

Domestic violence research involves disparate groups responding to, and being impacted by, domestic violence. These groups include health, legal, police, community, families (women & children) and participants with lived-experience. Depending on the model of knowledge translation, some or all of these groups may be involved in various aspects of the research process. Moreover, each of these different groups adds a layer of complexity to this thesis. These diverse groups are supported by a complex mix of evidence and systems (health, social work, community) as illustrated by the multi-layered Venn diagram showing the many components of this complex system (**Figure 3**).

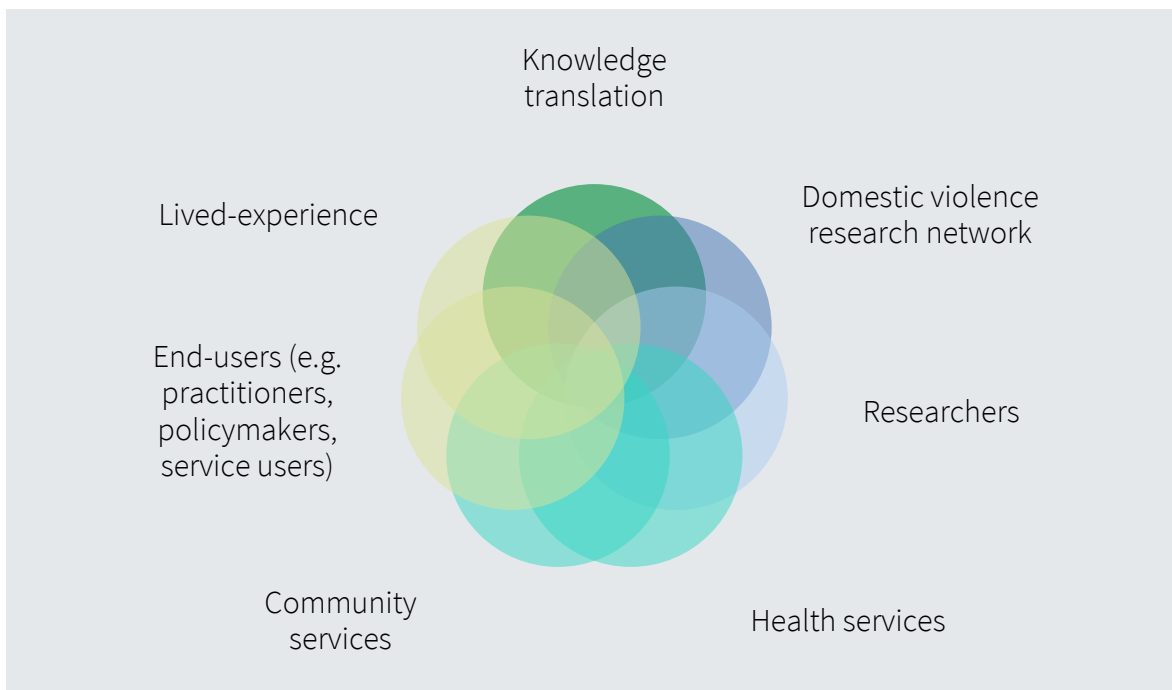


Figure 3: Complexity of knowledge translation

Therefore, there is a need to ensure that any new and emerging research knowledge about domestic violence is translated efficiently, effectively, and directly to these diverse groups. Further considerations in designing a study to address the above

complexity were understanding ‘what works’ and the need to use a methodology that would allow for a deeper exploration regarding the shared understanding of knowledge translation within a domestic violence research network. The implications of poor knowledge translation including the value for money of research that is not translated (Bero et al., 1998; Strifler et al., 2018), the lack of uptake of research (Strifler et al., 2018), the unnecessary care or poor outcomes in health research (Campbell et al., 2019; Mallidou et al., 2018; Tricco et al., 2016), the general time lag and gap (Lau et al., 2015; Strifler et al., 2018) as well as lack of policy impact (Mallidou et al., 2017; Oliver et al., 2014) are well documented. Several barriers exist including negative attitude towards research (Mallidou et al., 2017, 2018) and these barriers are present across a range of practice sectors including domestic violence practitioners, criminal justice and law enforcement (Casey et al., 2020). Although much of the literature is health focused, a literature review by Heinsch et al. (2016) argues that as a profession, social work needs to adopt an approach to knowledge translation that is not purely health focused and evidence-based practice. The implications for health are clear, however in the domestic violence space, the gap is not as easy to identify and while a few studies (Casey et al., 2020; MacGregor et al., 2014; Madden et al., 2016; Spalding et al., 2015a; Spalding et al., 2015b; Stanley & Devaney, 2017; Tarzia et al., 2016) have started to explore this, there is still more work that needs to be undertaken to understand knowledge translation from a domestic violence research perspective. In order to address the overarching goals of the study, the aim and research question were developed specifically for this setting.

## Research Aim and Research Questions

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This final section of the chapter details the research aim and research questions for this study.

### Research Aim and Research Questions

The primary aim of the current study was to explore the knowledge translation of a domestic violence research network.

The two research questions that underpin this thesis include:

*(1) What is the shared understanding of knowledge translation and activity in a domestic violence research network?*

*(2) How is a shared understanding of knowledge translation developed in a domestic violence research network?*

In this chapter, I have provided a brief overview of knowledge translation and domestic violence research literature. The chapter identifies gaps in the literature and subsequently describes the research aims and questions of the research study.

## Chapter 3: Methodological Research Approach

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In the preceding chapter, the background literature, research aims, and research questions have been presented. This third chapter is concerned with the approach employed for this thesis and is subdivided into three sections. This first part of the chapter contextualises the research by describing the study setting and the method selected. The second part of the chapter details the three study phases including where relevant, the procedures, participants, recruitment, data collection and data analysis. The final section describes the ethical considerations involved in undertaking this study.

### Research Setting

The setting for this study is a research network. As a member of this network, it is necessary to acknowledge my role as a ‘middle’ researcher and how I was able to build rapport by being involved in activities early in the study. Consequently, it is useful to describe and recognise the activities undertaken before the study data collection and how these have contributed to making connections and building trust between the researcher and study participants. This is important as this type of ‘action’ research is not measured for quality in the same way that other positivist approaches are measured. The action research quality is measured by the collaboration, rigour, reflectivity, relevance and transparency of the researcher during the process (Coghlan, 2019a).

In Australia, the National Health Medical & Research Centre fund Centres of Research Excellence that support teams of researchers to pursue collaborative research

and develop capacity in clinical, population health and other areas of research. The objectives of the grant program are to *'improve health outcomes and promote or improve translation of research outcomes into policy and/or practice'*.<sup>2</sup> In 2017, the *Safer Families Centre of Research Excellence* (<https://www.saferfamilies.org.au>) was established with a focus on children, young people, and parents to decrease the intergenerational transmission and impact of domestic violence on the family. This group of researchers includes both national and international researchers who are part of a five-year funded program and are representative of a diverse range of disciplines and backgrounds. The *Safer Families* research network is dedicated to researching health sector responses that are needed to improve safety, health and well-being of families and provides the setting for this study. One of the goals of *Safer Families* included a focus on knowledge translation. For this thesis, the *Safer Families Centre of Research Excellence* is described as *Safer Families*, the 'domestic violence research network' or the 'network'. There are 65 researchers in the network, the majority are physically located in Melbourne, Australia, but they are not co-located as it is a virtual centre. The network includes a mix of early-career, mid-career, and senior researchers with a history of working in domestic violence research. There are several PhD and Post-doctoral students attached to the domestic

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<sup>2</sup> <https://www.nhmrc.gov.au/funding/find-funding/centres-research-excellence>

violence research network. The researchers of the network are generally aligned with one or more groups that are focusing on different areas of research which include:

**Group A:** Understanding dynamics of abuse and resilience in order to tailor responses,

**Group B:** Testing clinician derived early identification of all members of the family and first-line response/referral,

**Group C:** Evaluating child/parent/carer interventions for safety and resiliency.

One benchmark for *Safer Families* is the ‘effective transfer of research outcomes into health policy and/or practice’. Each of these groups focuses on individual research projects as well as working collaboratively to achieve this goal. This domestic violence research network has been in operation for almost three years and during this time, they have developed approximately forty research projects, published over one-hundred papers, and hosted the inaugural International Domestic Violence and Health Conference. The *Safer Families* network has ten chief investigators, two of these investigators are also PhD supervisors for this study.

The duality of this role has several advantages and disadvantages, which are further discussed in **Chapter 7**. Each member of the domestic violence research network was encouraged to participate in the study. Further details of the ethics approvals and recruitment are detailed later in **Chapter 3**; however, all participants were provided with a Plain Language Statement (**Appendix 1**) and a Consent form (**Appendix 2**) before participating in the study. The data were not identifiable, recording only details such as the date, duration, attendance, and general focus of the event. The table below (**Table 1**)

illustrates the list of network activities including meetings, workshops, conferences, and seminars that were undertaken by the domestic violence research network and documents my role in them.

Table 1: 'Middle' researcher activities

| Date                            | Event  | Purpose   | Number of participants | Role of the researcher  |
|---------------------------------|--|---|------------------------|-------------------------|
| 6 <sup>th</sup> November 2020   | Community of Scholars  | Meeting   | 10                     | Participant             |
| 29 <sup>th</sup> July 2020      | Community of Scholars  | Meeting   | 20                     | Participant             |
| 21 <sup>st</sup> May 2020       | Community of Scholars  | Meeting   | 10                     | Participant             |
| 30 <sup>th</sup> March 2020     | Safer Families Planning Sessions                                 | Meeting   | 40                     | Participant             |
| 19 <sup>th</sup> September 2019 | Community of Scholars  | Meeting   | 10                     | Participant             |
| 17 <sup>th</sup> July 2019      | Community of Scholars  | Meeting   | 10                     | Participant             |
| 6 <sup>th</sup> June 2019       | Transforming the Health Sector Response to Family Violence Forum | Meeting with the network, practice, and policy                  | 60                     | Observer                |
| 10 <sup>th</sup> April 2019     | Topic Focused Conversations                                      | Discussion on early intervention Health Systems                 | 10                     | Participant<br>Observer |
| 11 <sup>th</sup> February 2019  | Community of Scholars  | Meeting   | 10                     | Participant             |
| 29 <sup>th</sup> January 2019   | Interview with participant                                       | Interview in lieu of deliberative dialogue                      | 1                      | Interviewer             |
| 24 <sup>th</sup> January 2019   | Interview with participant                                       | Interview in lieu of deliberative dialogue                      | 1                      | Interviewer             |
| 23 <sup>rd</sup> January 2019   | Interview with participant                                       | Interview in lieu of deliberative dialogue                      | 1                      | Interviewer             |
| 14 <sup>th</sup> December 2018  | Community of Scholars  | End-of year meeting   | 15                     | Participant             |
| 14 <sup>th</sup> December 2018  | Deliberative Dialogue Meeting 3                                  | To undertake a deliberative dialogue with the research network. | 9                      | Facilitator<br>Observer |
| 13 <sup>th</sup> December 2018  | Deliberative Dialogue Meeting 2                                  | To undertake a deliberative dialogue with the research network. | 8                      | Facilitator<br>Observer |

|                                |  |   |    |  |
|--------------------------------|--|---|----|--|
| 10 <sup>th</sup> December 2018 | Deliberative Dialogue Meeting 1  | To undertake a deliberative dialogue with the research network.                             | 6  | Facilitator<br>Observer                |
| 21st November 2018             | International Domestic Violence and Health Conference: Sustainable Change in the Health Sector | The purpose of this conference was the inaugural conference hosted by the research network. | 65 | Presenter<br>Participant               |
| 19 <sup>th</sup> November 2018 | Research network meeting   | A meeting of all members of the research network.   | 45 | Participant<br>Facilitator<br>Observer |
| 18th June 2018                 | Health, Parenting and Family Violence forum  | A forum presented by the network to engage with policy and local practitioners.             | 15 | Participant<br>Observer                |
| 18th August 2017               | Program B meeting  | A meeting of all group members to discuss the goals for the group.                          | 10 | Facilitator<br>Observer                |
| 11th August 2017               | Program C meeting  | A meeting of all group members to discuss the goals for the group.                          | 10 | Facilitator<br>Observer                |
| 28th July 2017                 | Program A meeting  | A meeting of all group members to discuss the goals for the group.                          | 12 | Facilitator<br>Observer                |
| 18th May 2017                  | Group meeting  | A meeting for all members to meet for the first time as a collective.                       | 65 | Participant                            |

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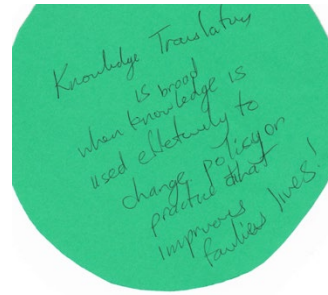
During the early phase of this study, members of the different groups met as the domestic violence research network was being established. As an 'insider' researcher, I attended each of these meetings and conducted a brief ice-breaker activity with each of the different groups. The purpose of this was twofold. Firstly, to develop rapport and build trust between the researcher and the participants. It also provided me with the opportunity to talk about the study and invite comments, questions, and feedback. Secondly, the activity allowed me to explore current definitions of knowledge translation being used by each group.

**Table 2** presents the definitions researchers provided in response to the activity and a question about how they would personally define knowledge translation. The responses highlight an emphasis on practice and policy, suggesting a focus on 'experts'. However, there is also an emphasis on 'exchange' in the table, pointing to a more collaborative approach to defining knowledge translation.

Table 2: Personal definition of knowledge translation

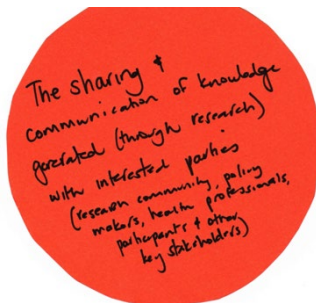
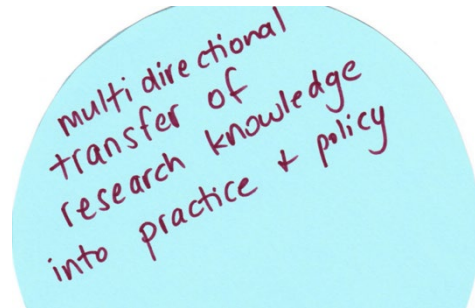
|   |   |
|---|---|
| <p>"A process of jumping the know-do-gap need to add the KT (E)."</p>   |   |
|    | <p>"Communication of findings in ways to meet needs of intended."</p>   |
| <p>"Thinking about end users of research &amp; benefits to 'commitments' right from the start and working collaboratively to design, implement, interpret research, and broker organisational, systems, exchange to achieve agreed outcomes."</p> |    |
|    | <p>"The sharing &amp; exchange of information and learnings to change policy &amp; practice to create improved outcomes."</p> |

"Knowledge translation is broad when knowledge is used effectively to change policy and practice that improves families lives!"



"Dissemination & implementation of research findings into practice ('real world')."

"Multidirectional transfer of research knowledge into practice & policy."



"The sharing & communication of knowledge generated (through research) with interested parties (research community, policymakers, health professionals, participants & other key stakeholders)."

## Theoretical Frameworks

This thesis draws upon two theoretical frameworks: realist research (Emmel et al., 2018; Pawson, 2006a; Pawson & Tilley, 1997); and action research (Alston & Bowles, 2018; Costello, 2003; Fernie & Smith, 2010; Greenwood & Levin, 2007a, 2007b; Hughes, 2008) supported by participatory action research (Jordan, 2008; MacDonald, 2012). Informing the participatory action research is the role of the ‘middle’ researcher, as the primary researcher in this study was also a member of the domestic violence research network being studied.

## Realist Research

Realist researchers seek to understand more than *‘what works’* but rather *‘how or why programs or interventions work, for whom (and) in what circumstances’* (Byrne, 2018; Pawson et al., 2005; Pawson & Tilley, 1997, 2004; Westhorp, 2014). The realist approach is not a method but a methodology, and realist principles can be applied to many different areas of research determined by theory (Wong, 2017). Realism adopts a stance that there is real world which can be investigated, and grounds this approach in realist philosophy (Pawson & Tilley, 1997; Westhorp, 2014). Realist evaluation collects primary data in order to assess program or intervention significance (Westhorp, 2014). Realist evaluation relies on testing theory (Gough, 2013; Pawson & Tilley, 2004). When using realism, the fundamental question of *‘what works?’* becomes *‘What works for whom in what circumstances and in what respects, and how?’* (Pawson & Tilley, 2004, p2).

The premise of understanding what works in social interventions involves trying to establish causal relationships (Pawson et al., 2005). The trademark of realist approaches is the particular understanding of causality, and unlike empirical data, it will provide the 'how' and the 'why' (Pawson & Tilley, 2004). According to Pawson et al. (2005, p. S1:21) *'the successionist model (which underpins clinical trials) holds that causality is established when the cause X is switched on (experiment) and effect Y follows. By contrast, the generative model of causality (which underpins realist enquiry) holds that, to infer a causal outcome (O) between two events (X and Y), one needs to understand the underlying mechanism (M) that connects them and the context (C) in which the relationship occurs'*. Realist approaches aim to improve policies and program by explaining how outcomes are caused and why they may vary across different settings. If the 'how' and 'why' is uncovered then adaptations can occur to guide 'what' to do in different settings (Linsley et al., 2015; Parlour & McCormack, 2012; Westhorp, 2014). The basic question of any realist research is *'what is it about this intervention that works in this context and why?'* (Willis et al., 2014). A simple example of the realist approach is described in **Table 3** and is underpinned by the links between the interventions, e.g. training program, contexts (C), mechanisms (M) and outcomes (O)(Saul et al., 2013).

Table 3: Realist example

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In order to evaluate whether a training program reduces unemployment (O), a realist would examine its underlying mechanisms (M) (e.g. have skills and motivation changed?) and its contiguous contexts (C) (e.g. are there local skill shortages and employment opportunities?)

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## What are CMOs?

Context-Mechanism-Outcome configurations (**Figure 4**) are the ‘building blocks’ of the realist approach (Pawson, 2006b) linking the components of the program, to specifically understand what mechanisms are linked to a specific context which results in outcomes (Linsley et al., 2015; Papoutsi et al., 2017; Parlour & McCormack, 2012; Pawson & Tilley, 2004; Rycroft-Malone et al., 2016; Saul et al., 2013).

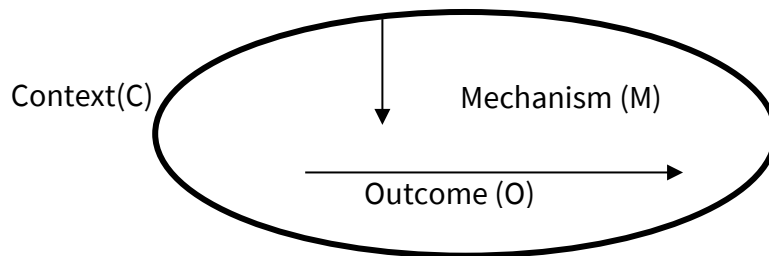


Figure 4: Basic components of realist causal explanation

## What are Contexts?

Context influences whether a program works or not and is often the ‘backdrop’ of the setting of the program (Berg & Nanavati, 2016; Jagosh et al., 2014; Pawson, 2006b; Pawson & Tilley, 2004; Rycroft-Malone et al., 2016). Contexts include settings, structures, environments, conditions or circumstances and may trigger behavioural and emotional responses (Gee et al., 2016; Jagosh et al., 2014; Papoutsi et al., 2017; Parlour & McCormack, 2012; Pawson, 2006b; Pawson & Tilley, 2004; Rycroft-Malone et al., 2016), influencing where a program might work or not (Gee et al., 2016; Jagosh et al., 2014; Rycroft-Malone et al., 2016).

## **What are Mechanisms?**

Mechanisms are the ‘engines of explanation’ or forces that lead to an outcome (Gee et al., 2016; Jagosh et al., 2014; Parlour & McCormack, 2012; Pawson, 2006a, 2006b; Rycroft-Malone et al., 2016). Mechanisms seek to understand what makes a program work, and unlike the other elements, can be transferred to different contexts or settings (Jagosh et al., 2014; Pawson & Tilley, 2004; Westhorp, 2018; Wong, 2018b). Mechanisms can be hidden and are often triggered as a result of a particular program, intervention or process (Jagosh et al., 2014; Papoutsi et al., 2017; Pawson & Tilley, 2004; Westhorp, 2018). Whether the mechanism activates will depend on the context (Centre for Development Impact, 2016; Westhorp, 2018).

## **What are Outcomes?**

Outcomes are the intended and unintended consequences of the program and will result in a change because of the intervention. The outcomes can be short, medium or long term (Centre for Development Impact, 2016; Gee et al., 2016; Jagosh et al., 2014; Ogrinc & Batalden, 2009; Pawson, 2006b; Pawson & Tilley, 2004; Rycroft-Malone et al., 2016).

We considered several approaches, described below, for this thesis to ensure that the study design would be robust, rigorous, and yet responsive to the study's iterative nature.

## Action Research

Action research is a way to study populations whilst being part of the population being studied (Coghlan & Shani, 2015; Mohajan, 2018). While there are several definitions of action research, it has been described by Fernie & Smith (2010, p95) as a *‘process of change, through the doing of research’*. Action research has a history of being used in education, but more recently, it is used in other areas of research, including health (Hughes, 2008). The collaborative nature of action research offers the advantage of actively participating in a change situation, often within an existing organisation, while simultaneously conducting research (Alston & Bowles, 2018). It has also been described as an ‘emergent’ process (Fetterman, 2015). Action research is designed to achieve three levels of changes: (1) self-directed change as the subject of the action research; (2) change in the community, organisation or institution that is being researched; and, (3) change through a process of sharing with the community of researchers (Riel, 2019). In addition, there are some helpful characteristics of action research which are worth noting (Fernie & Smith, 2010) and include: it is practical and accessible; anyone can do it; it may or may not include more than one person; reflection is part of the approach; it aims to change practice; the research is problem-driven; it involves active participation; and it is often practitioner-led from within the organisation or setting.

The basic model for action research first developed by Kurt Lewin in the 1940s is still relevant today and has since been widely adopted. An example of this adaptation is provided by Costello (2003) (**Figure 5**). Action research allows for a range of data

collection methods to be employed, including interviews, focus groups, observations, reflective journals, questionnaires, and surveys. It also promotes engaging and promoting the research with the group being studied using a variety of techniques such as seminars, internal conferences, dissemination events, and team meetings. The purpose of this frequent interaction between the researcher and the group being studied is to promote opportunities for change to occur (Ferne & Smith, 2010).

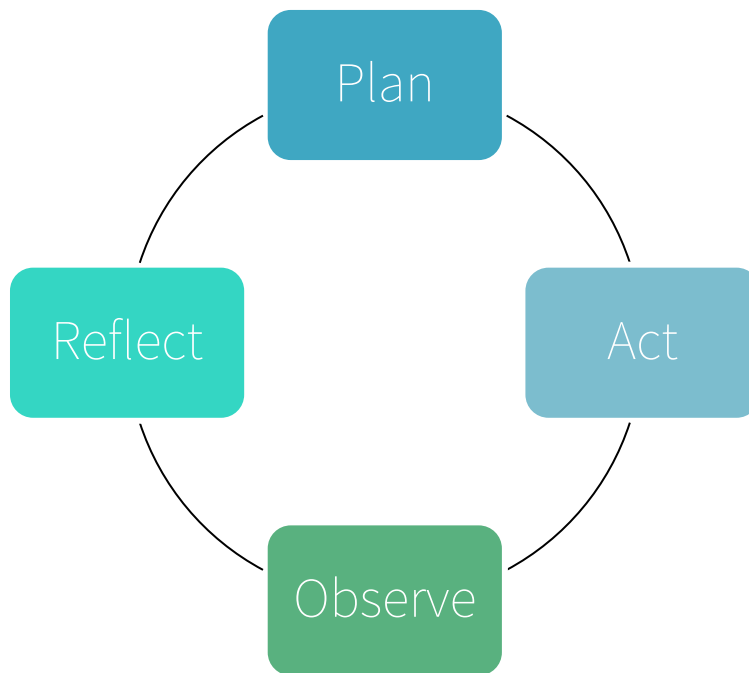


Figure 5: Cycle of action research

Thomas-Hughes (2018) describes the process of co-producing research as ‘complex and messy’, and it has also been described as ‘value loaded’ (Ferne & Smith, 2010). This is worth noting as researchers may influence the research process with their own values and bias as they become part of the process. Therefore, the researcher needs to be aware of this inherent bias as they prepare to engage with the group they are

studying. The action research process encourages the researcher to be part of the process through the cycles of ongoing action, constant monitoring, and feedback about interventions that are producing or not producing their intended effects (Hughes, 2008). The barriers to quality action research included lack of time, energy, resources, lack of teamwork, the reluctance of participants to change, instability amongst the workforces, and an unsupportive culture (Hughes, 2008). The facilitators to quality action research include commitment, supportive culture, and management support (Hughes, 2008). Hughes (2008) argues that the choice for using action research, especially in health settings needs to be made after consideration has been given to the benefit of the method over other potential approaches. This is important as it highlights the complex nature of the action research process.

Action research ‘resonates strongly’ with social work (Alston & Bowles, 2018) and as a method requires cooperation among researchers and other professionals to increase knowledge and contribute to practice. This points to the complex nature of the approach, and the consideration that needs to be given to research rigour when implementing action research. Rigour in action research is described by Hughes (2008) as maximising the process as you would for any high-quality research project. For example, including: (1) the use of multiple data collection sources; (2) maintaining an audit trail of activities and decisions of the network; (3) checking back and clarifying interpretations of the data with members of the network; and (4) providing the opportunity for feedback on the results.

## Participatory Action Research

As noted in **Chapter 1**, participatory action research (PAR) is a research methodology (Hansen, 2006; Jordan, 2008; Liamputtong & Ezzy, 2005; MacDonald, 2012) that encourages active participation in the research process, including all aspects of decision making. The goal is for specific change (Liamputtong & Ezzy, 2005; MacDonald, 2012), transformation (Jordan, 2008) or reduced inequity while incorporating lived-experience (Baum et al., 2006; Liamputtong & Ezzy, 2005) education and collection action (Liamputtong & Ezzy, 2005). Hansen (2006) suggests that participatory action research is simply a tool to be used by researchers and participants to work together during a research project to change or improve a situation. Regardless of the focus of change, the process is iterative and ongoing (Liamputtong & Ezzy, 2005). Participatory action research is also used in conjunction with, or as an approach to, knowledge translation (Zych et al., 2020) in a community (Felner, 2020; Israel et al., 2001; Jull et al., 2017) and many other settings (Brydon-Miller et al., 2011). As participatory action research is a process where partners can critically examine issues and generate knowledge, change or action (Baum et al., 2006; Brydon-Miller et al., 2011; Denzin & Lincoln, 2011; Hansen, 2006; Liamputtong & Ezzy, 2005; Minkler, 2004; Swantz, 2008), it provides the methodological foundation for this study. Participatory action research as a framework links the process of knowing to learning and action; thus, it is an appropriate approach for this thesis (Liamputtong & Ezzy, 2005).

The difference between action research and participatory action research is that the goal of action research is to implement or recognise the need for change and identify that change. The participatory action research approach takes it further as it is a more reflective approach that ensures once the action is identified, the action becomes part of an iterative cycle. Another difference is that participatory action research is especially cognisant of the power dynamic between the researcher and those who are the subject of the research ensuring attention to the processes that support co-production in a change process (Baum et al., 2006).

## **‘Insider or Middle’ Researcher**

An important consideration for this thesis was the role of the ‘insider’ researcher (Brydon-Miller et al., 2011) or ‘middle’ researcher positioning as it was assumed at the beginning of this study, I would take on an insider role but as the study progressed it was clear that my position was a ‘middle’ researcher role (Breen, 2007). A brief explanation for each of these positions is detailed below.

Generally, ‘insider’ researcher choose to study a group to which they belong, whilst ‘outsider’ researchers do not belong to the group (Breen, 2007). It is common for ‘insider’ researchers to engage more with those with whom they are more familiar or comfortable, potentially creating a bias (Dwyer & Buckle, 2009; Kanuha, 2000). Conversely, data from several studies (Dwyer & Buckle, 2009; Humphrey, 2007) suggest that the benefit of being part of the group is acceptance. Membership of the group implies a level of trust and openness from participants that would not otherwise be developed

(Paechter, 2013). It has also been noted that ‘insider’ researchers may find it challenging to balance their role as the ‘insider’ researcher (Sherry, 2008). For example, Kanuha (2000) noted that when reviewing transcripts, it was clear how much relationships with the members of the peer group had impacted on the interviews. The interviews contained implied information that was unspoken and assumed as understood between the interviewer and interviewee. This points to a possible conflict or assumption that may occur as a result of researchers working in the same environment they are researching. Additionally, tensions can occur if the ‘insider’ researcher is made aware of or is subject to, sensitive information or if any complicated issues arise that require disclosure (Acker, 2000; Sherry, 2008). This is important, and consideration should be given to open discussion early on in the research process about the development of clear boundaries around issues, including ethical concerns.

Another approach, articulated by Acker (2000) and Humphrey (2007) suggest the dual role of the ‘insider’ or ‘outsider’ researcher is an argument that cannot ever be fully resolved as to choose one position over the other is too simplistic. An alternative option, therefore, is that of ‘middle’ researcher an approach which allows the researcher not to adopt either approach fully, but rather to be aware of both (Breen, 2007).

This study adopted a ‘middle’ researcher position and as a result the impact of the usual ethical dilemmas inherent to ‘insider’ researcher were reduced. As a ‘middle’ researcher, there was the opportunity to move in and out of the ‘research space’ as required. This was important as it provided the opportunity to create appropriate

distance when needed, while still being able to draw upon the advantage of being part of the group being studied. For example, attending an event to collect data was more accessible as the researcher was already included in these events (thus an ‘insider’ position), equally, there were appropriate boundaries in place as all data collection was preceded by a discussion about consent, the purpose of the data collection (thus an ‘outsider’ position). The position was consistent with other studies, which have identified that it is possible to be in both positions at the same time (Acker, 2000; Brydon-Miller et al., 2011).

As a result of this analysis, this thesis was undertaken with an understanding of both the advantages and disadvantage of both ‘insider’ and ‘outsider’ positions (Coghlan, 2019c), but ultimately my position as a ‘middle’ researcher was confirmed (Breen, 2007). In summary, participatory action research seeks to bring together action and reflection, theory and practice, whilst engaging with others in the pursuit of solutions for shared problems (Brydon-Miller et al., 2011; Hughes, 2008; Liamputtong & Ezzy, 2005; Minkler, 2004). This approach was selected for this thesis because the nature of the population being studied warranted this approach. As noted, the domestic violence research network as a community was well motivated and committed to the topic, interested in the role of knowledge translation for the network and therefore provided an excellent foundation for participatory action research. This also provided a positive argument to explore knowledge translation from the perspective of the network rather than focusing only on the individual researcher and their individual knowledge

translation. In this thesis, the domestic violence research network was the 'community', and the role of the researcher was to develop trusting relationships with the 'community' partners to seek understanding concerning knowledge translation (Brydon-Miller et al., 2011; Minkler, 2004).

The current thesis combined elements of action research and participatory action research with a realist lens to create a methodological foundation for this thesis. This study design is appropriate for this research on several levels:

- (1) Unlike other 'health' problems, this problem is likely to include staff that may bring their own personal experience of domestic or family violence to the research.
- (2) Measuring impact is not only subjective; but the very nature of the problem also suggests a need for measures and approaches that are 'outside' the box.
- (3) Using a realist lens combined with principles of action research means that the research is very grounded in who and what it is researching.
- (4) The history of domestic violence research is embedded in feminist principles that are still relevant.
- (5) The value of drawing on this combination of methods was that it provided the building blocks to involve the domestic violence research network as the study evolved.

While it is important to acknowledge the advantage of this approach, equally, it was critical to acknowledge the ‘middle’ researcher dynamic as part of the action research. This approach was selected over other potential methods for these reasons. The advantage was it allowed greater access to construct meaning and verify understanding (Coghlan, 2019b). The disadvantage of this approach as Coghlan (2019b) described, is the struggle to maintain ‘authenticity’, which is supported by being attentive to the data, intelligent in inquiry, considered in making decisions and responsible in decision making and action.

Each phase of the subsequent data collection is further detailed below as part of the research phases (**Figure 6**).

## Research Phases

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There were three phases to the thesis that included three main data collection activities. This thesis adopted elements of a participatory action research approach to uncover and develop a deeper understanding of the subject being studied and there were several important reasons for choosing this approach. This method ensured that the participants were part of the process and allowed the study to evolve as required, while a mixed-method approach to data collection, provided a deeper understanding of the research question than the use of one method alone (Creswell & Clark, 2007). Each phase is detailed below and includes where relevant, a description of the procedure, tools, recruitment, data collection and data analysis. Figure 6 provides a visual representation of the study phases, and how each of these phases contributes to answering the overall research questions. Each of the data collection phases resulted in a peer-review publication (**Part B**) these are presented as individual studies (**Chapters 4-6**), each study includes its own research question that have contributed to answering the overall thesis research questions. Each of these chapters also includes further detail regarding their methods.

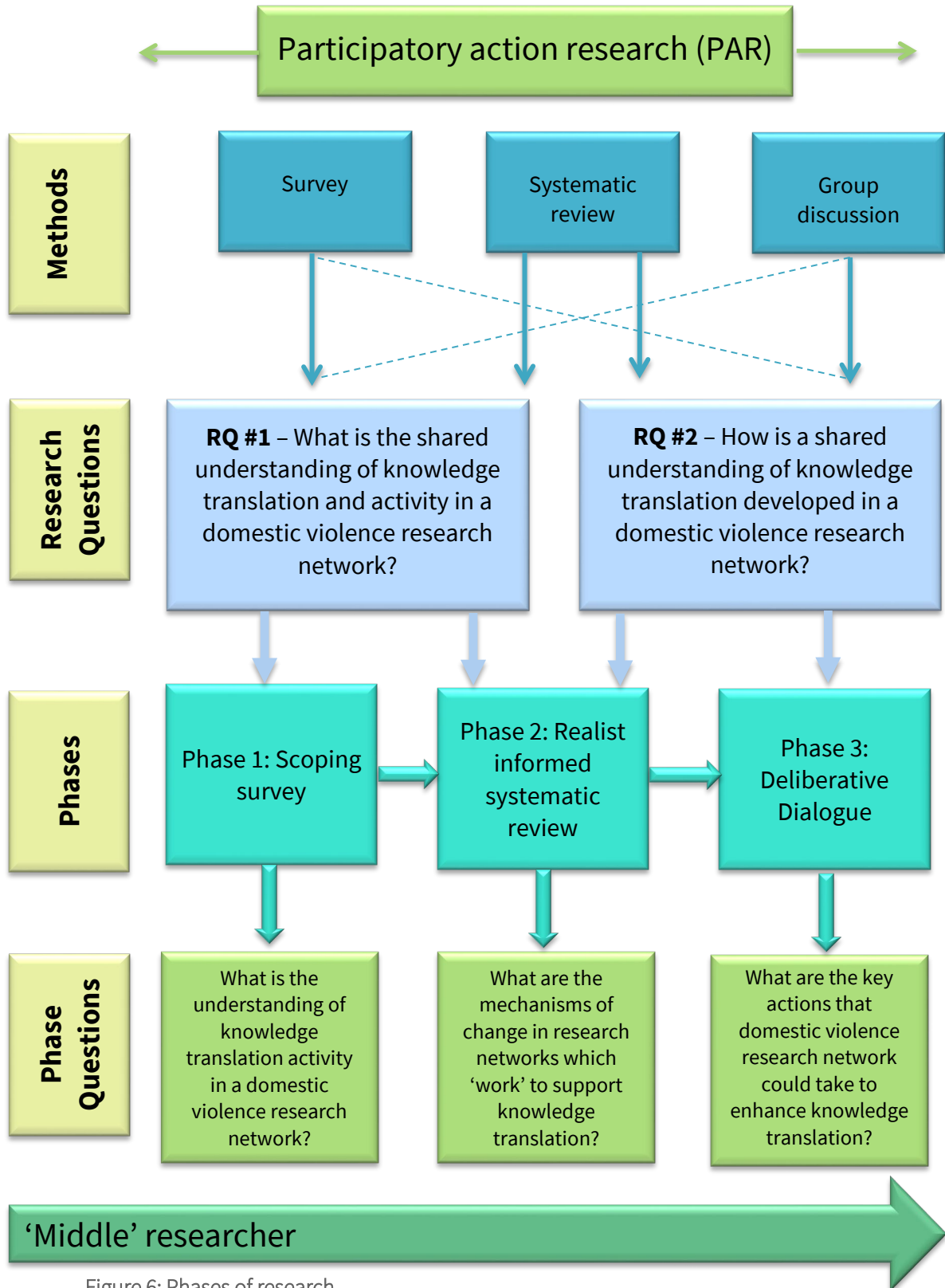


Figure 6: Phases of research

## Phase 1: Scoping Survey

To answer research question one, an online, anonymous scoping survey was chosen as the preferred method for the quantitative data collection. Traditionally a scoping study is used to map evidence using a range of study designs. The aim is to inform future research practice, programs and policy (Levac et al., 2010; O'Brien et al., 2016), similarly scoping surveys are used when there is a need to provide a snapshot (Barton et al., 2016), to map services (Streater et al., 2017) or to enhance reflexivity in clinical practice (Landy et al., 2016) thus it was an appropriate approach to map the activity of the domestic violence research network.

It was considered that a scoping survey as a quantitative measure would supplement and extend the qualitative methods employed in this thesis. The anonymous, online survey aimed to gather baseline data from the domestic violence research network regarding their knowledge translation activity and use these results to inform the next phase of the thesis. The survey was conducted between August 2018-November 2018 (49/65 potential participants, 75% completion rate). The results of the anonymous online survey are presented in **Chapter 4**.

### Development of Survey Tool

Two knowledge translation studies informed the development of the survey. All the relevant authors were contacted directly, and approval in writing was obtained before the final survey for the current thesis was submitted to ethics for approval. The authors of each are also cited in the acknowledgement section of this thesis. The survey

undertaken in the United Kingdom by Davies et al. (2015) with over 100 health, community and social care sector agencies, focused on six areas including terminology, activity, models/frameworks, ideas, developing activities and evaluation of impact. The second survey by Opsahl (2012) was adapted from Lavis et al. (2003). Permission was received from the authors to use and modify the survey instruments. Reliability and validity statistics were not available for either survey.

The knowledge translation survey (**Appendix 3**) in this thesis included 34 questions from Opsahl (2012) and Davies et al. (2015), which were re-ordered, combined and adapted under the following domains and included:

- current context and understanding of knowledge translation,
- current knowledge translation outputs,
- engaging end-users and emerging populations,
- support & resources for knowledge translation,
- barriers to knowledge translation and evaluation and impact outcomes.

These domains were identified while developing the systematic review protocol. The thirty-four questions were grouped according to these domains to structure the survey. Most of the questions were not altered, however, minor modifications were made to include a full range of end-user groups including policy, practitioner, lived-experience participants, and changes for the language for the Australian context were undertaken.

Additionally, ten new questions (5 closed/5 open) were added to capture demographics and other details regarding the role of knowledge translation within the domestic violence research network such as connection and confidence to the network. The final survey included 34 items and was posted online using Survey Monkey (2017). A full copy of the survey and how it appeared on Survey Monkey is provided in **Appendix 3**.

## Survey Procedure

Survey participants were emailed a copy of the Plain Language Statement (see **Appendix 1**) and the Consent Form (see **Appendix 2**) and were required to read these and select consent via a tick box system before the survey opened. The survey was completely anonymous, however at the end of the survey, if respondents wanted to participate in the second phase of the project, participants could provide their details including an email address and/or telephone number and were contacted later. These details were collected and stored separated in a password protected database for future reference and not linked to the survey database for analysis.

The survey mechanics were designed so that the survey was exited if the participant did not provide consent. Participants were free to withdraw from the research at any point, however, once the survey data was entered and completed data was not able to be removed as it could not be identified. The participants were also able to download the Plain Language Statement if they wanted to keep a copy. Three emails were sent requesting completion of the survey following the ethics procedure.

## Survey Analysis

The survey data was exported from Survey Monkey (2017) and imported into SPSS version 22 (IBM Corp, 2018). Frequency analyses and descriptive statistics explored the number and proportion of participants who responded to each multiple-response and Likert-scale question. The full results of this survey are provided in **Chapter 4**.

## Phase 2: Realist-informed Systematic Review

### Realist Reviews

To answer research question two a realist informed review was undertaken. Realist reviews (also known as realist synthesis) collect secondary data to take a broader view of the evidence and in this way have a broader focus than reviews that only consider the efficacy of a program or intervention (Gough, 2013). A realist review is a theory-driven review (Berg & Nanavati, 2016; Gough, 2013; Wong, 2018b). Realist reviews differ from other theory-driven reviews as the iterative approach examines the context, mechanism and outcome in a similar way to realist evaluation (Gough, 2013).

A realist review is useful when the aim is to develop a theory to understand how and why something works (Gough, 2013; Velonis et al., 2016) or as described by Pawson for understanding when the ‘mechanism of how programs work (or why they fail) in particular contexts and settings’ (Pawson et al., 2005, p S1:21). The theory will later be proved, revised or even dismissed based on the results of the review process as the evidence is developed (Berg & Nanavati, 2016; Gough, 2013; Wong et al., 2010). Wong (2018a) suggests that the realist review involves ‘repeatedly questioning’ the validity of the program theory and refining it, but also developing a new program theory if the existing theory is limited. This type of review is especially well suited for complex issues that require 'answers' for both policymakers and practitioners (Berg & Nanavati, 2016; Pawson et al., 2005; Wiese et al., 2017; Wong, 2018b) as they have a broader focus than other types of reviews (Gough, 2013).

A realist reviewer applies realist philosophy to the synthesis of findings from primary studies (Wong, 2018a). These initial ideas are developed into a 'rough' program theory or theories to understand why a particular intervention or program may work. These rough theories are then 'tested' against the review evidence (Gough, 2013; Wong et al., 2013a, p1006). Unlike other reviews, this approach explores the links between context, mechanism and outcome (CMO); thus the realist review explores theory development and testing that theory using the CMO configuration (Pawson et al., 2005).

It is not a requirement that realist reviews include only highest quality evidence such as randomised control trials, just as it is increasingly common for systematic reviews to include other study types including qualitative studies and case studies (Higgins & Green, 2008; Petticrew & Roberts, 2006). The iterative nature of the realist review allows for all study types as the inclusion criteria are less about quality and more focused on how the information from the included study can contribute to the program theory (Velonis et al., 2016; Wong, 2018a).

A realist review provides a 'pragmatic' approach to understanding contrasting literature whilst identifying themes from that literature. Consequently it is useful for understanding the knowledge translation of domestic violence literature (Pawson et al., 2005).

A systematic literature review with a realist lens was chosen as the preferred method for a review of the literature on the knowledge translating of DV research. In developing the criteria for a realist review, Pawson et al. (2005) modelled the Cochrane

review process as a useful framework, the main difference being that in a Cochrane review the process is linear, whereas a realist review is more iterative, and involves parallel rather than linear processes. A Cochrane review also includes assessing evidence with appropriate quality appraisal tools. The step-by-step review process (**Table 4**) of the realist review is similar to a systematic review with the notable exception that the 'rough' theory is identified early on in the process and later refined with primary and secondary data as the review progresses (Berg & Nanavati, 2016; Ford et al., 2016; Pawson et al., 2005; Velonis et al., 2016).

Table 4: Steps of a realist review

- 
1. Identify the question
  2. Clarify the scope of the review
  3. Identify the 'rough' theory
  4. Search for the evidence
  5. Appraise the evidence
  6. Extract the data
  7. Synthesise findings
  8. Refine theory
  9. Disseminate findings
- 

While drawing on a realist review framework, a decision was made to adopt a realist informed review. A realist 'informed' review adopts the principles of the realist approach and applies them where applicable, to the review process. It is especially helpful in the identification of mechanisms and has been used in several settings, including domestic violence (Mutschler et al., 2018; O'Campo et al., 2011; Shaw et al., 2018; Spangaro et al., 2015). The decision to use a realist review rather than a systematic review was made during the development of the review protocol. The protocol

highlighted the gaps in the literature and the type of literature available for review. This was completed early in the thesis journey and highlighted the paucity of data regarding both knowledge translation and domestic violence research. A systematic review is defined as a literature review focused on a research question that identifies, appraises, and synthesises high-quality evidence related to a research question (Byrne, 2017; O'Brien & Mc Guckin, 2016; Petticrew & Roberts, 2006; Torgerson, 2003). The high-quality evidence in systematic reviews usually refers to randomised control trials and it was clear from the literature that there needed to be wider parameters for this review. The term systematic refers to the review being undertaken according to explicit methods, thus it is the term 'systematic' that distinguishes this from other reviews (Gough et al., 2012). However as argued by Griffiths & Goudge (2016) the realist review operates with the same degree of transparency and rigour. As a result, the realist review was considered an appropriate approach as it provides answers to the questions about what works for whom, where, when and why (Griffiths & Goudge, 2016) and has been used in other areas of domestic violence research (Kirst et al., 2012; O'Campo et al., 2011; Rivas et al., 2019).

The function of any realist review, is to develop and test program theory, based on the identification of the C-M-O, after the initial canvassing of the literature. The potential program theories and 'hunches' are refined using other primary data collection e.g. interviews, observations, case study (Cooper et al., 2019; Ford et al., 2016) and whether the realist research is an evaluation or a review, the inclusion of primary data strengthens the realist approach (Emmel et al., 2018). This aspect of the realist process was not

included during the systematic review itself, but later during the deliberate dialogue (see **Chapter 6**). All other components of the review process were adhered to in accordance with the RAMESES (Realist And Meta-narrative Evidence Syntheses: Evolving Standards) publication standards for realist systematic reviews (Wong et al., 2013b). These standards are similar to those of any systematic review process and follow the same transparent process as detailed in **Table 4**.

The realist informed systematic review was guided by the need to develop a more comprehensive understanding of the knowledge translation of domestic violence research and guided by the following question: *What are the mechanisms of change in research networks which 'work' to support knowledge translation?* Further details of the realist informed systematic review method and results are presented in **Chapter 5**.

### **Phase 3: Deliberative Dialogue**

After reviewing several approaches, we chose a group discussion facilitated by deliberative dialogue to answer research question two. A group discussion is similar to a group interview (Payne & Payne, 2011). It provides a means of collecting data from several participants (who usually share everyday experiences and may know each other) and concentrates on their shared meaning and understanding of an issue (Payne & Payne, 2011).

We identified several methods that can facilitate a group discussion which are dependent upon the aims of the discussion and group composition. It is useful to use

consensus methods when comparing individual attitudes within a group or when wanting to understand the influence of one or two members over a group. The use of consensus methods has been used in qualitative health research. The purpose is to determine the degree to which either lay participants or experts agree about a particular issue (Jones & Hunter, 1995). Such methods include the focus group, nominal group technique and the Delphi technique. These methods can produce different outcomes (Mukherjee et al., 2018).

A group approach is useful when the composition of the group members will influence the issue of interest. The group composition can produce different outcomes or responses to questions than those obtained by individual results or answers (Bohnsack, 2004; Thomas, 2016). This is when focus groups are useful. The term 'focus group' is often used interchangeably with a 'group interview' although they are different and used for various purposes (Payne & Payne, 2011). The critical difference lies in the role of the moderator. In a group interview, the aim is to direct the discussion in much the same way as a semi-structured interview (Payne & Payne, 2011).

In contrast, the focus group moderator has a minor rather than a major role and allows the participants to lead the discussion (Payne & Payne, 2011). The focus group seeks to understand the participants' beliefs, values and feelings regarding a specific issue. With a few small prompts, the facilitator aims to 'snowball' the discussion (Payne & Payne, 2011; Peterson & Barron, 2007; Thomas, 2016).

Similar to deliberative dialogue, the nominal group technique is a method used to generate healthcare priorities. This method involves a process of introduction, time to reflect on the question (usually only 1 or 2 questions), a round-robin discussion to generate ideas, time for clarification of meaning and finally a ranking of the ideas from the list that will have been developed (McMillan et al., 2014). However, it is not focused on the evidence in the same way as deliberative dialogue.

Researchers use the Delphi approach to consult with experts on a particular topic, usually with several rounds of consultation and revision. It has also been used in conjunction with knowledge translation strategies (Schofield et al., 2018). It uses highly structured questions to obtain a consensus from experts (Okoli & Pawlowski, 2004). Generally, the process will include expert feedback, group assessment, further revised individual expert feedback and a final assessment (Okoli & Pawlowski, 2004). This is also similar to the way that deliberative dialogue uses expert feedback, but the aim is for consensus which is not the focus of a deliberative dialogue.

According to Ridde & Dagenais (2017), a deliberative dialogue refers to a process that will *'allow research evidence to be considered together with the views, experiences, and tacit knowledge of those who will be involved in, or affected by, future decisions about a high priority issue'*. Deliberative dialogues are often used to support evidence-based decision making (Boydell et al., 2017; Boyko et al., 2012) and knowledge translation (Boyko et al., 2014). The key features include the meeting environment, the mix of participants, the research evidence (circulated before the meeting) and substantial

preparation and planning (Boyko et al., 2016). The structure requires participants to review the information or 'evidence brief' before the session and then discuss in a structured manner during the session (Moat et al., 2014). A discussion at the beginning ensures that the 'right' question is being answered and the focus is then on how to answer that question in a way which will result in action (Boyko et al., 2012; Plamondon et al., 2015). The process does not need to be a consensus approach, but it does require equal participation and sharing of expertise combined with evidence (London, 2005). There is a strong focus on the evidence-informed policy and practice change with this approach (Boydell et al., 2017; Boyko et al., 2016; Lavis et al., 2014; Plamondon et al., 2015; Rajan et al., 2015).

Although each of these approaches was potentially useful to answer the research question, the final decision to conduct a deliberative dialogue was based on several factors. The deliberative dialogue has been used successfully in similar settings (Boyko et al., 2016; Lavis et al., 2014), it has been promoted as a tool for tackling complex issues (Degeling et al., 2015) and it provides a more focussed discussion with actionable outcomes (Hawley et al., 2018).

## Deliberative Dialogue Procedure

Upon completion of the survey, all the domestic violence research network participants were invited to indicate if they would like to participate in the next phase of the data collection. They self-nominated and participation was voluntary with no incentive or reward offered. Participants were free to withdraw from the study at any time during the next phase. No participants withdrew from the study once they had provided consent. In the follow-up phase of the thesis, participants were asked to participate in deliberative dialogue. The deliberative dialogue aimed to answer the following question: *What are the actions that the Safer Families Centre of Research Excellence should do to enhance knowledge translation?*

Three deliberative dialogue meetings were undertaken with a total of sixteen participants:

- (1) 10th December 2018 – Meeting 1
- (2) 13th December 2018 – Meeting 2
- (3) 14th December 2018 – Meeting 3

The deliberative dialogue participants were sent an evidence briefing one week before their meeting date. The briefing had a summary of the realist informed systematic review along with general knowledge translation definitions. A copy of the evidence briefing is provided in **Appendix 4**. The deliberative dialogue was managed using the following ground rules (**Table 5**).

Table 5: Ground rules for deliberative dialogue

- 
- Deliberative dialogue is a form of discussion aimed at finding the best course of action.
  - Deliberative questions take the form "What should we do?" and the group does not have to reach complete consensus on the topic to move forward.
  - Focus on the content, considering the pros and cons of the framework.
  - Everyone is encouraged to participate, but have the right to pass too.
  - Speak your mind freely, but do not monopolise the conversation
  - Listen carefully to others and maintain an open mind.
  - Help to develop one another's ideas; ask clarifying questions.
  - Engage in friendly disagreement, but do not personalise a conflict.
  - Do not get stuck arguing about facts and figures.
  - Confidentiality will be respected.
  - The question we are trying to address during the Deliberative Dialogue discussion is:
    - What are the key actions that the Safer Families Centre of Research Excellence should do to enhance knowledge translation?
    - Is this question clear? Should we change it? How would you change it?
    - Let us begin to try and answer it? Who would like to go first?
    - What have you thought about from the end-user/women's voices?
    - What are the challenges moving forward, and how can we overcome them?
    - What would be one thing we can achieve in the next 3-6 months?
    - What are the top 3 actions you would like to see in next six months?
    - What would be the best way to evaluate it?
    - How can we help you achieve what you want to do?
    - What else do we need to do?
-

## Deliberative Dialogue Analysis

The deliberative dialogue transcripts were de-identified and transcribed verbatim. The recordings were removed from the recording device and stored on a secure database on a password-protected computer for analysis. The data were then imported into NVivo (QSR International, 2018) to assist with qualitative data analysis. The results of the deliberative dialogue are presented as a peer-review paper in **Chapter 6**.

## Ethical Considerations

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Before commencing the data collection, ethics clearance was sought from the University of Melbourne Human Research Ethics Committee. The thesis was granted ethics approval by The University of Melbourne Human Research Ethics Committee (ID :1238564). The intended participants of this research project were the researchers from the domestic violence research network. There was potential to include up to sixty-five participants (researchers and scholars, research higher degree students, early and mid-career researchers) across the three groups of the network. Before data collection, the participant received an explanation of the project via email. The email included a brief explanation of the study, plain language statement, and consent form.

### **Ethical Considerations for Research Participants.**

Although the risk was deemed low, due consideration was given to the participants from the domestic violence research network in this thesis. It was possible that there could be potential risk regarding the time and commitment pressures for

participants, as well as issues of confidentiality and sensitivity. This is true of any type of research, but particularly given the challenging area of researching domestic violence. The number of participants within each group was small, so participants could potentially be identified in conference papers, journal articles and the thesis. There was also a risk that some participants would feel uncomfortable as they were part of a group that was under 'evaluation' and they may feel their professional credibility was being questioned when discussing knowledge translation as part of their role. To minimise risk, several strategies were implemented as part of the ethics procedure. To minimise the impact for potential participants, the network events and data collection were held at times and locations that were of most convenience to most of the participants and any preparation for events communicated to them within realistic timeframes. The online survey was posted with sufficient notice and time for completion with three email reminders. To ensure privacy and confidentiality, individuals and agencies were not named unless participants expressly consented to be named. To manage any unforeseen or sensitive issues arising from discussions during events, the participants were provided contact details of the researcher's Chair of Advisory Committee, who was external to the domestic violence research network, should they wish to raise any concerns.

This chapter outlined the methodology of the current study, including the measures, participants, procedure, and ethical considerations. The aim of the study as described in **Part A**, was to examine the shared understanding of knowledge translation of a domestic violence research network. The study was designed to explore the domestic

violence research network in the first-year post-set-up. In assessing knowledge translation through the survey, an attempt was made to gain a clear picture of knowledge translation activity. By also including a realist informed systematic review, the study established the specific mechanisms of knowledge translation for this setting. The next section of the thesis **Part B: Findings**, which contains **Chapters 4-6**, will examine the results of each phase results in further detail.



## Chapter 4: Phase 1: Scoping Survey

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In **Chapter 3**, the thesis research methods for **Part B** were presented in detail. This fourth chapter is concerned with the results of the scoping survey. The objective of the scoping survey was to inform the development of **Chapters 5 & 6**, but equally, to provide an overview of the knowledge translation activity of the domestic violence research network. It also answers the first research question of this thesis: *What is the shared understanding of knowledge translation and activity in a domestic violence research network?* **Chapter 4** is presented as a manuscript that was submitted to *Journal of Gender-Based Violence (Policy and Practice)* on the 22<sup>nd</sup> January 2021 and accepted for publication on the 22<sup>nd</sup> April 2021. The pages have been re-numbered for the thesis, but otherwise, the final pre-proof author accepted manuscript is unchanged. Supplementary material, including the scoping survey are provided in **Appendix 3**.

### Declaration by candidate

In the case of **Chapter 4**, the nature and extent of my contribution to the work was the following:

| Nature of contribution   | Extent of contribution (%) |
|--|----------------------------|
| <p>Conceived the study in collaboration with the co-authors. Led the development of the survey instrument, completed the survey data collection and survey analysis.</p> <p>Drafted the manuscript and made subsequent revisions based on critical review of the manuscript by co-authors.</p> | 90%                        |

The following co-authors contributed to the work.

| Name                      | Nature of contribution   | Extent of contribution (%) |
|---------------------------|--|----------------------------|
| Professor Cathy Humphreys | All authors provided critical review of the manuscript.  | 5%                         |
| Professor Kelsey Hegarty  | Reviewed all aspects of the survey design, analysis, and presentation of results.<br>All authors provided critical review of the manuscript. | 5%                         |

# Title Page

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## Article Title

Knowledge translation activity of a domestic violence research network: A scoping survey

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# Abstract

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## Introduction

Research networks undertake work collaboratively on complex areas of research. Few studies examine how these networks develop their knowledge translation activity. Focusing on a domestic violence research network (DVRN), the aim of this study was to answer the question: *What is the shared understanding of knowledge translation and activity in a domestic violence research network?*

## Methods

A sample of DVRN members undertook an anonymous online survey about their knowledge translation activity.

## Results

Completed by 49 of a potential 65 DVRN members (75% completion rate), findings suggested members use multiple knowledge translation definitions, and that different stages of the research process engage people with lived-experience and policymakers undertaking lower levels of engagement than practitioners. Innovative engagement mechanisms to communicate research findings were limited, and knowledge translation barriers included budget, time, capacity, limitation of models, organisational emphasis and support. Finally, there was inadequate knowledge translation evaluation.

## **Conclusion**

Overcoming knowledge translation barriers is essential to ensure meaningful collaboration particularly with survivors who are often the missing voice of knowledge translation. Future studies could determine what impact, if any, increasing engagement of survivors and policymakers during all stages of the research process has on knowledge translation.

## **Key Words**

Knowledge translation, domestic violence research network, policymakers, survivors

## **Word Count**

3998

## **Key Messages**

- This study has identified the need for meaningful collaboration with survivors and policymakers during all stages of the research process
- Innovative engagement mechanisms are essential to engage end-users
- A focus on evaluation of knowledge translation strategies is warranted

## Introduction

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Research networks defined as a group of multi-disciplinary researchers with a common purpose (Hall 2014) are funded to undertake collaborative research on complicated areas of health and social research. These networks are often required to include knowledge translation activities as part of their funding agreements (Tasca et al 2015). This study focused on a domestic violence research network (DVRN).

The DVRN comprised a group of researchers located in a virtual network representing a range of academic institutions researching domestic and family violence. The network ([www.saferfamilies.org.au](http://www.saferfamilies.org.au)) was established one year before this study occurred. Research studying the functioning of research networks, how networks are established and developing their knowledge translation activity, is scarce.

Domestic violence (DV) has devastating impacts, with many women and children experiencing harmful and long-term effects including social, financial, housing, mental and physical health (ANROWS 2018). It is crucial to understand how a DVRN can generate and share their knowledge translation with end-user groups, yet few studies focus on the knowledge translation of DV research, with a recent study finding DV practitioners identified the credibility of the messenger, relevance & rigour of research, and trustworthiness as key to their research uptake (Casey et al 2020).

Knowledge translation importantly connects researchers with research users, in an iterative process between the two (Nguyen et al 2020). It is a complex area, with 100 existing terms describing 'knowledge translation' (McKibbin et al 2010) and numerous models and approaches (Esmail et al 2020). Knowledge translation is defined by the Canadian Institutes of Health Research as “a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to

improve health, provide more effective health services and products, and strengthen the health care system” (Straus et al 2009: , p165). It ensures evidence from research is used by a range of end-users (Chapman et al 2020), however there remains a ‘gap’ between research production and implementation (Graham et al 2018, Heinsch et al 2016, Sarkies et al 2017, Straus et al 2009).

Frequently, research findings are not implemented (Graham et al 2018) or fail to link evidence and policy to practice, resulting in mediocre policy development (Pellini and Serrat 2010). Because funding bodies often seek real world impact to inform policy and practice (Tait and Williamson 2019), models that support the translation of knowledge to practice in a variety of settings are important (Sudsawad 2007). The end-of-grant approach to knowledge translation focuses on disseminating findings at the end of the process, and traditionally features researcher led dissemination such as peer review papers, conference presentations, and clinical practice guidelines (Donnelly et al 2014). More recently, knowledge translation has been recognised as context specific and an integrated approach using collaboration and partnerships between researchers and end-users to facilitate knowledge use, has emerged (Donnelly et al 2014). For further explanation of the integrated approach, and knowledge translation models, strategies and partnerships, see Kothari et al. (2017), Sudsawad (2007), Esmail et al. (2020), Chapman (2020), and Hoekstra et al. (2020) respectively.

Emerging more recently is a focus on the co-production of research with end-users, including practitioners, policymakers and lived-experience participants (Hoekstra et al 2020). Integrated Knowledge Translation is a model that actively encourages end-users as collaborators during every stage of the research process (Graham et al 2019, Kothari et al 2017). The approach pairs researchers with healthcare providers,

policymakers, caregivers, and the public, in research (Banner et al 2019). This Integrated Knowledge Translation may generate more relevant actionable outcomes (Kothari et al 2017) and strengthen the results and application of research outcomes (Graham et al 2019). As equal partners in the relationship, this approach also reduces the power imbalance between researchers and end-users (Kothari et al 2017).

Increasingly, researchers are required to co-produce research, referred to as the co-design or co-production of research (Palmer et al 2019). However, little is known about engagement with different end-users (Kothari and Wathen 2017) and few studies compare this broader range of end-user groups. One study focused on collaboration among members to identify specific research themes for knowledge translation (Tasca et al 2015). Another study used collaboration between educational institutions and researchers to develop an inclusive education system practice (Ainscow et al 2004). The Canadian PreVAiL network took a public health perspective in addressing DV and built partnerships between collaborating researchers and policy partners (Kothari et al 2014).

Despite these findings, there remains little known about how research networks implement knowledge translation activity in practice (Graham et al 2019). Exploring the knowledge translation of a DVRN, this study aimed to answer the question: *What is the shared understanding of knowledge translation and activity in a domestic violence research network?*

## Method

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An anonymous online survey regarding knowledge translation activity was completed by 49 of a potential 65 DVRN members between August-November 2018 (75% completion rate).

### Survey Tool

Two knowledge translation studies informed our survey tool's development (Davies et al 2015, Opsahl 2012). The survey tool included 35 questions, including 6 modified questions from Opsahl (2012) and 12 modified questions from Davies et al. (2015); neither survey tool provided reliability or validity evidence. Modifications were made to include end-user groups as well as questions specific to the establishment of the DVRN. Two authors (JC/KH) undertook several edits of the survey to refine the tool. Questions were included if they matched one of six domains identified as priority areas (Cameron et al 2020). These were 1) current context and understanding of knowledge translation; 2) current knowledge translation outputs; 3) engaging end-users and emerging populations; 4) support and resources for knowledge translation; 5) barriers to knowledge translation, and 6) evaluation and impact outcomes. Table 1 presents example questions by domain. Unless specified, end-users included policymakers, practitioners, senior managers, and participants with lived-experience.

**Table 1: Survey Question Examples**

| Domain  | Example of Survey Questions   | Example of Likert Scales   |
|---|---|--|
| Domain 1:<br>Current context and understanding of knowledge translation | How important is knowledge translation in your current role?<br>How confident are you in your ability to undertake knowledge translation?<br>How connected do you feel to the domestic violence research network? | Very important-Not important at all<br>Extremely confident – not at all confident<br>Extremely connected – not at all connected          |
| Domain 2:<br>Current knowledge translation outputs                      | How often does your group produce the following outputs for your research?<br>Which of the following knowledge translation activities does your group do?   | Publications, other written materials, or tools aimed at practitioners/policymakers/lived-experience participants                        |
| Domain 3:<br>Engaging end-users and emerging populations                | How often do you translate your research to the following end-user groups?<br>How often does your group engage with lived-experience participants in each of the following stages of the research?                | Always – never   |
| Domain 4:<br>Support and resources for knowledge translation            | How often does your group use the following mediums to share your research?   | Always – never   |
| Domain 5:<br>Barriers to knowledge translation                          | How much do you agree or disagree with each of the following statements regarding barriers to knowledge translation?  | Strongly agree – strongly disagree   |
| Domain 6:<br>Evaluation and impact outcomes                             | How often does your group evaluate any changes in your end user's knowledge of the following?<br>Which of the following best describes your group's approach to the evaluation of knowledge translation?          | Always – never<br>There is little or no formal evaluation<br>There is some evaluation<br>There is a comprehensive approach to evaluation |

## Survey Procedure

Participants were emailed a copy of the Plain Language Statement, which required online consent before opening the survey via the Survey Monkey (2017) platform. Participants could withdraw from the research at any time before survey submission, but not after, due to data de-identification. Participants were emailed three reminder invitations to complete the survey.

## Survey Analysis

Quantitative data were analysed using SPSS (2018). Frequency analyses and descriptive statistics explored the proportion of researchers who responded to each multiple-response and Likert-scale question. The data were cleaned, and due to missing data on some questions, different sample sizes emerged on some items. The majority of questions were administered via a 5-point Likert-type scale (*strongly agree, somewhat agree, neutral, somewhat disagree, strongly disagree*). Due to small sample sizes, the questions were recoded into a 3-point scale for analysis.

## Results

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In total, 49 participants completed the survey. All with DV research experience, participants included doctoral students (28%, n=13), early-career (defined as up to 5 years post PhD; 21%; n=10), mid-career (defined as up to 8 years post PhD; 21%, n=10) and senior researchers (30%, n=14). Participants identified their research focus areas as a) understanding the dynamics of abuse and resilience to tailor responses (23%, n=11), b) testing clinician early identification of all members of the family and first-line

response/referral (44%, n=21), or c) evaluating child/parent/carer interventions for safety and resiliency (23%, n=11).

All participants agreed that knowledge translation was *'extremely important/very important'* to their current role (92%, n=45). When asked about their confidence to undertake knowledge translation, 69% (n=34) stated they were only *'somewhat confident'* in their ability and 24% (n=12) reported feeling *'extremely/very confident'*. Fifty-one percent of participants (n=25) felt *'somewhat connected'* to the DVRN, 27% (n=13) felt *'extremely or very connected'* and 22% (n=11) felt *'not so connected/not at all connected'*.

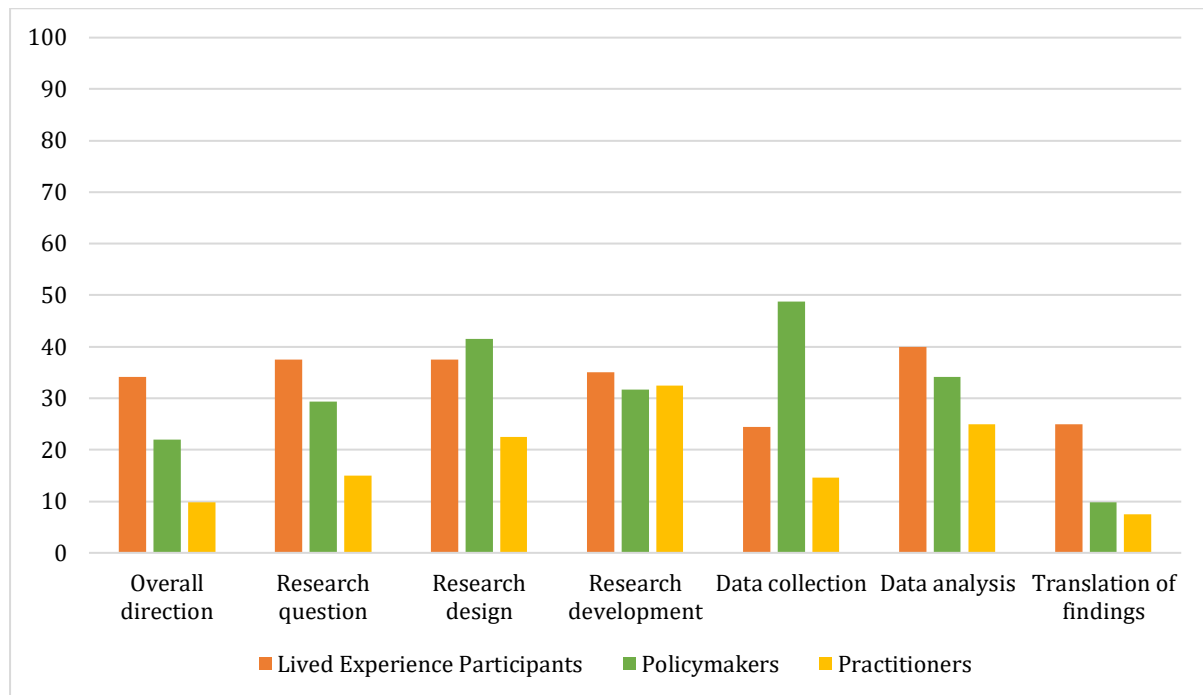
The definition chosen by most participants was *'knowledge translation is using knowledge to inform practice and influence policy'* (48%, n=23) followed by *'knowledge translation is the sharing and exchange of information'* (30%, n=14)

**Table 2: Definition of knowledge translation**

| Preferred definition  | n  | (%) |
|---|----|-----|
| Knowledge translation is using knowledge to inform practice and influence policy    | 23 | 48  |
| Knowledge translation is the sharing and exchange of information                    | 14 | 30  |
| Knowledge translation is applying new knowledge to different groups and communities | 5  | 10  |
| Knowledge translation is a two-way exchange or dialogue                             | 5  | 10  |
| Knowledge translation is a multidirectional transfer of knowledge at many levels    | 1  | 2   |
| Total   | 48 | 100 |

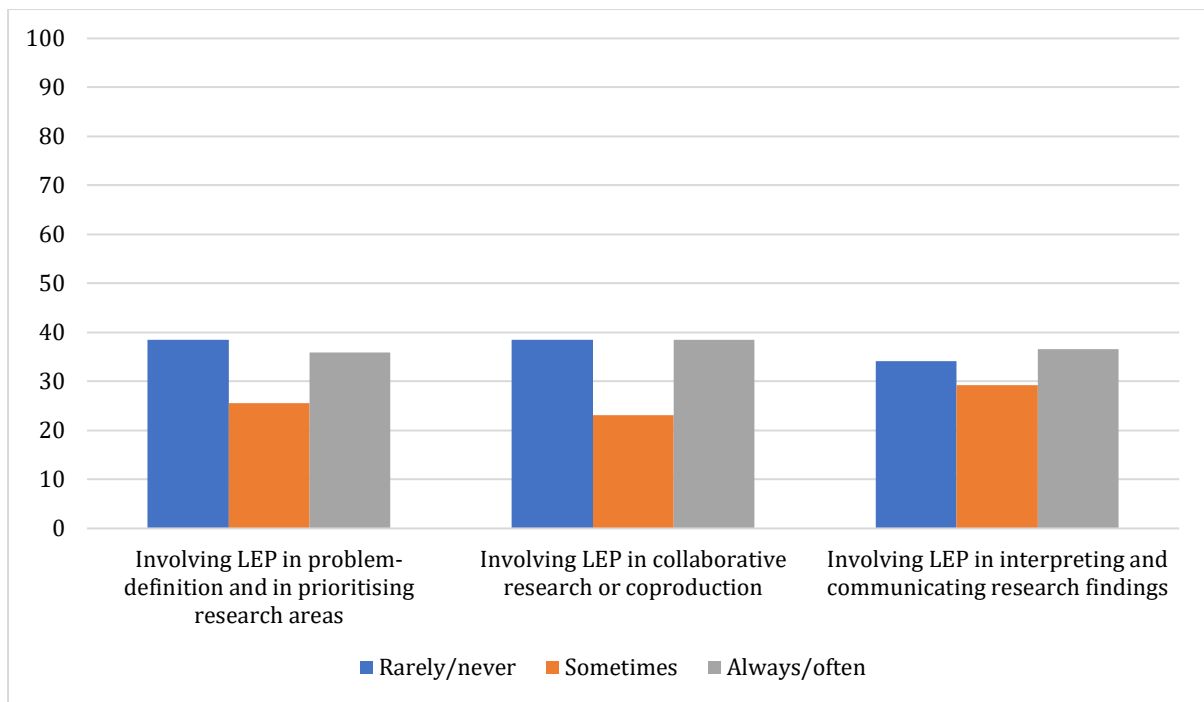
Several survey questions focused on engagement and connection during the research process. This process included the overall direction of research, developing research questions, research design and development, data collection and analysis and the translation of findings. Participants reported engaging with a range of end-user groups during the research process (see Figure 1), of which practitioners were the most widely consulted group across all seven research stages. The highest reported level of

engagement 'always/often' was with people with lived-experience (54%, n=22) was during the data collection process. Policymakers were the least engaged group, particularly concerning research development (22%, n=9), research design and methods (15%, n=6), data collection (17%, n=7), and data analysis & synthesis (15%, n=6).



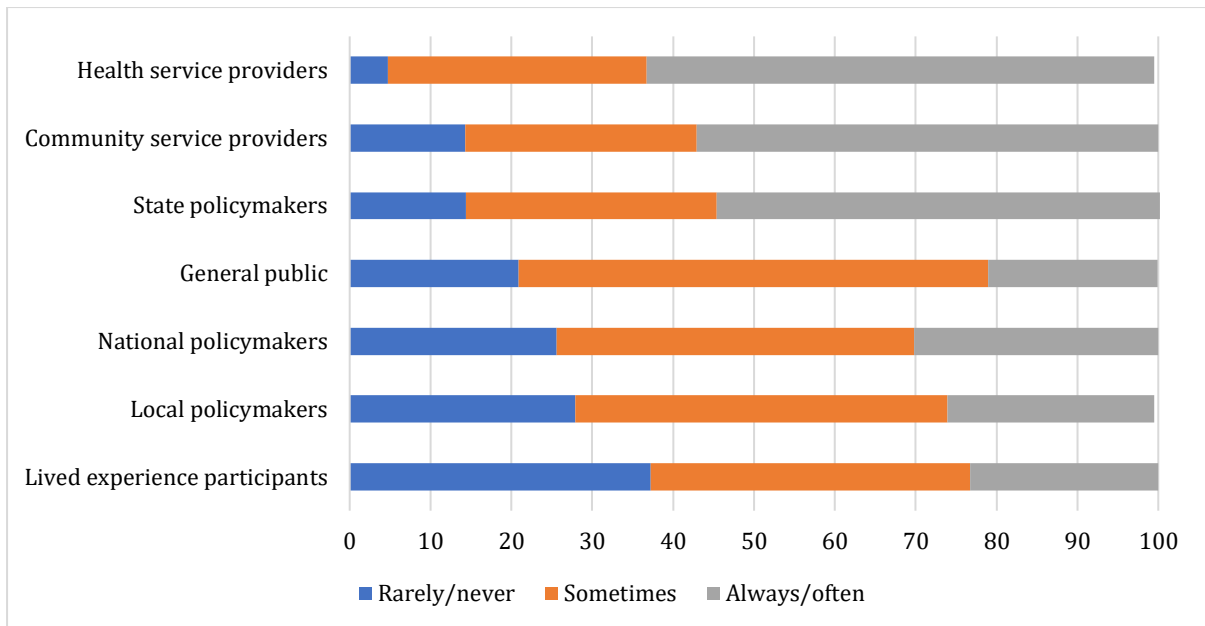
**Figure 1: Engagement during research process (always/often)**

Exploring research engagement with people with lived-experience, 36% (n=14) reported 'always/often' being involved in 'problem definition and prioritising research areas', 39%, (n=15) were part of 'collaborative research or co-production' and 37% (n=15) of 'interpreting and communicating research findings' (see Figure 2).



**Figure 2: Knowledge translation engagement with lived experience participants**

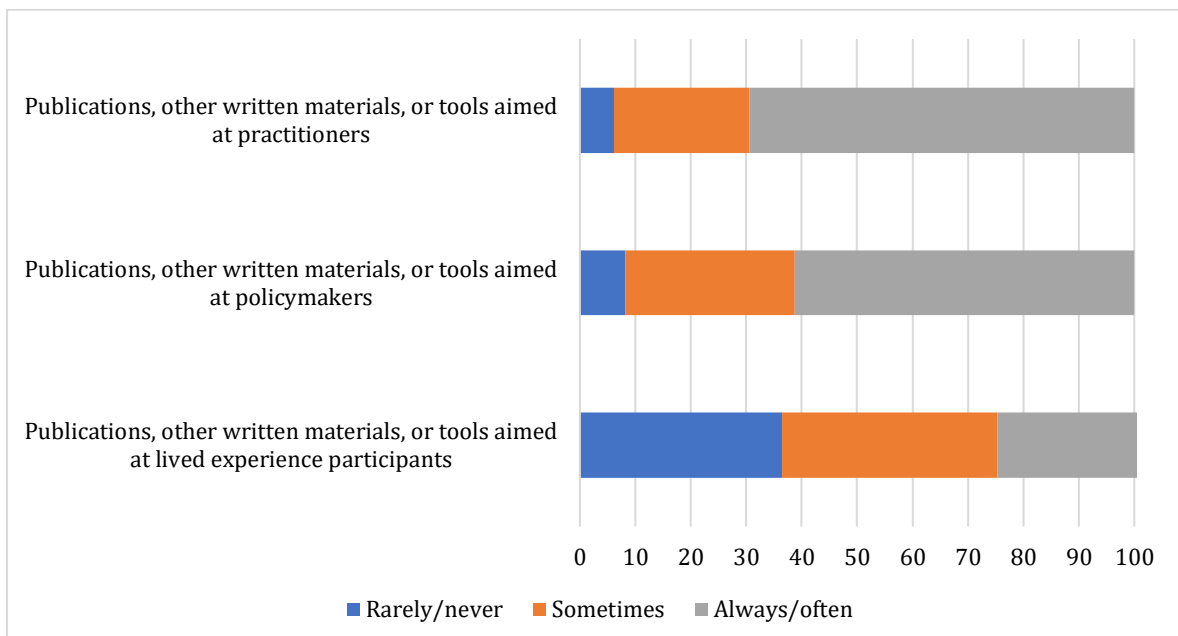
Participants generally translated research with a range of end-user groups (see Figure 3). The most commonly targeted (*always/often*) end-user groups were health services providers (63%, n=27), community service providers (57%, n=24) and State policymakers (55%, n=23). The least targeted group was people with lived-experience, among whom 37% (n=16) were '*rarely/never*' included. Local (26%, n=11) and National policymakers (30%, n=13) were reported less than State (55%, n=23) policymakers.



**Figure 3: Translation of research with end-user groups**

Similarly, publications or materials aimed explicitly at different end-user groups

'always/often' targeted practitioners (70%, n=34) and policymakers (60% n=17), ahead of people with lived-experience (35%, n=17) (see Figure 4).



**Figure 4: Publication of materials**

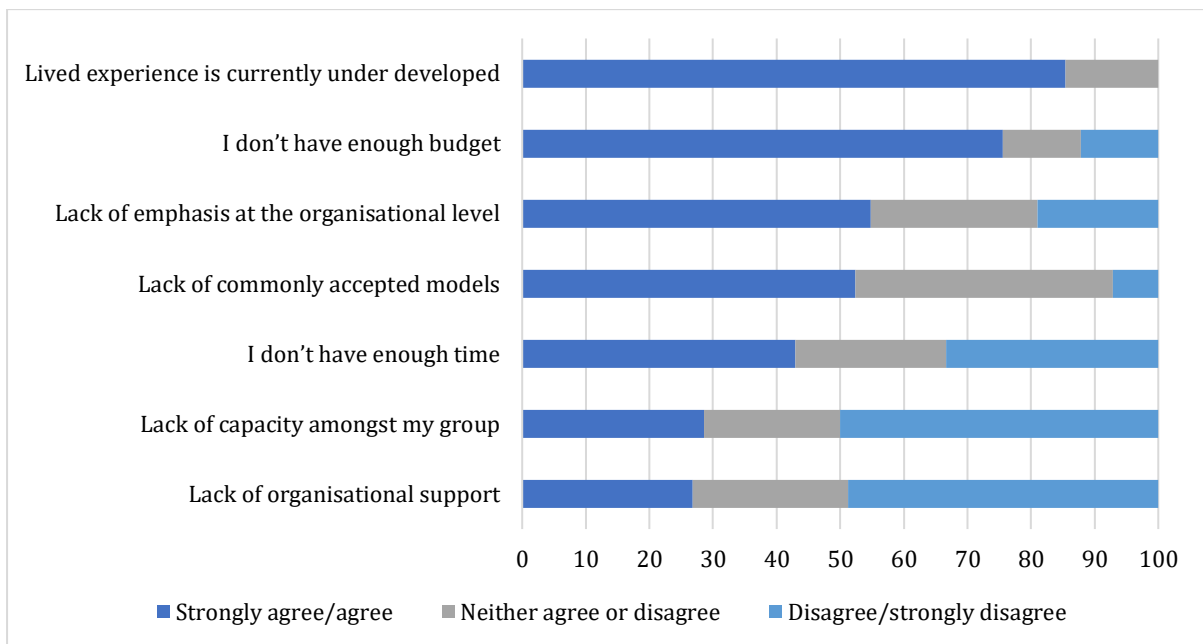
Engagement mechanisms used to communicate research outcomes varied (see Table 3). Sixty-four percent (n=27) of participants reported '*always/often*' sharing research findings via websites and newsletters, and 48% (n=23) reported '*rarely/never*' creating debate using social media or producing videos/ animation to communicate research findings (45%, n=22). Further, 72% (n=35) '*rarely/never*' used the arts to communicate research and 62% (n=29) '*rarely/never*' used other social marketing approaches. Participants reported limited use of other media forms such as blogs, Facebook, Twitter, and LinkedIn.

**Table 3: Engagement mechanisms**

|   | Always/<br>often | Sometimes | Rarely/<br>never | Total |
|---|------------------|-----------|------------------|-------|
|   | n (%)            | n (%)     | n (%)            | n     |
| Research website  | 27 (64)          | 12 (29)   | 3 (7)            | 42    |
| Research newsletter   | 25 (60)          | 12 (29)   | 5 (12)           | 42    |
| Research summaries<br>and/or guidelines (e.g.<br>factsheets myth busters) | 15 (31)          | 25 (52)   | 8 (17)           | 48    |
| Research-based<br>commentary in the news                                  | 12 (24)          | 25 (51)   | 12 (25)          | 49    |
| Use of Twitter  | 11 (27)          | 13 (32)   | 17 (42)          | 41    |
| Media releases  | 10 (24)          | 21(50)    | 11 (26)          | 42    |
| Producing videos or<br>animations   | 8 (16)           | 19 (39)   | 22 (45)          | 49    |
| Creating debate using<br>social media                                     | 6 (12)           | 19 (40)   | 23 (48)          | 48    |
| Publicising impact<br>stories   | 6 (12)           | 20 (43)   | 21(45)           | 47    |
| Using the arts (e.g. drama,<br>narrative, visual arts)                    | 5 (10)           | 9 (18)    | 35 (72)          | 49    |
| Other social marketing<br>approaches                                      | 5 (10)           | 13 (28)   | 29 (62)          | 49    |
| Facebook  | 3 (7)            | 9 (22)    | 29 (71)          | 41    |
| LinkedIn  | 2 (5)            | 5 (13)    | 33 (83)          | 40    |
| Blog  | 2 (5)            | 6 (15)    | 32 (80)          | 40    |

Importantly, 85% (n=35) of participants '*strongly agreed or agreed*' that '*the role of lived-experience is currently underdeveloped*'. Participants reported the main barriers to knowledge translation as lack of budget (76%, n=31), organisation emphasis (55%,

n=23), commonly accepted models (52%, n=22), time (43% n=18), capacity (29%, n=12) and support (27%, n=11; see Figure 5).



**Figure 5: Barriers and implementation challenges to knowledge translation**

Participants reported limited investment, with only 35% (n=14) reporting 'always/often' receiving post-project funding for knowledge translation. Approximately one-third of participants (34%, n=14) reported 'always/often' providing funding for communities of practice among practitioners, and 15% (n=6) for policymakers.

Overall, participants reported limited investment in evaluating knowledge translation, with 43% (n=17) of the participants indicating 'little or no formal evaluation' of knowledge translation.

## Discussion

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This study aimed to answer the research question: *What is the shared understanding of knowledge translation and activity in a domestic violence research network?* Few studies have explored DVRN knowledge translation activities. This study identified a lack of engagement with people with lived-experience, limited engagement with policymakers, varying definitions of knowledge translation, and a limited range of engagement mechanisms for knowledge translation.

### **Limited Engagement with People with Lived-Experience.**

This study's significant finding was the lack of engagement with people with DV lived-experience during each stage of the research process. Increasingly, funders expect researchers will co-produce their research (Palmer et al 2019), and research agencies focus their knowledge translation activities with practitioners and policymakers rather than lived-experience participants (Powell et al 2016). Although participants in this study did engage lived-experience participants, the findings suggest that engagement occurred mostly during data collection and data dissemination rather than across the whole research process. Engagement should occur during all stages of the research process, including research question construction and identification of issues (Graham et al 2014). Significantly, the voices of people with lived-experience add richness to research (Collins et al 2005) while participation also supports their recovery (Joss et al 2016).

Engaging people with lived-experience regarding knowledge translation activity alone does not offer simple answers to complex questions. It will not tell policymakers whether something works or not, but will provide a rich, detailed and efficient understanding of complex problems such as DV. This understanding is useful to

policymakers when planning and implementing responses from research, policy, and practice perspectives. This study identified that lived-experience participants were included in only some aspects of the research process. The full explanation of why lived-experience participants are not embedded in all elements remains unclear, although it may be explained by lack of funding and the time required to involve lived-experience participants (Casey et al 2020). However, implementing a model such as integrated knowledge translation might assist this engagement as the model advocates for the inclusions of end-users from the start of the research process (Graham et al 2014). This inclusion is even more critical when the area under study is DV (Heywood et al 2019).

### **Limited Engagement with Policymakers.**

A further key finding relates to the engagement between researchers and policymakers, where targeted engagement with policymakers was evidenced through publications explicitly developed for them. However, our results suggested that policymakers have less involvement in the research process than practitioners. The importance of translating knowledge to policymakers is well established to ensure that information will influence policy (Kothari and Wathen 2017). Knowledge translation for policymakers should also be tailored, contingent upon several factors including the target audience, policy context and dominant policy focus (Fafard and Hoffman 2018). In a cross-sectional survey of policymakers, Ellen et al. (2018) found perception differences between policymakers and researchers, especially concerning knowledge translation barriers, suggesting a need for more collaboration and increased shared understanding. Implementing a model such as integrated knowledge translation might foster this collaboration (Banner et al 2019) as the model is founded upon participatory research principles. It could also provide a platform to embed ongoing formal evaluation of

knowledge translation activity, notably absent from the current study, with research participants reporting little to no formal knowledge translation evaluation.

### **Multiple Definitions of Knowledge Translation.**

Consistent with the literature (Esmail et al 2020), our findings suggest the network was using multiple knowledge translation definitions. The inconsistent application of terms may result in a narrow view of research (Heinsch et al 2016) or incorrect assumptions (Powell et al 2016). The identification and agreement of a shared definition and framework for the knowledge translation of the DVRN would help to resolve this confusion. An Integrated Knowledge Translation capacity framework model has been adapted to include specific factors required for successful knowledge translation of DV research (Cameron et al 2021).

### **Limited Range of Engagement Mechanisms for Knowledge Translation.**

The participants mainly reported using traditional communication formats (e.g. website, newsletter, guidelines). This may be due to the network being in its infancy and needing to establish evidence of impact, focusing on traditional dissemination forms. Australia's National Research Organisation for Women's Safety increasingly provides creative, novel and innovative examples of knowledge translation (ANROWS 2019), however, the current study demonstrated little evidence of social media use (e.g. Facebook, LinkedIn, Twitter) and other creative approaches (e.g. videos, animations, impact stories, drama, narrative, and visual arts). Increasingly there are creative examples of knowledge translation such as ANROWS, which provide novel and innovative knowledge translation approaches and outputs (ANROWS 2019).

## **Barriers and Limited Evaluation of Knowledge Translation Activity.**

The barriers to knowledge translation found in the current study mirror those found by other knowledge translation scholars (Hoekstra et al 2020) and the broader literature (Chapman et al 2020) and included budget, time, capacity, organisational emphasis and support. The current study also found little or no formal evaluation of knowledge translation activity, also consistent with the broader literature (Hoekstra et al 2020).

## **Strengths and Limitations**

A strength of this study was the exploration of knowledge translation from the perspective of a DVRN. Moreover, the author is a 'middle' researcher (Coghlan and Shani 2015) which delivered unparalleled access to participants, enabling researcher engagement with participants resulting in the development of rapport and trust (Breen 2007). This study was completed at the outset of the network and thus could inform activity and create opportunity for shared understanding of knowledge translation.

This study was not without limitations. Although considerable effort was made to recruit participants, the sample size was small thus between-group analyses were not possible. Another limitation was the use of closed questions. More open-ended questions may have enabled a more meaningful exploration of knowledge translation. Moreover, the survey questions focused on dissemination between researcher(s) and end-users. Future studies could explore connection between those who produce and use the research using a qualitative method. The study included only one network; thus findings may not be generalisable to other networks.

## Conclusion

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Knowledge translation is a critical component of DVRN's. Currently, knowledge translation is (mostly) unfunded, yet funders routinely collect information about knowledge translation impacts and expect research networks to achieve meaningful results. Connections between DVRN's and end-users are needed to establish meaningful collaboration, especially with survivors who are often knowledge translation's missing voice. Future research examining the impacts of engagement with policymakers and engagement with people with lived-experience from the start of the research process would be valuable, as would a repeat of the current study in the DVRN after five year's operation, to explore connection and confidence over time. Innovative engagement mechanisms to translate knowledge for a diverse range of end-users and strategies to overcome knowledge translation barriers are required for the ongoing effectiveness of research networks.

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## Conflict of Interest

The authors declare that there is no conflict of interest.

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## Chapter 4: Summary

In this chapter, to address research question one, this study explored the knowledge translation activity of a domestic violence research network. The survey was completed by 49 domestic violence research network members (49/65; 75%) between August-November of 2018. The network had been in operation for approximately 12 months at the time the survey was completed.

The results of the survey indicated domestic violence research network members used more than one knowledge translation definition. This finding is consistent with the broader literature where it has been well documented that there are many definitions of knowledge translation. The other aspect of the network members' definition was the focus on practice and policy, with almost half of the respondents choosing a definition that stated, *'knowledge translation is using knowledge to inform practice and influence policy'*.

Another important finding was that, during each stage of the research process, there was a lower-than-expected level of engagement with policymakers and with participants who had lived-experiences of DV, compared with the level of engagement with practitioners. It was clear from the survey results that participants with lived-experience were often included as part of the data collection phases of research, but they were less involved in the other stages of the research process. Equally, the policymakers were the least engaged group regarding the development of the research question, objectives or hypotheses, research design or methods, data collection, analysis, and

synthesis. In relation to participants with lived-experience, just over a third of the researchers included them when defining the problem, as part of a collaborative research approach or during the interpretation and communication of the research results.

This study identified barriers and implementation challenges, including a lack of budget, organisational focus on knowledge translation, a lack of commonly accepted models, time, capacity, and support from the organisation. Finally, there was inadequate knowledge of translation evaluation.

In the next chapter, the outcomes of the realist informed systematic review are presented.

## Chapter 5: Phase 2: Realist Systematic Review

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This chapter reports on the finding of the realist informed systematic review to explore the knowledge translation of domestic violence research. The focus of the system review was to explore the knowledge translation of domestic violence research with a realist lens. **Chapter 5** is presented as a manuscript that was submitted to *Health & Social Care in the Community* in December 2019. The manuscript was accepted for publication on 28<sup>th</sup> May 2020. The pages have been re-numbered for the thesis, but otherwise, the manuscript is unchanged. Supplementary material, including the systematic review search strategy is provided in **Appendix 4**.

### Declaration by candidate

In the case of **Chapter 5**, the nature and extent of my contribution to the work was the following:

| Nature of contribution  | Extent of contribution (%) |
|---|----------------------------|
| Conceived the study in collaboration with the co-authors.<br>Led the conduct of the review including searches, screening, data extraction and data analysis.<br>Drafted the initial CMO and program theories.<br>Drafted the manuscript and made subsequent revisions based on critical review of the manuscript by co-authors. | 85%                        |

The following co-authors contributed to the work.

| Name                          | Nature of contribution  | Extent of contribution (%) |
|-------------------------------|---|----------------------------|
| Professor Cathy Humphreys     | <p>Provided second review of included studies.</p> <p>Refinement of CMO and program theories.</p> <p>Contributed to the conception of the study and provided critical review of the manuscript.</p> | 5%                         |
| Professor Kelsey Hegarty      | <p>Provided second review of included studies.</p> <p>Refinement of CMO and program theories.</p> <p>Contributed to the conception of the study and provided critical review of the manuscript.</p> | 5%                         |
| Associate Prof. Anita Kothari | <p>Refinement of CMO and program theories.</p> <p>Contributed to the conception of the study and provided critical review of the manuscript.</p>  | 5%                         |



# Exploring the knowledge translation of domestic violence research: A literature review

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## Abstract

There is growing recognition of the links between knowledge translation, policy and practice, particularly in the domestic violence research area. A literature review applying a systematic approach with a realist lens was the preferred methodology. The review answered the following question: *What are the mechanisms of change in research networks which 'work' to support knowledge translation?* A search of eight electronic databases for articles published between 1960 and 2018 was completed, with 2,999 records retrieved, 2,869 records excluded and 130 full-text articles screened for final inclusion in the review. The inclusion criteria were purposefully broad, including any study design or data source (including grey literature) with a focus on domestic violence knowledge translation. The analysis of included studies using a realist lens identified the mechanisms of change to support knowledge translation. A disaggregation of the included studies identified five theories focused on the following outcomes: (1) develop key messages, (2) flexible evidence use, (3) strengthen partnerships, (4) capacity building and (5) research utilisation. This review adds to our understanding of knowledge translation of domestic violence research. The mechanisms of change identified may support knowledge translation of research networks. Further research will focus on exploring the potential application of these program theories with a research network.

## KEYWORDS

domestic violence, family violence, knowledge translation, literature review, realist informed

## 1 | INTRODUCTION

Over the past decade, there has been considerable growth in knowledge translation research, yet there remains a 'knowledge gap' when applying this knowledge to policy (Fafard & Hoffman, 2018) and practice (Graham et al., 2006; Reid et al., 2017). Further, despite the rapid increase in domestic violence research over the past decade, there remains a dearth of studies evaluating knowledge translation activities, suggesting an urgent need to maximise the knowledge translation capacity of domestic violence research.

Many different terms associated with knowledge translation are used interchangeably such as 'knowledge translation',

'knowledge-to-action', 'knowledge mobilisation' or 'translational research' (Graham, 2013). In Australia, the term 'knowledge translation' is often (but not always) used, whereas in the UK the term 'knowledge mobilisation' is more common. In Canada where the term originated, the term 'knowledge translation' is used but equally 'knowledge to action' and more recently 'integrated knowledge translation' (Graham, Tetroe, & McLean, 2014; Straus, Tetroe, & Graham, 2009) are common. These terms are not necessarily interchangeable, and for our purpose, we cite the Canadian Institutes of Health Research definition. It states that knowledge translation is a 'complex process between researchers and knowledge users' (Graham & Tetroe, 2009) and is 'a dynamic and iterative process that includes synthesis,

dissemination, exchange and ethically sound application of knowledge...' (Canadian Institutes of Health Research, n.d.).

Several systematic reviews of knowledge translation have had mixed findings. LaRocca, Yost, Dobbins, Ciliska, and Butt (2012) reviewed knowledge translation strategies in public health and found no single knowledge translation strategy effective in all settings. A systematic review by Yost et al. (2015) of interventions for promoting evidence-informed decision-making amongst nurses found limitations with the conclusions due to the variability of interventions, outcomes and weaknesses of the included studies. Tricco et al. (2016) found few studies focused on the sustainability of interventions. An overview of systematic reviews by Chapman et al. (2020) identified forty-four reviews that describe effective strategies to disseminate health knowledge; however, they found barriers & facilitators of knowledge translation need addressing to ensure uptake.

The term 'knowledge user' is defined as those who would make decisions or take actions based on study findings (e.g. policymakers, practitioners, healthcare professionals, researchers) (Graham, McCutcheon, & Kothari, 2019) whereas 'end-user' (e.g. lived experience participants, carers) includes those with interest in the research, but who would not themselves directly act on the findings (Graham et al., 2019). For this review, the term 'end-users' encompasses both groups.

Similarly, 'domestic violence' may be understood differently by different groups (Clarke & Wydall, 2015; Geffner, 2016; Hawley, Clifford, & Konkes, 2018; Murray & Powell, 2009). For the current study, domestic violence (DV) can be understood as violence between family members, typically where the perpetrator exercises power and control over another person (Australian Institute of Health and Welfare, 2019).

Although there is extensive research on knowledge translation, there are few domestic violence knowledge translation reviews. A notable exception is the MacGregor, Wathen, Kothari, Hundal, and Naimi (2014) review of specific strategies to promote domestic violence knowledge translation. However, the lack of consistently reported data made it difficult for the reviewers to describe conclusions. The authors of this study provide a guide for the preparation and planning of knowledge translation for interventions. Other reviews include one by Turner et al. (2017), who reviewed interventions aimed at improving practice with domestic violence survivors and their children. They found that critical elements of successful training included interactive discussion and booster sessions. Zaher, Keogh, and Ratnapalan (2014) also reviewed the effect of domestic violence training on physician behaviour but found it challenging to identify the most effective education strategy.

A growing body of literature has investigated the role of collaborative research and knowledge translation (Metz, Boaz, & Robert, 2019) especially with vulnerable populations (Joss, Cooklin, & Oldenburg, 2016; Mulvale et al., 2019; Palmer, 2020). There are several approaches, including co-production, co-design and co-creation. What the approaches have in common is the goal of ensuring lived experience voices are part of the research which affect

### What is known about this topic

- Despite efforts, the gap between research and its knowledge translation remains.
- Domestic violence research is increasing in volume.
- There are many competing approaches to knowledge translation.

### What this paper adds

- A realist-informed review of the knowledge translation literature specifically for domestic violence research.
- Insights into knowledge translation from a realist-informed perspective.
- The identification of potential 'mechanisms of change' to support knowledge translation of research networks.

them. It also ensures their experiences are contributing in a meaningful way to any knowledge translation efforts (Collins, Stevens, & Ahmedzai, 2005; Valpied, Cini, O'Doherty, Taket, & Hegarty, 2014).

Consequently, a more comprehensive understanding of knowledge translation of domestic violence research is warranted. Our review answered the following question: *What are the mechanisms of change in research networks which 'work' to support knowledge translation?*

## 2 | METHODS

### 2.1 | Setting

In Australia, the National Health Medical & Research Centre funds Centres of Research Excellence that support teams of researchers to develop capacity in clinical, population health and other areas of research. The *Safer Families Centre of Research Excellence* was established in 2017 with a focus on children, young people and parents to decrease the impact of domestic violence on the family. This interdisciplinary research network comprises national and international researchers from Australia, New Zealand, United Kingdom and Canada. The results of this review will support the knowledge translation of this network.

### 2.2 | Design

A realist review is a theory-driven review (Berg & Nanavati, 2016). That is, the analysis begins with a theory as to why a program works in a particular context or setting (Berg & Nanavati, 2016; Pawson, Greenhalgh, Harvey, & Walshe, 2005). Thus, a realist review is not just about the replication of outcomes, but understanding why those outcomes succeed or fail, the influences on those outcomes and the theory of change regarding the intervention (Pawson & Tilley, 2004). It is especially well suited to areas of complexity with variable outcomes

(Berg & Nanavati, 2016; Wiese et al., 2017), exploration of mixed data (Kastner et al., 2011) and enables in-depth analysis (Pawson et al., 2005). Realist reviews have an impact in a wide range of settings including health (Brennan et al., 2017), community mental health (Gee, Bhanbhro, Cook, & Killaspy, 2016), offender mental health (Pearson et al., 2015), domestic violence screening (O'Campo, Kirst, Tsamis, Chambers, & Ahmad, 2011) and advocacy (Rivas, Vigurs, Cameron, & Yeo, 2019). Several definitions help understand the realist review process. Context-mechanism-outcome (CMOs) configurations are the 'building blocks' of the realist approach (Papoutsi et al., 2018). Contexts (C) include the environments, conditions and circumstances (Jagosh et al., 2014) that influence whether a program works or not (Jagosh et al., 2014; Rycroft-Malone et al., 2016). Mechanisms (M) 'are the engines of explanation' (Pawson, 2006a) that identify the elements of programs that make them work (Rycroft-Malone et al., 2016). Outcomes (O) are the consequences of the program (Centre for Development Impact, 2016; Rycroft-Malone et al., 2016). The program theory explains how the program is expected to function (Papoutsi et al., 2017; Rycroft-Malone et al., 2016). Once developed, the theory is tested for transferability to other settings (Papoutsi et al., 2017; Rycroft-Malone et al., 2016). This review used the core principles of a realist review and analysed the data with a realist lens to identify potential program theories supported by CMOs.

### 2.3 | Process and search strategy

The process for conducting a realist-informed review is as rigorous as any other systematic review (Berg & Nanavati, 2016). The search included the following databases to maximise fidelity: Medline, PsycINFO, Scopus, Family & Society Studies Worldwide, Family & Society Collection, SocINDEX with Full Text and APA-FT (Australian Public Affairs), Google, Google Scholar. Table 1 provides an example of the search string.

The search was limited to any English study from any year that included domestic or family violence and knowledge translation as critical concepts. Data are relevant for a realist review if it can help 'develop, corroborate, refute or refine' any aspect of program theory. It may include a 'nugget' of data from any source (e.g. grey literature). The inclusion criteria were not restricted to hierarchal evidence (e.g. randomised control trials) as is expected practice in realist reviews (Pawson, Greenhalgh, Harvey, & Walshe, 2004; Wong, 2018). The full inclusion/exclusion criteria are in Table 2.

### 2.4 | Study selection, quality and extraction

An initial screening of 2,999 abstracts resulted in the exclusion of 2,869 references with 130 full-text papers reviewed (Figure 1). All titles and abstracts were screened by the first author (JC), against Table 1 criteria, and articles included if they potentially would contribute to the development of the program theory. Of 130 studies, 27 duplicates were removed, and the remainder screened for relevance

**TABLE 1** Example of Medline search string

```
Domestic violence/ or intimate partner violence/ or spouse abuse/
or battered women/ (13,918)
(Battered women* or "violence against women" or ((Domestic
or spous* or partner* or elder* or family or gender-based) adj3
(violen* or abus* or mistreatment or aggression or victimi?ation))).
tw,kw. (18,030)
1 or 2 (22,249)
((guideline* or knowledge or research) adj2 (implement* or translat*
or exchange* or dissemination or evidence or innovat* or transfer*
or utiliz* or utilis* or mobiliz* or mobilis* or adopt* or uptake or
diffusion)).tw,kw. (48,736)
("research-to-action" or "research to-practice" or "knowledge to
action" or "knowledge to practice" or evidence uptake or evidence
implementation or evidence based).tw,kw. (99,578)
Translational Medical Research/ or Knowledge/ or diffusion of
innovation/ or information dissemination/ (47,495)
4 or 5 or 6 (174,725)
3 and 7 (575)
limit 8 to (English language and humans) (437)
```

to the review question and potential contribution to the program theory. The final review included 50 studies; 53 studies were not relevant. The technical sequence of a realist review is the same as a regular review. However, criteria for inclusion, appraisal and synthesis are determined by 'theory testing potential' (Westhorp, 2019; Wong, 2018). In the first instance, the first author (JC) assessed each study for contribution, confirmed by a second reviewer (KH or CH). The included studies were subject to computer-assisted qualitative data analysis using NVivo (QSR International, 2015). Following PRISMA guidelines (Liberati et al., 2009), a flowchart of the search results is presented (Figure 1).

### 2.5 | Synthesising evidence and drawing conclusions

Data were imported into NVivo (QSR International, 2015) and subjected to thematic analysis (Braun & Clarke, 2006) using a realist lens. Firstly, this involved reading the complete documents to become familiar with the text and establish potential codes. Secondly, it involved refining these codes to generate possible themes. Thirdly, the process involved identifying context, mechanism or outcomes known as CMO configurations. As noted by Shearn, Allmark, Piercy, and Hirst (2017), the process of creating CMO configurations is not necessarily a linear relationship where 'A leads to B' but more a means to generate potential outcomes (Shearn et al., 2017). Drawing on the work of Ford & Wong (2016), we commenced with a more extensive list of outcomes and worked backwards to create program theories. The CMO configuration is the 'building block' of the program theory (Dalkin, Greenhalgh, Jones, Cunningham, & Lhussier, 2015). Finally, we refined the theories. This refinement included prioritising CMOs (as it was not possible to add them all); a necessary component of realist review (Gilmore, McAuliffe, Power, & Vallières, 2019; Pawson, 2006b). The team drew on their varied disciplinary backgrounds and experience to select the final CMOs that were relevant and feasible to replicate. The development of the program theory is an ongoing iterative process which encourages

**TABLE 2** Review inclusion/exclusion criteria

| Criteria   | Included  | Excluded   |
|--|---|--|
| Publication  | Peer-reviewed literature<br>Grey literature (e.g. books, thesis, reports, etc.)   | None   |
| Language   | English   | All other languages  |
| Study design   | Any   | None   |
| Sample – practitioners, policy, participants with lived experience | Researchers<br>Healthcare professionals<br>Healthcare trainees<br>Policy-makers<br>Community services<br>Non-government organisation<br>Participants with lived experience              | Victims of domestic violence<br>Perpetrators of domestic violence<br>Crimes of domestic violence |
| Intervention/action/setting – Domestic and family violence         | Domestic and family violence<br>Domestic violence<br>Family violence<br>Intimate partner violence<br>Violence against women<br>Violence prevention                                      | None   |
| Outcomes/output – Knowledge exchange or synthesis                  | Knowledge exchange<br>Knowledge synthesis<br>Knowledge translation<br>Knowledge mobilisation<br>Research translation<br>Research utilisation<br>Research practice gap<br>Implementation | Legal outcomes   |

'testing' of theory and extends beyond the end of the review (Ford, Wong, Jones, & Steel, 2016).

### 3 | RESULTS

#### 3.1 | Characteristics of the included articles

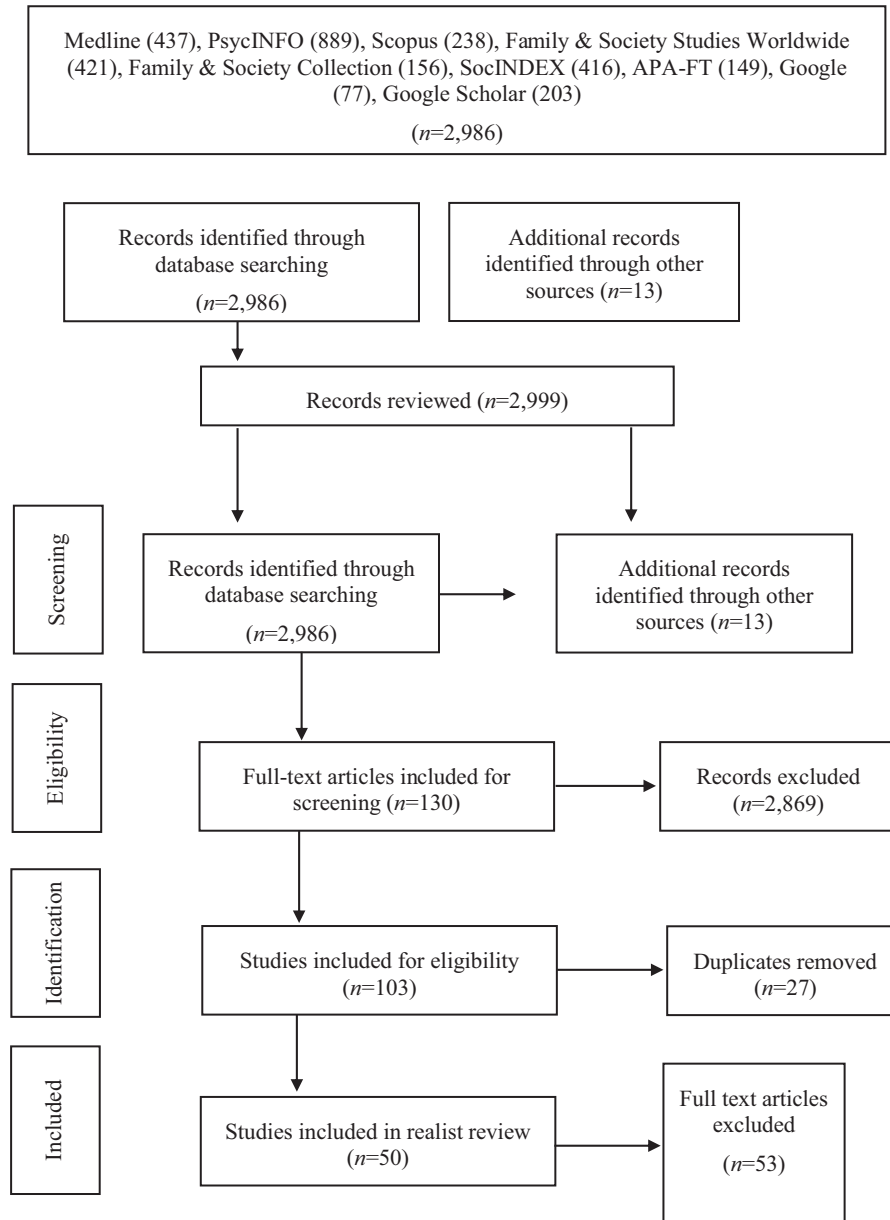
The 50 studies represented the following countries: Canada ( $n = 26$ ), USA ( $n = 12$ ), Australia ( $n = 7$ ), United Kingdom (2), Spain (2) and South Africa (1). There were peer-reviewed articles ( $n = 38$ ), industry magazine ( $n = 1$ ), evaluation reports ( $n = 13$ ), electronic book chapters ( $n = 1$ ) and conference presentations ( $n = 2$ ). The study designs included opinion/commentary ( $n = 12$ ), evaluation ( $n = 11$ ), review ( $n = 9$ ), case study ( $n = 10$ ), cohort study (2), qualitative study ( $n = 2$ ), action research study ( $n = 1$ ), cross-sectional study ( $n = 1$ ), Delphi ( $n = 1$ ) and mixed methods study ( $n = 1$ ).

A summary of the contribution of each study to the five program theories is provided recognising that each study could contribute to more than one program theory. Included studies incorporated a context of domestic violence knowledge translation, although cited examples were not always specific to domestic violence. Moreover, there was not a single study to support an entire program theory, but, instead, multiple sources of evidence supported each program theory (Wong, 2018). A summary of the data contributing to the included studies is in Table 3.

The two components, CMOs and program theory are linked (Dalkin et al., 2015). The process involved identification of the outcome, then unpacking the contributing mechanisms of change and context attributes for that outcome (Ford et al., 2016). Each outcome (O) is supported by context (C) and mechanism (M) attributes. The context provides the background attributes in which the mechanisms will occur, leading to a specific outcome. Where there are multiple mechanisms in play, one or more of these mechanisms will likely work together for the outcomes to occur. The number of mechanisms for each theory is a representation of the complexity of knowledge translation and domestic violence research. Each program theory is a dynamic process. We propose that the five theories may work together but what is not clear is whether one or more combinations are likely to work best.

#### 3.1.1 | Theory 1: When there are multiple target audiences identified (context), collaboration (mechanism) is triggered such that appropriate key messages are developed (outcome)

The *target audience* context may include a variety of stakeholders and end-users/knowledge-users (Figure 2). Several studies demonstrated engagement with multiple target audiences including domestic violence policymakers, practitioners, community elders, family & healthcare services using techniques including domestic



**FIGURE 1** Search results

violence conferences, workshops, forums and focus groups (Beckett, Farr, & leMay, 2016; Campbell et al., 2011; Isobell, Lazarus, Suffla, & Seedat, 2016; Murray et al., 2015).

Studies suggest knowledge translation goals be developed early, in conjunction with, and appropriate for, each target audience group (Beckett et al., 2016; Jack & Tonmyr, 2008; Larrivée, Hamelin-Brabant, & Lessard, 2012; Murray et al., 2015; Wathen et al., 2010). The goals identified need to be adapted for each target audience, using consistent language to provide the authority required for sustainable outcomes (Jack & Tonmyr, 2008).

*Collaboration* refers to the relationship between researchers and end-users and is the primary mechanism for this theory. However, several supporting mechanisms may also contribute. There is a quantity of literature which describes the ingredients of successful collaboration including that it is undertaken early and often during

the research process; mutual recognition of the issue or problem; open communication, and a commitment to the relationship (Burke et al., 2013; Campbell et al., 2011; Connolly, Healey, & Humphreys 2017; Guruge, 2016; Hegarty, Tarzia, Fooks, & Rees, 2017; Isobell et al., 2016; Kothari et al., 2013; Larrivée et al., 2012; Murray et al., 2015; Wathen & MacMillan, 2015; Yuan et al., 2016; Zahradnik, Stewart, Stevens, & Wekerle, 2009). Of interest was the way a DV research network could foster formal and informal collaborations with shared goals (Kothari et al., 2013; Kothari, Sibbald, & Wathen, 2014) although these rely heavily upon ongoing contact and 'communication channels' between the researchers and end-users for continuing success (Jack & Tonmyr, 2008; Kothari et al., 2014; Larrivée et al., 2012; Yuan et al., 2016). Much of the literature on collaboration is generic; however, some examples were particular to the DV context. For example, Guruge (2016) utilised integrated knowledge translation activities

TABLE 3 Summary of data contribution

|                     | Theory 1        |               |                     | Theory 2            |                                    | Theory 3            |                 | Theory 4                |                        |                    | Theory 5          |                     |                      |                      |
|---------------------|-----------------|---------------|---------------------|---------------------|------------------------------------|---------------------|-----------------|-------------------------|------------------------|--------------------|-------------------|---------------------|----------------------|----------------------|
|                     | Target audience | Collaboration | Develop key message | Diverse populations | Multi-layered responses/strategies | Knowledge direction | Common language | Strengthen partnerships | Practitioner knowledge | Embedded framework | Capacity building | Dedicated resources | Dedicated leadership | Research utilisation |
|                     | Context         | Mechanism     | Outcome             | Context             | Mechanism                          | Context             | Mechanism       | Context                 | Context                | Mechanism          | Outcome           | Context             | Mechanism            | Outcome              |
| Albers (2017)       |                 |               | X                   |                     |                                    |                     |                 |                         |                        | X                  |                   |                     |                      | X                    |
| Beckett (2016)      | X               | X             | X                   |                     | X                                  | X                   |                 |                         |                        | X                  | X                 |                     |                      |                      |
| Boyko (2016)        |                 |               |                     |                     | X                                  |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| Boyko (2017)        |                 |               | X                   |                     | X                                  |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| Breckenridge (2014) |                 |               |                     |                     |                                    | X                   |                 |                         | X                      |                    |                   |                     |                      |                      |
| Burke (2013)        |                 | X             | X                   |                     |                                    | X                   | X               | X                       |                        | X                  | X                 |                     |                      |                      |
| Campbell (2011)     |                 | X             |                     |                     |                                    |                     |                 | X                       | X                      | X                  | X                 |                     | X                    |                      |
| Claussen (2017)     |                 |               |                     | X                   | X                                  | X                   | X               |                         | X                      | X                  | X                 |                     | X                    |                      |
| Connolly (2017)     |                 | X             | X                   | X                   |                                    |                     | X               |                         |                        |                    |                   |                     |                      |                      |
| Decker (2012)       |                 |               |                     |                     |                                    | X                   |                 |                         | X                      |                    |                   |                     |                      |                      |
| Dixon (2011)        |                 |               |                     |                     |                                    |                     |                 |                         | X                      | X                  |                   |                     |                      |                      |
| Goicolea (2015)     |                 |               |                     |                     | X                                  |                     |                 |                         |                        |                    |                   |                     |                      | X                    |
| Goicolea (2013)     |                 |               |                     |                     | X                                  |                     |                 |                         | X                      |                    |                   |                     |                      |                      |
| Guruge (2016)       |                 | X             |                     | X                   | X                                  |                     |                 | X                       |                        | X                  | X                 |                     |                      |                      |
| Hanson (2016)       |                 |               |                     |                     |                                    |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| Hegarty (2017)      |                 | X             |                     | X                   |                                    |                     |                 |                         | X                      |                    |                   |                     |                      |                      |
| Heyman (2009)       |                 |               |                     |                     |                                    | X                   |                 |                         |                        |                    |                   |                     |                      |                      |
| Howell (2017)       |                 |               |                     |                     |                                    | X                   |                 |                         | X                      | X                  |                   |                     |                      |                      |
| Isobell (2016)      |                 | X             |                     | X                   | X                                  | X                   |                 | X                       | X                      | X                  | X                 |                     |                      |                      |
| Jack (2006)         |                 |               |                     |                     |                                    |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| Jack (2008)         | X               | X             | X                   |                     |                                    | X                   | X               |                         | X                      | X                  |                   | X                   |                      | X                    |
| Kothari (2016)      |                 |               |                     |                     |                                    |                     | X               | X                       | X                      | X                  |                   |                     |                      |                      |
| Kothari (2013)      |                 | X             |                     |                     |                                    | X                   |                 | X                       | X                      | X                  |                   |                     |                      |                      |
| Kothari (2014)      | X               | X             | X                   |                     |                                    | X                   | X               | X                       | X                      | X                  |                   |                     |                      |                      |
| Larrivée (2012)     | X               |               |                     |                     | X                                  | X                   |                 |                         | X                      | X                  |                   |                     |                      | X                    |
| MacGregor (2014)    |                 |               |                     |                     |                                    |                     |                 |                         | X                      | X                  |                   |                     |                      |                      |
| Moffitt (2017)      |                 |               |                     |                     |                                    |                     |                 |                         | X                      | X                  |                   |                     |                      |                      |
| Murray (2015a)      |                 |               | X                   |                     |                                    |                     |                 |                         | X                      | X                  |                   |                     |                      | X                    |
| Murray (2015b)      | X               | X             | X                   | X                   |                                    |                     | X               | X                       | X                      | X                  |                   | X                   |                      | X                    |
| Murray (2009)       |                 |               |                     |                     |                                    |                     |                 |                         | X                      | X                  |                   |                     |                      |                      |

(Continues)

TABLE 3 (Continued)

|                  | Theory 1        |                     | Theory 2            |                                    | Theory 3              |                     |                 | Theory 4                |                        |                    | Theory 5          |                     |                      |                      |
|------------------|-----------------|---------------------|---------------------|------------------------------------|-----------------------|---------------------|-----------------|-------------------------|------------------------|--------------------|-------------------|---------------------|----------------------|----------------------|
|                  | Target audience | Develop key message | Diverse populations | Multi-layered responses/strategies | Flexible evidence use | Knowledge direction | Common language | Strengthen partnerships | Practitioner knowledge | Embedded framework | Capacity building | Dedicated resources | Dedicated leadership | Research utilisation |
| Murray (2010)    |                 |                     | X                   |                                    | X                     |                     |                 |                         | X                      |                    |                   |                     |                      | X                    |
| Nancarrow (2015) |                 | X                   |                     |                                    | X                     |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| PreVAiL (2016)   |                 |                     |                     | X                                  | X                     |                     | X               | X                       |                        |                    |                   |                     | X                    |                      |
| Saul (2008)      |                 |                     |                     |                                    |                       |                     |                 |                         | X                      |                    |                   |                     |                      |                      |
| Sibbald (2017)   |                 | X                   |                     | X                                  | X                     | X                   |                 |                         |                        |                    |                   |                     | X                    |                      |
| Spalding (2015a) | X               |                     |                     | X                                  | X                     |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| Spalding (2015b) |                 |                     |                     | X                                  | X                     |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| Sprague (2016)   |                 |                     |                     |                                    | X                     |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| Stanley (2017)   |                 | X                   | X                   |                                    | X                     |                     |                 |                         |                        |                    |                   | X                   |                      |                      |
| Stith (2013)     |                 |                     | X                   |                                    |                       |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| Tabibi (2017)    |                 |                     | X                   |                                    | X                     |                     |                 | X                       |                        |                    |                   |                     |                      |                      |
| Tarzia (2016)    |                 | X                   | X                   |                                    | X                     |                     |                 | X                       |                        | X                  |                   |                     |                      |                      |
| Wathen (2016)    |                 |                     |                     |                                    | X                     |                     |                 | X                       |                        |                    |                   |                     | X                    |                      |
| Wathen (2013)    |                 |                     |                     |                                    | X                     |                     |                 | X                       |                        |                    |                   |                     |                      |                      |
| Wathen (2010)    | X               | X                   |                     | X                                  | X                     |                     | X               |                         |                        |                    |                   |                     |                      | X                    |
| Wathen (2015)    |                 | X                   |                     | X                                  | X                     |                     |                 | X                       |                        |                    |                   |                     | X                    |                      |
| Wathen (2011)    |                 | X                   |                     |                                    | X                     |                     |                 |                         | X                      |                    |                   |                     |                      |                      |
| Wells (2015)     |                 |                     |                     |                                    |                       |                     |                 |                         |                        |                    |                   |                     |                      |                      |
| Yuan (2016)      |                 |                     | X                   |                                    |                       |                     |                 | X                       |                        |                    |                   |                     |                      | X                    |
| Zahradnik (2009) |                 | X                   | X                   |                                    |                       |                     |                 | X                       | X                      | X                  |                   |                     |                      | X                    |

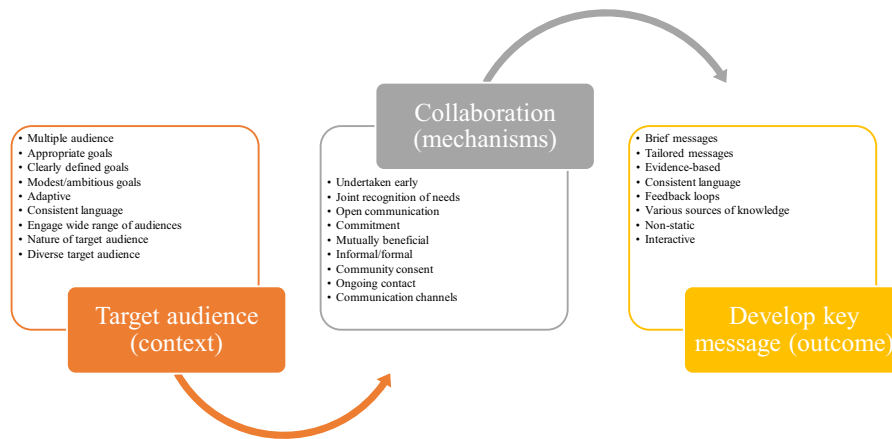


FIGURE 2 Theory 1 [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

as a mechanism to develop collaboration between research, policy and practice for a National Plan to address domestic violence, while Beckett (2016) embedded knowledge translation roles with a group of domestic violence agencies and researchers to promote collaboration through a 'cross-fertilisation' of ideas. Connolly et al., (2017) took the approach a step further using established collaborations to implement a sustainable framework to improve support for women and children at risk of DV and identified particular triggers as a mechanism for sustainability. Zahradnik et al. (2009) describe obtaining 'community consent' as the first step in their ongoing community-based study.

Key messages are routinely developed by researchers to share the outcomes of their research, and it is an area well developed in the knowledge translation literature more generally. Much of the literature provides generic examples such as the dissemination of brief evidence-based, critical, tailored key messages, creating feedback loops, presenting accessible information at formal/informal meetings, education sessions, presenting at national/international conferences and publishing scientific papers (Albers, Mildon, Lyon, & Shlonsky, 2017; Beckett et al., 2016; Boyko, Wathen, & Kothari, 2017; Burke et al., 2013; Connolly et al., 2017; Kothari et al., 2014; Murray, Chow, Chow, Pow, Croxton, & Poteat, 2015; Murray et al., 2015; Nancarrow, 2015; Sibbald, MacGregor, MacMillan, & Wathen, 2017; Tarzia, Humphreys, & Hegarty, 2016; Wathen et al., 2010). Of note is that Murray, Smith,

and Avent (2010) found that practitioners read industry publications and attend practice-based rather than research-based conferences. However, Jack and Tonmyr (2008) emphasise the importance of a headline version, a one-sentence version, a one-paragraph version and a full-text version of the message as illustrated by their example of legislative changes concerning children's safety and family violence. Boyko (2017) recommends generating evidence-based domestic violence key messages for the broader community based on transparent messaging and previous campaigns. Wathen (2010) utilised a 'Violence Knowledge Exchange Forum' as a knowledge translation strategy and identified how challenging it was to distil complex research results into digestible key messages. Moreover, Wathen, Sibbald, Jack, and MacMillan (2011) found that the key message may be 'diluted' and not have the desired impact if not disseminated in an appropriate format.

### 3.1.2 | Theory 2: When there are diverse populations (context), multiple knowledge translation strategies are triggered (mechanism), leading to the uptake of flexible evidence use (outcome)

A growing body of literature recognises the need to include a range of emerging, *diverse populations* and voices in knowledge translation

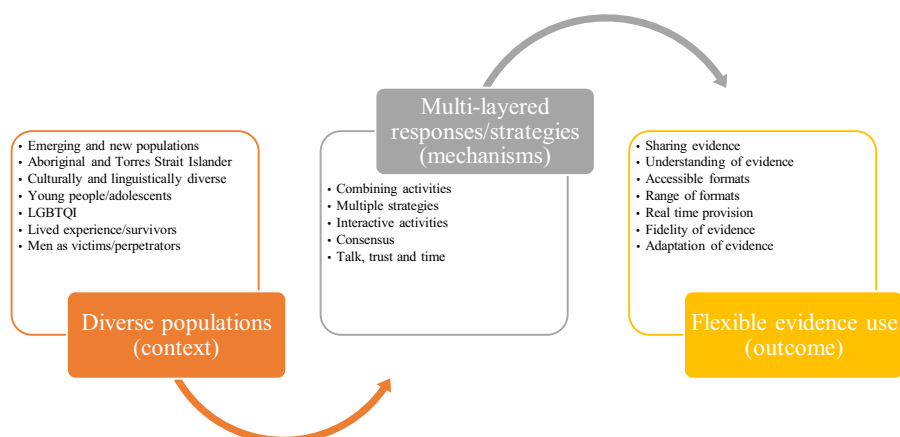


FIGURE 3 Theory 2 [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

(Figure 3). These include Aboriginal and Torres Strait Islander people (Nancarrow, 2015; Tarzia et al., 2016) and culturally and linguistically diverse populations (Connolly et al., 2017). For example, Isobell (2016) implemented participatory action research with two African communities focused on violence prevention. Zahradnik (2009) applied the process of gaining 'community consent' to engage with a Canadian Aboriginal community. The identification of children (Connolly et al., 2017; Guruge, 2016; Nancarrow, 2015; Tabibi, Baker, Mohamed, & Straatman, 2017), and young people/adolescents (Claussen, Wells, Aspenlieder, & Boutilier, 2017; Nancarrow, 2015; Stanley & Devaney, 2017; Tabibi et al., 2017) are emerging populations for knowledge translation efforts. Tabibi (2017) included children, youth and adults in a 'community of practice' approach as part of a network for trauma- and violence-informed health promotion. Men as perpetrators, fathers and victims are also emerging populations which do not necessarily 'fit' with mainstream messaging and evidence (Connolly et al., 2017; Guruge, 2016; Nancarrow, 2015; Stanley & Devaney, 2017; Stith, Lechtenberg, & Cafferky, 2013; Tabibi et al., 2017). The value of conducting research that is empowering to survivors is clear (Isobell et al., 2016; Murray et al., 2015; Tarzia et al., 2016; Zahradnik et al., 2009) as is the value of including practitioners in all aspects of the research process (Isobell et al., 2016; Murray et al., 2015; Zahradnik et al., 2009). Communities of practice have emerged as one approach for engaging domestic violence practitioners working with diverse populations (Claussen et al., 2017). LGBTQI (lesbian, gay, bisexual, transgender, queer or questioning, and intersex) (Murray et al., 2015), and those with lived experience/survivor/voices (Hegarty et al., 2017; Murray et al., 2015) are also emerging diverse populations.

Several studies have recognised the value of combining activities and using *multi-layered responses/strategies* for successful knowledge translation (Goicolea, Hurtig, San Sebastian, Vives-Cases, & Marchal, 2015; Guruge, 2016; Larrivé et al., 2012; Sibbald et al., 2017; Spalding et al., 2015a; Spalding et al., 2015b; Wathen et al., 2010). The education and training of practitioners in isolation does not appear to change behaviour, although it continues to be a common approach (Larrivé et al., 2012; Saul et al., 2008). However, the mechanism of change develops through a combination and use of multi-layered responses which may include training but engages with other strategies as well.

Several examples emerged from within the DV context. Guruge (2016) found a range of activities that focused on 'multi-level, multi-sectoral responses' working together, which resulted in a consensus to strengthen the health sector response to domestic violence. A further example transpired with primary healthcare providers who recognised the value of 'team learning' (Goicolea et al., 2015, p2; Goicolea et al., 2013, p2). Wathen et al. (2015) identified the 3Ts; 'talk, trust and time', were found to operate together to maintain and build partnerships for a group of stakeholders working for the 'Violence Against Women' research program.

More generally, the literature provided a wide range of strategies used in conjunction with each other to strengthen knowledge translation. Examples include professional development for practitioners,

education sessions, education summaries, group discussions, interactive learning, deliberative dialogues, using knowledge brokers and opinion leaders, audits, feedback, electronic reminders, clinical decision-making support, clinical practice guidelines, team learning, formal & informal partnerships and proactive media strategies (Beckett et al., 2016; Boyko et al., 2016; Boyko et al., 2017; Claussen et al., 2017; Goicolea et al., 2015; Goicolea et al., 2013; Guruge, 2016; Isobell et al., 2016; Kothari et al., 2016; Larrivé et al., 2012; Spalding et al., 2015a; Spalding et al., 2015b). Of these, several have generated more extensive evidence through engagement with opinion leaders, interactive meetings, audits reminders and prompts (Spalding et al., 2015a).

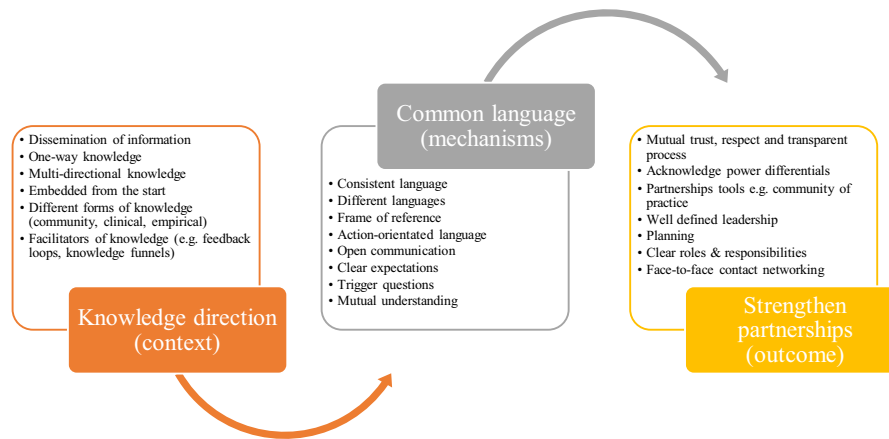
*Flexible evidence use* describes the need for researchers to produce evidence that communicates to end-users. An example lies with a DV screening trial (PreVAiL, 2016) which indicated that evidence gets used in numerous ways and not always as anticipated, for instance, cited incorrectly in other studies. The team introduced the concept of 'malleability of evidence' concerning the intended and unintended use of evidence (Wathen et al., 2013, p11).

Several studies suggest that if the evidence is not accessible, it may not influence policymakers and practitioners (Breckenridge & Hamer, 2014; Decker et al., 2012; Jack, 2006; PreVAiL, 2016; Saul et al., 2008; Sibbald et al., 2017; Spalding et al., 2015b; Sprague et al., 2016; Wathen et al., 2013; Wathen et al., 2011). Using a range of evidence and dissemination strategies (e.g. pilot projects, opinions, reviews, quantitative/qualitative), in accessible and appropriate formats will mitigate this. Evidence provided in real-time, which demonstrates value for money with measurable outcomes will encourage use and adaptation for different organisational settings (Kothari et al., 2014; Murray & Smith, 2009; Nancarrow, 2015; Saul et al., 2008; Stanley & Devaney, 2017; Tabibi et al., 2017; Tarzia et al., 2016; Wathen, Ford-Gilboe, & Varcoe, 2016; Wathen et al., 2013; Wathen & MacMillan, 2015).

### 3.1.3 | Theory 3: When there is multi-directional knowledge exchange (context), then there is a shared understanding of common language (mechanism) which results in strong partnerships (outcomes)

*Knowledge direction* refers to the dissemination of knowledge translation between researchers and end-users (Figure 4). Generally, one-way knowledge translation (researcher to end-user) is less effective than multi-directional translation, even though the latter will take time to develop (Heyman & Slep, 2009; Jack & Tonmyr, 2008; Kothari et al., 2014), (Breckenridge & Hamer, 2014) and is not automatic (Larrivé et al., 2012).

The evidence suggests multi-directional knowledge translation is more successful when embedded (through all stages of the research process), community-generated, and uses both clinical and empirical knowledge (Isobell et al., 2016; Larrivé et al., 2012; Sibbald et al., 2017). Beckett (2016) notes that 'relational and organisational knowledge has the most currency'. Several studies (Decker



**FIGURE 4** Theory 3 [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

et al., 2012; Isobell et al., 2016; Kothari et al., 2014) have used topic-focused domestic violence forums, symposiums and face-to-face meetings to facilitate multiple exchanges and directions of knowledge. Facilitators of the dissemination process include participatory strategies, face-to-face contacts, education sessions, community networks, communities of practice, knowledge funnels, feedback loops and evaluation (Burke et al., 2013; Claussen et al., 2017; Decker et al., 2012; Isobell et al., 2016; Kothari et al., 2013).

Although different groups may be working together with a shared interest or content area (e.g. domestic violence), they may not be speaking a common language (Kothari et al., 2014, 2016). It was found that even multidisciplinary groups (e.g. nurses, social workers) may be working collaboratively within the same content area (e.g. domestic violence), but not using consistent language (Kothari et al., 2014, 2016). An absence of everyday language, different language or frame of reference proves to be a barrier to communication between researchers and end-users (Jack & Tonmyr, 2008; Kothari et al., 2014; Murray et al., 2015; Saul et al., 2008). This language barrier has prompted Murray et al. (2015) to recommend that researchers spend time observing practitioners in their work context to support the development of a common language. Furthermore, researchers work with particular models (e.g. community of practice, community-based participatory research, participatory action research) that promote common language (Burke et al., 2013; Claussen et al., 2017; Connolly et al., 2017; Kothari et al., 2016; Saul et al., 2008; Wathen et al., 2010) and potentially more action-orientated language, public communication, clear expectations and consistent language (Burke et al., 2013; Jack & Tonmyr, 2008). Burke (2013) suggests that rewriting terms can also help promote common language, as an example, capacity building reinterpreted as 'learn, grow, share'. While Connolly et al. (2017) encourage the use of 'practice trigger' questions that 'encourage exploration of issues' to develop a common language between agencies for the protection and safety of children.

*Strong and equal partnerships* developed through mutual trust, respect and transparent process (Campbell et al., 2011; Wathen et al., 2016; Wathen & MacMillan, 2015; Zahradnik et al., 2009) take time to develop (Wathen et al., 2016) to be mutually beneficial

(Tarzia et al., 2016). There are several DV examples of this in practice including researchers and health services workers from a range of DV services, convened using principles of community-based participatory research, to develop strong partnerships (Burke et al., 2013). Guruge (2016) provides examples of using knowledge translation activities to strengthen existing partnerships to promote evidence uptake of domestic violence-related research between research, practice and policy stakeholders. However, the history of feminist practice in the DV arena highlights the importance of acknowledging and seeking to minimise the power differential between researchers and end-users (Isobell et al., 2016). Campbell (2011) identified that the strong partnership between First Nations, Health Canada and the University of Saskatchewan was a useful method for pooling expertise and experiences and supporting knowledge translation. A collation of other strategies to reduce power imbalances includes well-defined leadership, contracts, memoranda of understanding, conflict resolution plans, communication plans, defining roles and responsibilities, progress updates and other face-to-face contact opportunities (Burke et al., 2013; Campbell et al., 2011; Guruge, 2016; Kothari et al., 2016; Kothari et al., 2013; Kothari et al., 2014; Murray et al., 2015; PreVAil, 2016; Tabibi et al., 2017; Wathen et al., 2016; Yuan et al., 2016).

### 3.1.4 | Theory 4: Capacity building (outcome) occurs when practitioner knowledge is valued (context), which in turn triggers the use of a knowledge translation framework (mechanism)

*Practitioner knowledge* provides an essential context for successful knowledge translation. Several studies exploring practitioner knowledge have identified the value of experiential and clinical expertise that practitioners bring to the research process (Breckenridge & Hamer, 2014; Claussen et al., 2017; Hanson, Wathen, & MacMillan, 2016; Murray et al., 2015; Murray & Smith, 2009; Sibbald et al., 2017; Wells et al., 2015) (Figure 5). Practitioners who conduct research concurrently with practice-based work provide a significant contribution in regard to good practice outcomes (Campbell

et al., 2011; Claussen et al., 2017; Murray & Smith, 2009); however, in return practitioners require time to embed change into their practice (Wells et al., 2015). Barriers to engaging practitioners in the research included a perceived lack of relevance, firmly entrenched practice beliefs, which contradict professional experience. Other barriers include lack of time, resources, management support with low rewards for engagement with knowledge translation (Larrivée et al., 2012; Murray et al., 2015; Sibbald et al., 2017; Spalding et al., 2015b; Wathen & MacMillan, 2015; Wathen et al., 2011). Another issue is the continued use of didactic approaches, despite the suggested evidence that this is unlikely to change practice behaviour (Saul et al., 2008). Researchers need to be mindful of the context and consider the capacity of practitioners to implement new knowledge in a busy practice setting while supporting them to do so (Sibbald et al., 2017). Murray et al. (2010) found that domestic violence practitioner expert panels were one way to engage practitioners. Goicolea et al. (2015) found committed domestic violence practitioners implementing an intervention, even if not implemented fully, provided legitimacy for them to continue to contribute to good practice and outcomes.

Much of the literature on *frameworks* is descriptive and not specific to DV. There are well over sixty different models represented in the literature (Albers et al., 2017). The action of implementing the framework is one mechanism, but it is not automatic (Larrivée et al., 2012). Frameworks offer potential lenses for different settings (e.g. gender-inclusive, strength-based, trauma-informed, participatory action), and they all need to be applied ethically (Wathen et al., 2011). The mechanism draws from the understanding, implementation and consistency of the embedded framework. Several frameworks identified in the literature included integrated knowledge translation (Kothari et al., 2016; Kothari et al., 2013; Kothari et al., 2014; Zahradnik et al., 2009), a gender-inclusive framework (Dixon & Graham-Kevan, 2011), a strength-based framework (Howell, Miller-Graff, Hasselle, & Scrafford, 2017), a trauma-informed framework (Hegarty et al., 2017), the diffusion of innovation theory (Campbell et al., 2011; Decker et al., 2012; Murray et al., 2015), community-based participatory research (Burke et al., 2013; Moffitt & Fikowski, 2017; Yuan et al., 2016), a community of practice

framework and participatory action research (Claussen et al., 2017; Isobell et al., 2016). Claussen et al. (2017) identified the five domains of success, including identification of the end-user group, issue, research, research–end-user relationship and dissemination activities.

Zahradnik (2009) defined dissemination success with a collaborative community that included community consent, sharing of results, tangible benefits, documented responses, future planning and lessons learned. Consensus methods can help identify priority areas for knowledge translation, especially when linked to policy impacts (Guruge, 2016). Other implementation frameworks include the transfer and exchange models: the researcher–push or dissemination model; the decision-maker or user–pull model; and the exchange or researcher–user interaction model (Jack & Tonmyr, 2008; Larrivée et al., 2012; Spalding et al., 2015b). The evidence suggests that regardless of the chosen framework, the ability to report effectively requires further research and development as objectives are often set by external forces (e.g. funding bodies) and subject to change (e.g. policymakers) (Beckett et al., 2016; MacGregor et al., 2014).

Several studies refer to *capacity building* as an outcome that can occur between researchers and practitioners. Often uni-directional capacity building can occur between researchers and practitioners; however, capacity building can be bi- or multi-directional. Beckett et al. (2016) refer to the role of knowledge translation as being focused on collaboration between researchers and end-users and raising awareness and capacity building. Examples of capacity building activities include workshops, seminars, mentoring, online resources (Burke et al., 2013; Campbell et al., 2011; Saul et al., 2008; Wathen & MacMillan, 2015; Zahradnik et al., 2009). Claussen et al. (2017) found that implementing a community of practice approach between local domestic violence practitioners and community enabled research findings and implementation with local communities. Sibbald (2017) found that stakeholders shared new knowledge on domestic violence with colleagues dependent upon their professional experience and their areas of interest which has a potential impact on capacity building strategies. Barriers to capacity building are present for those practitioners who are not aware of how to access training and skill development (Saul et al., 2008). The measures need to be beyond attendance, satisfaction or intervention implementation (Saul

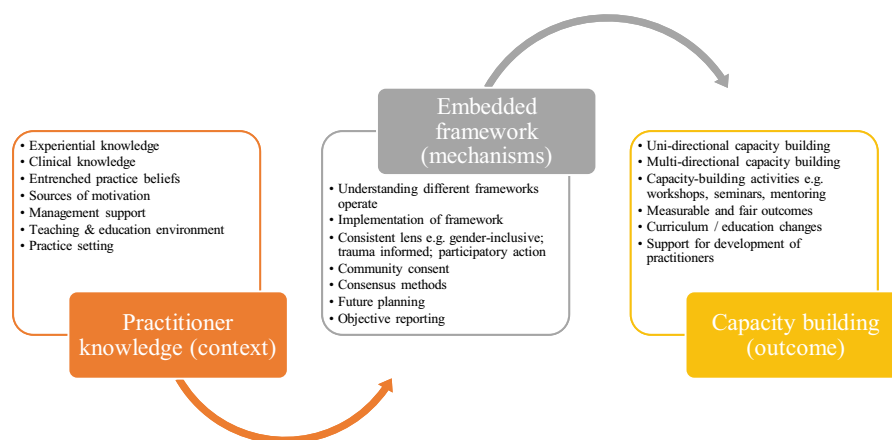


FIGURE 5 Theory 4 [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

et al., 2008; Tarzia et al., 2016). For instance, Hanson (2016) suggests that domestic and family violence education in the curriculum for healthcare professionals is an urgent priority to promote capacity in the sector.

### 3.1.5 | Theory 5: Resources (context) trigger dedicated leadership (mechanism) which results in the utilisation of evidence (outcome)

A lack of *dedicated resources* as a barrier to knowledge translation is well documented which include lack of time, support and resources as well as a lack of networking opportunity and competing for priorities (Jack & Tonmyr, 2008; Murray et al., 2015; Saul et al., 2008; Tarzia et al., 2016; Wathen et al., 2016; Yuan et al., 2016). The process of knowledge translation requires equitable dedicated resources (Murray et al., 2015; Stanley & Devaney, 2017; Wathen et al., 2010), performance measures (Wathen & MacMillan, 2015) and not implemented as an 'add-on' at the end of the research (Saul et al., 2008) (Figure 6). The funding requires sufficient reserves to cover traditional and 'hidden' costs (e.g. recruitment of researchers, survivors, retention, intervention costs, networking events, safety considerations and other research deliverables) (Murray et al., 2015; Tabibi et al., 2017).

Evidence for *dedicated leadership* is limited, however; it takes time, effort and dedicated resources to create strong partnerships (Campbell et al., 2011; Spalding et al., 2015a; Wathen et al., 2016; Wathen & MacMillan, 2015) which also requires support from management. The decision to undertake knowledge translation activities involves an appreciation of the costs and benefits for both researchers and end-users (Campbell et al., 2011) as well as support for researchers to translate their work beyond peer-reviewed journals (Saul et al., 2008). Claussen (2017) found a community of practice model that included skilled facilitation and leadership were crucial to the success of the model. Thus, the mechanism consists of recognition of the role of leadership and the time, effort, understanding and appreciation of the costs and benefits that will result in actual research utilisation.

The term '*research utilisation*' is often used in a similar way to knowledge translation. Research utilisation will occur if there is a recognised need or incentive by the end-user to be involved (Jack & Tonmyr, 2008). Uptake of research relies on motivation, trust, frequency and intensity of interaction between researchers and end-users (Beckett et al., 2016; Larrivée et al., 2012; Murray et al., 2010; Wathen et al., 2011). It can also be influenced by how the research resonated with practitioners' own beliefs, values, experience and decision-making (Wathen & MacMillan, 2015); however, even though the research might be considered valuable, lack of time and resources influence uptake (Yuan et al., 2016). Research utilisation can be politically motivated and contrary to the research evidence with minimal policy impact (Sibbald et al., 2017; Wathen et al., 2013). Tabibi (2017) found that implementation of small localised projects to support trauma- and violence-informed approaches required ongoing resources. Wathen (2015) found that the 3Ts' 'talk, trust and time' approach requires resources built in from the start.

## 4 | DISCUSSION

The findings of this review complement earlier reviews in public health (LaRocca et al., 2012; Yost et al., 2015) and domestic violence settings (MacGregor et al., 2014). Successful knowledge translation is multi-faceted and time-consuming (Breckenridge & Hamer, 2014), not recognised by usual performance measures (Wathen & MacMillan, 2015) or measured to influence policy and practice (Madden et al., 2016). By adopting a realist lens, we extend our knowledge beyond the barriers and facilitators to understand how knowledge translation works (mechanism) within the context of domestic violence research. A disaggregation of the included studies has identified five preliminary program theories focused on five outcomes: 1) develop key message, 2) flexible evidence use, 3) strengthen partnerships, 4) capacity building and 5) research utilisation. Many of the mechanisms identified are common to different settings, easily transferable to other areas. The unique 'context' and 'outcome' of these mechanisms were also in some instances, generic.

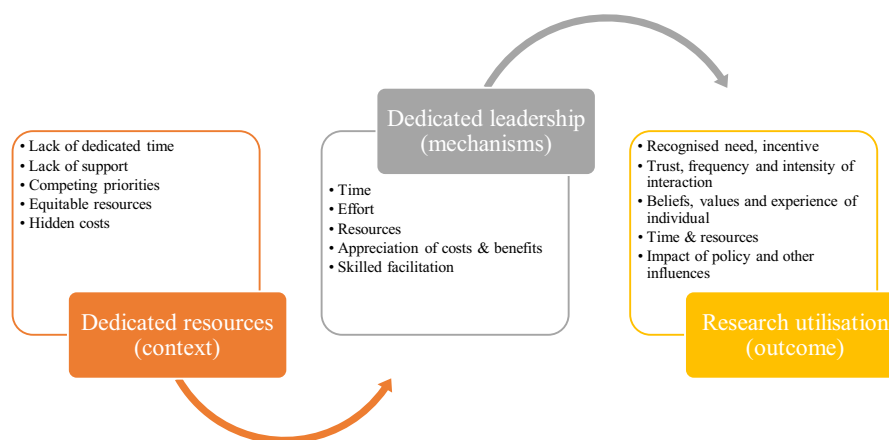


FIGURE 6 Theory 5 [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

These results further support the development of appropriate key messages. The theory would suggest that this area of research has particular nuances specific to the issue of domestic violence. These could include: acceptance of the problem as gendered (Yates, 2020); the contested definition of DV; the recognition of the harm caused by children's exposure (Gregory, Arai, MacMillan, Howarth, & Shaw, 2020); and the framing of the problem. These nuances have impacts on the ability to collaborate with relevant target audiences and ensure the development of appropriate key messages.

With regard to flexible evidence use, similar deficits apply. However, there is also a need to understand how target audiences use evidence with different values, perceptions and norms. Addressing domestic violence is not like some other public health strategies that can be addressed with a single prevention strategy (e.g. falls prevention). It is more complex and multi-layered. Interestingly, this review found that multiple strategies for knowledge translation are encouraged. However, a recent study (Campbell, Louie-Poon, Slater, & Scott, 2019) found that a single strategy approach was, in fact, more effective. Moreover, the inclusion of survivor voices documented by a few included studies suggested more recent and potentially powerful developments (Guruge, 2016; Hegarty et al., 2017; Moffitt & Fikowski, 2017; Tabibi et al., 2017; Wells et al., 2015). However, there is still room for substantial development here.

Similarly, to strengthen partnerships, the mechanism requires a common language. Still, this review revealed that often practitioners do not have a shared language and further lived experience partnerships are not routinely included as part of the partnership-building process. Connolly (2017) and Burke (2013) both provided an example of generic strategies applied successfully to the DV context. However, further work needs to account for different discipline and services' perspectives to produce common definitions and understanding; an example of this is 'coercive control' which has emerged in the DV literature (Stanley & Devaney, 2017).

The results of this review indicate that capacity building in the area of DV was dependent on valuing the knowledge that partners, especially practitioners, brought to the table. There were, however, few specific DV examples in this area (Burke et al., 2013; Campbell et al., 2011; Saul et al., 2008).

This review confirms that research utilisation requires resources and dedicated leadership. As with capacity building, there were few DV examples. A challenge lies in addressing 'wicked problems' due to difficulties securing ongoing funding and support. Historically, research about effective programs has not been easily accessible or not applicable for marginalised populations. However, while not in the peer-reviewed literature, several positive examples in this review support community-based approaches with diverse populations (Claussen et al., 2017; Isobell et al., 2016; Tabibi et al., 2017; Zahradnik et al., 2009). However, more attention to theoretical development as well as resources is required to address this lacuna in the literature.

The results of this review have highlighted the complexity of knowledge translation in general as many of the identified CMOs are

transferrable to other settings beyond DV. Notably, the mechanisms identified tend to be generic and not specific to domestic violence. However, using a realist lens provided the framework for exploring the differences that are specific to the context of domestic violence. Each included study varied in the level of contribution to the CMOs with several, but not all, included studies providing specific examples of domestic violence knowledge translation.

#### 4.1 | Strengths and limitations

As far as we are aware, this is the first realist-informed systematic review of knowledge translation for domestic violence research.

The strength of this review was the use of realist-informed review methodology. The 'product' of a realist review is a theory. The five theories created by this review provide a valuable contribution to an emerging body of literature. The previous research has not focused on identifying and organising the contexts or mechanisms that result in successful knowledge translation of domestic violence research. The complexity of the literature meant that the elements needed to be broken down and then put back together again for this specific domestic violence context. The iterative nature of this process ensures that the analysis moves beyond examining knowledge translation as a single response. The process is ongoing, continuously refined and will occur in consultation with the research network. We would argue that the current review will add value to the growing body of realist-informed studies and the knowledge translation literature internationally.

The limitations of this review include the contested definition and frameworks (including differing disciplinary perspectives), a lack of agreement regarding impacts on children, an absence of evidence regarding early interventions for men, and diverse framing of the issues for knowledge translation from health, legal and media (Hester, 2011; Sutherland et al., 2016; Tarzia, Forsdike, Feder, & Hegarty, 2020). The choice of realist-informed review rather than a systematic review resulted in the absence of quality appraisal. The data analysis included examples of knowledge translation mechanisms that were not always specific to domestic violence contexts. It was also notable that knowledge translation examples from survivor voices as well as those from diverse populations were absent in the specific knowledge translation domestic violence examples.

## 5 | CONCLUSION

Findings from this review have highlighted the potential for using realist reviews to understand complex areas such as domestic violence. The results will benefit researchers, practitioners and policy-makers by ensuring research is translated effectively, and efficiently while providing maximum impact. The authors of this review have identified potential mechanisms of change to support the knowledge translation of domestic violence research. These mechanisms

require further testing in domestic violence settings as it is striking that much of the knowledge translation literature was generic rather than specific to this context.

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## Chapter 5: Summary

In this chapter, to address research question 2, the results of the realist informed review identified the underlying components of the links between the contexts (C), mechanisms (M), and outcomes (O). The ‘CMOs’ are the building blocks on which theory is developed. The purpose of defining CMOs is to develop program theory. In the context of realist research and evaluation, a researcher is always either testing or refining their program theory.

This review resulted in the identification of context and outcomes that are specific to domestic violence research knowledge translation. Developing the CMOs involved refining the codes identified and looking for patterns in the data, as these would become possible themes. Finally, it involved identifying context, mechanism, and outcome (or outcomes) of each theme. A thematic analysis of the data resulted in the identification of fifteen CMOs.

A further refinement of the CMOs included prioritising CMOs as it was not possible include all of them. Prioritisation is a necessary component of the realist approach as it does generate a lot of data! Prioritisation was completed in consultation with the research team. A final disaggregation of the included studies identified five outcomes: 1) key message, 2) flexible evidence use, 3) partnerships, 4) capacity building and 5) research utilisation built around five program theories.

If a realist review provides the pieces of the jigsaw puzzle, then the next and final phase of the research involved a deliberative dialogue with the domestic violence

research network. The findings from the review, were used to inform the development of a summary of evidence for the next phase of the study, the deliberative dialogue. The results of this study are reported in the next chapter.

## Chapter 6: Phase 3: Deliberative Dialogue

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This chapter reports on the finding of a deliberative dialogue that was conducted with the domestic violence research network in December 2018. The focus of the deliberative dialogue was to combine evidence identified during the realist informed system review and combine this evidence with domestic violence research network experience to identify actions for knowledge translation. **Chapter 6** is presented as a manuscript that was submitted to *Evidence and Policy: A Journal of Research, Debate and Practice* in December 2019. Originally published Cameron, J., Humphreys, C., Kothari, A., & Hegarty, K. (2021). *Creating an action plan to advance knowledge translation in a domestic violence research network: A Deliberative Dialogue*. *Evidence & Policy*, vol xx, no xx, 1–19, DOI: 10.1332/174426421X16106634806152 (Accepted for publication on 23rd December 2020). Republished with permission of Policy Press (an imprint of Bristol University Press, UK).

The pages have been re-numbered for the thesis, but otherwise, the manuscript is unchanged. Supplementary material, including the evidence summary (**Appendix 5**) and the deliberative dialogue schedule (**Appendix 6**) is provided in the appendices.

### Declaration by candidate

In the case of **Chapter 6**, the nature and extent of my contribution to the work was the following:

| Nature of contribution                                    | Extent of contribution (%) |
|---|----------------------------|
| Conceived the study in collaboration with the co-authors. | 85%                        |

|  |  |
|--|--|
| <p>Led the conduct of the review including searches, screening, extraction and analysis.</p> <p>Drafted the manuscript and made subsequent revisions based on critical review of the manuscript by co-authors.</p> |  |
|--|--|

The following co-authors contributed to the work.

| Name                          | Nature of contribution  | Extent of contribution (%) |
|-------------------------------|---|----------------------------|
| Professor Cathy Humphreys     | Formulated the research question and contributed to the design of the study. All authors provided critical review of the manuscript.  | 5%                         |
| Professor Kelsey Hegarty      | Formulated the research question and contributed to the design of the study. Conducted the deliberative dialogue meetings.<br><br>All authors provided critical review of the manuscript. | 5%                         |
| Associate Prof. Anita Kothari | Formulated the research question and contributed to the design of the study. All authors provided critical review of the manuscript.  | 5%                         |

## research

# Creating an action plan to advance knowledge translation in a domestic violence research network: a deliberative dialogue

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**Background:** There is limited research on how knowledge translation of a domestic violence (DV) research network is shared. This lack of research is problematic because of the complexity of establishing a research network, encompassing diverse disciplines, methods, and focus of study potentially impacting how knowledge translation functions.

**Aims and objectives:** To address the limited research, we completed a deliberative dialogue with the following questions: *Is there a consensus regarding a coherent knowledge translation framework for a domestic violence research network? What are the key actions that a domestic violence research network could take to enhance knowledge translation?*

**Methods:** Deliberative dialogue is a group process that blends research and practice to identify potential actions. In total, 16 participants attended three deliberative dialogue meetings. We applied a qualitative analysis to the data to identify the key actions.

**Findings:** The deliberative dialogue facilitated mutual agreement regarding four key actions: (1) agreement on a knowledge translation approach; (2) active promotion of dedicated leadership within an authorising environment; (3) development of sustainable partnerships through capacity building and collaboration, particularly with DV survivors; and (4) employment of multiple strategies applying different kinds of evidence for diverse purposes and emerging populations.

**Conclusions:** The use of the deliberative dialogue has uncovered specific factors required for the successful knowledge translation of domestic violence research. These factors have been added to the Integrated Knowledge Translation (IKT) capacity framework to enhance its application for domestic violence research. Future research could explore these organisational, professional and individual factors further by evaluating them in practice.

**Key words** integrated knowledge translation • domestic violence • deliberative dialogue • research network

**Key messages**

This research extends our understanding of knowledge translation for domestic violence research.

- Use of deliberative dialogue methodology resulted in mutual agreements.
- Research networks can combine evidence and practice-based experience to identify an action plan.
- Adaptation of the IKT capacity framework enhances application for domestic violence research.

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**Background**

Domestic violence (DV) is a pervasive issue that continues to have health and wellbeing consequences for women and children globally (García-Moreno et al, 2015). Domestic violence has been described as a ‘wicked problem’ (Young-Wolff et al, 2016), that requires urgent solutions to address the complexity of this area of research and practice. In recent years, there has been an increasing amount of domestic violence literature on health, social and community evidence-based responses and interventions (Feder et al, 2013; García-Moreno et al, 2015; Spangaro, 2017; Turner et al, 2017), and this new knowledge must not only be created but rapidly disseminated with end-users such as practitioners, policymakers and other researchers (Tarzia et al, 2016).

Knowledge translation research is defined as the scientific study of methods that will contribute to the use of research outcomes by end-users (Curran et al, 2011). The past decade has seen a rapid expansion of knowledge translation research but, despite the increase in research, effective knowledge translation remains poorly understood. For example, Esmail et al’s (2020) scoping review identified over 30 potential theories, models and frameworks of knowledge translation. A systematic review that examined effective strategies for health knowledge translation concluded that to change behaviour, knowledge translation approaches needed to be embedded equally in practice and policy (Chapman et al, 2020). They identified several variables that increase successful dissemination, including dissemination style (electronic or other), frequency, intensity, follow-up, message content for different types of audience/target audiences co-designed by them. By contrast, a survey of research organisations by Powell et al (2016) found that the application of knowledge translation activities routinely occurred at the end of the research process, using publications or other written material for practitioners and policymakers.

While there are many frameworks for knowledge translation, and their use is increasing, there has been little evaluation of them in the area of domestic violence research. A study by Boyko et al (2011) tested a potential tool to measure intention to use evidence and found after an initial positive response that repetition was needed to maintain continued positive engagement. A few studies have evaluated specific knowledge translation activities related to domestic violence screening (Wathen et al, 2013) and violence prevention policies (Boyko et al, 2016). However, more research

on this complex topic is required as gaps remain in our understanding of how research networks choose knowledge translation approaches in complex, sensitive areas.

Integrated Knowledge Translation (IKT) is an approach to knowledge translation that is underpinned by several principles including: the co-production of knowledge (Campbell, 2014, Gagliardi and Dobrow, 2016); equal distribution of power (Graham, Tetroe and Pearson, 2014; Graham et al, 2018); use of experiential knowledge (Wathen and MacMillan 2015; Graham et al, 2018); and collaboration and partnerships (Canadian Institutes of Health Research, 2012; Bowen and Graham, 2013; Wathen and MacMillan 2015; Graham et al, 2018). Applying these principles is more likely to result in better outcomes (Graham, Tetroe and McLean, 2014). IKT is well suited for complex issues, drawing upon multiple forms of evidence and dissemination (Graham, Tetroe and McLean, 2014) to influence policy, practice and research. There are many challenges to this approach, particularly relating to the resources required to implement it fully (Graham, Tetroe and Pearson, 2014; Wathen and MacMillan, 2015; Gagliardi and Dobrow, 2016). As a model, IKT is yet to be thoroughly tested, however, the anecdotal and empirical evidence is growing (Graham et al, 2018). Overall, more research is required to understand which models of knowledge translation are appropriate for complex or 'wicked' problems such as domestic violence.

There are several options to support the development of this evidence. Deliberative dialogue (DD) is a group process method that blends research and practice to identify actions (Lavis et al, 2014; Plamondon and Pemberton 2019; Boyko et al, 2016). It provides focus and generates clarity around critical issues (Moat et al, 2014) and is an approach often used to support evidence-based policy decision making (Boyko et al, 2012; Boydell et al, 2017). The method requires substantial preparation and provision of research evidence that is circulated to participants before meeting (Boyko et al, 2016). Studies using DD gather rich data, including participants' values, beliefs, perspectives, opinions, experiences and knowledge on particular topics (Campbell, 2014; Lavis et al, 2014; Boydell et al, 2017; Plamondon and Pemberton, 2019). DD can provide clarity and direction as ideas are developed during the facilitated group discussion (London, 2005). The purpose of DD is to create a shared understanding, and out of that understanding can emerge an action or set of actions (London, 2005). The DD method has been used in several settings, including domestic violence (Boyko et al, 2016), Australian health policy (Boydell et al, 2017), and international health policy (London, 2005; Boyko et al, 2012; Boyko et al, 2014; Lavis et al, 2014).

In this Australian case, the National Health Medical & Research Council funded, in 2017, the *Safer Families Centre of Research Excellence* ([www.saferfamilies.org.au](http://www.saferfamilies.org.au)) focusing on transforming the health system to respond to children, young people and parents to decrease the impact of domestic violence. This domestic violence research network (DVRN) includes researchers from Australia, New Zealand, United Kingdom, Canada and Switzerland. The network, not physically located together, represents a range of organisations and disciplines, each with diverse research priorities and agendas. While it is increasingly common for research networks to be funded, few studies explore the knowledge translation of these networks (Tetroe et al, 2008; Kothari et al, 2014).

This study aimed to answer the following questions: *Is there a consensus regarding a coherent knowledge translation framework for a domestic violence research network? What are the key actions that a domestic violence research network could take to enhance knowledge translation?*

## Methods

Ethics approval to undertake a group discussion with the DVRN was obtained from the University of Melbourne ethics committee. Adapting [Boydell's \(2017\)](#) summary of the essential criteria for DD, we applied this method as a stepped process to ensure transparency.

### *Step 1: identification of the issue*

The knowledge translation of domestic violence research is a high priority issue. The DVRN grant originally cited the Graham exchange model ([Graham et al, 2006](#)) which comprises two distinct but related components of: (1) knowledge creation, and (2) the action cycle. However, network members had not been consulted as to whether this was a suitable model for the DVRN, nor was there an agreed approach to knowledge translation. A literature review was subsequently undertaken, using a realist lens, to explore knowledge translation of domestic violence research ([Cameron et al, 2020](#)). The primary literature used for the review was also used to inform the evidence summary ([Cameron et al, 2020](#)).

### *Step 2: pre-circulated evidence*

The summary of evidence was sent one week in advance of the meeting to participants. The evidence summary explored the knowledge translation of DV research ([Cameron et al, 2020](#)). It comprised a brief description of the DD approach, ground rules for the meeting, and a summary of the review results including a disaggregation of 50 studies that specified the following outcomes: (1) develop key messages, (2) flexible evidence use, (3) strengthen partnerships, (4) capacity building, and (5) research utilisation. A concise definition, the rationale ([Kothari et al, 2016](#); [Graham et al, 2018](#)), and summary of the principles ([Graham, Tetroe and McLean, 2014](#)) of IKT were provided to the participants as part of the evidence brief. Briefly, IKT was described as a model of co-production, or collaborative research, 'where researchers work with knowledge users who identify a problem and have the authority to implement the research' ([Kothari et al, 2017](#): 299). An extraction from the evidence brief is provided in [Table 1](#).

The purpose of sending the evidence summary to participants was to allow them time for reflection on the evidence before attending the meeting. Deliberative dialogue participants could then combine evidence with their own experience to answer the questions during the session.

### *Step 3: opportunity to discuss the issue*

The opportunity to discuss knowledge translation of domestic violence research was provided. Three meetings were conducted, each of 1.5 hours duration. Each session was at the same physical location. We also offered an online option for those unable to attend on the day (one participant attended online). A variety of knowledge translation strategies that participants had used during their projects were also discussed during the meetings.

**Table 1: Summary of integrated knowledge translation principles**

| What is Integrated Knowledge Translation?   | Ten principles   |
|---|--|
| <p>Integrated Knowledge Translation promotes a collaborative, action-oriented approach and is solution-focused. Integrated Knowledge Translation can produce research findings that are more likely to be relevant (for the community) because the end-user has been part of the process. There are three reasons why it is an appropriate model for domestic violence research: (1) the co-production of new knowledge is developed with end-users; (2) there is a robust if not thoroughly tested framework to apply and guide the process; (3) it has been used successfully in similar settings. Integrated Knowledge Translation is guided by ten principles which engage the end-user as part of the process.</p> | <p>(1) Co-production of knowledge is shared between partners (2) Equal governance is shared between partners (3) Experiential knowledge is valued (4) Collaboration is key (5) Flexible evidence (6) Embedded in the community (7) Partnership working (8) Suitable for complex issues (9) Focus on the process (10) Multiple dissemination strategies</p> |

*Step 4: fair representation*

Each meeting comprised a mix of DVRN members (for example, Chief Investigators, Associate Investigators, early and mid-career researchers). The network includes three different groups focusing on three areas of research including: (1) the dynamics of abuse and resilience; (2) early identification of abuse and related interventions; and (3) child, parent and carer interventions. The authors allocated participants to each meeting to ensure a diverse representation of each group. A total of 16 out of a potential 65 members participated in one of the three DD meetings. No personal data were collected but, in general terms, the participants were mostly women and included a mix of early, mid and late-career researchers from Australia. All had been part of the DVRN for approximately 18 months and provided informed consent to participate.

*Step 5: facilitation*

**Box 1 Ground rules for deliberative dialogue**

- Deliberative dialogue is a form of discussion aimed at finding the best course of action.
- Deliberative questions take the form ‘What should we do?’ and the group does not have to reach complete consensus on the topic to move forward.
- Focus on the content, considering the pros and cons.
- Everyone is encouraged to participate, but you have the right to pass.
- Speak your mind freely but do not monopolise the conversation.
- Listen carefully to others and maintain an open mind.
- Help to develop one another’s ideas; ask clarifying questions.
- Engage in friendly disagreement, but do not personalise a conflict.
- Do not get stuck arguing about facts and figures.
- Confidentiality will be respected.

A brief facilitator guide was developed to ensure consistency across the three meetings (Boydell et al, 2017). The guide includes a running sheet of DD ground rules (Box 1). The start of the session commenced with a discussion to ensure that everyone agreed

with the primary question: *What are the key actions that a domestic violence research network could take to enhance knowledge translation?* Secondary questions were used to navigate the discussion, however the focus always remained on answering the primary question. Examples of secondary questions include: *Is this question clear? Should we change it? What are the challenges moving forward, and how can we overcome them?*

The meetings were facilitated by an experienced facilitator who has worked in the domestic violence research area for more than 25 years (KH). At the start of each meeting, the facilitator (KH) explained the purpose and focus of the meeting, and any questions regarding the evidence summary or method were clarified by the note-taker (JC). In addition to note-taking during the session, flipchart paper was used to document discussions and ideas as they emerged. The meetings were also audio-recorded.

### *Step 6: deidentified data collection and analysis*

The data were fully transcribed and imported into NVivo data analysis software (QSR International, 2018), and the transcripts were checked for accuracy. Other data were collated at the meetings, including co-facilitator notes which were imported and included in the analysis. The data-driven codes were developed from the raw data. Once the data were fully coded and extracted by one author (JC), these initial codes were checked with the co-facilitator (KH) and checked for accuracy. A thematic analysis using a modified approach by Thomas and Harden (2008) was undertaken, initially reviewing all the codes for emerging themes. Two members of our research team (JC/KH) independently reviewed and agreed on the main themes. Subsequently, the themes were classified into priority actions and action statements.

The final two steps of the DD process included the identification of outputs (for example, conference papers, peer-review papers) and other follow-up activities (for example, implementation and ongoing review of results).

## **Results**

Four analytic themes were developed from the deliberative dialogue discussion: (1) agreement on a knowledge translation approach; (2) dedicated leadership within an authorising environment; (2) sustainable partnerships through capacity building and collaboration; and (4) multiple strategies and different kinds of evidence for diverse purposes and emerging populations. Each of these themes is described in detail below as an action statement with supporting quotations. The participant quotes provide an illustration of the discussions from across the three meetings. Figure 1 below provides an overview of the DD process which resulted in the four key action statements.

### *Key action 1: agreement on knowledge translation approach*

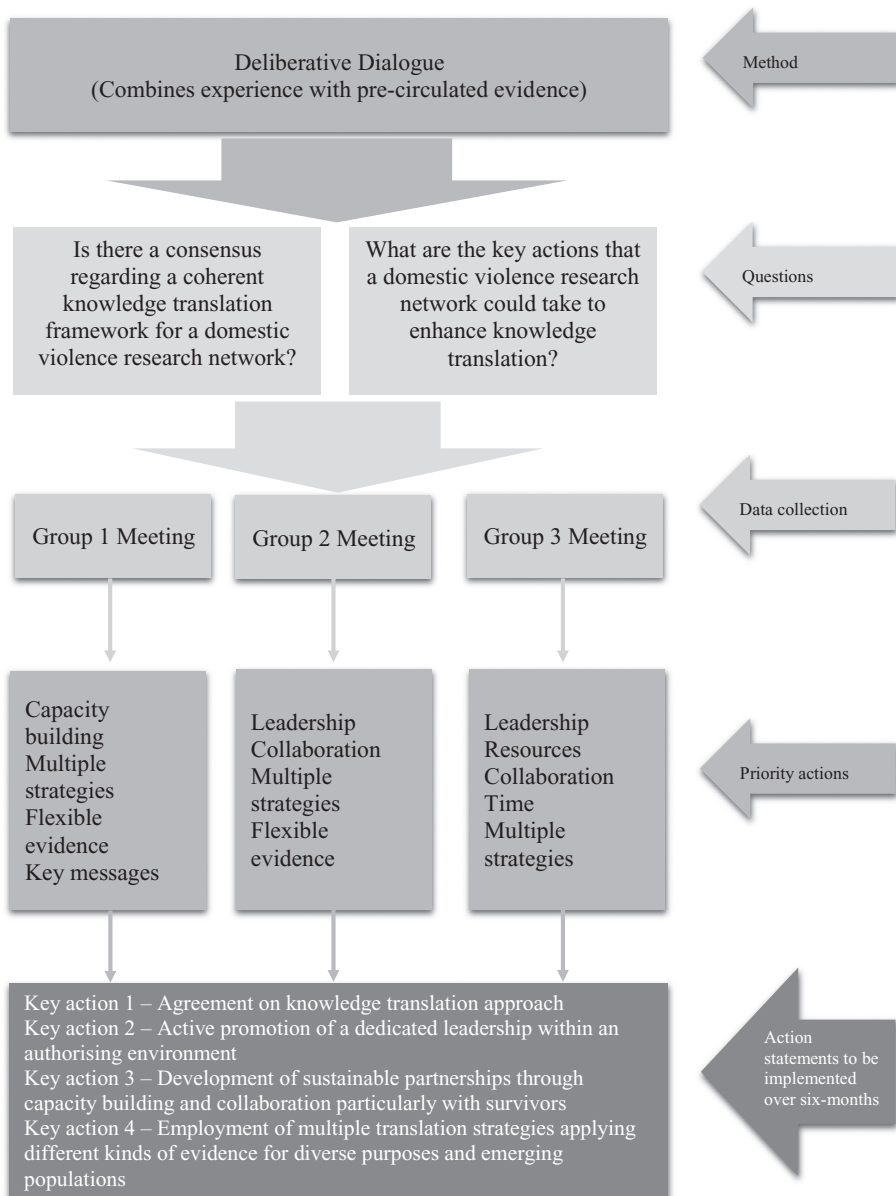
The **first question** in this study sought to identify a framework of knowledge translation through agreement.

So, mine would be, you would need a framework because that just makes it clear to everyone that you haven't just come up with it on the back of a serviette. (M1)

All participants agreed that a single knowledge translation framework was required to support a unified approach. They identified this as the first key action. This agreement was reached after the evidence brief was circulated, and participants discussed the different models they had used to support their knowledge translation.

So it's not a linear thing [IKT] that you do this, this, this, and this, and have these, these, and these involved. It just keeps going round and round and round. And actors come in, or influences, or people you want to influence,

**Figure 1: Summary of key action statements arising through the deliberative dialogue process**



they come in, and they might stay for a while, and then they go and take the knowledge they want. But I think it's important to have all the voices in there, like the practitioner voices, because practitioners would also speak a different language. And I think there's a policy voice that has to be in there as well because without well-developed policy, nothing's actually practically going to happen to change. (M2)

Participants identified that the IKT framework had several advantages including its use in a similar setting with complex issues, and the emphasis on partnerships, with a strong focus on collaboration. The position of participants is consistent with other research, which identified that the IKT has currency with 'wicked' problems (Young-Wolff et al, 2016; Plamondon and Pemberton, 2019) and alignment with principles of participatory action research (Salsberg et al, 2014). It is an approach that is built on partnership (Boland et al, 2020; Nguyen et al, 2020), development of collaboration (Graham et al, 2018), and shared understanding to solve complex problems (Graham et al, 2018).

A significant challenge that emerged from the discussion was how to engage with policymakers to ensure they have access to quality evidence and are making decisions based on this evidence. This concern is consistent with previous studies which have found that uptake of research by policymakers remains unpredictable. Policymakers may make judgements based on the familiarity of information rather than the best available evidence (El-Jardali and Fadlallah, 2015; Ellen et al, 2018).

The **second question** in this study sought to identify key actions that a DVRN could focus on to enhance knowledge translation. All participants acknowledged that, given the finite amount of resources, it was appropriate to prioritise key actions. Participants identified key actions by facilitated discussion and agreed these would be the focus for the DVRN for the next six months.

### *Key action 2: actively promote dedicated leadership within an authorising environment*

Several discourses emerged regarding the role of leadership. Some DD participants agreed that internal leadership within the research network was necessary to support the knowledge translation agenda. After further discussion, participants agreed that an 'authorising environment' was also required as part of the leadership role. One dialogue participant described an authorising environment as having the authority to speak on behalf of the DVRN in communicating with external partners, collaborators, media and other organisations. Other DD participants agreed that leadership was necessary both internally and externally to provide carriage of the knowledge translation process.

I just feel that it needs to have a base, that leadership is at the core of what you're wanting to do because it will direct where you want to go and will support that direction as well... without that, you have no direction. (M2)  
But yeah, as you say there are some things we need to work on internally as well as how we manage things externally, so it is going to need some really really, really [laughter] intricate leadership? (M3)

DD participants also agreed that, when working with partners, there would be occasions where another kind of leadership was required. This involved having ‘champions’ who would help facilitate the research process. Thus, this leadership was part of the organisation, community or service the researcher might be working with and occurred outside of the DVRN. Nevertheless, DD participants acknowledged that the task of identifying a champion wasn’t always straightforward.

So, I guess the difficulty of identifying those people who don’t hold formal leadership who [are] would-be champions, especially if you can bring them in as collaborators. Yeah. It’s difficult sometimes to identify them. (M2)

One participant, however, identified that leadership didn’t automatically provide credibility and could have adverse consequences.

I guess, just from a nurse perspective, when there used to be resources that were informed by nurse leaders, they actually didn’t translate to anything that I would be able to relate to or engage to. With leaders, you can tell when something has been put together by leaders rather than by the people at the ground level, and so that’s why I just looked at that one and disassociated with it. (M3)

The challenges that participants identified are consistent with those identified by [Kothari and Wathen \(2017\)](#) who recognised the challenges of implementing a resource-intensive approach such as IKT, suggesting a need for both strong leadership and authorising environment.

### *Key action 3: development of sustainable partnerships through capacity building and collaboration particularly with survivors*

Two divergent discourses emerged regarding the definition and role of collaboration and partnerships. Some, but not all participants, agreed that partnerships and collaboration were interchangeable concepts. After further discussion, participants agreed that partnerships often included parameters established early on in the research process by either formal or informal arrangements.

Because often we use collaboration and partnership interchangeably. So, it’s interesting to have them separated out in our thinking about knowledge translation. (M1)

I think the collaboration bit is so important. Yeah, something about facilitated collaborations too, I think. (M2)

Participants also agreed that partnerships needed to use a common language.

The results of our study are consistent with other studies where these terms are often used interchangeably ([El Ansari et al, 2001](#)). Partnerships that require researchers and end-users to work towards a common goal are considered the ‘bedrock’ of the IKT approach ([Banner et al, 2019](#)) and are critical to the success of knowledge translation ([Plamondon and Pemberton, 2019](#); [Esmail et al, 2020](#); [Nguyen et al, 2020](#)).

Moreover, participants recognised that one of the challenges was the need for multiple partnerships with a range of diverse target audiences as well as with new and emerging populations. Such populations include Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse populations, children and young people, lived experience participants (referred to as survivors) and men who are fathers, and may be victims or perpetrators of DV.

In the development of partnerships, it's so important to be able to speak 'others speak' and not just stick with your own jargon. (M1)

Finally, participants agreed that including the voices of survivors was paramount.

Well, we talk about a framework around community-based participatory action research, but the survivors are in that framework to build their capacity to have a better understanding to be involved in the research. (M2).

***Key action 4: employment of multiple translation strategies applying different kinds of evidence for diverse purposes and emerging populations***

The use of multiple strategies is defined as multilevel, multisector responses to knowledge translation (Cameron et al, 2020). DD participants had robust discussions regarding the role of multiple strategies and the use of flexible evidence. Flexible evidence refers to the 'type' of evidence, including quantitative and qualitative evidence, as well as how this evidence is used. For example, the results of a randomised control trial might be published in a peer-review journal. Equally, this result can be repurposed for policy briefings or used to support the application of further funding. Participants agreed that the evidence needed to be flexible for these different purposes. Moreover, they felt evidence combined with multiple strategies would potentially reach a broader range of target audiences.

Use of multiple strategies and tools, including media and all sorts of things, so. (M1)

Yeah, I think it would be flexible evidence use first because of the point that I was making that we don't have all the answers yet, that we have a range of projects that are ongoing, so it would need to be, yeah, we need to be flexible with how we use that to inform our messaging, but our key messages might need to [laughter] they change. (M2)

You've got your multiple strategies, some of them will be dissemination, some of them will be more active. (M2)

In summary, several critical actions emerged using the DD process as a mechanism for facilitated agreement. [Figure 1](#) illustrates this process in action. We collated the priority actions identified across three group meetings and translated them into four key action statements for implementation by the DVRN over the following six months. We further explore how these key action statements have been applied below.

## Discussion

### *Principal findings*

This study aimed to answer the following questions: *Is there a consensus regarding a coherent knowledge translation framework for a DVRN? What are the key actions that a DVRN could take to enhance knowledge translation?* We conducted a DD with members of a DVRN to answer these questions using a facilitated group discussion. The deliberative dialogue allowed for different views and experiences to be identified combined with the available evidence. This resulted in the identification of an agreed IKT framework with supporting actions for DV knowledge translation. These supporting actions included: (1) active promotion of dedicated leadership within an authorising environment; (2) development of sustainable partnerships through capacity building and collaboration, particularly with survivors; and (3) employment of multiple strategies applying different kinds of evidence for diverse purposes and emerging populations. We have applied these actions to the IKT capacity framework (Gagliardi and Dobrow, 2016) with supporting DV factors detailed below for organisational, professional, and individual components.

The DVRN identified IKT as the preferred framework to support ongoing knowledge translation activity. Network members appreciated the many facets of IKT. These included: that it uses co-production, where researchers and their partners collaboratively make decisions in all aspects of the research process and are equal partners with equal decision-making power (Graham, Tetroe and McLean, 2014); experiential knowledge is valued, as are non-research sources of evidence (Graham, Tetroe and McLean, 2014); and the process of IKT is as important as the outcome (Graham, Tetroe and McLean, 2014). These benefits of IKT identified by participants are consistent with those identified in research including traction with ‘wicked’ problems (Plamondon and Pemberton 2019; Young-Wolff et al, 2016) and based on principles of participatory action research (Salsberg et al, 2014). It is an approach built on partnership (Boland et al, 2020; Nguyen et al, 2020), development of collaboration (Graham et al, 2018), and shared understanding to solve complex problems (Graham et al, 2018).

### *Specific factors for DV knowledge translation*

The critical contribution of this paper is to advance the IKT capacity of DVRNs. The framework proposed by Gagliardi and Dobrow (2016) has been adapted, based on our findings (Figure 2), to include the supporting factors for the knowledge translation of domestic violence research. The supporting factors included in our adapted framework were reinforced by a combination of evidence and the experiences, opinion and values of DD participants in our study. This offers a more nuanced contextual approach to IKT and includes a focus on leadership, collaboration especially with survivors of DV, and the skills to adapt and change evidence using a range of multiple strategies.

In this framework, the authors (Gagliardi and Dobrow, 2016) have identified the components and conditions required for the successful implementation of an IKT framework. This implementation occurs at the individual, professional and organisational level. As a result of the DD, we have added the specific factors that support optimal implementation in the domestic violence field. Various authors have argued that identifying similarities in implementation for different contexts is

valuable to advance the field of knowledge translation (Banner et al, 2019; Gagliardi et al, 2016; Gagliardi and Dobrow, 2016; Gagliardi et al, 2017; Graham et al, 2018; Graham et al, 2019; Kothari et al, 2017; Kothari and Wathen 2017; Nguyen et al, 2020; Plamondon and Pemberton, 2019; Boland et al, 2020). However, we contend that the identification of the specific factors for different contexts is also valuable in advancing the field. This is one of the few studies to bring experts together to share reflections on the application of IKT within a DVRN. Below we summarise the specific factors identified in relation to DV knowledge translation.

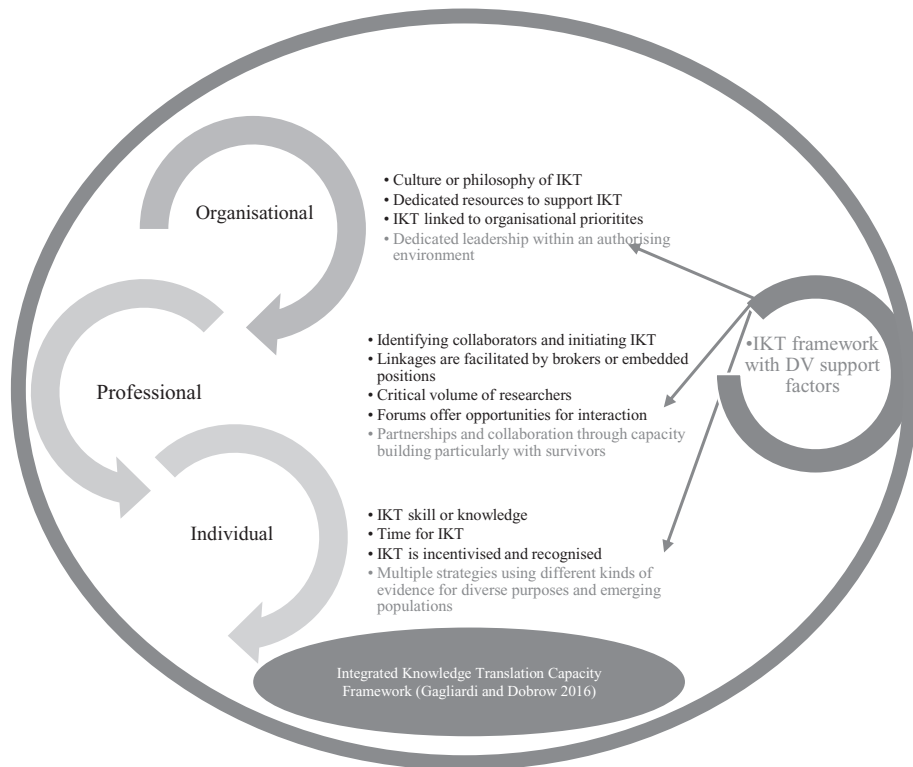
### ***Organisational: dedicated leadership within an authorising environment***

There are few studies on dedicated leadership within the context of domestic violence research (Cameron et al, 2020). As an approach, IKT is built on a premise of shared power and equality (Graham, Tetroe and McLean, 2014; Salsberg et al, 2014). Accordingly, it is perhaps a contradiction to advocate for authorising leadership. However, the results of this study have confirmed, given the complexity of the DV context, that dedicated oversight of the IKT process is needed to navigate the potential challenges. These challenges are specific to DV and include that of integrating IKT activity and functionality within the context of a constantly evolving social movement to end DV more broadly and where the landscape is constantly changing (Humphreys, 2018). The contested definition of DV (Ali and McGarry 2020, Ali et al, 2020), the gendered nature of DV (Yates, 2020) and a service system that is always responding to change and diversity (Humphreys, 2018; McKibbin and Humphreys, 2020) require a nuanced leadership approach.

### ***Professional: partnerships and collaboration through capacity building particularly with survivors***

A challenge for DV research is the definition of partnerships and collaboration, particularly where there may be power imbalances, for example between researchers and survivors (Delker et al, 2020). Bowen and Graham (2013) suggests that the purpose of the collaboration is to identify the *actual* research needs, whereas partnerships are for longer-term engagement. With regard to the voice of survivors, Campbell et al (2011) identified a strong collaboration between First Nations, Health Canada and the University of Saskatchewan as a useful method for pooling expertise and experiences in support of DV knowledge translation. Wathen et al (2011) identified the 3Ts: 'talk, trust and time', which operated together to maintain and build partnerships with practitioners and policymakers, while Kothari et al (2014) demonstrated that partnerships were a critical component of their successful evaluation of the PreVAiL network (Kothari et al, 2016). They found that, despite a common content area, not all partners represented homogeneous groups with the same goals, and not all partners were fully engaged in the process. This suggests that more work needs to be undertaken at the beginning of the research process to establish the potential parameters of collaboration and partnership. Using IKT as a foundation will potentially compensate for power imbalances in research partnerships (Banner et al, 2019). However, the lack of survivor voices is a considerable gap in the literature more generally (Fiolet et al, 2020).

Figure 2: IKT capacity framework with DV support factors



*Individual: multiple strategies using different kinds of evidence for diverse purposes and emerging populations*

Several DV examples promote the use of multiple strategies (Cameron et al, 2020). For instance, Guruge (2016) used a multilevel, multi-sectoral approach to strengthen the health sector response to DV. Moreover, Cameron et al (2020) identified studies that focused on new and underrepresented populations within DV research. These populations include survivors, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, and children and young people. Finally, men as perpetrators, fathers and victims are also a new population to emerge from recent DV research. As researchers, there is a need to respond to different situations using multiple strategies while being mindful of the diverse and emerging populations.

### *Strengths and limitations*

A significant strength of the study was the use of DD methodology, which has been used in similar settings with positive results (Boyko et al, 2016). Deliberative dialogue as a model provided a way to understand, process and integrate differing positions (London, 2005). The use of DD allowed for evidence-based decision making (Boyko et al, 2012; Boydell et al, 2017). Another strength of the study included the use of participants' own experiences of knowledge translation combined with the evidence. Finding common ground and listening to other participants within the DVRN to

generate understanding and shared meaning was a positive consequence of this study. Reid et al (2017) found similar results using localised knowledge translation approaches to facilitate stronger relationships. The results from this study have generated immediate actions that the DVRN can implement regarding the knowledge translation of domestic violence research.

The voice of survivors would have enhanced this study but was outside the scope of the current study. Another limitation was the small number of participants. The DD was open to all members of the DVRN – a suggestion for future DD would be to actively promote online participation as an option to encourage broader participation.

### *Future research*

This research extends our understanding of knowledge translation for domestic violence research. Further research should be undertaken to investigate if the implementation of an agreed framework that includes specific DV factors and is supported by key actions helps to facilitate action and cohesion amongst research network members. Further work is required to include new and emerging diverse populations, particularly survivors, and evaluate their involvement (Davies et al, 2015). This gap remains consistent with the literature. Powell et al (2018) found that patients and members of the public were an underdeveloped resource in knowledge translation across several sectors. Another area for development is the evaluation of knowledge translation which is still recognised as a gap in the literature (Davies et al, 2015; Donnelly et al, 2014; Graham et al, 2018).

The DVRN plans future activities, such as topic-based forums to generate discussion, which will further build on the results of the DD and include the implementation of the framework specific to DV factors. The action statements identified will be embedded in communication with the DVRN to canvass ideas about how these can be actioned. As this study focused on immediate actions to be achieved within the next six months, a review of these actions by the DVRN will be undertaken, and future actions identified. This will develop an ongoing cycle of reflection and review for the DVRN. Future DD using the same method could be undertaken with other stakeholder groups including policymakers, practitioners and survivors.

### **Conclusion**

A key strength of this study was that it brought together researchers representing a DVRN and used a combination of evidence and practice-based experience to achieve a consensus and identify actions. The use of deliberative dialogue uncovered specific factors required for the successful knowledge translation of domestic violence research. Our findings suggest the DD approach allowed for the complexity of knowledge translation to be explored in a way that provided meaningful results for the translation of DV research. Adoption of the IKT framework with these support factors may result in a more cohesive and considered approach. This will not only ensure that research results are meaningful for practitioners, frontline services, policymakers and survivors but also, importantly, it will ensure they are integral to the research process from the start. Future research could explore these factors further by evaluating them in practice.

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## Research ethics statement

Ethics approval to undertake a group discussion with the interdisciplinary research network was obtained from the University of Melbourne ethics committee. All participants completed a consent form.

## Contributor statement

JC, KH and CH formulated the research question and designed the study. KH and JC conducted the deliberative dialogue meetings. JC analysed and interpreted the deliberative dialogue data. JC wrote the first and subsequent drafts of the manuscript with comments from KH, CH and AK. All authors read and approved the final manuscript.

## Conflict of interest

The authors declare that there is no conflict of interest.

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## Chapter 6: Summary

In this chapter, to address research question 2, deliberative dialogue is an approach to finding a course of action where reaching consensus is not necessary, but agreement on a course of action is the desired outcome. It is about providing direction and setting priorities when there are many varied and essential competing interests. It gives credibility to the decision-making process and is a way to support evidence-based decision making. It is commonly used in policy setting to prioritise actions when there are several potential actions. It is not like Delphi, where an action is ranked, it is more of an agreement about what activity will be focused on first. Unlike a focus group where opinions, feelings or beliefs on a topic are explored, or other approaches, the purpose of the dialogue is to reach an agreement and set priorities.

The process includes sending out an evidence brief to participants before the deliberative dialogue. The purpose of sending the evidence brief ahead of time is to allow the participants time for reflection. Thus, when participants attend, they can draw upon their own experience and the evidence to agree on actions.

The deliberative dialogue resulted in the identification of four key actions:

**Key action 1** – Agreement on knowledge translation approach,

**Key action 2** - Active promotion of a dedicated leadership within an authorising environment,

**Key action 3** – Development of sustainable partnerships through capacity building and collaboration particularly with survivors,

**Key action 4** – Employment of multiple translation strategies applying different kinds of evidence for diverse purposes and emerging populations.

The critical contribution of this study was to translate the findings and apply them to an existing Integrated Knowledge Translation framework.

This chapter concludes **Part B** of this thesis. In **Part C** a synthesis of the research findings from all three studies is presented, the strengths and limitations are discussed along with suggestions for future research that will build on the findings of this thesis.



## Chapter 7: Discussion and Conclusion

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This final chapter presents a combined discussion and conclusion based on the results from the preceding chapters in **Part B**. The first part of the chapter will contextualise the research by describing why this thesis matters, the gap in the literature, why this topic is significant, the purpose of the research, the research setting and re-statement of aims, research questions and methods. A synthesis of key findings presented as a table of themes is provided in the middle of this chapter. The second part of the chapter details the outcomes of the research and summarises, using two themes, how this study contributes to new knowledge. It also discusses how the findings have built on existing knowledge translation literature to develop a framework. The final section of the chapter considers the gaps this study fills, and those that remain, and the implications of this study are further explored. Suggestions for future research follow the implications. Finally, concluding remarks revisit why this research matters and how it has made an original contribution to advance our understanding of the knowledge translation of domestic violence research.

### Importance of Knowledge Translation of Domestic Violence Research

The interest that inspired this thesis was the need to understand the essential ingredients for knowledge translation within the context of domestic violence research. Studies that respond to complex research questions, such as those involving the intersection between domestic violence, knowledge translation and research networks

require both rigour and innovation, as well as an effective research design. Learning from *Safer Families*, I conducted an empirical study that identified the mechanisms of knowledge translation for domestic violence research. We identified priority key actions and combined them within an existing knowledge translation framework, which was adapted to incorporate the supporting factors for domestic violence research. Together, the study phases extend our shared understanding of knowledge translation and support of the *Safer Families* knowledge translation goals.

There is substantial evidence regarding the devastating consequences of domestic violence on women and their children (ANROWS, 2018b). In recent reports, ANROWS the national peak body for domestic violence research in Australia highlighted the ongoing prevalence and impacts of domestic violence on women and their children (ANROWS, 2018b). They have also highlighted the need to develop interventions for women, children and young people with a focus also on knowledge translation (ANROWS, 2020). Additionally, emerging interventions for perpetrator research and interventions addressing intersectionality are being developed in response to the changing landscape of domestic violence research (ANROWS, 2020). The ANROWS conceptual model (ANROWS, 2019) ensures that research is centred, supported by knowledge production, knowledge translation and exchange, and leadership. The knowledge translation framework includes a range of materials including webinars, guidelines, practice guides, podcasts, digital stories, workbooks as well as reports in a range of lengths/formats (ANROWS, 2019).

## Gaps in the Knowledge Translation Literature

Notwithstanding a significant growth in knowledge translation literature, there remains a 'gap' concerning the association between knowledge translation, domestic violence research and research networks. There is little literature, if any, on how these three areas interconnect. Due to the complicated nature of these issues, two summary literature reviews were presented in this thesis (**Chapter 2**) to situate the current evidence regarding the knowledge translation of domestic violence research. These summaries identified that while there is a substantial volume of evidence regarding knowledge translation, less is known about how knowledge translation of domestic violence research works. Further, we know very little about how knowledge translation works within the context of research networks. Finally, although there is some evidence regarding the knowledge translation of domestic violence research in Canada (Kothari et al., 2014; Wathen & MacMillan, 2015), there is scant evidence for the Australian context. Thus, my original contribution to knowledge was to explore the intersection of these three areas: knowledge translation, domestic violence research and research networks within the context of Australia domestic violence research.

The Canadian Institutes of Health Research definition (2016) is commonly cited in the knowledge translation literature (Chapman et al., 2020; Esmail et al., 2020; LaRocca et al., 2012; Mallidou et al., 2018; Straus et al., 2013; Tait & Williamson, 2019; Yamada et al., 2015), and the knowledge exchange model, developed by Graham and colleagues (Graham et al., 2006; Graham & Tetroe, 2007; Straus et al., 2009, 2011, 2013), is widely used

in many knowledge translation contexts. This model has similar attributes to both action research and participatory action research (Donnelly et al., 2014). However, the frameworks that currently exist are generic by nature, and their evaluation is limited (Esmail et al., 2020). There is also little understanding of how they can be applied in local contexts and how to integrate stakeholders in the process. A straightforward solution could be to develop, test and evaluate a new framework. However, it has been argued that there are already too many frameworks, and what is needed is more evidence about how these existing frameworks might adapt to different settings (Esmail et al., 2020).

The original knowledge to action framework (Graham et al., 2006) promotes **knowledge creation** which encompasses knowledge inquiry, knowledge synthesis, knowledge tools/products and is followed by an ‘action’ cycle. The **knowledge creation** that has developed within the domestic violence research network includes a recently published position paper highlighting the vital role that health services can play in supporting women and their children experiencing domestic violence (Safer Families Centre of Research Excellence, 2020). The network has published several meta-syntheses of people and practitioners’ voices (Fiolet et al., 2020; Hegarty, McKibbin, et al., 2020; Tarzia et al., 2020) that have been promoted through open-access journals, directly targeting policymakers and practitioners with the evidence of how the health sector can better respond to domestic violence. However, obtaining this knowledge is only one part of the equation. The other part is ensuring that the knowledge is shared quickly and effectively with practitioners, policymakers, and participants with lived-experience of

domestic violence. This part of the knowledge to action framework is the **action cycle** which has a focus on the application of knowledge that is adapted to the **local context**.

## Purpose of the Research

The purpose of this thesis was to explore the knowledge translation of a domestic violence research network. The knowledge translation continuum explored in **Chapter 2** reminds us that knowledge translation is most effective when there is a multi-directional process or a cycle of exchange, rather than only a unidirectional process that is undertaken at the end of the research journey. As explained in **Chapter 2**, the exchange model initially developed by Graham and colleagues (2006), was the springboard for the knowledge translation of this domestic violence research network. The use of the exchange model is well documented and has been applied in several settings. The model itself has also evolved to include knowledge synthesis, dissemination, exchange, end-of-grant and integrated knowledge translation. Thus, the practical operationalisation of this exchange model was also of interest in this study.

### **Study Setting.**

As described in **Chapter 2**, *Safer Families* was established in Australia and is the first Centre of Research Excellence leading research into early interventions to address domestic violence. A primary focus of this network is knowledge translation which includes the outputs from each of the three groups (as defined in **Chapter 2**) as well as other knowledge translation activity including Aboriginal and Torres Strait Islander

leadership, mentoring programs and capacity building of researchers. Each of these resonates with different aspects of the exchange model, including knowledge creation and the application of the action cycle (Graham et al., 2006).

### **Re-statement of Aim, Research Questions and Method.**

My research aimed to explore the knowledge translation of a domestic violence network-the *Safer Families* network of researchers. The research design was described in **Chapter 3**, supported by a diagram repeated here (now including a summary of results) to remind the reader and situate the final discussion chapter of this thesis (**Figure 7**). The two research questions were:

- (1) What is the shared understanding of knowledge translation and activity in a domestic violence research network?
- (2) How is a shared understanding of knowledge translation developed in a domestic violence research network?

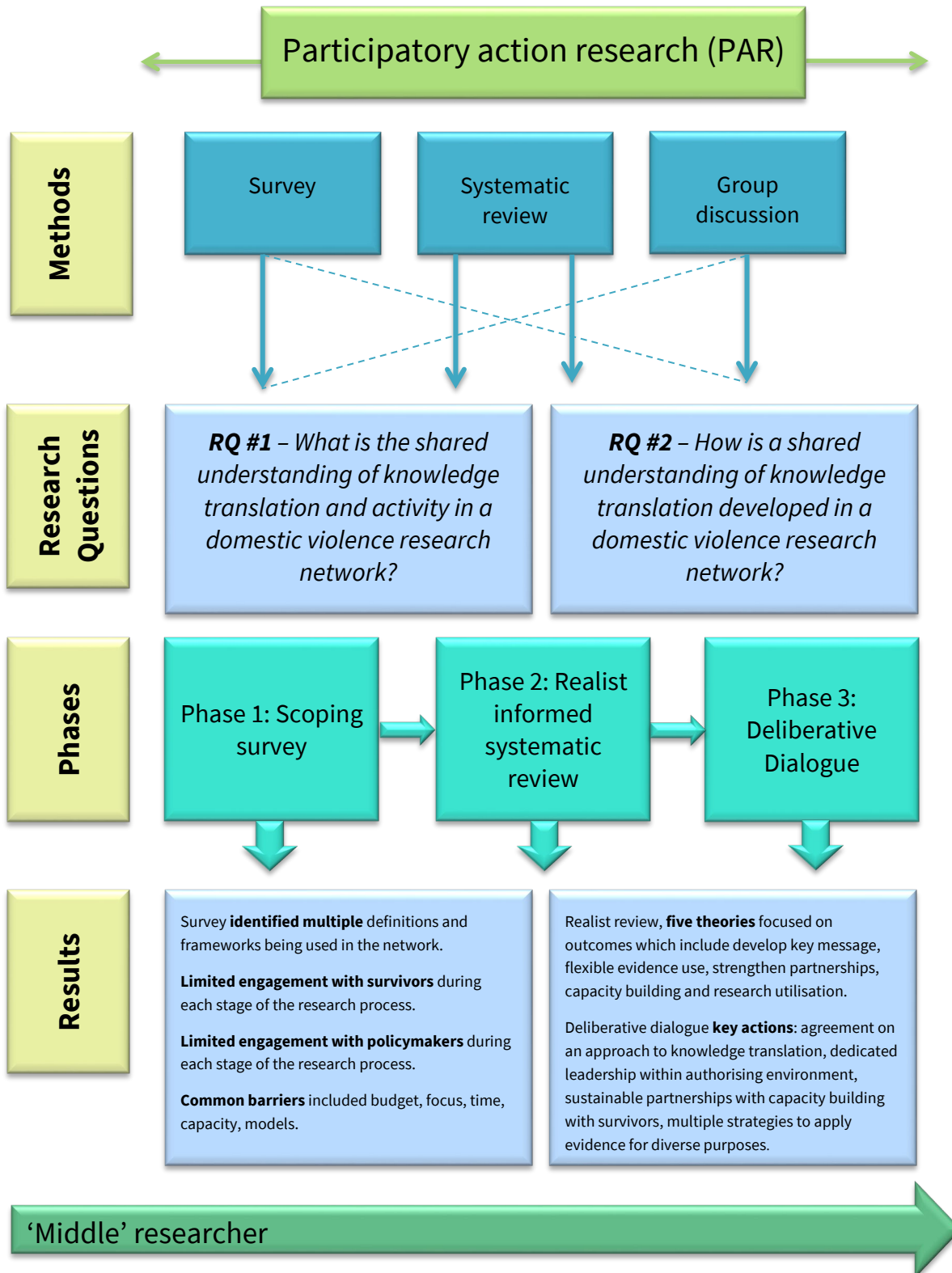


Figure 7: Phases of research with results

## **Selection of Method**

Despite the continuing pressure from academic and funding institutions to deliver and measure knowledge translation outcomes, there is little evaluation or understanding of how this operates within research networks. Apart from limited studies in Canada (Kothari et al., 2014; Wathen et al., 2010; Wathen et al., 2011), there is little empirical research exploring the knowledge translation of domestic violence research (Hoekstra et al., 2020). One primary focus of the Canadian network was partnerships between researchers, practitioners and policymakers and the impacts on policy changes around domestic violence (Kothari et al., 2014). Although partnerships and policy are critical components of knowledge translation, there are also other components of interest including the shared understanding of knowledge translation, the knowledge translation activity and how knowledge translation develops during the early years of establishment of a research network.

The topic under investigation required a methodological approach that could accommodate many elements. This topic needed not just a single method or a single study but several methodological approaches working together to answer the research questions. These included participatory action research, realist research and my role as the 'middle' researcher.

Several approaches were considered when assessing the most effective way to undertake this study. The need to engage the domestic violence research network in a meaningful way to actively explore the shared meaning of knowledge translation and

activity was considered important. Therefore, an action research approach (Alston & Bowles, 2018) with a participatory action research lens was chosen. The purpose of drawing on this approach was to ensure that participants were part of the process. Participatory action research is a method that is based on reflection, data collection, and action, and is especially appealing to social workers (Alston & Bowles, 2018).

An iterative approach was required for this study as participatory action research is a tool to be used by researchers and participants to work together to change a situation: in this instance to build research translation from the start and to feedback results of the study to the network (Alston & Bowles, 2018). In this study, the focus was the domestic violence research network undertaking the knowledge translation of research. The participatory action research approach has been used previously in knowledge translation studies, which also strengthened the preference for this approach.

A realist methodology is a theory-driven approach that is grounded in realist philosophy (Banner et al., 2019; Wong, 2018b; Wong et al., 2017). Realism is not a methodology, but rather a set of methods grouped by a common framework (Westhorp, 2014). Realists explore causation and seek to understand how programs work in different settings (Better Evaluation, 2016; Kazi, 2003; Pawson & Tilley, 1997, 2013; Westhorp, 2014). A realist approach assumes that any given context will impact how interventions/programs work, thus the goal of the realist approach is to uncover what works in what contexts for whom and in what circumstances (Better Evaluation, 2016; Kazi, 2003; Pawson & Tilley, 1997, 2013).

My rationale for choosing a realist informed systematic review was that it allowed a rigorous review process that was not only focused on outcomes but also causation. It was clear early in this thesis that a traditional systematic review would limit access to critical information that could provide data to answer the research question. Moreover, the outcome of the realist review is the generation of theory, which can then be further tested and refined. The evidence used to generate the theory is often not just focused on outcome data, but in accordance with realist research, any evidence that can help refute or refine theory. This broadens the scope of the review to include non-peer reviewed evidence, constituting an important strength of the approach because it values data produced by non-traditional approaches, for example, reports, presentations, commentary etc. Thus, the aim of the realist informed systematic review was to explore the mechanisms of change in research networks which 'work' to support knowledge translation. This study design, as described in **Chapter 3**, with the results in **Chapter 5**, contributed to answering research question two.

### **Common Themes: The Building Blocks for Domestic Violence Knowledge Translation**

Many of the study findings are consistent with present literature, other findings broaden and strengthen the evidence regarding knowledge translation. The results extend our understanding of the 'what' and the 'how' of shared understanding of knowledge translation in a domestic violence reach network. These are presented as two themes across two tables. **Theme 1** answers the first research question and synthesises

the shared understanding of knowledge translation across the domestic violence research network (see **Table 6**). **Theme 2** answers the second research question and articulates how to implement knowledge translation within a domestic violence research network (see **Table 7**).

### **Summary of Theme 1: Shared Understanding of Knowledge Translation Within a Domestic Violence Research Network**

The current study found that the definition and framework for knowledge translation provided a critical foundation for the approach to knowledge translation. However, there were also several definitions being used as identified through the ice-breaker activity detailed in **Chapter 2** and the survey results in **Chapter 4**. These results align with those of previous studies (Esmail et al., 2020; Graham, Tetroe, & Pearson, 2014; Kothari et al., 2017; McKibbin et al., 2010). The results of the deliberative dialogue (**Chapter 6**) clearly identified the need to agree on a single approach to knowledge translation. The Integrated Knowledge Translation framework was found to be the most appropriate framework for a domestic violence research network over other frameworks because as detailed and discussed in **Chapter 2**, the framework provided the language and building blocks for knowledge translation to occur. Further it was also part of the ‘program theory’ that was required for **Chapter 5** and in fact when tested through the realist informed systematic literature review, and the deliberative dialogue (**Chapter 6**) it remained the framework of choice. This framework has been used in similar settings (Kothari et al., 2014; Wathen & MacMillan, 2015) and has a strong focus on partnership and requires researchers and end-users to work together in a collective process (Banner et al.,

2019). The framework is built on foundation principles for participatory action research (Salsberg et al., 2014) and has a strong track record with complex areas of research such as domestic violence while ensuring results are relevant and actionable (Banner et al., 2019; Gagliardi et al., 2016). The framework is iterative and will continue to evolve and develop a strong evidence base (Graham et al., 2019) while promoting principles of joint decision making, and recognition of the strengths that end-users, especially lived-experience participants will bring to the process. This will include the ability to apply research results, situate new knowledge from a position of strength and tailor key messages and interventions while evaluating outcomes (Salsberg et al., 2014).

This study confirms that capacity building is associated with successful knowledge translation. The deliberative dialogue (**Chapter 6**) supported by the realist review (**Chapter 5**) identified the role of capacity building including when practitioner knowledge is valued (Beckett et al., 2016; Claussen et al., 2017; Hanson et al., 2016; Murray & Smith, 2009; Sibbald et al., 2017; Wells et al., 2015). These results further support the idea of promoting uptake of research even when there are challenges for implementation (Goicolea et al., 2015).

This study identified several barriers to knowledge translation including lack of budget, organisational emphasis, commonly accepted models, time, capacity and organisational support. These results are consistent with many studies that have identified similar barriers to knowledge translation (Powell et al., 2016; Sarkies et al., 2017; Yamada et al., 2015) which are pervasive, difficult to change, and can operate at

individual and service levels (Sarkies et al., 2017). There is also evidence to suggest the barriers can change and as such require ongoing review (Lau et al., 2015). This is consistent with the survey results in **Chapter 4** that identified very little review or evaluation of knowledge translation activity. Also consistent with the current findings, studies have identified infrastructure and lack of management support as barriers to knowledge translation (Sarkies et al., 2017; Straus et al., 2013). The identification of dedicated leadership within an authorising environment that has been added to the framework in the next section may address this imbalance.

Table 6: Theme 1 Shared understanding of knowledge translation (RQ1)

| Sub-theme         | Scoping Survey  | Realist Review  | Deliberative Dialogue   | Summary of the key findings  |
|-------------------|---|---|---|--|
| Definition        | Multiple definitions existed among network members; most focused on using knowledge to inform practice and influence policy.  | A lack of a common language is a barrier to knowledge translation.  | -   | A single definition is preferred to ensure consistency of approach.  |
| Framework         | There is a lack of commonly accepted frameworks in the knowledge translation literature.  | Well, over sixty frameworks identified. Previous use of the Integrated Knowledge Framework in similar settings. | Collective agreement on an approach to knowledge translation.                         | Integrated Knowledge Translation is well suited to domestic violence research.   |
| Barriers          | The limited resources may impact on the ability of researchers to undertake knowledge translation. Barriers included a lack of budget, organisational emphasis, commonly accepted approaches, time, capacity, and organisational support. | Barriers time, support, competing priorities, resources, and hidden costs.                                      | -   | Resources need to be provided from many levels, not just organisational but also funding bodies and policymakers. Resources include funding but also, time, and acknowledgement of effort. |
| Capacity building | There is little confidence to undertake knowledge translation.  | Capacity building   | Ensuring there is capacity building, particularly with lived-experience participants. | Capacity building can be developed both inside and outside the research network.   |
| Evaluation        | Limited review and evaluation of knowledge translation activity   | There is a limited evaluation of domestic violence knowledge translation.                                       | -   | Ongoing reflection and review of knowledge translation are required to document and record for funding bodies, policymakers, and the research network.                                     |

## **Summary of Theme 2: Implementation of Knowledge Translation Within a Domestic Violence Research Network**

The current study found that mechanisms used for knowledge translation activity varied (**Chapter 4**) but were generally more focused on 'traditional' forms of knowledge translation. The use of innovative approaches such as the arts and social marketing (e.g., blogs, Facebook, Twitter etc) was limited. The realist review (**Chapter 5**) identified a number of dissemination activities that could be use in addition to translation formats such as conference and peer-review papers, to ensure key messages reach their target audience. Examples included feedback loops, informal/formal meetings, education sessions, and industry-based publications (Beckett et al., 2016; Boyko et al., 2017; Burke et al., 2013; Connolly et al., 2017; Kothari et al., 2014; Murray, Chow, et al., 2015; Murray, Ong, et al., 2015; Nancarrow, 2015; Sibbald et al., 2017; Tarzia et al., 2016; Wathen et al., 2010). Another finding from the review that is linked to the mechanism of knowledge translation was the use of a headline version, one-sentence version, one-paragraph version and full text version of any key message (Jack & Tonmyr, 2008).

Engagement during the research process is also critical to the success of knowledge translation. This is supported by the wider literature (Banner et al., 2019; Canadian Institutes of Health Research, 2012; Gagliardi et al., 2016; Gagliardi et al., 2017; Kothari & Wathen, 2013, 2017; Salsberg et al., 2014; Wathen & MacMillan, 2015) and involves the development of partnerships and collaborations. This finding is consistent with studies that explored the role of partnership and collaboration in knowledge translation (Kothari et al., 2014). There is scope for significant collaboration during each

stage of the process (Canadian Institutes of Health Research, 2012; Isobell et al., 2016; Larrivée et al., 2012; Sibbald et al., 2017), yet this study found limited engagement with policymakers and lived-experience participants during each stage of the research process (**Chapter 4**). Practitioners were the most widely consulted group, however, lived-experience participants were only included during data collection and policymakers were the least engaged group. The realist review found common language mechanisms such as consistent language, open communication, clear expectations and mutual understanding were required to develop strong partnerships (Burke et al., 2013; Claussen et al., 2017; Connolly et al., 2017; Jack & Tonmyr, 2008; Kothari et al., 2016; Kothari et al., 2014; Murray, Ong, et al., 2015; Saul et al., 2008; Wathen et al., 2010).

One unanticipated finding in this study was the impact of leadership on knowledge translation. As noted later in this chapter, within the context of Integrated Knowledge Translation, there is a possible contradiction as the process promotes equality yet requires strong leadership. This study has found that dedicated leadership within an authorising environment (**Chapters 5 & 6**) is necessary to ensure successful knowledge translation outcomes. It has been noted that a lack of leadership can be a barrier to knowledge translation (Gauthier et al., 2005). The realist review also found that well-defined direction can work to reduce power imbalances when combined with other strategies. Examples include a memorandum of understanding, conflict resolution plans, communication plans, clear roles and responsibilities and dedicated face-to-face contact

with research end-users. The operationalisation of leadership is further explored in the next part of this chapter.

Practitioner knowledge that is shared, also known as tacit knowledge (that is, knowledge that might be shared by co-workers but not formalised or written down) is an important commodity that was confirmed by this study and noted by others (Gabbay & le May, 2004; Greenhalgh & Wieringa, 2011; Oliver et al., 2014; Tait & Williamson, 2019; Wathen et al., 2013; Wieringa & Greenhalgh, 2015). However, the role of tacit knowledge in knowledge translation requires further investigation.

Participants with lived-experience are the final and perhaps most important group that are identified in this theme. Their specific role to the future of knowledge translation is further explored below, however, this study found that they are, as a group, not included in setting the definition and priorities of research area, collaborative research, and co-production, or interpreting and communicating research findings (**Chapter 4**). The realist review and the deliberative dialogue both explored lived-experience participant's role and they were identified as a new and emerging population (**Chapter 5**) and as key components of the adapted framework (**Chapter 6**). Often participants with lived-experience are defined as stakeholders (Hoekstra et al., 2020) if they are defined at all in the knowledge translation literature. There is growing volume of literature that promoted the inclusion of lived-experience participants (Horgan et al., 2020; Kong et al., 2020; Palmer, 2020; Ragavan et al., 2020) and the Integrated Knowledge Translation framework actively promotes this as part of the framework set-up (Boland et al., 2020;

Graham et al., 2018; Graham et al., 2019; Kothari et al., 2017; Plamondon & Pemberton, 2019; Salsberg et al., 2014).

Table 7: Theme 2 How to implement knowledge translation (RQ2)

| Sub-theme                     | Scoping Survey  | Realist Review   | Deliberative Dialogue  | Summary of key findings   |
|-------------------------------|---|--|--|---|
| Engagement (mechanisms)       | The limited use of engagement mechanisms (e.g. website, newsletters, summaries, and guidelines).  | Key messages need to be adapted for multiple target audiences.   | Different kinds of evidence.   | Key messages need to use different kinds of evidence and engagement mechanisms (e.g. social media, impact stories, narrative, visual arts).   |
| Engagement (research process) | Practitioners were the most widely consulted group during all seven stages of the research process. Policymakers least consulted during all seven stages of the research process. | Lived-experience participants are not consulted during all seven stages of the research process.                             | An agreement that IKT should be used which actively promotes engagement with end-users from the start. | Engagement needs to include all aspects of the research process, including overall direction, research question, design, development, data collection, analysis, and translation of findings. |
| Partnerships                  | -   | Strengthen partnerships through mutual trust, respect, and transparent process.  | Sustainable partnerships required a common language.   | Partnership requires both strength and sustainability using a common language.  |
| Collaboration                 | The collaboration focused on practitioners and health service providers.  | Collaboration early, with open communication, mutually beneficial, informal/formal, ongoing contact.                         | Collaboration with multiple partners.  | Collaboration is not the same as a partnership and must start from the beginning.   |
| Leadership                    | -   | Dedicated leadership can be supported by time, effort, resources, appreciation of costs & benefits and skilled facilitation. | Dedicated leadership within the authorising environment  | Dedicated leadership within an authorising environment is required for successful translation of domestic violence research.  |
| Practitioner knowledge        | Practitioner knowledge is valued, and written materials or tools are aimed at practitioners.  | Practitioner knowledge is essential for domestic violence knowledge translation.   | -  | Practitioner knowledge is highly valued but is not the only knowledge.  |
| Lived-experience participants | Lived-experience participants are not included in all phase of the research process and their role in underdeveloped.   | There is limited literature on how lived-experience participants are included in current knowledge translation.              | Lived-experience participants are an emerging population.  | Lived-experience participants must be included in all aspects of knowledge translation right from the start.  |

The final section of this chapter details how these results have informed the adaptation of the Integrated Knowledge Translation Framework. It also explores the potential for future research as well as the strengths & limitations of the current study.

## **Contribution of the Study**

Existing frameworks for knowledge translation are generic and offer little guidance on how to apply them to specific research areas. There is a gap in the knowledge translation of domestic violence research, which for several reasons requires a nuanced approach. As detailed in **Chapters 5 & 6**, the domestic violence movement was established from a feminist perspective. As such, there is potentially some resistance to more recent suggestions that there is more than one way to explore and respond to this complex issue.

One of the main contributions of this study is to extend an existing framework Gagliardi & Dobrow (2016) for implementing Integrated Knowledge Translation. Based on the findings in the current study, the framework has been modified to include supportive factors for the knowledge translation of domestic violence research. These elements are supported by a combination of evidence and the experiences, opinions, and values of the domestic violence research network participants in this study. The framework offers a more nuanced contextual application of Integrated Knowledge Translation and includes a focus on domestic violence research.

In this framework, the authors Gagliardi & Dobrow (2016) identified the components and conditions required for the successful implementation of an Integrated

Knowledge Translation framework. They argued that the execution needed to occur at an **individual, professional** and **organisational** level. However, the current study has added specific factors for the particular context of domestic violence research. We have built on this framework by identifying the components and conditions required for successful implementation with specific domestic violence support components and conditions. The revised framework (**Figure 8**) now includes **network** which has been added to the **individual, professional** and **organisational** elements. The rationale being knowledge translation can operate outside the scope of the **individual, professional** and **organisational** elements in the **network** and vice-versa. Consequently, the framework needs to account for these conditions and respond accordingly.

The flexibility of the framework and the fact that it is built on a model of collaboration, and the need to continually consult, reflects an action research approach, thus it is not static, and requires ongoing testing with survivors and other stakeholder groups. It is possible that such an approach may address some of the inherent problems of knowledge translation such as lack of uptake and implementation of research results.

The current framework has however included the voices of a range of professional groups including social workers, GP's, midwives and nurses. However, we cannot assume this framework is a perfect fit, rather we assume it will be further tested and explored. This approach is well supported by recent reviews that have emphasised the need to include survivor (Fiolet et al., 2020; Tarzia et al., 2020) and practitioner voices (Hegarty,

Gleeson, et al., 2020; Hegarty, McKibbin, et al., 2020; Tarzia et al., under review; Wendt et al., 2020).

Although feminist principles are implicit in current domestic violence government policy (Theobald et al., 2017), the challenge remains to ensure this remains a prominent discourse (Tarzia et al., 2016; Yates, 2020). Engaging with policymakers within this framework will also allow this to happen ensuring ongoing knowledge translation success.

Nevertheless, this study also established that the elements need to operate inside the **network**. These elements are therefore, always working together inside and outside of the network. However, to maximise the shared understanding of knowledge translation and ensure that domestic violence research is disseminated, a focus on these support factors is needed to facilitate meaningful translation and evaluation. The diagram below (**Figure 8**) is followed by a summary of each of the factors. They are compared to the broader literature in the context of how they have contributed to the final adapted framework.

### **Dedicated Leadership Within an Authorising Environment.**

One of the novel findings of this study was the need for dedicated leadership within an authorising environment. This finding, it could be argued contradicts the founding principles of Integrated Knowledge Translation given it is based on firm principles of community-based participatory research (Banner et al., 2019), a commitment to the co-production of knowledge (Banner et al., 2019), as well as

participatory action research (Salsberg et al., 2014). However, this study found in the **Chapter 4** survey, that strong leadership is required to ensure that knowledge transition remains high on the agenda with research networks. The realist review in **Chapter 5**, identified that time and resources (Wathen et al., 2011) are critical and must be supported by management. It was also found that as a mechanism, dedicated leadership is required to ensure the outcome of utilisation of evidence (**Chapter 5**). This finding was further supported by the deliberative dialogue (**Chapter 6**) that confirmed dedicated leadership was a critical action by the domestic violence research network.

#### **The Partnerships and Collaborations Developed through the Capacity Building, Particularly with Survivors.**

The survey in **Chapter 4** found collaboration with participants with lived-experience occurred about half the time during the seven stages of the research process, focused predominantly on the data collection stage only. The realist review (**Chapter 5**) identified that capacity building often occurs with practitioners; however, rarely with lived-experience participants. The promotion of capacity building with survivors as one of the key actions from the deliberative dialogue process has been added as a specific component to the adapted framework.

#### **The Use of Different Strategies with Different Evidence Format, for Diverse and Emerging Populations.**

Guruge (2016) promotes the use of multiple strategies to strengthen health sector responses to domestic violence. There is substantial evidence, as discussed in **Chapter 6**

for the use of several different knowledge translation strategies, used to ensure evidence is translated in different ways for diverse and emerging populations.

### **The Evaluation of Knowledge Translation Activities and Outcomes.**

The knowledge translation literature has identified a current lack of evaluation and review. The current study confirms, from the results of the **Chapter 4** survey, that evaluation and review of knowledge translation activity is an area that needs development as it is not included in routine review or evaluation.

### **A Common Language Amongst Groups.**

The current study identified that although professionals may be working in a common area of interest, this does not immediately result in or ensure they are sharing a common language. This lack of common language can be a barrier to knowledge translation. The realist review (Cameron et al., 2020) identified a need to ensure consistent use of a common language for practitioners even when working within the same content area (Jack & Tonmyr, 2008; Kothari et al., 2014; Murray, Ong, et al., 2015; Saul et al., 2008). Other strategies to help develop a common language included developing communities of practice (Burke et al., 2013; Claussen et al., 2017; Connolly et al., 2017; Kothari et al., 2016; Saul et al., 2008; Wathen et al., 2010), using pre-determined trigger questions to engage practitioners in conversation and (Connolly et al., 2017) adapting language to suit the context (Burke et al., 2013). Thus, research networks must agree on and discuss their common language at the start of the knowledge translation process.

### **Key Messages Using a Range of Engagement Mechanisms.**

The results of **Chapter 4** found that the domestic violence research network was using a limited number of engagement mechanisms in the translation of their research findings. The results in **Chapter 5** identified that key messages for the knowledge translation of domestic violence research need to be brief, tailored, evidence-based, create feedback loops, use multiple sources of knowledge and be interactive. There were few examples specific to domestic violence research, but some positive examples included the use of a headline version, one-sentence version and one-paragraph by Jack & Tonmyr (2008). This is well supported by the work of Boyko and Wathen (2017) who established that key messages needed to be condensed to maximise success. The results of the current study suggest that research networks need to engage in more creative approaches to messaging. Recent examples of studies funded by ANROWS have demonstrated some encouraging signs of this approach developing with a range of webinars, guidelines, practice guides, podcasts, digital stories and workbooks as well as traditional reports on their website (ANROWS, 2019).

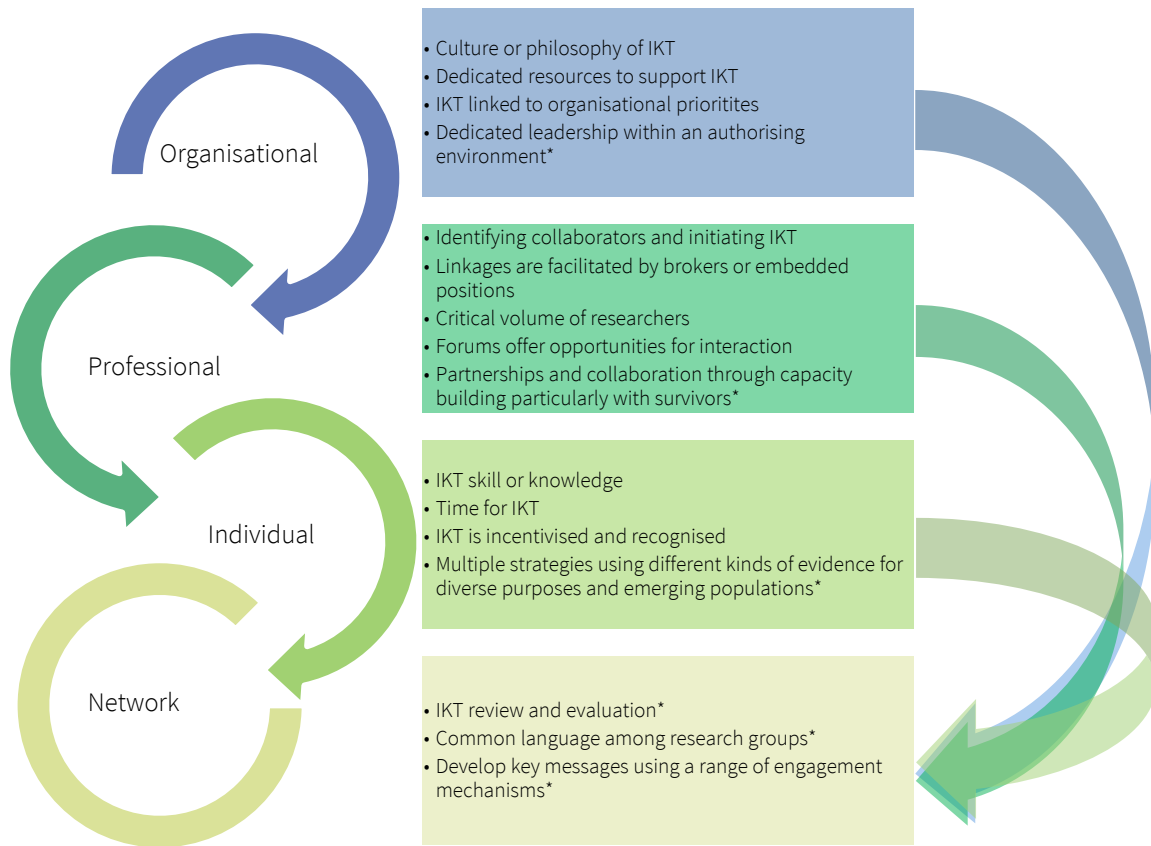


Figure 8: Extended IKT capacity framework with domestic violence support factors\*

## Future Testing of Program Theory and Future Research

A limitation of this study was the lack of voices with lived-experience. It would, therefore, be prudent to undertake a deliberative dialogue with survivors using the same methodology and questions that were used in this study. The results of this could be then added to the adapted Integrated Knowledge Translation framework. The next logical step would be to evaluate the revised Integrated Knowledge Translation framework in a real-world setting. While there are several approaches for such an evaluation, it is suggested that a realist evaluation would be well suited for the purpose.

The potential realist evaluation question for future research, along with sub-questions, are detailed below. The cornerstone of realist evaluation is the program theory, as the goal of realist research is always to be either testing or refining the program theory. This thesis's impact has been the development of new CMOs that can be further tested using a realist evaluation. Using the 'if-then-because' thinking of how to develop CMOs, new theories could be tested, for example:

*'If dedicated leadership is supported by appropriate resources and authorisation then there will be increased knowledge translation activity because the researchers feel supported.'*

*'If participants with lived-experience are part of the research process from the start then outcomes generated will be more meaningful and implemented more fully because their voices are heard.'*

*'If policymakers are engaged as partners in all stages of the research process, then support for domestic violence research will be maintained because the focus remains on the issue.'*

A potential realist evaluation question could be, *'For whom does the Integrated Knowledge Translation framework with domestic violence support factors work and not work, and why?'*. A series of realist sub-questions could support this primary question:

- Which sub-groups will be reached by the framework?
- When it works, how does it work?

- Does the common mechanism operate? What are the unique mechanisms?
- What are the critical aspects of the implementation of the framework?
- What matters about the context?

The term 'end-user' has many meanings and is used in different ways throughout knowledge translation literature (Banner et al., 2019). In this thesis, the term 'end-user' describes a participant who is the subject or recipient of the research outcomes and may comprise different groups including researchers, practitioners, policymakers, and participants who have lived-experience of domestic violence. As a result of this study, the original figure presented in **Chapter 2** on the 'Complexity of knowledge translation' has been refined to further articulate and define end-user groups (see new **Figure 9**). The realist informed systematic review highlighted a lack of common language as a barrier to knowledge translation. Thus, starting with a common language that identifies the end-user groups will help support the Integrated Knowledge Translation framework. The realist review in **Chapter 5** also clearly demonstrated a range of new and emerging groups or populations that require inclusion in the knowledge translation framework. These include Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse populations, LGBTQI, children, young people and adolescents, and male victims and perpetrators. Older people did not feature in the results of the realist review or the deliberative dialogue but are acknowledged in emerging literature so have been included in the revised diagram (**Figure 9**).

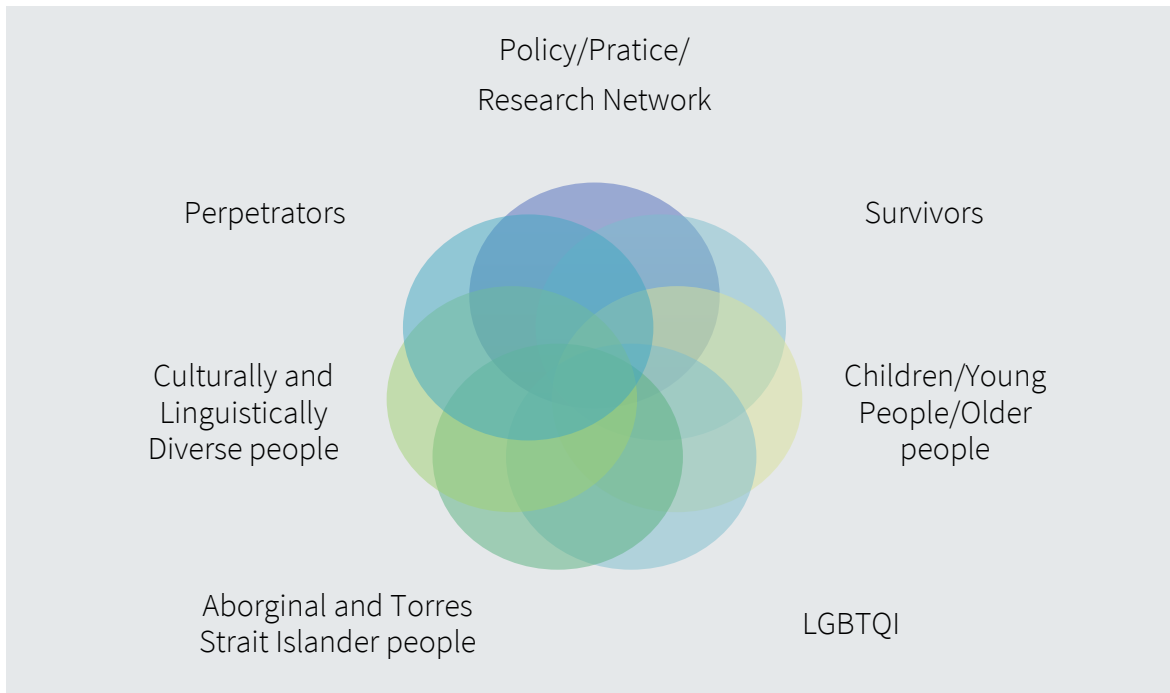


Figure 9: Diversity of groups supported by the IKT framework

The earlier section of this chapter identifies my original contribution to knowledge, and this final section presents the strengths and limitations, the implications for future research and conclusions of this thesis, including the overall value to the discipline.

## Strengths and Limitations

This section outlines the overall strengths and limitations of this study. These include being a 'middle' researcher, having PhD supervisors that are part of the domestic violence research network, the recruitment methods, methodology challenges and overall aspects of the research.

A limitation of this study was the recruitment of participants. While the response rate for the scoping survey was high, the overall number of participants was relatively small. This, combined with the response rate for the deliberative dialogue, is a limitation. Also, the survey included mostly closed questions; open questions might have allowed for more meaningful exploration of some of the issues related to knowledge translation.

A potential limitation of this study is the contested definition of domestic violence research which may have impacted our findings, for example, the differing disciplinary perspectives may change how different professional groups respond.

A further consideration concerning potential limitations is that my supervisors for this thesis were also members of the domestic violence research network. This could be considered a conflict of interest if it were not for the transparency of the process, combined with a robust ethical procedure, and an understanding of how these relationships operate in action research. The Plain Language Statement informed participants how to report any concern to a senior researcher who was not part of the study. Moreover, my supervisors being part of the network was valuable in the

implementation of the findings, particularly during internal feedback, review, and evaluation.

Using the realist approach allowed for a greater exploration of the potential mechanisms that can support knowledge translation. The choice of a realist review over other systematic review methods resulted in a different approach to the quality appraisal of the data. In a realist review, the quality appraisal is based on how the data can contribute to the program theory, which is a very different measure of quality compared to standard measures of quality in reviews. On balance, however, the strengths of the realist approach far outweigh the limitations, primarily because much of the domestic violence literature in the review is non-peer reviewed evidence such as reports and presentations. Another limitation related was the absence of a specific mechanism from domestic violence literature. This limitation was explored in **Chapter 5** where other mechanisms were used as reasonable substitutes, but this is a priority issue for future research to address.

It is important to acknowledge my role as a 'middle' researcher in this thesis. A 'middle' researcher operates within the context of the research, but they are not directly part of the area of the study. Being a program scholar in the *Safer Families* permitted direct access to the researchers that are participants in this study. The advantage of this was that it allowed me to develop a rapport and trust with the participant researchers, enabling me to engage with them actively and collect data concerning their knowledge translation activity. A 'middle' researcher is not wholly immersed in the group they are

researching but they are also not completely removed from the setting either (Acker, 2000). The literature recognises the value of being a ‘middle’ researcher when undertaking research on sensitive topics such as domestic violence (Acker, 2000; Breen, 2007; Coghlan & Shani, 2015; Costley et al., 2010; Dwyer & Buckle, 2009; Paechter, 2013).

A significant strength of this research was the combination of methods that worked together to underpin the study. Using more than one approach and extracting elements from each was beneficial in maximising overall rigour and reflection. Although the literature supports the use of deliberative dialogue in domestic violence research, the use of realist research methods combined with the deliberative dialogue is a novel approach. There is also substantial literature on the value of undertaking realist research to inform policy decisions regarding complete health interventions (Pawson, 2006a; Salter & Kothari, 2014; Shankardass et al., 2016; Shaw et al., 2018; Wong, 2018b); however, there are few (if any) examples of this being operationalised in domestic violence research networks.

### **Significance of this Study**

The significance of this study and its findings is its contribution to the practices and literature in several fields, but particularly Integrated Knowledge Translation and domestic violence research. The results provide empirical evidence for a new and more comprehensive understanding of the knowledge translation of domestic violence research and how research networks can implement knowledge translation.

The study unpacks the individual, professional and organisational elements of success for research networks. Similar concepts have been previously discussed in the literature, but this is the first time they have been incorporated in a single framework. The process was to develop a theory based on the realist informed systematic review, use this theory as a guide and apply a novel and innovative approach using deliberative dialogue to develop an action plan. This work extends our understanding of research network challenges, particularly in the context of domestic violence research.

## Implications and Reflections

The implications for future research discussed below and in **Table 8** are divided into four areas, the impact for a) research networks, b) policymakers, c) practitioners and d) the discipline of research (including realist evaluation and Integrated Knowledge Translation).

**Implications for research networks** include the potential to measure and evaluate knowledge translation activity through the operationalisation and evaluation of the Integrated Knowledge Translation Framework with support factors for domestic violence. The complexity of IKT is that it needs to be integrated, the process needs to be sequential and simultaneous, and a critical volume of researchers is needed. Therefore, implementation and evaluation would need to include collaboration and co-design elements with all partners and end-users, as detailed in **Figure 9**. Further, the dedicated leadership with an authorising environment is needed to ensure success. Finally, the

voices of participants with lived-experience need to be central to the process from the outset.

**Implications for policymakers** include ongoing investment in the knowledge translation activity, engagement with research networks to actively promote their knowledge translation, and engagement with partners during all stages of the research process. Investment in adequate funding and resources for Integrated Knowledge Translation support, along with reward for research networks, is required.

**Implications for practitioners** include the potential to be involved in the Integrated Knowledge Translation Framework with support factors for domestic violence. Furthermore, additional research is required to better understand the mechanism underlying the role of practitioners in domestic violence research.

**Implications for discipline of research** and beyond include the contribution to the emerging evidence base regarding Integrated Knowledge Translation frameworks. Further research is required to better understand the potential application for education curriculum, so that graduates who will work in the field and on the frontline of domestic violence services have a clear understanding of the role of knowledge translation and how it can influence their own ongoing reflective practice. There is also the potential to extend the real-world application of realist review on the knowledge translation of domestic violence research.

Table 8: Implications for future research area of impact

| Area of impact                     | Target group                       | Suggestion for future research  |
|------------------------------------|------------------------------------|---|
| Implications for research networks | Research networks                  | <ul style="list-style-type: none"> <li>• Implement and evaluate Integrated Knowledge Translation Framework with specific DV support factors.</li> <li>• Invest in ongoing review and evaluation of KT activity.</li> <li>• Promote dedicated leadership within authorising environment.</li> <li>• Ensure there is a common language among research networks.</li> <li>• Develop key message using a range of engagement mechanisms.</li> </ul> |
|                                    | Researchers                        | <ul style="list-style-type: none"> <li>• Develop KT skills and knowledge with sufficient investment of time and resources to do so.</li> <li>• Develop multiple strategies using different kinds of evidence for diverse purposes and emerging populations.</li> <li>• Contribute to development program theories to be tested as part of a realist evaluation.</li> </ul>  |
|                                    | Participants with lived-experience | <ul style="list-style-type: none"> <li>• Build partnerships and collaboration with participants with lived-experience from the outset of research projects.</li> </ul>  |
| Implications for policy            | Policymakers                       | <ul style="list-style-type: none"> <li>• Invest adequate funding &amp; resources for KT.</li> <li>• Engage with research networks as part of Integrated Knowledge Translation Framework with specific DV support factors.</li> <li>• Reward research networks for investment in KT.</li> </ul>  |
|                                    | Research funding bodies            | <ul style="list-style-type: none"> <li>• Explore expansion of current knowledge translation &amp; exchange model to include Integrated Knowledge Translation with DV support factors.</li> </ul>  |
| Implications for practice          | Practitioners                      | <ul style="list-style-type: none"> <li>• Include practitioners in testing Integrated Knowledge Translation framework with supporting domestic violence factors.</li> </ul>  |
| Implications for research          | Research                           | <ul style="list-style-type: none"> <li>• Contributions to disciplines of realist research and Integrated Knowledge Translation.</li> </ul>  |

## Conclusions

This is the first study to explore the intersection of knowledge translation, domestic violence, and research networks. It provides a comprehensive and practical example of how Integrated Knowledge Translation can be adapted to make it fit for purpose for a specific context using a realist research lens. The findings articulate the essential components required for Integrated Knowledge Translation through individual, professional, organisational and research network support factors. The central premise of Integrated Knowledge Translation promotes that researchers and their partners shape the research question, interpret results, and infuse the research findings into practice. The addition of these support factors ensures the operational application of the framework.

The process of knowledge translation is similar to growing a community garden. A community garden is a place that may serve many purposes for different groups. For some groups, it provides a quiet place for reflection or contemplation; for others, it is about connection, a source of nourishment or a place to play. To develop a community garden, a block of land is needed to cultivate the garden, as well as experts or those with experience of garden design, landscaping, horticulture, tools, plants, & equipment! Finally, an understanding of the function, purpose and use of the community garden creates knowledge. A gardening analogy has always been helpful for me in understanding knowledge translation. Like a garden, the knowledge translation landscape is

continuously growing, adapting, and responding to environmental conditions, but at the same time, it will always require constant pruning, nurturing, maintenance and attention.

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## Appendices

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## Plain Language Statement



### ***Project: Shared understanding of a Safer Families Centre of Research Excellence***

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### **Introduction**

Thank you for your interest in participating in this research project. The following few pages will provide you with further information about the project, so that you can decide if you would like to take part in this research.

Please take the time to read this information carefully. You may ask questions about anything you don't understand or want to know more about.

Your participation is voluntary. If you don't wish to take part, you don't have to. If you begin participating, you can also stop at any time.

### **What is this research about?**

The aim of this PhD research project is to examine if a shared understanding of knowledge translation and exchange in a *Safer Families Centre of Research Excellence* influences policy and practice.

### **What will I be asked to do?**

Should you agree to participate you will be asked to agree to the PhD student undertaking participant observation at any *Safer Family Centre of Research Excellence* events (e.g. planning days, meetings, workshops, conference). Participant observations times will vary depending on the event but likely to be between 1-3 hours. You will also be asked to complete two brief 10-min online anonymous surveys. You will be asked to take part in a 30-min interview. You will be asked to take part in a 60-min group discussion. You will be invited to be involved in a range of structured IKT support activities to boost and build IKT capacity, examples of activities include: providing members with factsheets, information sheets, YouTube video, support guides, journals, emails, downloadable resources, templates, checklists, seminars and workshops.

### **What are the possible benefits?**

There is currently a spotlight on domestic violence in Australia which has resulted in a greater media presence, research funding, intervention and early-intervention funding as well as

supports for families experiencing domestic violence. However, to maintain this momentum there needs to be continual knowledge translation and exchange especially with policy makers.

The value of this research project is that it has the potential to benefit researchers, practitioners and policy makers ensuring an emerging field of research knowledge translation and exchange regarding domestic violence continues to grow which is paramount to its longer-term sustainability.

#### **What are the possible risks?**

The potential risks are minimal in this research project although there are always potential issues of time and commitment pressures for the participants, and on issues of confidentiality and sensitivity in any type of research, especially given the shifting nature of working in the challenging area of research and domestic violence.

There is a small risk that participants may be identified in conference papers, journal articles and thesis.

There is also a potential risk for some participants feeling uncomfortable as they are part of the research process or that their professional credibility is being questioned when discussing knowledge translation and exchange as part of their role in the *Safer Families Centre of Research Excellence*.

#### **Do I have to take part?**

No. Participation is completely voluntary. You are able to withdraw (quit) at any time.

#### **Will I hear about the results of this project?**

Summaries of the project and its progress will be shared by the student researcher with the *Safer Families Centre of Research Excellence* on a regular basis.

Final information will be available at the end of 2020.

Any time you want an update and can't find the information you can contact a member of the research team on (03) 8344 7276.

#### **What will happen to information about me?**

The measures taken to protect participants' privacy and the confidentiality of comments made during *Safer Families Centre of Research Excellence* events include not attributing individual or agency names to specific views or quotations expressed in disseminated findings without permission.

The data will be securely stored in locked filing cabinets (paper data) and password protected files (electronic data).

The student researcher will not be able to match data to specific participants or in its raw form owing to the fact that notes will not record specific personal names or agency names.

To fulfil the aims of this research project, it is not necessary to be able to specifically identify sources of data other than the participant's *Safer Families Centre of Research Excellence* group.

All personal and identifying information will be removed event notes before analysis.

### **Where can I get further information?**

If you would like more information about the research project, please contact the researchers;

**Jacqui Cameron**, Department of Social Work, PhD Student, **Professor Cathy Humphreys**, Department of Social Work or **Professor Kelsey Hegarty**, Department of General Practice.

**Researcher (PhD student):** Ms Jacqui Cameron, 03 8344 7276,

[jacqueline.cameron@unimelb.edu.au](mailto:jacqueline.cameron@unimelb.edu.au)

**Principal Researcher:** Professor Cathy Humphreys, 03 8344 9427,

[cathy.humphreys@unimelb.edu.au](mailto:cathy.humphreys@unimelb.edu.au)

**Principal Researcher:** Professor Kelsey Hegarty, 03 8344 4992, [k.hegarty.unimelb.edu.au](mailto:k.hegarty.unimelb.edu.au)

If you have any concerns about the issues discussed and wish to speak with an independent person external to the *Safer Families Centre of Research Excellence*, please contact the student's Chair of Advisory Committee, **Professor Lynette Joubert**.

**Chair of Advisory Committee:** Professor Lynette Joubert, 03 8344 9417,

[ljoubert@unimelb.edu.au](mailto:ljoubert@unimelb.edu.au)

### **Who can I contact if I have any concerns about the project?**

This research project has been approved by the Human Research Ethics Committee of The University of Melbourne. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Manager, Human Research Ethics, Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 2073 or Email: [HumanEthics-complaints@unimelb.edu.au](mailto:HumanEthics-complaints@unimelb.edu.au).

All complaints will be treated confidentially. In any correspondence please provide the name of the research team or the name or ethics ID number of the research project.

## Share Project Consent



### *Project: Shared understanding of a Safer Families Centre of Research Excellence*

---

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**Ms Jacqui Cameron** (PhD Candidate, Tel: +61 3 8344 7276

Email: [jacqueline.cameron@unimelb.edu.au](mailto:jacqueline.cameron@unimelb.edu.au)

**Name of Participant:** \_\_\_\_\_

1. I consent to participate in this project, the details of which have been explained to me and I have been provided with a written plain language statement to keep.
2. I understand that the purpose of this research is to investigate if a shared understanding of knowledge translation in a *Safer Families Centre of Research Excellence* influences policy and practice.
3. I understand that my participation in this project is for research purposes only.
4. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.
5. In this project, I will be required to, if I agree to participate in any or all of the following; a) two brief online surveys, b) interview c) discussion group and d) structured IKT support activities.
6. I understand that my interview/discussion group will be audio recorded with my consent.
7. I understand that my participation is voluntary and that I am free to withdraw from this project anytime without explanation or prejudice and to withdraw any unprocessed data that I have provided.
8. I understand that the data from this research will be stored at the University of Melbourne and will be destroyed after 5 years.
9. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be password protected and accessible only by the named researchers.
10. I understand that given the small number of participants involved in the study, it may not be possible to guarantee my anonymity.
11. I understand that after I sign and return this consent form, it will be retained by the researcher.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## The Share Project - Survey of the Safer Families Centre of Research Excellence

**1. Section 1 - Introduction**

Thank you for your interest in participating in this research project.

The aim of this PhD research project is to implement an innovative realist approach to knowledge translation with the *Safer Families Centre of Research Excellence*.

- You are invited to complete a short 15-min online anonymous survey.
- You will be invited to take part in a 30-min interview.
- You will be invited to be involved in a range of structured support activities to boost and build knowledge translation capacity, examples of activities include: providing members with factsheets, information sheets, YouTube video, support guides, journals, emails, downloadable resources, templates, checklists, seminars and workshops.

The value of this research project is that it has the potential to benefit researchers, practitioners and policymakers by ensuring an emerging field of research knowledge translation regarding domestic violence continues to grow, which is paramount to its longer-term sustainability.

**\* Today's date**

Date / Time

Date

Consent

Participation is completely voluntary. You are able to withdraw at any time. By consenting below, you agree to the following:

1. I have read and understood the Information Sheet.
2. I understand that this project is for the purpose of research.
3. I understand that I may withdraw from this survey at any time prior to submitting.
4. I understand this survey is anonymous. The research team will not be able to identify my answers once I submit.
5. I agree to take part in this research project.

**\* I consent to participate in this survey**

(Tick here)

Thank you for taking the time to participate in this survey.

It should take approximately 10-15 minutes to complete.

Your responses will be anonymous and it will not be possible to link your responses back to you specifically because we will not record your name.

We are asking you to provide us with a unique ID below so we can connect what you say now with any future surveys or interviews.

**\* Unique ID**

This unique identifier is made up of:

- The FIRST TWO LETTERS of your mother's maiden name
- The FIRST TWO LETTERS of your father's first name
- Your birth date month e.g. 09 for September

*For example, imagine a person born in September, whose mother's maiden name is Smith and father's first name is John.*

*The Unique ID for this person would be "SMJO09".*

Put the FIRST TWO  
LETTERS of  
your mother's maiden  
name here

Put the FIRST TWO  
LETTERS of your  
father's first name here

Your birth date month  
e.g. 09 for September



The Share Project - Survey of the *Safer Families Centre of Research Excellence*

2. Section 2 - Demographics

What is the main *Safer Families Centre of Research Excellence* group that you are associated with?

- Strand A (Understanding dynamics of abuse and resilience)
- Strand B (Testing clinician early identification and first line response/referral)
- Strand C (Child/parent/carer interventions)
- Don't know
- Prefer not to say

What category best describes you?

- Scholar (PhD student)
- Scholar (Post Doc/Early career researcher)
- Mid-career researcher
- Senior career researcher



The Share Project - Survey of the Safer Families Centre of Research Excellence

3. Section 3 - Current understanding of knowledge translation

Throughout this survey, we use the term 'knowledge translation' to cover activities aimed at sharing research-based knowledge. However, many other terms are used to refer to these activities.

Please select your *current preferred term* from the list below.

- Knowledge translation
- Knowledge exchange
- Knowledge utilisation
- Knowledge-into-action
- Knowledge mobilisation
- Knowledge transfer
- Other (please specify)
- Knowledge sharing
- Knowledge interaction
- Evidence-based practice
- Evidence-informed practice
- Getting evidence into practice

The following are some potential definitions of knowledge translation.

Please select your *current preferred definition* or use the space provided to add your own.

- Knowledge translation is using knowledge to inform practice and influence policy
- Knowledge translation is the sharing and exchange of information
- Knowledge translation is applying new knowledge to different groups and communities
- Knowledge translation is a two-way exchange or dialogue
- Knowledge translation is a multidirectional transfer of knowledge at many levels

Other (please specify)

How important is knowledge translation in your current role?

- Extremely important
- Very important
- Somewhat important
- Not so important
- Not at all important





The Share Project - Survey of the Safer Families Centre of Research Excellence

4. Section 4 - Current knowledge translation outputs

*Below in the questions that follow we use the word "group". What we mean by this is the research group that you most identify with, if you don't belong to a research group just answer for yourself.*

How often does your group produce the following outputs for your research?

|  | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Publications, other written materials, or tools aimed at <b><i>practitioners</i></b>                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Publications, other written materials, or tools aimed at <b><i>policymakers</i></b>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Publications, other written materials, or tools aimed at <b><i>lived experience participants</i></b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Which of the following knowledge translation activities does your group do?

*Please select which activities are done and with what frequency.*

|   | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Creating debate using social media  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Producing videos or animations to communicate research findings   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Creating digested research summaries and/or guidelines (e.g. myth busters, fact sheets)                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Using the arts (e.g. drama, music, narrative, visual arts) to communicate research findings                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Using social marketing approaches to communicate research findings, change ideas or promote evidence-based change | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Publicising impact stories on successful knowledge translation initiatives  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing research-based commentary on issues in the news   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



The Share Project - Survey of the Safer Families Centre of Research Excellence

5. Section 5 - Engaging end users and emerging populations

How often do you translate your research to the following end user groups?

|  | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| General public   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health service providers (e.g. clinicians/practitioners) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community service providers (e.g. NGO)                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Local government/policymakers                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| State government/policymakers                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| National government/policymakers                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lived experience participants                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Carers   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



The Share Project - Survey of the Safer Families Centre of Research Excellence

6.

**NOTE: The next set of questions might look similar but they have different target end users.**

How often does your group provide the following activities for **practitioners**?

Please select which activities are done and with what frequency.

|   | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Training to build research awareness or critical appraisal skills   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involving practitioners in problem definition and in prioritising research areas  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involving practitioners in collaborative research or coproduction   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involving practitioners in interpreting and communicating research findings   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organising events that bring researchers together with practitioners  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Facilitating the implementation of research findings in practice  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing 'rapid response' research synthesis services to practitioners   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing webinars for practitioners  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing local consultancy services (e.g. rapid review, research, data analysis, change management) on practice issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Brokering relationships between practitioners and researchers   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often does your group provide the following activities for **policy makers**?  
 Please select which activities are done and with what frequency.

|   | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Training to build research awareness or critical appraisal skills   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involving policymakers in problem definition and in prioritising research areas                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involving policymakers in collaborative research or coproduction  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involving policymakers in interpreting and communicating research findings  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organising events that bring researchers together with policymakers   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Facilitating the implementation of research findings in policy settings   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing 'rapid response' research synthesis services to policymakers  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing webinars for policymakers   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing local consultancy services (e.g. rapid review, research, data analysis, change management) on policy issues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Brokering relationships between policymakers and researchers  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



The Share Project - Survey of the Safer Families Centre of Research Excellence

7.

Please indicate how often your group engages with ***policy*makers** in each of the following stages of the research process.

|  | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Establishing the overall direction of the research               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing specific research questions, objectives or hypotheses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing the preferred research design and methods             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing research products                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During data collection   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During data analysis & synthesis                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Translating the research findings to policymakers                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please indicate how often your group engages with ***senior* managers** in each of the following stages of the research process.

|  | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Establishing the overall direction of the research               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing specific research questions, objectives or hypotheses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing the preferred research design and methods             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing research products                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During data collection   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During data analysis & synthesis                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Translating the research findings to senior managers             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please indicate how often your group engages with **practitioners** in each of the following stages of the research process.

|  | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Establishing the overall direction of the research               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing specific research questions, objectives or hypotheses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing the preferred research design and methods             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing research products                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During data collection   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During data analysis & synthesis                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Translating the research findings to practitioners               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please indicate how often your group engages with **lived experience participants** in each of the following stages of the research process.

|  | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Establishing the overall direction of the research                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing specific research questions, objectives or hypotheses   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing the preferred research design and methods               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing research products                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During data collection   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| During data analysis & synthesis                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Translating the research findings to lived experience participants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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8.

How often does your group undertake the following with **end users** (e.g. policy makers, practitioners, senior managers, consumers/lived experience participants)?

|  | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Dedicating resources to getting to know them       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tailoring information specific to them             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tailoring your knowledge translation approach      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spending time discussing your research             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spending time discussing ideas for possible action | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Which of the following knowledge translation activities does your group do?

*Please select which activities are done and with what frequency.*

|  | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Involving lived experience participants in problem-definition and in prioritising research areas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involving lived experience participants in collaborative research or coproduction                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Involving lived experience participants in interpreting and communicating research findings      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Including non-academic members on research project advisory boards                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Using participatory research methods including action research or facilitated implementation     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often does your group undertake the following collaboration activities?

|   | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Developing local collaborations for innovation and improvement                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Facilitating mixed networks of researchers, practitioners and policymakers                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Brokering connections between researchers and journalists                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing relationships with the media   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fostering formal partnerships between university departments and non-university organisations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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9. Section 6 - Support and resources for knowledge translation

How often does your group use the following to share your research?

|               | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Website       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Newsletter    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Listserv      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Media Release | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Blog          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Facebook      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Twitter       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LinkedIn      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other (please specify)

How often does your group encourage the following?

|   | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Getting to know the research literature about effective approaches to knowledge translation         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Skill building amongst your group (e.g. pay for conferences or courses about knowledge translation) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifying opinion leaders and working with them to translate research                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Encouraging group members to interact with other group members in similar roles                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Encouraging group members to share information about knowledge translation                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often does your group invest resources for the following activities?

|  | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Providing post-project funding for knowledge translation activities  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Facilitating or funding peer networks or communities of practice among practitioners                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Facilitating or funding peer networks or communities of practice among policy makers                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Providing pre-post registration training for practitioners   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Funding or conducting projects to advance the discipline of knowledge translation                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Advocating for knowledge translation by actively making the case for the value of research-based knowledge in practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Advocating for knowledge translation by actively making the case for the value of research-based knowledge in policy   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



The Share Project - Survey of the Safer Families Centre of Research Excellence

10. Section 7 - Barriers to knowledge translation

How much do you agree or disagree with each of the following statements regarding barriers to knowledge translation?

|   | Strongly agree        | Agree                 | Neither agree nor disagree | Disagree              | Strongly disagree     |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I don't have enough time  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I don't have enough budget  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| There is a lack of capacity amongst my group  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| There is a lack of management support   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| There is a lack of organisational support   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Strategic priorities of my group don't focus on knowledge translation                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Strategic priorities of the organisation don't focus on knowledge translation                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| There is a lack of understanding amongst my group regarding the importance of knowledge translation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

Other (please specify)

How much do you agree or disagree with each of the following statements regarding knowledge translation implementation?

|   | Strongly agree        | Agree                 | Neither agree nor disagree | Disagree              | Strongly disagree     |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| There is currently too much emphasis on knowledge translation at the practitioner level   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| There is currently not enough emphasis on knowledge translation at the organisational level                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| For effective and sustainable knowledge translation we need to focus more on creating supportive organisational environments      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| The role of lived experience in knowledge translation is currently under developed  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| The lack of commonly accepted knowledge translation frameworks/models hinders the development of knowledge translation strategies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| Many of the existing knowledge translation frameworks/models are hard to put into practice  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| The lack of evidence on the impact of knowledge translation approaches is hindering development                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |



The Share Project - Survey of the Safer Families Centre of Research Excellence

11. Section 8 - Evaluation and impact outcomes

How often does your group evaluate any changes in your end users' knowledge of the following?

|                                     | Always                | Often                 | Sometimes             | Rarely                | Never                 |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Awareness of research results       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Understanding of research results   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Attitude regarding research results | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Change in self-reported behaviour   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Change in actual behaviour          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Which of the following best describes your group's approach to the evaluation of knowledge translation?

- There is currently little or no formal evaluation of the organisation's knowledge translation activities
- There is some evaluation of the organisation's knowledge translation activities
- We have a comprehensive approach to evaluating our knowledge translation activities

How important is it to measure each of the following research impacts for your group?

|   | Extremely important   | Very important        | Somewhat important    | Not so important      | Not at all important  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Process measures of researcher engagement e.g. website visits, downloads, attendance at events etc  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Increased awareness of the research evidence amongst end users e.g. policymakers, practitioners, senior managers, lived experience participants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Changes in end users' attitudes and intentions  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Changes in end users' behaviour or normal practice  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifiable evidence of informed policy  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifiable evidence of informed practice  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Impact on outcomes for end users e.g. policymakers, practitioners, senior managers, lived experience participants                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you were to look forward to the end of the *Safer Families Centre of Research Excellence* in five years, what would you consider successful knowledge translation to look like?

Do you have any suggestions on how the *Safer Families Centre of Research Excellence* could develop a shared understanding of knowledge translation?

Are there any other comments you would like to make about the *Safer Families Centre of Research Excellence*?



## The Share Project - Survey of the Safer Families Centre of Research Excellence

### 12. Section 9 - Exit message

#### WOULD YOU LIKE TO PARTICIPATE FURTHER?

We are trying to understand more about your experience of knowledge translation.

We are recruiting volunteers to take part in the next stages of the project which will explore knowledge translation in more detail.

- The next stage involves participating in an interview with Jacqui Cameron about knowledge translation.
- There is also an opportunity to be involved in a range of structured support activities and provide feedback on the development of knowledge translation support for the *Safer Families Centre of Research Excellence*.

If you are interested in hearing more, please fill in your contact details below.

**Yes, I am interested in the next stage of the project. Click [here to email Jacqui](#) directly or complete your details below.**

*Please note: This page will be stored separately from your completed survey.*

#### Contact details

|               |                      |
|---------------|----------------------|
| Name          | <input type="text"/> |
| Email Address | <input type="text"/> |
| Phone Number  | <input type="text"/> |

## Realist Review Search Strategy

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August 2017, Version 3.0

### What is the aim?

The aim is to undertake a **realist review** of knowledge translation used in domestic violence studies to answer the following questions.

- What is the **definition** of knowledge translation? (BACKGROUND)
  - *What knowledge translation **theories/models/strategies** have been used in domestic violence research? (SEARCH QUESTION)*
  - *How is domestic violence research **currently translated** to health professionals? (SEARCH QUESTION)*
  - *How is domestic violence research **currently translated** to policy makers? (SEARCH QUESTION)*
- What are the **current gaps** in domestic violence knowledge translation? (OUTCOME)
- What model would **best fit** the CRE framework? (OUTCOME)

### What is the search strategy?

Cut and paste the search strings below into the relevant database for completing combinations of searches - these will be adapted as needed for each database.

The following database will be included in the primary search: **Medline, PubMed, PsycINFO, Scopus, Family & Society Studies Worldwide, Family & Society Collection, SocINDEX and APA-FT**

#### Specific search

1. Enter the term 'knowledge translation' in the Medline search box. The database will map you to its MeSH (medical subject heading) term for this concept. The MeSH term is 'Translational Medical Research'.
2. Click on the Scope Note icon (i) to see how Medline uses this term. Note that it covers both 'laboratory to clinical trial' studies as well as studies on enhancing the adoption of best practices. It is the latter context of use here.
3. Select this subject heading and click on Continue.
4. When prompted to apply 'subheadings' to the MeSH term, simply click on Continue.

You have just searched for the KT part of your topic.

## Primary Search 1: Knowledge translation

### Medline (OVID)

Note: For comprehensive searching, use both the text word search string and the MeSH term string search in the Medline and PsycINFO databases

#### Textword search for very sensitive searching

(guideline implementation or knowledge translation or knowledge exchange or knowledge-to-action or knowledge-to-practice or dissemination or knowledge or evidence or innovation or research or information or translat\* or transfer\* or utiliz\* or utilis\* or mobiliz\* or mobilis\* or implementation or adoption or uptake or diffusion).tw,kw.

Note: tw, kw forces a search on titles, abstracts, and author keywords (when supplied)

#### Medical Subject Headings (MeSH) search for more specific searching

Note: To ensure nothing is missed in Medline, combine both textword and MeSH term searches with OR

### PsycINFO (OVID)

#### Keyword search for very sensitive searching

(guideline implementation or knowledge translation or knowledge exchange or knowledge-to-action or knowledge-to-practice or dissemination or knowledge or research or evidence or innovation or information or translat\* or transfer\* or utiliz\* or utilis\* or mobiliz\* or mobilis\* or implementation or adoption or uptake or diffusion)).tw,id.

Note: tw,id forces a search on titles, abstracts, and author keywords (when supplied)

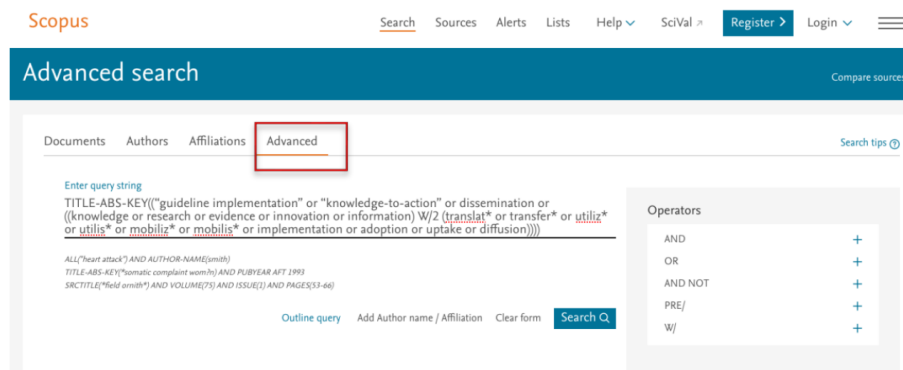
#### PsycINFO subject headings for more specific searching

Knowledge (General)/ or Knowledge transfer/ or health knowledge/ knowledge translation/ or knowledge exchange/ or evidence-based practice/ or "Research and development"/ or information dissemination/

### Scopus

Instruction: The KT search string must be copied and pasted as is in the Advanced search option of Scopus as it won't all fit in the default search box.

TITLE-ABS-KEY(( "guideline implementation" OR "knowledge-to-action" OR dissemination OR (( knowledge OR research OR evidence OR innovation OR information ) OR( translat\* OR transfer\* OR utiliz\* OR utilis\* OR mobiliz\* OR mobilis\* OR implementation OR adoption OR uptake OR diffusion ) ) )



Note: Run any searches to be combined with this topic separately. Combine queries back on the front page (click on Documents tab or Search link) using the search history search box and following the instructions provided (e.g. #1 AND #2).



### Family & Society Studies Worldwide

("guideline implementation" or "knowledge-to-action" or "knowledge-to-practice" or "knowledge translation" or "knowledge exchange" or dissemination or knowledge or research or evidence or innovation or information or translat\* or transfer\* or utiliz\* or utilis\* or mobiliz\* or mobilis\* or implementation or adoption or uptake or diffusion)))

### Family & Society Collection

(guideline implementation) or knowledge-to-action or knowledge-to-practice or (knowledge translation) or (knowledge exchange)

### SocINDEX with full text

("guideline implementation" or "knowledge-to-action" or "knowledge-to-practice" or "knowledge translation" or "knowledge exchange" or dissemination or knowledge or research or evidence or innovation or information or translat\* or transfer\* or utiliz\* or utilis\* or mobiliz\* or mobilis\* or implementation or adoption or uptake or diffusion)))

### APA-FT (Australian Public Affairs)

(guideline implementation) or knowledge-to-action or knowledge-to-practice or (knowledge translation) or (knowledge exchange)

## Primary Search 2: Domestic violence

### Medline

#### Textword search for very sensitive searching

(Battered women\* or "violence against women" or ((Domestic or spous\* or partner\* or elder\* or family or gender-based) adj3 (violen\* or abus\* or mistreatment or aggression or victimi?ation))).tw,kw.

#### Medical Subject Headings (MeSH) search for more specific searching

Instruction: Excludes child abuse or sexual abuse. These terms are available separately.

Domestic violence/ or intimate partner violence/ or spouse abuse/ or battered women/

### PsycINFO

#### Textword search for very sensitive searching

(Battered women\* or "violence against women" or ((Domestic or spous\* or partner\* or elder\* or family or gender-based) adj3 (violen\* or abus\* or mistreatment or aggression or victimi?ation))).tw,id.

#### Subject headings search for more specific searching

Instruction: Excludes child abuse or sexual abuse. These terms are available separately.

domestic violence/ or battered females/ or elder abuse/ or emotional abuse/ or exposure to violence/ or family conflict/ or intimate partner violence/ or partner abuse/ or physical abuse/ or shelters/ or partner abuse/ or abuse reporting/ or verbal abuse/

### Scopus

Instruction: copy and paste into Advanced Search tab

TITLE-ABS-KEY ("Battered women\*" or "violence against women" or ((Domestic or spous\* or partner\* or elder\* or family or "gender-based") W/2 (violen\* or abus\* or mistreatment or aggression or victimization OR victimisation)))

Note: W/2 in Scopus is equivalent to adj3 in Medline

### Family & Society Studies Worldwide

("Battered women\*" or "violence against women" or ((Domestic or spous\* or partner\* or elder\* or family or "gender-based") NEAR/2 (violen\* or abus\* or mistreatment or aggression or victimization OR victimisation)))

### Family & Society Collection

(battered women) OR (violence against women) OR (Domestic or spous\* or partner\* or elder\* or family or "gender-based" near/2 violen\* or abus\* or mistreatment or aggression or victimization OR victimisation)

### SocINDEX with full text

("Battered women\*" or "violence against women" or ((Domestic or spous\* or partner\* or elder\* or family or "gender-based") NEAR/2 (violen\* or abus\* or mistreatment or aggression or victimization OR victimisation)))

### APA-FT (Australian Public Affairs)

(battered women) OR (violence against women) OR (Domestic or spous\* or partner\* or elder\* or family or "gender-based" near/2 violen\* or abus\* or mistreatment or aggression or victimization OR victimisation)

## Secondary Search 3: ATSI & CALD

### 5a) ATSI search filters

#### Medline

(exp australia/ or australia\*.tw,kw.) and (oceanic ancestry group/ or aborigin\* or indigenous or torres strait islander\* or torres straits islander\*).tw,kw.

#### PsycINFO

(Aborigin\* or indigenous or "torres strait islander\*").tw,id.

#### Scopus

TITLE-ABS-KEY(("oceanic ancestry group" or aborigin\* or indigen\* or "torres strait islander\*" or "torres straits islander\*") AND (Australia\* OR "New South Wales" OR Queensland\* OR Victoria\* OR Tasmania\* OR "Northern Territory\*"))

#### Family & Society Studies Worldwide

((("oceanic ancestry group" or aborigin\* or indigen\* or "torres strait islander\*" or "torres straits islander\*") AND (Australia\* OR "New South Wales" OR Queensland\* OR Victoria\* OR Tasmania\* OR "Northern Territory\*"))

#### Family & Society Collection

(oceanic ancestry group) OR aborigin\* OR indigen\* OR (torres strait islander) OR (torres straits islander\*)

#### SocINDEX with full text

((("oceanic ancestry group" or aborigin\* or indigen\* or "torres strait islander\*" or "torres straits islander\*") AND (Australia\* OR "New South Wales" OR Queensland\* OR Victoria\* OR Tasmania\* OR "Northern Territory\*"))

#### APA-FT (Australian Public Affairs)

(oceanic ancestry group) OR aborigin\* OR indigen\* OR (torres strait islander) OR (torres straits islander\*)

### 5b) CALD search filters

#### Medline

(Cultural diversity/ OR cross-cultural comparison/ OR ethnology.sh. OR Cultural Characteristics/ OR Cultural Competency/ OR Cultural Diversity/ OR Cultural evolution/ OR Culture/ OR Emigrants and Immigrants/ OR Emigration and Immigration/ OR Ethnic groups/ OR Ethnopsychology/ OR Minority groups/ OR Multilingualism/ OR Population groups/ OR Race relations/ OR Racism/ OR Refugees/ OR Stereotyping/ OR Transients and Migrants/)

#### Keyword search – for very sensitive searching

(CALD OR Cultur\* OR Ethnic\* OR Divers\* OR racial\* OR Minorit\* OR Ethnocultural\* OR Transcultural\* OR Sociocultural\* OR Migrant\* OR Immigrant\* OR Emigrant\* OR Multicultural\* OR Bicultural\* OR Linguistic\* OR Language\* OR Religion\* OR refugee\* OR race\* OR racism OR racist or displaced person\*).tw,kw.

#### PsycINFO

(CALD OR Cultur\* OR Ethnic\* OR Divers\* OR racial\* OR Minorit\* OR Ethnocultural\* OR Transcultural\* OR Sociocultural\* OR Migrant\* OR Immigrant\* OR Emigrant\* OR Multicultural\* OR Bicultural\* OR Linguistic\* OR Language\* OR Religion\* OR refugee\* OR race\* OR racism

OR racist or "displaced person\*").tw,id. OR diversity/ or cross cultural differences/ or multiculturalism/ or "racial and ethnic differences"/

#### Scopus

TITLE(cald OR cultur\* OR ethnic\* OR divers\* OR racial\* OR minorit\* OR ethnocultural\* OR transcultural\* OR sociocultural\* OR migrant\* OR immigrant\* OR emigrant\* OR multicultural\* OR bicultural\* OR linguistic\* OR language\* OR religion\* OR refugee\* OR race\* OR racis\* OR "displaced person\*")

*Note: This search searches article titles only*

#### Family & Society Studies Worldwide

CALD OR Cultur\* OR Ethnic\* OR Divers\* OR racial\* OR Minorit\* OR Ethnocultural\* OR Transcultural\* OR Sociocultural\* OR Migrant\* OR Immigrant\* OR Emigrant\* OR Multicultural\* OR Bicultural\* OR Linguistic\* OR Language\* OR Religion\* OR refugee\* OR race\* OR racism OR racist or "displaced person\*"

#### Family & Society Collection

CALD OR Cultur\* OR Ethnic\* OR Minorit\* OR refugee\*

#### SocINDEX with full text

CALD OR Cultur\* OR Ethnic\* OR Divers\* OR racial\* OR Minorit\* OR Ethnocultural\* OR Transcultural\* OR Sociocultural\* OR Migrant\* OR Immigrant\* OR Emigrant\* OR Multicultural\* OR Bicultural\* OR Linguistic\* OR Language\* OR Religion\* OR refugee\* OR race\* OR racism OR racist or "displaced person\*"

#### APA-FT (Australian Public Affairs)

CALD OR Cultur\* OR Ethnic\* OR Minorit\* OR refugee\*

**Secondary Search 4: Grey/Gray literature**

**TROVE**

**knowledge translation AND domestic violence**

**Google**

**knowledge translation AND domestic violence**

**Google Scholar**

**knowledge translation AND domestic violence**

### Which database do I use?

- **Medline** (although it's not as comprehensive as PubMed, because it's easier to scope a topic/construct a good search in Medline)
- **PubMed** (only in addition to Medline if currency is important)
- **Embase** (great access to conference papers/meeting abstracts)
- **Cochrane** (for intervention topics only)
- **Scopus** (fantastic coverage and citation tracking features)
- **CINAHL** (esp. when the allied health perspective is important)
- **PsycINFO** (if behavioural/cognitive focus)
- **Informit** (if Australian content is important)
- **Sociological Abstracts** (for sociological perspective, if relevant)
- **Web of Science** (prefer Scopus)
- **ERIC** (for anything to do with educational interventions, esp. in school context)
- **Family & Society Studies Worldwide** (for domestic and family violence)
- **Family & Society Collection** (for domestic and family violence)
- **SocSci Index Full Text** (for social work)
- **APA-FT (Australian Public Affairs)** (for government reports)

### Setting up a new search

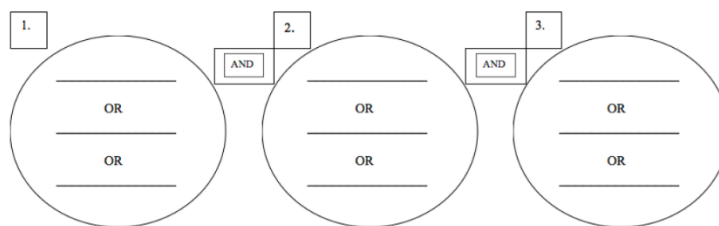
Consider your main topic - if there are several aspects, develop a search strategy for each one.

Break your topic up into major concepts:

- **Break your topic up into major concepts**

(1.) \_\_\_\_\_ (2.) \_\_\_\_\_ (3.) \_\_\_\_\_ (4.)...

- Consider all synonyms and alternative spellings for each concept.
- Write these in the circles below.
- Link keywords for the same concept with 'OR.' This will give broader results.
- Link keywords for different concepts with 'AND.' This makes the search more specific.
- Use different combinations as appropriate.





# Deliberative Dialogue

## Evidence Briefing

Version date: 17th January 2019

Prepared by Jacqui Cameron, Professor Kelsey Hegarty & Professor Cathy Humphreys for  
the *Safer Families Centre of Research Excellence*



Deliberative Dialogue Evidence Brief



## Deliberative Dialogue

### Background

Despite ten years of research there remains a gap between research findings and applying this knowledge in practice. Further, despite the increase in domestic violence research, there remains a lack of evaluation studies regarding their knowledge translation activities, suggesting an urgent need to maximise the knowledge translation capacity of domestic violence research.

### Aims

The aim of this meeting is to explore ways that the *Safer Families CRE* can develop knowledge translation for the CRE.

The Deliberative Dialogue method is an example of a consensus approach that provides credibility to the decision-making process and is often able to identify and develop new levels of understanding among group members<sup>4</sup>.

Deliberative Dialogues are often used to support evidence-based decision making<sup>7,8</sup> and their key features include the meeting environment, the mix of participants, the provision of research evidence that is circulated prior to the meeting<sup>10,11</sup>.

We have undertaken a systematic Realist Review and are using the Deliberative Dialogue to share these results of this review with you.

The process will include three meetings using a Deliberative Dialogue with members of the *Safer Families Centre of Research Excellence* in December 2018.

Anyone unable to attend a meeting will be offered the chance to discuss the topic in a face-to-face or online interview in January 2019.

A similar consultation (Deliberative Dialogue) with lived experience participants (WEAVERS) will also be undertaken in January 2019.

***We have provided the following evidence summary for you to read before you attend your designated meeting (or interview).***

**The question we are trying to address during the Deliberative Dialogue discussion is:**

**What are the key actions that the *Safer Families Centre for Research Excellence* should do to enhance Knowledge Translation?**

Below is a summary of the results of a Realist Review undertaken in 2018.

### Realist Review

Deliberative Dialogue Evidence Brief



A realist review is a theory driven review<sup>12</sup> for understanding the ‘mechanism of how complex programs work (or why they fail) in particular contexts and settings’<sup>13</sup> and understanding not just ‘what works’, but rather ‘what is it about the intervention or program that works for whom in what circumstances’<sup>12,14</sup>. Thus, a realist review is not just about the replication of outcomes, but includes the understanding of why those outcomes occurred<sup>13</sup> and an understanding of the influences on those outcomes<sup>15</sup>. A realist review is helpful when seeking to develop a theory which is subsequently proved, revised or even dismissed based on the results of the review process<sup>12</sup>.

We found 55 studies representing the following countries: Canada (n=28), USA (n=13), Australia (n=9), United Kingdom (2), Spain (2) and South Africa (1). The study designs included opinion/commentary (n=17), evaluation (n=11), review (n=9), case study (n=10), cohort study (2), qualitative study (n=2), action research study (n=1), cross-sectional study (n=1), Delphi (n=1) and mixed-method study (n=1).

Fifty-five papers provided data that were synthesised and used to create the CMOs (Table 1) from which the Realist Program Theory (Figure 1) would be developed. During the preliminary analysis there were over thirty different configurations identified using a thematic analysis, these were subsequently refined to fifteen CMO configurations. Each of the fifteen were highlighted repeatedly throughout the literature, suggesting they are the essential elements for the successful implementation of domestic violence knowledge translation. Numerous studies contributed to each configuration.

To generate the potential CMO configurations (Context->Mechanism->Outcome) for the Realist Program Theory (Figure 1), each outcome was identified, and then working backwards for each outcome the context and mechanism were added. The final step ‘outcome’ refers to the outcome of knowledge translation. Please see Table 1 which details each **Context-Mechanism-Outcome** configuration in order from numbers 1-5. Each

## What is a Realist Review?



A **realist review** is a theory driven review rather than an outcome driven review.

It is useful when you have data with fewer outcomes and different study types but still offers you the opportunity to apply a method with rigor using a thematic analysis.

Consequently, **realist reviews** are being used to understand more complex health and social problems.

A **realist review** allows you to develop and test a theory, and that theory may later be proved, revised or even dismissed based on the results of your review process.

Deliberative Dialogue Evidence Brief



CMO is then presented along with the evidence from the literature that contributed to that CMO configuration.

## Realist Glossary



**CMOs** are statements that explain how programs work and the ‘building blocks’ of the realist approach <sup>2,3</sup>.

**CONTEXTS (C)** are the settings, structures, environments, conditions or circumstances which influence if a program works <sup>3,5,6</sup>.

**MECHANISMS (M)** are the ‘engines of explanation’ that identify what makes a program work <sup>3,9</sup>.

**OUTCOMES (O)** are impacts resulting from the interaction between the mechanisms and contexts <sup>6</sup>.

A **Program Theory** is how and why a program is supposed to work <sup>3</sup>.

Deliberative Dialogue Evidence Brief



| Number | Context (C)                     | Mechanism (M)              | Outcome (O)                       |
|--------|---------------------------------|----------------------------|-----------------------------------|
|        | <i>What are the influences?</i> | <i>What makes it work?</i> | <i>What are the consequences?</i> |
| 1      | Target Audience                 | Collaboration              | Key Message                       |
| 2      | Emerging Populations            | Multiple Strategies        | Flexible Evidence Use             |
| 3      | Knowledge Direction             | Common Language            | Partnerships                      |
| 4      | Practitioner Knowledge          | Framework                  | Capacity Building                 |
| 5      | Dedicated Resources             | Dedicated Leadership       | Utilisation                       |

Table 1 CMOs

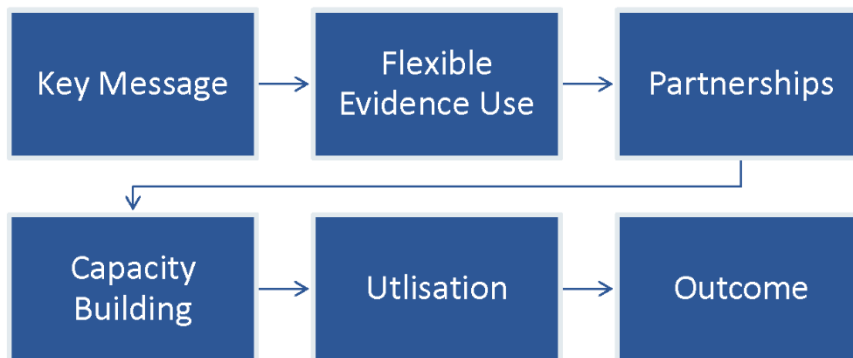


Figure 1 Realist Review Program Theory

## Deliberative Dialogue Evidence Brief



### CMO 1

#### Context-mechanism-outcome configuration for key message

##### Context - Target Audience

###### What are the influences?

- Identify target audience to ensure appropriate strategies for dissemination and engage with them as early and widely as possible
- Articulate goals that are appropriate for that target audience
- Use consistent language and messages for your target audience
- Decisions made in conjunction with target audience are more likely to result in positive outcomes
- Knowledge sharing should occur from the start and be adaptable to suit target audiences
- Understand between group differences of difference practitioners/professionals
- Engage target audience in decisions regarding evaluation to facilitate engagement

References: <sup>16-22</sup>

##### Mechanism – Collaboration

###### What makes it work?

- Collaborate early and often with your partners and target audience (include planning to ensure policy & practice relevance)
- Lack of understanding may impede collaboration by fostering stereotypes between potential collaborators
- Conversations may lead to collaboration but are not always recognised as being part of the collaborative process
- Use different approaches to promote open communication and commitment to collaboration
- Successful collaboration occurs with 'joint recognition' of an issue or problem
- Collaboration with target audience allows benefits from research occurring beyond the life of the project
- Different approaches to KT of research promote collaboration
- Research networks promote formal/informal collaborations that can have a shared objective and common goals
- Knowledge users should collaborate on all aspects of the research process
- Being full immersed as researchers with target audience allows for sharing of ideas and may lead to further collaboration

References: <sup>16,17,20-33</sup>

##### Outcome – Key Message

###### What are the consequences?

- Develop key messages that are evidence based and include stakeholders in their development to promote uptake
- Use different techniques including social media for key messages
- Present at a range of forums including formal/informal, national/International conferences
- Create a structured feedback loop for developing and promoting key messages and conduct education sessions for end-users regarding key messages
- Develop key messages with consistent language and amount of information that can be adapted for different target audiences
- The key message may be 'diluted' if the message is not tailored to the target audience and received in different ways (outside of your control) so consider the capacity of the target audience to assess evidence when developing key messages

References: <sup>16,17,19,24,34-37</sup>

## Deliberative Dialogue Evidence Brief



### CMO 2

#### Context-mechanism-outcome configuration for flexible evidence use

##### Context – Emerging Populations

###### What are the influences?

- There are gaps in knowledge regarding emerging populations. The following are presently under-represented in KT: Policy Makers, Aboriginal and Torres Strait Islander, CALD, Children, Adolescents, LGBTQJ, Lived Experience/Survivors.
- Men as perpetrators, fathers and victims are an emerging population
- Community partners/members as research partners are an emerging population
- The role and influence of mass /digital media as an emerging population is unknown

References: <sup>16,21,25,27,33,36,38-41</sup>

##### Mechanism – Multiple Strategies

###### What makes it work?

- Multiple strategies that include multilevel, multi-sector responses to KT using dissemination of evidence for multiple end-users will result in better uptake/outcomes
- Training in isolation does not change practice, to address operational barriers for new interventions, consider investing in multiple strategies (e.g., management support, team learning, individual practitioner support, safe space for reflection, mix of experience and less experienced workers, referral networks, extra staffing support, reminder systems, document systems)
- Use of multiple strategies/tools such as educational interventions (e.g., interactivity in lectures, continuing professional development, education summaries, education sessions), linkage and exchange interventions (e.g., opinion leaders, knowledge brokers, communities of practice), feedback interventions (e.g., chart audit, feedback, needs assessment), electronic interventions (e.g., reminders, clinical decision support systems), patient-mediated interventions (e.g., generic health-promotion educational activities such as media campaigns or more directed interventions) or organizational interventions (e.g., quality improvement, clinical practice guidelines) are known to be more effective at supporting KT and some have more evidence of effectiveness

References: <sup>10,17,20,24,26,27,34,35,42-47</sup>

##### Outcome – Flexible Evidence Use

###### What are the consequences?

- Flexible evidence use refers to the type of evidence (quantitative/qualitative) and how it is used (intended and unintended use) by others who have access to the evidence
- The 'malleability' of evidence use refers to the unknown or unintended use of evidence
- Flexible evidence use needs to be accessible in appropriate formats for each target audience
- Transparent KT process will improve uptake of flexible evidence use
- Flexible evidence uses provided to policy makers should include a range of evidence sources such as pilot projects, opinions, reviews, quantitative/qualitative evidence
- Flexible evidence use for policy makers needs to be provided in real time
- Flexible evidence from peer-review journals has the least influence on practitioners
- Programs/interventions implemented as intended (with fidelity intact) can cause tension with practitioners who may want to amend the program before implementation, flexibility of program elements that can be adapted and those that need to remain unchanged will facilitate use
- Flexible evidence should include various outcome measures (not only measured by validated instruments)
- Some practitioners will ignore evidence if contrary to their own practice experience thus flexible evidence use needs accommodate this

References: <sup>16,17,20,22,29,34-38,44-53</sup>

## Deliberative Dialogue Evidence Brief



### CMO 3

Context-mechanism-outcome configuration for development of partnerships

#### Context – Knowledge Direction

##### What are the influences?

- Knowledge direction refers to the dissemination direction of knowledge between researchers and end-users
- One-way knowledge direction has been shown not to be as effective (although there is some evidence that lay people find it useful), whilst multiple knowledge direction where end-users are included in the process also ensures relevancy of evidence
- Knowledge direction is an ongoing process that is built over time and is not automatic and should be embedded from the start (with each target audience) and encourage end-users to apply the knowledge to their own actions, practice or decisions
- Knowledge direction promotes cooperation between researchers and end-users and the engagement of users' tacit knowledge' and researchers 'empirical knowledge' at all stages of the process (knowledge production, adaptation, dissemination, receipt, adoption, and utilisation)
- Facilitators of reciprocal knowledge include: face-to-face interactions, education sessions, community networks of stakeholders, feedback loops allow for 'flexibility, feedback and compromise' as part of the process of knowledge direction
- Knowledge brokers, community of practice (CoP), local knowledge and community generated knowledge all promote action from the local communities that can be reciprocal and create new knowledge and practice
- Integrated Knowledge Translation uses a 'knowledge funnel' where knowledge is shared, synthesised, produced and conducted

References: <sup>16,17,19,20,24,27-30,33,37,48,49,51,54,55</sup>

#### Mechanism – Common Language

##### What makes it work?

- Common language, definitions and tools can greatly assist the KT process develop key messages with common language that can be adapted for use with different target audiences
- There is an assumption that end-users will share a common language, because they share a common content area but this isn't always the case thus results should be written in a common language for practitioners to apply to their practice
- A lack of common language can be a barrier to improved communication between researchers and practitioners
- Using Community-Based Participatory Research principles to develop common language builds rapport between researchers and end-users

References: <sup>16,17,19,21,24,29,30,44,52,54,56</sup>

#### Outcome – Partnerships

##### What are the consequences?

- Partnerships between health, policy-makers, end-users and researchers are more likely to result in positive outcomes and increased applicability
- Partnership tools can support the development of partnerships; IKT which offers an approach to partnership development; Community of Practice as a concept is helpful for working together to improve practice and develop partnerships; Community-Based Participatory Research is not a method, but rather an approach for informing research partnerships; Participatory Action Research provides another approach that removes power imbalance between researchers and end-users
- Strong partnerships can be supported from the start by establishing leadership, contracts, MOU, conflict resolution plans, communication plans, roles, responsibilities and respect and will benefit from face-to-face contact and meetings
- Partnerships are time consuming to develop and not recognised by the usual performance measures
- Understanding conflict will occur in partnerships can create opportunities for positive interactions

References: <sup>16,21,23,24,27-29,31,44,46,57</sup>

Deliberative Dialogue Evidence Brief



CMO 4

Context-mechanism-outcome configuration for **capacity building**

Context – Practitioner Knowledge

What are the influences?

- Practitioner knowledge, judgements belief systems are key to validating evidence and practice but need time for practitioners to embed into practice
- Understanding the professional background and area of interest of practitioners facilitates uptake of new knowledge
- KT researchers need to consider the ability of practitioners to assess the evidence
- KT researchers should implement interventions based on practice (i.e. experiential knowledge) as well as evidence
- Practitioners and policy-makers will have a different focus on knowledge
- Practitioners may conduct research concurrently with practice-based work and can greatly contribute to KT

References: <sup>21,22,32,39,46,54,58</sup>

Mechanism – Framework

What makes it work?

- Recent studies have identified over sixty unique models and frameworks currently in use for KT, the most appropriate framework for DV emerging is Integrate Knowledge Translation which involves active collaboration between researchers and end-users throughout the research process has been used successfully in DV settings
- There is less evidence for other frameworks including a Gender Inclusive framework, a strength-based framework, the PARIHS framework, Community-Based Participatory Research, Community of Practice framework and Participatory Action Research
- Other frameworks include the transfer and exchange models: 1) the researcher-push or dissemination model; 2) the decisionmaker or user-pull model; and 3) the exchange or researcher-user interaction model
- Consensus methods framework can help identify priority areas in KT as needed
- KT should not be left to ‘chance’ and thus a framework can help shape this process
- Concepts of applicability and transferability must form part of any KT framework

References: <sup>10,16,17,19,20,22-24,26-30,33,34,37,44,45,49,52,54,59-62</sup>

Outcome – Capacity Building

What are the consequences?

- Capacity building can be defined as ‘learn, grow, share’ and has been used in DV setting
- Barriers to accessing existing support may present particular challenges to those who could benefit most from capacity building
- Capacity building evaluation should include a range of relevant measures and not just focus on attendance and satisfaction
- Current evaluation of capacity building is often focused on interventions but there is also a need to evaluate general capacity building
- Those who implement capacity building may not be aware of what the literature and evidence says, thus translating “what works” and ensuring that this information drives the content of capacity building will strengthen practitioners

References: <sup>16,17,20,27,36,46,52,54,57,58</sup>

Deliberative Dialogue Evidence Brief



CMO 5

Context-mechanism-outcome configuration for utilisation

Context – Dedicated Resources

What are the influences?

- Successful KT occurs when the research findings are utilised, thus the process of knowledge translation must be identified as a priority with dedicated resources attached (and not just when results are identified)
- If KT is established as a priority, dedicated resources can support end-users/ lived experience participants to co-develop, implement and evaluate KT strategies
- Identified barriers to KT include limited time and competing priorities
- Dedicated resources are needed to support networking opportunities for researchers and practitioners to identify research questions and topics from current practice issues
- Strong collaborations are one strategy to overcome these barriers and facilitate potential sources of support
- KT is not generally included by the common performance evaluation measures for practitioners, policy-makers, and academic researchers and thus more difficult to measure

References: <sup>16,19-21,32,33,36,41,47,52,54,57,63</sup>

Mechanism – Dedicated Leadership

What makes it work?

- Dedicated leadership is required to successfully change clinical or management practice
- Dedicated leadership is needed to promote strong partnerships and lead by example (decisions to undertake KT activities should be made with an appreciation of the costs/benefits for researchers and end-users)
- Dedicated leadership is needed to support researchers to translate their work beyond peer review journals
- Dedicated leadership can acknowledge the effort of KT (and is not captured by the usual performance measures)
- Dedicated leadership takes time, effort and resources

References: <sup>23,52</sup>

Outcome – Utilisation

What are the consequences?

- Knowledge utilisation relies on the intensity and frequency of interactions between researchers and end-users
- Knowledge utilisation and the application of research findings can be politically motivated and not in line with the research evidence
- Knowledge utilisation of an intervention (even if weakly implemented) can lead to changed practice and clinical outcomes
- Engaging end-users with the opportunity to be involved in the KT process, ensuring two-way communication, increases the relevancy of the evidence for them and increases utilisation
- Research utilisation will occur if there is a recognised need or incentive by the end-user
- Establishing 'trust' between researchers and end-users, can influence key message uptake, and future KT utilisation
- The following KT strategies may increase uptake and utilisation; Linkage and exchange interventions e.g. knowledge brokers or communities of practice; Educational interventions e.g. continuing professional development; Electronic interventions e.g. reminders and clinical decision support systems; Feedback interventions e.g. audit and feedback; Patient-mediated interventions e.g. media campaigns or more targeted interventions; Organisational interventions e.g. clinical practice guidelines

References: <sup>16,17,20,25,39,42,50,58</sup>



## Appendix 1 – Definitions

### What is Knowledge Translation?

Many different terms, definitions and models are used to describe knowledge translation globally. For example, in Australia the term ‘knowledge translation’ is often (but not always) used, whereas in the UK the term ‘knowledge mobilisation’ is more common; in Canada the term has also evolved, however, the Canadian Institutes of Health Research currently defines knowledge translation as follows: -

*“...a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system”<sup>64</sup>.*

It also states that the process is a complex one between researchers and knowledge users<sup>64</sup>.

This definition is commonly cited by a growing body of knowledge translation literature<sup>8,16,23,63,65,66</sup>.

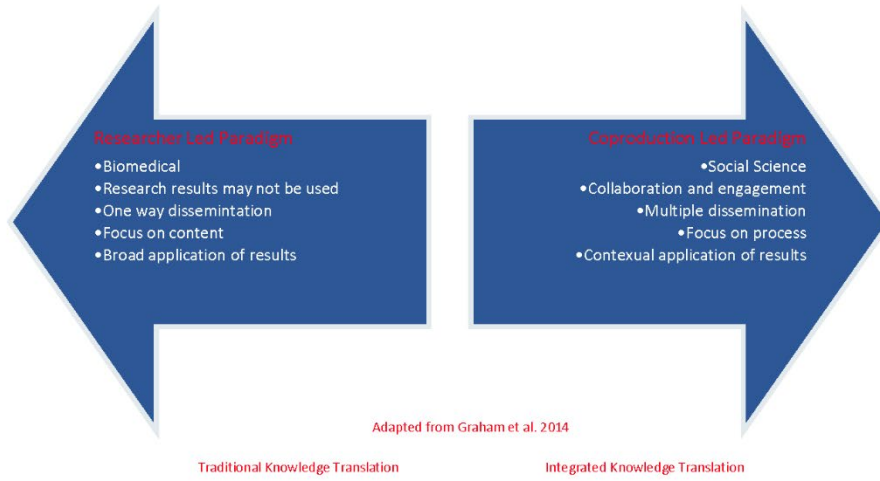
The recent focus on knowledge translation has also led to a proliferation of models, terms and frameworks such as ‘knowledge translation’, ‘knowledge-to-action’, ‘knowledge mobilization’ or ‘translational research’ being used interchangeably in many areas of health research<sup>67</sup>. A ‘traditional’ approach to Knowledge Translation (KT) (Figure 2 below), is a researcher led process that is focused on outcomes from the evidence. It has one-way dissemination where the uptake of the results may or may not be used and or shared with participants. An ‘Integrated Knowledge Translation’ approach to KT is collaborative approach focused on the process of research and not just the outcomes. It also has multiple forms of dissemination and has a wider application of the results<sup>1</sup>.

It is worth acknowledging that depending on the needs of the research project and community there is cause to use either or both of these approaches to KT.

Deliberative Dialogue Evidence Brief



Figure 2 Knowledge Translation Continuum



Deliberative Dialogue Evidence Brief



What is Integrated Knowledge Translation?

**Ten Principles of  
Integrated Knowledge  
Translation**



1. Co-production of knowledge is shared between partners
2. Equal governance is shared between partners
3. Experiential knowledge is valued
4. Collaboration key
5. Flexible evidence
6. Embedded in community
7. Partnership working
8. Suitable complex issues
9. Focus on process
10. Multiple dissemination strategies

**Adapted from Graham  
et al. 2014<sup>1</sup>**

*“Integrated knowledge translation is a model of collaborative research, where researchers work with knowledge users who identify a problem and have the authority to implement the research recommendations. Knowledge users have unique expertise pertaining to the research topic, including knowledge of the context and the potential for implementation. Researchers bring methodological and content expertise to the collaboration.”*

<sup>68</sup>

Integrated Knowledge Translation promotes a collaborative approach to the research that is action oriented and solution focused.

Integrated Knowledge Translation can produce research findings that are more likely to be relevant to community they are designed for because the community have been instrumental the process.

There are three reasons why Integrated Knowledge Translation is an appropriate model for domestic violence research; (1) the co-production of new knowledge is developed with end-users and the voices of lived experience; (2) there is a robust if not fully tested framework to apply and guide the process<sup>69</sup>; (3) it has been used successfully in DV research in other areas<sup>44</sup>

Integrated Knowledge Translation is guided by ten principles (see box) which engage the end-user as a partner in a collaborative process<sup>70</sup>



## Discussion Group Schedule

### **Project: Shared understanding of a Safer Families Centre of Research Excellence**

#### DISCUSSION GROUP PREP

- Discussion group schedule/PLS/Consent form
  - Digital recorder with spare batteries & microphone
  - Pen/paper/whiteboard
1. How could a shared understanding of knowledge translation be developed across the *Safer Families Centre of Research Excellence*?
  2. What examples of knowledge translation activities are you and/or your group currently undertaking?  
*What is working well? What isn't working so well? Why? What would be your best example of knowledge translation?*
  3. How are practitioners/policy/LEP involved in your knowledge translation activities? *Please provide an example.*
  4. What knowledge translation activities do you think the *Safer Families Centre of Research Excellence* could or should be undertaking? *Please provide an example.*
  5. We have developed a potential framework. *What do you think of the framework? Please provide an example.*

*We are interested developing support activities to boost KT capacity, would you be interested in being involved in these activities and providing feedback? Examples of activities might include factsheets, information sheets, YouTube video, support guides, journals, emails, downloadable resources, templates, checklists, seminars and workshops. Which of these would you like/not like? Can you suggest anything else?*

*Is there anything else you would like to add or comment on?*

## Deliberative Dialogue Meeting/Interview

#### FACILITATOR NOTES/RUNNING SHEET

Version date: 9th December 2018

#### Meeting Dates

- Monday 10th Dec 11:30am - 1:00pm (200 Berkeley St - GP Library Room) Kelsey/Jacqui
- Thursday 13th Dec 2:00pm - 3:30pm (200 Berkeley St - GP Meeting Room) Kelsey/Jacqui
- Friday 14th Dec 10:00am - 11:30am (200 Berkeley St - GP Library Room) Kelsey/Jacqui

#### Aims

- Acknowledgments – Kelsey
  - Indigenous – Kelsey
  - Survivors – Kelsey
  - Introductions – Kelsey
- Aim of the workshop – Kelsey

We have undertaken a Realist Systematic Review and are using the Deliberative Dialogue to share the results of this review with you and in doing so develop a potential framework. The aim is to explore the key actions that the *Safer Families Centre of Research Excellence* should do to enhance Knowledge Translation?

- *You have been provided with a document to read. Have you all read it?*
- *Are there any terms you are not sure about or any question about the document?*

Jacqui to answer any questions about RR/explain how CMO/PT were developed if required.

Jacqui also check that everyone has signed PLS/Consent and happy to record meeting.

Kelsey to lead DD discussion. Jacqui to record/take notes.

### Ground Rules for Deliberative Dialogue

Deliberative dialogue is a form of discussion aimed at finding the best course of action.

Deliberative questions take the form "What should we do?" and the group does not have to reach complete consensus on the topic to move forward.

1. Focus on the content, considering the pros and cons of the framework
2. Everyone is encouraged to participate, but you have the right to pass too
3. Speak your mind freely, but don't monopolize the conversation
4. Listen carefully to others and maintain an open mind
5. Help to develop one another's ideas; ask clarifying questions
6. Engage in friendly disagreement, but don't personalize a conflict
7. Don't get stuck arguing about facts and figures
8. Confidentiality will be respected

### The question we are trying to address during the Deliberative Dialogue discussion is:

1. ***What are the key actions that the Safer Families Centre for Research Excellence should do to enhance Knowledge Translation?***
2. *Is this question clear? Should we change it? How would you change it?*
3. *Let's begin to try and answer it? Who would like to go first?*
4. *What have you thought about from the end-user/women's voices?*
5. *What are the challenges moving forward and how can we overcome them?*
6. *What would be one thing we can achieve in the next 3-6 months? (What are the top 3 actions you would like to see happens in next 6 months)*
7. *What would be the best way to evaluate it?*
8. *How can we help you achieve what you want to do?*
9. *What else do we need to do?*

*(Ask about CMOs (order/nbr))*

*(Ask about PT (order/nbr))*

THANK YOU FOR TAKING PART IN THIS GROUP DISCUSSION

The appendices are concluded, and this thesis is complete.

Thank you for reading.



*Caption: Presenting at the International Domestic Violence and Health Conference: Sustainable Change in the Health Sector, Melbourne 2018*