

Understanding the gap in research to practice transference in family and intimate partner violence prevention: the role of empirically evaluated programs

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Summary of Research

Public Health Problem: Despite decades of intervention and prevention efforts, violent acts committed amongst families and intimate partners remain an epidemic public health problem in the United States (Hamby, 2006). While exact rates of FV and IPV can be difficult to calculate due to varying definitions, what is clear is that a substantial portion of the population within the United States is subjected to this form of violence within their lifetime (Arteaga & Lamb, 2008; Campbell & Manganello, 2006, Osofsky, 2003). Despite the high rates of FV and IPV this is not a new or emerging problem in the United States (Wandersman et al., 2008). In fact, there is currently a plethora of intervention and prevention programs available across the United States which have been designed to address FV and IPV at the individual, family, and community level (Hamby, 2006; Krug et al., 2002). Further, there has been a concentrated effort by non-profit and government agencies to design and implement successful intervention and prevention programs that target family and intimate partner violence over the last past few decades (Krug et al, 2002). However, despite laudable efforts at improving programs through the tenets of the scientific method (i.e. programs that are theory driven, empirically sound, and evaluated), the mortality and morbidity attributed to FV and IPV remain prohibitive.

Background: Recent research (Saul et al., 2008; Wandersman et al., 2008) has suggested that the central reason for the high rates of FV and IPV, despite intervention and prevention efforts, lies in the continual gap between research and practice that persists in the area of violence prevention. O' Leary, Woodin, and Fritz (2006) conducted a comprehensive review of empirically evaluated partner violence prevention programs and reported a shocking lack of published data on empirically evaluated programs as a key contributor to the lack of research application in violence prevention. O'Leary et al. found only nine published evaluations of partner violence prevention programs. This suggests that one barrier to applying research to practice may be the lack of published empirically evaluated programs. However, the authors do not provide any information detailing their selection process or inclusion criteria, making it impossible to replicate their findings. Further, the authors limit their search to dating violence or sexual assault programs, and do not consider the related areas of family violence prevention (i.e. child abuse, elder abuse, or domestic violence). Clearly, prevention of violence research from the public health perspective is in its infancy and many areas are still in the exploratory stages (Saul et al., 2008). However, given the drive in the government and non-profit research agenda over the last decade to empirically evaluate and disseminate findings this should not be the case (Wandersman et al., 2008).

Research Problem: The contradiction in previous findings regarding the availability of empirical research related to violence prevention contributes to concerns about where to place future resources in exploring this gap (personal correspondence). Thus, the purpose of this research project was to:

1. Describe the persistent nature of family and intimate partner violence as an important public health problem due to its epidemic-like rates and population impact.
2. Determine the availability of published empirical evaluations of family and intimate partner violence prevention programs or services within the past two decades.
3. Formulate a recommendation for future researchers seeking to understand the gap in research to practice transference for family and intimate partner violence prevention.

Instrument: The *Community Guide to Preventative Services* (1999) is a methodological published free-for-use resource. This tool provides a systemic review method which outlines specific steps for evaluating the quality of studies. The first step in this method requires that a conceptual framework is identified. Further, this framework must be used as the reference for determining the inclusion criteria for relevant studies. Next, that the quality of these studies are assessed using a standardized data abstraction form. Results are summarized and presented through narration and visual presentations, such as tables and graphs. Finally, based on the findings, recommendations can be made regarding future actions and research. This methodology was originally designed for use by tasks boards and teams in making decisions regarding program implementation. However, with this review of the steps and principals behind this methodology I argue here that this tool is clearly adaptable as a measure for critically evaluating contradictory research in the literature. This critical evaluation of the evidence allows for clarity in making decisions regarding future research actions.

Method: For this study, a logic model following the Diffusion of Innovation Theory (Rogers, 2003) was developed. Next, it was determined that inclusion criteria for the studies reviewed would be any empirical evaluation of a family or intimate partner violence prevention program published from 1999 to 2009 locatable through the EBSCO, SAGE, or Walden University databases. The standardized data abstraction form provided at the Community Guide for Prevention Services website was used to summarize each study. Next, studies were critically analyzed for quality concerns such as missing information, sampling techniques, and limitations. This body of research was summarized and loaded into tables using the literature matrix format (Garrard, 2006).

Results: Results of this review were mixed, indicating support for arguments that more research does need to be made available. However, it was also noted that there was a sharp increase in published evidence-based research within the last few years. There were significant quality concerns with many studies. Primary quality concerns included lack of description, limited sampling, questionable measurement tools, inappropriate data analysis, and significant limitations. Of the 30 final included studies, 8 studies had significant limitations. Four studies had inappropriate or lacking data analysis reports. Five studies had questionable measurement tools or did not report validity data. Eight studies had limited sampling. Eight studies had a limited description of study procedures. However, seven studies had no quality concerns (23%). It must be cautioned that these conclusions are based on the published reports. It is likely that many of these concerns

could be addressed with obtaining the full study records. However, based on the information available in the literature (which is what practitioners have available) these studies do have significant quality concerns.

Another key finding in reviewing this research was a wide diversity in the types of programs and services which were presented in the literature. An important implication of this diversity for future research was the spectrum of targeted outcome variables that the various programs had. This represents a need for individualized approaches for many prevention programs. Further many programs had varying agendas or methods. The fact that FV and IPV programs are not standardized in their implementation, their expected impact, or their population focus underscores the importance of determining whether there are unique variables which drive or hinder the application of research to practice for this area of prevention.

Implications: The overall goal of this research is to contribute to understanding the gap in research to practice transference documented by recent research (Wandersman et al., 2008). It was determined that published empirical research related to violence prevention did have several significant quality concerns. However, there was a sharp increase in reporting in recent years. Thus, with this increase an improved reporting process might be anticipated. Further, there were seven studies published which had no quality concerns and provided strong empirical evidence for the validity and effectiveness of their programs. One research question which can be asked from these findings is what perceptions community-level practitioners have regarding this base of research and how this increase in availability impacts their application of empirical research to their violence prevention practices. Another important area of research is increasing understanding of the research to practice transference process and determining what facilitators and barriers exist for violence prevention practitioners engaging in this process.

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