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Review of the evidence on knowledge translation and exchange in the violence against women field: *Key findings and future directions*

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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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Review of the evidence on knowledge translation and exchange in the violence against women field: Key findings and future directions

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This work is part of the ANROWS Compass series. ANROWS Compass (Research to policy and practice papers) are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This report addresses work covered in ANROWS research project 5.1 "State of knowledge on knowledge translation and exchange within the violence against women field". Please consult the ANROWS website for more information on this project. In addition to this paper, an ANROWS Landscapes is available as part of this project.

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Introduction

Over two decades of research confirm domestic violence and sexual assault as a significant threat to women's health and well-being. Research findings can help to prevent and reduce violence against women. However, integrating evidence into policy and practice has proven difficult. Strategies are needed to incorporate research findings into policy and practice to achieve change. Knowledge translation and exchange (KTE) is a field of research that attempts to build the science on how to more effectively promote and support the use of evidence, thereby building the research to policy and practice gap.

Research on KTE is still in its infancy, with most of our knowledge coming from the medical and education fields. Little is known about the effectiveness of KTE strategies in the domestic violence and sexual assault sectors. This evidence summary explores the evidence for KTE in this area and from other areas of human service delivery.

This summary is based on the report "Review of the evidence on knowledge translation and exchange in the violence against women field" by the Parenting Research Centre (PRC), commissioned by Australia's National Research Organisation for Women's Safety Ltd (ANROWS).

Messages for policy

- We currently do not know how to effectively change policy and practice to reduce and respond to violence against women.
- There is an urgent need for investment in research to assess the effectiveness of KTE strategies in this area.
- Research into KTE strategies needs to be of good quality experimental design (e.g. well controlled, replicable, with large samples).
- Funding for services and programs should include resources to implement the KTE strategies that we know work in other fields of human service delivery.

Messages for practice

- KTE strategies must involve some sort of interaction – passive knowledge dissemination is not enough.
- Multiple strategies are more effective than just one.
- Tailored strategies, that address the barriers that practitioners face, have more success.
- Some strategies have more evidence of effectiveness, including: informal opinion leaders, interactive educational meetings, audit of performance and accompanying feedback, reminders and prompts.

Background to knowledge translation and exchange

Models of knowledge translation and exchange

We know that the successful uptake of evidence needs more than one-way communication: it requires interaction between researchers and decision-makers. Models of KTE account for varying levels of interaction.

The preferred models are those that best fit the expertise, beliefs, and needs of the groups involved.

Science push	A one-way model from research to practice, taking little account of the users' context.
Demand-pull	Users define research questions to meet their needs.
Dissemination	Researchers develop mechanisms to disseminate findings that can be adapted to the needs of their target audience.
Interaction	Researchers and users cooperate at all stages, from research development to use in practice.

Definition of knowledge translation and exchange

"…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 (www.cihr-irsc.gc.ca/e/39033.html)

Knowledge translation and exchange strategies

There are a number of different KTE strategies that can improve the use of evidence in practice:

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.

Key to the success of knowledge translation and exchange strategies

- Strategies must involve some sort of interaction: passive dissemination of knowledge is not enough.
- Using a number of strategies is more effective than just one.
- The choice of strategies is based on addressing identified barriers to adopting the research findings.

Review findings

There is insufficient evidence about KTE strategies changing policy and practice in response to violence against women.

Extent of the evidence in this field

Of the twenty four studies reviewed, twenty related to domestic violence or intimate partner violence, and four to sexual assault. The majority of studies (15) targeted health care professionals. One study focused solely on members of the public (health care patients), although a total of seven studies involved some level of public information. Three studies targeted a variety of professionals from health care, social work and advocacy fields.

The scoping review found that there were only a small number of studies available, generally of poor rigour. There were no randomised controlled trials, and few studies used any form of comparison group. Most studies employed pre-post evaluation methods, generally with short or no follow-up periods. Most used self-report of participants perceptions, or satisfaction with training. Few studies employed objective measures of outcomes. The lack of good quality experimental designs with large samples means that recommendations cannot be made about the use of KTE in this field.

Review methodology

The authors conducted a scoping review of evaluations of KTE strategies in the field of violence against women. Scoping reviews use rigorous and transparent methods to explore an area of study where little is known about the nature of the work. Findings are synthesised to be easily accessible to practitioners and decision-makers.

Identification 4,785 papers identified through searches of electronic databases and suggestions from expert colleagues in the field.

Screening 4,781 abstracts screened for inclusion.

Eligibility 65 papers reviewed for eligibility.

Included 24 eligible papers included.

Reported barriers and facilitators

Studies identified a number of barriers to the implementation of evidence-based practices and policies in the field of violence against women, including:

- Organisational barriers (e.g. lack of time; lack of privacy when meeting patients).
- Personal barriers (e.g. lack of confidence or discomfort discussing the issue; fear of offending patients).

Facilitators to implementation were reported as:

- A combination of implementation strategies (e.g. training plus protocols; training plus practical experience).
- Ongoing reinforcement (e.g. support, supervision, prompting, refresher training).
- Interactive relationships with peers.
- Adaptability and local flexibility in the implementation of strategies.

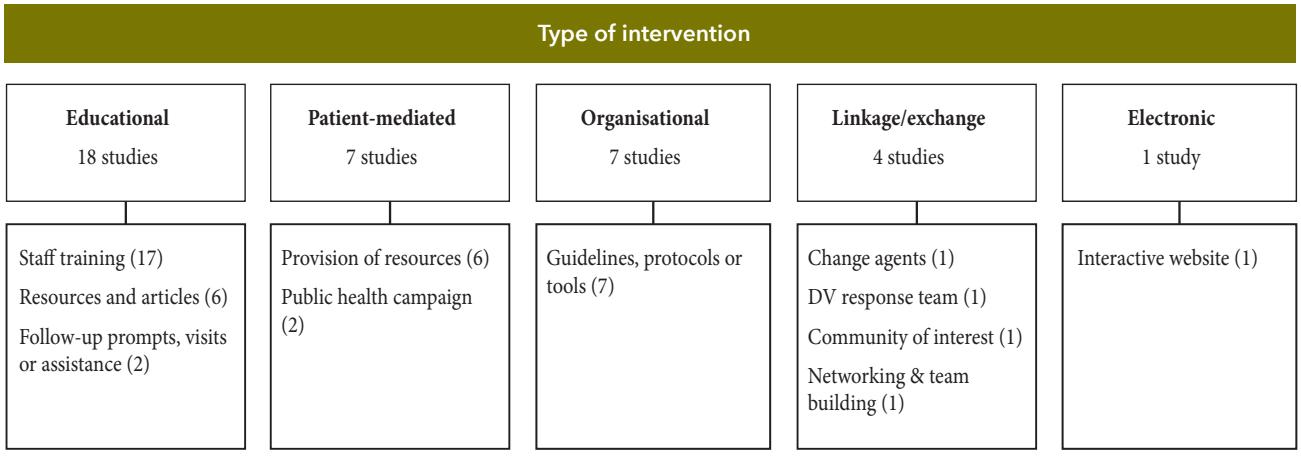
Knowledge translation and exchange strategies used

Despite the evidence from the broader KTE field that using a number of KTE strategies is more effective than just one, ten implementation studies employed a single strategy. Nine used multiple strategies. A considerable majority aimed to translate knowledge via training for staff in direct service provision.

The review found that the KTE strategies used had different aims. The majority of studies (15) aimed to change knowledge or attitudes (conceptual knowledge utilisation). Seven studies aimed for changes to behaviour or practice (instrumental knowledge utilisation). Five studies aimed for both conceptual and instrumental utilisation.

The most common results reported were improved perceived or self-reported knowledge or awareness of domestic violence, sexual assault and related issues. Improved reported behaviours included the quality or rate of documentation and increased victim identification. Patient satisfaction with clinical efforts was reported in two studies.

While two studies reported improved attitudes, three reported a minimal change in attitudes or beliefs. One study found low rates of routine inquiry, and another reported no improvement in communication skills.



Effective knowledge translation and exchange strategies

Good quality research is needed if we are to understand which KTE strategies are most effective in the field of violence against women. In the absence of this knowledge, research on KTE strategies in the human services sector can inform how to best incorporate evidence into policy and practice.

Extent of the evidence in this field

Given the lack of evidence for KTE strategies in the domestic violence and sexual assault fields, we can look to other areas of human service delivery. Findings from a number of systematic reviews that focus on KTE in health care service delivery have identified the following potentially useful strategies.

Informal opinion leaders who are central to interpersonal networks. Their leadership arises from their availability to the network and competence, rather than any formal position or status.

This strategy was not reported in any of the studies in the current scoping review.

Educational meetings, outreach and printed materials 'Educational meetings' include conferences, workshops and traineeships and can be didactic or interactive. Larger effects have been associated with interactive meetings.

'Educational outreach' aims to change practice. It involves a trained individual providing training in the practice setting.

The current review on KTE strategies in the violence against women field found that educational interventions were the most commonly used. This may reflect the fact that educational meetings and materials, in particular, are relatively low cost and feasible in most settings.

Audit and feedback involves measuring actual clinical performance, for example, through medical records audits or patient observations. Feedback is an important element in this strategy for creating change.

Document audits formed part of the design of outcome measurement in some of the studies included in the current scoping review. However, they did not involve feedback to the target population and did not form part of the KTE strategy itself.

Reminders are used to prompt the target population to perform a specific action or remind them of certain information, particularly in relation to individual patient care. Such prompts could be made electronically, through medical records, or through interaction with peers.

No studies from the current review identified reminders as a KTE strategy.

Tailored strategies are those that are designed specifically to address potential barriers to change.

This strategy was not identified in the current review.

Multifaceted interventions (of which there were nine in the current review) are those that use multiple KTE strategies. Consideration should be given to how the individual strategies will interact to maximise benefits.

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