

Solutions to the Research-Practice Gap in Domestic Violence: A Modified Delphi Study With Domestic Violence Coalition Leaders

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TABLE 1 CAN BE FOUND AT THE END OF THE ARTICLE

Abstract:

The gap between research and practice in domestic violence (DV) has the potential to hinder advancements in both areas. This study used modified Delphi methodology to seek potential solutions for integrating DV research and practice. Expert panel members were representatives of DV coalitions who hold primary responsibility for determining the content of the training program and materials provided by coalitions to service providers. Through three rounds of questionnaires, potential solutions were identified in six areas: access to research, the practical application of research, DV coalitions' needs and usage of research, perceptions of research and researchers, researcher-practitioner collaborations, and the goals of DV. The findings of the study are integrated into recommendations for researchers and DV organizations.

Article:

The underutilization of research by domestic violence (DV) practitioners and the lack of attention by researchers to the experiences and wisdom of practitioners has been identified by numerous scholars (e.g., Guterman, 2004; Kilpatrick, Resick, & Williams, 2001; Murray & Smith, 2009). This research-practice gap has the potential to hinder progress in both research and practice. In the area of practice, approaches shown to be ineffective might continue to be used, and demonstrated effective approaches could fail to be implemented (Murray, 2009). In the area of research, failure to consider practical implications of studies can lead to research that is out of line with the actual needs of clients and service providers. For these reasons, the DV research-practice gap represents a significant challenge for both researchers and practitioners to address.

A growing body of literature demonstrates consistent themes regarding the factors that contribute to the continuation of the DV research-practice gap. However, meaningful and realistic strategies for minimizing the gap remain far less understood. In addition, most research in this area reflects the perspectives of researchers, not practitioners. Therefore, this study aimed to identify strategies that might result in better utilization of DV research by practitioners and better attention to the experiences and wisdom of practitioners by researchers. Toward this end, this study examined the experiences and ideas of an expert panel of DV practitioners. Expert panel members were representatives of state-level DV coalitions who hold primary responsibility for

determining the content of the training program and materials provided by coalitions to local DV service providers.

Previous research indicates that service providers are more likely to read coalition newsletters than peer-reviewed research journals, and they are also more likely to attend practice-oriented training conferences than they are to attend research-oriented conferences (Murray & Welch, in press). Therefore, these individuals were identified by the researchers as key gatekeepers in the transmission of information about DV to service providers (defined in this study as staff of battered women's shelters, victim advocates, facilitators of batterer intervention programs, and mental health professionals who provide services to clients affected by DV; Murray & Welch, in press). Using a modified Delphi methodology study, a panel of these individuals provided input addressing the overarching research question guiding this study: From the perspective of key coalition staff members, what needs to happen for a greater integration between DV research and practice to occur?

LITERATURE REVIEW

The Nature of the DV Research-Practice Gap

Murray and Smith (2009) defined the DV research-practice gap as “a disconnection between existing research findings and common service delivery practices in ... domestic violence prevention and intervention” (p. 4). Previous research suggests that the DV research-practice gap is multifaceted. One aspect of a research-practice gap is that relevant research findings might not be disseminated to practitioners and therefore often are not applied to practice (Murray, 2009). One example that has been noted in the literature is in the area of batterer intervention program standards. Regarding these standards, some researchers noted that research findings often do not support the practices that are mandated by these standards, and yet the standards have not been revised in light of these findings (Corvo & Johnson, 2003; Hamberger, 2001; Maiuro, Hagar, Lin, & Olson, 2001). A second dimension is that the research that is conducted often lacks practical relevance (Murray, 2009). This can occur when researchers build their agendas and studies based on personal interests and previous research, without consulting practitioners to ensure that their studies address relevant topics and are conducted in a way that reflects the complexities of practice (Hamberger, 2001; Kilpatrick et al., 2001). On a related note, the third component of a research-practice gap involves the limited communication that often exists between researchers and practitioners (Murray, 2009). For example, the types of publications (e.g., peer-reviewed scholarly journals) through which researchers communicate their findings often are not the publications that practitioners read (Kilpatrick et al., 2001; Murray & Welch, in press). The existing literature demonstrates that these three components contribute to the DV research-practice gap. More limited research exists that aims specifically to identify comprehensive solutions to effectively integrate DV research and practice. The next section provides a review of previous solutions that were proposed within the context of the research examining the nature of the gap.

Previously Proposed Solutions to Address the DV Research-Practice Gap

Solutions for translating research findings into practice: To facilitate the translation of research findings into practice, Hamberger (2001) recommended that researchers communicate their findings in two languages—one that is targeted for the scientific community and one that meets the needs of practitioners. Descriptions of research that are targeted to practitioners should

be “easy to read and understand, ‘user-friendly,’ ... timely, concise, and easily accessible” (Kilpatrick et al., 2001, p. 31). Murray and Smith (2009) suggested that a need exists for research dissemination channels that are appropriate for the needs of and demands faced by both researchers and practitioners. Until those mutually appropriate channels exist, however, researchers can use the existing means through which practitioners gain information (e.g., practitioner organizations' newsletters and training conferences) to reach practitioners with their findings (Murray & Welch, in press). Finally, Mouradian, Mechanic, and Williams (2001) suggested that researchers should be prepared to address potentially controversial findings that might be included in their results.

Solutions for conducting research that is relevant to practice: First, in the early stages of planning research studies, researchers should involve practitioners (Hamberger, 2001; Kilpatrick et al., 2001; Murray & Welch, in press) in an effort to conduct research that will ultimately reflect the needs of the service providers and their clients (Murray & Welch, in press; National Violence Against Women Prevention Research Center [NVAWPRC], 2001). Second, researchers are encouraged to conduct studies that account for the contextual factors that influence data collection and the lives of clients (Gondolf, Yllö, & Campbell, 1997). In particular, researchers should work with practitioners to ensure that client safety issues are addressed (Gondolf et al., 1997). Third, researchers can employ methodological procedures that account for the complex nature of DV, such as by using multiple outcome measures (Gondolf et al., 1997) and using multiple methodologies, such as both quantitative and qualitative approaches (Gondolf et al., 1997; Williams, 2004).

Solutions for increasing collaboration between researchers and practitioners: One common recommendation for building relationships between researchers and practitioners has been to develop collaborations that include representatives of both groups (Campbell, Dienemann, Kub, Wurmser, & Loy, 1999; Edleson & Bible, 2001; Gondolf et al., 1997). Because these collaborations often involve significant challenges (Campbell et al., 1999; Edleson & Bible, 2001), several suggestions for more effective collaborations have been addressed. First, these collaborations should be built on mutual respect (NVAWPRC, 2001), with all members viewing each other as a team (Campbell et al., 1999). It is important that collaboration participants make efforts to build and maintain effective communication (Edleson & Bible, 2001; Gondolf et al., 1997; Mouradian et al., 2001; NVAWPRC, 2001). Collaboration participants should also establish clear roles, values, and guidelines at the outset to provide a direction for moving forward (Edleson & Bible, 2001; Gondolf et al., 1997; Mouradian et al., 2001). Williams (2004) also noted the importance of addressing power dynamics in these collaborations. One way to do this is to ensure that resources are distributed equitably among collaboration participants (Edleson & Bible, 2001; Kilpatrick et al., 2001; Mouradian et al., 2001).

Together, the previously proposed solutions for addressing the DV research-practice gap appear to hold promise for making progress toward this goal. However, additional efforts are needed to focus specifically on building a comprehensive and practical approach for integrating research and practice in DV that incorporates the perspectives of practitioners. Toward this end, this study aimed to seek the input of a group of involved individuals whose opinions have not yet been sought related to this issue. To date, most of the research that has been done has focused on either the service providers or the researchers themselves (e.g., Kilpatrick et al., 2001; Murray &

Smith, 2009; Murray & Welch, 2008, in press). Another key group in understanding and building solutions for the DV research-practice gap includes the staff of DV organizations. These organizations serve an important function in the transmission of information to service providers. However, no previous research exists that seeks the input of this group. Thus, a need exists to understand further their needs and perceptions of DV research and practice.

METHOD

This study used a modified Delphi methodology. Stone Fish and Busby (1996) wrote that “the characteristics of Delphi make it particularly well suited for bridging the gap between research and practice” (p. 480). Delphi methodology involves multiple rounds of questionnaires sent to a panel of experts on a particular topic (Dawson & Brucker, 2001; Jenkins & Smith, 1994; Morrow-Howell, Burnette, & Chen, 2005; Stone Fish & Busby, 1996). The goal of this methodology is to develop consensus responses to challenging dilemmas in a field (Jenkins & Smith, 1994; Stone Fish & Busby, 1996). Jenkins and Smith (1994) noted that some of the advantages of using the Delphi approach are that it (a) allows for participant anonymity (i.e., participants' individual responses are never connected to their identity), (b) is geographically economical, (c) provides participants time to provide thoughtful responses to the questions asked, and (d) allows participants to consider and respond to other participants' opinions.

Participant Recruitment

The target sample for the expert panel in this study was the employees of state-level DV coalitions who hold primary responsibility for determining the content and format of the information provided to service providers in that state through the coalition, such as through continuing education and training programs, newsletters, and coalition Web sites. In recognition that coalitions vary in their organizational structures, interested coalition leaders were invited to designate the employee who best fit that description as the participant in this study. Examples of the job titles held by these professionals include training/education director, executive director, or programming director.

The primary strategy for recruiting participants was by sending invitation announcements twice over the Domestic Violence Coalition Executive Director listserv hosted by the National Network to End Domestic Violence (NNEDV). In an effort to increase the sample size, the invitation announcement was also sent once over the Domestic Violence Coalition Trainers' listserv, also hosted by NNEDV. All listserv announcements were forwarded by a designated NNEDV staff member to the list. Only one employee per organization was able to participate.

Throughout all rounds of questionnaires, participants' responses were anonymous from one another, such that at no point were participants' individual responses linked to their identities. In the informed consent document, participants were informed that they would be identified as an expert panel member in reports of the study's findings, and they would also receive a summary of the study's findings and a list of the other expert panel members at the completion of the study.

Eighteen expert panel members participated in this study, each representing a different DV coalition. The geographic regions of the United States represented by these panel members included six participants from the Western region, five participants from the Northeast, three participants from the South, two from the Midwest, and one each from a U.S. territory and a

national organization. The number of participants completing each questionnaire varied. Questionnaire 1 was completed by 13 participants, Questionnaire 2 was completed by 17 participants, and Questionnaire 3 was completed by 8 participants. Seven expert panel members completed all three questionnaires, six panel members completed two of the three questionnaires, and five panel members completed only one of the questionnaires.

Questionnaires: Format and Development

As is typical in research using the Delphi methodology (Jenkins & Smith, 1994; Stone Fish & Busby, 1996), the questionnaires used in this study were created by the research team to address the study's research question. This study used three rounds of questionnaires, with each subsequent questionnaire being created through a process of compiling responses to the previous questionnaire. Each questionnaire was estimated to take approximately 30 minutes to complete, although the response format varied for each questionnaire.

The first questionnaire included the following six open-ended questions:

1. To what extent is research on domestic violence relevant to the work you do at your coalition to prevent or respond to domestic violence in your state?
2. What do you find to be helpful and not helpful about research?
3. It has been said that “research is not an end in itself, but a process of inquiry designed to achieve some purpose(s)” (Dimmitt, Carey, McGannon, & Henningson, 2005, p. 217). In your opinion, what should be the goal of research about DV?
4. Have you had much opportunity to work with researchers? If so, please describe your role in the research process.
5. If you have worked with researchers in the past, what have been your experiences? We are interested in both positive and negative experiences you may have had.
6. Many researchers believe that much research is underutilized by those in the DV community (e.g., advocates, service providers, educators) and that many DV community workers find research to be largely irrelevant. Many researchers believe that as a result, much useful research remains likely to gather dust on library shelves rather than being used to help those in the DV community prevent or respond to DV. We would like your thoughts about the following: (a) Do you agree that there is much research that is underutilized? If so, what do you think contributes to this underutilization? (b) Do you agree that it is likely that there is useful research out there that could be better utilized by the DV community? If so, what do you think could facilitate better utilization of research? (c) If you do not think that there is much useful research out there, what do you think that researchers could do to make their research more useful, and what do you think that practitioners could do to help researchers make their research more useful?

Following the data collection period for Questionnaire 1, the research team compiled the responses to this questionnaire into Questionnaire 2. Typically, in research using Delphi methodology, Questionnaire 2 is based on the themes and major ideas that emerge in participants' open-ended responses to Questionnaire 1 (Dawson & Brucker, 2001; Jenkins & Smith, 1994; Stone Fish & Busby, 1996). Unlike Questionnaire 1, Questionnaire 2 is in a quantitative format, in which participants are presented with various statements representing these themes and major ideas and asked to rate the extent to which they agree or disagree with

each statement. Efforts are made to retain much of the participants' original language in these items (Dawson & Brucker, 2001). In developing Questionnaire 2, we initially included all statements made by expert panel members. However, to maintain a manageable length to Questionnaire 2, we combined similar and eliminated identical statements. In addition, minor editorial changes were made to some statements for the purpose of clarification and for consistency in questionnaire formatting.

Basic content analysis procedures (Jenkins & Smith, 1994; Stemler, 2001) were used to organize Questionnaire 1 responses. These procedures revealed several common themes in participants' responses to the various questions included on Questionnaire 1. Therefore, a decision was made by the research team to organize Questionnaire 2 based on these themes, rather than based on the original question format. In part, this decision was made in an effort to keep the length of Questionnaire 2 to a more manageable level. A total of 124 items were included in Questionnaire 2, with the following number of items in each category: (a) access to research (17 items), (b) the practical application of research (20 items), (c) DV coalitions' needs and usage of research (17 items), (d) perceptions of research and researchers (20 items), (e) researcher–practitioner collaborations (29 items), and (f) the goals of DV research (21 items). Participants rated their agreement with each statement on a scale from 1 (*strongly agree*) to 6 (*strongly disagree*), with an additional “not applicable” option.

A high level of consensus was achieved in participants' responses to Questionnaire 2. Therefore, our development of Questionnaire 3 represents the primary modification of typical Delphi methodology procedures used in this study. Typically, a third round of questionnaires is used in Delphi methodology, with the third questionnaire presenting participants with the same items included on Questionnaire 2 (Dawson & Brucker, 2001). Participants typically are also presented with their original responses to these items, alongside the medians and interquartile ranges of the overall expert panel (Dawson & Brucker, 2001; Jenkins & Smith, 1994). As such, participants were asked to rerate the items after considering the responses of other panel members, with the goal of achieving a greater level of consensus among participants (Stone Fish & Busby, 1996). Although most Delphi methodology studies use two to three rounds of questionnaires (Jenkins & Smith, 1994; Stone Fish & Busby, 1996), it is most appropriate to discontinue the inquiry when consensus is achieved and if there is a risk of participant fatigue if the study continues (Jenkins & Smith, 1994). Although some researchers using Delphi methodology have elected to forgo Questionnaire 3 altogether (e.g., White, Edwards, & Russell, 1997), a decision was made to continue with a third questionnaire for this study, although to use a different format than is used typically.

Questionnaire 3 was created to present to the expert panel the research team's preliminary interpretations and conclusions based on the prior two questionnaires, to seek their input as to the accuracy of these conclusions. This approach to seeking participants' input on the interpretation of study findings is typical of qualitative research methodologies and provides a check on the validity of the conclusions drawn by the researchers (Leedy & Ormrod, 2005). Therefore, Questionnaire 3 for this study contained, for each category included on Questionnaire 2, a list of items for which participants demonstrated high levels of agreement and consensus, based on median scores and the 25th to 75th interquartile ranges. In addition, Questionnaire 3 included a list of preliminary conclusions and interpretations of the themes that emerged in these lists of

retained items. Following the conclusions and interpretations for each category, participants were asked to respond to the following open-ended questions: (a) To what extent do you think our interpretations for this section accurately reflect the items for which the expert panel as a group demonstrated high consensus and agreement? (b) Please provide any suggestions for revising our interpretations for this section, including information that you think should be added or subtracted from them.

Data Collection Procedures

This study was conducted electronically. To register for the study, participants contacted the first author to receive additional information about the study. Questionnaires 1 and 2 were available through an Internet-based survey-hosting Web site. Questionnaire 3 was provided via e-mail in a Microsoft Word document, which participants were asked to complete and return to the first author either through e-mail or postal mail. As an incentive for participation, participants were offered a summary of the study's findings and a list of the other panelists at the completion of the study. Questionnaires were sent approximately every month, and the entire data collection period lasted from February through June 2009.

RESULTS

Medians and Interquartile Ranges of Items on Questionnaire 2

We calculated the medians and variability (using interquartile ranges) for Questionnaire 2 item responses to identify items that demonstrated consistent high agreement or disagreement (based on the medians), along with a high level of consensus (based on low variability). Based on the 6-point rating scale used in Questionnaire 2, we adapted the guidelines described in Stone Fish and Busby (1996) for determining cutoffs to indicate high levels of agreement (i.e., median scores of 2 or below), high disagreement (median scores of 5 or above), and high consensus (a 25th to 75th percentile interquartile range of 1.25 or less). There were no items with high consensus and high disagreement. The items that met the criteria for demonstrating high levels of agreement and high consensus were presented to participants in Questionnaire 3. These items are presented, along with their median scores and 25th to 75th percentile interquartile ranges from Questionnaire 2 responses in Table 1.

Consolidation of Participant Feedback Through Questionnaire 3

As stated previously, Questionnaire 3 presented the items within each section that met the criteria for high agreement and high consensus, as well as the researchers' preliminary interpretations of the meaning of those items within that section. In reporting the results, we include the preliminary interpretations for which participants' feedback was sought. Then, we present a summary of the Questionnaire 3 respondents' feedback and integrate that feedback into some final interpretations of the themes and patterns that emerged in each section.

Access to research: Originally, there were 17 items in this section. Eleven items were retained because they demonstrated high agreement and consensus. The researchers' preliminary interpretations of these items as presented to participants in Questionnaire 3 were as follows: (a) DV coalitions do make efforts to consult research, such as through the National Online Resource Center on Violence Against Women (VAWnet); (b) However, access to useful research can be limited. Factors that contribute to limited access include the following: the high financial cost of research, the significant amount of time and energy it takes to locate research, people without

training in research might be turned off by academic language, and coalition staff members and service providers have demanding jobs that leave little time for reading research; and (c) Some potentially useful strategies for increasing coalitions' and service providers' access to research include the following: creating opportunities for more dialogue between researchers and advocates/service providers, offering online training about research methods and findings, and providing advocates/service providers with summaries of research that are written in understandable language and that highlight the most important findings.

Seven of the eight respondents to Questionnaire 3 reported that they were in general agreement (e.g., "High agreement. I agree with the above, you captured my responses well.") with the interpretations and believed that the interpretations were accurate (e.g., "Your interpretations seem to accurately reflect the high consensus/agreement items"). As one of these participants elaborated, "While we use research in a number of ways at the coalition it is very challenging to translate the research into 'lay person's' term and then into practical tools." The other respondent stated, "I think your first two 'potentially useful strategies' are okay, but are still somewhat problematic with regard to demanding jobs which leave little time (i.e., who is going to have time to dialogue w/ researchers and to participate in on-line trainings?)." Three participants suggested additional strategies that were not mentioned in the preliminary interpretations, and these included the following: (a) providing "domestic violence research articles at low or no cost to coalitions and DV programs"; (b) developing "on-line trainings that would include audio conferences, webinars, etc. formats that would allow for interaction between researchers and advocates/providers"; (c) providing "training on how to search for research and how to formulate research questions is needed in addition to training on specific study findings"; (d) consulting "with advocates/providers to help assure the language is understandable and highlighted findings are relevant" when "preparing summaries of research"; and (e) developing or improving "tools/mechanisms to help search for research in a more time-efficient manner."

Therefore, in integrating the feedback received on Questionnaire 3 with the preliminary interpretations, the final interpretation of this section is as follows:

1. DV coalitions do make efforts to consult research, such as through VAWnet.
2. However, access to useful research can be limited. Factors that contribute to limited access include the following: the high financial cost of research, the significant amount of time and energy it takes to locate research, people without training in research might be turned off by academic language, and coalition staff members and service providers have demanding jobs that leave little time for reading research.
3. Strategies used to increase coalitions' and service providers' access to research should account for the job demands (e.g., time constraints) faced by service providers. Some potentially useful strategies include the following: (a) developing improved mechanisms for providing coalitions and service providers with time-efficient and cost-efficient (i.e., affordable or free) access to research, (b) creating opportunities for more dialogue between researchers and advocates/service providers, (c) offering interactive online training about research methods and findings, including such information as formulating research questions and understanding specific study findings, and (d) developing researcher-advocate/service provider collaborations to write research summaries in understandable language that highlight the most important findings.

Practical application of research: Questionnaire 2 originally included 20 items in this section. There were 15 items for which the participants demonstrated high agreement and high consensus. The preliminary interpretations of these items were as follows:

1. Although the practical applications of research can be difficult to identify, members of the expert panel do believe that research can have practical applications, particularly in the following areas: by suggesting new approaches or potential modifications to current practices and by providing information about prospective client populations.
2. Challenges that might arise for researchers who wish to have their findings inform practice include the following: service providers might be likely to dismiss findings if they are not consistent with their own observations through their work and leaders of service and advocacy organizations might not “buy in” to the use of research findings, and therefore not be willing to implement them in their organizations.
3. Some potentially useful strategies for making research more applicable to practice include the following: funding sources should increase their support for researchers translating their findings to practical applications and researchers should consult with advocates/service providers from the earliest stages of their studies to make studies more oriented to practical issues.
4. Some DV topics have greater applicability to practice than other topics. Topics with practical applications might include the following: the effectiveness of preventive and advocacy-based interventions and the various components of the DV response system, including the following systems: workplace DV response programs, health care systems, and the child welfare system.

Again, seven of the eight panel members who completed Questionnaire 3 indicated that they agreed with the accuracy of the interpretations. Three of these participants elaborated on their responses. One made a point that she did not believe that the various components of the DV response system needed to be “broken out separately,” stating that “I would have agreed with almost any system that was provided as an option.” Another stated that she wanted to provide “reinforcement that new approaches and modifications to current practices is where I believe the best potential for practical application lies.” This same participant added some specific suggestions for the types of questions that researchers could ask of advocates, such as “where the knowledge gaps are; where research findings have seemed to conflict with advocates' observations; what the emerging issues/questions are; collaborating in shaping research questions, etc.” The third participant who elaborated on her agreement with the preliminary interpretations did provide a caveat that “it is not the nature or goal of research to necessarily guide the applications of research findings,” adding that in certain areas (e.g., “correlations between particular populations and those individuals' prior experiences with types of trauma”), “researchers perhaps should not necessarily be trying to provide more potential applications than they already do.” The participant who did not express outright agreement with the preliminary interpretations expressed the following concern:

I'm not sure I can put my finger on it, but the ‘Challenges’ text rubbed me the wrong way... . Why is it that service providers dismiss findings which are inconsistent with their observations? Maybe the way that bullet is currently phrased puts the onus strictly

on the “unreasonable-sounding” service providers? Might there not be more to this issue, such as the findings were interpreted incorrectly or in a different context that wasn't readily applicable to providers' settings? And again, why is it that leaders may not buy in to the use of research findings? ... I guess both of those statements, standing alone and as they're currently written, raise more questions and potentially do more harm (to the research/practitioner divide).

This panel member's recommendation, therefore, was to reword or provide additional context information about this particular statement.

Based on the respondents' feedback, the final conclusions based on this section are as follows:

1. Although the practical applications of research can be difficult to identify, members of the expert panel do believe that research can have practical applications, particularly by suggesting new approaches or potential modifications to current practices and potentially by providing information about prospective client populations.
2. When researchers wish to have their research findings inform practice, they should consider the potential perceptions of those findings among service providers and the leaders of service and advocacy organizations. In particular, researchers should consider the extent to which the findings will be consistent with the real-life observations made by service providers in their work, as well as the extent to which organizational leaders might “buy in” to the findings.
3. Some potentially useful strategies for making research more applicable to practice include the following: funding sources should increase their support for researchers translating their findings to practical applications and researchers should consult with advocates/service providers from the earliest stages of their studies to ensure that the research questions they are addressing are practically relevant and to make studies more oriented to practical issues.
4. Some DV topics have greater applicability to practice than other topics. Topics with practical applications might include the following: the effectiveness of preventive and advocacy-based interventions and the various components of the DV response system.

DV coalitions' needs and usage of research: Seventeen items were in this section originally. Participants demonstrated high agreement and consensus for 11 items. The preliminary interpretations of the retained items in this section were as follows: (a) Research is useful to DV coalitions in many ways, including the following: for gaining information about current issues related to DV, for informing training and outreach programs and materials, for informing legislative and policy initiatives, and for identifying new practices; (b) two specific roles coalitions can play related to research include helping community members interpret DV research findings and providing research-based resources to member programs; and (c) expert panel members noted that member programs vary in the extent to which they are interested in research.

All 8 participants who completed Questionnaire 3 indicated that they agreed with the accuracy of the preliminary interpretations. Four panel members provided additional information to supplement those preliminary interpretations. The points noted in that additional information included that the size of a coalition, its geographic region, or both could influence their needs

and usage related to research, that service provider agencies' (i.e., coalitions' member programs) levels of interest in research might actually reflect a lack of time or accessibility to research, and that research can serve additional purposes for coalitions, such as by helping to initiate new collaborations (e.g., “between DV and recovery services”) and for grant writing.

Therefore, the final conclusions based on this section are as follows:

1. Although the specific applications of research are likely to vary based on such factors as the size or geographic location of a coalition, research can be useful to DV coalitions in many ways, including the following: for gaining information about current issues related to DV, for informing training and outreach programs and materials, for informing legislative and policy initiatives, for identifying new practices, in writing grants, and for initiating new collaborations.
2. Two specific roles coalitions can play related to research include helping community members interpret DV research findings and providing research-based resources to member programs.
3. Expert panel members noted that member programs vary in the extent to which they are interested in research, although levels of perceived interest might actually reflect the amount of access to and time available for reviewing research.

Perceptions of research and researchers: This section originally included 20 items. High consensus and agreement were achieved for seven of these items. The preliminary interpretations of the retained items that were included on Questionnaire 3 were as follows: (a) Expert panel members believe that different types of research (e.g., small-scale qualitative studies and large-scale longitudinal studies) can be helpful to their work; (b) characteristics of research that can make it more helpful include the following: when it identifies and addresses gaps in the knowledge base about DV (one gap noted by expert panel members was a lack of research addressing service models that differ from the traditional approaches to serving survivors) and when it has been informed by advocates/service providers; and (c) characteristics of research that can make it unhelpful include the following: when it is clear that the researchers have an underlying agenda for their research and therefore misrepresent their findings and when the findings are not considered in the context of gender.

Six of the eight participants completing Questionnaire 3 indicated agreement with the researchers' preliminary interpretations, with two of these participants providing additional clarification. One clarification involved emphasizing that “the point that research that does not consider the context of gender is not helpful is an especially important one,” and the other clarification involved the importance of considering other contextual factors in research, such as ethnicity, culture, and geography. One of the remaining participants believed that, in the preliminary interpretations, “there is something missing.” This participant went on to say:

It is not just that researchers should consult providers when deciding what is needed in the field, they should also consult with providers to discuss possible unintended consequences and strategies to combat backlash. We use research in so many ways that are helpful, but inevitably there will be the backlash that providers have become

accustomed to. There are times when research topics sound wonderful in concept but have rather large ramifications for survivors and service providers.

The other remaining participant noted that there was a relatively high (i.e., as compared to the other sections) number of items in this section on which participants did not achieve a high level of agreement and consensus, and she encouraged the researchers to address the potential variations in experiences that this disagreement could reflect. In response to this participant's suggestion, we reviewed again the original items included in this section, with a particular eye toward possible explanations for the higher level of disagreement in this section. Most notably, 6 of the 13 items that were not retained assessed participants' specific attitudes toward DV researchers (e.g., "Most researchers have such an elitist and classist attitude that is a turn-off," "Some researchers understand domestic violence as a science, not as an advocacy movement," and "Research that is written by academics who are not engaged in direct service work is not helpful"). As such, we hypothesize that panel members' individual experiences with researchers likely had wide variation, and therefore there would be less consensus regarding perceptions of researchers based on whether those experiences were positive or negative.

In finalizing the interpretations of the responses in this section, therefore, we make the following conclusions:

1. Expert panel members believe that different types of research (e.g., small-scale qualitative studies and large-scale longitudinal studies) can be helpful to their work.
2. Research is helpful to practitioners when it identifies and addresses gaps in the knowledge base about DV (one gap noted by expert panel members was a lack of research addressing service models that differ from the traditional approaches to serving survivors).
3. Research also is most helpful to practitioners when it has been informed by advocates/service providers, including input regarding the potential backlash or negative consequences that could result from the findings.
4. Research is generally viewed as unhelpful when it is clear that the researchers have an underlying agenda for their research and therefore misrepresent their findings.
5. Research is particularly likely to be viewed as unhelpful when the findings are not considered in the context of gender and other relevant variables, such as ethnicity, culture, and geography.
6. DV coalition staff members likely have had varying individual experiences with researchers—some negative and some positive—and those experiences can influence how they perceive researchers.

Researcher-practitioner collaborations: Of the original 29 items included in this section, 11 items demonstrated high consensus and agreement. The following preliminary interpretations of these items were made: (a) Expert panel members aim to assist researchers in their work and are open to learning from researchers, such as by attending training sessions conducted by them; (b) generally, expert panel members' experiences with researchers have been positive and respectful; (c) researcher–practitioner collaborations are more likely to be positive experiences when the following occur: advocates/service providers are contacted in the early stages of the project and advocates/service providers are compensated for their time devoted to the project; and (d)

researcher–practitioner collaborations are more likely to be negative experiences when the following occur: the researchers have an underlying agenda for conducting their research, the researchers are not sensitive to the needs and safety concerns of victims, and inadequate attention is paid to confidentiality issues.

Seven of the eight respondents to Questionnaire 3 indicated agreement with the accuracy of the preliminary interpretations. Additional points made by three of these respondents included the importance of providing “compensation not only for advocates/service providers but certainly also for DV victims who may participate in focus groups or complete interviews or surveys,” the need for researchers to be open to input and consultation from advocates (i.e., not just contacting them), and the likelihood of a negative collaborative experience if researchers are not knowledgeable about DV. The other respondent again noted that there was a higher level of disagreement in this section, and therefore recommended that the interpretations needed “more qualifying statements.” This panel member noted in particular that some of the interpretations were “definitely NOT my experience. I think my responses to earlier surveys indicated almost universal negative and disrespectful experiences with researchers.” As with the previous section, we reviewed the 18 items not retained in this section. We noted that 15 of these 18 nonretained items assessed whether participants and their coalitions had had very specific types of collaborative interactions with researchers (e.g., “We have asked researchers to help us gather and synthesize information about specific issues,” “We have organized a group of researchers/scholars and service providers in our state to facilitate collaboration,” and “We have partnered on a research grant application with researchers”). Therefore, greater disagreement would have been expected on these items due to the variation in these experiences that is likely to exist among coalitions.

In light of participants' feedback, the final interpretations of this section were refined to the following:

1. Many expert panel members aim to assist researchers in their work, and many are open to learning from researchers, such as by attending training sessions conducted by them.
2. Generally, most expert panel members' experiences with researchers have been positive and respectful.
3. Researcher-practitioner collaborations are more likely to be positive experiences when the following occur: advocates/service providers are contacted in the early stages of the project, researchers are open to the input from advocates/service providers, and service providers and clients/participants are compensated for their time devoted to the project.
4. Researcher-practitioner collaborations are more likely to be negative experiences when the following occur: the researchers have an underlying agenda for conducting their research, the researchers are not sensitive to the needs and safety concerns of victims and/or are not knowledgeable about DV, and inadequate attention is paid to confidentiality.

The goals of DV research: Originally, this section included 21 items. All but 2 of these items, for a total of 19, demonstrated high consensus and agreement. The preliminary interpretation of these retained items began with the following statement, “There are many important goals for DV research. Three broad themes of these goals, with the specific goals within each theme, are

as follows.” The three broad themes identified within the preliminary interpretations were as follows:

1. Informing interventions and prevention (including to better understand what survivors need to heal, to provide evidence about what types of intervention are most effective, to increase service providers' knowledge of issues impacting DV [e.g., mental health and substance abuse services] and how best to provide services, to explore the relevance of services with underserved populations, to identify effective methods of holding batterers accountable, to understand how to prevent DV, to provide reliable data supporting the need for services for victims and their families that keep them safe from violence, to further our understanding of risk factors for DV so that we can develop effective interventions and prevention strategies, to improve the criminal justice response to DV, and to discover what new and existing strategies used by allied professionals are most effective in assisting victims of DV and holding perpetrators accountable).
2. Increasing understanding of the dynamics of DV (including to further our understanding of the complex interrelationship of trauma and other risk/resiliency factors [e.g., substance use, mental health concerns, parenting, economic realities, cultural influences, etc.] and to better understand men's perpetration of DV).
3. Addressing the broader DV movement and societal/contextual issues (including to dispute misperceptions, myths, rationalizations for oppressive policies, etc., regarding DV; to study awareness and community outreach campaigns around the country and tell us what works best in which communities; to discover ways to change societal norms that promote and condone violence; to find out how public attitudes about DV are shaped and how they can be reshaped, to expose biases, discrimination, and neglect in institutions utilized by victims such as the health care system, the legal system, housing, child protection services, and welfare; to help guide policy choices and funding priorities for responding to DV; and to explore the impact of lesbians in the movement).

Seven of the eight respondents to Questionnaire 3 indicated agreement with the categorization. Three of these respondents noted that it would be helpful to be able to prioritize these goals rather than simply listing them. Although one of these respondents did state, “I think there could be serious debate about that,” another one indicated that she believed that the category of informing interventions and prevention would be viewed as the higher priority among service providers. The eighth panel member stated that she was surprised “there was agreement about the last bullet (i.e., exploring the impact of lesbians in the movement) ... Frankly, I find it confusing ... I'm not sure what it means, it makes me suspicious about the agenda behind it, I worry about the implications and unintended consequences of this item, etc.” Overall, the feedback provided by participants in this section did not warrant any revisions to the preliminary interpretations, with the exception of adding a recommendation for future efforts to be made to achieve a greater understanding of the priorities within the goals of DV research, so the preliminary interpretations can be considered the final conclusions for this section, with the addition of that recommendation.

DISCUSSION

Limitations

As a Delphi methodology study, this study was subject to common limitations of this methodological approach, which include its reliance on subjective opinions, the arbitrary nature

of determining who will make up the final expert panel, and its relatively less rigorous methodological foundation as compared to other methods (Morrow-Howell et al., 2005). Two potential limitations relate to the composition of the expert panel. First, we were unable to secure participation from every DV coalition, and therefore the coalitions that participated might be different than those that did not. In particular, the coalition representatives who participated could hold more positive perceptions of research as compared to those who did not. Second, there was variation in the number of panel members who completed each questionnaire. Finally, although the procedures used to protect participants' confidentiality in this study ensured that participants' identities would not be linked to their individual responses, there still could have been some tendency toward responding in socially desirable ways due to their identities being known to the lead researcher.

Recommendations for Researchers and Organizations

We conclude with a series of recommendations based on the findings of this study for researchers and DV organizations. The findings of this study make clear that members of both groups can make efforts toward integrating research and practice in DV. Additional efforts can be made by community-level practitioners, although their role was not a focus of this study. Several of the recommendations we present are consistent with solutions that have been mentioned by other researchers, thereby indicating the importance of considering a multifaceted approach to integrating DV research and practice.

Recommendations for researchers: This study highlights the need for researchers to consider when they disseminate their findings the access that practitioners and practitioner-based organizations have to traditional research journals. Individual researchers might have a limited ability to create the funding needed to overcome the cost issues that limit access to research. However, researchers can help to make their research findings more accessible by presenting them to service providers in more time-effective formats, particularly by using language that is understandable to practitioners and making clear the practical implications of their findings (Hamberger, 2001; Kilpatrick et al., 2001). Researchers might find it useful to work with practitioners in identifying and describing the practical implications of their research.

Whenever possible, researchers are encouraged to conduct research that is likely to hold practical relevance. One way to increase the likelihood that a study will be relevant to practice is to consult with service providers early in the planning stages of a study (Hamberger, 2001; Kilpatrick et al., 2001; Murray & Welch, in press). The expert panel members in this study also emphasized the importance of researchers being open to the feedback that service providers provide. The findings of this study indicate that community and state-level DV organizations can help researchers make important connections with service providers. Therefore, researchers should contact the organizations in their area, in particular to seek their input regarding the most relevant local and regional research needs and to identify roles that these organizations can play in helping researchers to connect their work to practice. In addition, in light of panel members' comments about the need to prioritize the various potential goals of DV research, we recommend additional scholarship efforts in this area.

The findings of this study indicate that service providers and related organizations have likely had varying experiences in their interactions with DV researchers. Although most panel

members reported generally positive experiences with researchers, researchers should be cautious to avoid approaching service providers with research agendas that are likely to be viewed as unhelpful, such as those that lack consideration for victim safety, confidentiality issues, and the context of gender. We echo the recommendations of previous scholars (Campbell et al., 1999; NVAWPRC, 2001) that researcher-practitioner collaborations should be entered into with full respect for the expertise that practitioners can provide. The findings of this study also suggest that, if practitioners or practitioner-focused organizations have had negative prior experiences with researchers, extra efforts might be required to overcome the mistrust that might have resulted from these experiences. On a related note, a point was raised that service providers are concerned about the underlying agendas of the researchers who wish to work with them. Therefore, researchers are encouraged to be clear about the motives and intentions of their work, as well as to seek input from practitioners when interpreting potentially controversial findings (Mouradian et al., 2001).

Recommendations for DV organizations: To our knowledge, this study was the first to examine specifically the role of state-level DV organizations as intermediaries in linking research and practice. Only one type of organization (i.e., state-level coalitions) was included in this study, and therefore additional efforts are needed to understand the role of other types of organizations, such as national advocacy groups, research organizations, and funding agencies.

One of the most apparent needs that organizations might best be poised to address is to work to develop mechanisms to help practitioners (and, often, the organizations themselves) gain access to relevant research. Several panel members noted the extreme costs typically associated with subscriptions to the journals in which research is typically published. This issue is likely one that would be too large for any one state-level organization to address on its own. Therefore, funding organizations and national practitioner- and researcher-oriented organizations should make meeting this need a priority. Beyond merely gaining access to research publications, issues of time constraints and job demands create an additional need for findings to be made available to service providers that are in a language that they can understand and that highlight the implications for practice. One possible strategy for addressing this need is to create working groups of researchers and practitioners that collaborate to review existing research and identify the meaningful applications to practice.

Another role that DV organizations can play is to build connections between researchers and practitioners. In particular, practitioners and practitioner-related organizations can make active efforts to inform researchers of practice-related research needs, as well as to continue to inform researchers about the demands faced by service providers in their work. In recognition of the various roles that organizations might play with respect to research (e.g., serving as a resource for the community regarding DV research findings, compiling and delivering research-based training materials, and developing research-informed legislative initiatives), we recommend that DV organizations assess their existing strengths and limitations in terms of fulfilling all of these functions, and subsequently working to build their capacities in the areas in which limitations are identified.

The findings illuminate the important function that DV organizations often play in facilitating researcher-practitioner collaborations. As noted previously, collaborations are becoming more

common in the DV field (Campbell et al., 1999; Edleson & Bible, 2001; Gondolf et al., 1997). We encourage organizations to consider additional strategies for increasing the likelihood that they will be successful. For example, organizations might serve in a screening capacity, such as by inquiring about researchers' motives before connecting them with service providers, to help determine appropriate collaboration participants. Once collaborations have been established, organizational representatives can further contribute to their success by advocating for equitable compensation for practitioner and client study participants, as well as by advocating for increased attention to safety issues (Gondolf et al., 1997). Another area in which DV organizations can take a proactive role involves working to identify lists of research priorities that can be used to inform individual researchers, other organizations, and funding agencies. In this way, organizations can take a proactive role in helping to inform a body of research about DV that can help to further their work toward organizational priorities.

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Table 1:

TABLE 1 Medians and 25th to 75th Percentile Interquartile Ranges (IQR) of Retained Items From Questionnaire 2 to Questionnaire 3		
Item	Median	25th–75th %ile IQR
Part A: Access to research		
Useful research exists, but it needs to be more accessible.	2	1
The financial cost of academic journals needs to be made accessible.	1	0
We have made efforts to gain access to research journals.	2	0
We use the research available through VAWnet.	2	1
It is helpful when research is disseminated in a way that highlights the important findings.	1	0
Locating research can be cumbersome.	2	1
We need to create more forums where researchers and advocates/service providers can get together and dialogue.	1	1
On-line trainings would be useful for getting information out about research and applications of research.	2	1
Executive summaries, presented in “layperson's terms” should be included in all articles that are meant for service provider consumption.	1	0
Many advocates do not come from an academic background, and they may feel intimidated by the academic language and style of writing that much of the research is in.	2	0
Practitioners have overwhelming job responsibilities and not enough time for reading research.	1	0
Part B: Practical application of research		
Our coalition is interested in utilizing research to inform practice.	1	0
Research can help advocates refine the way they work.	2	0
Research is underutilized because practical applications are unclear or the research does not provide enough information/evidence to move forward with practical applications.	2	1
When information discovered through research does not match service providers' reality, service providers dismiss the research.	2	1
In research, the useful (i.e., “what does this mean to me?”; “what do I do with this?”; “how do I apply this to my work?”) information isn't readily found.	2	1
Funding sources should support researchers in making connections to practice.	1	1
Research should be informed at the very beginning by the DV community (e.g., victims and advocates), based on what they would find useful.	1	1
Organizational leadership needs to “buy in” to the ideas in research for them to be implemented into practice settings.	2	1
Research that demonstrates the effectiveness of advocacy-based interventions is valuable.	1	0
Research about the effectiveness of prevention strategies is helpful.	1	0
Research that helps us inform various systems that come in contact with victims is helpful.	1	1
Research examining DV in relation to the child welfare system is helpful.	1	1
Research looking at the workplace response to DV is helpful.	1	1

Research examining DV responses within health care systems is helpful.	2	1
Research clues coalitions and service providers in to information about the experiences of victims who do not seek services from DV service provider agencies.	2	1
Part C: DV coalitions' needs and usage of research		
Research is relevant to our work.	1	1
We use research to inform and understand issues that are happening in the field.	2	1
We serve as a resource for the community regarding research findings about DV.	2	1
We look to research when developing our trainings and training materials.	2	1
We use research in developing outreach materials (e.g., fact sheets and position papers).	2	1
We are most likely to use research to identify new practices.	2	1
Our coalition staff members use research to develop legislative and policy initiatives	2	1
Once we have identified priority areas for our coalition, we use the academic literature to cite statistical evidence to support the topic.	2	1
We provide research-based resources to programs, advocates, and/or students through a "lending library."	1	1
Our member programs vary in the extent to which they are interested in research-informed practices.	1.5	1
Keeping our advocates in touch with research helps them to be more in tune with the clients they serve.	2	1
Part D: Perceptions of research and researchers		
Research is helpful in figuring out what we know, don't know, and need to know about DV.	1	1
Small-scale qualitative studies about DV are helpful.	2	0.25
Large-scale longitudinal research studies about DV are helpful.	1.5	1
It is helpful when advocates are consulted by researchers determining what needs to be researched.	1	1
Evidence of the effectiveness of models for serving survivors in ways that are different from the original model (i.e., court advocacy and shelter) is lacking.	2	1
Research is not helpful when it has an underlying agenda that is not about representing the truth (e.g., skewed data, inappropriate sampling and methods, inaccurate definitions, incomplete representations of conclusions).	1	0.25
Research that ignores the role that gender disparities play in DV is not helpful.	2	1
Part E: Researcher-practitioner collaborations		
We assist researchers whenever possible.	2	1
I have personally attended workshops or training sessions conducted by DV researchers.	1	0
My experiences with researchers have been positive.	2	0.25
Researchers seem to respect our coalition and the input we provide.	2	1
We believe that the researchers we work with have a genuine and sustained commitment to our work.	1.5	1
Working with researchers is negative if they have an agenda they are seeking to promote through their research.	2	1
Working with researchers is negative when they want to study victims but do not have familiarity with battered women or sensitivity for their safety needs even in information collection.	1	1
We do not work with researchers who we think are conducting shoddy research or whose research methods compromise survivors' confidentiality.	1	0

Working with researchers is negative when confidentiality concerns are not addressed.	1	0.25
Working with researchers is positive when researchers contacted us at the early stage of the project.	21	1
Coalitions and DV agencies are not able to devote staff time to a research project without proper compensation.	1.5	1
Part F: The goals of DV research (The goal of DV research should be ...)		
to better understand what survivors need to heal.	1	1
to further our understanding of the complex interrelationship of trauma and other risk/resiliency factors (substance use, mental health concerns, parenting, economic realities, cultural influences, etc.).	1	1
to dispute misperceptions, myths, rationalizations for oppressive policies, etc., regarding DV.	1	1
to provide evidence about what types of intervention are most effective.	1	1
to increase service providers' knowledge of issues impacting DV (e.g., mental health and substance abuse services) and how best to provide services.	1	0.25
to better understand men's perpetration of DV	1	1
to explore the relevance of services with underserved populations.	1	0.25
to identify effective methods of holding batterers accountable.	1	0
to understand how to prevent DV.	1	0
to study awareness and community outreach campaigns around the country and tell us what works best in which communities.	1	1
to discover ways to change societal norms that promote and condone violence.	1	0
to provide reliable data supporting the need for services for victims and their families that keep them safe from violence.	1	0
to further our understanding of risk factors for DV so that we can develop effective interventions and prevention strategies.	1	1
to find out how public attitudes about DV are shaped, and how they can be reshaped.	1	1
to improve the criminal justice response to DV.	1	1
to expose biases, discrimination, and neglect in institutions utilized by victims such as the health care system, the legal system, housing, child protection services, and welfare.	1	1.25
to discover what new and existing strategies used by allied professionals are most effective in assisting victims of DV and holding perpetrators accountable.	1	0
to help guide policy choices and funding priorities for responding to DV.	1	0.25
exploring the impact of lesbians in the movement.	2	1

Note: Median scores and 25th to 75th percentile interquartile ranges are based on the 6-point scale (1 = *strongly agree*; 6 = *strongly disagree*) on which items were rated by participants on Questionnaire 2.