

Preliminary Construction of a Service Provider—Informed Domestic Violence Research Agenda

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Abstract:

This article presents the results of a statewide survey of domestic violence (DV) service providers that focused on the needs, background characteristics, and opinions of service providers related to research. The survey included an examination of service providers' motivation for working in the field, research background and training, and perceptions of research as well as the topics they believe are important for researchers to study, the resources they consult to learn about DV, and their suggestions to help researchers learn more about the nature of their work. The results are integrated into a preliminary agenda for future DV research that accounts for the needs and insight of service providers.

Keywords: domestic violence research | service providers | research-practice gap

Article:

With their extensive and frequent interactions with individuals and families affected by domestic violence (DV), service providers—defined here 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—on the front lines of the DV movement can offer researchers valuable input toward the planning and implementation of research. However, the DV field demonstrates a history of limited communication and, at times, contention and resentment between many researchers and service providers (Edleson & Bible, 2001; Hamberger, 2001; Levin, 1999). Recent shifts in funding priorities and programmatic efforts have begun to stimulate or require increased researcher–practitioner collaborations (Edleson & Bible, 2001; Gondolf, Yllö, & Campbell, 1997). Although these efforts have the potential to stimulate advances in understanding, treating, and preventing DV, they can be hindered if researchers and service providers hold a limited understanding of each other, including their unique needs, work contexts, and background characteristics. This study aims to inform

researchers about DV service providers' background experiences, needs, and opinions related to research.

Gaps between research and practice are common in applied social sciences (Murray, 2009), meaning that much existing research in an area is not used by practitioners. According to Murray, these gaps may result from practitioners dismissing research findings, researchers not accounting for the complexity of real-life situations, differences in training and philosophy, and a lack of communication. A gap between research and practice has been identified in the area of DV (Edleson & Bible, 2001; Hamberger, 2001; Kilpatrick, Resick, & Williams, 2001; National Violence Against Women Prevention Research Center, 2001). Although similar to research–practice gaps in other areas, the gap between DV research and service delivery appears to have been exacerbated by tensions between researchers and service providers (Edleson & Bible, 2001; Hamel, 2007; Hamberger, 2001; Kilpatrick et al., 2001; Levin, 1999; Williams, 2004).

Certainly, cases of successful researcher–practitioner collaborations can be found (e.g., Gilfus et al., 1999), and some members of the field ascribe to a scientist–practitioner model (e.g., Abrahamson, 1992). However, the existing literature reveals dynamics that contribute to tension between the groups. First, some researchers view service providers as unreceptive to research findings that are contrary to their ideological beliefs (e.g., Hamel, 2007). Second, practitioners may view researchers as insensitive to the traumatic experiences of victims, inadequately concerned about safety, and overly reliant on abstract language that does not translate to the reality of the problems they face (Gondolf et al., 1997). As Hamberger (2001) stated, “Researchers are frequently viewed with some suspicion by some advocates, who may view researchers as being more interested in ivory-tower, esoteric issues than issues that impact real-life concerns of victims and advocates” (p. 281). These dynamics can contribute to control and trust issues (Edleson & Bible, 2001).

As noted previously, external forces such as funding and programmatic needs have prompted an increased need for collaboration between researchers and service providers (Edleson & Bible, 2001; Gondolf et al., 1997). Furthermore, many researchers and practitioners value further integration of science and practice (Kilpatrick et al., 2001). Previously, scholars have proposed the following recommendations for enhanced partnerships between researchers and service providers: (a) Opportunities should be created for more communication between researchers and practitioners (Edleson & Bible, 2001); (b) researchers should acknowledge the unique research culture and its impact on the collaborative process (Gondolf et al., 1997); (c) the input of practitioners should be sought in the earliest stages of research (Hamberger, 2001); (d) researchers should understand and value the knowledge, experiences, and work contexts of service providers (Kilpatrick et al., 2001); and (e) power dynamics should be addressed in collaborations (Williams, 2004). According to Williams (2004), “There is considerable effort needed on the part of individual researchers and individual practitioners to work through the tensions arising between these groups” (p. 1355). The current study aims to advance these efforts by providing researchers with background information about the needs, experiences, and opinions of service providers related to DV research.

Method

The research questions guiding this study were as follows: (a) What are DV service providers' needs and background characteristics related to research? (b) Which topics related to DV do service providers believe are most and least important to study? (c) What resources do service providers consult to learn about DV? and (d) What suggestions do service providers offer to help researchers gain a greater understanding of their work? To answer these questions, a statewide survey of DV service providers in a southeastern state was conducted. This study was part of a larger study examining the application of diffusion of innovations theory (Rogers, 2003) to the dissemination of DV research findings to service providers. The results of the other component of this study are presented elsewhere (Murray & Welch, 2009).

Instrumentation

A new survey instrument, the Domestic Violence Service Provider Survey (DVSPS), was created for this study. The survey was grounded theoretically in diffusion of innovation theory (Rogers, 2003) and practically in the tailored design method (Dillman, 2007). The survey was developed based on a review of existing literature on diffusion of innovation theory (i.e., characteristics related to innovation dissemination) and the DV research and scholarship summarized in the literature review. Prior to data collection, feedback about the survey was sought from four graduate students with experience working in DV service organizations and a research methodologist to further strengthen the instrument. The suggestions of these reviewers were incorporated into the final version of the instrument, which is available by contacting the first author. In referring to the term *research*, participants were provided with the following definition: "Research means studies that use data collected from human participants to provide information about the dynamics of DV and the effectiveness of DV prevention and intervention strategies." The DVSPS assessed participants along the following variables.

Service providers' background characteristics related to research usage. The DVSPS assessed the following: (a) *Motivation for working in the DV field:* Service providers' motivation for working in the DV field is an important component of the context in which they approach their work; therefore, the DVSPS included an open-ended question about this characteristic; (b) *Research background and training:* Questions in this section addressed participants' prior research training and their familiarity with common statistical analyses used in DV research; and (c) *The bases for practice decision making:* Participants were asked to rank-order (1 = *most influential*, 2 = *2nd-most influential*, . . . 9 = *least influential*) a list of nine possible influences on the decisions they make about how they work with clients. These influences are presented in the Results section. This list was developed based on information gathered through the review of the literature as well as the clinical experiences of the first author.

The perceived importance of DV research topics. Participants were asked to rank DV research topics according to the degree to which they believed the topics are important to study. The topic list was developed through a comprehensive search of DV-related research topics in scholarly databases (e.g., Academic Search Premier, CINAHL, PsychINFO, PubMed, Social Services Abstracts, Social Work Abstracts, and SocIndex). These databases were searched until topic saturation occurred (i.e., no new related topics were located). A total of 57 topics were identified and then grouped by the researchers into six categories: (a) interventions to treat and prevent DV (11 items), (b) causes and consequences of DV (5 items), (c) DV in specific populations (10

items), (d) dynamics of DV (12 items), (e) characteristics of individuals and families affected by DV (12 items), and (f) characteristics of professionals working in the DV field and other relevant groups (7 items). First, participants ranked the categories according to which ones they believe are important for researchers to study (1 = *most important*, 2 = *2nd-most important* . . . 6 = *6th-most important*). Then, participants ranked each of the topics within the above categories in order of importance. The range of possible responses within each topic category corresponded to the number of specific topics within that category. Table 1 presents the categories and topics.

Service providers' resources for information about DV. To identify strategies for researchers to communicate their relevant findings to service providers, participants were asked to report the resources they consult to learn about DV.

Service providers' suggestions to researchers for learning more about their work. An open-ended question asked participants for suggestions about how researchers can understand more fully the nature of their work. This question and the question about motivation were analyzed using content analysis procedures (Stemler, 2001). Both authors first worked independently to review participants' responses to identify themes. The themes were then developed into codes that the authors applied to the responses. The authors then met to discuss their coding decisions. At this meeting, the coding system was refined to streamline the codes (i.e., through coding, it became apparent that some of the original codes overlapped). Therefore, the remainder of this meeting involved working collaboratively to apply the refined codes to the participant statements. Therefore, due to this iterative, collaborative coding process, interrater reliability was unable to be calculated, and the resulting themes, descriptions, and coded statements should be considered consensus decisions. Readers should note that certain responses may have reflected more than one theme. When this occurred, the statement was counted in the frequency analysis according to the researchers' consensus decision as to which theme the statement best reflected. Descriptions of the themes that emerged, the frequencies of each theme, and illustrative quotations are presented below.

Sample Recruitment and Data-Collection Procedures

Cross-sectional survey methodology was used for this study. The target population was DV service providers in a southeastern state. We aimed to include a sample that represented the wide range of professional backgrounds of service providers. Participants were recruited through various agencies serving clients affected by DV throughout the state. Agencies were identified through the online databases hosted by the state's two major DV-related groups: the Coalition Against Domestic Violence (primarily for services for DV victims) and the Council for Women and Domestic Violence Commission (primarily for services for DV perpetrators). Several agencies were included in both of these databases, indicating that they provided both types of services. Each unique agency was entered into a list that combined all three types of agencies (i.e., victim services only, perpetrator services only, and both types of services). Of the 135 unique agencies included on this list, random selection was used to identify 63 agencies to include in the sample recruitment strategy. This number of agencies was selected in order based on the amount of financial resources available for this study to be used for postage costs. A number of agencies that were contacted in the process of identifying this final list of 63 agencies to include in the sample either declined participation ($n = 9$) or were unable to be contacted using

the information provided in the database ($n = 44$). Agencies whose contact persons could not be reached or declined participation were replaced using random selection until the target sample size was achieved.

Once the sample of agencies was selected, a designated person (typically a program director/supervisor) was contacted by the research assistant to determine the number of paid staff members who provide service to clients, which was used to determine the number of surveys to be sent via postal mail to each agency. The designated contact person at each agency was asked to distribute the survey packets to each service provider in the agency. The survey packets included a stamped return envelope so that participants could return their completed surveys directly to the researchers (i.e., the completed surveys did not need to go through the agency contact person). These steps were taken to ensure the anonymity of participants' responses. In an effort to increase the response rate, follow-up postcards were mailed to the contact persons to request that they remind the service providers to respond to the survey. As an incentive, a donation in the amount of US\$1 was made for each completed survey to the state Coalition Against Domestic Violence. A total of 540 surveys were sent. The number of surveys sent to each agency ranged from 1 to 30, with an average of 8.6 ($SD = 5.3$) service providers per agency. Due to the anonymous nature of the survey, it was not possible to determine how many services providers from each agency, or each type of agency, actually participated.

Table 1. Percentage of Service Providers' Ranking Categories and Topics as Most Important to Study and Median Rankings of DV Research Topics

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1. Interventions to treat and prevent DV (56.0%, Mdn = 1.0)
 - a. Interventions to prevent DV targeting children and adolescents (22.4%, Mdn = 3.0)
 - b. Interventions to treat DV survivors (20.7%, Mdn = 3.0)
 - c. Interventions to treat DV offenders (15.5%, Mdn = 5.0)
 - d. The law enforcement response to DV (8.6%, Mdn = 4.0)
 - e. The effectiveness of coordinated community responses to DV (8.6%, Mdn = 6.0)
 - f. Interventions to prevent DV targeting adults (7.8%, Mdn = 5.0)
 - g. The effectiveness of protective/restraining orders (4.3%, Mdn = 6.0)
 - h. The effectiveness of DV hotline services (4.3%, Mdn = 8.0)
 - i. DV screening in healthcare settings (3.4%, Mdn = 8.0)
 - j. DV assessment and screening instruments (2.6%, Mdn = 8.0)
 - k. The appropriateness and effectiveness of couple therapy (2.6%, Mdn = 10.0)
 2. The dynamics of DV (20.7%, Mdn = 3.0)
 - a. Emotional and psychological abuse within DV (18.1%, Mdn = 4.0)
 - b. The reasons victims stay in abusive relationships (12.9%, Mdn = 5.0)
 - c. Power and control dynamics (12.9%, Mdn = 6.0)
 - d. Sexual violence within DV (10.3%, Mdn = 5.0)
 - e. Physical violence within DV (9.5%, Mdn = 5.0)
 - f. DV fatalities (9.5%, Mdn = 7.5)
 - g. DV and religion (6.9%, Mdn = 8.0)
 - h. Gender role expectations and DV (6.0%, Mdn = 8.0)
 - i. DV and substance abuse (3.4%, Mdn = 7.0)
 - j. The incidence and prevalence of DV (2.6%, Mdn = 7.0)
 - k. Stalking (1.7%, Mdn = 8.0)
 - l. DV and animal abuse (1.7%, Mdn = 10.0)
 3. The causes and consequences of DV (9.5%, Mdn = 3.0)
 - a. Risk factors for DV (48.3%, Mdn = 1.0)
 - b. PTSD from DV (19.8%, Mdn = 3.0)
 - c. The mental health consequences of DV (15.5%, Mdn = 2.0)
 - d. The physical health consequences of DV (10.3%, Mdn = 3.0)
 - e. The economic consequences of DV (7.8%, Mdn = 4.0)
 4. Characteristics of individuals and families affected by DV (7.8%, Mdn = 3.0)
 - a. The effects of DV on children (44.0%, Mdn = 2.0)
 - b. The long-term emotional effects of DV on adult survivors (12.1%, Mdn = 3.0)
 - c. Family patterns of DV across generations (7.8%, Mdn = 4.0)
 - d. Characteristics of DV victims/survivors (6.0%, Mdn = 5.0)
 - e. Coping strategies used by DV survivors (3.4%, Mdn = 5.0)
 - f. Childhood experiences of DV perpetrators (3.4%, Mdn = 7.0)
 - g. Different types of batterers (3.4%, Mdn = 8.0)
 - h. DV and parenting effectiveness (2.6%, Mdn = 8.0)
 - i. Characteristics of male DV perpetrators (2.6%, Mdn = 9.0)
 - j. DV and marital satisfaction (1.7%, Mdn = 10.5)

Table 1. (continued)

k. Help-seeking behaviors among DV survivors (0.9%, Mdn = 7.0)
l. Characteristics of female DV perpetrators (0.9%, Mdn = 9.0)
5. DV in specific populations (4.3%, Mdn = 5.0)
a. DV in rural communities (25.9%, Mdn = 4.0)
b. Teenage dating violence (25.0%, Mdn = 3.0)
c. Pregnant women who experience DV (23.3%, Mdn = 3.0)
d. DV in immigrant populations (8.6%, Mdn = 5.0)
e. DV within ethnic minority populations (6.9%, Mdn = 5.0)
f. DV among elderly people (6.0%, Mdn = 5.0)
g. College student dating violence (3.4%, Mdn = 4.0)
h. DV in lesbian relationships (3.4%, Mdn = 8.0)
i. DV in workplace settings (2.6%, Mdn = 8.0)
j. DV in gay male relationships (1.7%, Mdn = 8.0)
6. Characteristics of professionals working in the DV field and other relevant groups (2.6%, Mdn = 6.0)
a. Awareness of DV among the general population (31.0%, Mdn = 3.0)
b. Police officers' attitudes toward DV (29.3%, Mdn = 2.0)
c. Burnout among professionals who work with DV issues (19.8%, Mdn = 5.0)
d. Politicians' attitudes toward DV (9.5%, Mdn = 4.0)
e. Religious leaders' attitudes toward DV (e.g., clergy; 5.2%, Mdn = 4.0)
f. Mental health professionals' attitudes toward DV (4.3%, Mdn = 5.0)
g. Physicians' attitudes toward DV (1.7%, Mdn = 5.0)

Notes: DV = domestic violence; PTSD = posttraumatic stress disorder. Six participants misread the instructions in this section, and these participants' responses were not included in this analysis. The percentage following each item denotes the percentage of participants ranking each item as most important to study (i.e., a response of "a") and the overall median rankings are also presented. Categories of topics (numbered in Arabic numerals) and topics in each category are listed in order of importance (highest to lowest) as rated by participants, based on percentage indicating that the topic was the most important topic to study. The range of possible responses within each topic category corresponded to the number of specific topics within that category (e.g., for the "Interventions to treat and prevent DV" category, participants could rank items between "a," most important, and "k," least important).

Results

Description of the Sample

The sample included 123 participants, for a response rate of 22.7%. One respondent was not included in the data analyses because she indicated that she was a receptionist. The average age was 42.5 years ($SD = 12.92$). Most were female ($n = 110$; 90.2%) and worked full-time ($n = 98$; 80.3%). Participants represented various professional affiliations: advocates ($n = 46$; 37.7%); shelter staff members ($n = 27$; 22.1%); other ($n = 18$; 14.7%); professional counselors ($n = 15$; 12.3%); and social workers ($n = 12$; 9.8%). Participants were from rural ($n = 79$; 64.8%), urban ($n = 26$; 21.3%), and suburban ($n = 8$; 6.6%) communities. Participants had been in their current positions for an average of 4.7 years ($SD = 4.95$).

Service Providers' Background Characteristics Related to Research Usage

Motivation for working in the DV field. Participants' responses to this question fell into five categories. The first category was *commitment to the topic* ($n = 46$), and this was defined as respondents indicating that they are passionate about and committed to working to end DV. An example of such a statement is as follows: "By eradicating DV, we take a step for women's

equality. Also, I believe that it takes someone who is willing to be nonjudgmental and really tries to understand the barriers to leaving to work with clients.” The second category, *desire to help* ($n = 33$), was defined as respondents indicating that they are committed to working in DV agencies to assist victims of DV. For example, one participant replied, “I want to help the victims of DV to understand that what happened to them is not their fault and give them options to help them.” The third category was *personal experience* ($n = 21$), in which the respondents indicated that they wanted to work in the field because they self-identified as being a survivor or witness of DV. One example in this category was, “I was a previous victim of DV and want to help people overcome their obstacles with being and staying a victim of DV.” The fourth category was *personal fulfillment* ($n = 12$), that is, participants indicating that they found purpose and enjoyment in working with clients and in the field of DV. An example is as follows: “I enjoy clients and trying to make a difference in someone’s life who feels no one cares—we do!” Finally, eight participants indicated that they work in the DV field for *practical matters*, that is, working to gain more experience and/or to secure income. For example, one participant said, “I wanted to gain direct service experience with clients.”

Training in research and familiarity with statistical procedures. Participants had received the following types of training in research: continuing education experiences (e.g., conferences or trainings; $n = 65$, 53.3%); informal, self-directed reading ($n = 40$, 32.8%); undergraduate ($n = 42$, 34.4%) and/or graduate ($n = 33$, 27.0%) research methods courses; and undergraduate ($n = 24$, 19.7%) or graduate ($n = 12$, 9.8%) courses in which research methods were covered but were not the primary focus of the courses. Participants’ reported levels of familiarity with statistical procedures are depicted in Table 2. The results demonstrate a trend for participants to be more familiar with basic, descriptive statistics (e.g., mean, median, and standard deviation) but less familiar with inferential statistics (e.g., ANOVA, chi-square, and structural equation modeling).

Table 2. Participants’ Self-Reported Levels of Familiarity With Statistical Terms

	Not at all Familiar	Somewhat Familiar	Very Familiar
Mean	$n = 11$ (9.0%)	$n = 33$ (27.0%)	$n = 68$ (55.7%)
Median	$n = 7$ (5.7%)	$n = 37$ (30.3%)	$n = 68$ (55.7%)
Mode	$n = 16$ (13.1%)	$n = 33$ (27.0%)	$n = 63$ (51.6%)
Standard deviation	$n = 21$ (17.2%)	$n = 37$ (30.3%)	$n = 54$ (44.3%)
Factorial ANOVA	$n = 76$ (62.3%)	$n = 20$ (16.4%)	$n = 10$ (8.2%)
Repeated measures ANOVA	$n = 74$ (60.7%)	$n = 23$ (18.9%)	$n = 10$ (8.2%)
Chi-square	$n = 65$ (53.3%)	$n = 29$ (23.8%)	$n = 15$ (12.3%)
t tests	$n = 60$ (49.2%)	$n = 24$ (19.7%)	$n = 26$ (21.3%)
Structural equation modeling	$n = 79$ (64.8%)	$n = 22$ (18.0%)	$n = 5$ (4.1%)
Factor analysis	$n = 51$ (41.8%)	$n = 44$ (36.1%)	$n = 12$ (9.8%)

Note: Participants were provided with the following definition of familiarity: “By familiarity, we mean that you understand what this procedure is and could interpret research findings based on the procedure.” Percentages do not add up to 100% because some data were missing for these items, and percentages represent proportion of the total sample.

The bases for practice decision making. Participants ranked nine influences on the decisions they make about their work with clients. From most to least influential (based on the percentage of participants ranking each item as most influential, with overall median rankings also presented), the rankings were as follows: (1) formal policies and procedures mandated by the organization in which you work (25.9%; Mdn = 4.0); (2) your intuition about what will work with each particular client (15.5%; Mdn = 4.0); (3) previous professional experiences (i.e., what worked

before with other clients; 15.5%; Mdn = 3.0); (4) directions or instructions from your immediate supervisor (11.2%; Mdn = 4.0); (5) your own personal experiences (10.3%; Mdn = 5.0); (6) continuing education experiences (e.g., conferences or trainings you attended; 9.5%; Mdn = 4.0); (7) informal conversations with your colleagues about what has and has not worked for them in their work with clients (6.9%; Mdn = 4.0); (8) prior formal educational experiences (e.g., courses you took in college or graduate school; 5.2%; Mdn = 6.0); and (9) research studies published in peer-reviewed journals (4.3%; Mdn = 8.0).

The Perceived Importance of DV Research Topics

Table 1 presents the categories of research topics as well as the specific topics within each category, rank-ordered according to the means of the participants' ranking scores. As indicated in the table, the category of topics that participants rated as most important was "interventions to treat and prevent DV," followed by "the dynamics of DV," "the causes and consequences of DV," "characteristics of individuals and families affected by DV," "DV in specific populations," and "characteristics of professionals working in the DV field and other relevant groups." Within each category, specific topics were rank-ordered based on the number of topics listed within each category. Space limitations preclude a detailed description of each ranking; therefore, trends noted in these rankings will be discussed further in the Discussion section.

Service Providers' Resources for Information About DV

The survey asked respondents to indicate the types of publications they read and conferences and training workshops they attended in the past year. The type of publication listed by the most participants ($n = 63$, 51.6%) was organizational newsletters, and the most commonly mentioned newsletters included the state Coalition Against Domestic Violence ($n = 28$) and the state Coalition Against Sexual Assault ($n = 6$). Forty-nine (40.2%) participants indicated that they read books to learn more about DV. The most common book titles listed are as follows: Bancroft's (2003) *Why Does He Do That* (a self-help book by an author with experience working with male DV perpetrators; $n = 9$), Quindlen's (2000) *Black and Blue* (a fictional novel; $n = 4$), and Mowery's (2007) *Tragedy in Tin Can Holler* (a true-life crime story; $n = 3$). Forty participants (32.8%) reported reading academic journals. Among those who specified which journals they read, the most common journals mentioned included *Violence Against Women* ($n = 7$) and the *Journal of Interpersonal Violence* ($n = 4$). Other journals mentioned included *Journal of Counseling and Development*, *Journal of Elder Abuse and Neglect*, *Journal of Creativity in Mental Health*, *American Journal of Psychology*, and *Trauma, Violence, and Abuse*. This indicates that participants who consulted academic journals varied in the extent to which they read journals that are likely to regularly devote space to the topic of DV. Twenty-eight participants (23.0%) provided additional types of resources in an "other" category, including Web sites, agency pamphlets, coworker emails, educational videos, and popular magazines. The conferences and training workshops that participants attended within the past year included conferences sponsored by the following organizations: the state Coalition Against Domestic Violence ($n = 26$), Area Health Education Centers (AHEC; $n = 8$), and the District Attorney's Office ($n = 6$).

Service Providers' Suggestions to Researchers for Learning More About Their Work

Five themes emerged in these responses. The first theme was *hands-on experience with victims* ($n = 42$). These responses included the opinion of practitioners that researchers need to be, in essence, “in the trenches,” working in person with clients. One respondent wrote that researchers could “deal with victims of domestic violence face to face to see, hear, and feel these people’s emotions and fears.” The second theme was *vicarious learning experiences* ($n = 29$), which reflected opinions that researchers should shadow workers, volunteer, or observe groups. One respondent wrote that researchers should “spend time with a DV agency and shadow a practitioner as they meet one on one, especially since every situation is different and may be handled differently due to the situation.” Twenty-four participants mentioned the third theme of *collaborative relationships with communities, agencies, and staff*. These participants believed that researchers should work with communities, agencies, and practitioners as points of contact and/or data collectors for studies. One respondent shared that it would be helpful for researchers to “talk to the agency about the research proposal to get feedback/ideas or permission to observe real advocates working with real clients.” The fourth theme, *using more qualitative analyses* ($n = 6$), included the belief that researchers should hear the individual stories of practitioners and victims. One respondent suggested that researchers should “talk to the victims and the children, hear the real story not just what you read.” The final category was coded as *unsure/uncertain* ($n = 4$), and responses that fell into this theme reflected the opinion that the work of researchers is vastly different from the work of practitioners, therefore there is not much that can be done. One respondent’s opinion was that “all the education in the world cannot make you understand DV.”

Discussion

The findings of this study can be considered a first step toward constructing a service provider–informed agenda for DV researchers, and the results should be interpreted within the context of the study’s limitations. First, the response rate was relatively low, despite the efforts to increase participation (e.g., including an incentive, providing anonymity, and sending follow-up reminders). In a related issue, we were unable to assess the extent to which participants were drawn from the same organizations, and therefore the experiences of service providers within certain organizations could have been overrepresented or underrepresented within the sample. Another limitation was the high number of agencies that were either unable to be contacted or declined participation. In addition, the participants came from a single state in the southeastern United States, so responses could reflect the regional culture and service delivery systems. The DVSPS was a new instrument for this study, and its application with other samples warrants further investigation. Also, the collaborative content analysis procedures used for the qualitative data did not permit the calculation of interrater reliability. Finally, the sample recruitment strategies used contributed variability to how participants completed their surveys in terms of setting, timing, and, potentially, the manner in which the contact persons distributed the surveys.

Despite these limitations, the results can provide DV researchers with insight into the research-related needs, experiences, and opinions of service providers. First, in approaching collaborative relationships with service providers as well as in considering effective strategies for disseminating relevant research findings to them, researchers can benefit from a greater understanding of the dynamics surrounding the work of service providers. The open-ended question in this study about participants’ motivation for working in the DV field provides a

glimpse into these dynamics. The responses to this question make clear that, among many service providers, the work represents much more than merely a source of income. Rather, DV practitioners are driven by a deep commitment to the issue, a desire to help others in need, and, for many, prior personal experiences of violence in their own lives. For example, one participant's primary reason for working in the field was "to help end violence against women and families as well as all families of oppression. Create a more peaceful and safe community." Another wrote, "My primary reason for wanting to work in a position related to domestic violence is because I have experienced domestic violence in the past and I want to help others."

In light of this professional culture, it is not surprising that some researchers view existing practices in DV service provision as being based on ideology and view practitioners as being wary of research findings that are contrary to their passionately held beliefs (Hamel, 2007). Of course, passionate conviction is in contrast to the objectivity required of the scientific method. Nonetheless, researchers who wish to work collaboratively with service providers must be respectful of these dynamics and consider research strategies that account for service providers' concern for the clients they serve and the larger social dynamics involved in their work. For example, research methodologies that allow subjective involvement of researchers, such as community-based participatory research (Jacobson & Rugeley, 2007) and action research (Sullivan, Bhuyan, Senturia, Shiu-Thornton, & Ciske, 2005), may be particularly useful. In collaborations with researchers, practitioners can balance their personal convictions about DV with an interest in learning more about the value of methodologically sound approaches to conducting scientific research. Furthermore, practitioners can contribute to collaborations by helping researchers understand the potential contextual implications of methodological decisions.

Beyond understanding the service providers' motivation for their work, researchers can also benefit from a practical understanding of service providers' research backgrounds. This study points to two characteristics that could hinder service providers in their abilities to conduct and understand research. First, many service providers lack substantial training in research methodology that would provide them with the knowledge and skills needed to be competent consumers of research. The most common type of research training was continuing education experiences. Given that these experiences tend to occur in shorter timeframes and are not necessarily attached to academic institutions, there can be little assurance of the quality or depth of this training. Full undergraduate and/or graduate academic courses in research methods were taken by only 34% and 27% of the participants, respectively. Second, participants demonstrated less familiarity with inferential statistical procedures, indicating that many service providers would have difficulty understanding and interpreting studies using these procedures.

A lack of familiarity with statistics and research methodology may make research feel intimidating and inaccessible. The service providers in this study indicated that research studies published in peer-reviewed journals were the least influential of nine options on the decisions they make about their work. They ranked other factors—such as previous experience, formal policies, and intuition—as more influential. As such, researchers can benefit from gaining greater understanding of these other influences that service providers will consider alongside the implications of research studies. Therefore, an important direction for future research is to determine effective strategies to promote mutual learning between researchers and service providers. Questions that can be addressed in this future research include the following: (a) What

information about research is essential for service providers to know to understand and participate in research? (b) What information about the nature of service providers' work is essential for researchers to understand to partner with them and to disseminate their findings to them? and (c) How can this information best be conveyed to each party?

A Preliminary Service Provider–Informed Research Agenda

We conclude with a three-part preliminary DV research agenda that incorporates the input of this study's participants. Three components of a service provider–informed research agenda are (a) planning studies with service providers' input, (b) researching practice-relevant topics, and (c) communicating relevant and potentially useful study findings to practitioners.

The participants provided suggestions for researchers to gain greater insight into their work and needs, and their responses fell overwhelmingly into three themes. First, they suggested that researchers could benefit from more hands-on experience working with individuals affected by DV. Second, the service providers suggested that researchers should participate in more vicarious learning experiences, such as shadowing workers and observing groups. In the third category, service providers recommended that researchers should build collaborative relationships with service providers and their agencies. Toward this end, the participants' recommendations included building formal researcher–practitioner partnerships for research collaborations, establishing a “pool . . . of frontline professionals who undergo specific research method training,” and engaging in more direct dialogue with practitioners on a regular basis. Related to these suggestions, we encourage researchers to share with practitioners with whom they collaborate their own motivations for addressing DV in their work. We speculate that researchers' motivations for studying DV are likely to be similar to practitioners' motivations for their work, and we encourage future research that will help to identify similarities between these groups, rather than focusing primarily on their differences.

Participants' rankings of the relative importance of research topics provide an indication of the topics that are most relevant to practice. The effectiveness of DV-related interventions has been identified as a gap in the existing literature (Mears & Visher, 2005), and the participants ranked the category of “interventions to treat and prevent DV” as the most important for researchers to study. Within the category ranked second-most important for researchers to study, the highest ranked specific topic was emotional and psychological abuse. This ranking may suggest that the dynamics of these forms of abuse are less understood by service providers, as compared to sexual and physical violence, which were ranked lower. Although research examining the causes and consequences of DV has increased in recent decades, many important questions remain (Mears & Visher, 2005). This study's participants identified this as the third-most important category of topics for researchers to study, which suggests that studying the causes and consequences of DV remains a relevant line of inquiry for service delivery. Across the categories, participants' rankings demonstrated concern for children and youth. In the interventions category, preventive interventions targeting children was the highest-ranked topic; the effects of DV on children was the highest-ranked topic in the category of characteristics of those who are affected by DV; and in the category of DV in specific populations, teenage dating violence received the second-highest ranking. Certainly, all of the topics hold some importance for researchers and practitioners as they work to understand the complex, multifaceted issue of

DV. However, the participants' rankings provide an indicator of the needs and gaps in the knowledge that service providers believe to be most relevant.

Finally, for relevant study findings to reach service providers, DV researchers can be more intentional in disseminating their findings through the resources most likely to be consulted by service providers. The findings suggest that academic journals are not the most effective channel for disseminating findings to service providers. A relatively small proportion of the sample indicated that they consulted these journals, and only two journals were mentioned by more than two participants. A more promising resource appears to be organizational newsletters (e.g., those produced by local, state, and national coalitions or service agencies related to DV), which were read by more than one half of the participants. A significant segment of the sample reported that they attend DV training conferences and workshops, and those attended were much more likely to be sponsored by practice- or policy-oriented organizations. Service provider-oriented resources (i.e., organizational newsletters and practice-oriented training conferences) are likely to be viewed as unconventional by researchers, and they require researchers to devote time to activities that may not be rewarded (e.g., through tenure) by their work settings. Furthermore, extra efforts may be required for researchers to translate findings into a language that can be understood by practitioners who lack training in research. Earlier in the research planning process, more time and energy are required of researchers who aim to build collaborative relationships with service providers and learn more about their work. Although these efforts place additional demands on researchers, they hold promise for building bridges between researchers and service providers so that these groups can work together more effectively toward understanding, preventing, and responding to DV.

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