RESEARCH ALERT:
What is known about how best to mobilize knowledge in the areas of child maltreatment and intimate partner violence: Summary of an integrative review

Issue:
Intimate partner violence (IPV) and child maltreatment (CM) are major social and public health problems. Knowledge translation (KT) of best available research evidence has been suggested as a strategy to improve the care of those exposed to violence, however research to guide these processes is limited. We conducted an integrative review1 of 62 eligible studies to answer the questions: 1) What is the extent of IPV/CM-specific KT research? 2) What KT strategies effectively translate IPV/CM knowledge? 3) What are the barriers and facilitators relevant to translating IPV/CM-specific knowledge?

Findings:
We found that while KT strategies were generally successful at improving various knowledge/attitude and behavioural/behavioural intention outcomes, the heterogeneity among KT strategies, recipients, study designs and measured outcomes made it difficult to draw specific conclusions.

Five key themes were identified:
1. existing measurement tools and promising/effective KT strategies are underused,
2. KT efforts are rarely linked to health-related outcomes for those exposed to violence,
3. there is a lack of evidence regarding the long-term effectiveness of KT interventions,
4. authors’ inferences about barriers, facilitators, and effective/ineffective KT strategies are often not supported by data, and
5. the emotional and sometimes contested nature of the knowledge appears to be an important barrier unique to IPV/CM KT.

Conclusions:
To direct future KT in this area, we present a guiding framework (next page) that highlights the need for implementers to use/adapt promising KT strategies that carefully consider contextual factors, including the fact that content in IPV/CM may be more difficult to engage with than other health topics. The framework also provides guidance regarding use of measurement tools and designs to more effectively evaluate and report on KT efforts.

The full text of this research study is freely available at the DOI link below:

Proposed Framework for Planning IPV/CM Knowledge Translation Interventions
(from MacGregor et al., 2014, copyright: the authors)

1. Set Goals
   - Identify problem
   - Consider context
   - Consider population (e.g., size, gender, previous education)
   - Consider KT barriers (uptake & implementation)
   - Consider IPV/CM-specific barriers
   - Assess resources (e.g., time, money)

   Institutional support (e.g., investment; approval; culture) is a potentially promising facilitator of KT.
   Negative attitudes or uncertainty can impede uptake. IPV/CM knowledge can be discomforting or even traumatizing (especially for past or current victims).

2. Choose Intervention
   - Consult literature
   - Consider goal/intervention fit
   - Consider context
   - Consider population
   - Consider & address KT barriers
   - Incorporate IPV/CM-specific components
   - Consider resources

   Use or adapt existing interventions (if possible).

   Promising components include ongoing/repeat “boosters” to help sustain change and interaction-oriented KT (exchange with experts and/or between recipients) to facilitate engagement and uptake.
   Include component(s) to monitor recipients’ reactions and ensure supportive responses (e.g., IPV/CM resources).

3. Choose Evaluation
   - Consult literature
   - Consider goal/intervention/evaluation fit
   - Consider utility of evaluation:
     - to organization
     - to literature/future implementers
   - Consider resources

   Use or adapt valid measures (if available).

   Consider a design that can distinguish the effectiveness of different intervention components and/or modes of delivery.
   When possible, examine long-term effectiveness and health-related outcomes. Reports should be detailed re: context, intervention, methods and findings. Collect and report data regarding feasibility and affordability.