

An Innovative Approach to Action Research in Family Violence

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Violence prevention remains a priority in the current public health agenda because of continuing high rates and debilitating effects of violence that exist across the globe (U.S. Department of Health and Human Services, Administration on Children, Youth and Families [USDHHS-ACF], 2009; World Health Organization [WHO], 2013). This article presents the use of an innovative qualitative study developed from community action research methods in the area of family violence. By applying the combined framework of force field analysis (Lewin, 1958) and the public health model (Centers for Disease Control, 2002; Knox & Aspy, 2011), the current study identified factors that positively and negatively influenced the ability of family violence prevention practitioners to apply research to their practice. Results from the current study led to the development of an action plan to increase the application of research to practice in the area of family violence prevention programming.

Keywords: *action research, family violence, force field analysis, innovative methodology, qualitative research, violence, violence prevention*

Introduction

Despite decades of violence prevention and intervention efforts, understanding the process of applying empirical research to frontline violence prevention practice is an area of research still in its infancy (Knox & Aspy, 2011; Saul et al., 2008). For the current study, the authors applied a conceptual framework that integrates the theoretical and conceptual research models of force field analysis (FFA; Lewin, 1958), the public health model (Centers for Disease Control [CDC], 2002; Potter & Rosky, 2012), and principles of participatory action research (Smith, Pynch, & Lizardi, 1993). Researchers routinely merge different theories into a new conceptual framework in an attempt to study a problem in a new way (Durlak & Dupre, 2008; Wandersman et al., 2008). Using this integrative approach, the researchers identified the factors that influence the process, defined which factors were most amenable, and assisted in developing a plan of action for improving the practice of applying empirical research to violence prevention efforts.

Background and Research Problem

Family and relational violence remains a public health problem of epidemic proportion in the United States (Leisring, 2013; Turner, Finkelhor, Hamby, & Shattuck, 2013; USDHHS-ACF, 2009; WHO, 2013). “More than 1 in 3 women and 1 in 4 men have experienced rape, physical violence, or stalking

by an intimate partner in their lifetime” (Blake et al., 2011, p. 2). For over a decade, the World Health Organization (WHO) has argued that violence is preventable using public health methods similar to the methods used in successfully reducing the instance of automobile injuries, drunk driving, and substance abuse (Krug, Dahlberg, Mercy, Zwi, & Loranzo, 2002; WHO, 2013). Indeed, statistics have indicated a stabilization of the incidence of some forms of violence over the last decade (Brumbaugh-Smith, Gross, Wollman, & Yoder, 2008). As a result of this stabilization, leaders have developed a plethora of family violence intervention and prevention programs across the United States (Hamby, 2006; Krug et al., 2002; WHO, 2013).

Because violence typically begins at an early age and includes a lifetime of long-term negative effects, the prevention of violence must begin in young childhood and address violence across the lifespan (Blake et al., 2011; WHO, 2013). Following in the steps of current public health efforts, empirical data should be the foundation of violence prevention programs with an emphasis on collaborative action and evaluation for effectiveness (Blake et al., 2011). Unfortunately, many violence prevention programs having little documented empirical evaluation, and the success of violence prevention programs remain inconsistent (Arteaga & Lamb, 2008; WHO 2013). Research indicates that a persistent gap between empirical research findings and frontline prevention practices contributes to this lack of success (Hamby, 2006; Saul et al., 2008; WHO, 2013). The current study explores why this gap persists, by identifying and ranking factors that positively and negatively influence the application of research to practice by a sample of family violence prevention workers.

Method

Framework

Two conventional models established the framework for this study: the public health model (CDC, 2002; 2008) and Kurt Lewin’s (1958) FFA. These models were applied using participatory action research principles (Smith et al., 1993). This integrative framework provided an exploration of the process of application to practice from the viewpoint of key players in the process, frontline violence prevention workers. The public health model is a framework supported by government institutions (Knox & Aspy, 2011) and is a key construct that should be applied in any attempt to target a recognized public health issue (CDC, 2008). The stages of the public health model are (a) defining the problem and collecting data, (b) identifying risk factors, (c) developing and testing interventions, and (d) implementing interventions including training, public awareness, and demonstrations (Mercy, Rosenberg, Powell, Broome, & Roper, 1993). The tenets of the public health model assume there is a systematic study, treatment, and prevention of social problems similar to the processes used for chronic and infectious diseases (CDC, 2008; Knox & Aspy, 2011).

Force Field Analysis

According to the principles of FFA, creating change in any process requires an understanding of that process through (a) the identification of opposing factors, (b) the ranking of the importance or impact of the different factors, (c) a determination of which factors are amenable to manipulation, and (d) the development of an action plan for change (Lewin, 1958). To conduct an FFA (Lewin, 1958), the researcher assumes that social processes exist in a dynamic or ever-changing state where some factors drive the social process and others hinder it. An FFA is similar to participatory action research (Smith et al., 1993) in that critical actors must have a voice in developing solutions for positive change (Brager & Holloway, 1992; Lewin, 1958). By definition, critical actors are people who have the power to adopt or reject any given change (Brager & Holloway, 1992). Based on this definition, critical actors for the process of applying empirical research to violence prevention

practices must include those working at the primary level of implementation of those violence prevention programs and service. In other words, any change that affects frontline practitioners must include their needs and input.

Data Collection

Sample

Upon approval of the Walden University institutional review board, the primary author collected data in two waves. During Wave I, a purposive sample of family violence prevention practitioners was recruited from the northeast region of the United States ($N = 25$) using Listservs and open-letter recruitment invites. The study sample reported being primarily female (88%), White (68%), with a bachelor's degree (48%). There was diversity in participants' work title and educational background, with 12 unique job types and 9 different fields of study recorded. The number of participants was determined using the principle of saturation, which states that interviews continue until such time as no new information is uncovered. In this case, by the 19th interview, there was no new information contributed. Thus, 25 interviews were sufficient to reach saturation. During the follow-up study, Wave II, a 68% retention rate of the original sample ($N = 17$) was obtained.

Measures

At the time of this study, a standardized and validated instrument was not available to explore this process. Therefore, this study was a critical first step toward developing a reliable and valid measure to study this process from the perspective of violence prevention workers. To determine what factors influenced the application of research to practice, the principal researcher developed an in-depth qualitative interview tool that developed questions from an extensive literature review and applied an open-ended format to ensure maximum exploratory value. To increase validity, the measure was pilot-tested with four frontline workers and reviewed by a panel of three field experts identified by the CDC. Reviewers determined readability and time required for completion and provided clarity for questions. Results from these reviews included changing three questions within the interview, determining appropriate timing for completing the survey, and developing increased consistency in questionnaire wording.

This study was conducted in two waves. In Wave I, the in-depth qualitative interview measure introduced a series of open-ended research questions that explored the situational and individual factors that facilitate and hinder the application of research to practice in areas of family violence prevention from the perspective of a sample of family violence prevention practitioners from the practitioner's viewpoint. The participants provided answers for open-ended questions, such as

1. What type of empirical research do you read and apply to your prevention practices?
2. Barriers: What things do you feel make it hard for you to apply empirical research to violence prevention? What things do you not like about research? What is hard for you about applying empirical research to your work in violence prevention?
3. Facilitators: What things do you feel help you to apply empirical research to your work in family violence prevention? What makes applying empirical research to your work easier? What do you like about research?

In addition to the open-ended questions above, participants completed 14 scale and clarification questions asking about organizational behaviors, feelings of support and encouragement, personal involvement in research, level of training and understanding, and current application of empirical

research to practice as a part of their professional service. These questions were presented to allow for quantitative and qualitative answers.

In Wave II of data collection, participants completed a standardized rating scale used to gauge how much perceived influence each factor had and the perceived level of amenability. To determine the level of positive influence, negative influence, and amenability for change, participants rated the factors on a scale of 1 to 5. Participants answered a final open-ended question identifying what top three action steps they would implement to create positive change in the application of research to practice in their field.

Data Analysis

Wave I Analysis

In stage one of a FFA, the researcher must identify which factors the key stakeholders perceive to positively and negatively influence the process. To identify these factors, the primary researcher conducted a categorical factor analysis using predictive analytic software (PASW Statistics 18) and hand coding to identify themes and patterns for all Wave I data. To create a consistent typography for categorical analysis, the primary researcher converted all audio and written data into spreadsheet responses applying a uniform formatting. All data was reviewed by an independent reviewer to ensure validity and reduce bias. Applying the Affinity process, the typed narratives went through a process whereby all potential key words and phrases were highlighted using color coding. Next, each key word or phrase was transcribed to an index card and sorted into piles of terms based on similarity. The categories of factors were defined based on similarities of terms. These findings were validated using an independent reviewer to ensure removal of any like-terms and ensure agreement for themes. NVivo 8 software was applied to link categories back to narratives for cross-checking and future retrieval.

Wave II Analysis

The second and third stages of a FFA determine the level of influence and the amenability of each factor. The data collected during Wave II provided insight into the influence and amenability for each factor from the participant's viewpoint. The primary researcher input all collected data into PASW. An independent reviewer validated all data entry to reduce the potential for error. Descriptive statistics analysis provided frequencies, means, and standard deviations to determine the level of influence. Frequency tabulations highlighted which factors were perceived as being the most amenable to change. A final Influence–Amenability matrix was developed for both facilitating and hindering factors (see Results section). This matrix was critical for the final phase of a FFA, which is to develop an action plan to increase facilitators and decrease barriers.

Results

Despite the exploratory nature of this study, indeed because of it, the current study adds to the literature by applying rigorous methodology to understanding which factors positively and negatively affect the application of empirical research to professional practices from the unique perspective of family violence prevention practitioners. The themes developed from the perspective of the practitioners include Support, Resources, Environment/Organization, and Personal. Under these themes, 19 facilitating forces and 16 barriers were identified.

Factors Influencing Application of Research to Practice

Positive Factors

The 19 positive factors fell under four categories. Facilitators that fall under the category Support included were (a) dialogue: conversations about research; (b) CliffsNotes: an abbreviated version of relevant research articles, trainings, or workshops that teach how to evaluate, understand, or apply research; (c) training: specific workshops teaching the necessary skills to implement research; (d) overview: a comprehensive review of research in the field; (e) manual: a book that provides directions on how to apply a research program; (f) education: advanced or formal university education; and (g) practical application: examples of how research could be practically applied. Facilitators under the Resources category were (a) ready-made: complete evidence-based programs that included directions or training, (b) adaptable: core program pieces rather than whole programs, (c) established: existing programs with demonstrated validity, (d) affordable: research that is affordable to obtain and apply, (e) org resources: where resources are supplied by their organization, and (f) access: ease of access to research. Factors under Organization and Environment were (a) organizational requirements: a job with objectives that required evidence-based programs, (b) peer support: an environment where peers or supervisors support research, and (c) incentive: an incentive to apply the research (e.g., enhanced credibility, free access to training). Finally, factors in the personal category included (a) positive attitude: how the individual feels about research, (b) provide input: a chance to be involved in the research, and (c) personal motivation: the desire to seek out or apply research.

Negative Factors

There were also 16 negative barriers identified. Factors under the Support category include (a) lack of application: the practitioner lacks sufficient understanding of how to apply the research in a practical way, (b) confusing: the research is unclear or provides contradictory results, (c) complexity: the research includes too much jargon or technical terminology, and (d) too general: the research is so broad as to not lead itself to be applied in a sample setting. Negative factors under the Resources category were (a) lack of funding, (b) lack of staff, (c) lack of access, and (d) too expensive: research cost too much. Factors related to Organization/Environment were (a) daily crises level: this relates to the amount of crises the individual experienced daily in the work place, (b) experience driven: this refers to agencies that rely solely on practitioner experience to develop program components, (c) organizational negative: this factor includes a negative view of the organization on research as the basis for program development, and (d) level of bureaucracy: this factor refers to the amount or type of political barriers that exist when creating change in the program. Finally, the negative Personal factors were (a) frustration level: the amount of frustration the individual reported in trying to understand and apply research as a part of their job, (b) negative attitude: the participant reports a critical dislike of using research as a basis for program development (how the individual feels about research), (c) lack of confidence: the individual's belief that they weren't capable of understanding and applying research, and (d) distrust: lack of faith in the credibility or validity of research.

Influence and Amenability

After identifying the factors from the perspective of the sample, the next important stage of this FFA is to consider how practitioners rank the identified factors in influence and amenability. In developing an action plan, the objective is to increase movement towards the desired end-state, which is accomplished by determining the crossover points for factors that have the most influence and are also the most amenable to change. Influence–Amenability matrices were developed for this study to highlight which factors had the highest potential for positive, cost-effective change in increasing facilitators and reducing barriers. Figure 1 (barriers) and Figure 2 (facilitators) provide a close-range view of analyzed quadrants in an effort to determine the key drivers.

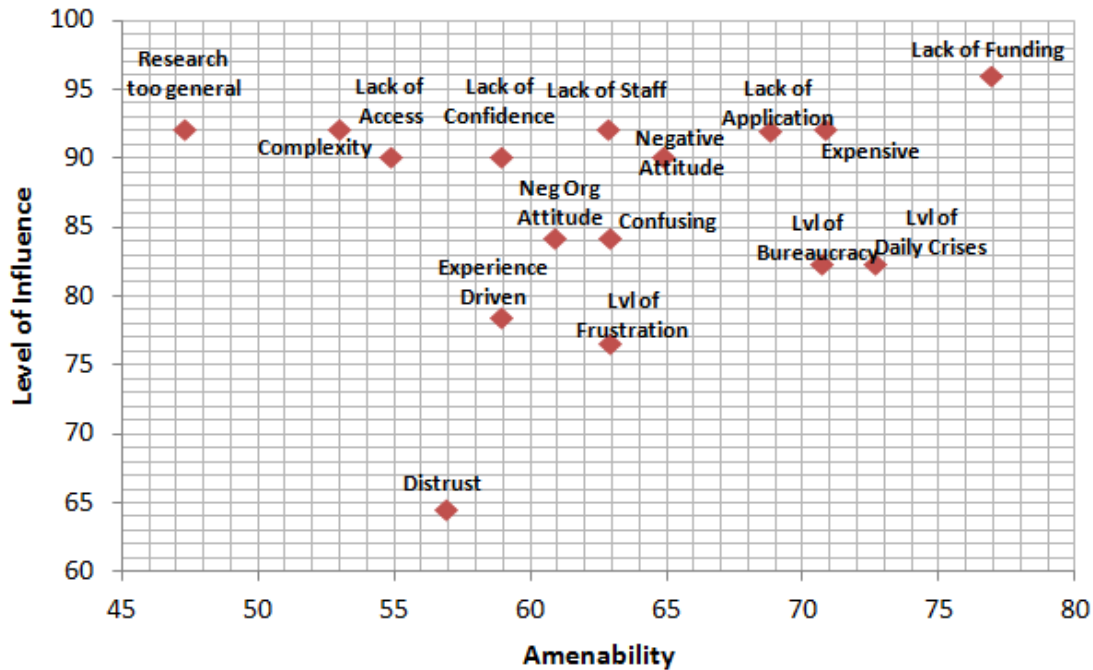


Figure 1: A Scaled Version of the Mean Ratings of Influence Amenability of Barriers in Applying Research to Practice Among a Sample of Family Violence Prevention Workers

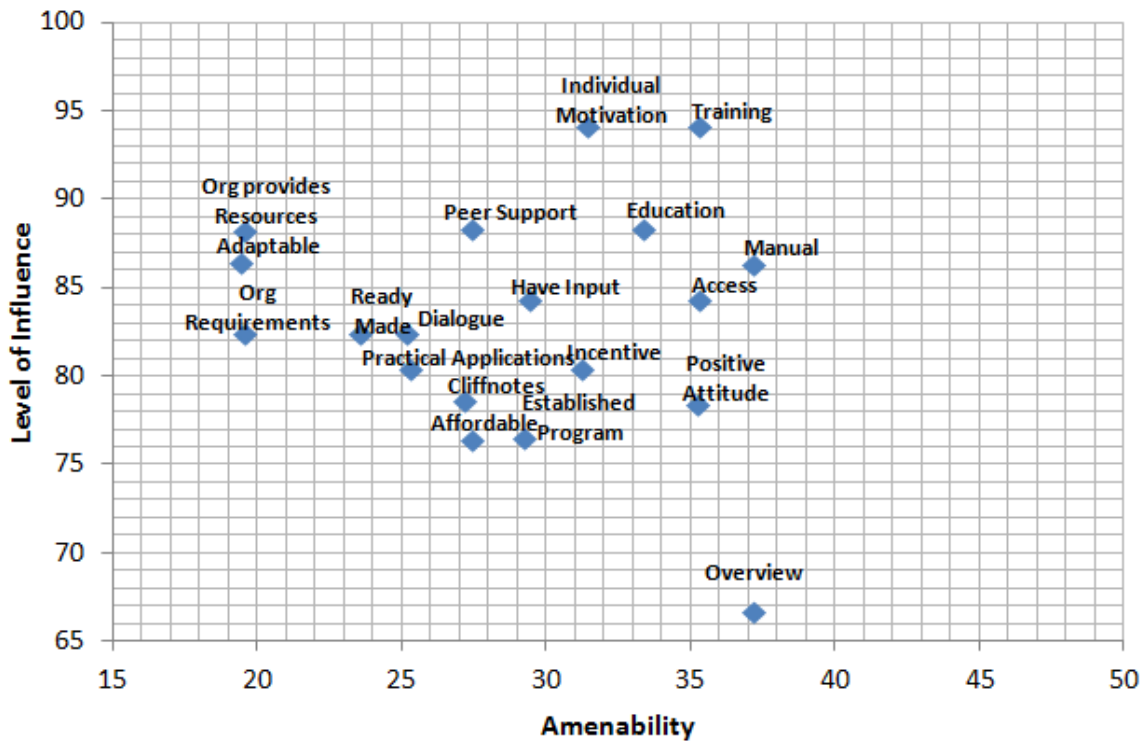


Figure 2: A Scaled Version of the Mean Ratings of Influence and Amenability of Facilitators in Applying Research to Practice Among a Sample of Family Violence Prevention Workers

Integrated Visual Representation

The findings of this study provide a visual description of the outcomes and a plan of action for improving the application of research to practice in the area of violence prevention. A visual diagram helps to demonstrate the factors that facilitate and hinder the application of research to practice among violence prevention practitioners based on the results and themes from the current study (Figure 3). This image allows for a simplistic view of how a FFA can be instrumental in creating the desired effect of moving from the current state toward the desirable outcome.

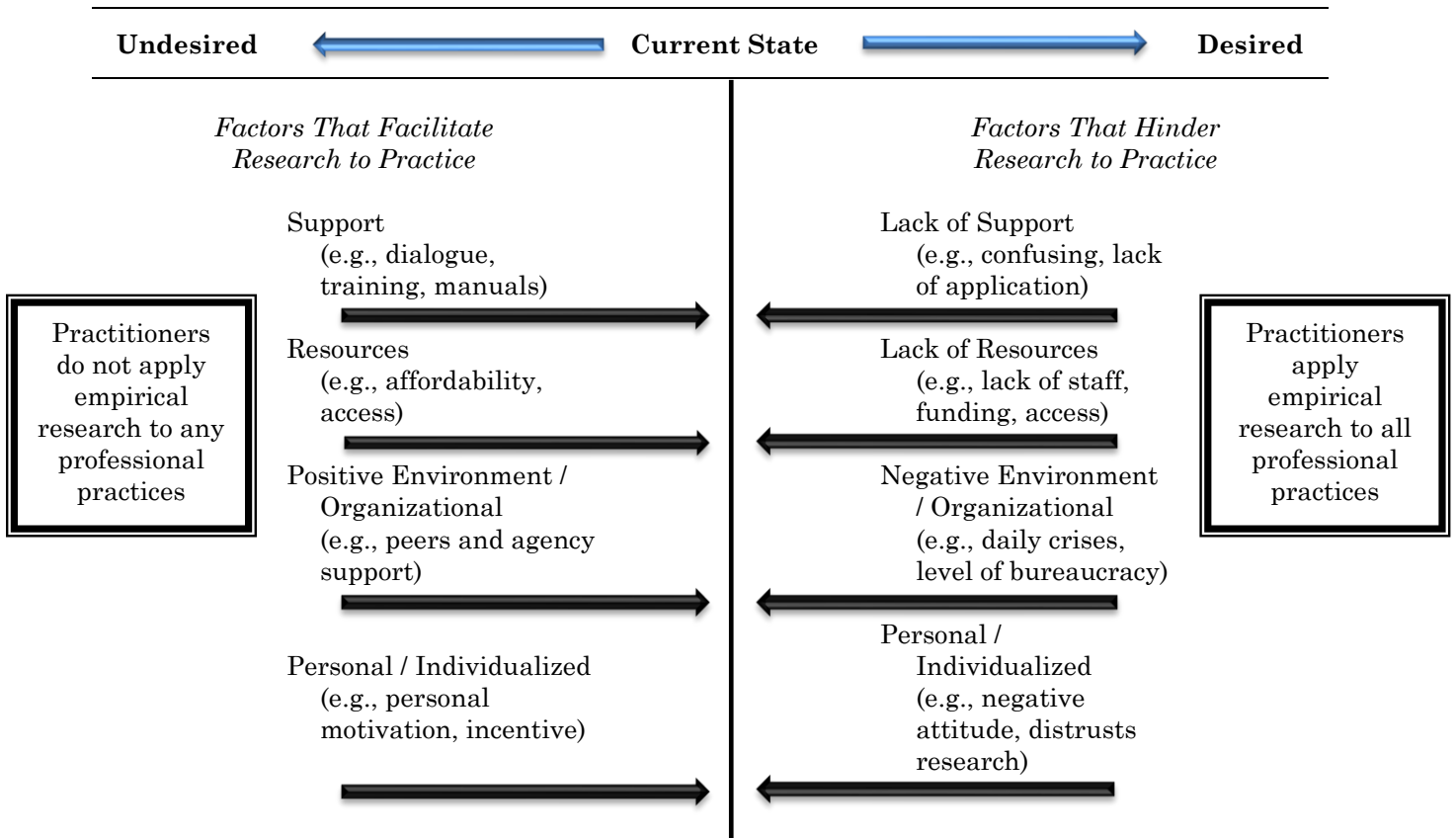


Figure 3: A Representation of a FFA, as Designed by the Primary Researcher, Representing the Process of Applying Research to Practice (modeled from principles of FFA [Lewin, 1951; 1958]; reprint permission was not necessary for the use of this figure, per the publishers of Lippincott Williams & Wilkins Permissions Department)

Recommendations for Action

The four stages of a FFA culminate in a holistic view of negative and positive factors that influence the process, their level of influence, perceived amenability to change, and the development of an action plan to move the process toward the desired state. In a review of this holistic picture for this study, four action items identify key steps in improving the application of research to practice: (1) training of family violence practitioners, (2) increasing relevance of research, (3) inclusion of frontline workers in research design, and (4) collaboration of resources using evaluation and cooperation.

Training of Family Violence Practitioners

Action Item Number 1: Provide Training for All Family Violence Practitioners

Almost all of the practitioners (88.2%) reported that they believed training or workshops that teach how to evaluate, understand, or apply research would result in a large increase of application in research to practice. One participant stated, “Research will be used when service providers have instructions, materials, and training for the practical application of that research.” Another participant reported, “Training about the application from someone who is really knowledgeable is critical to improving things. We have drawers full of evaluations.” Finally, a third practitioner stated, “We generally get little training offered through our work. I would like to see more money put into prevention that is actually useful for practitioners to apply so our funding stops getting constantly cut,” but only 40% of participants reported that this factor would be amenable to change. In other words, although it is the most influential variable it will not be the easiest to implement.

Participants in this study did not have any ideas how to increase training or workshops. However, there is a general movement to improve the ease and accessibility of training for public health workers (Drehobl, Roush, Stover, & Koo, 2012). For example, the National Network of Public Health Initiatives (2012) offers a free Webinar series based on the increased need for demonstrated evaluations and outcome research among public health programs. Building on this initiative, training material could be included as a supplement during other mandatory employee training. The frontline practitioners in the current study stressed a lack of time for work-based training. This seems a significant hurdle due to the crises nature of violence work. Therefore, to increase the utility of at-work training, the access to this training must be flexible. Examples of how a company could implement ease of access include taking advantage of virtual training, internal workshop sessions, lunch and learn series, and recognition for taking advantage of third-party training. Finally, any incentive to participate in training might increase this facilitating force, such as continuing education credit or awards.

Relevance of Research to Family Violence

Action Item Number 2: Increase the Relevance of Research to Family Violence

Although not ranked by participants as the most influential factor, the relevance of published research to practitioners’ work was the most frequently reported factor. Most of the participants included a comment similar to “research I find isn't applicable to my work” or “research I read doesn’t make sense for my population.” As one of the most frequently reported factors, this issue requires serious consideration for how practitioners can more easily locate and integrate research relevant to their specific work. How can practitioners find research that directly applies to their own work or population? How can researchers know what research is most applicable to work among frontline practitioner populations?

Action items reported by practitioners included “writing clear abstracts” that highlight the population or target audience. This might assist practitioners in weeding out articles that do not pertain to them. Another reported suggestion was “targeted dissemination.” Instead of only seeking to publish in peer-reviewed journals, researchers should make more of an effort to get their research into the hands of those most likely to apply it. Participants highlighted this idea of targeted dissemination. Specifically, all participants (100%) reported that having an abbreviated version of relevant or similar research articles (CliffsNotes) would be very easy or somewhat easy to implement.

Targeted dissemination could be an important first step to increasing the application of research to prevention practices. The online world provides ease of access to most professionals in the world today. Publishing online reports, taking advantage of symposiums, email Listservs, support groups, and professional affiliations are only a few ways to disseminate knowledge in a way that would be easier to access by the average frontline prevention practitioner. There is so much emphasis in research on the validity of peer-reviewed journals. On one hand, it is critical to validate research using the peer reviewed research publication process, but researchers need to extend beyond peer-reviewed research journals to their target audience. This call for using alternative methods of dissemination for violence prevention research might increase the utility of research findings among frontline practitioners. Research summaries written in succinct and clear language would be a valuable tool implemented for frontline practitioners who are pressed for time. These summaries of peer-reviewed research could be compiled based on topic and published in a way that busy frontline practitioners could digest more quickly and distributed through violence prevention coalitions or other networking channels.

Inclusion of Practitioners in Research Design

Action Item Number 3: Include Frontline Practitioners in Research Design

As mentioned, many practitioners among the current sample reported a desire to be included in the research process. Out of the sample, 70.6% reported having a chance to provide input for ongoing research would influence a large increase in their application of research to practice. Only 17.6% reported it would have slight or no increase. To support the implementation of this action item, 47.1% of participants reported that this action item would be very easy to implement and another 23.5% reported it would be somewhat easy.

In community-based action research, the needs identified by the population of interest drive the research (Stringer, 1999). Future researchers should weigh the benefits of including family violence prevention practitioners among their resources as collaborators, rather than just research participants. Among the 52 participant comments on creating action steps for improvement, many included a desire to have more practitioner inclusion. One participant reported, "There is a critical need to include ground practitioners and clients in program development rather than inserting programs without first understanding the client needs and the ground practitioners' abilities, training needs." Another mentioned, "Participatory research would go a long way to improving program implementation of evidence-based data." A third reported, "I think that researchers should utilize frontline practitioners more in their research when designing research studies and collecting data in order to produce research that is appropriate and applicable to those of us who are working directly with prevention education programs."

Clearly, practitioners among this sample wished to be involved in the research process. There are many avenues for cost-effectively including family violence practitioners in formative research. Specifically, focus group, expert panels, interviews, and survey development all provide an outlet for practitioners to have a voice in the formation of the research design prior to its implementation. Researchers can engage one or all of these techniques in the development stages of their research design proposal, even if they are conducting a quantitative study.

Participatory action research principles (Smith et al., 1993) challenge researchers to actively reach out to the population of interest and uncover research issues from the perspective of the key stakeholders within the population (Stringer, 1999). This can be a daunting task for a researcher who is passionate about a specific research question. If the goal of applied research is to create social change the change must begin with including the voice of the society (Wandersman et al., 2008).

Further, this crucial step may play a pivotal role in changing the negative attitudes of practitioners toward research. One participant in this study denounced research as “conducted in an ivory tower that has no connection to everyday applications.” Using community action principles would challenge and potentially change these attitudes by increasing practitioner investment in the future of violence prevention research.

Collaboration of Resources Using Evaluation and Cooperation

Action Item Number 4: Increase Usable Resources Focusing on Access, Time, and Funding Through Collaboration and Evaluation

Factors under the Resources theme appear critical to improving the application of research to practice, with 64.7% of participants reporting affordability would have a large influence on increasing the application of research to practice in violence prevention. Further, 70.6% of participants reported having resources supplied by the organization, as well as increased access to research would have a large influence. When looking at these factors as barriers, 76.5%–92% reported that all of these factors including a lack of funding had a large influence in reducing the application of research to practice.

When measuring amenability, 70.7% of participants reported that changing access to research would be very easy or somewhat easy. This was followed by 70.6% who reported affordability was very or somewhat easy to change. Finally, a high of 82.4% reported that having organizations supply resources would be very easy or somewhat easy to amend. Because so many of the factors under the theme Resources appear both highly influential and somewhat amenable, these factors were brought together under one action item that addresses these factors using creative methods and best practices in the literature.

Empirical research can provide valid data, clear results, and exemplary training; but, if practitioners do not have the necessary resources to access, understand, and procure the research then there will not be any improvement. Thus, agencies must become more efficient at providing resources through collaboration, pooling assets, and evaluating existing systems (McLean & Coffman, 2009; Preston, 2011). One participant captured the tension between the need for empirical backing and the lack of resources particularly well:

I think that access to funding in order to purchase materials and hire staff is one of the biggest deterrents to the use of research. I find that local schools won't allow a presentation that isn't research-based, and yet we have no money to purchase those curricula. In general, I find that people have more trust in programs when they are backed by research. We just need to be able to access them.

Preston (2011) challenges that frontline practitioners and program developers must become efficient in using their resources wisely and demonstrating evidence-based results. This creates a need to improve both internal evaluation and external research application.

Given the economic climate of the world, it is more important than ever agencies begin internally evaluating their efficiency and outcomes (McLean & Coffman, 2009). Simple evaluation can be cost-effective and time-friendly. For example, internal email surveys of understanding, knowledge, access, and scheduling concerns can allow an agency to identify strengths and weaknesses in their program. In contrast, evaluating clients can be costly and time consuming; yet this data is valuable in understanding whether a program is effective. Participants reported that the cost of such evaluations and implementing evidenced based programs are perceived as prohibitive:

A 26-week evidence-based program is excellent; however, the challenges to implementing this program are significant. I hear from providers all the time that evidence-based programs aren't feasible. Promoting the use of core pieces gives practitioners some flexibility, especially [as] they begin to learn and understand research and best practices in prevention. I see this resource as having a lot of potential.

[Have] research that is more affordable to obtain and apply—this is extremely important as well, especially for [domestic violence services for victims] programs that are underfunded and have limited access to research. Even coalitions, that have financial resources to subscribe to some journals, etc., are limited in this area.

Considering the first action item, it appears that training practitioners in how to develop in-house evaluation methods could be very cost-effective. For example, practitioners could be taught how to develop evaluative research questions, collect and analyze data, reduce bias, and apply findings to program improvements. Documentation of these efforts could increase funding and improve program effectiveness. To reduce redundancy and time constraints, staff can implement surveys as a part of their other paperwork or interviewing processes to avoid increasing demand on clients. It is critical to ensure research is both ethical and sensitive to client privacy and rights. One way to provide an effective and inexpensive agency program evaluation would be to recruit student interns, allowing them to use the agency as a place to collect thesis or dissertation data under supervision. Finding mutually beneficial bartering systems that do not include monetary compensation may be a critical factor in determining the success of the nonprofit sector in years to come.

Ensuring practitioners access and utilize external resources is also imperative. Agencies across communities could pool resources to offer workshops, purchase materials, provide training, and maximize research dollars. Community grants are one important way for agencies to tap into research funding. Government grants strongly favor collaborative efforts to share information, resources, and funding (Preston, 2011). Most coalitions require you offer some service that improves the coalition or provides access for shared resources but that does not require any actual monetary fee. Showing that you can do a better job with less is a key to success in the current economy of nonstop budget cuts. Agencies must begin to collaborate, rather than compete for resources (McLean & Coffman, 2009). Finally, researchers must become more adept at developing evidence-based core components rather than entire programs, creating a more affordable and realistic way for frontline workers to implement them with limited resources.

Bias and Limitations

Researchers used member checking with every participant throughout the study to ensure that data was accurate and reflected the participants' correct responses. An independent reviewer located and corrected any data entry errors. An independent review of PASW calculations minimized any errors in data calculation or transcription. Recordings allowed for direct copies of narrative, when possible, with transcription of the data also reviewed by an independent reviewer. To reduce researcher bias, the primary researcher maintained a journal of thoughts, ideas, and responses during the study process.

The focus of this study was a small sample of violence prevention practitioners, which limits the generalizability of these findings. However, results of this study uncover the factors identified by the primary sample as affecting application of research within their field of violence prevention. A secondary limitation is buy-in, not everyone invited chose to participate in this study. It is unknown

whether individuals who chose not to participate did so because of the time commitment, a conflict of interest, or possibly a negative attitude toward research in general. Recognizing this potential bias is important; a major assumption of this work is that the application of empirical research to frontline violence prevention is a desirable and appropriate course of action for all violence prevention programming.

Reflection and Conclusion

This study provides implications for practitioners and policymakers as well as provides clear direction for future research. Results demonstrate a potential for positive social change in violence prevention. Specifically, this research contributes to the base of knowledge needed to develop best practices for applying empirical research to frontline violence prevention. Results also indicate that application of participatory action principals (Smith et al., 1993) may increase buy-in for developing more effective prevention methods from the perspective of key implementers, namely frontline workers. A strong majority of participants reported that “being more involved in the research process was a factor that positively influenced their application of research to practice” (Graf, 2011, p. 129). Results from this study support the application of both participatory action research principals (Smith et al., 1993) and Lewin’s (1958) force field framework as tools to empower practitioners to become more involved in the research process.

Our findings suggest that an inclusion of frontline workers during the early stages of fundamental development for research creates a pathway for empowerment among frontline workers. Further, results indicate a potential for increased positive attitudes, application of evidence-based practices, and improved outcomes. By seeking to uncover the needs of this sample from their own perspective, we can confirm that there is a desire for frontline workers to be included in research as more than participants. Practitioners should seek outlets to be more vocal about their desire to engage in research from the ground up. Policymakers should consider that a key to bridging the gap between research and practice is bringing all key change-makers to the table (Wandersman et al., 2008).

Future studies should include replication of these results using quantitative assessment to increase the validity and generalizability of the results. Further, to validate findings that involve process development the evaluation of any implemented changes related to the recommendations should be conducted to ensure that the intended results of recommendations are reached at a program level when implemented.

Summary

The innovative, qualitative methods applied in this study allowed for a unique insight into the thoughts and values of critical actors who are involved in the application of research to practice in violence prevention. This article sought to acknowledge an innovative combination of established research models, along with participatory action research methodology, used to explore the process of applying research to practice among violence prevention workers. This study identified variables that both facilitated and hindered the application of research to practice among frontline workers in the area of family violence prevention. One positive social change implication of the current research is to provide a novel methodology that contributes to emerging best practices, by providing a clear action plan for the application of research to practice. By improving violence prevention efforts, this research can potentially decrease the incidence, prevalence, and effects of family violence. This study offers specific action items, based on an empirically sound innovative methodology, that have the potential to improve future violence prevention efforts and are crucial in moving toward a best-practices model in the application of research to practice in violence prevention.

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