VEGA
a public health response to family violence

PreVAiL

Family Violence, Equity & Health: Intersectoral Integrated Knowledge Translation for "Wicked Problems"

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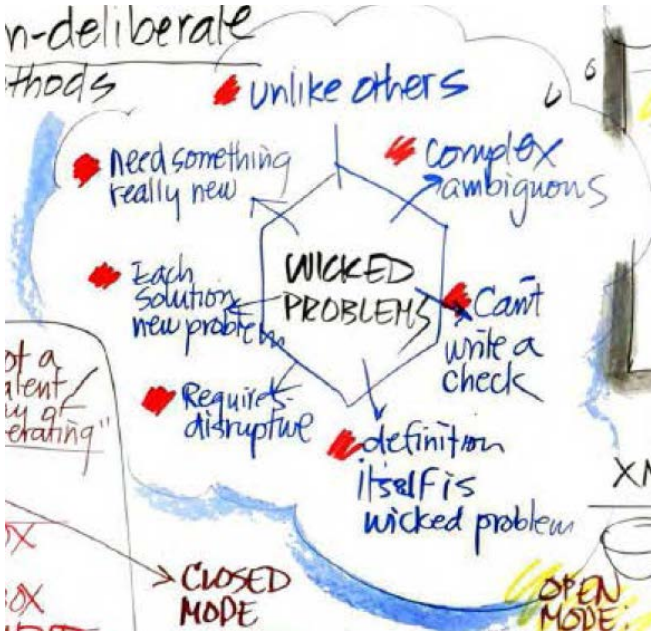
EQUIP Healthcare

“Wicked Problems”

Social problems that are difficult (or impossible) to solve due to one or more of:

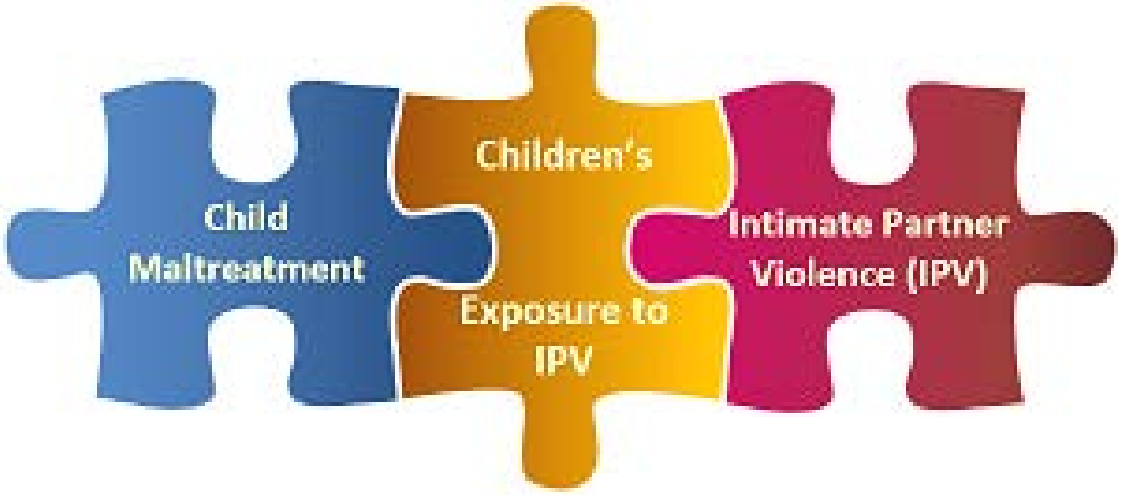


http://redarchive.nmc.org /

- knowledge gaps or contradictions,
- multiple stakeholders and positions,
- large economic burden, and
- “the interconnected nature of these problems with other problems[1]”

[1]https://www.wickedproblems.com/1_wicked_problems.php

Family Violence



- High prevalence, health & other impacts
- Intergenerational cycles, consequences across lifespan
- Multiple, intersecting causes, risks and outcomes
  - Individual & family
  - Community
  - Society

  } "ecological"
- Lots of epidemiological data; less about "what works" to prevent IPV or child maltreatment

Critical Interconnections

- Differential impacts by gender, age, race, culture, sexual orientation, income, disability, etc.
    - ➢ intersectional analyses required
- Intersections of trauma & violence, substance use, mental & physical health, especially among those in marginalizing conditions
    - ➢ health equity issue
- Multiple health, social, workplace, legal needs
    - ➢ intersectoral, coordinated care, “system navigation”, “service hubs”

Knowledge Co-production & Sharing: Ongoing Work

- **PreVAiL** – international research network with 20+ partners; CM, IPV, iKTE (CIHR) (www.PreVAiLResearch.ca)
- **EQUIP** – intervention study in PHC; health equity, TVIC, cultural safety (CIHR) (www.EQUIPhealthcare.ca)
- **VEGA** – develop national guidance & curriculum; CM, IPV, iKTE (Public Health Agency of Canada) (www.projectVEGA.ca)
- **DV@Work** – international research & action network; impact of domestic violence on workers and workplaces (SSHRC, Canadian Labour Congress) (www.DVatWorkNet.org)

Innovative KTE strategies

- Deliberative Dialogues (PreVAiL)
- Delphi Consensus Development (PreVAiL)
- Clinic Narrative Profiles (EQUIP)
- National multi-sectoral organizational partners and integrated consultations; “Leader Tables” (VEGA)
- International comparative surveys; partner-generated KTE and media (DV@Work)

Wathen et al. (2012). Priorities for research in child maltreatment, intimate partner violence and resilience to violence exposures: Results of an international Delphi consensus development process. *BMC Public Health,* 12:684. doi:10.1186/1471-2458-12-684.

Lesson 1:
‘Evidence’ is only one kind of Knowledge

Fig from: Jacobs et al. (2012). Prev Chronic Dis. 9:110324.
DOI: http://dx.doi.org/10.5888/pcd9.110324

Mis-matches between ‘the evidence’ and the policy/practice context

- Cognitive (and other) dissonance
- Malleability of evidence

Wathen et al. (2013). Exploring the uptake and framing of research evidence on universal screening for partner violence against women: A KT case study. *Health Research Policy & Systems*, 11:13. DOI: 10.1186/1478-4505-11-13.

Lesson 2:
The “3Ts” of Partnership

Talk: Relationships require meaningful interaction

- face-to-face dialogue, supported by email, teleconferencing, etc.

Trust: True partnerships are based on mutual respect

- recognition and negotiation of different, sometimes competing, priorities, timelines

Time: All of this takes time and effort

- partnership processes, resources built-in, not an after-thought

Wathen et al. (2011). Talk, trust and time: A longitudinal case study evaluating knowledge translation and exchange processes in research on violence against women. *Implementation Science,* 6:102. doi:10.1186/1748-5908-6-102

Lesson 3: KTE isn't Tidy

- KTE is essentially a human process: iterative, non-linear, messy
  - planning is important, but need to be flexible and opportunistic
- Timing and fit
  - "windows" can open (and close) quickly
  - the right evidence at the right time (with the right partners)
- Context is key (of research, users, scale-up sites, etc.)
  - tailoring
- Problem complexity/"wickedness" exacerbates the messiness
  - more time and effort required

Proposed Solutions

Impactful KTE takes time, skill & resources; not everyone enjoys or is good at this kind of work

- training; dedicated positions; interaction opportunities, etc.

Current systems do not reward most KTE work

- academic incentives; user-side supports

For wicked problems like FV and health inequities:

- examine harmful systems and structures (policies, protocols, etc.)
- support true coordination of policies, services (client-centred)
- engage in meaningful integration of various kinds of knowledge (incl. lived experience); true partnerships; narratives/stories
- expect, and embrace, disruption