The Annual Review of Interdisciplinary Justice Research
Volume 11, 2022

Edited by
Steven Kohm, Kevin Walby, Kelly Gorkoff,
Katharina Maier and Alex Tepperman
The University of Winnipeg
Centre for Interdisciplinary Justice Studies (CIJS)

Mobilizing Knowledge for Complex Social Problems: Lessons Learned from Gender-Based Violence Research

C. Nadine Wathen (Western University)[1]

Abstract

Gender-based violence (GBV) is a complex social problem that defies easy solution. It is characterized by large social and economic costs, knowledge gaps and contradictions, and multiple stakeholders who do not always agree about the nature of the problem and potential solutions. This paper outlines lessons learned on how to mobilize knowledge about GBV using examples from national and international projects. These projects have all used an integrated knowledge mobilization approach, where policy actors and other knowledge users actively partner with researchers to develop and implement new knowledge. It concludes with proposed strategies to more effectively produce and apply GBV-related knowledge to improve policy processes and ultimately, the well-being of Canadians.

Keywords: gender-based violence; knowledge mobilization; policy action

Introduction

Gender-based violence (GBV), that is, violence based on a person's gender, gender expression, gender identity and/or perceived gender is a complex social problem. Its prevalence and health, social, and economic impacts are well described, with a woman or girl killed in Canada every 2.5 days, about half of Canadian women reporting lifetime domestic and/or sexual violence, and yearly direct and

---

[1] Professor & Canada Research Chair in Mobilizing Knowledge on Gender-Based Violence, Arthur Labatt Family School of Nursing, Academic Director, Centre for Research on Health Equity & Social Inclusion, Western University, London, Canada, nwathen@uwo.ca, http://nadinewathen.ca

indirect costs to individuals, workplaces, and society in the billions of dollars (Women & Gender Equality Canada, 2021). However, despite these well-articulated harms and costs, actions to reduce and ideally eradicate GBV have been generally unsuccessful, in large part due to the need for concerted and consistent effort from multiple stakeholders across public and private systems (i.e., different levels of government, employers, for-profit and not-for profit health and social service sectors, the criminal justice sector, advocacy groups, etc.) who often have competing demands, and may differ in how they define GBV, and therefore how they frame potential solutions. In addition, GBV is highly interconnected with other complex problems, including structural and systemic violence (e.g., poverty, lack of affordable housing) and social inequities (racism, sexism, ableism and other forms of stigma and discrimination). This brief commentary examines "knowledge mobilities" in the context of my experience developing, translating, and mobilizing new research knowledge about GBV to policy, practice, and public audiences. I endeavour to present "lessons learned" that may be useful across a broad array of social justice research, practice, and policy spaces.

What is Knowledge Mobilization and Why Does It Matter?

The Social Sciences and Humanities Research Council of Canada (SSHRC), one of Canada's three primary research funding councils, defines knowledge mobilization (KMb) as:

> [t]he reciprocal and complementary flow and uptake of research knowledge between researchers, knowledge brokers and knowledge users — both within and beyond academia — in such a way that may benefit users and create positive impacts within Canada and/or internationally, and, ultimately, has the potential to enhance the profile, reach and impact of social sciences and humanities research. (SSHRC, n.d.)

This is an interesting definition, with the first part moving beyond more limited definitions of related concepts such as dissemination and knowledge translation (KT) to emphasize both the multi-directionality of knowledge creation and use, and, importantly, the role of intermediaries. This definition also implies that research

knowledge is only one aspect of processes that "create positive impacts" — that is, knowledges of various kinds (tacit, experiential, scientific, new, old, traditional, etc.) come together and must be co-interpreted and shaped to meet the unique problem at hand.

The logic of mobilizing research-based knowledge to inform various decision spaces is not new, going back at least sixty years to Everett Rogers' (1962) diffusion of innovations theory and would seem uncontroversial; after all, why wouldn't we want the best possible evidence brought to bear on policy, practice, and everyday decisions? However, the advent of "evidence-based medicine" in the 1990s (Sackett & Rosenberg, 1995), and concurrent and later variants across disciplines, made it clear that despite this logic, the reality does not match the ideal. Most of us are aware, for example, of the well-known estimate that is takes about seventeen years for a new clinical innovation to actually become embedded in medical practice, and even though this idea is now a decade old (Morris et al., 2011), more recent work has not provided hope that this lag is being meaningfully reduced. One reason may be that relying on academic diffusion and dissemination models that are often limited to peer-reviewed publication of research findings, accompanied by conference presentations, is insufficient to ensure that knowledge will reach, and influence, its intended users.

The primary solution to narrow this seventeen-year gap, in healthcare and beyond, has been attention to knowledge mobilization and its related field, implementation science. Specifically, integrated approaches, where the ultimate users of research knowledge are involved in co-producing it, has been held as the standard for creating pathways from knowledge production to use (Graham et al., 2006). However, integrated approaches are not easy, nor is reduction in time-to-action ensured. My colleague Anita Kothari and I have written about this (Kothari & Wathen, 2013, 2017), and outline the challenges (and opportunities) for both knowledge producers and users, recognizing that in co-production approaches, especially those using community-based/participatory designs, these lines are in fact blurred – and this blurring is the point: New relationships develop new kinds of knowledge and new ways to put it to use.

What is "Knowledge Use" and How Can We Enhance and Assess It?

Another challenge is how to know whether research-based knowledge has, in fact, had an impact. What does "success" of knowledge mobilization (KMb) efforts look like, and how can we assess it? Traditional, especially quantitative, research methodologies are ill-suited to this kind of assessment, mainly because knowledge sharing, uptake, use, and impact are all complex, time-consuming and highly confounded processes, in that each is mediated by multiple inputs, especially aspects of the decision space such as values (which may or may not align across stakeholder groups) and multiple levels and types of contextual factors, from resource availability to the urgency assigned to the issue by specific actors. For example, beyond short-term reactions to major tragedies such as the Montreal Massacre of fourteen women at l'Ecole Polytechnique in 1989, there has historically been low priority (and resources) assigned to GBV prevention and response by most, if not all, governments. Added to this are ongoing debates (in research, policy, and public discourse) about identifying and addressing the root causes of GBV (i.e., gender norms, patriarchal societal structures) versus individualizing the problem to so-called bad apples (perpetrators who just 'snap' or have a 'mental health issue'), usually accompanied by some form of victim blaming (e.g., a survivor's choice of wardrobe or decision to stay, or not stay, in a relationship). These narratives are, I believe, fundamental to our lack of progress in meaningfully reducing rates of GBV in Canada and worldwide. Of note, debates about values, resources, and context leave little room for actual evidence, and when research-based knowledge is invoked, we have shown that this, too, can be a highly selective process, used in service of pre-determined positions or outcomes (Wathen et al., 2013).

A second consideration when assessing knowledge use and impact is being clear on what we mean by "use." Most KMb/KT literature focuses on a definition of use that is implicitly and explicitly instrumental — that is, the underlying assumption is that for knowledge to be considered "used" it must be evident in some action or decision. However, instrumental application of knowledge is only one type of use, and until we find ways to both attend to, and assess,

how new knowledge can also be used symbolically and conceptually (Weiss, 1979), we are missing important opportunities to use research-based knowledge to change hearts and minds, as well as influence specific actions. Indeed, most KMb/KT models, whether producer-push (i.e., diffusion, dissemination), user-pull (i.e., utilization, implementation), or even integrated or exchange models (KTE/iKT) are built on this assumption, and the (albeit limited) ways that we have devised to assess impact require being able to see the evidence in some decision, whether via enhanced use of a new intervention in practice or by being cited in the development of a policy or program.

The integrated models now being put forward as essential for pathways to uptake, use, and impact, require that relationships between knowledge producers and users are built and nurtured, that researchers help build capacity for knowledge users to use research, and vice versa, that knowledge users help identify research priorities in the first place, and that co-production and interpretation processes are designed to ensure relevance of the knowledge being generated, appropriate strategies for how to share it, and buy-in for its ultimate use. These things, while vital, are difficult to assess (Kothari & Wathen, 2017; Kreindler, 2018), especially in complex issue spaces, such as GBV, where to see meaningful change will require conceptual, symbolic, and instrumental knowledge use across policy, practice, and public domains.

Lessons learned

In this section, I present lessons learned from over two decades of work across multiple partnered programs of GBV research, to support a more critical approach to production, uptake, use, and impact of research evidence, as one form of knowledge, to address complex social problems.

Lesson 1

As indicated above, research-derived evidence is only one kind of knowledge, and most discussions about what's best, specific to GBV or any topic, require that multiple stakeholders, with differing perspectives and demands, come together to sort through the evidence but also identify relevant values and contextual factors, and

define what successful change looks like, and for whom. A lack of attention to these complexities has led to what David Evans of the World Bank has called the "fantasy model of direct impact" — researchers who believe that writing the academic paper and sending it to the right person (if that person can be found) will lead to broad system change (Evans, 2018). Beyond magical thinking, we know that new knowledge, ideally co-developed with and incorporating multiple stakeholder perspectives, must be shared through effective key messages, which 1) are appropriate for the intended audience in tone, content, and language; 2) go beyond a summary to explain what the research results mean, why they are important, and what action should be taken; and 3) are in the form of ideas, not data; over time, ideas enlighten people about an issue and how to handle it. In sum, good key messages tell the story of the research, and its potential impact, contextualized for the audience (Evans & Goldstein, 2018).

Lesson 2

The more complex the issue, the more time and effort it requires to establish and maintain what I've called the "3Ts" of partnership (Wathen et al., 2011). In earlier work, we examined various GBV knowledge producer–user partnerships to distil what makes them effective, and where pitfalls may lie. We proposed "3Ts":

> 1) **Talk (Listen):** Relationships need meaningful interaction including, especially in the early stages, face-to-face dialogue, supported by ongoing communications.
>
> 2) **Trust:** True partnerships are based on mutual respect, recognition, and negotiation of different and sometimes competing priorities and timelines. For example, many researchers talk about "windows of opportunity" for policy change, and these are certainly important, however, as a researcher it's hard to know where and when windows will open unless partners trust you with this information. To gain and reciprocate trust requires clear communication of expectations, and follow-through: Don't over-promise, and do what you say you will. It also might mean deferring your own priorities to ensure success for your partners. An important tool we've used, especially when forming new

partnerships, is a "Basis of Unity" document[2] that brings partners together to discuss not only what will be done, but why it's being done in partnership (i.e., values alignment), how it will be done, and what to expect, without pre-judging research outcomes. Importantly, a discussion of what happens if the research does not produce the anticipated or desired results should be had, up front.

3) **Time:** Finally, all of this takes time and effort. As with any other aspect of a research process, the time and resources required for partnership building and maintenance must be built in, not seen as an afterthought. This may mean staff roles and investigator time dedicated to communication, meetings, interim reports, mid-stream strategy shifts, etc.

Lesson 3

None of this is tidy. KMb is essentially a human process: iterative, non-linear, and messy. While planning is important, flexibility is key, and everyone on the team must be willing to compromise, including on which research questions are a priority. In one example, our research team wanted to use a funding opportunity to evaluate an intervention to support women experiencing intimate partner violence (IPV). The funder, a provincial government ministry, wanted a different question answered, specific to identification of IPV. We therefore studied universal screening and, in hindsight, filled an important research gap that did influence national and international guidelines (Wathen et al., 2013). Thus, timing and fit of the research to a "real world" need is another driver of success. As noted above, policy and practice windows can open (and close) quickly; having existing relationships to understand where opportunities might arise and being willing to shift your own priorities to address these needs is both the sign of a good partner, and an important precursor for impact.

Contextual factors, competing and sometimes contradictory values, and their interplay with existing and emerging knowledge all create complexity, and require careful attention to ensure appropriate tailoring to the audience and the context, as well as authentic

---

[2] For an example, see http://dvatworknet.org/about/basis-of-unity

discussion of potential intended and unintended applications and consequences. As noted above, specific research findings are sometimes used in ways never intended by the researchers, with the potential for harm. Once 'in the world', knowledge and how it's used are impossible to control. However *a priori* strategies for clear and consistent communication, including media-directed tools like press releases and infographics can mitigate potential unintended or harmful consequences.

Problem complexity exacerbates messiness. Upfront discussion and honest appraisal of what success (and failure) look like is required, and good partnerships often have to withstand bumps along the road. For example, the results of our research examining screening for IPV did not support this practice, which was long seen by advocates as a key strategy for drawing attention and action to violence in the lives of women seeking healthcare. Our findings were disappointing to many, but ultimately pushed service beyond relying on simple and impersonal checklists to taking a more holistic and person-centred approach to conversations about violence and safety at home (Wathen, 2020).

Lesson 4

We need paradigm shifts. A focus on integrating knowledge users and people with lived/living experience into research, and researchers into evidence-based decision processes, fundamentally changes the way research *and* policy/practice are done. In my experience as a researcher, it's nearly impossible to pre-determine your study approaches, budgets, and timelines while also being responsive to partners' needs and contexts; flexibility and willingness to tolerate (and accommodate) change is necessary, but not always supported by research-funding agencies or university research administrators. Similarly, it's difficult to be truly innovative without also being disruptive — and not everyone in bureaucracies, including governments and universities, likes disruption.

Proposed Strategies to Enhance Uptake of Research in Policy and Practice

Based on these lessons, many of which were learned through trial and error, I propose two main solutions to address the ongoing challenges

to mobilizing knowledge to address complex social problems. First, we need to acknowledge that successful KMb takes time, skill, and resources, and, importantly, not all researchers or knowledge users enjoy or are good at this kind of work. To enable authentic pathways to research knowledge uptake, use, and impact requires trained and funded intermediaries, such as knowledge brokers, as well as intentional, resourced, and facilitated interaction opportunities — when developing new partnerships, but also to sustain them.

Second, systems, both academic and in policy and practice environments, need to incentivize KMb processes. Increasingly, research funding councils have required that applied research proposals include a KMb/KT/commercialization plan, and universities have (though often haphazardly) developed ways to support this kind of grant writing. However, the commensurate need to recognize and value this work, for example among members of promotion and tenure committees, has not kept pace. When I started actively partnering in research, there did not exist space in CV or annual performance evaluation templates to even list these kinds of activities, let alone assign them value. While templates have, to some extent, evolved, the 'publish or perish' mindset has not, meaning that university-based researchers may in fact be dis-incentivized from spending the time and effort required to partner for impactful research, when they are only rewarded for peer-reviewed academic publications. On the knowledge-user side, supports are required to ensure that people have access to research that is comprehensible, tailored and "ready for use"; expecting people to access often firewalled primary research, assess and synthesize it, and apply it to context is not realistic. Intermediary roles and products to support these processes are required (Wathen et al., 2008). For complex social problems, I propose the following additional considerations:

- develop a consistent, persuasive evidence base integrating various knowledges, including lived and living experience from *all* implicated in the production and use of relevant knowledge;

- examine beliefs and structures that may reinforce harmful processes and outcomes (including communication practices and messages) in systems, policies, and practices, and re-

envision these such that they are trauma- and violence-informed and culturally safe;

• ensure that contextual adaptations are authentically co-designed and sustainable;

• frame key messages from research as narratives grounded in values; and

• expect and embrace disruption — nothing will change until people feel things must change.

In conclusion, there are clearly more opportunities for research to inform policy and practice. "Evidence-based" and "best-practice" discourses are now common and require producers of applicable knowledge to demonstrate pathways to use, especially as universities strive to demonstrate their contributions to the public good as their government funding is reduced. At the same time, knowledge users of various types are expected to bring the best available evidence to bear in justifying their policies, programs, and practices. A key problem is a failure among all actors to acknowledge that mobilizing knowledge requires dedicated skills and resources. Until this is recognized and corrected, we will continue to miss opportunities to authentically integrate the best available knowledge — from research and other forms of expertise — into our decisions.

References

Evans, D. (2018). *How to influence policymakers*. https://www.slideshare.net/DavidEvans198/how-to-influence-policymakers

Evans, D. & Goldstein, M. (2018). *8 lessons on how to influence policy with evidence — from Oxfam's experience*. https://blogs.worldbank.org/impactevaluations/8-lessons-how-influence-policy-evidence-oxfam-s-experience

Graham, I.D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe, J., Caswell, W. & Robinson, N. (2006). Lost in knowledge translation: Time for a map? *Journal of Continuing Education in the Health Professions*, *26,* 13-24. https://doi.org/10.1002/chp.47

Kothari, A. & Wathen, C.N. (2017). Integrated knowledge translation: Digging deeper, moving forward. *Journal of Epidemiology and Community Health, 71*, 619–623. https://jech.bmj.com/content/71/6/619.long

Kothari, A., Wathen, C.N. (2013). A critical second look at integrated knowledge translation. *Health Policy, 109*, 189–191. http://dx.doi.org/10.1016/j.healthpol.2012.11.004.

Kreindler, S.A. (2018). Advancing the evaluation of integrated knowledge translation. *Health Research Policy & Systems, 16,* 104. https://doi.org/10.1186/s12961-018-0383-0

Morris, Z. S., Wooding, S., & Grant, J. (2011). The answer is 17 years, what is the question: Understanding time lags in translational research. *Journal of the Royal Society of Medicine, 104*(12), 510–520. https://doi.org/10.1258/jrsm.2011.110180

Rogers, Everett M. (1962). *Diffusion of innovations (1ˢᵗ edition)*. New York: Free Press of Glencoe. OCLC 254636.

Sackett, D.L. & Rosenberg, W.M.C. (1995). On the need for evidence-based medicine. *Health Economics, 4*, 249–254. https://doi.org/10.1002/hec.4730040401

Social Sciences & Humanities Research Council of Canada (SSHRC) (n.d.). *Definitions of terms*. https://www.sshrc-crsh.gc.ca/funding-financement/programs-programmes/definitions-eng.aspx#km-mc

Wathen, C.N. (2020). Identifying intimate partner violence in mental health settings: There's a better way than screening. *Psynopsis: Canada's Psychology Magazine. 42*(2), 17–18. Canadian Psychological Association. https://cpa.ca/docs/File/Psynopsis/2020-Vol42-2/index.html

Wathen, C.N., MacGregor, J.C.D., Sibbald, S.L. & MacMillan, H.L. (2013). Exploring the uptake and framing of research evidence on universal screening for partner violence against women: A knowledge translation case study. *Health Research Policy and Systems*, *11*(13). DOI: 10.1186/1478-4505-11-13.

Wathen, C.N., Sibbald, S.L., Jack, S.M. & MacMillan, H.L. (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

Wathen, C.N., Watson, G., Jack, S.M., Caldwell, S. & Lewis, N. (2008). From big to small: A process for developing policy-relevant research summaries. *Healthcare Policy, 4*(1), 60–69.

Weiss, C. H. (1979). The many meanings of research utilization. *Public Administration Review, 39*(5), 426–431. https://doi.org/10.2307/3109916

Women & Gender Equality Canada (2021). What is gender-based violence? https://women-gender-equality.canada.ca/en/gender-based-violence-knowledge-centre/about-gender-based-violence.html