Domestic Violence Practitioners' Use of Research Evidence: Attitudes and Organizational Social Context

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DOMESTIC VIOLENCE PRACTITIONERS’ USE OF RESEARCH EVIDENCE: ATTITUDES AND ORGANIZATIONAL SOCIAL CONTEXT

By

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A DISSERTATION

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DOMESTIC VIOLENCE PRACTITIONERS’ USE OF RESEARCH EVIDENCE: ATTITUDES AND ORGANIZATIONAL SOCIAL CONTEXT

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Social services providers in the field of domestic violence (DV) are under increased pressure to have their clinical practices and programs be informed by research evidence. To date, however, it is unclear if DV practitioners are using research evidence in their work and little is known about the various attitudinal and organizational factors that may be associated with their use and ignoring of research. This study was conducted to help fill-in some of these knowledge gaps. A national sample of 206 DV practitioners (92% women, 64% white, mean age 42) completed the Practitioners Use of Research Survey, an online survey designed to understand DV practitioners’ use of research evidence, attitudes toward research, and the perceived organizational climate and culture at their work sites. Consistent with our hypotheses, multiple hierarchical regression data analysis revealed attitudes toward research as a positive predictor of research use and a negative predictor of ignoring research. Unexpectedly, organizational culture was found to be a positive predictor for ignoring research and was not significantly related to research use. Contrary to our hypothesis, perceived organizational climate was unrelated to research use or ignoring research and climate and culture had no moderation effects. Implications of this study for organizations and recommendations for future research on understanding use and ignoring of research are discussed.
Dedication

I would first like to dedicate this dissertation to the victims of domestic violence and their families. I have been honored to witness the courage and strength of some victims in my clinical and research experiences. Your resilience and will to survive for yourself and your children is an inspiration. I am always humbled by your ability to heal and grow despite adversity. Your lives and stories encourage me to keep moving forward and I am grateful to have had the opportunity to vicariously experience healing and growth through your lives. Thank you for allowing me to observe your courage and learn from your experiences.

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Finally, I would like to dedicate this dissertation to my family and friends for always lending an ear when the going got tough. Your love and words of encouragement allowed me to continue my work with survivors of trauma. Without your presence and constant support in my life, this dissertation would not be possible. Thank you for your strength and faith in me, I am forever grateful.
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Chapter 1: Introduction

Domestic violence (DV) has been defined as “a pattern of coercive control committed by a former or current intimate partner” and includes physical, sexual, emotional, verbal, spiritual, and/or financial abuse, stalking, threats of physical or sexual abuse, and torture (Aldarondo & Malhotra, 2014, p. 379). It is a pervasive social issue that impacts the lives of women, men, and children across socioeconomic, age, religious, and cultural groups. Research has shown that approximately one in three women (35.6%) and approximately one in four men (28.5%) in the United States experience sexual violence, physical violence, or stalking by an intimate partner (Black et al., 2011) and that one in three children witness DV at some point during their childhood (Carlson, 2000). The negative effects of DV for victims and their families are severe and far-reaching including physical, psychological, financial, and spiritual consequences (e.g., Campbell 2002; Ellsberg et al., 2008; Mechanic, Weaver, & Resick, 2008; Walker et al., 2010). The National Center for Injury Prevention and Control (2003) estimated that in the U.S. alone nearly $4.1 billion is spent on direct medical and mental health care services for DV victims each year. Therefore, it is clear that DV is an exceedingly important social issue that needs to be addressed in an efficient and cost-effective manner for the betterment of victims, families, and society.

Use of Research Evidence: An Overview

The development of advocacy and social services for DV victims and their families in the United States grew out of grassroots level initiatives to ensure the safety of victims and their families (National Resource Center on Domestic Violence [NRCDV], 2013). As a result, the social services arena of DV is rich in practice-based evidence,
which involves using clinical skills and past experience to understand clients’ diagnoses and current functioning, their individual risks and benefits of potential interventions, and their personal expectations and values (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). Over the past several years, as researchers have become more interested in issues relevant to DV, traditional research evidence on various aspects of DV has accumulated. However, social services practitioners and advocates in the DV field, as in other social services arenas, continue to rely heavily on nonresearch evidence, from their practice experiences and the integration and uptake of research evidence into practice has been slow (Fong & Pomeroy, 2011; Institute of Medicine, 2001; New Freedom Commission on Mental Health, 2003). Research evidence has been defined as “empirical findings derived from systematic research methods and analyses, which includes descriptive and intervention studies, analyses of qualitative and quantitative data, evaluation studies, meta-analyses, and cost-effectiveness studies done by researchers working within or outside policy or practice organizations” (Tseng, 2008, p. 13). It could include randomized controlled trials of manualized treatments, correlational and causational studies assessing the relationship between various factors, studies looking at the prevalence rates of different factors, or qualitative studies looking at the lived experience of individuals amongst other empirical studies. The lack of integration of research evidence into practice is problematic for two reasons: (1) the demand for utilization of evidence-based treatments (EBTs) and programs is rapidly growing in various social services settings including mental health, healthcare, and substance abuse (Fixsen, Blasé, Naoom, & Wallace, 2009) with funding getting increasingly linked to utilization of such practices (Bellamy, Bledsoe, and Traube, 2006) and (2) research evidence can improve
the quality and effectiveness of services provided to victims and their families and reduce costs.

It is essential to differentiate between EBTs and evidence-based practice (EBP) as these are commonly confounded in the social services literature. EBTs are empirically supported and manualized interventions aimed at addressing specific disorders with specific populations (DiMeo, Moore, & Lichtenstein, 2012). All EBTs are considered research evidence as they are empirically supported. EBP, on the other hand, is a decision-making process that includes but is not limited to research evidence alone. The American Psychological Association (APA) defines EBP in psychology as “the integration of best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2006, p. 273). Similar to this definition, evidence-based social work practice involves the integration of research evidence, client’s preferences and actions, client state and circumstance, and professional expertise within a broader contextual framework (Satterfield et al., 2009). Clinical expertise results from a combination of accumulated education, training, and clinical experience and includes assessment, diagnostic judgment, systematic case formulation, and treatment planning (DiMeo et al., 2012; Satterfield et al., 2009). Client preferences include such factors as client characteristics, values, context, identity and sociocultural factors, functional status, readiness to change, developmental history, and level of social support (APA, 2006).

On the research side, billions of dollars are being spent on generating research that will be utilized by practitioners; however, there continues to exist a gap between research evidence and its application in various social services settings (Tseng, 2012).
While studies have focused on the supply side, little is known about how research evidence gets utilized by social services practitioners (Nelson, Leffler, & Hansen, 2009; Tseng, 2007). Research utilization or research use has been defined as the application of research findings and research-based conclusions to support decisions in relation to a specific practice situation or a case (Rosen, 1983; Scott-Findlay & Golden-Biddle, 2005). Examples of research use include comparing EBTs for their strengths and weaknesses, utilizing EBTs based on an assessment of clients’ needs, and using research evidence to eliminate ineffective interventions. While all three pillars of EBP; namely, research evidence, clinical expertise, and client preferences; are of equal importance, this study focused on understanding use of research evidence because this component is the most underutilized among DV social services practitioners. The field of DV was selected as the focus of study because of its unique grassroots level origins, the sometimes life threatening issues involved in working with DV victims and their families, and the impact of multiple systems in the victims’ lives (e.g. family court, criminal court, child protective services). Additionally, there is research supporting that practitioners’ attitudes toward and use of research vary from field to field (Patterson Silver Wolf et al., 2014). Little is known about DV social services practitioners’ research use and their attitudes toward the same, making this a rich context for exploration.

**Factors Impacting Use of Research Evidence**

The limited literature on the integration of research evidence into practice suggests that practitioners’ use of research evidence is influenced by various multidimensional factors occurring at the individual, organizational, and socio-political level (Durlak & DuPre, 2008; Damschroder et al., 2009). At the individual level,
practitioners’ age (Aarons et al., 2009a; Gyani, 2013), level of education (Booth et al., 2003; Gyani, Shafran, Myles, & Rose, 2014), years of clinical experience (Aarons et al., 2009a; Beidas & Kendall, 2010), theoretical orientation (Gyani et al., 2014), and attitudes towards research and evidence-based practices (Aarons, 2006; Beidas & Kendall, 2010; DiFranceisco et al., 1999; Gonzalez et al., 2012; Gyani et al., 2014; Melnyk, Fineout-Overhott, Giggleman, & Cruz, 2010; Nelson, Shanley, Funderburk, & Bard, 2012; Nutley, Walter, & Davies, 2008; Rosen & Mutschler, 1982) have been found to be associated with practitioners’ use of research evidence across various settings. While individual level factors are important to consider, they are not enough to understand practitioners’ use of research evidence in their practice decisions. A review of the literature on EBP as a clinical decision-making process in the social services arena found several organizational barriers to EBP implementation apart from the individual level factors (Gray, Joy, Plath, & Webb, 2013). Additionally, Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou (2004) conducted a review of the literature on diffusion of innovations and found varied and “difficult-to-generalize” results with regards to the role of individual factors in the implementation of innovations (Wandersman et al., 2008, p. 177). Thus, attempts to understand the utilization of research evidence in practice without considering organizational factors run the risk of failing by emphasizing utilization efforts on individuals without recognizing the context in which they function (Manuel, Mullen, Fang, Bellamy, & Bledsoe, 2009).

At the organizational level, the social context has been found to be a key factor in practitioners’ uptake of research into their day-to-day practice decisions (e.g. Aarons & Sawitzky, 2006; Aarons et al., 2012a; Aarons & Sommerfeld, 2012; Glisson et al., 2008a;
Hemmelgarn, Glisson, & James, 2006; Nutley et al., 2008) and a priority area for research on bridging the gap between science and practice in the mental health field (National Institute of Health [NIH], 1999; National Institute for Mental Health [NIMH], 2009). Research indicates that organizational social context is significantly associated with practitioners’ attitudes toward and use of research evidence across various human services settings including child welfare and juvenile justice systems (Aarons & Sommerfeld, 2012; Glisson & Hemmelgarn, 1998), healthcare (Melnyk et al., 2010; Scott-Findlay & Golden-Biddle, 2005), and mental health programs providing services to children and adults (Aarons & Sawitzky, 2006; Glisson, 2002). The most frequently cited aspects of organizational social context that have been linked to social services practitioners’ attitudes and behaviors are organizational climate and culture (e.g. Aarons & Sawitzky, 2006; Aarons & Sommerfeld, 2012; Hemmelgarn, Glisson, & James, 2006; Nutley, Davies, & Tilley, 2000; Plath, 2013; Proctor et al., 2009). While organizational culture and climate are overlapping concepts and have often been used synonymously in previous literature, they are indeed two distinct constructs. Organizational culture refers to “the way things are done in the organization” and climate refers to “the way people perceive their work environment” (Verbeke, Volgering, and Hessels, 1998, p. 320). Culture is defined as the shared norms and expectations, both spoken and unspoken, which are learned by employees and guide how things are done in the organization. Organizational climate, on the other hand, is individual employees’ perceived psychological impact of their work environment on their personal well-being (Glisson, 2007).
At the socio-political level, factors associated with practitioners’ use of research evidence include state and federal policies (Aarons et al., 2009; Grol & Wensing, 2004; Honig & Coburn, 2008), funding requirements (Aarons et al., 2009), collaborative agreements among related service systems (Glisson et al., 2008a), and links between researchers and its users (Nutley et al., 2008). However, research on EBT implementation in multiple settings indicates that there are organizational differences in the implementation and utilization of research evidence given the same socio-political context (Glisson et al., 2008a; Rangachari, Rissing, & Rethemeyer, 2013). Johnson and Austin (2006) suggest that organizational factors can be “the most significant obstacles or enhancers” of EBTs (p. 86) and more attention to the role of organizational life is required (Rosenheck, 2001). These findings further highlight the importance of studying the role of organizational social context in developing a deeper understanding of social services practitioners’ use of research evidence.

**Present Study**

The present study is part of a larger research agenda aiming to understand and facilitate DV social services practitioners’ use and ignoring of research evidence. The focus of this study was to determine the impact of attitudinal factors and perceived organizational social context on use and ignoring of research evidence by DV social services’ practitioners. The present study is important for the following reasons: (1) Learning how attitudinal and perceived organizational factors influence the use of research evidence by DV social services practitioners could lead to better ways to increase the utilization of research evidence in the field of DV; (2) The process of assisting DV victims and their families is filled with stress, ambiguity, and uncertainty
for practitioners who see their primary responsibility as protecting their clients. As a result, burnout and compassion fatigue are common among DV practitioners (Canfield, 2005; Elwood, Mott, Lohr, & Galovski, 2011). Integration of research evidence into practice could help ameliorate the stress generated by DV work by providing guidance and support for many critical day-to-day practice decisions. Domestic violence practitioners often work with victims and their children with severe issues resulting from the violence including matters of life and death.; (3) Domestic violence practitioners’ use of research evidence has the potential to improve the quality of services provided to victims and their families by enhancing practitioners’ understanding of DV related issues and how to address them in ways that have been found to be effective with similar individuals; and (4) Finally, the proposed study has the potential to contribute to the broader and emerging literature on understanding the utilization of research evidence by social services practitioners.
Chapter 2: Literature Review

Current Domestic Violence Services

Trauma interventions designed to address symptoms of post-traumatic stress disorder and depression are often not enough, ineffective, or undesirable for victims of domestic violence given their unique needs resulting from longstanding interpersonal trauma, ongoing abuse, lack of financial resources, and/or involvement of children (Warshaw, Sullivan, & Rivera, 2013). The gamut of services required to adequately address the social issues of DV and the needs of victims and their families range from individual support to community education and prevention programs. The National Census of Domestic Violence Services (National Network to End Domestic Violence [NNEDV], 2015) conducted a survey with 1,697 DV programs in the U.S. to identify the nature of services provided to victims and their families. Shelter services to address emergency housing needs of victims were provided by all surveyed organizations. The census found that several DV organizations provide case management services including for transportation (88%), childcare (51%), and employment (61%) to assist victims in the aftermath of abuse. Helping DV victims gain access to legal services by providing an attorney was relatively uncommon (28%) as compared to providing legal advocacy in the form of court accompaniment (92%). Some organizations provided individual and group therapy for victims (47%) and their children (39%) by licensed practitioners but almost all organizations provided individual (100%) and group (90%) emotional support and safety planning services. Several organizations also provided hotline services aimed at crisis intervention and requests for support or information (Iyengar & Sabik, 2009).

Community education services, provided by 91% of organizations, consisted of outreach
efforts to increase public awareness of DV and to improve system responses through training other service professionals (NNEDV, 2015). The abovementioned social services provided by DV practitioners indicate the level of complexity and gravity of the issues that victims and their families experience ranging from legal, to financial, to health concerns. It is imperative to provide these individuals with the most effective services to ensure their safety and wellbeing and that of their children.

**Use of Research in Practice**

Several studies suggest that social services practitioners minimally read research literature, do not know nor apply research methodology, and do not appreciate the value of research findings to their practice. In the mental health field, research indicates that most adults with severe mental illnesses do not have access to practices that are empirically shown to improve psychosocial functioning and symptom management (Drake & Essock, 2009; West et al., 2005). For instance, in their study with medical and psychiatric social workers, Rosen, Proctor, Morrow-Howell, and Staudt (1995) reviewed treatment records of 297 clients treated by 34 licensed social workers to determine their rationales for practice decisions. Their results indicate that practitioners rarely used research evidence to guide their practice (less than 1% of the time) regardless of whether the decision task involved problem formulation, formulation of ultimate outcomes, of intermediate outcomes, or interventions. In another study with 73 social workers from six community family services agencies treating a sample of 151 clients, Rosen (1994) found the same results with less than one percent of practice decisions being guided by research evidence. This was true across the four treatment decisions assessed in Rosen’s (1994) study: disposition of problems, desired ultimate outcomes, necessary intermediate
outcomes, and interventions. Similarly, Wang et al. (2005), using the National Co-morbidity Survey Replication dataset \((N=9,282)\), found that about a third \((31.1\%)\) of mental health visits involved nonresearch based complementary and alternative medicine treatments. In another study, Kramer and Burns (2008) found that over a quarter \((27\%)\) of mental health practitioners reported that they planned never to use research-based psychological interventions. The lack of research use in practice has also been documented in the healthcare field (Walshe & Rundall, 2001), with studies across countries indicating that 30-40\% of patients do not receive care consistent with current research evidence and 20-25\% receive unnecessary care that may be potentially harmful (Grol, 2001).

The gap between science and practice in the social services field is a critical issue that impacts the quality of services provided to clients. This gap can compromise the well-being of clients by not providing them treatments shown to be effective or by using treatments that have consistently been proven ineffective and sometimes even harmful. For example, a systematic review of the work on Critical Incident Stress Debriefing, a psychological intervention that was created to prevent development of posttraumatic stress disorder (PTSD), indicates that it actually heightens risk for PTSD symptoms (Rose, Bisson, & Wesseley, 2001). Research use in practice also results in decreased costs for care, reduced turnover rates, higher quality of care, higher job satisfaction, lower levels of emotional exhaustion, and higher group cohesion in workplace units (Aarons et al., 2009a; 2009b; 2012a; Melnyk et al., 2010; Novins, Green, Legha, & Aarons, 2013). As a result of these positive outcomes of research use, several national initiatives are being taken to better understand the process of utilization of research
findings in order to bridge the gap between research and practice. For example, the William T. Grant Foundation is currently funding studies aimed at understanding how research evidence gets accessed, shared, and interpreted by practitioners and policymakers working with children and adolescents (Tseng, 2008), and the National Institute for Health (NIH) is funding active research and training programs that emphasize utilization of EBTs (Novins et al., 2013).

**Domestic Violence Research: Past and Present**

The domestic violence field emerged as a result of feminist rallies and individuals opening their homes to victims in the late 1960s and early 1970s, emphasizing the social and political nature of the issue (NRCDV, 2013). In 1967, one of the first DV shelters in the U.S. was opened in Maine. The first women’s advocacy group was developed in 1971 as a result of a women’s consciousness raising group (Indiana Coalition Against Domestic Violence [ICADV], 1999). In 1977, women began forming coalitions to create a national battered women’s movement and social services organizations started developing programs to respond to DV prevention and intervention (NRCDV, 2013). While the national battered women’s movement in the U.S. developed in the 1970s, the history of DV advocacy dates back to the 1400s with individual advocates calling for better education and treatment of women by their husbands. The first known publication advocating for women’s basic humanity and highlighting men’s violence against their wives was written by Christine de Pizan in 1405. John Stuart Miller published his essay titled “The Subjection of Women” in 1869, eight years after writing it for fear that it would not be well accepted by the public, to advocate for changes in divorce laws to protect women against DV (ICADV, 1999). Publications focusing on DV issues emerged
intermittently following these publications. In 1976, a number of DV organizations began publishing newsletters that were mailed nationally and emphasized DV issues and social and federal responses to address these issues (ICADV, 1999). The first journal specifically dedicated to DV concerns was published in 1978, titled “Aegis, the Magazine on Ending Violence Against Women” (ICADV, 1999; NRCDV, 2013). Since then, numerous publications and online forums have emphasized the rich knowledge base of DV practitioners, emphasizing their practice-based evidence on what works and with whom. However, research studies addressing DV issues have only gained momentum in the past four decades. For instance, the first national research study on the prevalence and incidence of DV, the National Family Violence Survey, was published in 1975 (see Straus & Gelles, 1975). A recent systematic review of the literature found that there are only eight empirically supported trauma-focused interventions that are particularly designed or modified to meet the unique needs of DV victims (Warshaw, Sullivan, & Rivera, 2013). These are as follows: (1) Cognitive Trauma Therapy for Battered Women (see Kubany, Hill, & Owens, 2003), (2) HOPE: Helping to Overcome PTSD through Empowerment (see D.M. Johnson, Zlotnik, & Perez, 2011), (3) modification of Cognitive Behavioral Therapy (CBT) for DV survivors in Spain (see Crespo & Arinero, 2010), (4) trauma-focused intervention for abused women in Korea (see Kim & Kim, 2001), (5) Relapse Prevention and Relationship Safety (see Gilbert et al., 2006), (6) Grady Nia (see Kaslow et al., 2010), (7) intervention for low-income pregnant DV survivors based on interpersonal therapy principles (see Zlotnick, Capezza, & Parker, 2011), and (8) intervention involving giving testimony of abuse while practicing yogic breathing to alleviate depression (see Franzblau, Echevarria, Smith, & Van Cantfort, 2008). The
existing EBTs involve modifications of cognitive behavioral therapy for DV survivors (Crespo & Arinero, 2010; D. M. Johnson et al., 2011; Kim & Kim, 2001; Kubany et al., 2003); programs targeting specific populations of DV survivors such as suicidal, low-income, and African American women (Kaslow et al., 2010), low-income pregnant survivors (Zlotnick et al., 2011), and those with comorbid substance use issues (Gilbert et al., 2006); and a mind-body connection (Franzblau et al., 2008). There are also numerous manuals and recommendations for social services practice in the DV field that have often emerged from hands-on practical experiences and knowledge but have not been empirically evaluated for their effectiveness. As a result, the DV field is rich with decades of cumulative practice-based evidence while the research-based evidence is gradually catching up.

The gap between research and practice knowledge has potentially resulted in a unique dilemma for DV social services practitioners. For decades DV practitioners have been forced to rely solely on their and other practitioners’ clinical expertise and the preferences of their clients. However, the current funding pressures require them to incorporate research evidence into their practice, thereby causing a shift in how services are provided to victims and their families. The advantages of using research evidence in practice, including providing effective services, decreased emotional exhaustion, and lower turnover (Aarons et al., 2009a; 2009b; 2012a; Melnyk et al., 2010; Novins, Green, Legha, & Aarons, 2013) are especially important for DV practitioners. Using research evidence could have the potential to improve the quality of services they provide to a particularly at-risk population, decrease burnout and compassion fatigue by guiding and supporting practice decisions that could involve matters of life and death, and lower
turnover which is a prevalent issue in the DV field (Merchant & Whiting, 2015). A multitude of federally and locally funded projects emphasizing EBP, including using research findings to inform practice, have developed in the DV field. Examples of such federally funded projects include the Domestic Violence Evidence Project by National Resource Center on Domestic Violence (NRCDV) and the Resource Center on Domestic Violence: Child Protection and Custody by the National Council for Juvenile and Family Court Judges (NCJFCJ). Therefore, it is pertinent to better understand how DV practitioners can be supported in incorporating research evidence into their day-to-day practice decisions. Understanding the relationship between their specific organizations and their use of research evidence is an essential first step in determining how to make their work environment conducive to increased research use.

**Factors Impacting Use of Research Evidence**

The use of research evidence in social services practice settings is influenced by a multitude of factors ranging from individual level factors to organizational and broader socio-political factors. A majority of the work in this area has studied the use of a specific EBT rather than general research findings, with the exception of the study by Gyani and colleagues (2014). The primary individual factor that has been empirically studied is practitioners’ attitudes toward research and will be expanded on later (see Attitudes Toward Research section). Individual level variables that have an empirical link to EBTs use include age, level of education, primary discipline, amount of clinical experience, and theoretical orientation of therapists (Aarons, Hurlburt, & Horwitz, 2011; Beidas & Kendall, 2010; Gallo & Barlow, 2012; Gray et al., 2013; Gyani et al., 2014; Nutley et al., 2008; Wandersman et al., 2008). At the organizational level, organizational
culture and climate are consistently found to impact use of research evidence in social services settings and will be discussed in detail in the following section. Similar to the individual level variables, much of the organization level research has focused on the use of specific EBTs rather than research use in general. Other organizational factors associated with utilization of EBTs include type of organization (i.e. for-profit vs. not-for-profit, private vs. public), type of services provided (e.g. outpatient vs. inpatient), size of the organization, turnover, and partnerships with local universities (Beidas & Kendall, 2010; Manuel et al., 2009; Nutley et al., 2008; Plath, 2013; Wandersman et al., 2008). The socio-political context also impacts research use and utilization of a specific manualized intervention. However, even in the same socio-political context, differences exist in EBTs utilization as a result of the organizational context (Glisson et al., 2008a; Rangachari, Rissing, & Rethemeyer, 2013). This area of research will be included in the larger research agenda to understand research use by DV social services practitioners and is outside the scope of the current study.

Not surprisingly, given the relationship between attitudes toward research and research use, there is overlap between the factors associated with research use and those associated with attitudes toward research. At the individual level, factors associated with attitudes toward research include age, gender, race, level of education, primary discipline, theoretical orientation, years of practice experience, years at present job, and position at present job (Aarons, 2004; Aarons et al., 2012a; Aarons et al., 2010; Aarons & Sawitzky, 2006; DiFranco et al., 1999; Gyani et al., 2014; Nelson et al., 2012; Patterson Silver Wolf, Maguin, Ramsey, & Stringfellow, 2014; Patterson Silver Wolf, Maguin, Dulmus, & Nisbet, 2013; Stahmer & Aarons, 2009; Williams et al., 2014). Organizational factors
that are empirically linked with attitudes toward research include organizational culture and climate, type of services provided, type of organization, and size of organization (Aarons, 2004; Aarons, 2006; Aarons et al., 2010; Aarons et al., 2012c; Aarons & Sawitzky, 2006; DiFranceisco et al., 1999; Gyani et al., 2014; Patterson Silver Wolf et al., 2013; Stahmer & Aarons, 2009; Williams et al., 2014).

**Organizational Social Context**

The social context of an organization influences how things are done in the organization; the priorities in the work environment, what behaviors and who gets rewarded, recognized, or punished; and individual service providers’ perception of the psychological impact of the work environment on their personal well-being (Glisson, 2007). The literature on utilization of EBTs has shown that the organizational social context in which social services practitioners function plays a key role in their attitudes toward and use of research findings in practice (Aarons & Palinkas, 2006; Glisson et al., 2008a; Glisson et al., 2008b). Similarly, an extensive review of the literature on diffusion of innovations in health service organizations suggests that the organizational context in which practitioners provide services is an essential component in whether or not an innovation gets utilized (Greenhalgh et al., 2004).

The *socio-technical model of organizational effectiveness* (Porras & Robertson, 1992; Rousseau, 1977) is a useful conceptual model that explains this phenomenon; it posits that an organization’s “core technology” (e.g. social services such as mental health treatment, advocacy, case management) is embedded within a social context that is created by the organization. The model assumes that successful utilization is as much a function of social processes in the organization as of technical processes. This implies
that the organization’s social context consisting of its norms, expectations, and employee perceptions and attitudes can render a core technology effective by supporting it or inhibit, truncate, or adapt it in ways that lead to the core technology being ineffective (Glisson, 2007). According to this model, then, more formalized and rigid organizational structures that emphasize centralized hierarchy of authority and strict division of labor could be more appropriate for core technologies that are “routinized” like those found on production assembly lines. On the other hand, “nonroutinized” core technologies like social services require more flexible organizations that emphasize teamwork, innovation, less rigidity, and adjustments in procedures for successful utilization (Glisson et al., 2008b). Research in a variety of different work settings provides support for this model and suggests that the organizational social context influences both work-related attitudes and the behaviors of its workers (Ashkanasy, Wilderom, & Peterson, 2000b; Brown, 1996; Glisson, 2002; Glisson & Durick, 1988; Glisson & James, 2002; Glisson et al., 2008a; James & Jones, 1974). Furthermore, studies in the utilization literature that have included organizational level variables and their connection to individual level variables have identified several aspects of the organizational social context that influence this connection. Consistent with organizational culture theory (Ashkanasy, Broadfoot, & Falkus, 2000a) which identifies culture and climate as central constructs in organizational social context, organizational culture and climate are the most frequently cited factors influencing workers’ attitudes and behaviors. The history of the development of culture and climate as constructs suggests confusion over the differences and similarities between them and some organizational theorists still view these concepts as interchangeable (Glisson, 2007). While multiple definitions of culture and climate exist
in the organizational behavior literature, Verbeke, Volgering, and Hessels (1998), in their content analysis of the literature, found that there is consensus that culture refers to “the way things are done in the organization” and climate refers to “the way people perceive their work environment,” (p. 320) indicating that they are two distinct constructs.

**Climate**

Rousseau (1988) defines climate as “an individual description of the social setting or context of which a person is part” (p.140). In an expansion of the concept, Verbeke et al. (1998) define climate as “the way people perceive and come to describe the characteristics of their environment” (p. 320). Similarly, James, James, and Ashe (1990) define climate, in their research with social services organizations, as the individual’s perceptions of the psychological impact of the work environment on his or her personal well-being. The concept of climate has its theoretical beginnings in Gestalt psychology (see Lewin, Heider, & Heider, 1936), which posits that a person is a function of its environment (Schneider, 1985 as cited in Verbeke et al., 1998, p. 321). In their work on organizations, James et al. (1990) theoretically explain climate through the use of interpretive schemas and the process of valuation. This approach posits that individuals evaluate whether certain aspects of their jobs promote their personal well-being through an assessment of what is personally important to them. This process of valuation occurs through “value-engendered schemas” (Hemmelgarn et al., 2006, p.77) that work experiences can influence. Additionally, employees’ interpretive schemas, and subsequent climate perceptions, are shaped through social learning processes, such as modeling (Bandura, 1977), and interpersonal discussions of work perceptions. Hemmelgarn et al. (2006) note that there is often agreement among employees of an
organization on their “perceptions of the impact” (p. 78) of their work environment as a result of their interpersonal interactions and social learning processes within the work setting. Similarly, Rostila, Suominen, Asikainen, & Green (2011) state that climate is “an attribute of an individual” (p. 40), which consists of individual evaluations.

Three primary categories of climate have emerged from the organizational literature in social services organizations: engaged, functional, and stressful (Glisson, 2007; Shim, 2010). Engaged climates have been defined as those in which individuals perceive that they can personally accomplish many worthwhile things, remain personally involved in their work, and be client-oriented (Glisson, 2007; Shim, 2010). Functional climates are those in which individuals perceive that there is cooperation and needed support from administrators and co-workers to do a good job and that there is a clear understanding of whether they can fit in and work successfully within the organization (Glisson, 2007). On the other hand, stressful climates are those where individuals perceive their work environment as overwhelming and emotionally exhausting and they are unable to get the necessary things done (Glisson, 2007; Shim, 2010).

There is consensus in the literature that organizational climate is better represented by examining processes, tasks, and role attributions versus structural and macro-organizational characteristics, given the perceptual nature of the construct (Jones & James, 1979). The definition of organizational climate then, along with its three primary categories, is reflective of four perceptual dimensions: clarity of one’s role in the organization, a sense of personal accomplishment, level of emotional exhaustion, and the workload of employees (Glisson, 2007, Shim, 2010). Role clarity (RC) is defined as the extent to which there is clarity about job expectations and performance standards
amongst employees and the extent to which the organization accurately presents its work and mission to its employees. Personal accomplishment (PA) is the extent to which employees feel that they are able to be successful and remain personally involved in their work and are concerned about their clients. Emotional exhaustion (EE) measures the extent to which employees feel they have sufficient emotional energy for their work and are able to prevent emotional exhaustion. Workloads (WL) measures the extent to which employees perceive their workload and work demands as reasonable and their work processes as efficient (Shim, 2010; 2014). It is evident from the dimensions described above that climate is an individual’s cognitive description of the organization, is closely tied to situational characteristics most relevant and direct to individual experience, and involves abstraction of psychologically meaningful influences in the situation (Jones & James, 1979). The dimensions of RC, PA, EE, and WL have been used in prior studies to distinguish between engaged and stressful climates (Glisson, 2007; Shim 2010; 2014). An engaged climate has a high level of PA and RC and low levels of EE and WL whereas a stressful climate has a low level of PA and RC but high levels of EE and WL.

Organizational climate has been linked to employee work attitudes including job satisfaction, commitment, and attitudes toward EBTs, organizational productivity, customer/client outcomes, turnover rates, and other work behaviors across various disciplines including for-profit business organizations (e.g. Brown & Leigh, 1996; Klein, Conn, & Sorra, 2001; Schneider, Salvaggio, & Subirats, 2002; Schneider, Bowen, Ehrhart, & Holcombe, 2000; Wiley & Brooks, 2000), healthcare (e.g. James, Hartman, Stebbin, & Jones, 1977; King et al., 2007; Olin et al., 2014; Scotti & Harmon, 2014), and social services organizations (e.g. Aarons et al., 2012; Chenot, Benton, & Kim, 2009;
Glisson & Hemmelgarn, 1998; Glisson & James, 2002; Shim, 2010; Shim 2014). In the business and marketing literature, customer issues and organizational climate are increasingly being studied together because of the assumption that internal organizational experiences with regard to service quality experiences created for employees will influence their behavior toward customers, thereby impacting customer outcomes (Schneider, Salvaggio, & Subirats, 2002). More specifically in the social services field, and consistent with the business and marketing literature, research indicates that organizations with either engaged or functional climates are associated with clients receiving more comprehensive and continuous services, better client outcomes, lower turnover rates, higher job satisfaction, higher levels of organizational commitment, and more positive attitudes toward adoption of EBTs as compared to those in stressful climates (Aarons et al., 2012; Aarons & Sawitzky, 2006; Aarons & Sommerfeld, 2012; Glisson, 2002; Glisson & Green, 2011; Glisson & Hemmelgarn, 1998; Glisson & James, 2002; Glisson et al., 2008a; Shim, 2010; Shim 2014). This research on organizational climate in social services organizations has often been studied in conjunction with organizational culture, a related but distinct construct (Glisson & James, 2002; Rostila et al., 2011; Verbeke et al., 1998), and will be discussed in detail in the next section.

**Culture**

In the literature on social services organizations (like child welfare, juvenile justice system, and mental health organizations), culture has been defined as the shared normative beliefs and behavioral expectations in an organization that drive practitioners’ behavior and communicate what is valued by the organization (Glisson, 2002; Hemmelgarn et al., 2006; Shim, 2010). Organizational culture serves the basis for
socializing employees in how they are expected to behave within the organization and it creates a social context that implicitly shapes action (Scott-Findlay & Golden-Biddle, 2005). Based on the theoretical models of Bandura’s (1977) social learning theory, Miner’s (1980) expectancy theories, and James, James, and Ashe’s (1990) cognitive processing models, organizational culture facilitates the socialization of new employees through a number of ways. These include direct observation, modeling, and personal experiences with the workings of the organization as well as punishments, rewards, and expected outcomes that follow from work behaviors. Additionally, employees develop schemas of how their organizations work, thereby becoming acculturated to a set of organizational beliefs and expectations that guide their interpretation of organizational stimuli, decision-making, and behaviors (Hemmelgarn et al., 2006).

Organizational culture has been described as being “layered” with the outer layer consisting of the norms and behavioral expectations and the inner layer consisting of values and assumptions (Rousseau, 1990), wherein behavior is the visible part and values the invisible part (Hofstede, 1998). It is through norms and behavioral expectations that culture gets transmitted in an organization rather than through the inner layer of values and assumptions (Ashkanasy et al., 2000a; Hofstede, 1998). According to Glisson (2002), this is because individuals can follow behavioral expectations without internalizing the values and assumptions underlying them. He proposes that behavioral expectations and norms may stem from the values and assumptions of organizational leaders or from job demands and day-to-day realities that workers face rather than being reflective of other organization members’ values and assumptions. As a result, organizational culture has often been studied by assessing the outer layer of normative
beliefs and behavioral expectations (Glisson, 2002; Glisson & James, 2002; Glisson et al., 2008a; Hemmelgarn et al., 2006).

Two primary categories of organizational culture have emerged from the organization literature: proficient or constructive culture versus resistant or defensive culture (Shim, 2010). Proficient cultures are those that imbibe in their employees behavioral expectations and norms of “achievement, innovation, competence, cooperation, supportiveness, responsiveness, and emphasis on reward for their performance” (Shim, 2010, p. 848). In such cultures, clinicians tend to be oriented towards the well-being of their clients, are competent, have up-to-date knowledge, and help each other meet high levels of mutual satisfaction needs (Glisson et al., 2008a; Shin, 2010). On the other hand, resistant cultures emphasize “approval, conventionality, dependency, opposition, power, formulation, and suppression” (Shim, 2010, p. 848). In this type of culture, clinicians tend to be task oriented rather than client oriented, show little or no interest in innovation or change in service provision, and follow conventional rules (Glisson et al., 2008a; Shim, 2010).

The emphasis on measuring the outer layer of organizational culture along with its two primary categories has resulted in culture being assessed through items describing normative behaviors and expectations within organizations (Hemmelgarn, Glisson, & James, 2006). Three dimensions of culture have emerged from the literature: (1) Achievement/innovation/competence (AIC), (2) co-operation/supportiveness/responsiveness (CSR), and (3) emphasis on rewards (ER). Achievement/innovation/competence refers to the extent to which employees are given goals that challenge them and are able to develop a plan to accomplish those goals with
enthusiasm, are able to participate in making decisions impacting their work, and have sufficient knowledge and competency to provide high quality of services. Cooperation/supportiveness/responsiveness is the extent to which the organization focuses on the well-being of clients and provides employees with adequate training to develop the skills and strategies to improve services. It also measures employees’ perceptions of the level of peer support, support from supervisors and the organization, and of providing quality services. Finally, ER is the extent to which employees feel they are rewarded and paid well for good performance and whether the agency is interested in their well-being (Shim 2010; 2014). The literature on organizational culture, then, suggests that culture is more a function of shared behavioral expectations and normative beliefs than that of deeper values or assumptions that may belong more to organizational leaders or founders (Glisson & James, 2002). The dimension of AIC, CSR, and ER have been previously utilized to categorize culture into proficient/constructive (high AIC, CSR, and ER) or defensive/resistant (low AIC, CSR, and ER).

Organizational culture has been linked to employees’ work attitudes, including attitudes toward utilization of EBTs, fidelity to EBTs, use of research evidence in general, job satisfaction, organizational commitment, turnover, and quality of services provided in a variety of settings including for-profit business (e.g. Verbeke et al., 1998), healthcare (e.g. Grol & Wensing, 2004; Harrison & Dowswell, 2002; Hemmelgarn, Glisson, & Dukes, 2001; Scott-Findlay & Golden-Biddle, 2005), and social services settings (e.g. Aarons et al., 2012; Beidas & Kendall, 2010; Damschroder et al., 2009; Fong & Pomeroy, 2011; Nutley, Walter, & Davies, 2009; Proctor et al., 2008; Shim 2014; Zeitlin, Augsberger, Auerbach & McGowan, 2014). More specifically in the social
services arena, more constructive cultures have been associated with more positive work attitudes, including attitudes toward EBTs utilization, organizational commitment, service quality, and lower turnover rates (Aarons, 2004; Aarons et al., 2012c; Aarons & Sawitzy, 2006; Glisson & James, 2002; Glisson et al., 2008a; Shim 2014). Williams and Glisson (2013) found that the relationship between caseworker turnover in the child welfare system and youth outcomes was moderated by organizational culture, with only more proficient cultures with lower turnover rates resulting in improved youth outcomes. In contrast, Gray et al. (2013), in their recent review of the research utilization literature in the social services field, identified resistant culture as a barrier to research use in the practice decision-making process in over half of the studies they reviewed (n=8). Their review indicates that organizations that inhibit flexibility and applying outside accepted guidelines and approaches (Barratt, 2003), a lack of critical questioning (Booth, Booth, & Falzon, 2003), lack of experience in applying research to practice (Burke & Early, 2003; Steven et al., 2005), management or administrative procedures that are overly bureaucratic, punitive, or constraining (Collins-Camargo, 2007; Jones et al., 2007; Straussner et al., 2006), and “reactive approaches to practice” (p. 163), which expect directly relevant evidence to be immediately identified (Hagell & Spencer, 2004), are all aspects of organizational culture that present barriers to research use by practitioners. Resistant cultures have also been associated with more negative attitudes toward EBTs utilization (Aaron, 2004; Aarons & Sawitzy, 2006), increased turnover rates (Aarons et al., 2012b; Chenot, Benton, & Kim, 2009), and lower job satisfactions (Glisson et al., 2008a).
Research on organizational culture and climate within social services organizations suggests that the two distinct, yet overlapping, constructs be studied together. For example, in their study with 283 child welfare and juvenile justice case managers from 33 different teams, Glisson and James (2002) found that only constructive culture explained unique variance in service quality and turnover when both culture and climate were included in their analytic model. Based on their findings, they argue that previous studies linking organizational climate to service quality and work attitudes that excluded culture from their model may have confounded climate and culture. In their study, Glisson & James (2002) also found that more engaged and functional climates and more constructive cultures were associated with more positive work attitudes. Similar to the study conducted by Glisson and James (2002), Shim (2010; 2014) looked at the impact of organizational culture and climate on employee turnover in public child welfare agencies in 25 counties in New York State. She assessed culture on three aspects; namely, achievement/innovation/competence (AIC), cooperation/supportiveness/responsiveness (CSR), and emphasis on rewards (ER); and climate on four aspects; namely, role clarity (RC), personal accomplishment (PA), emotional exhaustion (EE), and workloads (WL). The sample for this study consisted of 766 social services caseworkers and supervisors who provided data for the workforce retention study conducted by the New York State Social Work Education Consortium (SWEC). Shim (2010) utilized a logistic regression model and a mean-difference test model (2014) and obtained results consistent with those found by Glisson and James (2002). In her sample, employees’ intention to leave was significantly negatively associated with ER, implying that having clearer and more effective incentives and
rewards for job performance is associated with a lower intention to leave (2010; 2014), and with EE, implying that having higher levels of emotional energy is associated with a lower intention to leave (2010). Additionally, Shim (2014) found that WL was associated with intention to leave such that practitioners who perceived their workloads to be more manageable had lower intentions to leave.

Glisson et al. (2008a) examined the cross-level association of organizational-level culture and climate with clinician-level job satisfaction and organizational commitment using hierarchical linear modeling. In this study with over 1200 mental health clinicians from 100 different child and family clinics who participated in the National Survey of Child and Adolescent Well-being (NSCAW), Glisson et al. (2008a) found that higher levels of job satisfaction were reported by clinicians in clinics with more engaged and functional climates and less rigid and more proficient cultures. This study also found that less rigid and more proficient cultures and more functional climates were associated with higher levels of organizational commitment. Using the same sample as in the abovementioned study, Glisson and colleagues (2008b) also looked at therapist turnover and new program sustainability as a function of organizational climate, culture, and service structure. In addition to the survey data from the 1200 mental health clinicians, Glisson et al. (2008b) also interviewed 200 clinic directors for this study. They employed general linear modeling with the organization as the unit of analysis. They found that organizations with the best climates characterized by high functionality and engagement and low stress had significantly lower turnover than those with average or the worst climates. Their analyses also indicate that organizational culture was the only variable associated with new program sustainability. To expand, organizations with the best
cultures characterized by high proficiency and low rigidity and resistance sustained new programs for over twice as long as organizations with the worst cultures.

Glisson and colleagues (2014) conducted a study with New York State Office of Mental Health-funded Home and Community Based Services Medicaid Waiver Programs that serve children with serious emotional disturbance and provide family support services. They were interested in studying the difference in work attitudes between family support specialists (FSS) and formally trained clinicians working in the same clinics and the association of organizational culture and climate with work attitudes for FSS and clinicians working in the same clinics. After determining organizational culture and climate profiles for each clinic by comparing them with national norms (see Glisson et al., 2008a), Glisson et al. (2014) used hierarchical linear models analyses. They found that clinicians and FSS working in programs with more positive organizational cultures and climates reported higher levels of job satisfaction and commitment after controlling for other individual and organizational level characteristics as well as job position. They did not find statistically significant differences in work attitudes between clinicians and FSS working in the same programs, indicating that organizational context is the most important factor in shaping worker attitudes rather than individual characteristics or job position.

In another study, Glisson and Green (2006) aimed at understanding the simultaneous impact of organizational culture and climate of child welfare and juvenile justice systems on children’s access to needed mental health services. For this study, data was collected from interviews with caregivers at baseline and at 6-month follow-up ($n=588$) to determine children’s access to mental health and from interviews with case
managers \(n=216\) to assess organizational climate and culture. Results of the study by Glisson and Green (2006) indicate that a constructive culture is associated with higher access to needed mental health care and there is no unique effect of organizational climate above and beyond that of culture. These findings provide additional support for the need to study culture and climate simultaneously. Additionally, organizational culture and climate have consistently been linked to attitudes toward research and EBTs in the literature. This literature will be discussed in detail in the following section.

**Attitudes Toward Research**

The organizational literature suggests that influencing employees’ attitudes can result in employee behavior change, leading to the “actual adoption and implementation of innovations” (Aarons & Sommerfeld, 2012, p. 424). Studies have found a link between attitudes toward research and the decision-making process of whether to try a new practice or not (e.g. Aarons, 2005; Candel & Pennings, 1999; Fink, Thompson, & Bonnes, 2005; Frambach & Schillewaert, 2002; Stokke, Olsen, Espenhaug, & Nortvedt, 2014). The theories that are most often used to study the relationship between attitudes and behavior are the Theory of Planned Behavior (see Ajzen, 1991) and the Stages of Change Model (see Prochaska & DiClemente, 1982, 1983). The Theory of Planned Behavior posits that individuals’ behavioral intentions are shaped by a person’s perceived behavioral control, attitudes toward the behavior, and normative beliefs about the behavior. Additionally, this theory proposes that behavioral intention is the best predictor of behavior (Ajzen & Albarracin, 2007; Fishbein & Ajzen, 2010). The Stages of Change Model proposes that behavioral change occurs in a sequence of five stages: precontemplation (no intention to change behavior), contemplation (seriously thinking
about behavior change), preparation (intending to take action and taking small steps to behavior change), action (modifying behavior), and maintenance (ongoing practice of modified behavior) (Norcross, Krebs, and Prochaska, 2011; Prochaska & DiClemente, 1982, 1983). Similar to the Theory of Planned Behavior, the precontemplation, contemplation, and preparation stages of the Stages of Change Model posit that behavioral intention is an important precursor to actual behavior change (Gyani, 2013).

The literature on the association between behavioral intention and actual behavior is mixed, with some studies indicating that behavioral intention is a necessary precursor to behavior and others indicating that behavioral intention does not necessarily result in behavior. For instance, Norcross et al. (2011), in a meta-analysis of 39 studies, found that client psychotherapy outcomes were significantly predicted by the stage of change they were in at the beginning of treatment. On the other hand, research with smokers found that intention to quit smoking did not significantly predict whether individuals actually quit smoking or not (Herzog & Blagg, 2007). These mixed results indicate the importance of studying attitudes as well as actual behavior to determine the relationship between the two. As a result, understanding practitioners’ use of research evidence calls for studying their attitudes toward research and the relationship between these attitudes and their actual use of research in practice.

Attitudes toward research and EBTs in the social services field have most often been studied using the Evidence-Based Practice Attitudes Scale (EBPAS; Aarons, 2004). Four dimensions of research utilization have been found to be significant in determining individuals’ attitudes toward research: (1) Requirements is the extent to which a provider would utilize a research-based practice if an agency, supervisor, or state
required it, (2) Appeals assesses the extent to which a provider would utilize a research-based practice if it is intuitively appealing, makes sense, could be correctly used, or is being used by a colleague who is satisfied with it (3) Openness is the extent to which a provider is open to trying new interventions and his/her willingness to try or use new types of therapy, and (4) Divergence assesses the extent to which a provider perceives research-based practices as less important than clinical experience and not clinically useful (Aarons 2004; 2006; Aarons & Sawitzsky, 2006). These dimensions have been utilized in multiple studies to determine whether employees have more positive or negative attitudes toward research (e.g. DiMeo, Moore, & Lichtenstein, 2012; Stahmer & Aarons, 2009; Williams et al., 2014). Positive attitudes toward research are operationalized as those having high requirements, appeal, and openness and low divergence. Negative attitudes toward research, on the other hand, have low requirements, appeal, and openness and high divergence.

In the social services field, very limited research has focused on the relationship between attitudes toward research and social services practitioners’ use of research evidence in their practice decisions. Most of this literature has emphasized this relationship in the context of manualized interventions rather than research evidence in general that can inform practice decisions. To date, only one study has looked at the relationship between general research attitudes and use of such research in practice. In this study with 736 psychotherapists based in the U.K, Gyani et al. (2014) found that having more positive attitudes toward research was associated with higher use of research in clinical decision-making. Other studies looking at attitudes toward manualized interventions and actual utilization have found similar results. In a qualitative study with
15 child welfare case managers involved in the utilization of an EBT to reduce child neglect, Aarons & Palinkas (2006) found that more positive attitudes toward manualized interventions was a critical determinant of EBTs utilization. Nelson et al. (2012) examined the relationship between therapists’ attitudes toward EBTs and utilization of parent-child interaction therapy (PCIT) through online and/or phone consultation. Their sample consisted of 171 therapists from 34 community-based agencies in Oklahoma and Washington. Through their analyses of correlation coefficients, Nelson et al. (2012) found that therapists’ attitudes toward EBTs were significantly associated with their use of PCIT consultation services. To expand, they found that therapists’ unwillingness to diverge from EBTs was positively associated with their use of phone consultation as was the degree to which they found EBTs appealing. Additionally, therapists’ openness to EBTs was significantly positively associated with their use of online consultation. In their study on barriers to adoption of innovations by psychotherapists, Cook, Biyanova, and Coyne (2009) found similar results with negative clinician attitudes toward research emerging as one of the primary barriers. This study utilized a mixed method approach and consisted of 2,607 psychotherapists from across the U.S. and Canada.

Research has also consistently shown that attitudes toward research is related to the organizational climate and culture. Aarons and colleagues (Aarons et al., 2012c; Aarons & Sawitzky, 2006) have repeatedly found that the best unique predictor of attitudes toward research among the climate and culture dimensions is a constructive culture. Participants in the abovementioned two studies were mental health service providers working with children and their families (n=1,112 and 301, respectively) in community mental health centers (Aarons et al., 2012c) and in the public sector (Aarons
Aarons et al. (2012c) also found that more engaged and less stressful climates are associated with more positive attitudes toward research. Results of Aarons’ and Sawitzky’s (2006) study with public sector clinicians and case managers indicate that poor organizational climates, characterized by high levels of role conflict, emotional exhaustion, and depersonalization, are significantly correlated with perceived divergence of usual practice and EBTs. Aarons (2004) obtained similar results in his study with 322 clinical and case management service providers and 51 program managers providing mental health services to children and their families. Results indicate that individuals in organizations with low levels of bureaucracy (found in constructive cultures) were more predisposed to utilizing an EBT. In contrast, in a study with frontline clinicians \((n = 90)\) and program directors \((n = 221)\) from 92 community health organizations, Williams et al. (2014) used hierarchical linear modeling and found that a supportive organizational climate was significantly negatively associated with the decision to use motivational interviewing, an EBT.

Nelson and Steele (2007) conducted a web-based survey with 214 mental health practitioners from 15 states drawn from a diverse set of clinical settings to identify correlates of self-reported EBTs use in practice. Consistent with previous research, they found that theoretical orientation, having formal education in EBPs, and type of organization were associated with practitioners’ use of research. Using hierarchical regression analyses, Nelson and Steele (2007) found that organizational openness to EBTs (characteristic of constructive cultures) and positive attitudes toward treatment research were significantly positively associated with self-reported EBTs use and negative attitudes toward treatment research were significantly negatively associated with
EBTs use. Furthermore, they found that negative attitudes partially mediated the relationship between EBTs education and EBTs use; positive attitudes and negative attitudes partially mediated the relationship between organizational openness and EBTs use. Nelson and Steele also found that positive attitudes toward treatment research was the strongest predictor of practitioner self-reported EBTs use. Patterson Silver Wolf, Dulmus, and Maguin (2013) conducted a study with frontline social services providers \( n = 1,273 \) from a large child and family services organization to determine the relationships between organizational culture and climate, individual attitudes toward research, and utilization of an empirically supported treatment. Using a multilevel analysis model, Patterson Silver Wolf et al. (2013) found that employee openness to using EBTs was significantly positively associated with proficient cultures and more engaged and functional climates. Conversely, employee openness was significantly negatively associated with resistant cultures and stressful climates. On the other hand, their study indicates that utilization of an EBT was significantly positively associated with resistant cultures and stressful climates, and significantly negatively associated with proficient cultures and engaged and functional climates. Based on their findings, Patterson Silver Wolf et al. (2013) conclude that using EBTs has an adverse impact on organizational culture and climate, but greater openness improves it. The literature presented above suggests that there are mixed findings on the relationship between organizational context, attitudes toward research evidence, and use of research evidence, further highlighting the importance of studying these constructs together.

Preliminary research in differences in attitudes among social services providers working in different settings indicates that different work settings may result in
differences in attitudes toward research. Patterson Silver Wolf et al. (2014) compared attitudes toward research of mental health providers to those of addiction workers. They collected data from 120 front-line addition workers within four agencies and compared it to the weighted average scores of mental health providers across three studies conducted by Aarons and colleagues (see Aarons, 2004; Aarons et al., 2010; Aarons et al., 2007). Patterson Silver Wolf and colleagues’ (2014) results indicate that addiction workers rated themselves as more likely to use EBTs when required to do so by their agency or state or when they made intuitive sense to them and were trained in their use as compared to mental health providers. In contrast, addiction workers in their study rated research-derived interventions as having lower practice value than mental health workers.

Stahmer and Aarons (2009) compared attitudes toward research among children’s mental health providers and autism early intervention (EI) providers. Their sample consisted of 71 EI providers working in in-home and center-based settings and 238 clinical and case management service providers working with children and adolescents in public sector programs. Using t tests to compare means, Stahmer and Aarons (2009) found that EI providers had significantly more positive attitudes toward research as compared to mental health providers. In comparison to mental health providers, EI providers were more likely to use an EBT if required to do so by their agency, supervisor or state, if it was more intuitively appealing to them, if it was being used by colleagues who were happy with it, and if it could be used correctly. These findings suggest that different social services settings could lend themselves to differences in attitudes toward research, thereby resulting in differences in use of research in practice. To date, no empirical study has been conducted to assess research attitudes or use of research in domestic violence
organizations. In the current socio-political context with funding being tied to use of EBTs and several national evidence-based implementation projects sprouting in the DV field, it is imperative that we understand the factors impacting DV practitioners’ use of research evidence.

**Research Questions and Hypotheses**

1. What is the relationship between DV social services practitioners’ attitudes toward research and their reported use of research evidence in day-to-day practice?

   **Hypothesis 1**: It is hypothesized that the more positive the DV practitioners’ attitudes toward research evidence are, the higher their reported use of research evidence in practice will be. Conversely, the more negative their attitudes toward research evidence, the lower their reported use of research evidence will be.

2. What is the relationship between DV social services practitioners’ attitudes toward research and their reported ignoring of research evidence in day-to-day practice?

   **Hypothesis 2**: It is hypothesized that the more positive the DV practitioners’ attitudes toward research evidence are, the lower their reported ignoring of research evidence in practice will be. Conversely, the more negative their attitudes toward research evidence, the higher their reported ignoring of research evidence will be.

3. What is the relationship between DV social services practitioners’ perceived organizational context and their reported use of research evidence in practice?
Hypothesis 3: With regards to climate, it is hypothesized that a more positive (engaged and functional) climate will be related to higher reported use of research evidence. Conversely, a more negative (stressful) climate will be related to lower reported use of research evidence.

Hypothesis 4: It is hypothesized that a more positive (constructive) culture will be associated with higher use of research evidence in practice. Conversely, a more negative (resistant) culture will be associated with lower reported use of research evidence.

Hypothesis 5: An interaction effect between climate and culture is hypothesized, with a more positive culture being associated with higher use of research evidence in the presence of a more positive climate.

4. What is the relationship between DV social services practitioners’ perceived organizational context and their reported ignoring of research evidence in practice?

Hypothesis 6: With regards to climate, it is hypothesized that a more positive (engaged and functional) climate will be related to lower reported ignoring of research evidence. Conversely, a more negative (stressful) climate will be related to higher reported ignoring of research evidence.

Hypothesis 7: It is hypothesized that a more positive (constructive) culture will be associated with lower ignoring of research evidence in practice. Conversely, a more negative (resistant) culture will be associated with higher reported ignoring of research evidence.
Hypothesis 8: An interaction effect between climate and culture is hypothesized, with a more positive culture being associated with lower ignoring of research evidence in the presence of a more positive climate.

5. How is the relationship between DV social services practitioners’ attitudes toward research and their reported use and ignoring of research evidence in their day-to-day practice moderated by the organizational context?

Hypothesis 9: It is hypothesized that the relationship between DV practitioners’ attitudes toward research and their reported use of research evidence will be moderated by their reported organizational culture and climate. That is, individuals with more negative attitudes toward research but in organizations with more positive climates and cultures will report higher use of research evidence than those with similar attitudes but in more negative climates and cultures.

Hypothesis 10: It is hypothesized that the relationship between DV practitioners’ attitudes toward research and their reported ignoring of research evidence will be moderated by their reported organizational culture and climate. That is, individuals with more negative attitudes toward research but in organizations with more positive climates and cultures will report lower ignoring of research evidence than those with similar attitudes but in more negative climates and cultures.
Chapter 3: Methods

Sample

The sample for this study included 206 practitioners currently working in a DV specific agency and providing social services to victims of DV and their families. Practitioners were defined as licensed or unlicensed DV advocates, social workers, therapists, psychologists, and case managers who provide social services to DV victims and their families. Participants were at least 18 years of age, English speaking, and worked with DV victims and their families at the time of data collection.

Research Design

This study utilized a survey design. This involved administering the project designed Practitioners’ Use of Research Evidence Survey (PURES), a web-based survey, with DV social services practitioners. Background information, attitudes toward research evidence, organizational climate and culture, and use and ignoring of research evidence were evaluated to determine the relationship between individual-related and organization-related variables on use and ignoring of research evidence by DV practitioners.

Measures

Most research on the use of scientific findings has been conducted in the healthcare field with few studies conducted in the social services field. Those that have been conducted in the social services field focus on child welfare, juvenile justice systems, and community mental centers. To date, no published study has looked at the use of research evidence in DV specific settings. As a result, the existing measures in the area of utilization science need to be “adapted” (Chaudoir, Dugan, and Barr, 2013) for the specific setting. The PUREES is a web-based survey that was developed for the
purpose of this study. Extant literature was reviewed for existing measures studying the constructs of interest for this study; namely, attitudes toward research, perceived organizational culture and climate, and use and ignoring of research evidence. The authors of the original measures were contacted for permission to adapt and use their scales for the purpose of this study. Once existing measures were identified and permission granted, they were reviewed for their applicability to DV social services practitioners. The author made minor modifications to items on the selected measures to better fit the DV context and be applicable not only to therapists, but also DV advocates, social workers, and case managers. The modified items were presented to three DV experts (a researcher, a practitioner, and a national policy advocate) along with the original items to determine the validity of the measures in the DV context. Their feedback was incorporated into the final items retained for this study. The PURES (see appendix A) is a 96-item survey that consists of four sections: (1) practitioners’ background information (16 items), (2) practitioners’ attitudes towards research (15 items), (3) organizational social context with items on organizational climate and culture (56 items), and (4) practitioners’ use of research evidence in their day-to-day practice (9 items). The PURES includes a series of multiple-choice questions. This tool brings together the importance of individual attitudes and perceived organizational social context along with practitioners’ actual use and ignoring of research evidence in their day-to-day practice.

**Background Information**

Background information on individual-related and organization-related variables was measured using the Background Information Form, a measure created by the
investigator for the purpose of this study. It included items on personal variables such as age, gender, race, level of education, primary discipline, amount of clinical experience, theoretical orientation, years at present job, caseload, and position at present job. Additionally, the Background Information Form included items on organization-related variables such as type of organization, type of services provided, size of organization, turnover rate in the past year, and partnerships with local universities.

**Attitudes Toward Research Evidence**

Domestic violence social services practitioners’ attitudes towards research evidence were measured using a modified version of the Evidence-Based Practice Attitude Scale (EBPAS; Aarons, 2004). The EBPAS, is a 15-item scale that measures practitioners’ attitudes toward adoption of research-based practices on four domains: requirements, appeal, openness, and divergence. The **Requirements** subscale consists of three questions assessing the extent to which a provider would utilize a research-based practice if an agency, supervisor, or state required it. The **Appeals** subscale is comprised of four items and assesses the extent to which a provider would utilize a research-based practice if it is intuitively appealing, makes sense, could be correctly used, or is being used by a colleague who is satisfied with it. The **Openness** subscale has four items, which assess the extent to which a provider is open to trying new interventions and his/her willingness to try or use new types of therapy. The **Divergence** subscale consists of four items and assesses the extent to which a provider perceives research-based practices as less important than clinical experience and not clinically useful.

The EBPAS and its subscales have been found to have good psychometric properties with social services practitioners working with children and adults in
community mental health settings (e.g. Aarons, 2004; Aarons et al., 2010; Aarons et al., 2007). For instance, in a national sample of 1,089 clinicians from 100 clinics including public mental health, private for-profit, and private not-for-profit agencies in 26 states, Aarons et al. (2010) found moderate to excellent reliability for the EBPAS total scale (Cronbach’s α = .76). Similar results were found in previous studies with a less diverse sample of service institutions and participants in one California county (Aarons, 2004) and with a smaller, but more geographically diverse, sample of clinicians from 17 states (Aarons et al., 2007). The findings from the Aarons (2004) and Aarons et al. (2007) studies suggest moderate to excellent internal consistency reliability, respectively, for the EBPAS total score (α = .77 and .79). The EBPAS has also shown good content validity in the original study (Aarons, 2004). The items in the original scale were generated from a literature review and consultation with mental health service providers and with mental health services researchers with experience in evidence-based protocol. Additional support for content validity of the EBPAS was found in the Aarons et al. (2010) study, in which an expert panel of six mental health services researchers rated each item on the EBPAS as at least moderately relevant, important, and representative of the factor it was intended to assess.

The modified version of the EBPAS is a 15-item scale that measures social services practitioners’ attitudes toward research-based practices. In the modified scale, the term “therapy” was replaced with practices to expand the applicability of the items to social services practitioners other than therapists. On two items, the term “manualized” was changed to “research-based” with regards to interventions to assess practitioners’ attitudes toward not only manualized interventions but also other research-based
Interventions. Similar to the EBPAS, the modified version asks respondents to indicate their level of agreement for each item on a five-point likert scale. Response options are as follows: 0 = not at all, 1 = to a slight extent, 2 = to a moderate extent, 3 = to a great extent, and 4 = to a very great extent. Attitudes toward research was scored as a cumulative score of the Requirements, Appeal, Openness, and Divergence subscales with higher scores being indicative of more positive attitudes toward research. The modified version, along with the original instrument, was presented to three experts in the field of domestic violence practice to obtain feedback on and suggestions for the modified version. This was done to ensure that the tool is applicable to and user-friendly for DV social services practitioners. This process provided additional support for the content validity of the modified EBPAS. Additionally, the original scale has been tested and normed with a national sample of social services providers similar in their educational and training backgrounds as the sample in this study, making it a useful measure to assess DV social services providers’ attitudes toward research.

**Organizational Climate and Culture**

The culture and climate of DV organizations was measured using a modified version of the culture and climate scales from the Workforce Retention Study Survey developed by the New York State Social Work Education Consortium (as cited in Shim 2010; 2014) for use with DV social services practitioners. The climate scale assesses organizational climate on four variables: role clarity (RC), personal accomplishment (PA), emotional exhaustion (EE), and workloads (WL). Role clarity is defined as the extent to which there is clarity about job expectations and performance standards amongst employees and the extent to which the organization accurately presents its work
and mission to its employees. Personal accomplishment is the extent to which employees feel that they are able to be successful and remain personally involved in their work and are concerned about their clients. Emotional exhaustion measures the extent to which employees feel they have sufficient emotional energy for their work and are able to prevent emotional exhaustion. Workloads measures the extent to which employees perceive their workload and work demands as reasonable and their work processes as efficient. The culture scale assesses organizational culture on three variables: achievement/innovation/competence (AIC), co-operation/supportiveness/responsiveness (CSR), and emphasis on rewards (ER). Achievement/innovation/competence is operationalized as the extent to which employees are given goals that challenge them and are able to develop a plan to accomplish those goals with enthusiasm, are able to participate in making decisions impacting their work, and have sufficient knowledge and competency to provide high quality of services. Co-operation/supportiveness/responsiveness measures the extent to which the organization focuses on the well-being of clients and provides employees with adequate training to develop the skills and strategies to improve services. It also measures employees’ perceptions of the level of peer support, support from supervisors and the organization, and of providing quality services. Finally, ER assesses the extent to which employees feel they are rewarded and paid well for good performance and whether the agency is interested in their well-being. The psychometric properties of the organizational climate and culture scales were determined using a sample of 766 caseworkers and supervisors from 25 public child welfare agencies in New York State (Shim 2010; 2014).
Cronbach’s alpha coefficients for organizational climate and culture as a whole were .87 and .89 respectively.

The modified version of the climate and culture scales consisted of 56 self-report items assessing the perceived climate and culture of social services providers’ organization. Two items on the impact of uniform case records, specific to the child welfare field, were dropped from the modified version. Minimal changes were made on three items that were specific to providing services to children and families such that the modifications reflect providing services to DV victims and their families. Like on the original scales, respondents are asked to indicate their level of agreement for each item on a 5-point Likert scale. Response options are as follows: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. Organizational climate was determined using the cumulative score of the RC, PA, EE, and WL subscales with higher scores indicating a more positive organizational climate (i.e. more engaged climate). Organizational culture was assessed using the cumulative score of the AIC, CSR, and ER subscales with higher scores suggesting a more positive organizational culture (i.e. more constructive or proficient culture). The modified scales were presented to DV experts alongside the original climate and culture scales of the Workforce Retention Study Survey to obtain feedback about the usefulness of the modified scales with DV social services practitioners. This was done to increase the content validity of the scales.

**Research Use**

DV social services practitioners’ use of research evidence in their practice with DV victims and their families was measured using the Utilization of Research Evidence by Practitioners (UREP), a modified scale of the Structure Interview of Evidence Use
(SIEU) developed by Palinkas (2012). The SIEU was developed for use with social services personnel in leadership positions to measure their use of evidence in determining which programs and practices to adopt in their organization. It measures three constructs related to evidence use; Input, Output, and Process. Input is defined as practitioners’ efforts to acquire research evidence, either self-directed or instigated by external sources. Process refers to the extent to which practitioners evaluate the research evidence for its validity, reliability, and generalizability to their own clientele. Output refers to the extent to which practitioners use or ignore research evidence when deciding to implement a new practice or program. For the purpose of this study, only the Output scale was used to assess the extent to which practitioners use and ignore research evidence to inform their practice decisions, the variables of interest.

The psychometric properties of the SIEU and its subscales were determined using a sample of 202 mental health, child welfare, and juvenile justice systems leaders and staff members (Palinkas et al., unpublished). An exploratory factor analysis was conducted to determine the factor structure of the Output subscale. Cronbach’s alpha for the Output subscale was .80, indicating strong internal consistency reliability. Convergent and divergent validity of the SIEU was measured by computing the Pearson product-moment correlations of the SIEU subscale and total scores with the EBPAS subscale and total scores (see Aarons, 2004) and the Organizational Social Context subscale and total scores (see Glisson et al., 2008a), respectively. Using these correlations, Palinkas et al (unpublished) found strong support for the convergent and discriminant validity of the SIEU. More specifically, the Output scores were
significantly associated with the EBPAS subscales of requirements, openness, and divergence, and the total EBPAS score.

As a result of the lack of established psychometrically sound measures of general research use by practitioners, UREP, the modified version of the Output subscale of the SIEU, was developed for use with practitioners, particularly in the DV field. The original Output scale comprised of two factors, using research and ignoring of research. In the original study, the two factors were significantly correlated and combined as one Output scale (Palinkas et al., unpublished). However, in this study the two factors were not significantly correlated and the UREP comprised of two distinct factors: use of research and ignoring of research. For the purpose of this study, research use is defined as the extent to which practitioners use research findings when deciding to utilize a practice or program. Ignoring of research is defined as practitioners’ tendency to intentionally ignore research evidence when implementing a practice or program.

To increase the applicability of the UREP to case managers, advocates, and other social services providers beyond therapists, the word “program” in the original Output scale was replaced with “practice” throughout the measure. The SIEU Output scale asks participants to indicate how important they think different aspects of research use are in deciding whether to adopt a new practice or ignore it. Unlike the original measure, the UREP asks participants to indicate how much they already use different aspects of research when deciding to adopt a new practice or ignore it. On the UREP, respondents are asked to indicate their self-reported ignoring and use of research on a 5-point Likert scale. Response options for the UREP are as follows: 1 = not at all, 2 = rarely, 3 = occasionally, 4 = often, and 5 = all the time. Additionally, respondents are given the
option of refusing to answer any question but encouraged to answer all items. Higher scores on the research use items on the UREP indicated higher use of research evidence and vice-versa. Higher scores on the ignoring of research items on the UREP suggested lower ignoring of research and lower scores indicated higher ignoring of research. The original and modified subscale was presented to DV experts for feedback to increase content validity of the measure.

**Procedures**

The study was approved by the Institutional Review Board (IRB) through the University of Miami. Qualtrics, an online survey tool, was used to develop the survey and collect data nationally using the Internet. Recruitment for this study occurred through various online channels from March through June 2015. This process involved posting a link to the web-based survey on numerous listservs that DV practitioners subscribe to and on social networking sites like Facebook and Twitter. Through a three-year community-university partnership between the University of Miami and the Resource Center on Domestic Violence, the investigator was able to build trusting relationships with national and state leaders in the DV field. The link to the online survey was forwarded to these leaders from national organizations such as NCJFCJ, Futures Without Violence, and NNEDV who then endorsed the study and forwarded it to practitioners in their networks. Through word of mouth and the endorsement of national leaders in the DV field, the survey was then further forwarded by practitioners and program managers to their colleagues. The link to the survey was also sent to DV state coalition directors across the U.S. to forward to practitioners in their states. The written introduction to the web-based survey provided participants with information on the
purpose, nature, and procedures of the study (see Appendix B). It reviewed the benefits and potential risks involved in participating in this study. Participants were informed in the written introduction that they could withdraw from or refuse their participation at any time during the survey with no consequences. They were informed that completion of the survey would make them eligible to participate in a raffle for a round-trip airline travel voucher to a destination of their choice within the continental United States.

Inclusion criteria were described in the introduction to the survey and responses to initial questions regarding age, nature of current caseload, and whether they worked in a DV specific agency determined eligibility for the study. Those individuals that were eligible and consented to participate were directed to complete the remainder of the survey. It took approximately 15 minutes to complete the survey. Participants were able to skip certain questions if they did not wish to answer them but were encouraged to answer all questions to the best of their ability. They were also able to save their responses and return to the survey at a later time and were not required to complete it in one sitting.

Upon completion, participants were thanked for their participation and provided a code that they could voluntarily email to the investigator to be entered in the raffle for the airline travel voucher.
Chapter 4: Results

All analyses for the study were conducted using IBM SPSS Statistics (version 23). First, an initial analysis was conducted to determine if there were any significant differences between survey completers and non-completers on all background variables. Second, descriptive statistics were examined to better understand the characteristics of the sample utilized in the study. Third, the percentage, pattern, and nature of missing data were examined using the missing values analysis and Little’s MCAR test (Little, 1988). Fourth, three one-factor analyses were completed to determine the loadings of items for the climate, culture, and research use scales. Fifth, composite scores for the attitudes toward research, culture, climate, research use, and ignoring research scales were calculated using the mean of individual responses on all corresponding items for each variable. Sixth, various preliminary analyses were conducted to determine the relationship between each variable of interest and the dependent (i.e. research use and ignoring research) and independent variables (i.e. attitudes toward research, climate, and culture). The preliminary analyses conducted were as follows: (1) Independent samples $t$-tests for gender (male or female) and for university partnership (yes or no), (2) Analysis of Variance to determine differences in groups on research use by race, highest degree, discipline, type of position, current position, theoretical orientation, type of agency, time in current position, turnover, number of employees, caseload, and amount of experience, (3) Correlation for research use, ignoring research, age, number of kinds of services, climate, culture, and attitudes toward research. Given the exploratory nature of this study, the preliminary analyses guided which variables would be included in the
hierarchical regression analyses. Finally, assumptions of hierarchical regression were tested.

**Initial Analysis**

A total of 306 participants started the web-based PUREs survey. Of these, 242 (79%) completed the survey and 64 did not finish. Non-completers were defined as individuals who did not press the “Finish Survey” button on the online survey and did not respond to a single item on the outcome variables of interest. The inclusion criteria for the study required participants to be over 18 years of age, English speaking, currently working in a DV organization, and currently working with DV victims and/or their families. From those that completed the survey, 36 were dropped from further analyses, as they did not meet inclusion criteria. Thirty-two participants who completed the survey were not currently working with victims of DV and four were not working in DV organizations. A total of 206 participants met inclusion criteria and were included in the final analyses.

A number of analyses were conducted to examine whether those that completed the survey differed from those that did not on any of the background variables. An independent samples t-test found no significant differences between the groups based on age ($t(280) = -.53, p = .59$) or number of kinds of services ($t(283) = -1.4, p = .16$). Chi-square tests were utilized to determine differences between groups by gender ($\chi^2(3) = .35, p = .95$), discipline ($\chi^2(9) = 8.09, p = .53$), type of agency ($\chi^2(4) = 1.61, p = .81$), type of position ($\chi^2(3) = 6.28, p = .10$), partnership with a university ($\chi^2(2) = .63, p = .73$), race ($\chi^2(7) = 11.14, p = .13$), current position ($\chi^2(4) = 3.13, p = .54$), and theoretical orientation ($\chi^2(8) = 4.75, p = .78$). Mann-Whitney U tests were completed to
assess for group differences by highest degree ($Z = -.99, p = .32$), amount of experience ($Z = -.004, p = 1.00$), time in current position ($Z = -.36, p = .72$), current caseload ($Z = -1.77, p = .08$), number of employees in the organization ($Z = -.69, p = .49$), and current turnover rate ($Z = -.78, p = .44$). These results suggest that there are no significant differences between survey completers and non-completers on any of the background variables measured.

**Descriptive Statistics**

The final sample utilized in the study consisted of 206 participants who completed the PUREs survey and met inclusion criteria (see table 1 for sample characteristics). Seven percent of the sample identified as 92% female ($n=189$), male ($n=15$), and 1% queer ($n=2$). The majority of participants identified themselves as White ($n=128, 62$%) followed by Asian ($n=25, 12$%), Latino/a ($n=24, 12$%), Black ($n=10, 5$%), biracial/multiracial ($n=4, 2$%), and Native American ($n=3, 1$%). Six percent of participants identified ethnically as other ($n=12$). The mean age of participants was $40.75$ ($SD=12.86$). With regards to highest degree, 1% completed high school ($n=1$), 6% some college ($n=12$), 3% an associates degree ($n=7$), 38% a bachelors degree ($n=79$), 48% a masters degree ($n=99$), and 4% a doctorate degree ($n=8$). Most participants in the sample were from the social work field ($n=76, 37$%), followed by psychology ($n=19, 9$%), other counseling degrees ($n=13, 6$%), criminal justice ($n=11, 5$%), administration ($n=6, 3$%), and marriage and family therapy ($n=3, 2$%) and education ($n=3, 2$%). Twenty-four percent of the sample identified as having more than one field of study ($n=49$) and 12% percent as other ($n=26$). In terms of theoretical orientation, 22% of the sample identified as eclectic ($n=46$), 18% as cognitive/behavioral ($n=37$), 11% as humanistic ($n=22$), 10%
as family based ($n=21$), 1% as psychodynamic ($n=3$) and 1% as EMDR ($n=3$), and 1% as creative approaches ($n=1$). Nine percent identified their theoretical orientation as other ($n=18$), and 27% responded that the question does not apply to them ($n=55$).

More than half the participants in the study had over 5 years of experience in the DV field ($n=145$, 70%) and only one individual had been in the field for less than six months. Eleven percent of participants had been in the field from 3-5 years ($n=23$), 14% for 1-3 years ($n=29$) and 4% for 6-11 months ($n=8$). Thirty-six percent of participants had been in their current position for over 5 years ($n=75$), 16% from 3-5 years ($n=33$), 30% for 1-3 years ($n=62$), 12% for 6-11 months ($n=24$), and 6% from 0-6 months ($n=12$). Most participants were in a full-time position at their organization ($n=172$, 84%) followed by part-time employees ($n=29$, 13%), other ($n=4$, 2%), and interns ($n=3$, 1%). Thirty-eight percent of the participants were advocates ($n=79$), 30% directors/managers ($n=62$), 11% therapists ($n=22$), and 7% case managers ($n=14$). Fourteen percent of participants described their position as other ($n=29$). Forty-one percent of the sample had a caseload of 1-10 clients ($n=84$), 28% of 11-20 clients ($n=59$), 10% of 21-30 clients ($n=21$), 6% of 31-40 clients ($n=12$), and 15% of over 40 clients ($n=30$).

A majority of the sample worked in a private-not-for-profit agency ($n=159$, 77%). Sixteen percent of participants worked in a public agency ($n=32$), 4% for private-for-profit organizations ($n=9$), and 2% for other ($n=4$). One percent of participants did not know the nature of the organization they were working for ($n=2$). The average number of kinds of services provided by the organization was 3.14 ($SD=1.46$). Sixteen percent of participants indicated that their organization had 1-10 employees ($n=32$), 28% had 11-20 employees ($n=58$), 14% had 21-30 employees ($n=29$), 11% had 31-40 employees ($n=23$),
7% had 41-50 employees \((n=14)\), and 21% had over 50 employees \((n=44)\). With regards to turnover in the past year, 34% participants responded that their organizations had 0-10% turnover \((n=69)\), 16% had 11-20% turnover \((n=33)\), 10% had 21-30% turnover \((n=21)\), 8% had 31-40% turnover \((n=16)\), 2% had 41-50% turnover \((n=5)\), and 3% had over 50% turnover \((n=6)\). Twenty-seven percent of the sample did not know their organization’s turnover rate for the past year \((n=56)\). Fifty-nine percent of participants indicated that their organization has a partnership with a university \((n=122)\), 28% did not have a partnership \((n=58)\), and 13% did not know \((n=26)\). With regards to the independent variables included in the study, on average, participants had a mean score of 3.83 \((SD=.50)\) on the attitudes toward research evidence measure, a score of 2.24 \((SD=.60)\) on the culture measure, and a score of 2.19 \((SD=.63)\) on the climate measure. The sample in this study had a mean average score of 3.87 \((SD=.75)\) on the research use items and 3.09 \((SD=.96)\) on the ignoring of research items, the dependent variables of interest in this study.

**Handling Missing Data**

The missing data on the dependent and independent variables were examined to determine if they were systematically missing in the sample utilized for the final analyses. The Little’s MCAR test was utilized and results suggest that the missing data cannot be assumed to be missing completely at random \((\chi^2 (3230) = 3428.03, p = .008)\). Rather, the missing data were assumed to be systematically related to some of the variables in the dataset. A majority of the variables had less than 5% missing data, a negligible amount \((Enders, 2010)\). All four items on the ignoring research variable and three out of the five items on the research use variable had between 5-10% missing data.
Expectation/maximization (i.e. EM algorithm), which is a maximum likelihood procedure that works with the relationship between the unknown parameters of the data model and the missing data, was used to estimate the missing values in the dataset. Using the EM algorithm approach, the parameters for each variable were estimated first, then the missing values, which were in turn used to re-estimate the parameters. The re-estimated parameters were then used to estimate missing values and so on till the process finally converged on stable estimates. Additionally, the final regression models were run twice, once using pairwise deletion methods for handling data and a second time using the dataset with estimated missing values, to determine if the missingness significantly impacted the findings of the study.

**Factor Analyses and Reliability of Scales**

The measures utilized in the study were all adapted from other existing measures to better fit the context of domestic violence organizations. A number of factor analyses were conducted to determine how the data for this study fit the recommended one-factor structure for the attitudes toward research, climate, culture, and research use scales. The item statistics (sample size, mean, standard deviation, and factor loadings) for the modified EBPAS scale can be found in Table 2, for the modified culture scale in Table 3, for the modified climate scale in Table 4, and for the UREP in Table 5. The principal axis factoring method was utilized and the factors were constrained to one to assess the one-factor model. The factor analyses indicated that a one-factor structure could be assumed and utilized for the attitudes, culture, and climate scales. The factor analysis for the UREP, which is a modification of the Output subscale of the SIEU, showed that two factors better explained the items: one where research is utilized and another when
research is ignored. The original Output subscale was found to have similar results but the authors found a factor correlation of .24 for the subfactors and recommended summing the item responses to have one Output subscale score. However, the present study found a factor correlation of -.027 for the two subfactors using a promax rotation method, suggesting that they may be measuring two different constructs in this study. As a result, two outcome variables, namely when participants used research and when they tended to ignore research, were used for all final analyses.

Cronbach’s alpha was obtained to assess the reliability of measures for attitudes toward research, culture, climate, research use, and ignoring research. The reliability coefficients for all variables were above .70, which is considered reasonable (Nunnally, 1978). The attitudes toward research measure had a reliability coefficient of .82, the culture measure of .94, the climate measure of .93, research use measure of .79, and ignoring research measure had a reliability coefficient of .86. These findings suggest that all measures used in the study had acceptable reliability levels.

**Preliminary Analyses**

Given the limited literature and theory on research use by social services practitioners, this is an exploratory study aimed at better understanding practitioners’ use of research in the DV context. Variables for the preliminary analyses were selected based on previous literature and theory. To further guide the selection of predictor variables for the final analyses, measures of association between the dependent variables (research use and ignoring research), independent variables (attitudes toward research, climate, and culture), and variables of interest were included in the analysis. Please see
Table 6 for the correlation coefficients for the continuous variables included in the preliminary analyses.

**Individual level variables.** Age was negatively correlated with climate \( r(206) = -.14, p = .05 \) but was not found to be significantly correlated with research use \( r(204) = .10, p = .15 \) or ignoring research \( r(204) = -.04, p = .62 \). Using an independent-samples \( t \)-test, gender was not found to be significantly related to any of the independent variables, research use \( t(200) = .37, p = .71 \), or ignoring research \( t(202) = .17, p = .87 \). One-way analysis of variances (ANOVAs) found that race was significantly related to ignoring research \( F(4, 201) = 2.87, p = .02 \) but not to research use \( F(4, 201) = 2.19, p = .07 \) or any of the independent variables. Pairwise comparisons using a Bonferroni adjustment showed that those who identified racially as White were significantly more likely to ignore research as compared to those that identified as anything other than White, Black, Asian, or Latino/a. Highest degree was significantly associated with culture \( F(3, 202) = 2.70, p = .05 \) and climate \( F(3, 202) = 2.83, p = .04 \) but not with research use \( F(3, 202) = .92, p = .43 \) and ignoring research \( F(3, 202) = .81, p = .49 \). Post-hoc analyses using Bonferroni adjustment found that individuals with less than a Bachelors degree perceived their organizational culture and climate to be more negative as compared to those with a Masters degree. Primary discipline was not significantly associated with research use \( F(5, 200) = 1.20, p = .31 \), with ignoring research \( F(5, 200) = 1.69, p = .14 \) or with any of the independent variables. Similarly, theoretical orientation was not significantly related to research use \( F(5, 200) = .63, p = .68 \), ignoring research \( F(5, 200) = 1.26, p = .29 \) or to any of the independent variables. Amount of experience in the DV field was significantly related to culture \( F \)
(3, 202) = 2.85, \( p = .04 \) and climate \( (F \ (3, \ 202) = 3.27, \ p = .02) \) but not to research use \( (F \ (3, \ 202) = 1.44, \ p = .23) \) or ignoring research \( (F \ (3, \ 202) = 1.34, \ p = .26) \). Significant group differences were found between individuals who had been in the DV field for 3-5 years as compared to those who had been in the field 1-3 years or over 5 years. Using Bonferroni adjustments, pairwise comparisons showed that individuals who had been in the DV field for 3-5 years reported more positive organizational climate and culture as compared to those who had been in the field for 1-3 years and more positive climate than those who had been in the field for over 5 years.

**Organization-related variables at the individual level.** Current position at the organization was related to attitudes toward research \( (F \ (4, \ 201) = 3.12, \ p = .02) \) but not to research use \( (F \ (4, \ 201) = 1.51, \ p = .20) \), ignoring research \( (F \ (4, \ 201) = .69, \ p = .60) \), or the other independent variables. Pairwise comparisons using Bonferroni adjustment showed that advocates reported more positive attitudes toward research as compared to directors/managers. Type of position was related to ignoring research \( (F \ (2, \ 203) = 5.07, \ p = .01) \) but not to research use \( (F \ (2, \ 203) = .43, \ p = .65) \) or any of the independent variables. Having a full-time position was associated with increased ignoring of research as compared to having a part-time position. Amount of time in current position was not significantly associated with research use \( (F \ (4, \ 201) = .73, \ p = .57) \), ignoring research \( (F \ (4, \ 201) = 1.21, \ p = .31) \), or with the independent variables or interest. Current caseload was significantly related to research use \( (F \ (4, \ 201) = 2.46, \ p = .05) \) but not to ignoring research \( (F \ (4, \ 201) = .32, \ p = .87) \) or attitudes, climate, or culture. Post-hoc analyses using Bonferroni adjustment showed that individuals who had a caseload of over 40 clients reported significantly higher research use than individuals who had a caseload of
1-10 clients. Type of organization was not significantly related to research use \( (F(2, 197) = 1.54, p =.22) \), ignoring research \( (F(2, 197) = .81, p =.45) \), or the independent variables. The number of different kinds of services offered by the organization was significantly negatively correlated with ignoring research \( (r(204) = -.16, p = .02) \) but was not significantly correlated with research use \( (r(204) = .11, p = .13) \) or the other independent variables. Turnover in the organization over the past year was significantly related to culture \( (F(5, 200) = 4.38, p = <.01) \) and to climate \( (F(5, 200) = 5.64, p = <.01) \) but not to research use \( (F(5, 200) = 1.34, p =.25) \) or ignoring research \( (F(5, 200) = .72, p =.61) \). Pairwise comparisons using Bonferonni adjustment found that individuals who reported 31-40% turnover rate in the past year had significantly more positive perceptions of their organizational climate and culture as compared to those who reported 0-10% turnover rate and more positive climate as compared to those who reported 11-20% turnover rate. These analyses also found that individuals who reported over 40% turnover rate in the past year had significantly more positive perceptions of their organizational climate as compared to individuals who reported 0-10% turnover rate.

Number of employees in the organization was not significantly related to research use \( (F(6, 198) = .72, p =.59) \), ignoring research \( (F(6, 198) = .53, p =.79) \), or the independent variables. Similarly, the organization having a partnership with a university was not significant related to research use \( (t(178) = 1.34, p =.18) \), ignoring research use \( (t(178) = -.44, p =.66) \), or the independent variables.

**Assumptions of Hierarchical Regression**

**Linearity.** Scatterplots of standardized residuals and standardized predicted values for research use (see figure 1) and ignoring research (see figure 2), the two
dependent variables, showed that there was no obvious pattern and the residuals were randomly distributed. This provides evidence for the assumption of linearity.

**Normality of errors.** Evidence of normality of errors was obtained by examining the distribution of residuals for both research use and ignoring research variables. The histograms for research use (see figure 3) and for ignoring of research (see figure 4) as well as the P-P plots (see figure 5 for research use and 6 for ignoring of research) suggest normality of errors for both dependent variables.

**Independence of errors.** The assumption of independence of errors was assumed, given that the sample was randomly selected.

**Homoscedasticity of errors.** To test the assumption of homoscedasticity of errors, two scatterplots of standardized residuals and standardized predicted values were analyzed, one for each dependent variable. Results found that there was a relatively equal spread of residuals across the predicted values in both scatterplots, providing evidence for the assumption of homoscedasticity of errors.

**Multicollinearity.** The independent variables were assumed to be free of multicollinearity as was evidenced by a tolerance of greater than .1 and a variance inflation factor of less than 10 for all independent variables.

**Results from the Hierarchical Linear Regression Analyses**

**Control variables included in the model.** The control variables included in the hierarchical regression analyses were selected based on previous literature and preliminary analyses to determine their relationship with the dependent and independent variables of interest. The literature was first reviewed to identify variables associated with research use, attitudes toward research, and organizational culture and climate. A
number of preliminary analyses were then completed to determine which of the identified control variables were significantly related to the dependent or independent variables included in the study (see Preliminary Analyses section for more details). Only those variables that were found to be significantly related to research use, ignoring research, attitudes toward research, culture, and climate were entered into the first block of every regression model to test the hypotheses of this study.

Age was significantly related to organizational climate, highest educational degree to culture and climate, and race to ignoring research. These background variables were included in the analyses. Other individual background variables included in the preliminary analyses that were not significantly related to the dependent and independent variables were gender, primary discipline, and theoretical orientation. As a result, these variables were dropped from the final analyses. With regards to working as social services practitioners, amount of experience in the DV field was significantly related to culture and climate and was therefore included in the final analyses.

Type of position (e.g. full-time, part-time) was significantly related to ignoring research and practitioners’ current position in their organization (e.g. director, advocate, therapist) to attitudes toward research. Practitioners’ caseload and number of kinds of services (e.g. outpatient, inpatient, residential) were significantly associated with ignoring research and amount of turnover in the organization in the past year with culture and climate. These organizational variables measured at the individual level were included as controls in the final analyses. Individual level variables related to the specific organization that were not included in the analyses were type of organization (e.g. public, private-not-for-profit), amount of time in the current position, number of employees in
the organization, and whether the organization had a university partnership or not. The abovementioned variables were excluded from the final analyses because they were not found to be significantly related to the dependent or independent variables in this study.

**Hypothesis Testing.** Multiple hierarchical linear regression models were utilized to study the research questions of interest. The first block of every regression model analyzed included the following control variables: age, race, highest degree, amount of experience in the DV field, type of position, current position, caseload, turnover, and number of kinds of services. The first model, Model 1, included the control variables in block 1, attitudes toward research scores were added in block 2, and perceived organizational culture and climate were included in block 3 with self-reported research use as the dependent variable (see Table 7 for regression statistics). The second model analyzed, Model 2, consisted of the control variables in block, culture and climate scores added in block 2, and attitudes toward research in block 3 with self-reported research use as the dependent variable (see Table 8 for regression statistics). Model 3 used the same blocks as Model 1 but the dependent variable was self-reported ignoring of research (see Table 9 for regression statistics). Similarly, Model 4 used the same blocks as Model 2 and self-reported ignoring of research was the dependent variable (see Table 10 for regression statistics). In Model 5, the first block included all control variables and centered climate, culture, and attitudes toward research scores and block 2 included an interaction term of the product of climate and culture with research use as the dependent variable (see Table 11 for regression statistics). Model 6 used the same blocks as Model 5 but the dependent variable was ignoring of research (see Table 12 for regression statistics). In Model 7, block 1 included control variables and centered attitudes toward
research, culture, and climate scores and block 2 added two interaction terms, one for the product of attitudes and climate and the other for the product of attitudes and culture, with research use as the dependent variable (see Table 13 for regression statistics). Finally, Model 8 used the same blocks as Model 7 but ignoring of research was the dependent variable (see Table 14 for regression statistics). The research questions and the results for each were as follows:

1. What is the relationship between DV social services practitioners’ attitudes toward research and their reported use of research evidence in day-to-day practice?

To test the hypothesis that attitudes toward research will be positively associated to self-reported research use (Hypothesis 1), research use was regressed on the control variables and attitudes toward research (Model 1). The overall model for block 1 with the control variables was not significant \( (F(27, 178) = 1.33, p = .14, R^2 = .17) \). The overall model for block 2 with the control variables and attitudes toward research was significant \( (F(28, 177) = 1.83, p = .01, R^2 = .23) \). The addition of the attitudes score into the model significantly explained additional variance in research use \( (\Delta F (1, 177) = 13.08, p = <.01, \Delta R^2 = .06) \).

Given the exploratory nature of this study, a second model was run with perceived organizational climate and culture being included in the block 2 and attitudes being entered in block 3 to determine the relationship between attitudes and reported research use after controlling for perceived organizational social context (Model 2). For block 2 with the control variables and perceived climate and culture scores, the overall model was not significant \( (F(29, 176) = 1.31, p = .15, R^2 = .18) \). Adding climate and culture scores
in block 2 did not significantly explain any additional variance in research use ($\Delta F(2, 176) = 1.12, p = .33, \Delta R^2 = .01$). The overall model for block 3, which included the control variables, perceived climate and culture, and attitudes toward research was statistically significant ($F(30, 175) = 1.79, p = .01, R^2 = .24$). Attitudes toward research was found to significantly explain additional variance in self-reported research use after controlling for the effects of the control variables as well as perceived organizational culture and climate ($\Delta F(1, 175) = 12.95, p < .01, \Delta R^2 = .06$).

Model 2 was retained to determine the relationship between attitudes toward research and self-reported research use after controlling for background variables as well as perceived organizational climate and culture. As shown in Table 8, the standardized slope for attitudes toward research is statistically significant ($b = .39, SE = .11, \beta = .26, t(177) = 3.62, p < .01$); for every standard deviation increase in attitudes toward research, research use will increase by .26 of a standard deviation after controlling for all other variables in the model. In this model, having a caseload of over 40 clients also had a significant standardized slope ($b = .34, SE = .16, \beta = .16, t(177) = 2.07, p = .04$); there was a .16 standard deviation increase in research use scores for individuals who had a caseload of over 40 clients as compared to those who had a caseload of 1-10 clients. These results provide support for Hypothesis 1, indicating that attitudes toward research are significantly positively related to self-reported research use. Similar results were found using pairwise deletion as the method for handling missing data, suggesting that the estimated values may not have significantly biased the findings.
2. What is the relationship between DV social services practitioners' attitudes toward research and their reported ignoring of research evidence in day-to-day practice?

To test the hypothesis that attitudes toward research will be negatively related to self-reported ignoring of research (Hypothesis 2), ignoring research was regressed on the control variables and attitudes toward research (Model 3). For block 1 with the control variables, the overall model was not significant \((F (27, 178) = 1.29, p = .17, R^2 = .16)\). The overall model for block 2, with attitudes toward research, was statistically significant \((F (28, 177) = 1.62, p = .03, R^2 = .20)\). Attitudes toward research significantly explained additional variance in self-reported ignoring of research \((\Delta F (1, 177) = 9.04, p < .01, \Delta R^2 = .04)\). When Model 3 was run using pairwise deletion methods, the overall model for block 2 was not significant but the standardized slope for attitudes toward research remained statistically significant.

A second model (Model 4) was analyzed, which included perceived organizational climate and culture in the model, to examine the unique effect of attitudes toward research on ignoring research after controlling for other control variables as well as climate and culture scores. Results indicate that the overall model for block 2, with the control variables and climate and culture scores, was not significant \((F (29, 176) = 1.50, p = .06, R^2 = .20)\). However, the addition of perceived organizational climate and culture did significantly explain unique variance in self-reported ignoring of research \((\Delta F (2, 176) = 3.82, p = .02, \Delta R^2 = .04)\). This suggests the presence of a suppressor variable in the model and will be discussed later. The overall model for block 3, with control variables, climate and culture scores, and attitudes toward research was significant \((F\)
(30, 175) = 1.81, $p = .01$, $R^2 = .24$). Attitudes toward research significantly explained unique variance in self-reported ignoring of research ($\Delta F (1, 175) = 8.98$, $p = <.01$, $\Delta R^2 = .04$). Analyzing Model 4 with pairwise deletion methods found similar results with regards to the overall model fit but did not find the presence of a suppressor variable.

Model 4 was retained to test the relationship between attitudes toward research and ignoring of research use after controlling for background variables and perceived climate and culture. As shown in Table 10, the standardized slope for attitudes toward research is statistically significant ($b = .41$, $SE = .14$, $\beta = .21$, $t (177) = 3.00$, $p = <.01$); for every standard deviation increase in attitudes toward research, self-reported ignoring of research scores will increase by .21 of a standard deviation after controlling for all other variables in the model. Belonging to a race other than Black, Latina, or Asian had a significant standardized slope ($b = .52$, $SE = .25$, $\beta = .16$, $t (177) = 2.12$, $p = .04$); ignoring research score increased by .16 standard deviation for individuals who belonged to the Other race category as compared to those who identified as White. The standardized slope for being a therapist was statistically significant ($b = -.52$, $SE = .26$, $\beta = -.17$, $t (177) = -1.99$, $p = .05$); there was a .17 standard deviation decrease in ignoring of research scores for individuals who identified as therapists as compared to managers/directors. The results of the overall model indicate that Hypothesis 2 was supported: higher attitudes toward research was associated with lower self-reported ignoring of research (or higher ignoring research scores).

3. What is the relationship between DV social services practitioners’ perceived organizational context and their reported use of research evidence in practice?
To test the hypotheses that perceived organizational climate (Hypothesis 3) and culture (Hypothesis 4) are positively related to research use, self-reported research use was regressed on the control variables and perceived organizational climate and culture (Model 2). As seen in Table 8, the overall model for perceived organizational culture and climate after controlling for the control variables was not significant for research use. The standardized slopes for culture \( (b = -0.22, SE = 0.19, \beta = -0.17, t (176) = -1.14, p = 0.26) \) and for climate \( (b = 0.10, SE = 0.19, \beta = 0.08, t (176) = 0.52, p = 0.60) \) were not statistically significant. These findings indicate that Hypotheses 3 and 4 were not supported; organizational climate and culture did not significantly predict research use after controlling for control variables. Running the model using pairwise deletion methods found similar results, suggesting that the estimation of values may not have significantly impacted the results of the study.

Additionally, an interaction effect between climate and culture was hypothesized, with a more positive culture being associated with higher use of research evidence in the presence of a more positive climate (Hypothesis 5). To test this hypothesis, Model 5 was analyzed (see Table 11). For block 1 with the control variables, culture, climate, and attitudes toward research scores, the overall model was significant \( (F (30, 175) = 1.79, p = 0.01, R^2 = 0.24) \). The overall model for block 2, with the inclusion of the interaction term, was significant \( (F (31, 174) = 1.79, p = 0.01, R^2 = 0.24) \). However, the interaction term did not significantly explain any unique variance in self-reported research use \( (\Delta F (1, 174) = 1.62, p = 0.21, \Delta R^2 = <0.01) \). Therefore, Hypothesis 5 was not supported in the study and there was no interaction effect between perceived organizational culture and climate and
self-reported research use. The same analysis using pairwise deletion method of handling missing data found similar results.

4. What is the relationship between DV social services practitioners’ perceived organizational context and their reported ignoring of research evidence in practice?

To test the hypotheses that perceived organizational climate (Hypothesis 6) and culture (Hypothesis 7) are negatively related to ignoring of research, self-reported ignoring of research use was regressed on the control variables and perceived organizational climate and culture (Model 4). As shown in Table 10, the overall model for perceived organizational culture and climate after controlling for the control variables was not significant for self-reported ignoring of research evidence. However, the inclusion of climate and culture scores did significantly explain unique variance in ignoring of research ($\Delta F(2, 176) = 3.82, p = .02, \Delta R^2 = .04$), suggesting the presence of a suppressor variable. The overall model fit was found to be similar when running the analysis using pairwise deletion methods but the presence of a suppressor was not found in this model.

Perceived organizational climate was not significantly correlated with ignoring of research in the preliminary analyses ($r(204) = -.06, p = .38$). However, the standardized slope for climate was significant in block 2 of Model 4 ($b = .48, SE = .24, \beta = .31, t(175) = 1.98, p = .05$), when attitudes toward research were not included in the model. These results indicate that perceived organizational climate is functioning as a classic suppressor in this analysis (Pandey & Elliott, 2010; Pedhazur, 1982). To test the suppression effect, block 1 and 2 of Model 4 were run after removing organizational
climate scores from block 2. Results show that the overall predictability of the model decreased \((F(28, 177) = 1.39, p = .11, R^2 = .18)\). The coefficient of perceived organizational culture also decreased when organizational climate was removed from the model \((b = -.24, SE = .12, \beta = -.15, t(177) = -1.91, p = .06)\). While climate was not significantly correlated with ignoring of research, it increased the prediction in ignoring of research use by removing irrelevant predictive variance from perceived organizational culture, thereby increasing the predictive weights of culture in the model. A suppressor variable is defined by its effects on other variables in the model and not by its own regression weight (Pandey & Elliott, 2010). Therefore, perceived organizational climate was interpreted as accounting for variance associated with culture scores and not with ignoring of research. As a result, hypothesis 6 was not supported, as perceived organizational climate was not found to be significantly related to ignoring of research use.

Given the exploratory nature of the study, a second model was run to determine the effect of perceived organizational climate and culture after controlling for the effects of the control variables and attitudes toward research (Model 3). As previously noted, the overall model for block 1 was not significant and for block 2 was significant. For block 3, with the control variables, attitudes toward research, and culture and climate scores, the overall model was significant \((F(30, 175) = 1.81, p = .01, R^2 = .24)\). The addition of perceived organizational climate and culture did significantly explain unique variance in self-reported ignoring of research \((\Delta F(2, 175) = 3.82, p = .02, \Delta R^2 = .03)\). As shown in Table 9, the standardized slope for perceived organizational culture was significant \((b = -.65, SE = .24, \beta = -.40, t(175) = -2.66, p < .01)\); for every standard deviation increase in
culture scores, ignoring of research scores decreased by .40 standard deviation. These results are contradictory to Hypothesis 7, as lower ignoring of research scores indicates higher tendency to ignore research. Results show that having a more positive culture is associated with increased ignoring of research. For attitudes toward research, the standardized slope was significant ($b = .41, SE = .14, \beta = .21, t(175) = 3.00, p = <.01$); for every standard deviation increase in attitudes toward research scores, there was a .21 standard deviation increase in ignoring of research scores. The standardized slope for belonging to a race other than Black, Latino/a, or Asian was significant ($b = .52, SE = .25, \beta = .16, t(175) = 2.12, p = .04$); ignoring of research scores increased by .16 standard deviation for individuals belonging to the Other race as compared to those who identify as White. Similar to the findings in Model 3, these analyses indicate that Hypothesis 6 and 7, that positive perceived organizational climate and culture will be negatively related to ignoring of research use, were not supported. An analysis of Model 4 using pairwise deletion found that none of the three blocks had a significant overall model fit. These findings should therefore be interpreted with caution given the potential effect of missing data.

An interaction effect between climate and culture on ignoring of research was hypothesized, such that a more positive culture will be associated with lower ignoring of research in the presence of a more positive climate (Hypothesis 8). To test this hypothesis Model 6 was analyzed (see Table 12 for regression statistics). The overall model for block 1, with all control variables and centered culture, climate, and attitudes toward research, was statistically significant ($F(30, 175) = 1.81, p = .01, R^2 = .24$). For block 2, with the interaction term (product of climate and culture scores) added, the
overall model was significant ($F(31, 174) = 1.74, p = .01, R^2 = .24$). The inclusion of the interaction term did not significantly explain any unique variance in ignoring of research scores ($\Delta F(1, 174) = .01, p = .99, \Delta R^2 = .01$). These findings indicate that there was no interaction effect between climate and culture on self-reported ignoring of research. Therefore Hypothesis 8 was not supported in this study. The analysis using pairwise deletion methods found similar findings in that there was no interaction effect between climate and culture on ignoring of research.

5. How is the relationship between DV social services practitioners’ attitudes toward research and their reported use and ignoring of research evidence in their day-to-day practice moderated by the organizational context?

The moderation effects of perceived organizational culture and climate were assessed using the method proposed by Baron and Kenny (1986). It was hypothesized that the organizational social context (culture and climate) will moderate the relationship between practitioner attitudes toward research and their self-reported research use (Hypothesis 9) as well as their self-reported ignoring of research (Hypothesis 10). The correlations between climate and culture and attitudes toward research, research use, and ignoring of research were determined. As shown in Table 6, perceived organizational climate was not correlated with any of the abovementioned variables. Perceived organizational culture was significantly correlated with self-reported ignoring of research scores ($r(204) = -.15, p = .04$). It is recommended that the moderators not be correlated with the predictor variable (i.e. attitudes toward research) or the dependent variables (i.e. research use and ignoring of research). This was true for most cases, making the interaction terms more interpretable (Baron & Kenny, 1986).
To test Hypothesis 9, Model 7 was analyzed (see Table 13 for regression statistics). This involved regressing use of research evidence scores on the independent variable and the moderators (i.e. climate and culture) to determine whether there was a main effect for each after controlling for other control variables. The interaction terms (product of climate and attitudes and culture and attitudes) was added in block 2 to determine the moderation effect above the main effect for each. As shown in Table 13, attitudes toward research was the only variable of interest in the moderation model that had a significant standardized slope \( (b = .39, SE = .11, \beta = .26, t (175) = 3.60, p = .01) \). The overall model for block 1, which included all variables other than the interaction terms, was significant \( (F (30, 175) = 1.79, p = .01, R^2 = .24) \). The overall model for block 2, with the added interaction terms, was also significant \( (F (32, 173) = 1.87, p = .01, R^2 = .26) \). However, the interaction terms did not significantly explain additional variance in self-reported research use \( (\Delta F (2, 173) = 2.55, p = .08, \Delta R^2 = .02) \). The standardized slopes were not significant for both interaction terms; between attitudes and culture \( (b = -.37, SE = .41, \beta = -.15, t (173) = -.92, p = .36) \) and between attitudes and climate \( (b = -.04, SE = .40, \beta = -.02, t (173) = -.10, p = .92) \). These results indicated that Hypothesis 9 was not supported; perceived organizational culture and climate did not moderate the relationship between attitudes toward research and research use. Similar conclusions can be drawn from the analysis of Model 7 using pairwise deletion methods for handling missing data.

Model 8 was examined to test Hypothesis 10 (see Table 14 for regression statistics). The main effects of attitudes toward research, culture, and climate on ignoring of research were first determined and controlled for prior to examining the moderation
effects of perceived organizational culture and climate on the relationship between attitudes and self-reported ignoring of research. The standardized slope was significant for attitudes toward research \( (b = .41, SE = .14, \beta = .21, t (175) = 3.00, p = <.01) \) and for culture \( (b = -.65, SE = .24, \beta = -.40, t (175) = -2.66, p = <.01) \). The overall model for block 1, with all variables except the interaction terms was significant \( (F (30, 175) = 1.81, p = .01, R^2 = .24) \). For block 2, with the inclusion of the interaction terms, the overall model was significant \( (F (32, 173) = 1.70, p = .02, R^2 = .24) \). However, the inclusion of the interaction terms did not significantly explain any additional variance in self-reported ignoring of research \( (\Delta F (2, 173) = .26, p = .77, \Delta R^2 = <.01) \). Similar to Model 7, the standardized slopes were not significant for the interaction term between attitudes and culture \( (b = -.31, SE = .53, \beta = -.10, t (173) = .58, p = .56) \) or between attitudes and climate \( (b = .36, SE = .51, \beta = .142, t (173) = .71, p = .48) \). These results indicate that Hypothesis 10 was not supported; perceived organizational culture and climate did not moderate the relationship between attitudes toward research and self-reported ignoring of research. The analysis of Model 8 using pairwise missing data methods resulted in the same conclusion regarding Hypothesis 10.
Chapter 5: Discussion

The purpose of this study was to explore the role of attitudes toward research and the organizational social context (climate and culture) in DV social services practitioners’ use of research evidence in their practice. The study also found a second related variable, ignoring of research, which was then examined to determine if it was potentially predicted by attitudes and organizational social context. The literature on understanding practitioners’ ignoring and use of research is sparse and no study to date has examined this phenomenon in the DV field. As research utilization by practitioners is a growing area of exploration in the social services field, further investigation will help expand understanding of the factors that are related to practitioners’ research use and when they tend to ignore research. This increased understanding of factors related to practitioners’ ignoring and use of research could help practitioners and organizations identify means to increase their use of empirically supported practices. This, in turn, could have implications for decreasing practitioners’ stress by providing guidance and support for their practice decisions and for improving client outcomes and quality of care. The current trend of funding being tied to use of research-based practices and interventions, particularly in the DV field, calls for more research on practitioners’ utilization of research.

The results of this study provided valuable information on the role of individual-related and organization-related factors that could influence use and ignoring of research in practice. More specifically, the study emphasized the relationship between practitioners’ attitudes toward research and their perceived organizational climate and culture and their self-reported research use and ignoring of research. In a previous study,
these two factors, research use and ignoring of research, were found to be correlated and treated as one research use factor (Palinkas et al., unpublished). However, in this study the two factors acted as distinct constructs with no significant relationship between them. As a result, they were treated as two separate outcome variables in the final analyses.

Practitioners’ race was a significant predictor of ignoring research, such that individuals who identified racially as Other (i.e. not Black, White, Asian, or Latina/o) were less likely to ignore research as compared to individuals who identified as White. Other individual-related factors that have empirically been found to be related to research use, including age, level of education, primary discipline, amount of experience in the field, and theoretical orientation (Gray et al., 2013; Gyani et al., 2014; Nelson & Steele, 2007; Williams et al., 2014), were not significantly related to either research use or ignoring of research in this study after including the effects of attitudes toward research and perceived organizational climate and culture. Among organization-related variables, individuals who had a caseload of over 40 clients used significantly more research to inform their practice as compared to individuals who had 1-10 clients. Practitioners with a large caseload are more likely to experience burnout and emotional exhaustion (Alarcon, 2011). Given that using research can result in lower levels of emotional exhaustion, practitioners with larger caseloads likely turn to research to guide and support their practice decisions as a way of managing their own work-related stress. Practitioners with larger caseloads probably have lesser time and internal resources to invest on each individual client as compared to practitioners with smaller caseloads; using research to inform their work with clients can result in better outcomes and a higher sense of competency (Melnyk et al., 2010; Novins, Green, Legha, & Aarons, 2013), thereby
making their motivation to use research higher. It is also possible that individuals with larger caseloads work in larger organizations that have more resources to support their employees’ access to and application of research findings.

Previous literature found type of organization (e.g. public, private-not-for-profit), type of services provided by the organization (e.g. outpatient, inpatient), size of organization, turnover rate, and whether the organization has a university partnership to be significantly associated with research use (Nelson & Steele, 2007; Plath, 2013; Williams et al., 2014). These factors were not significantly related to self-reported research use or ignoring of research in this study. The DV context is different from previously studied social services organizations in the nature of services provided, the safety concerns involved, and the limited empirically supported practices. It is possible that the organization-related variables studied did not apply to ignoring or using research findings in the DV context as they have in other social services contexts. With regards to ignoring of research, the position the individual was in in their current organization was a significant predictor of their ignoring of research; individuals who identified as therapists were more likely to ignore research findings as compared to managers/directors. This may be because managers/directors have been exposed to conversations about EBP and its benefits more than therapists, particularly with the increasing emphasis on incorporating research into practice. Managers/directors may also have more power and resources to overcome systemic barriers associated with ignoring of research through channeling of resources and trainings to increase their organizations’ capability to support utilization of research findings. Additionally, the nature of the work for managers/directors and therapists differs and the quality and amount of research
supporting each one’s practice decisions may vary as a result. The research on EBTs for DV victims is very limited with little information on how to adapt these treatments for specific populations, another potential barrier related to therapists’ increased tendency to ignore research.

The study hypothesized that practitioners’ attitudes toward research would be positively related to their self-reported use of research and negatively related to their ignoring of research such that more positive attitudes would be related to research use and more negative attitudes to ignoring of research. The results indicated that these hypotheses were supported; attitudes toward research significantly predicted unique variance in research use and ignoring of research after controlling for age, race, level of education, type of position, amount of experience in the field, caseload, turnover, current position in the organization, number of kinds of services provided by the organization, and perceived organizational culture and climate. These findings provide additional support for the existing literature that has consistently found attitudes toward research to be positively associated with research use (e.g. Cook, Biyanova, & Coyne, 2009; Gyani, 2013; Melnky et al., 2010; Williams et al., 2014). They are also consistent with the theoretical underpinnings of the Stages of Change Model (Norcross, Krebs, and Prochaska, 2011; Prochaska & DiClemente, 1982, 1983) and the Theory of Planned Behavior (Ajzen & Albarracin, 2007; Fishbein & Ajzen, 2010) that suggest that an intention to behave is essential for actual behavior to occur.

It was hypothesized that perceived organizational culture and climate would be positively associated with self-reported research use and negatively associated with self-reported ignoring of research. Contrary to previous findings (e.g. Aarons & Palinkas,
2007; Grol & Wensing, 2004; Manuel et al., 2009; Williams et al., 2014), perceived organizational climate and culture were not significantly associated to social services practitioners’ self-reported research use. It is important to consider that previous literature on research utilization in the social services field, including the work being done by the William T. Grant Foundation grantees, has focused on child welfare, juvenile justice, and organizations providing services to children and families (e.g. Aarons & Palinkas, 2007; Glisson, 2002; Nelson et al., 2012). While some research has shown that there are differences among practitioners from different fields with regards to their attitudes toward research (Patterson Wolf et al., 2014; Stahmer & Aarons, 2009), there is no research examining whether the organizational social context differentially impacts research utilization across fields. It could be that organizational social context impacts use of research differently in the DV field, given the relatively limited availability of quality research in the DV field. The lack of findings for the relationship between climate and culture and research use could also potentially have resulted from a limitation of the measures used. The constructs of climate and culture used in this study emphasized a general understanding of how employees perceive their work environment and how things are done in the organization rather than looking specifically at organizations’ climate and culture related to ignoring and use of research. There may be some research-use specific elements of the organization that were not captured in this study, thereby resulting in the lack of findings.

Perceived organizational culture was found to be positively associated with ignoring of research, such that more positive culture was predictive of higher ignoring of research. This finding is similar to that of Patterson Wolf et al. (2013) who found that
more positive cultures were associated with decreased use of EBTs whereas more negative cultures were associated with increased use of EBTs. Since the study did not utilize a longitudinal design, it is unclear if more a negative culture was leading to decreased ignoring of research or vice-versa. It is also possible that individuals in organizations with more positive cultures that tend to be supportive and encourage competency are more confident of their existing knowledge and clinical skills. Such organizations may be more aware of the limitations of research, particularly in the DV field and may be more successful in their current practices with clients. Domestic violence advocacy has existed since the 1400s and the battered women’s movement emerged in the 1970s but empirical research specific to DV was first published only in 1975. Numerous organizations engaging in advocacy and providing social services to DV victims have been publishing newsletters addressing the concerns of their clients since the 1970s. Over the centuries, advocates have vocalized the concerns of victims specific to their time in history and there is a depth of client knowledge and clinical expertise that goes well beyond the current research base. Additionally, DV advocacy often involves making quick decisions in the moment that could be the difference between life and death in some situations. The nature of DV advocacy, then, emphasizes the aspects of client characteristics and clinical expertise of EBP over research evidence, the third element involved in EBP. Organizations with positive cultures that emphasize client and employee well-being understand the importance of client preferences and the immediacy involved in advocacy work. As a result, they may be more likely to ignore the limited existing research in favor of their more advanced understanding of client needs and best practices. Another possible explanation for this finding comes from
models of decision-making that emphasize balancing intuitive and analytic processes. Such models posit that the process of making a decision involves not only a rational process of analyzing all options in a specific situation but also emotions and prior beliefs related to the situation (Betsch & Glockner, 2010; Sanbonmatsu & Fazio, 1990). It is possible that practitioners in organizations with more positive cultures have had more success in their work with victims in the past and have an unconscious bias to fall back on their previously successful strategies, regardless of what the research says. It could also be that practitioners in organizations with more positive cultures have more support and trainings around evaluating research and are more aware of the limitations of existing empirical studies. Such practitioners may be rationally deciding to ignore research if they do not believe it to be adaptable to the individuals they are providing services to or feasible given the specific situation, two essential components of rational decision-making (Betsch & Held, 2012).

In this study, perceived organizational climate functioned as a classic suppressor; it was not significantly correlated with ignoring of research but increased the predictive weight of culture in the regression model by removing irrelevant predictive variance from organizational culture. Therefore, the hypotheses that culture and climate would be negatively associated with ignoring of research were not supported in this study. Additionally, the hypotheses that there would be an interaction effect of climate and culture on research use and ignoring of research were not supported in this study. A moderation effect between attitudes toward research and organizational climate and culture was also hypothesized, given the previously established relationship between these constructs (Aarons et al., 2012a; Aarons & Sawitzky, 2006). However, there was
no significant correlation between attitudes toward research and perceived organizational climate and culture in this study, suggesting no significant relationship between the constructs. This lack of findings may be a result of how perceived organizational climate and culture were measured. The present study looked specifically at attitudes toward research but the aspects of organizational climate and culture were not specific to ignoring or utilization of research. No moderation effect was found for both research use or for ignoring of research; therefore, the hypotheses regarding a moderation effect between attitudes and culture and climate were not supported for research use or for ignoring of research.

**Organizational Implications**

The findings of this study have important implications for the role of organizations in decreasing employees’ tendency to ignore research while also increasing their utilization of research in practice. Contrary to the hypothesis, having a more positive culture was associated with increased ignoring of research, a finding that could be unique to relatively new fields of empirical study like the DV field. These findings suggest that DV organizations that encourage and support innovation and competence may already be engaging in successful and effective practices that have not empirically been studied. The depth of knowledge of the DV field has in fact led national initiatives to start recognizing the innovative practices of organizations that are embedded in their clinical expertise and understanding of client issues (e.g. NCJFCJ’s Resource Center: NRCDV’s Domestic Violence Evidence Project). The results obtained in this study highlight the importance of including key stakeholders like DV organizations into the conversation about using EBP and incorporating research into practice.
A relevant shift that has emerged in the social services field is a broadening of the definition of research evidence, moving from the gold standard of “efficacy” randomized control trials to more “effectiveness” studies conducted in real-life clinical settings. Such applied research may result in practitioners being more open to using research and seeing it as more relevant to their practice, thereby promoting greater use of research in practice (Nelson & Steele, 2007). This is consistent with the findings of this study that indicate that more positive attitudes toward research were associated with increased research use and decreased ignoring of research. It is imperative, then, that organizations with positive cultures that encourage and support innovation be provided the support and guidance to be able to generate research knowledge through evaluations of their own practices. When the connection between research and practice is a two-way street, it will be more likely to be utilized (Tseng, 2012) and less likely to be ignored. While having a university partnership was not found to be a significant predictor of using or ignoring of research in this study, it is possible that a more sensitive measure of the type of partnership and the role of the university and the organization could provide more insight into the impact of such relationships. Previous research has found having a partnership with local universities to be a significant predictor of research utilization (Beidas & Kendall, 2010; Nutley et al., 2008). If such partnerships are used to help organizations develop program evaluations and gather outcome data on a regular basis, they could help DV organizations engage in a feedback loop where research informs practice that, in turn, informs research.
Limitations

Like any study, this research study had some limitations that should be taken into consideration. First, the study relied on a correlational design using cross-sectional data, making it difficult to make statements of causality. Given the survey method used, it was not possible to determine whether use and ignoring of research by DV practitioners were caused by their attitudes or vice-versa. Similarly, the relationship between perceived organizational culture and ignoring of research could not be interpreted as causal. While the hypotheses related to use of research were based on previous literature, which determined the directionality of the relationship, this was not the case with ignoring of research. There is no prior research that looks specifically at factors related to ignoring of research, making it more challenging to assume the directionality of the relationship between ignoring of research and the other variables included in the study. Additionally, there may have been other factors related to use or ignoring of research, such as self-efficacy, locus of control, expectancies, habits, and other environmental constraints that are related to engaging in a behavior (Aarons et al., 2012b) that were not examined in this study.

A second limitation is that the instruments used in this study have not been widely used and no study to date focused on DV practitioners. The science of research utilization is an emerging and important field and there is generally limited empirical research in this area. As a result, there are limited well-established measures for the constructs being studied and the existing ones had to be adapted for use with DV social services practitioners. It is possible that the research use measure utilized in this study was not sensitive enough to pick up differences among individuals. The UREP did not function
as the original SIEU Output scale that it was adapted from. In the original scale, the two factors, ignoring research and research use, were significantly correlated and combined to form one research use factor. However, in the present study the two factors were not correlated and were used as separate outcome variables. This may have decreased the sensitivity of the measure as only 5 items measured research use and 4 ignoring of research. Additionally, the work DV advocates engage in is multifaceted and complicated, often involving systemic and policy level interventions. There is a dearth of empirical understanding of these complex practices in the literature. It is possible that there are various other factors at the organizational and political level that influence practitioners’ decisions to use research or ignore it. They may also define research and research use differently, given the limited research that directly examines a practice in the DV field. The decision-making process for DV practitioners’ in using or ignoring research may involve a different process that the current measures may not have fully captured.

Third, the study relied on self-report data provided by DV practitioners. This made it challenging to draw conclusions about the actual culture and climate of an organization as a whole; rather, the organizational social context assessed in this study was the perceived experience of individual employees. This study examined organization-related variables but at an individual level rather than at an organizational level. As the study used an anonymous online survey, it could not be determined if multiple participants were from the same organization or not. Therefore, it was not possible to use a nested model and individuals were not grouped by work unit. It is not possible to determine if individuals in the same organization but in positions had similar
or different self-reported ignoring and use of research, a question that can be further explored in future research. The inability to group individuals by organizations due to the study design may have led to an underestimation of standard errors. There may also have been other individual level factors contributing to employees’ perceptions of their organization’s culture and climate that were not accounted for in this study.

**Research Recommendations**

Given the exploratory nature of this study and the increased interest in empirically understanding research utilization, more investigation in this nascent area of study is necessary. The methodological limitations of this study highlight some areas of further exploration. Firstly, the results of this study indicate that research use and ignoring of research are two distinct yet overlapping constructs. Additional research is required to better understand how these constructs differ from and are similar to one another. The intentional decision to ignore research differed from using or not using research in terms of the factors associated with each in this study. These exploratory findings indicate that some factors related to use and ignoring of research in the DV field remain to be well understood. Future studies could help explore the unique factors associated with each in the DV field to further inform organizations and individuals on how best to increase practitioners’ use of research while also decreasing their tendency to ignore research.

Secondly, there is a need for more measurement development for studying research use and ignoring of research. As with any new area of exploration, considerable efforts are needed in understanding the complexity of a construct and then in reliably and effectively measuring that construct. The research use measure that was adapted for this study identified two different aspects of applying research in practice: research use and
ignoring of research. It is recommended that future research focus on increasing understanding of the concept of ignoring of research, a unique construct that emerged in this study but has not previously been explored in the literature. Additional research is also necessary to develop more sensitive measures of research use and ignoring of research that capture the breadth and complexity of these factors, particularly in the DV field. The majority of the extant research on research utilization has been in the medical field and some research being conducted with social services practitioners working with children and adolescents. However, the context of organizations working with DV victims and their families is different and there is a call for measures of organizational climate and culture being adapted to the specific context. Therefore, more research is needed to adapt existing measures of organizational social context for the DV field and to test their psychometric properties with practitioners. In addition, using a mixed methods approach could also help identify the different ways DV practitioners’ use and ignore research as well as unique aspects of the organizational social context that may be specific to DV organizations. A qualitative approach could also provide useful insight into DV practitioners’ understanding of the concept of research and unique processes that influence their decision to use and/or ignore research findings in their practice. Particularly, advocacy involves a different framework than therapy and a better understanding is needed of existing research and its limitations in the realm of DV advocacy and advocates’ use and ignoring of research. Future research could determine whether there are differences in use and ignoring of research between DV therapists and DV advocates to help inform organizations in their approach of increasing EBP with each.
Finally, it is recommended that future research emphasize measuring organization-related variables at the organizational level to help remove some of the bias involved with self-reporting. Participants’ perceptions of their organizational culture and climate may not have been reflective of how most people in that organization perceived them. Studies using nested models and aggregating the responses of multiple employees from the same organization can result in a clearer understanding of organizational factors and their effects of ignoring and use of research by practitioners. Additionally, other means of measuring organizational variables, including direct observation and qualitative interviews with multiple employees in different positions could help provide a richer understanding of DV organizations’ social context. These approaches may provide meaningful information to better understand the complexity of organizations and their nuanced relationship with their employees’ use and ignoring of research.
REFERENCES


FIGURES

Figure 1
Scatterplot of Standardized Residuals and Predicted Values for Research Use
Figure 2

Scatterplot of Standardized Residuals and Predicted Values for Ignoring of Research
Figure 3

Histogram of Standardized Residuals for Research Use

Histogram

Dependent Variable: RESEARCH_USE_TOTAL

Mean = 3.56E-15
Std. Dev. = 0.993
N = 206
Figure 4
Histogram of Standardized Residuals for Ignoring of Research

Histogram

Dependent Variable: IGNORE_RESEARCH_TOTAL

Mean = 5.57E-16
Std. Dev. = 0.993
N = 206
Figure 5

P-P Plot of Standardized Residuals for Research Use

Normal P-P Plot of Regression Standardized Residual

Dependent Variable: RESEARCH_USE_TOTAL
Figure 6
P-P Plot of Standardized Residuals for Ignoring of Research

Normal P-P Plot of Regression Standardized Residual
Dependent Variable: IGNORE_RESEARCH_TOTAL

Expected Cum Prob

Observed Cum Prob
### Table 1

**Sample Characteristics**

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<th>Nominal Variables</th>
<th>Continuous Variables</th>
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</thead>
<tbody>
<tr>
<td>0-10%</td>
<td>69</td>
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<tr>
<td>11-20%</td>
<td>33</td>
<td>16</td>
</tr>
<tr>
<td>21-30%</td>
<td>21</td>
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<tr>
<td>31-40%</td>
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</tr>
<tr>
<td>41-50%</td>
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<tr>
<td>&gt;50%</td>
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<td>59.2</td>
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<tr>
<td>No</td>
<td>58</td>
<td>28.2</td>
</tr>
<tr>
<td>Don’t know</td>
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</tr>
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<td></td>
<td>40.75</td>
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<td></td>
<td>Mean</td>
<td>SE</td>
</tr>
<tr>
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<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Number of Types of Services</td>
<td>3.14</td>
<td>1.46</td>
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<tr>
<td>Attitudes toward Research</td>
<td>3.83</td>
<td>.5</td>
</tr>
<tr>
<td>Perceived Organizational Culture</td>
<td>2.24</td>
<td>.6</td>
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<tr>
<td>Perceived Organizational Climate</td>
<td>2.19</td>
<td>.63</td>
</tr>
<tr>
<td>Research Use</td>
<td>3.87</td>
<td>.75</td>
</tr>
<tr>
<td>Ignoring of Research</td>
<td>3.09</td>
<td>.96</td>
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</table>
Table 2
Sample Size, Means, Standard Deviations, and Factor Loadings for items on the modified EBPAS

<table>
<thead>
<tr>
<th></th>
<th>Sample Size</th>
<th>Mean</th>
<th>SD</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Like new practices</td>
<td>206</td>
<td>3.62</td>
<td>.98</td>
</tr>
<tr>
<td>2.</td>
<td>Will follow a treatment manual</td>
<td>204</td>
<td>3.45</td>
<td>.99</td>
</tr>
<tr>
<td>3.</td>
<td>Practice developed by researcher</td>
<td>205</td>
<td>3.65</td>
<td>.84</td>
</tr>
<tr>
<td>4.</td>
<td>Practice different than usual</td>
<td>206</td>
<td>3.33</td>
<td>.93</td>
</tr>
<tr>
<td>5.</td>
<td>Intuitively appealing</td>
<td>205</td>
<td>3.80</td>
<td>.88</td>
</tr>
<tr>
<td>6.</td>
<td>Makes sense</td>
<td>205</td>
<td>4.09</td>
<td>.74</td>
</tr>
<tr>
<td>7.</td>
<td>Colleagues happy with practice</td>
<td>205</td>
<td>3.88</td>
<td>.83</td>
</tr>
<tr>
<td>8.</td>
<td>Get enough training to use</td>
<td>205</td>
<td>4.23</td>
<td>.81</td>
</tr>
<tr>
<td>9.</td>
<td>Required by supervision</td>
<td>204</td>
<td>3.81</td>
<td>.97</td>
</tr>
<tr>
<td>10.</td>
<td>Required by program</td>
<td>205</td>
<td>3.89</td>
<td>.93</td>
</tr>
<tr>
<td>11.</td>
<td>Required by State</td>
<td>204</td>
<td>3.83</td>
<td>1.06</td>
</tr>
<tr>
<td>12.</td>
<td>Know better than researchers</td>
<td>206</td>
<td>3.44</td>
<td>1.05</td>
</tr>
<tr>
<td>13.</td>
<td>Research-based practices not useful</td>
<td>206</td>
<td>4.33</td>
<td>.92</td>
</tr>
<tr>
<td>14.</td>
<td>Clinical experience more important</td>
<td>206</td>
<td>3.56</td>
<td>1.03</td>
</tr>
<tr>
<td>15.</td>
<td>Will not use research-based practices</td>
<td>206</td>
<td>4.49</td>
<td>.89</td>
</tr>
</tbody>
</table>

EBPAS: Evidence-Based Practice Attitude Scale
<table>
<thead>
<tr>
<th></th>
<th>Sample Size, Means, Standard Deviations, and Factor Loadings for items on the modified Culture scale from the Workforce Retention Study Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Clear measures of success and progress</td>
</tr>
<tr>
<td>2.</td>
<td>Work uses client focused interventions</td>
</tr>
<tr>
<td>3.</td>
<td>“Can do” attitude among co-workers</td>
</tr>
<tr>
<td>4.</td>
<td>Helping strategies that work</td>
</tr>
<tr>
<td>5.</td>
<td>Support to make work-related decisions</td>
</tr>
<tr>
<td>6.</td>
<td>Professional opinions respected in agency</td>
</tr>
<tr>
<td>7.</td>
<td>Committed to personal safety in office</td>
</tr>
<tr>
<td>8.</td>
<td>Committed to personal safety in field</td>
</tr>
<tr>
<td>9.</td>
<td>Initial job orientation adequate</td>
</tr>
<tr>
<td>10.</td>
<td>Prepared for job due to training and education</td>
</tr>
<tr>
<td>11.</td>
<td>Good fit between training and job demands</td>
</tr>
<tr>
<td>12.</td>
<td>Right level of challenge</td>
</tr>
<tr>
<td>13.</td>
<td>Computer technologies make job easier and better</td>
</tr>
<tr>
<td>14.</td>
<td>Support and recognition from supervisor</td>
</tr>
<tr>
<td>15.</td>
<td>Support and recognition from co-workers</td>
</tr>
<tr>
<td>16.</td>
<td>Good relationship with clients</td>
</tr>
<tr>
<td>17.</td>
<td>Clients regularly reach goals</td>
</tr>
<tr>
<td>18.</td>
<td>Support and recognition from clients</td>
</tr>
<tr>
<td>19.</td>
<td>Ensure safety and well-being of clients</td>
</tr>
<tr>
<td>20.</td>
<td>More emphasis on quality than quantity</td>
</tr>
<tr>
<td>21.</td>
<td>Support staff is adequate</td>
</tr>
<tr>
<td>22.</td>
<td>Provide needed resources to help clients</td>
</tr>
<tr>
<td>23.</td>
<td>Adequate legal support available</td>
</tr>
<tr>
<td>24.</td>
<td>Helps implement best practice</td>
</tr>
<tr>
<td>25.</td>
<td>Helpful training provided by agency</td>
</tr>
<tr>
<td>26.</td>
<td>Helpful training provided by state</td>
</tr>
<tr>
<td>27.</td>
<td>Clear and effective incentives and rewards</td>
</tr>
<tr>
<td>28.</td>
<td>Good fit between personal life and work life</td>
</tr>
<tr>
<td>29.</td>
<td>Good fit between family life and work life</td>
</tr>
<tr>
<td>30.</td>
<td>Job fits with career goals</td>
</tr>
<tr>
<td>31.</td>
<td>Pay is sufficient</td>
</tr>
<tr>
<td>32.</td>
<td>Benefits are sufficient</td>
</tr>
</tbody>
</table>
Table 4
Sample Size, Means, Standard Deviations, and Factor Loadings for items on the modified Climate scale from the Workforce Retention Study Survey

<table>
<thead>
<tr>
<th>Item</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clear job expectations and performance standards</td>
<td>203</td>
<td>2.54</td>
<td>1.15</td>
<td>.66</td>
</tr>
<tr>
<td>2. Interviews give accurate picture of work and agency</td>
<td>202</td>
<td>2.54</td>
<td>1.09</td>
<td>.69</td>
</tr>
<tr>
<td>3. Able to distinguish between local rules and state regulation</td>
<td>203</td>
<td>2.19</td>
<td>.89</td>
<td>.51</td>
</tr>
<tr>
<td>4. Cases assigned in fair manner</td>
<td>204</td>
<td>2.24</td>
<td>.99</td>
<td>.67</td>
</tr>
<tr>
<td>5. Agency’s purpose in clear</td>
<td>203</td>
<td>1.73</td>
<td>.86</td>
<td>.71</td>
</tr>
<tr>
<td>6. Work reflects agency’s purpose</td>
<td>204</td>
<td>1.79</td>
<td>.88</td>
<td>.78</td>
</tr>
<tr>
<td>7. Feeling of success and accomplishment</td>
<td>203</td>
<td>1.84</td>
<td>.86</td>
<td>.74</td>
</tr>
<tr>
<td>8. Opportunities to make a difference</td>
<td>204</td>
<td>1.59</td>
<td>.69</td>
<td>.69</td>
</tr>
<tr>
<td>9. Opportunities for improving knowledge and skills</td>
<td>204</td>
<td>1.77</td>
<td>.81</td>
<td>.70</td>
</tr>
<tr>
<td>10. Agency respected in community</td>
<td>204</td>
<td>1.75</td>
<td>.86</td>
<td>.70</td>
</tr>
<tr>
<td>11. Feeling successful when co-workers successful</td>
<td>204</td>
<td>1.70</td>
<td>.73</td>
<td>.49</td>
</tr>
<tr>
<td>12. Feeling attacked when outsiders attack agency</td>
<td>204</td>
<td>2.64</td>
<td>1.10</td>
<td>.33</td>
</tr>
<tr>
<td>13. Recommend agency to others seeking employment</td>
<td>203</td>
<td>2.01</td>
<td>1.06</td>
<td>.74</td>
</tr>
<tr>
<td>14. Feel good about what agency does with clients</td>
<td>204</td>
<td>1.69</td>
<td>.85</td>
<td>.66</td>
</tr>
<tr>
<td>15. Sufficient emotional energy for job</td>
<td>203</td>
<td>2.06</td>
<td>.97</td>
<td>.71</td>
</tr>
<tr>
<td>16. Good fit between job and personal health</td>
<td>204</td>
<td>2.27</td>
<td>1.07</td>
<td>.69</td>
</tr>
<tr>
<td>17. Able to do job and not burnout</td>
<td>203</td>
<td>2.33</td>
<td>1.03</td>
<td>.68</td>
</tr>
<tr>
<td>18. Schedule flexibility</td>
<td>204</td>
<td>2.17</td>
<td>1.16</td>
<td>.53</td>
</tr>
<tr>
<td>19. Reasonable on-call demands</td>
<td>204</td>
<td>2.48</td>
<td>1.09</td>
<td>.52</td>
</tr>
<tr>
<td>20. Reasonable amount of paperwork</td>
<td>202</td>
<td>2.48</td>
<td>1.12</td>
<td>.54</td>
</tr>
<tr>
<td>21. Computer systems user friendly</td>
<td>202</td>
<td>2.80</td>
<td>1.17</td>
<td>.40</td>
</tr>
<tr>
<td>22. Computer system make work easier</td>
<td>202</td>
<td>2.76</td>
<td>1.16</td>
<td>.38</td>
</tr>
<tr>
<td>23. Reasonable workload</td>
<td>203</td>
<td>2.50</td>
<td>1.06</td>
<td>.61</td>
</tr>
<tr>
<td>24. Work processes efficient and streamlined</td>
<td>203</td>
<td>2.84</td>
<td>1.15</td>
<td>.70</td>
</tr>
</tbody>
</table>
Table 5
Sample Size, Means, Standard Deviations, and Factor Loadings for items on the UREP

<table>
<thead>
<tr>
<th>1. Use of Research</th>
<th>n</th>
<th>Mean</th>
<th>SD</th>
<th>Factor 1</th>
<th>Factor 2</th>
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</thead>
<tbody>
<tr>
<td>To compare multiple practices’ strengths and weaknesses</td>
<td>196</td>
<td>3.36</td>
<td>1.09</td>
<td>.63</td>
<td>.13</td>
</tr>
<tr>
<td>To find practice that meets clients’ needs</td>
<td>196</td>
<td>4.13</td>
<td>.92</td>
<td>.45</td>
<td>.05</td>
</tr>
<tr>
<td>To consider information from experts/community members</td>
<td>189</td>
<td>4.06</td>
<td>.90</td>
<td>.65</td>
<td>-.07</td>
</tr>
<tr>
<td>To determine if practice could harm clients</td>
<td>189</td>
<td>4.06</td>
<td>1.10</td>
<td>.77</td>
<td>-.13</td>
</tr>
<tr>
<td>To eliminate ineffective practices</td>
<td>188</td>
<td>3.71</td>
<td>1.05</td>
<td>.73</td>
<td>.06</td>
</tr>
<tr>
<td>2. Ignore Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no resources to implement</td>
<td>190</td>
<td>1.59</td>
<td>.69</td>
<td>.03</td>
<td>.70</td>
</tr>
<tr>
<td>If practice is too rigid</td>
<td>192</td>
<td>1.77</td>
<td>.81</td>
<td>-.12</td>
<td>.77</td>
</tr>
<tr>
<td>If practice doesn’t match skill level</td>
<td>188</td>
<td>1.75</td>
<td>.86</td>
<td>.11</td>
<td>.79</td>
</tr>
<tr>
<td>If not feasible for agency’s capability</td>
<td>185</td>
<td>1.70</td>
<td>.73</td>
<td>.01</td>
<td>.83</td>
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UREP: Utilization of Research Evidence by Practitioners
Table 6
Means, Standard Deviations, and Correlations between Continuous Variables Included in Preliminary Analyses

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
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<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
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<tbody>
<tr>
<td>1. Research Use</td>
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<td>.02</td>
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<td>-.11</td>
<td>.26*</td>
<td>.10</td>
<td>.11</td>
</tr>
<tr>
<td>2. Ignoring Research</td>
<td>3.09</td>
<td>.96</td>
<td>---</td>
<td>-.15*</td>
<td>-.06</td>
<td>.18*</td>
<td>-.04</td>
<td>-.16*</td>
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<tr>
<td>3. Culture</td>
<td>2.24</td>
<td>.60</td>
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<td>-.11</td>
<td>-.01</td>
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<td></td>
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<tr>
<td>4. Climate</td>
<td>2.19</td>
<td>.63</td>
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<td>-.01</td>
<td>-.14*</td>
<td>.04</td>
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<tr>
<td>5. Attitudes</td>
<td>3.83</td>
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<td>-.12</td>
<td>.02</td>
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<tr>
<td>6. Age</td>
<td>40.89</td>
<td>12.91</td>
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<td>-.10</td>
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<td>7. Number of Services</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Research use: Amount of research utilized; Ignoring research: Amount research is ignored; Culture: Perceived culture of the organization; Climate: Perceived climate of the organization; Attitudes: Practitioners’ attitudes toward research; Number of services: Number of different types of services provided by the organization; * p < .05
Table 7
Regression Coefficients and Model 1 Summary of Predictors of Research Use

<table>
<thead>
<tr>
<th>Block</th>
<th>Variable</th>
<th>$\beta$</th>
<th>$b$ (SE)</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$\Delta F$</th>
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</thead>
<tbody>
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<td></td>
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<td>-.16 (.20)</td>
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<tr>
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<td>Masters Degree</td>
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<td>-.15 (.20)</td>
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<td>Doctoral Degree</td>
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<td>-.05 (.30)</td>
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<tr>
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<td>Position Type Part-time</td>
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<td>-.08 (.16)</td>
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<td>Position Type Other</td>
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<td>.19 (.31)</td>
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<td>Experience 0-11 months</td>
<td>-.04</td>
<td>-.13 (.28)</td>
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<td>Experience 1-3 years</td>
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<td>-.21 (.17)</td>
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<td>Experience 3-5 years</td>
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<td>.01 (.19)</td>
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<td>.07</td>
<td>-.12 (.13)</td>
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<td>Caseload 21-30</td>
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<td>.11 (.18)</td>
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<td>Caseload 31-40</td>
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<td>.32 (.24)</td>
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<tr>
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<td>Caseload &gt;40</td>
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<td>.34 (.16)</td>
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<td>.36 (.27)</td>
<td></td>
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</tr>
<tr>
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<td>Race Latino/a</td>
<td>.04</td>
<td>.08 (.17)</td>
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<tr>
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<td>Race Asian</td>
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<td>-.20 (.18)</td>
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<tr>
<td></td>
<td>Race Other</td>
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<td>.11 (.19)</td>
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<td>.23 (.20)</td>
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<td>Position Case Manager</td>
<td>.04</td>
<td>.13 (.24)</td>
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<tr>
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Number of Services: number of kinds of services provided by organization; Position Type: type of position currently in (e.g. full-time, part-time); Experience: amount of time spent in DV field; Caseload: current number of clients on caseload; Position: current position at organization; Turnover: percentage of turnover in current organization in past year; Attitudes: attitudes toward research score; Culture: perceived organizational culture scores; Climate: perceived organization climate scores; $\beta$ = standardized slope; $b$ = unstandardized slope

* significant at $p < .05$, ** significant at $p < .01$
Table 8
Regression Coefficients and Model 2 Summary of Predictors of Research Use

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Number of Services: number of kinds of services provided by organization; Position Type: type of position currently in (e.g. full-time, part-time); Experience: amount of time spent in DV field; Caseload: current number of clients on caseload; Position: current position at organization; Turnover: percentage of turnover in current organization in past year; Attitudes: attitudes toward research score; Culture: perceived organizational culture scores; Climate: perceived organization climate scores; \( \beta \) = standardized slope; \( b \) = unstandardized slope

* significant at \( p < .05 \), ** significant at \( p < .01 \)
Table 9

Regression Coefficients and Model 3 Summary of Predictors of Ignoring of Research

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Number of Services: number of kinds of services provided by organization; Position Type: type of position currently in (e.g. full-time, part-time); Experience: amount of time spent in DV field; Caseload: current number of clients on caseload; Position: current position at organization; Turnover: percentage of turnover in current organization in past year; Attitudes: attitudes toward research score; Culture: perceived organizational culture scores; Climate: perceived organization climate scores; $\beta =$ standardized slope; $b =$ unstandardized slope

* significant at $p < .05$, ** significant at $p < .01$
### Table 10

**Regression Coefficients and Model 4 Summary of Predictors of Ignoring of Research Use**

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Number of Services: number of kinds of services provided by organization; Position Type: type of position currently in (e.g. full-time, part-time); Experience: amount of time spent in DV field; Caseload: current number of clients on caseload; Position: current position at organization; Turnover: percentage of turnover in current organization in past year; Attitudes: attitudes toward research score; Culture: perceived organizational culture scores; Climate: perceived organization climate scores; Climate*Culture: interaction term which is the product of climate and culture scores; $\beta$ = standardized slope; $b$ = unstandardized slope

* significant at $p < .05$, ** significant at $p < .01$
Table 12

Regression Coefficients and Model 6 Summary of Predictors of Ignoring of Research

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Number of Services: number of kinds of services provided by organization; Position Type: type of position currently in (e.g. full-time, part-time); Experience: amount of time spent in DV field; Caseload: current number of clients on caseload; Position: current position at organization; Turnover: percentage of turnover in current organization in past year; Attitudes: attitudes toward research score; Culture: perceived organizational culture scores; Climate: perceived organization climate scores; Climate*Culture: interaction term which is the product of climate and culture scores; $\beta =$ standardized slope; $b =$ unstandardized slope

* significant at $p < .05$, ** significant at $p < .01$
Table 13
Regression Coefficients and Model 7 Summary of Predictors of Research Use

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Number of Services: number of kinds of services provided by organization; Position Type: type of position currently in (e.g. full-time, part-time); Experience: amount of time spent in DV field; Caseload: current number of clients on caseload; Position: current position at organization; Turnover: percentage of turnover in current organization in past year; Attitudes: attitudes toward research score; Culture: perceived organizational culture scores; Climate: perceived organization climate scores; Attitudes*Culture: interaction term which is the product of attitudes toward research and culture scores; Attitudes*Climate: interaction term which is the product of attitudes toward research and climate scores; $\beta$ = standardized slope; $b$ = unstandardized slope

* significant at $p < .05$, ** significant at $p < .01$. 
Table 14
Regression Coefficients and Model 8 Summary of Predictors of Ignoring of Research

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<td>.36 (.51)</td>
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Number of Services: number of kinds of services provided by organization; Position Type: type of position currently in (e.g. full-time, part-time); Experience: amount of time spent in DV field; Caseload: current number of clients on caseload; Position: current position at organization; Turnover: percentage of turnover in current organization in past year; Attitudes: attitudes toward research score; Culture: perceived organizational culture scores; Climate: perceived organization climate scores; Attitudes*Culture: interaction term which is the product of attitudes toward research and culture scores; Attitudes*Climate: interaction term which is the product of attitudes toward research and climate scores; $\beta =$ standardized slope; $b =$ unstandardized slope

* significant at $p < .05$, ** significant at $p < .01$
APPENDIX A. MEASURES PACKET: PURES

Background Information Form

The survey begins with a short demographic section that is for descriptive purposes only. Please indicate your response by clicking the circle next to your answer.

1. What is your gender?
   - Male
   - Female
   - Transgender
   - Other

2. What is your age? [ENTER NUMERIC VALUE]

3. What is your race?
   - Non-Hispanic White, Caucasian
   - Black, African-American
   - Hispanic, Latino
   - Asian
   - American Indian, Alaskan Native
   - Native Hawaiian, Pacific Islander
   - Biracial, Multiracial
   - Other

4. Highest Degree Status: [MARK ONE]
   - No high school diploma or equivalent
   - High school diploma or equivalent
   - Some college, but no degree
   - Associate’s degree
   - Bachelor’s degree
   - Master’s degree
   - Doctoral degree or equivalent

5. Discipline/Profession: [MARK ALL THAT APPLY]
   - Psychology
Marriage and family therapy
Social work
Criminal justice
Addictions counseling
Other counseling
Administration
Education
Vocational rehabilitation
Psychiatry
Other (please specify) ________________

6. How many years of experience do you have in the social services field?

- 0 - 6 months
- 6 - 11 months
- 1 - 3 years
- 3 - 5 years
- Over 5 years

7. How long have you been in your present position?

- 0 - 6 months
- 6 - 11 months
- 1 - 3 years
- 3 - 5 years
- Over 5 years

8. What type of position do you have at your current job?

- Full-time employee
- Part-time employee
- Intern/ practicum student
- Other (please specify) ________________

9. What position are you in at your current job?

- Program manager/Director
- Therapist
Case manager
Advocate
Vocational counselor
Addictions counselor
Other (please specify) ____________

10. How many clients are you currently treating (i.e., your caseload)?

0
1 - 10
11 - 20
21 - 30
31 - 40
>40

11. What is your main theoretical orientation (if applicable)? [MARK ONLY ONE]

Humanistic/Experiential
Psychodynamic
Cognitive/Behavioral
Family-Based Interventions
Art/Drama/Music Therapies
EMDR
Eclectic (please select only if there is no dominant orientation)
Other (please specify) _____________________________

This section consists of questions regarding the nature of the organization in which you are currently working. This section is also for descriptive purposes only. Please indicate your response by clicking the circle next to your answer.

12. What kind of agency is your present organization?

Public agency
Private-for-profit agency
Private-not-for-profit agency
Other (please specify) _____________________________
Don’t know
13. What type of service(s) does your present organization provide? [MARK ALL THAT APPLY]

☐ Outpatient
☐ Inpatient
☐ Day treatment
☐ Shelter
☐ Case management
☐ Wraparound
☐ Legal advocacy
☐ Other (please specify) ______________________
☐ Don’t know

14. Approximately how many employees does your current organization have?

☐ 1 - 10
☐ 11 - 20
☐ 21 - 30
☐ 31 - 40
☐ 41 – 50
☐ >50
☐ Don’t know

15. Approximately, what is the rate of turnover in the past year at your organization?

☐ 0 - 10%
☐ 11 - 20%
☐ 21 - 30%
☐ 31 – 40%
☐ 41 – 50%
☐ >50%
☐ Don’t know

16. Does your current organization have any partnerships with a local university?

☐ Yes
☐ No
☐ Don’t know
Evidence-Based Practices Attitudes Scale

The following questions ask about your feelings about using new types of practices, interventions, or treatments. Manualized practices, treatment, or intervention refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured or predetermined way. Research-based practices/interventions are those that have been found to be efficient or effective through qualitative or quantitative research methods that may or may not be manualized.

Please indicate the extent to which you agree with each of the following items:

1. I like to use new types of practices/interventions to help my clients
   - Not at All
   - To a Slight Extent
   - To a Moderate Extent
   - To a Great Extent
   - To a Very Great Extent

2. I am willing to try new types of practices/interventions even if I have to follow a treatment manual
   - Not at All
   - To a Slight Extent
   - To a Moderate Extent
   - To a Great Extent
   - To a Very Great Extent

3. I know better than academic researchers how to care for my clients
   - Not at All
   - To a Slight Extent
   - To a Moderate Extent
   - To a Great Extent
   - To a Very Great Extent

4. I am willing to use new and different types of practices/interventions developed by researchers
   - Not at All
   - To a Slight Extent
   - To a Moderate Extent
To a Great Extent
To a Very Great Extent

5. Research-based treatments/interventions are not clinically useful
Not at All
To a Slight Extent
To a Moderate Extent
To a Great Extent
To a Very Great Extent

6. Clinical experience is more important than using research-based practices/interventions
Not at All
To a Slight Extent
To a Moderate Extent
To a Great Extent
To a Very Great Extent

7. I would not use research-based practices/interventions
Not at All
To a Slight Extent
To a Moderate Extent
To a Great Extent
To a Very Great Extent

8. I would try a new practice/intervention even if it were very different from what I am used to doing
Not at All
To a Slight Extent
To a Moderate Extent
To a Great Extent
To a Very Great Extent

If you received training in a practice or intervention that was new to you, how likely would you be to adopt it if:

9. It was intuitively appealing?
Not at All
To a Slight Extent
10. It “made sense” to you?

- Not at All
- To a Slight Extent
- To a Moderate Extent
- To a Great Extent
- To a Very Great Extent

11. It was required by your supervisor?

- Not at All
- To a Slight Extent
- To a Moderate Extent
- To a Great Extent
- To a Very Great Extent

12. It was required by your program?

- Not at All
- To a Slight Extent
- To a Moderate Extent
- To a Great Extent
- To a Very Great Extent

13. It was required by your State?

- Not at All
- To a Slight Extent
- To a Moderate Extent
- To a Great Extent
- To a Very Great Extent

14. It was being used by colleagues who were happy with it?

- Not at All
- To a Slight Extent
- To a Moderate Extent
- To a Great Extent
- To a Very Great Extent
15. You felt you had enough training to use it correctly?

- Not at All
- To a Slight Extent
- To a Moderate Extent
- To a Great Extent
- To a Very Great Extent

**Scale of Organizational Climate and Culture**

The following section asks questions regarding your thoughts and opinions about the organization that you are currently working in. Please respond to these items as they relate to your present organization only. There are no right or wrong answers. Please indicate your level of agreement on the following items:

1. There are clear measures of success and progress indicators for work with clients.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

2. My work uses client-focused interventions.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

3. There is a “can do” attitude among my co-workers.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

4. My work uses helping strategies that work.
5. I have the support to make work-related decisions when appropriate.

   ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree

6. My professional opinions are respected in my agency.

   ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree

7. My agency is committed to my personal safety in my office

   ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree

8. My agency is committed to my personal safety in the field

   ☐ Strongly Agree  ☐ Agree  ☐ Neutral  ☐ Disagree  ☐ Strongly Disagree
9. The initial orientation to my job was adequate

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

10. I am prepared for my job because of my prior training and education

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

11. There is a good fit between my training and the demands of my job

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

12. The work has the right level of challenge

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

13. We have computer technologies that make the job easier and better

- Strongly Agree
- Agree
- Neutral
- Disagree
14. I receive support and recognition from my supervisor

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

15. I receive support and recognition from my co-workers

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

16. I have a good relationship with my clients

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

17. Clients regularly succeed in reaching goals

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

18. I receive support and recognition from my clients

- Strongly Agree
- Agree
19. My work offers opportunities to ensure the safety and well-being of my clients

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

20. In my agency, there is more emphasis on the quality of the services than on the number of clients served

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

21. The support staff in the agency is adequate

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

22. The agency provides the resources I need to help victims and their families

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

23. I have adequate legal support at my disposal
24. The agency helps me to implement best practice

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

25. Training provided by the agency is helpful to my work

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

26. Training provided by the state is helpful to my work

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

27. There are clear and effective incentives and rewards for a job well done

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree
28. There is a good fit between my personal life and work life

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

29. There is a good fit between my family life and work life

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

30. This job fits with my career goals

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

31. The pay is sufficient

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

32. The benefits are sufficient

☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
33. There are clear job expectations and performance standards for my work

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

34. Interviews for the agency give prospective workers an accurate picture of the work and the agency

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

35. I am able to distinguish between local rules and state regulations

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

36. Cases are assigned in a fair manner

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

37. The agency’s purpose is clear to me

- Strongly Agree
38. The work reflects the agency’s purpose

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

39. In my work, I have a feeling of success and accomplishment

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

40. My work offers opportunities to make a difference

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

41. My work offers opportunities for improving knowledge and skills

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

42. The agency is respected in my community
43. When my co-workers are successful, I feel successful

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

44. When outsiders attack my agency, I feel they are attacking me

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

45. I would recommend my agency to others seeking employment in the domestic violence field

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

46. All in all, I feel good about what my agency does for victims and their families

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
47. On the whole, I have sufficient emotional energy for the job

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

48. There is a good fit between my job and my personal health

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

49. On the whole, I am able to do my job and not burnout

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

50. My work offers schedule flexibility

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

51. On-call demands are reasonable

- Strongly Agree
- Agree
- Neutral
52. The amount of paperwork is reasonable

- Disagree
- Strongly Disagree
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

53. The computer systems used to track clients are user friendly

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

54. The computer systems make my work easier

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

55. The workload is reasonable

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

56. In the agency work processes are efficient and streamlined

- Strongly Agree
Utilization of Research Evidence by Practitioners Scale

Below are a series of statements regarding how people use research evidence to influence their decisions on implementing certain evidence-based practices. Please indicate how much you use each of these when deciding whether or not to adopt a new practice or intervention:

When deciding to adopt a new practice or intervention with my clients,

1. I compare more than one practice or intervention simultaneously to evaluate their respective strengths and weaknesses

   ○ Not at all
   ○ Rarely
   ○ Occasionally
   ○ Often
   ○ All the time
   ○ Refuse to answer

2. I conduct an assessment of the needs of the client and then find an intervention that meets those needs

   ○ Not at all
   ○ Rarely
   ○ Occasionally
   ○ Often
   ○ All the time
   ○ Refuse to answer

3. I tend to ignore the research evidence if there are no resources to implement the practice or intervention

   ○ Not at all
   ○ Rarely
   ○ Occasionally
   ○ Often
4. I tend to ignore the research evidence if the practice or intervention is too rigid and cannot be adapted to meet the needs of my clients

○ Not at all
○ Rarely
○ Occasionally
○ Often
○ All the time
○ Refuse to answer

5. I tend to ignore the research evidence if the practice or intervention does not match my skill level

○ Not at all
○ Rarely
○ Occasionally
○ Often
○ All the time
○ Refuse to answer

6. I tend to ignore the research evidence if the practice or intervention is not feasible given my agency’s capability

○ Not at all
○ Rarely
○ Occasionally
○ Often
○ All the time
○ Refuse to answer

2. I consider research evidence along with information obtained from subject matter experts and community members

○ Not at all
○ Rarely
○ Occasionally
○ Often
8. I use research evidence to determine whether the practice could do potential harm to participants before I consider implementing it

- Not at all
- Rarely
- Occasionally
- Often
- All the time
- Refuse to answer

9. I use research evidence to eliminate practices or interventions that proved to be not effective

- Not at all
- Rarely
- Occasionally
- Often
- All the time
- Refuse to answer
APPENDIX B. SURVEY CONSENT FORM

Project Title: Domestic Violence Practitioners’ Use of Research Evidence: Attitudes and Organizational Social Context

Principal Investigators: Ms. Krithika Malhotra, Dr. Etiony Aldarondo

Introduction:
I am interested in learning about domestic violence practitioners’ attitudes toward and use of research evidence in their practice as well about the social context of the organizations in which they work. I invite you to participate in a research study that will consist of you completing an online survey anonymously. This form will provide you information on the purpose of the study, how it would help you, any risks that might be associated with participating, and what you will be asked to do if you agree/consent.

Purpose of the study:
The use of evidence-based practices, particularly research evidence, is becoming increasingly important in the social services field. Governmental and non-governmental efforts are focusing on the science of implementation and dissemination in an attempt to further incorporate research findings into practice. Particularly, funding demands in the field of domestic violence are becoming tied to the use of research findings in making practice decisions. This survey is being conducted to understand the organizational factors that impact the use of research evidence in informing practice.

Organizations differ in their social context (i.e. expectations, beliefs, values, and actions), which influences employees’ use of research findings. I am interested in learning more from you about your organization’s social context as it relates to its employees and clients. For this purpose, I am requesting domestic violence practitioners currently working with victims and their families to respond to an online survey about how they see their organizations and themselves. Domestic violence social services practitioners are defined here as licensed or unlicensed domestic violence advocates, social workers, therapists, psychologists, and case managers. You are being asked to participate in this survey because you are social services practitioner currently working with domestic violence victims and their families and are above the age of 18 years.

Description of Study/Procedures:
If you agree to participate in the survey, you can click on the link provided and it will direct you to the online survey. This survey asks you questions about how you see yourself as a practitioner and how you see your organization. It should take about 25-35 minutes to complete the survey. Your participation in this survey is voluntary and you can discontinue your participation at any time. There are no right or wrong answers; I want to learn more about your thoughts and opinions. If you are uncomfortable answering any question, you may skip that question. You do not have to complete the survey in one sitting. You can save your responses and return to complete the survey at a later time by following the survey link. Once you have completed the
survey, you will be asked to submit it. After you have submitted your responses, you cannot make any further changes.

**Risks & Discomforts:**
There are no serious risks related to participating in this study. Your responses to the survey are anonymous and will not be accessible by any individual working in your organization. There will be no consequences with regards to your job as a result of participating or choosing not to participate in this survey.

**Expected benefits:**
No direct benefits are promised to you for your participation in the study. Your participation in this study will aid researchers in understanding domestic violence practitioners’ use of research evidence and the organizational factors that impact this use. It is expected that the results of this study will inform organizational practices that support practitioners’ use of research in practice, which has shown to improve client outcomes and is an increasing requirement for funding purposes.

**Compensation for participation:**
Upon completion of the survey, you will be entered into a raffle for one Southwest Airlines flight ticket to a destination of your choosing within the continental United States.

**Confidentiality:**
The investigator and any research assistants will consider all records regarding this project confidential to the extent permitted by the law. Your records may be reviewed for audit purposes by authorized University employees or other agents who will be bound by the same provisions of confidentiality.

Your responses on the survey will remain confidential. You will not be asked for any identifying information other than your email for the raffle. However, your email will not be connected to your survey responses in any way. If the results of this study are published, discussed in conferences, or with other service providers and community members no information will be included that would reveal your identity.

**Right to Withdraw:**
Your participation in this survey is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Miami or the investigator. If you decide to participate, you are free to withdraw at any time without affecting that relationship. Your decision to discontinue participation will in no way impact your job.

**Questions:**
If you have questions regarding your rights as a research subject please contact the University of Miami Humans Subjects Research Office at 305-243-3195. If you have any questions regarding this particular study please contact:

Krithika Malhotra
CONSENT

I voluntarily agree to participate in this study. I have read the information on this form and understand my rights as a participant. If you consent to participate, please click on the survey link below: