Engaging Evaluation Research

Reflecting on the process of sexual assault/ domestic violence protocol evaluation research

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This article discusses and reflects on the community engagement that brought together our complex partnership to conceptualise, design, conduct and communicate evaluation research on one community's sexual assault and domestic violence (SADV) Protocol. Our article sits within the scholarship on communityuniversity (CU) partnerships as a subcategory of the scholarship of engagement literature (see McNall et al. 2009). It looks at our partnership through the lens of Sadler et al.'s (2012) guidelines for ethical conduct of community-engaged research (CEnR) projects. We critically reflect on the extent to which our CU partnership practices and community-engaged research fit with the following quidelines: 1) Create an ethical framework; 2) Promote diversity; 3) Share decision-making; 4) Share benefits; 5) Train research partners. Our goal is to offer other community-engaged/ community-based participatory researchers (CBPR), protocol evaluation researchers, practice/service researchers, practitioners and service providers practical insights into community-engaged evaluation research while satisfying the principles of ethical conduct for community-engaged research.

The context for this CEnR project starts with the work of the community partner. The Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence (the Action Committee) is chaired by a local violence against women agency and represents 29 organisations from various sectors (including law enforcement, victim services, child welfare, social services, religious community, addictions and mental health, health care and education) within the Guelph-Wellington community which provide services and support to women and children who have experienced sexual assault and/or domestic violence. The Action Committee has been meeting in different forms for approximately 20 years. It is one of about 48 Domestic Violence Community Coordinating Committees (also known as DV3Cs and Violence Against Women Coordinating Committees) in Ontario, Canada, and receives annual funding from the Ontario Ministry of Community and Social Services. Some of this funding has been used to create the position of an Action Committee Coordinator, who supports the

work of the committee. The Action Committee Coordinator and a representative from Wellington Dufferin Guelph Public Health (one of the 26 agencies mentioned above) represent the community partners in this community-engaged evaluation research and are two of the authors of this paper.

In 2003, the Action Committee came together to develop a First Response Protocol ('the Protocol') after recognising the need to increase service provider collaboration to better assist women and children who have experienced SADV. The latest version of the Protocol was published in 2010. The Protocol 'provides principles, quidelines and clarity on the role that participating agencies will play when encountering women, children and vulnerable adults in situations of sexual assault and domestic violence' (Guelph-Wellington Action Committee 2010, p. 2). The primary purpose of the research study was to conduct evaluation research on the Protocol from a service provider and service user perspective, and to assess how well it was working to improve the community's system response to sexual assault and domestic violence. Based on the needs of the Action Committee, and guided by a literature review, the following research questions were articulated by the research team: (1) To what extent are the Protocol objectives (i.e. caring and consistent response, limits of confidentiality, safety planning and risk assessment, referrals, follow-up and support) being met? (2) To what extent do the current Protocol objectives meet the needs and issues facing women and children who experience sexual and/or domestic violence? (3) To what extent does the Protocol meet the needs of service providers in their work with individuals who have been impacted by sexual assault and/ or domestic violence? We conducted 33 individual interviews, 94 online surveys and 5 focus groups and obtained additional secondary data (i.e. agency reported occurrences of sexual and domestic violence and other service delivery statistics).

In addition to the community partners (the Action Committee Coordinator and the Public Health representative), the university side of the partnership included a pre-tenured faculty member in the Department of Sociology and Anthropology, three graduate students (one MA student in Criminology, Criminal Justice Policy, a PhD student in Applied Social Psychology from the University of Guelph, and one Masters of Social Work student from the University of Windsor) and a Knowledge Mobilization Coordinator from the Institute for Community Engaged Scholarship (ICES)/Research Shop, University of Guelph.

In light of the composition of our CU partnership and the mutual interest we had in conducting evaluation research on the SADV Protocol, a community-engaged research (CEnR) methodology was an obvious approach. We concur with Sadler and colleagues' (2012, p. 463) articulation of CEnR as research that includes '... varying degrees of collaboration between community and academic partners, and the specific methodologic approaches defined in CBPR include essential elements of trust

building and power sharing, finding shared interests, fostering colearning and capacity building, building on strengths and using an iterative process, and these elements ultimately result in the balance of research with action'. In fact, social justice and social transformation are supported by moving away from traditional methods of practice and community and university silos (Israel et al. 2001, 2010; Schensul 2010; Stoecker 2010; Wallerstein & Duran 2006, 2010). By answering questions that the community wants answered in ways that are meaningful and relevant to that community, we increase the relevance and impact of research and therefore the chance it will lead to positive community-level change (Leung, Yen & Minkler 2004; Minkler 2005). In our case we employed principles aligned with community-based research (CBR) (Flicker et al. 2008), community-based participatory research (CBPR) (Israel et al. 2008), practice research (Secret, Abell & Berlin 2011) and participatory action research (PAR) (McTaggert 1991). CBPR and PAR are complementary methodologies that align well within the broader principles of CEnR. The W.K. Kelloga Foundation (n.d.) characterised CBPR as a collaborative process that equitably involves all partners in the research process and recognises their unique strengths (CCPH 2013). CBPR begins with a research topic of importance to the community and aims to create knowledge and action for positive social change (Flicker et al. 2007). In our case 'community' refers to involvement by over two dozen serviceproviding agencies (who represent the non-profit and government sectors) and individuals with a common interest (women who have experienced violence and Action Committee member agencies) within a particular geographical location (Guelph-Wellington). Our academic partners included five multidisciplinary (Pivik & Goelman 2011) researchers (in sociology, criminology, applied psychology, social work, and public health).

In what follows we reflect on the characteristics of our partnership and our ability to practise principles that Sadler et al. (2012) and others outline as crucial for quality, ethical and successful CU partnerships. As part of reflecting on our CU partnership as a means to train research partners, we specifically address the opportunity we had to teach and mentor students in CEnR.

CHARACTERISTICS AND PRINCIPLES OF QUALITY, ETHICAL AND SUCCESSFUL CU PARTNERSHIPS

While quality, ethical and successful CU partnerships can occur within many kinds of collaborations, there is agreement in the literature on the characteristics and principles that allow such partnerships to develop, sustain and produce social change. In fact, Frazier et al. (2008) argue that, in the context of 'services' research, collaboration is an ethical obligation. Yet, Pivik and Goelman (2011) suggest that less is known about the elements that are important for successful partnerships, including community service providers, and processes. Begun et al. (2010) suggest that

specific strategies need to be identified for building and sustaining research collaborations between university and community-based social work professionals. Secret, Abell and Berlin (2011, p. 9) concur that little has been written about collaboration strategies that can guide a practice research team through the research process. It is to this particular context that our case study contributes (see Shoultz et al. 2006; Secret, Abell & Berlin 2011). Specifically, we explore the characteristics of our partnership and critically reflect on the extent to which our CU partnership practices and CEnR research fit with Sadler et al.'s (2012) guidelines below.

1. Create an Ethical Framework

In order to create an ethical framework, Sadler et al. (2012) suggest that partner responsibilities need to be recognised, clear and valued. More specifically, they recommend signing a letter of understanding that specifies what is being agreed to and what the risks and benefits are to the individual/institutional partners. In our case, the Action Committee Coordinator and the Chair of the Action Committee worked with the faculty member and the Knowledge Mobilization Coordinator from ICES, University of Guelph, to develop and negotiate a research contract as well as an ethics application, which was submitted to the University of Guelph Research Ethics Board for approval. Working on both of these documents helped to facilitate conversations and negotiate roles, responsibilities and plans for mutual benefits and outcomes. However, the assumption inherent in this recommendation does not take into account how difficult this process is, especially at the beginning of a partnership.

We agree with Beere (2009) and many others (e.g. Israel et al. 2008; Secret, Abell & Berlin 2011) who argue that what is common among successful community-campus partnerships are relationships characterised by mutuality and a shared commitment to achieve an agreed goal. However, we would argue that being able to identify and agree on the roles and responsibilities of each partner at the contract stage is not realistic. If the CU partnership is new, developing an authentic, genuine relationship that is founded on respect, trust and communication can be a real challenge (Beere 2009; Furco 2010) and takes time. Begun et al. (2010, p. 55) acknowledge that through their experiences they have come to appreciate that 'for all its simplicity ... collaboration also is immensely complex' (Kavanagh 1995, p. 46) and the reality is that research partnerships take time, strong social skills and patience to develop and evolve (Bowen & Martens 2006; Gass 2005; Reid & Vianna 2001). In our case, a pre-existing relationship (see Maurrasse 2001; McNall et al. 2009; Wiewel & Lieber 1998) between the Action Committee Chair and the faculty member was an important context for entering and negotiating the CU partnership, partly because of its authenticity and genuine character (Ball & Janyst 2008; El Ansari, Phillips & Zwi 2002). For instance, the Action Committee Chair was confident that partnering with this particular faculty member would be beneficial and useful for the community. Similarly, the pre-existing relationships between the Action Committee Coordinator and service providing agencies catalysed opportunities for the research team to connect with, communicate with and obtain input from agency representatives. This personal and prior connection allowed for greater engagement by service providers in the research process. It also helped facilitate additional recruitment of research participants (service users and service providers) from these agencies that would not have been possible without these pre-existing positive relationships. Our CU experience revealed that pre-existing relationships and opportunities for new relationships to develop over time were instrumental to the success of our CU partnership and our community-engaged research.

2. Promote Diversity

Sadler et al. (2012) recommend that a true partnership requires both the university and the community to recognise and appreciate each other's diversity. Among other things, this means that the beneficiaries of the research need to reflect the diversity of the community as broadly as possible. In our case, our mutual interest in a CBPR and CEnR approach ensured that we intentionally sought diversity at both levels. The initial engagement between CU partners embraced and valued the collaboration of the community and university as part of the research team.

In addition to the diversity of the CU partnership and research team, our methodological commitments encouraged an intentional recruitment process from service providers and service users that reflected the diversity of Guelph-Wellington. For example, adult women who had experienced sexual assault and/or domestic violence in Guelph-Wellington and disclosed their experience of violence to an Action Committee agency (aka service users) were recruited from a community sample from a variety of sources. Despite our attempt to hear from a diverse population of women (service users) who reflected the geography and demography of Guelph-Wellington, we were not completely successful. The majority of the women who ended up participating in interviews (N=33) were primarily white, heterosexual and low-income urban dwellers. In particular, we were unsuccessful in hearing from many of the rural women who live outside of the City of Guelph. As for our ability to recruit service providers to participate in the research, we were more successful. Out of 27 different agencies that were signatories to the Protocol, we heard from 94 service providers. While we were satisfied with this level of diversity from service providers, it was not without a great deal of time, attention, resources and strategies that this response was realised. Begun et al.'s (2010, p. 56) reference to Sobell (1996) is particularly relevant to us:

Time-, personnel-, and effort-intensive partnerships can contribute to the development of research that has 'real-world' relevance to the social work profession, greater engagement and 'buy in' by participating individuals, and improved reliability and validity of research results.

In addition to our efforts to increase the diversity of our research participants, the diversity of our CEnR team is worth reflection and analysis. Eckerle Curwood et al. (2011) suggest that these methodological approaches are increasingly utilised in university settings as they allow for equitable inclusion of diverse partners with different skills, understandings and expertise; enhance the relevance, quality, validity, practicability and sensitivity of the research; help to dispel community distrust of universities and research; and advance local community goals. In order to achieve these outcomes, Eckerle Curwood et al. (2011, p. 14) argue, 'it is essential to have structures for collaborations that allow university and community partners to work together effectively'. We agree with Eckerle Curwood that our commitment to CEnR/CBPR methodologies served us well with respect to increasing relevance, quality and validity and advancing CU relationships in Guelph-Wellington. Yet, our diversity also resulted in real challenges and tensions. Begun et al. (2010) write about their experiences of social work scholars collaborating with community-based social service agencies for the purposes of research. They remind us that knowing your partners' motivation, organisational systems/structures and agency cultures is necessary to experience successful CU research partnerships. Our analysis is that our diversity across motivation, organisational structures and agency cultures, not to mention our own intersectional selves and personalities, impacted the process and the outcome of our CU partnership and CEnR in significant ways (Doberneck, Glass & Schweitzer 2010). In particular, our diversity was a result of our composition across multiple disciplines (sociology, criminology, applied social psychology, social work and public health), our diverse academic and applied experience (e.g. partners with minimal or no CEnR experience, and/or experiential or service provision experience, and/or qualitative and/or quantitative methodology experience) and the diverse organisational structures/systems within which we worked (e.g. academic institutions, not-for-profit organisations, multi-agency committees and government).

3&4. Shared Decision-Making and Shared Benefits

Sadler et al. (2012) state that shared decision-making and shared benefits are the third and fourth requirements for ethical CU partnerships. Both require early and meaningful involvement from the community, and that opportunities for their benefit are part of a study's design. As previously mentioned, our early commitments to principles of CEnR and CBPR prioritised the value and intention of shared decision-making and mutual benefit. This began with the very composition of our CEnR team, which was comprised of the Action Committee Coordinator and a service provider. The CU team consulted with additional service providers and service

users for feedback on the data collection tools we developed and used (e.g. online service provider survey, service provider focus group questions and service user interview questions) and on the project timeframe. Keeping the Action Committee agency representatives informed and invested and treating them as important stakeholders and participants in the research design and process required ongoing, frequent communication. As articulated in the literature on CEnR/CBR/CBPR/PAR, members of the community participated in the research process not as research subjects, but rather as valued research advisers and partners (Furco 2010). Practically speaking, this meant committing a great deal of time to updating the Action Committee on the research team's process and progress and asking them to participate as part of the research process as they had valuable skills and knowledge to share which would strengthen and improve the research process and outcomes. For example, a follow-up focus group was offered and held after all interviews with service users had occurred, as a member-checking strategy to obtain a preliminary assessment of the extent to which the research team's analysis of the qualitative interviews with service users rang true to those women who had participated in the interviews. In a similar way, preliminary data was presented at Action Committee meetings as a way to check the validity of the analysis that the research team was developing from the survey against the focus group data that had been provided by the service providers, and to update the Action Committee on the progress of the research team. However, while our approach, methodology and intention all aligned with these two guidelines, the tension within our CU partnership often absorbed time, making it hard to adhere to them.

Eckerle Curwood et al. (2011, p. 21) note that 'given the busy schedules of students, faculty and community organization staff, simply finding the time to come together around the same table presented a challenge at times'. In our case, the Action Committee met monthly and this provided ongoing opportunities for our CU research team to share emerging findings with them (Secret, Abell & Berlin 2011). Yet, practising this principle was often a challenge. Given how time consuming each stage of the research was for us to complete, we rarely felt 'ready' to translate our emerging analysis into a presentation to be shared at these Action Committee meetings. We knew that doing so was methodologically appropriate and that it would increase the Action Committee's understanding of and investment in the findings, yet often we were unable to put this into practice.

In reflecting on our ability to practise shared decision-making and to continue to work to ensure shared benefits, we found effective communication was an essential characteristic. Couto (2001) reminds us that the collaborative endeavour requires active listening, critical discussion of problems and implementation of agreed solutions. Following from our first meeting, each team member made every effort to actively listen to each other as well as to the feedback received from

service users and service providers, in order to acknowledge, understand and attend to the diverse needs and perspectives of so many stakeholders. One practical example of our effective communication occurred in the initial meetings when the research team both articulated and listened to the specific needs/benefits of each team member and the demands they felt from their specific institutional context/culture. In more practical terms, we utilised multiple strategies and tools for effectively communicating with each other. For example, an online file-sharing site (Basecamp) and online literature libraries (Refworks, Zotero) were used to help ensure the project progressed and to keep everyone apprised of and engaged with all aspects of the project. Also, all research materials, including research questions, research tools and planning documents, were collaboratively produced and reviewed by each member of the research team (with the exception of the Knowledge Mobilization Coordinator from ICES, who was consulted as needed, rather than participating as a core team member) to ensure consensus and collaborative and reciprocal knowledge production.

For instance, in an effort to problem-solve the initial low response from service providers to the online survey, and to get more agency focus group participation, there was a lot of communication and consultation with the Action Committee member agencies to make participating easier for them. There were many components and details to develop, review and coordinate, yet this was occurring at the same time that the research team was preparing to present our CU partnership project at the 2013 CU Expo conference, not to mention the number of other projects and demands each team member was juggling.

While this collaborative and shared decision-making approach enhanced the validity and rigour of the research project and stayed true to the principles of CEnR and qualitative research design, it became more difficult to practise as we moved into the qualitative analysis process. Scheduling time that worked for everyone was often difficult, as was carving out blocks of time to devote to the processes which CEnR qualitative methodologies require (e.g. data immersion, developing the code structure, coding, analysis, member checking, reflexivity, etc.) (Bradley, Curry & Devers 2007). Given the large research team, our participatory approach and the large amount of data we were dealing with (33 individual interviews, 89 online surveys, 5 focus groups and additional secondary data), the decision was made to use a qualitative software program (NVivo) to help develop and manage a collaborative and rigorous process for data coding and analysis. The research team's ability to use the program software was made possible because of the access that the university partners had to this resource. Funding and in-kind items, such as laptop computers, administrative assistance and meeting spaces, were received from multiple sources, including the University, the Action Committee and Action Committee partner agencies.

This collaborative process resulted in the entire project taking much longer than expected. Consequently, project deadlines had to be moved back at almost every stage of the project, and additional communication was required with the Action Committee and with all the service providers to negotiate new deadlines. Thus, in spite of the mutual benefits of the CEnR partnership, our CU partnership's diversity across these areas resulted in challenges and tensions stemming from institutional and time-based pressures on the partnership.

5. Train Research Partners

Sadler et al.'s (2012) final guideline refers to the importance of training all partners in the research endeavour in order to ensure an understanding of each partner's contribution to and requirements for conducting the research, and as a way to promote community research. Given the diversity of our CU partnership, this guideline was and continues to be one of the more interesting aspects of the project. Our complex and diverse seven-person CU composition (i.e. multi-disciplinary and ranging from graduate students, faculty and staff to service providers) resulted in very different levels of training and experience being required for qualitative or quantitative research and/or CEnR. Generally speaking, this diversity resulted in a lot of co-learning and participatory knowledge production among all team members. Like us, Secret, Abell and Berlin (2011, p. 10) characterised their collaboration as an '... equitable exchange of practice and research knowledge'. Our decision to work within a methodology that valued both community-oriented research and components of participatory research positioned us to look for, appreciate and respect the equitable inclusion of diverse partners in a two-way exchange of ideas, knowledge and expertise (Eckerle Curwood et al. 2011; Gazley, Bennett & Littlepage 2013).

For example, within our CEnR team, students provided the in-kind resources that allowed for 33 service user interviews to take place. Without their time and availability, this amount of data from service users would not have been possible to collect, transcribe and analyse. The PhD applied social psychology student who works with ICES/the Research Shop contributed her knowledge and experience by using computer programs for quantitative analysis (SPSS) and by teaching all of us how to use the qualitative data analysis software program (NVivo). The university partners, especially the students, provided the community partners with access to relevant academic and grey literature (e.g. on DV3Cs and the Sexual Assault Response Team/Sexual Assault Nurse Examiner, service provider evaluations, community-engaged research, and sexual assault and domestic violence coordination). Without university partners, the students in particular, this CEnR project would have struggled to gain access to the academic literature provided through university library membership and the time and scholarly expertise required to curate this large shared literature collection to inform research practice and analysis.

The key training provided to the research team by community partners involved what qualitative researchers refer to as both 'context' (i.e. a more thorough understanding of the setting within which the research takes place) and 'thick description' (i.e. description that strives to provide meaning and context) (Bradley, Curry & Devers 2007). In addition, the community partners contributed to our learning throughout the project as they drew on their own academic training and experience in social work and public health in research, evaluation and analysis. For example, they helped inform and direct the literature search and identify and interpret local relevance in the findings from both the academic and grey literature.

In spite of the common goal for collaborative and reciprocal knowledge production in CEnR projects (e.g. Israel et al. 2008), a just as common historical criticism levied against the university side of these partnerships relates to an assumption, or arrogance, on the part of the academy that results in a 'deficit' or 'charity' model of engagement (Morton 1995). The deficit/charity model assumes that it is the university or college partners who bring the knowledge and resources to the community and does not recognise the capacity (knowledge, resources and experience) that community partners bring to the collaboration (Marullo & Edwards 2000; Morton 1995; Secret, Abell & Berlin 2011). Within the last decade, however, the engaged university regards their 'public engagement' opportunities with communities as a way to advance higher education's tripartite mission of advancing public service, teaching and research (Furco 2010). This engagement is now understood to provide an opportunity for mutual benefit and reciprocity, which in turn results in collaborative knowledge production. In spite of this more recent understanding of CEnR on the part of universities, the graduate students who were part of our CU partnership experienced challenges in this regard.

In the final section of this article, we therefore reflect on the opportunities and challenges to teach, mentor and learn from students involved in community-engaged research.

CU PARTNERSHIPS AS A MEANS OF TEACHING AND MENTORING STUDENTS IN CERR

Our CU partnership's experience of student, community partners and faculty working together aligns with recent research on student advising/mentoring and CEnR (e.g. Jaeger, Sandmann & Kim 2011; McNall et al. 2009; O'Connor, Lynch & Owen 2012). Consistent with the literature on effectively aligning student training and community engagement, we note that facilitating factors include a shared vision, mutual benefit, good personal relationships, individual and organisational flexibility, commitment and enthusiasm from universities and communities, and organisational infrastructure and support (O'Connor, Lynch & Owen 2012, p. 110). Similarly, Jaeger, Sandmann and Kim (2011) suggest that characteristics common to the graduate student advisor–advisee

relationship include co-learning, negotiated decision-making, advocating/intervening and lack of campus support.

Higher education and outreach literature suggests that, although students are coming to graduate programs with interest and experience in community-engaged work, there are few opportunities intentionally included in graduate programs to develop the knowledge, skills and orientation needed for this work (Jaeger, Sandmann & Kim 2011; O'Meara 2008). This was our PhD student's experience. While she suggests that this is beginning to change, until recently there have been limited opportunities in her applied social psychology program to gain community-based research experience. This lack of opportunity was a catalyst for her to look outside her own department for other ways to engage in CEnR and CBR. However, even though she found CEnR opportunities outside her graduate program (as part of the Research Shop/ICES and our Protocol evaluation research), the value of her doing this work as it related to her program requirements was not immediately acknowledged within her department. A different but related example of the absence of campus support was experienced by one of the MA students, who found that funding opportunities prioritised graduate students carrying out traditional research with a primary author as opposed to CU partnership/community-engaged research with collective authorship.

Thus, even when CEnR opportunities are available to graduate students, the institutional and graduate program culture may act as a barrier to working outside what is typically offered within a program. The faculty member also experienced an environment of cautiousness from colleagues in her department who are sometimes deterred from supervising students interested in doing engaged theses because of the additional time it can take. Consequently, it can be interpreted as though the faculty member and/or the department and potentially the university are less 'productive' in producing graduate students according to the government's current funding model. This is a good reminder – also in relation to the cases above – that students and faculty need to document the scholarly aspects of engagement, as we have done here, in order to create an academic 'currency' that is understood and valued by more traditional as well as engaged scholars.

Participating in a CU partnership or in CEnR provides opportunities for students to develop their interpersonal skills (such as listening, communicating, empathising, understanding, trusting) as well as disciplinary knowledge and related academic skills (O'Meara 2008). In our case, we created both structured and informal meeting and work contexts to allow all partners, not just students, with opportunities to get to know each other and thereby develop and build mutual trust, respect and shared knowledge/skills.

The characteristics of co-learning and negotiated decision-making used within this CEnR project are consistent with what Saltmarsh, Hartley and Clayton (2009) refer to as a democratic

approach to partnerships, which integrates the knowledge and experience of faculty, community members and students in a way that everyone contributes to education and community building (Gazley, Bennett & Littlepage 2013). For graduate students, this can provide a unique experience of co-learning and shared decision-making, leading to skills that support both future CU partnerships and real-world problem-solving skills (Hynie et al. 2011). One example of co-learning came as a result of the lack (or limited experience) the graduate students had in conducting focus groups. Our public health partner had the expertise and resources to develop and provide focus group training, which the graduate students and the faculty member attended. Similarly, training the graduate students to conduct face-to-face interviews with women who had experienced sexual assault and/or domestic violence was designed and carried out as a collaborative effort between the Action Committee Coordinator, who holds an MSW and also works as a sexual assault and domestic violence counsellor, and the faculty member, who had previous research experience conducting interviews with women who had experienced violence from their intimate partners. The result was training that provided an important mix of academic resources in interviewing women on sensitive research topics and an overview of experience-based wisdom from both feminist academic and feminist counselling perspectives.

In our case, MA, PhD and MSW students conducted all the interviews. This is common since students are often a readily available resource and learning to interview can be a useful teaching and mentoring experience (Campbell et al. 2009). In fact, one of the draws for all three graduate students to our CEnR was the opportunity for them to conduct qualitative interviews with women who had experienced violence. Yet, because these students had limited experience doing qualitative research on sensitive issues like violence against women, the Action Committee Coordinator suggested that potential research participants should be screened for participation in the research by the administrative staff of the violence against women agency (part of the Action Committee) to determine their eligibility to participate in an interview. The CU team agreed that the administrator was best suited to screening participants based on her experience working with abused women. While some researchers might argue that involvement in the recruitment and screening process is part of what a qualitative researcher could do to build rapport (Rakime et al. 2011), this was an example of a decision the partnership made in favour of the needs of women survivors of violence versus the positive effect this might have had on data collection. This tension can be particularly evident in practice-research collaborations. 'Often the research conditions under which scientific rigor can be achieved may not be compatible with what are perceived by practitioners to be ideal conditions for serving clients' (Secret, Abell & Berlin 2011). For example, as part of the training that was done

with the graduate students, the Action Committee Coordinator explained that the emotional wellbeing of the women was of paramount concern and that, if a woman seemed particularly upset, the interviewer should stop, offer comfort and ask the participant whether she wanted to continue. Elmir et al. (2011) suggest in their sensitive issue research study that demonstrating care and empathy was particularly important and often meant respecting periods of silence and women's readiness to continue with the interview.

For students involved in our CEnR project, this was a transformative learning experience (Fletcher 2008). During research team meetings, students would debrief and reflect on their interviewing experiences. All of them expressed how difficult this was to manage when it happened, but found that after conducting more interviews they felt better able to balance the needs of the women with their role as researcher. Moreover, students' experiences on this project are guiding their future research and training choices. Based on the skills and confidence she gained, the PhD candidate is undertaking a CEnR dissertation project, with the support of her department, departmental faculty adviser and our team's faculty member, as a committee member external to the student's department. The MSW student previously had mainly clinical and frontline experience in social work, but since being involved in our research, she has expressed interest in doing future research in the field of social work, recognising the value of CEnR for social change.

With ongoing calls for community-based agencies to rely on empirical data to guide practice and policy, this sort of CEnR partnership facilitates community-based agencies' use of data in the face of real economic pressures that might otherwise limit the research role. The mentoring/training from our community partners contributed to student CEnR skills and therefore to the success of the project. We argue that recognition and uptake of community knowledge through CEnR can impact not only community outcomes but also contribute to changing how the institution approaches student training (Heffner, Curry & Beversluis 2011; Hynie et al. 2011).

CONCLUSION

This article reflects on a complex community-university partnership undertaken to conduct evaluation research on one community's sexual assault and domestic violence Protocol. Our case study is best defined as a practice-research CU collaboration and it is from this particular context that we contribute to the scholarship of engagement literature. We reflect on and offer an analysis of university scholars and community members coming together to address issues of mutual interest, and the characteristics and principles of CU partnerships as a means of doing CEnR and enriching the educational experiences of university students.

Our experience led us to recognise ways in which the characteristics and context of our CU partnership impacted our

ability to practise the guidelines laid out by Sadler et al. 2012, which deliberately mirrored the principles of CEnR, CBR and PAR that we planned would guide our research and work.

CU partnerships for CEnR often share high-level outcomes, in that the purpose of complex partnerships is to address complex social issues and work towards positive social change. CU partnerships for CEnR also share values and principles of action through consideration of ethics, diversity, shared decision-making, mutual benefit, and co-learning and co-training. However, as our case study demonstrates, context is an important characteristic/ element that impacts CU partnerships and their processes/ outcomes. From our experience, when the application of CEnR values and principles take place across multiple large bureaucratic institutions and agencies, these structures and pressures impact our needs and capacities, and must be understood and managed in an attempt to practise the principles of quality, ethical CEnR. In the end, we had to sometimes make decisions that challenged both the institutional structures/pressures and the principles of CEnR in an effort to move the project forward.

For CEnR to improve, CU partnerships have to embrace opportunities for working with/mentoring and learning from students. Academic institutions can support student involvement in CEnR work in several ways. The intentional inclusion of community-engaged work within graduate programs in all faculties as well as support for faculty to mentor students in this work are required to eliminate barriers experienced by students who wish to pursue CEnR. Understanding the length of time that CEnR can take, compared with traditional research, as well as ensuring that involvement in CEnR does not present a barrier for students to apply and receive funding, will also lend support to increased student involvement in community-engaged research.

Our research project is not complete and therefore our challenges are not over. However, the interdisciplinary composition of the research team has added to the rigour and quality of the research and all members of the research team have developed skills and knowledge as well as mutual trust and respect for each other's roles and contexts. The relationships that have been created through this partnership will increase the likelihood that it will be sustained (although in different ways and across different projects) and this will mean more opportunities to undertake and reflect on practice-research projects.

REFERENCES

Ball, J & Janyst, P 2008, 'Enacting research ethics in partnerships with Indigenous communities in Canada: "Do it in a good way", *Journal of Empirical Research on Human Research Ethics: An International Journal*, vol. 3, no. 2, pp. 33–51.

Beere, C 2009, 'Understanding and enhancing the opportunities of community-campus partnerships', *New Directions for Higher Education: Special Issue* 'Institutionalizing Community Engagement in Higher Education: The First Wave of Carnegie Classified Institutions, vol. 2009, no. 147, pp. 55–63.

Begun, A, Berger, L, Otto-Salaj, L & Rose, S 2010, 'Developing effective social work university-community research collaborations', *Social Work*, vol. 55, no. 1, pp. 54–62.

Bowen, S & Martens, P 2006, 'A model of collaborative evaluation of community-university partnerships', *Journal of Epidemiology and Community Health*, vol. 60, no. 10, pp. 902–07.

Bradley, E, Curry, L & Devers, K 2007, 'Qualitative data analysis for health services research: Developing taxonomy, themes, and theory', *Health Services Research*, vol. 42, no. 4, pp. 1758–72.

Campbell, R, Adams, A, Wasco, S, Ahrens, C & Self, T 2009, 'Training interviewers for research on sexual violence: A qualitative study of rape survivors' recommendations for interview practice', *Violence Against Women*, vol. 15, no. 5, pp. 595–617.

Community-Campus Partnerships for Health 2013, 'Community based participatory research', viewed 25 July 2013, https://depts.washington.edu/ccph/commbas.html.

Couto, R 2001, 'The promise of a scholarship of engagement', Academic Workplace, vol. 12, no. 2, pp. 4–8.

Doberneck, D, Glass, C & Schweitzer, J 2010, 'From rhetoric to reality: A typology of publicly engaged scholarship', *Journal of Higher Education Outreach and Engagement*, vol. 14, no. 4, pp. 5–35.

Eckerle Curwood, S, Munger, F, Mitchell, T, Mackeigan, M & Farrar, A 2011, 'Building effective community-university partnerships: Are universities truly ready?', *Michigan Journal of Community Service Learning*, vol. 17, no. 2, pp. 15–26.

El Ansari, W, Phillips, C & Zwi, A 2002, 'Narrowing the gap between academic professional wisdom and community lay knowledge: Perceptions from partnerships', *Public Health*, vol. 116, no. 3, pp. 151–59.

Elmir, R, Schmeid, V, Jackson, D & Wilkes, L 2011, 'Interviewing people about potentially sensitive topics', *Nurse Researcher*, vol. 19, no. 1, pp. 12–16.

Fletcher, F 2008, 'Community-university partnerships: Community engagement for transformative learning', *Canadian Journal of University Continuing Education*, vol. 34, no. 2, pp. 31–46.

Flicker, S, Savan, B, Kolenda, B & Mildenberger, M 2008, 'A snapshot of community-based research in Canada: Who? What? Why? How?', Health Education Research, vol. 23, no. 1, pp. 106–14.

Flicker, S, Travers, R, Guta, A, McDonald, S & Meagher, A 2007, 'Ethical dilemmas in community-based participatory research: Recommendations for institutional review boards', *Journal of Urban Health*, vol. 84, no. 4, pp. 478–93.

Frazier, S, Formoso, D, Birman, D & Atkins, M 2008, 'Closing the research to practice gap: Redefining feasibility', *Clinical Psychology: Science and Practice*, vol. 15, no. 2, pp. 125–29.

Furco, A 2010, 'The engaged campus: Toward a comprehensive approach to public engagement', *British Journal of Educational Studies*, vol. 58, no. 4, pp. 375–90.

Gass, E 2005, 'The path to partnership: A new model for understanding university-community partnerships', *Professional Development: The International Journal of Continuing Social Work Education*, vol. 8, no. 3, pp. 12–23.

Gazley, B, Bennett, T & Littlepage, L 2013, 'Achieving the partnership principle in experiential learning: The nonprofit perspective', *Journal of Public Affairs Education*, vol. 19, no. 3, p. 559.

Guelph-Wellington Action Committee 2010, 'Protocol', viewed 3 July 2013, http://theactioncommittee.ca/resources/action-committee-resources/

Heffner, G, Curry, J & Beversluis, C 2011, 'Transforming liberal arts education through engaged scholarship', *Journal of Higher Education Outreach and Engagement*, vol. 11, no. 1, pp. 119–32.

Hynie, M, Jensen, K, Johnny, M, Wedlock, J & Phipps, D 2011, 'Student internships bridge research to real world problems', *Education and Training*, vol. 53, no. 1, pp. 45–56.

Israel, B, Coombe, C, Cheezum, R, Schulz, A, McGranaghan, R, Lichtenstein, R, Reyes, A, Clement, J & Akosua, B 2010, 'Community-based participatory research: A capacity building approach for policy advocacy aimed at eliminating health disparities', *American Journal of Public Health*, vol. 100, no. 11, pp. 2094–102.

Israel, B, Schulz, A, Parker, E & Becker, A 2001, 'Community-based participatory research: Policy recommendations for promoting a partnership approach to health research', *Education for Health*, vol. 14, no. 2, pp. 182–97.

Israel, B, Schulz, A, Parker, E, Becker, A, Allen III, A & Guzman, J 2008, 'Critical issues in developing and following CBPR principles', in M Minkler & N Wallerstein (eds), *Community-based participatory research for health:* From process to outcomes, 2nd edn, John Wiley & Sons, San Francisco, CA.

Jaeger, A, Sandmann, L & Kim, J 2011, 'Advising graduate students doing community-engaged dissertation research: The advisor-advisee relationship', Journal of Higher Education, Outreach and Engagement, vol. 15, no. 4, pp. 5–25.

Kavanagh, K 1995, 'Collaboration and diversity in technology transfer', in T Backer, S David & G Soucy (eds), Reviewing the behavioral science knowledge base on technology transfer, National Institute on Drug Abuse, Rockville, MD.

Leung, M, Yen, I & Minkler, M 2004, 'Community-based participatory research: A promising approach for increasing epidemiology's relevance in the 21st century', *International Journal of Epidemiology*, vol. 33, no. 3, pp. 499–506.

Marullo, S & Edwards, B 2000, 'From charity to justice', *American Behavioral Scientist*, vol. 43, no. 5, pp. 895–912.

Maurrasse, D 2001, *Beyond the campus: How colleges and universities form partnerships with their communities,* Routledge, New York.

McNall, M, Reed, C, Brown, R & Allen, A 2009, 'Brokering community university engagement', *Innovative Higher Education*, vol. 33, no. 5, pp. 317–31.

McTaggert, R 1991, 'Principles for participatory action research', *Adult Education Quarterly*, vol. 41, no. 3, pp. 168–87.

Minkler, M 2005, Community organizing and community building for health, Rutgers University Press, Piscataway, NJ.

Morton, K 1995, 'The irony of service: Charity, project, and social change in service-learning', *Michigan Journal of Community Service Learning*, vol. 2, no. 1, pp. 19–32.

O'Connor, K, Lynch, K & Owen, D 2011, 'Student-community engagement and the development of graduate attributes', *Education and Training*, vol. 53, no. 2, pp. 100-15.

O'Meara, K 2008, 'Graduate education and community engagement', New Directions for Teaching and Learning, no. 113, pp. 27–42.

Pivik, J & Goelman, H 2011, 'Evaluation of a community-based participatory research consortium from the perspective of academics and community service providers focused on child health and well-being', *Health Education Behaviors*, vol. 38, no. 3, pp. 271–81.

Rakime, E, Jackson, D, Schmied, V & Wilkes, L, 2011, 'Interviewing people about potentially sensitive topics', *Nurse Researcher*, vol. 19, no. 1, pp. 12–16.

Reid, P & Vianna, E 2001, 'Negotiating partnerships in research on poverty with community-based agencies', *Journal of Social Issues*, vol. 57, no. 2, pp. 337–54.

Sadler, L, Larson, J, Bouregy, S, Lapaglia, D, Bridger, L, McClaslin, C & Rockwell, S 2012, 'Community-university partnerships in community-based research', *Progress in Community Health Partnerships: Research, Education, and Action*, vol. 6, no. 4, pp. 463–69.

Saltmarsh, J, Hartley, M & Clayton, P 2009, *Democractic engagement White Paper*, New England Research Centre for Higher Education, Boston, MA.

Schensul, J 2010, 'Engaged universities, community based research organizations and Third Sector Science in a global system', *Human Organization*, vol. 69, no. 4, pp. 307–14.

Secret, M, Abell, M & Berlin, T 2011, 'The promise and challenge of practice-research collaborations: Guiding principles and strategies for initiating, designing, and implementing program evaluation research', *Social Work*, vol. 56, no. 1, pp. 9–20.

Shoultz, J, Oneha, M, Magnussen, L, Hia, M, Brees-Saunders, Z, Cruz, M, Douglas, M 2006, 'Finding solutions to challenges faced in community-based participatory research between academic and community organizations', *Journal of Interprofessional Care*, vol. 20, no. 2, pp. 133–44.

Sobell, L 1996, 'Bridging the gap between scientists and practitioners: The challenge before us', *Behavior Therapy*, vol. 27, no. 3, pp. 297–320.

Stoecker, R 2010, 'Are academics irrelevant?' *American Behavioral Scientist*, vol. 42, no. 5, pp. 840–54.

Wallerstein, M & Duran, B 2006, 'Using community-based participatory research to address health disparities', *Health Promotion Practice*, vol. 7, no. 3, pp. 312–23.

Wallerstein, M & Duran, B 2010, 'Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity', *American Journal of Public Health*, vol. 100, no. 1, suppl., pp. 40–46s.

Wiewel, W & Lieber, M 1998, 'Goal achievement relationship building, and incrementalism: The challenges of university-community partnerships', *Journal of Planning Education and Research*, vol. 17, no. 4, pp. 291–301.