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Addressing Domestic Violence as a Wicked Problem with Ericka Kimball

Welcome to PDX PLORES, a Portland state research podcast, featuring scholarship innovations and discoveries, pushing the boundaries of knowledge practice and what is possible for the benefit of our communities and the world.

I'm Ericka Kimball. I'm an associate professor at the School of Social Work at Portland state University. My primary areas of scholarship are responses to domestic violence, integrated health care, and the intersection of healthcare and domestic violence. My scholarship uses Rittel and Webber's wicked problems framework, which basically says that social problems are so complex they're virtually unsolvable, and it draws on max Weber's iron cages and the ideas of how do we get locked into our thinking that really narrows our way of responding. What I try to do is move the focus on problem formulation to the meta-level. How do we think about a complex social problem and how does that thinking inform our responses? To then work on developing and evaluating alternative responses.

A new project I'm working on as part of my HRSA grant and it's to develop an e-consultation learning cohort. To help healthcare practitioners challenge the way that they respond and provide care to domestic violence survivors. In my previous work, I developed an evaluate response that focus on helping individual survivors based on what research and practitioners have said are needed. But by focusing on this individual level, there has been little movement and the way that has improved healthcare responses to domestic. And it continues to be an issue that is misunderstood and underserved. The goal of this project is to change the way practitioners think about domestic violence.

First and foremost, we want them to accept that they cannot treat domestic violence in the ways that they might treat other medical conditions. There is not a solution to domestic violence at their practice level. Instead, we want practitioners to develop knowledge and skills to respond and survivor centered ways.

Domestic violence is a wicked problem. One that cannot be solved because there's really no consensus on what causes it. It intersects with systems such as racism, sexism, classism, the influence of institutional and policy responses. It's way too big. Then to think healthcare practitioners can simply solve. I focus on

deepening baseline knowledge on domestic violence and its impacts on health, both acute and chronic.

But then I want to unsettle some of the common ways that it's an address in the health care system, which is typically through screening and referral. I want to challenge them to stay present and providing care so that a survivor who might be experiencing anxiety can get treatment without having to justify staying with a partner.

Or that a survivor who has an infant with failure to thrive is asked about and can openly discuss experiences of domestic violence without fear of being reported to child protection. I want practitioners to see domestic violence without it becoming the myopic focus. I'm currently enrolling our first learning cohort this June, and we'll be conducting both formative and summative evaluations to iterate the curriculum and understand its practical and transferable applications. Beyond changing healthcare practices and enhancing survivor centered care, I hope this project lends itself to larger systems change and removing mandated reporting for domestic violence and for system involvement by showing practitioners how our thinking about domestic violence is limiting our responses.

Many of my projects are interrelated. For example, while I'm working on this project to improve healthcare responses to domestic violence, I also have to work on changing the laws on mandatory reporting so that we can in fact change healthcare responses.

My name is Ericka Kimball. My hope in my scholarship is to break out of what Max Webber termed iron cages to improve the way we think and respond to wicked problems.