5. Evidence-Based Practice and Domestic Violence

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Abstract

Edward Mullen, the Willma and Albert Musher Professor Emeritus of Columbia University and fellow of the American Academy of Social Work and Social Welfare, has been an active member of the evidence-based practice (EBP) movement in social work from its beginning. EBP has different challenges and possibilities in various countries because of the contextual nature of social work practice. Domestic violence is a serious problem almost everywhere, but the intervention strategies to alleviate it might not always be the same. A search among Cochrane and Campbell collaboration databases shows that many of the intervention strategies do not have a strong support system backed by research. This chapter addresses the question of how to work with a research-based orientation while lacking empirical evidence of the outcomes of interventions. Social workers cannot turn victims away from their services, although there might not be enough research support for the applied methodology. What kinds of solutions might be available for this ethical dilemma?

5.1 Introduction

Professor Edward Mullen has been an extremely important person in my professional growth, both in terms of being an excellent researcher and also a highly appreciated social work teacher. When we meet, we usually engage in discussions about different theories of evaluation, the philosophy of science, or sometimes differences in political practices of our respective countries, the United States and Finland. When talking with him, in chess terms I always have the feeling that he is anticipating several moves ahead of me. This is not a complaint; it is a most gratifying experience.

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This feeling not only stems from my abilities but also the fact that research designed to promote evidence-based social work practice is more or less considered normal science in the United States, whereas in Finland it is still a rather marginal approach.

Moreover, the practice of social work is different in different parts of the world. For example, in Finland, social work practice is not as therapeutically oriented as it is in the United States. When books and articles about social work suggest cognitive behavioral therapeutic methods, they are not that easy to apply in Finland, where a master's degree does not give social workers the legal right to practice psychotherapy. It is possible to enter psychotherapeutic training, but most social workers do not, at least not yet.

On the other hand, U.S. social workers lack the support given to our countries by the Nordic welfare state. Although changes are coming, there is still a palette of supportive services that can be used to help social work service users.

So what might be the best approach in one developed Western society might not be the same at all in another society. Of course, this cultural context-bound nature of social work might be emphasized too much. As we all know, many of the target problems in social work are quite similar all over the world.

During one of our meetings, Ed Mullen asked if I (or Finnish social workers in general) really think that not using the methods supported by the best possible research evidence is an ethically sound way of working. This is by all means a good question, but it can also be turned around—How should one act if there is only a limited amount of support from research or if the support is contradictory?

5.2 Evidence-Based Practice

Mullen and Dumpson's (1972) book, *Evaluation of Social Intervention*, was "the first major call for a move toward evidence-based practice in social work" (Roberts, Yeager, & Regehr, 2006, p. 12).

Mullen and Steiner (2006) used Gibbs' definition of evidence-based practice (EBP) in social work:

> In the United States, social work EBP is described as follows: "Placing the client's benefits first, evidence-based practitioners adopt a process of lifelong learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence" (Gibbs, 2003, p. 6). (pp. 23-24)

Ed Mullen described EBP as "a policy and practice decision-making process with two complementary components, namely (1) the process of evidence-base [*sic*] practice and (2) the use of evidence-based, research-tested effective practices" (Mullen, 2015, p. 2).

Mullen and Steiner (2006) dealt with common criticisms of EBP. The first issue they raised was the shortage of evidence. The authors gave examples of cases in which approximately 55% of clinical decisions were based on research evidence from randomized controlled trials; in about 29% of cases, there was general agreement among professionals that good nonexperimental evidence existed.

Although this example might well describe the situation in medicine and U.S. social work, this amount of research evidence to back up a social worker's decision making is a rather optimistic description of the situation, at least in Finland.

How limited the EBP approach is in Finnish social work research can be demonstrated by Petteri Paasio's (2014) recent comparative research. He conducted a search of the Web of Science database to find all articles with

the words *evidence-based* or *evidence-informed* mentioned in the title, from 1992 to 2012. He found 15,332 articles (in many countries and numerous research fields, e.g., city planning, medicine, nursing, criminology, pedagogics, social work, and so on). He closely inspected all the articles from 2010 to 2012 (n = 5,728). Of those, 3,122 articles were published in the United States, which is more than half (54.5%), and 408 were classified as social work research. British scholar Paul Stepney, a visiting lecturer at the University of Tampere, was the only author from Finland; his article was about Australian social work (Paasio, 2014). Paasio (2014) stated that it is absolutely certain that there is not a single Finnish social worker who is using systematic reviews when making decisions about interventions in the helping process.

To summarize, we have not had a single randomized controlled trial in Finnish social work research and about 75% of the social work doctoral students are using only qualitative data and methods. Quite often researchers state that their research findings cannot be generalized to other research situations.

From the Finnish perspective, these very impressive results in the United States in terms of building up the research knowledge base for EBP in social work are, by all means, excellent. I think Edward Mullen and other supporters of evidence-based social work practice are right about the importance of solid research evidence as a foundation of decision making in the social work helping process. However, I have a feeling that Mullen and other U.S. supporters of EBP are rather optimistic about the pace of progress of social work interventions research. The situation looks a bit gloomier from the viewpoint of social work researchers from smaller countries and other types of social welfare services.

5.3 EBP and Domestic Violence

Although interventions might be culturally bound or constructed, the problems social workers are facing are quite often global. One of these is violence against women. Domestic violence or intimate partner violence (IPV) exists in all cultures, at least to my knowledge.

There are cultural differences, for example, about how to define IPV, but the phenomenon itself is global. But what is the current best possible evidence about interventions in IPV?

I will first deal with the problem of screening and then with research about interventions. What do the Cochrane and Campbell databases tell us about domestic violence and research-supported interventions?

In the Campbell Collaboration database, the results of my searches (on three occasions: July 29, 2013; April 16, 2014; and April 20, 2015) showed that although there are many publications about domestic violence, systematic reviews about intervention outcomes in domestic violence are still rather limited.

In the Cochrane Library, using the keywords *violence* and *domestic* to search titles, I found 81 documents, 23 of which were randomized controlled trials. There were two systematic reviews with the words *domestic violence* in the title and three documents with the keyword *domestic violence*.

There are two central types of questions connected to domestic violence. First, should all female service users be screened for domestic violence? Second, what kind of research evidence exists about interventions to help these women?

5.3.1 Screening

My interest in previous research about domestic violence is connected to a research and development project called Violence Intervention in Specialist Health Care (VISH). The European Union's Daphne III Programme funded the project in 2009 and 2010. The program aimed to prevent and combat

violence against children, young people, women, protected victims, and high-risk groups. The aim of VISH was to create a research-based, transnationally valid model for intervening in violence in close relationships in the context of specialist health care and to strengthen the channels for offering help to victims, perpetrators, and families who experience violence (Husso et al., 2012).

Our project started with the question of whether or not the screening of female patients in the Central Hospital of Central Finland would help identify IPV. Screening was connected to a procedure in which so-called VISH-positive women were directed to a special team of professionals that had been trained to work with domestic violence survivors. For the purposes of the project, we wanted to know about the outcomes of IPV screening.

There are recent studies about specific IPV screening tools (e.g., Kraanen, Vedel, Scholing, & Emmelkamp, 2013). The Cochrane database contains a very recent meta-analysis of research about screening (Taft et al., 2013). The objective of the analysis was to assess the effectiveness of screening for IPV conducted in health care settings for identification, referral to support agencies, and health outcomes for women. Of 6,506 abstracts, the researchers included 11 trials that recruited 13,027 women overall. Nine were randomized controlled trials; six were assessed as being at high risk of bias.

The authors of this meta-analysis concluded that there is not enough support for screening all patients. Although the screening procedure seems to increase the number of women who are recognized as IPV patients, this does not lead to more women accessing needed services. There was only one research report that dealt with possible negative outcomes of screening.

One year later, the same research group published an article in the *British Journal of Medicine* using their Cochrane systematic review and meta-analysis (O'Doherty et al., 2014). Although there was moderate evidence that screening in health care settings in high-income countries increases rates of identification of women subject to IPV compared with usual care, the conclusion was still rather reserved:

> When there was an increase in identification, it was modest compared with the prevalence of intimate partner violence among women attending healthcare settings. We found little evidence that screening increases referrals to support services. Furthermore, though not meta-analysed, the trials did not find an impact of screening on improved outcomes for women. … Thus, weighing up the limited evidence of benefit beyond identification and the fact that most studies do not measure the risks of screening, the current evidence does not support screening programmes for intimate partner violence in healthcare settings. (O'Doherty et al., 2014, p. 4)

Is screening for IPV victims then a waste of time? This is still a contested issue, at least in Finland. Although many health care professionals know about the lack of strong evidence regarding the benefits of screening, many continue to use screening tools.

5.3.2 Interventions

Screening for IPV victims is only the first step to offering help: After a health care service user tells the nurse, doctor, or social worker about the situation, the professional should find the best possible intervention supported by research. Although many generic helping methods might be useful to IPV victims, there might be more specific helping methods for these situations. Wathen and MacMillan (2003) conducted an extensive meta-analysis of research about IPV interventions. This article systematically reviewed the available evidence for strategies applicable in the primary care setting to identify and treat women who experience IPV.

The authors found 2,185 citations during their first search. The final pool of articles was 97, of which 22 described interventions meeting the criteria for critical appraisal. The authors ultimately concluded that there were very few high-quality evaluation studies about interventions to help IPV victims.

The Finnish parliament passed a new law regarding public funding for shelters for IPV victims in 2015. According to Wathen and MacMillan (2003), there was no high-quality evidence to evaluate the effectiveness of shelter stays to reduce violence.

Regarding women who have spent at least one night in a shelter, there is a fair amount of evidence that those who received a specific program of advocacy and counseling services reported a decreased rate of recurring abuse and improved quality of life. The benefits of several other intervention strategies for both women and men are unclear, primarily because of a lack of suitably designed research measuring appropriate outcomes. In most cases, the potential harm of interventions was not assessed in the studies reviewed.

Regardless of the lack of strong support for the benefits of the use of shelters, the Finnish parliament passed the law, which will open up more shelters and help IPV victims find support in crisis situations. I strongly agree that this was the correct decision, although from the viewpoint of the strictest EBP supporters, it was not the best possible evidence-based policy.

Although violence is not a health problem but a social problem and should be treated as such, even the Cochrane Collaboration offers information about IPV interventions. The Cochrane database provides a systematic review of using advocacy interventions with women who experienced IPV (Ramsay et al., 2009). Much has been learned in recent years about the epidemiology of violence against women, yet information about evidence-based approaches in the primary care setting for preventing IPV is seriously lacking. The evaluation of interventions to improve the health and well-being of abused women remains a key research priority.

Ramsay et al. (2009) reviewed 10 trials involving 1,527 participants. The evidence indicated that intensive advocacy may reduce IPV experiences during the 12-month follow-up period. However, the advocacy interventions did not have a clear effect on the quality of life and mental health of the victims.

The problem seems to be evident in the meta-analyses of screening and interventions. For screening, advocacy, and shelter use, there was no substantial support because there were not enough studies to make the conclusions strong enough. This is difficult to understand from the point of

view of a Finnish social work researcher, particularly because the aforementioned studies involved several thousand women. From the viewpoint of health care research, this might seem reasonable enough when the point of reference is studies about the effectiveness of medical care.

Is it possible that social work and social care studies should consider a much smaller number of studies to be conclusive evidence?

5.4 Evidence as the Aim of Science

Ed Mullen touched on the central question of the nature of evidence in his keynote speech at the European Social Work Research Conference in Bolzano in April 2014. The speech, published as an article in the *European Journal of Social Work* (Mullen, 2015), raised the important question of different interpretations of evidence. Although EBP is more or less an accepted framework in all human services, the core EBP concept of evidence remains ill-defined and controversial.

Mullen is not the first to deal with the question of evidence, however. Evidence is, for obvious reasons, a central question for researchers in law, history, and even the social sciences in general.

Even the founding figure of social sciences, Max Weber, stressed the importance of evidence. In *Wirtschaft und Gesellschaft* (Weber, 1922/2013), he stated that all sense-making endeavors and sciences are aimed at producing evidence. Understanding something as evidence can either be a rational process (e.g., based on logic or mathematical inference) or based on an emotional, emphatic understanding of the characteristics of the situation (Weber, 1922/2013). In social work there is always an interplay between rational, goal-oriented action (in Weberian terms, *Zweckrationale Handlung*) and emotional understanding, which can also generate evidential knowledge, although it is much more difficult to generalize and describe to others. The key word for Weber is *verstehen*, or understanding the meaning of action, and this is needed even when we use rational

inference to determine whether some piece of research knowledge can be considered as evidence.

5.5 Helping when Evidence is Lacking

According to Mullen (2015):

> Evidence-based practice can be considered a rational process for making decisions in the face of uncertainties, that is, in situations wherein certainty is not attainable. This process involves making uncertain inferences, usually using qualitative probabilistic reasoning about hypotheses based on available evidence. (p. 5)

I think this is a very important idea: EBP is a process of making decisions in an uncertain situation, in which both the social worker and the service user have many different ways of acting (Satterfield et al., 2009). To accept this is not to surrender to postmodern relativism; on the contrary, it is based on the clear-headed acceptance of the caprices of human behavior.

Even here, returning to Weber might be helpful. The ideas behind the evidence-based policy are not new—these thoughts have had supporters for a very long time. The idea of scientific policy making in particular has been discussed for at least a hundred years. There have also been opponents of the idea of linking research to policy making. Although Weber wanted to keep facts and values apart, he was also a strong supporter of politics against science throughout his career. According to Kari Palonen (2011), Weber was a fierce critic of apolitism. The tendency to seek scientific answers to clearly political questions was dangerous during his time in Germany. Weber tried to find ways of supporting political thinking and action. The growing tendency of apolitism was bureaucratization. This process has been occurring since Weber was active, and that makes his ideas worthwhile to consider, even in social work research. For Weber, freedom does not mean only tolerance and pluralism but also two more radical principles: freedom as openness to chance and freedom as conflict. Both sides stress that freedom is not so much connected to the results of action as it is to the situation of acting. According to Palonen (2011), Weber's theory of action was based on

two interrelated concepts, *Chancen* (chance) and *Nebenfolgen* (side effects). Using these, Weber transcends the merely normative and teleological approach of ends and means (Palonen, 2011).

Max Weber used the concept of Chancen to describe the central feature of social action: We can act in various ways, and to understand this process we have to combine causal explanations with an understanding of the meaning of the actions (Weber, 1922/2013). When social action is seen as the use of opportunities, it is normally seen as a positive phenomenon. But freedom of social action also has another meaning: Individuals can act in unpredictable ways. Violence in all of its forms is a somewhat problematic case for EBP. When somebody acts violently, it is often impossible to explain the behavior by referring to causal reasons. Not all husbands beat their wives but some do, and it is very difficult to predict who will be perpetrators based on social background factors.

Regardless, social workers are facing clients who need help. Mullen and other supporters of EBP are right when they say that if there is a lack of evidence to support interventions, the helpers should be extra careful and follow up on the outcomes of the helping process. Although this is true, I think that many of the actions of professional social workers are based on an understanding of the meaning of social actions, which is the only way to act in response to Chancen in the Weberian sense of the term—to act socially is to follow up on leads and hints that make it possible to understand social actions.

If Weber's idea about social action is valid, there may never be enough evidence to support airtight decision making about care. The professional cannot avoid taking chances. Evidence-based practice can never guarantee certainty, but it can limit the amount of uncertainty.

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