## Engaging with uncertainty and complexity: A secondary analysis of primary care responses to intimate partner violence

Claire Gear, PhD<sup>1</sup> Jane Koziol-McLain, PhD, RN, FCNA(NZ)<sup>1</sup> and Elizabeth Eppel, PhD<sup>2</sup>

<sup>1</sup> Centre of Interdisciplinary Trauma Research, AUT University, Auckland, New Zealand <sup>2</sup> School of Government, Victoria University of Wellington, Wellington, New Zealand

## Background

Complex problems generate uncertainty. The number and diversity of interactions between different parts of the problem makes predicting an outcome very difficult. With complex problems, a small intervention may lead to big effects, or a big intervention may lead to small or no effects. An intervention can also have unintended or unexpected effects. In effort to reduce the uncertainty of intimate partner violence interventions, health care systems have sought to standardise responses by developing guidelines and protocols. This paper challenges the prescriptive approach and demonstrates how engaging with uncertainty can improve individual and system level primary care professional responsiveness to intimate partner violence. We explore the concept of uncertainty and consider implications for practice.

## Methods

This paper draws on a complexity-led discourse analysis of 17 interviews with New Zealand primary care professionals on intimate partner violence as a health issue. The emergent Triple R Pathway articulated the interactions between participant understanding of intimate partner violence, their conceptualised response and consequently, their responsiveness to someone experiencing violence. We review these Triple R Pathways, focusing on the manifestations of uncertainty, how it is managed and the effect on patterns of responsiveness.

## Discussion

This paper argues against prescriptive standardised health care responses to intimate partner violence. We distinguish between the inherent uncertainty involved in responding to intimate partner violence and the common manifestation of doubt when faced with someone experiencing violence. We provide examples of how avoiding uncertainty constrains primary care professional responsiveness and call attention to strategies professionals use to engage with uncertainty. We consider the implications for improving practice and for informing future policies and protocols that promote sustainable health system responses to intimate partner violence.