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INTIMATE PARTNER VIOLENCE RESEARCH

The Utility of Motivational Interviewing in Domestic Violence Shelters: A Qualitative Exploration

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*This pilot study examined the use of motivational interviewing (MI) with 20 women receiving services at a domestic violence shelter, using qualitative and quantitative research methods. The experimental group (*n *= 10) received regular treatment services from shelter counselors trained in MI, whereas the control group (*n *= 10) received regular treatment services only. The quantitative findings related to readiness for change were published separately (Rasmussen, Hughes, & Murray, 2008). The qualitative findings suggest MI is an effective intervention for enhancing the impact of regular treatment services in survivors of intimate partner violence and increasing their self-efficacy about ending violence and avoiding violent relationships.*

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Intimate partner violence (IPV) is both a criminal and public health problem "that persists in all countries of the world" (World Health Organization, 2005, p. vii). Although prevalence and nature of IPV vary from country to country, the World Health Organization's research demonstrates its widespread occurrence and grave consequences to the safety of women. In 1997, the World Health Organization (2005) conducted a study of 24,000 women from 15 sites in 10 nations in different areas of the world, and concluded that the risk of women experiencing personal violence was greatest in intimate relationships. Terminating an abusive relationship often generates dangerous conditions and ambivalent thoughts for survivors of IPV. Perpetrators of IPV continue to control their victims through stalking, harassing, and other fear-provoking behaviors, which all too often result in injury to the victims. Appallingly, about 2,000 women are killed each year by abusive partners, and most of these homicides occur when the women attempt to leave their abusers (Barnett, 2000; Roberts, 2007). Common aspects of the control perpetrators of IPV impose on victims are economic dependency through preventing the victims from maintaining employment and isolation through preventing the victims from maintaining relationships with family and friends (Brown, 1997; Mahoney, Williams, & West, 2001; Sullivan, Tan, Basta, Rumptz, & Davidson, 1992). It also is common that IPV against women traumatically affects those close to them, particularly their children, provoking conflicting feelings regarding whether they should stay in the relationship. Leaving the relationship and seeking safety from the abuse could disrupt the bond between the children and their father, yet the decision to stay exposes themselves and their children to continued IPV.

The emergence of the women's movement in the 1970s as a strong advocate against IPV prompted researchers to critically investigate IPV as a social problem (Johnson, 1996). A national survey of 8,000 women and 8,000 men experiencing IPV estimated they had experienced 1.3 million and 835,000 physical assaults, respectively, prompting the National Institute of Justice and the Centers for Disease Control and Prevention to support IPV being "classified as a major public health and criminal justice concern in the United States" (Tjaden & Thoennes, 1998, p. 11). The gravity of IPV against women influenced Congress to increase appropriations for the Violence Against Women Act (18 U.S.C. §2265), which enabled the operation of additional shelters where women can receive the services they need.

Although there is still much to be accomplished in the areas of program development, research, and policy, progress has been made in decreasing rates of IPV as reflected in current statistics. Rates of nonfatal IPV in the United States

declined significantly between 1993 and 2004 for both women and men (9.8 to 3.8 per 1,000 and 1.6 to 1.3 per 1,000, respectively). Cases of intimate homicides also declined for both women and men during this same time period (1,563 to 1,155 and 638 to 344, respectively). These fatal IPV cases constitute about 11% of all murder victims. Although these declines represent significant moves in the right direction, no rate of IPV is acceptable (U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2006).

Although gender should not diminish the importance of intervening in or preventing any IPV, several factors were crucial in the researchers' decision to limit this study to women survivors of IPV. There is consistent overrepresentation of women as victims of these crimes and males are the perpetrators in the vast majority of cases (U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2006). The likelihood that firearms are used in IPV is greater for women, which increases women's chances of experiencing more serious injuries. In 43% of IPV cases in which the victim was a woman, children resided in the households.

Many women survivors of IPV have few safe havens where they can escape from their abusers. Emergency shelters, although hazardously insufficient and underfunded, are for many survivors of IPV the only or safest haven. According to the 2006 National Census of Domestic Violence Shelters, conducted by the National Network to End Domestic Violence (NNEDV), there are 2,016 local domestic violence (DV) programs across the United States. Almost two thirds of these programs participated in a survey evaluating emergency services provided over a 24-hour time frame. The 1,243 shelters participating reported that they were forced to turn away 5,157 women and children seeking shelter services (60% for housing) due to a lack of resources. During the 24-hour time period these shelters received 16,644 calls for help and offered prevention and education services to 40,215 community members. These shelters served 47,864 women and children in their shelters, homes, or community sites during the 24-hour survey period. These figures represent an undercount because 38% of U.S. shelters did not participate (NNEDV, 2006).

DV shelters offer survivors of IPV a wide range of services. Approximately 21% of the services provided take place through shelter hotline and crisis centers. These centers are crucial to survivors of IPV because they are open 24 hours and are staffed by trained counselors who can communicate with and direct frantic callers and inform them of the safest action plan. Approximately 60% of shelter services are individual services (e.g., counseling, legal and medical assistance, and safety training). Counselors might have degrees, be licensed as mental health or social service professionals, or be trained by other licensed professionals to offer client-centered counseling and case management. Survivors of IPV generally need legal support or medical services, as well as child care and employment, and shelter staff arrange for these services (Sullivan & Gillum, 2001). Group services (e.g.,

support groups and training sessions) account for about 19% of the services offered (NNEDV, 2006).

Despite the shortage of resources, DV shelters might have to be the primary agents of reducing IPV rates. Training in new treatment models showing evidence of effectiveness might prove cost effective. The high rate of IPV already reported (Tjaden & Thoennes, 1998) is exacerbated when survivors return to their abusers several times before finally leaving. There are multiple reasons this might occur (e.g., financial dependence, misperception of what is best for children, fear of worse abuse, and ambivalence). Survivors of IPV often feel trapped and are ambivalent about leaving the abusive relationship. Ambivalence can simply be defined as experiencing multiple feelings about one's situation. Such ambivalence can be the very phenomenon that keeps individuals trapped in addictive behaviors (e.g., substance abuse, eating disorders) and sometimes destructive and painful situations (e.g., IPV). Removing ambivalence is likely to greatly enhance a woman's ability to break free of an abusive situation with an intimate partner. Motivational interviewing (MI) has been found to be effective in removing ambivalence and increasing an individual's confidence in his or her ability to make positive changes in his or her life (Miller & Rollnick, 2002; Wahab, 2005).

Miller and Rollnick developed MI during their work with individuals experiencing alcohol and drug addictions (Miller, 1983). MI can be thought of as an enhancement to the regular treatment services (RTS; e.g., counseling, referrals to community resources, case management) provided by a DV shelter. MI is based on the transtheoretical model, which posits that behavioral change occurs as a person progresses through categorical stages, each moving the person to higher levels of motivational readiness for change. The categories, in their order along a continuum are precontemplation, contemplation, preparation, action, maintenance, and relapse (Prochaska & DiClemente, 1982) and provide a useful way of describing the process IPV survivors experience when breaking free of an abusive relationship (Brown, 1997; Wahab, 2005). IPV survivors in the precontemplation stage are not yet considering the possibility of change. In the contemplation stage, they begin to weigh the benefits and costs of leaving versus staying in an abusive relationship. Preparation is a state characterized by an intention to change in the immediate future, usually within the next month. In this stage, IPV survivors might begin to take steps to ready themselves and their children to leave (e.g., gathering birth certificates and Social Security cards, putting aside money). Action is the stage where the individual IPV survivors actually take action to achieve a behavioral change and leave the abusive relationship (i.e., call a hotline, check into a shelter). In the maintenance stage, IPV survivors strive to remain out of the abusive relationship and maintain a safe environment for themselves and their children. The stage of relapse occurs when an individual reengages the undesired behavior or stops the desired

behavior. IPV survivors might include a decision to return to the relationship, even when the risk for continued abuse remains high. Some research has found that on average, IPV survivors leave abusive relationships five times before leaving permanently (Okun, 1986, as cited in Barnett, 2000).

Miller and Rollnick (2002) incorporated their understanding of the "natural process of change" into MI. They emphasized their belief that ultimately it is the individual's motivation to change that moves him or her away from addictions or other harmful behavior. The therapist or counselor using MI skillfully provides a client-centered, safe environment employing reflective, supportive listening and communication techniques for clients. Through the client-centered techniques, the therapist or counselor using MI reflects and amplifies the client's feelings, while affirming the client's strengths and resilience. The cognitive techniques of MI include exploratory questions and problem-solving methods that facilitate the client's thoughtful examination of his or her situation, as well as interventions that reframe the client's negative perceptions and assist the client in identifying his or her strengths and resiliency. MI is more focused than a client-centered approach and much less confrontational than cognitive-behavioral interventions. Unlike traditional cognitive-behavioral interventions, the therapist or counselor does not directly confront the client's resistance but asks questions in ways that allow the client to self-reflect on choices made in the past and goals to be set for the future. The client is empowered because it is the client, not the therapist or counselor, who must provide the motivation for change. Miller and Rollnick (2002) explained that "intrinsic motivation for change arises in an accepting, empowering atmosphere that makes it safe for the person to explore the possibly painful present in relation to what is wanted and valued" (p. 12). The RTS at DV shelters are compatible with MI as shelter therapists or counselors generally use client-centered or cognitive-behavioral techniques with their clients (Miller & Rollnick, 2002).

MI is also compatible with the short time period during which survivors of IPV receive shelter services. MI has been found to be effective in short-term treatments for a number of problems in which ambivalence was a factor. Since Miller and Rollnick (2002) began their work with alcohol- and drug-addicted clients, a host of researchers have conducted empirical studies using MI. An extensive meta-analysis of these studies revealed a wide range of behavioral circumstances being researched (e.g., alcohol abuse, drug addiction, and smoking cessation; Rubak, Sandboek, Lauritzen, & Christensen, 2005). The short-term treatment of these behavioral circumstances and the ambivalence experienced by the individuals are factors that relate to the circumstances of survivors of IPV.

This pilot study validated the cost effectiveness of using MI in DV shelters. With limited resources, DV shelters are likely unable to afford to send their staff individually to receive training in new effective treatment methods.

This study overcame this problem by hiring a certified MI trainer to go to the shelter and train the staff, including the administrator, as a group. Doing so allows administrators to train future staff themselves.

Despite the predominant role of shelters in helping to prevent further injury to survivors of IPV who display a great deal of ambivalence, which impedes their ability to change and remove themselves permanently from abusive situations, no prior research has evaluated the effectiveness of MI in relation to DV shelter services. Research in DV shelters poses several challenges, such as:

1. Due to the critical need to protect the survivors of IPV served by these shelters, extra care must be taken to ensure the confidentiality of the shelter and the clients.
2. When women enter the shelters, they are in a state of crisis. Their needs must be considered, particularly in the initial 48-hour period. Researchers should postpone collection of baseline data until the clients are considered, by the shelter counselors, to have made their initial adjustment to the shelter and able to take part in the study.
3. Women who enter shelters often do not remain for the full treatment period (generally about 6–8 weeks). Studies might take longer to complete due to this attrition and the difficulty in collecting an adequate sample size.
4. Shelters generally can accommodate only small cohorts of women due to the size of the residences. Researchers must allow all members of a cohort to leave the shelter before adding a new cohort. This avoids contamination of the data that can occur when women who have already received the experimental or control interventions discuss their treatment with women in the new cohort.
5. Longitudinal studies pose a particularly difficult challenge due to the continued need to protect the women and the difficulty of locating the women once they leave the shelter (Campbell & Dienemann, 2001).

These challenges were considered in the methodological development of this study.

The study used both quantitative and qualitative methods. The quantitative methods found the two groups showed no significant differences in motivational level on the University of Rhode Island Change Assessment (URICA; University of Rhode Island Cancer Prevention Research Center, 2006) at pretest, which was to be expected because they were equivalent at that point in the study. However, the posttest found significant differences in the motivational level of the two groups (p = .029, one-tailed). Ninety percent of the experimental group fell into the high motivational category. The experimental group also showed a higher readiness for change mean at posttest (11.1 compared to 9.9 of the control group). Using the URICA,

readiness for change was measured within 48 hours of the participants entering the shelter and again on completing the shelter treatment. The experimental group, which received treatment services after the shelter counselors were trained in MI, either maintained an initial high motivation to change or increased an initial low motivation to change by the end of treatment services. In contrast, the control group, which received treatment services before the shelter counselors were trained in MI, showed a regression in their readiness to change from their initial level to their level by the end of treatment services. These findings suggested that counselors trained in MI were more effective in maintaining and increasing high levels of readiness for change in women seeking services from a DV shelter. The qualitative methods were used to substantiate and expand on the quantitative findings and to give voice to the participants about their experiences.

METHOD

The researchers obtained institutional review board approval to conduct the study from San Diego State University (Protocol No. 03-05-211). Once the DV shelter agreed to allow the study to be conducted at their site, the researchers met several times with the administrator, therapists and counselors, and staff at the site to work out the details of the study and monitor its progression.

Twenty adult women seeking services at a DV shelter in Orange County, California, made up the sample for this pilot study. Participants were recruited during the intake process, following a 48-hour crisis period. Prior to the beginning of the study, the shelter administrator and counselors were trained on all aspects of proper research procedures. Intake staff explained the purpose of the study and offered those women, who expressed an interest in participating, a consent form that explained the study, its voluntary nature, participants' rights, and any potential harmful effects. The researchers offered the women an incentive to participate in the study (raffle tickets for a day at a health spa, including massage, facial, and manicure).

Initially, the researchers planned to complete the study over the course of about 1 year. However, due to some of the challenges previously discussed, the study time was extended for two purposes: (a) to recruit the 20 participants, a control group (n = 10) and an experimental group (n = 10); and (b) to avoid contamination by freezing the study until all control group participants had exited the shelter. An additional time period was planned after the entire control group left the shelter to bring in a certified MI trainer to train the shelter staff.

The study used a quasi-experimental pretest–posttest comparison group design. Demographic and related personal historical data were collected on each participant from the intake questionnaires that the shelter routinely administers to all clients during their intake process. All participants completed a pretest when admitted to the shelter and a posttest at discharge to assess their awareness of pros and cons of change, readiness for change, perceived self-efficacy, traumatic life events (other than DV), and substance use. Additional quantitative instruments were administered and analyzed to collect data, including the Process of Change in Abused Women Scales (Brown, 1997, 1998), URICA (DiClemente, Schlundt, & Gemmell, 2004), and the Traumatic Life Events Questionnaire (Kubany et al., 2000). Two of the shelter counselors were designated by the administrator of the shelter to manage the assessment instruments; these counselors routinely administered the intake questionnaires to clients in the shelter and were therefore familiar with general procedures for administering assessment tools. Prior to the beginning of the study, counselors were trained on proper research procedures for presenting the study, gaining participants' informed consent, administering the assessment tools, and answering participants' questions. Training about the assessment tools was based on published articles describing the tools, as instructional manuals were not provided by the authors of the tools.

Qualitative methods were used in this study to increase the researchers' understanding and interpretation of the quantitative findings. The U.S. Department of Veterans Affairs (n.d.) described the value of combining the two methods: "Qualitative methods combined with quantitative ones can provide particularly rich and robust inquiries. . . . The focus is on understanding the full multi-dimensional, dynamic picture of the subject of study" (p. 1). The researchers tape recorded in-depth interviews to collect data related to the MI intervention process. An interview guide, which was developed through assessing the key components of MI and indicators of readiness for change, was used for the interviews. Rasmussen (1998) described these indicators of readiness for change as awareness of their thoughts, feelings, body sensations, motivations, and actions (that facilitate survivors of IPV to be) better able to engage in a trauma outcome process of recovery and integration, a behavioral indicator of readiness for change. The interviews were conducted with (a) a random sample of the participants (3 from the control group and 3 from the experimental group) at the time of their discharge from the shelter, (b) the two assigned counselors who implemented the intervention, and (c) the shelter's administrator.

The mode of qualitative analysis used in this study to interpret the data is known as grounded theory. Grounded theory emerged from the discipline of sociology and was developed by Glaser and Strauss. Strauss and Corbin (1990) explained the premise of grounded theory:

> A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory stand in reciprocal relationship with each other. One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge. (p. 23)

Each interview was transcribed and entered as a case into the computer program Qualitative Solutions and Research, Non-numerical Unstructured Data Indexing Searching and Theorizing (QSR.NUDIST) to be coded and analyzed. QSR.NUDIST is a tool for organizing and managing coded data. It allows the researcher to link ideas and construct hypotheses and then test these hypotheses using the data. It is an especially useful tool for the researcher who chooses to use verbatim data to support interpretations and conclusions. Initial codes were developed based on the first author's recollection of the content of the interviews. Initial coding is commonly developed from the researcher's recollection. These initial codes can be removed or changed if needed as the researcher reads through each transcript for statements related to the codes. Additional codes were added as significant passages were identified. Once all transcripts were coded, categories were developed to encompass related, coded passages.

Correlations were run using these categories to determine whether any were highly correlated. New categories were developed for these. The final list of categories determined the passages used for analysis. These categories were self-perceptions, beliefs of abuse causation, beliefs of shelter efficacy, emotions toward abuser, specific statements, and beliefs of personal strength. Several verbatim passages from the transcripts are used throughout the Results and Discussion sections of this article to clarify the authors' interpretations. Pseudonyms are used in the Results section of this article to protect the identity of the participants.

RESULTS

Control Group Analysis

The interviews revealed several common experiences. The participants (identified by P and a number) were isolated from friends and family. Being a mother with dependent children made leaving the abuser more difficult. P3 (Carol) indicated she believed her abuser got her pregnant every other year to keep her dependent on him. The participants believed they were the only ones experiencing IPV. They also stated that they felt safe, as long as they were in the shelter.

There was a sense of continued insecurity with two of the three participants. P1 (Anne) expressed insecurity about her ability as a person to be

accepted unconditionally. She stated, "I'm still very insecure in the fact that I need to give and give and give and give in order to be accepted . . . I feel like people will love me more for what I do for them other than who I am as an individual." However, she also believed that she was learning that she only needed to be herself to be accepted. Carol's insecurity appeared to revolve around her fear of her husband. She stated, "Whenever there's an event that involves him, my husband, I still feel a little panicky. I get out of breath, I hyperventilate, that kind of thing." P2 (Barbara) did not express feelings of insecurity.

The control group participants also indicated that they saw a better life for themselves and their children in the future. Anne expressed that she felt less confused and clearer about the direction her life was taking. She stated, "I'm going to get through this, and I will far exceed where I was at professionally as well as emotionally and with my children as well. . . . I couldn't see that initially, but I do now." Barbara stated, "I feel more independent about my life. I still have a lot of unknowns about my future" because of all the new changes she was making. Carol stated, "I feel a little more confident, secure wise. It's kind of coming to terms, slowly getting there, but not quite."

All three control group participants recognized certain beliefs they held about themselves as contributing to their abuse. Anne identified her desire to be needed as a factor in remaining in the abusive relationship. She talked about making decisions in her life, prior to her marriage, to please her parents and make her dad happy and proud of her. This need to please others came through in her statement about her feelings toward her abusive husband after she left him. She stated, "When I first left . . . I ached for what he was feeling, being alone and not having the children. I felt guilty in the respect that I took the children." She also believed that having experienced a previous failed marriage influenced her to remain with her abuser and to try to make it work. Interestingly, this belief also related to her need to please her parents. She stated that she couldn't go back to her parents again; she couldn't tell them that the second marriage was not working out. Years of being isolated from her friends and family had passed before she made the decision to leave. She also felt dependent on her husband for love and to feel good about herself. She started second guessing herself, feeling that if she could change, it would make him happier. These are common feelings of ambiguity with survivors of IPV. She even believed that the legal system was not working on her behalf. She stated, "I have no recourse. It's useless trying to get away."

Barbara felt dependent on her abusive husband financially and emotionally. She believed that having a child made it harder to leave. She stated that she felt isolated and that she was the only one experiencing abuse. She started second guessing herself: "If I just change this, maybe I can make him happier." Her statement that "we had a great relationship, so I kept holding onto what was great before, not what was happening now," is an example of the ambiguity that women face in abusive relationships.

Carol, of all the participants in the study, remained the longest in the abusive relationship. Yet, of all the participants, she displayed the most resilience before, during, and after the abusive relationship. She entered into the relationship because she became pregnant out of wedlock and was afraid to tell her parents. She explained that she would not have married her husband had this not occurred. She felt trapped. In her mind she reasoned, "I'd get married and then I'd get divorced and everything would be fine." After the birth of their child, she left and entered a shelter, during which time she got a restraining order. She returned to live with her parents. Just when she thought she was safe, the courts issued visitation to her husband who proceeded to kidnap the baby. Because she did not want to wait the 24 to 48 hours for the police to take action, she went to him to get the baby, at which time he forcibly held her against her will and began abusing her "worse than ever." She became pregnant several times thereafter and, with each child, felt she had to remain for the children's sake. However, throughout her more than 30 years of abuse with him, she showed remarkable strength. For example, she convinced him to allow her to go to school all the way through a master's degree program by telling him that it would bring in more money for the family.

The control group participants made statements indicating what they perceived as the causes of their abusers perpetrating IPV. Carol stated, "My abuser himself has stated that he's been in fights since he was a youngster. He's always been very physical, very violent in that respect." This participant went on to describe how her abuser physically assaulted others throughout his life. She stated, "He's had a knife wound in him; he's just violent in nature." Although this participant clearly stated that she knew he was a violent person, she also stated in respect to red flags of abusive behavior (e.g., isolating and attempting to control the victim), "I didn't really realize what the signs were."

The control group participants expressed the ways in which the experience of being in a shelter was helping them begin to change their beliefs about themselves and their abusers. Barbara stated she no longer felt bad for the abuser. Carol stated that she now realized that staying for the children was only harming them. The ability to help other participants through their problems strengthened their understanding of their own problems and helped them to see that the IPV was not their fault. It also helped them to see more clearly what occurred because most of the other women in the shelter had gone through the same thing; they recognized most abusers do the same things. Talking to the other women about what they need to do to heal and grow stronger also helped them to realize what they needed to do for themselves. The groups were therefore a key component of the program.

Anne indicated different services as most beneficial to her at different times in the interview. She stated that the counseling and support staff were what was most beneficial at the shelter. Then, at another time she stated

that the legal advocate was most beneficial. In respect to the counseling, she felt that just having someone on site to talk to and clarify which experiences with her partner might have been red flags for the abuse was what made it beneficial. It appears that with the control group, the support of the other women was the most beneficial of the services provided, or at least the participants perceived that to be the case. As is shown later in the article, the experimental group found the counseling service most beneficial. This might be an indication that the MI the experimental group received influenced what they found most beneficial.

Another aspect of the shelter services the control group found beneficial was the counseling technique of responding to what the client says using statements that move the client to reflect on her own statements and draw her own conclusions. In reference to experiencing this technique, Carol stated, "I don't believe it was anything she said. I think it was just hearing myself talk. She really doesn't tell you what direction you need to go. She just kind of listened," and "She would say, 'It sounds like you just answered your own question.'" Barbara spoke about the conclusions she drew after the counselor moved her to reflect on her statements: "Now I realize that men like that don't change. They can't change; it's just in their nature."

Anne said that she would like to continue the services after she leaves the shelter. She seemed unsure of whether she could do it alone: "What if I leave; what am I going to do?" This individual stated that the statement she recalled most from her counselor was that she saw a lot more in her than she saw in herself. She stated, "Sometimes I would come in there and feel God, I'm so pathetic, I'm so pitiful, and she's like 'No, I don't see that individual that you see. When you come in, you seem as a very strong individual.'"

Not all participants felt certain they could remain out of an abusive relationship. Barbara stated that she believed she would be able to remain out of abusive relationships because she now knew the red flags to look for. Anne stated, "I don't want to close myself off to a relationship, but I really hope I don't get into another abusive relationship. I can't really say positively that I wouldn't. But if it were my choice I wouldn't. I don't really know; I hope not." These statements of ambivalence were all made in one response with no interjection. The degree of uncertainty shown by this woman was remarkable. She stated that on first seeing her counselor when she came to the shelter, she asked about her abuser, "Do you think he will change?"

Only Carol seemed very clear that she was through with abuse. She had been in her abusive marriage for more than 30 years. She did not want to be in any relationships and just appeared completely worn out from the abuse. She was the woman who had a child every other year. Her decision to leave came when her children told her she should have left long ago.

Experimental Group Analysis

The experimental group generally made statements that showed a strong self-concept and inner strength and determination. Participant 1 (P1; Donna) indicated that her self-esteem had been constant throughout. She believed that she had as high self-esteem when she entered the program as she did at the end. P2 (Elsa) stated, "The determination has just been made stronger and stronger and stronger to stay out of my bad life and continue on my new life." P3 (Fran) stated, "I still have the same determination. Maybe it's grown even more to be a good mother, a loving mother, a good role model and support system for my son . . . I still have the same drive to change and to improve. It's lowered the fear and anxiety."

In regard to any changes the participants perceived in themselves since they entered the shelter, Donna stated that she felt clearer now with the choices that she made. She felt she had previously been in a "fog" about the direction of her life, her safety from her abusive husband, and the safety of her son. After having completed the program, she stated, "My confidence has gone up a great deal. . . . Even though I came in self-confident in some areas of my life, I think that when it comes to specifically how I relate with my husband in that area, it's boosted it up completely. I think that I'm capable." Donna indicated that she did not have the confusion she saw in other women who have experienced IPV. She stated that there was no confusion over whether she loved him or he loved her. She felt strongly that her husband was irresponsible and unhealthy for her son. She stated that she had no ambivalence about her relationship with him or his relationship with their son, who is her priority.

Elsa also showed a great deal of confidence. She indicated that since going through the program, she feet much more capable of accomplishing things. She stated that before, she did not have the courage or will to do the things she is now doing for herself. She stated, "Now I feel like if I really set my mind to it, even if it's something that I'm worried about or afraid to do, I feel a whole lot more that I can do it now." She went on to state that her willingness to do things and her feelings about herself are big changes from before. She could not think of much that was left of the person she was before entering the program.

Fran stated that she loved herself more now. She recognized that she was sabotaging herself. She believed she had grown a great deal since being in the program and had learned a lot about herself. She stated, "I feel good about myself today in comparison to when I was really self-loathing, when I came here."

The experimental group participants offered information about their perceptions of why the abuse occurred. They all indicated fear as a factor. Donna was fearful that her husband would kill her. However, she then made statements that seemed to offer excuses for his behavioral choices as

well as her own. For example, she mentioned that he had suffered a nervous breakdown. In regard to her decision to remain in the relationship as long as she did, she stated that his friends were an older happily married couple who told her that they thought he would change as he got older. She said, "I just figured that they knew him before I did, so they've seen him and know him better than I do." She also believed she remained because of her values. She mentioned that because of Catholic religious beliefs, her family did not believe in divorce. She also reported that during her upbringing she was not exposed to abuse or alcoholism. She stated that once the abuse escalated, she remained because he threatened to commit suicide if she left him. She did indicate that she realized she made excuses for other people's behaviors because she wants to believe the best of them.

Elsa also mentioned that she had strong beliefs about commitment in marriage. She did not want to walk away because it would have indicated failure on her part, although she came to realize that was not true. Her extended family was close by at the beginning, and she believed that might have influenced her to remain in the relationship. Lastly, she felt sorry for him. She stated, "I hate hurting people, and that's what kept me there, too."

Fran had a very different revelation about her abuse. She had experienced sexual abuse at the age of 3 and had been in 14 foster homes. So she came to recognize that not dealing with all the previous abuses might have led her to continue in the pattern of abusive relationships. She believed that she played the part of a victim, thinking that she could not take care of herself and so needed someone else to be dependent on, to rescue her. She finally recognized that she was a victim growing up with her stepfather and her mother. Her abusive husband was just one more person she felt victimized by. She stated, "I opened myself up for him to take power and control over me by allowing him to rescue me and me to be the victim." Her further statements clearly indicated that she came to understand that he could not have controlled her unless she gave him that control.

According to the research, one factor that contributes to DV is stress. Donna indicated that, although her abuser was not a nice person to begin with, losing his job made the abuse escalate. This participant also indicated that the abuser's father was an alcoholic and she perceived the abuser as wanting to control her. She believed that the abuser's early experiences with an alcoholic father might have increased his need for controlling others.

Fear of their abusers was an emotion experienced by participants that was a factor in the abuse occurring. For some participants, the fear was of further abuse of themselves or their children if they did anything to upset the abuser; for others, it was fear that the abuser would find them and their children if they attempted to leave and inflict even harsher abuse on them. They believed the counselors gave them clarity about how their abusers' actions affected them: their beliefs, emotions, physical well-being, and family well-being.

For some of the participants, emotions toward their abusers changed over the course of the shelter stay. For example, Donna indicated that she previously worried that her abuser would commit suicide over her leaving, but she came to understand that she had no control over his actions. She stated that she would always love the person she wanted him to be, but realized that he was no longer that person. Other emotions were shared by several of the participants. They no longer believed their abusers' negative perceptions of them were valid, a belief they garnered from positive self-talk. They also expressed that they were more confident that their abusers could not easily control them as a result of the self-confidence they derived from the self-defense classes. However, they were still fearful of their abusers. For Elsa, the change in her emotions was one of greater intensity. She stated that she still had a great deal of anger toward her abuser. She said, "I resent him more than anything for what he's done to me, what he's done to our kids." She believed that the loss of love she had for her abuser before she left had only increased.

Participants made statements regarding the shelter's effectiveness in changing their beliefs about themselves. Donna indicated that she felt self-confident about herself in areas other than her relationship with her husband. She stated that the shelter helped her to lower her fear and anxiety about him. She now had confidence that she would "be better prepared for something to happen." She commented that the self-defense classes were one service that helped her to get over her fear and to feel more self-confident. Elsa said that the shelter made her feel like a person again. She stated, "You deserve the caring, and you deserve to be treated well." She also stated that the shelter had helped her to become more assertive when interacting with people. This she attributed to her counselor. Fran stated that the shelter counseling had made her realize that she had been a victim who was waiting to be rescued. She believed her ability to make changes was aided most by the information she received from the shelter (e.g., the Bill of Rights distributed by the shelter, assertiveness training, and discussion of the "Cycle of Family Violence"; Walker, 2000).

Additional comments were made by participants regarding the efficacy of the counseling services at the shelter, as well as the other services. Donna stated that her ability to go on with her life outside the shelter was not due to her obtaining employment or a place to live, it was due to the strength she received through counseling. Donna also used the family counseling available to those women whose children were with them at the shelter. She commented that her son was very upset with her for uprooting him from his father, with whom he was very close. The family counseling helped her with this. She stated, "Through family counseling he was able to give me feedback on how he feels through the Sound Exercise." Elsa found the group sessions and the counseling equally helpful. Fran commented that the confidentiality of the individual counseling

sessions afforded her the opportunity to safely talk about her childhood issues. She stated that they were instrumental in "helping me to realize I did the best with what I had at the time. So I've really been abusing myself, not forgiving myself, not permitting myself to learn and grow from the experience. That it was okay; that I was okay." She realized that as a child she was only capable of making childish decisions. She said, "That helped me realize a lot of my guilt. My pain came from choices I made when I didn't know any better."

Other services that were efficacious at moving the participants past their abusive pasts included the safety they experienced at the shelter. Donna found that to be a key factor because it enabled her to concentrate on herself. She felt that the shelter was a safety net that included all the staff and services. She found the groups to be especially helpful. She stated, "I can't think of any groups that haven't been helpful. The variety of groups has also been great." Donna also mentioned that she was given a mentor, who acted as a role model while in the shelter. The mentors are other clients in the shelter who are at a higher level of the program. Both Donna and Fran mentioned the specific types of counseling therapies used (e.g., Stop Gap, a role-play activity; Art of Healing, art therapy; and Emotional Healing, a yoga-type meditation). Fran was appreciative of the thoroughness of the shelter at meeting all her basic needs. She stated, "Everything that you would need in life you get it here, you get it all here, just resources, an abundance of resources. I can't emphasize that enough. There's a need for so many resources." She felt this was so important because the women leave home with few of their belongings and having resources waiting for them took away a big worry. She also found journaling helpful. Like Donna, Fran mentioned the importance of the group sessions. She gave details of her feelings about the groups:

> If I would have just had the individual counseling and not had the group therapy, I don't think the individual counseling would have been as effective, because in the group therapy you are with people, who are experiencing similar or different experiences, but you come together and share, and you get to see yourself in these other people. You see yourself, and maybe there are things that you don't want to see. But what it does is it opens you up if you're ready for it. So it opens you up so when you go into personal therapy, you are willing to deal with those issues. So without that group therapy, I don't think I would have opened up as much in my personal therapy.

When asked about specific statements made by their individual counselors, there was a mixture of those that reflected the MI method of exploring motivation for change and empowering the client and those that did not. Donna stated, "I didn't feel inhibited. I felt like I could say whatever

was on my mind at the time. In doing that, I can't remember if they ever asked me thought-provoking questions." She stated that the questions the counselor asked her were to make her reflect on something "so I could view things that would give more clarity as far as what was going on in my life." She felt the questions were often "mirroring" what she had said and the statements led to reassurance about what she was feeling. These statements seem to indicate that the counselor was allowing the participant to own her feelings and to take responsibility for her growth. Fran also commented that at times she would talk nonstop, not reflecting on what she was saying. The counselor would stop her at times and ask her to reflect on something she had said or to explain what she meant by something she had said. She mentioned that because of the counseling, she is now able to be aware of important things without ever having to be told. Instead of telling Fran what she needed to do when circumstances arose, the counselor would ask her to decide what actions she needed to take and when. Fran felt that kept her focused. She stated, "That's it. Counseling has helped me focus a lot."

Elsa stated that counseling helped her to listen to herself talk: "Bells kept going off; light bulbs kept going on." She said that instead of giving her advice, the counselor would use an example. She said that she would hear certain things and then try to live by them. She found it particularly useful being told that whenever someone said something bad about her, she should think about the good things about herself and what she loves about herself. She referred to this advice as positive self-talk.

Fran stated that she did not want to be rescued any more. She stated that she was learning to take responsibility and give herself the credit for her growth. She stated, "I'm learning that I am responsible for the changes I am making. It's my work and my honesty, being honest with myself about who I am and where I'm at and why I'm here. That has allowed me to make the changes that I have made. I didn't know I had a right to put myself first. " She said she had a counselor that did not judge and gave her feedback about what she was saying. She stated that this made her feel validated. She commented, "What influenced me was when she asked me a question and I'd have to ponder and think about it. It wasn't that she was trying to resolve me from the responsibility. I'm not the same person I used to be. I'm improving and changing. As long as I continue to improve and grow, it's okay to make mistakes along the way. I've learned to accept myself and who I am." Fran felt the questions her counselor asked her helped her to discover who she was.

Some statements were made that seemingly are not what would be expected when using MI. Donna stated several times that she maintained the same level of fear she had on entering the shelter. She believed that the shelter gave her the opportunity to push the fear to the back of her mind and allow her to concentrate on her issues. She stated:

> At this point in my life I feel I need to be under the shelter still. Something else that I've needed and gotten from my case manager is that at one point I felt I was drowning. She came right out and said "You need to do this, and you need to do this." I was so upset that, I'm bright enough; I'm intelligent enough that I'm able to analyze things, but not when there is so much chaos and crisis going on in my life. That's what I felt I needed was somebody to be very direct and say, "These may be your choices, and this is what you do right now."

Donna indicated at another point in the interview that her fear of and anxiety over her abuser had been lessened. She also stated that she believed she was capable of making a good life for herself and her son. She said she was not interested in getting into another relationship right now and that she wanted to continue to focus on herself and her son. She also mentioned that no matter what the situation in her life, she would remain more cautious. This added caution might have occurred because of feeling unsure of her strengths outside the safety of the shelter, which seems a perfectly normal reaction.

Elsa also stated that she still felt controlled by her abuser. She stated that the fear of him was still the same as when she entered the shelter. However, at a later point in the interview she stated, "I think that overall I feel a lot stronger with my thinking and my planning. I don't feel incapable anymore. I feel like I can do it, really do it. I can function outside a lot better now." Elsa had shared earlier in the interview that she had tried to please people all her life. When discussing her strengths at this point in her life, she stated that her feelings of needing to impress others were not nearly as strong as they had been upon entering the shelter. "I've done a lot of things since I've come here that show me that I've improved a lot with people, become more assertive with people and have grown a lot in that way. I know now that I need to assess things I'm going through instead of just jumping into them. I need to take the time to make sure what is happening to me is good for me and my child."

Fran's statements showed belief in her strength. She stated, "So now I'm making changes and taking steps to love myself and to learn to be a whole person." Fran also mentioned wanting to continue moving forward in a positive direction for the sake of her son. She wanted to be a role model for him: "I'm not the same person I use to be. I'm improving and changing. Now I've learned to accept myself and who I am."

DISCUSSION

The interviews showed commonality between the control group participants and the experimental group participants. Both groups cited fear of their abusers as a primary factor in their decisions to remain in the abusive

relationships as long as they did. Both groups remained fearful of their abusers; however, statements made by the experimental group suggested a stronger commitment to not allowing their fear to stand in the way of moving forward in their lives. Participants in both groups seemed clear about their contributions in entering and remaining in the abusive relationship. Both groups expressed the value they found in the group sessions. Hearing other women express the same or similar experiences and feelings truly helped them, as did being able to give advice to others, which they could then apply to themselves.

There were strong differences between the two groups in several areas. The experimental group participants all exhibited strong self-determination, self-concept, and self-esteem. Their self-perception was that they possessed these characteristics prior to entering the shelter. The control group participants did feel that they were stronger now than when they entered, but their statements showed less confidence and continued focus on their fear, guilt over leaving, and emotional ties to their abusers. The data cannot indicate the strength of these characteristics prior to entering the shelter. Also, it cannot be determined with certainty whether these participants' perceptions of self-strength in these areas are a result of having been exposed to MI. However, the discernible difference between the experimental group participants and the control group participants strongly suggests that MI had an influence. It could be that the MI placed the experimental group participants in a different frame of mind, which allowed them to focus more on their strengths than their weaknesses. The control group participants might also possess these same characteristics, but remained absorbed in all that was weak and negative in their lives. If indeed this is the case, this speaks volumes for the efficacy of MI at preparing DV survivors to move in a positive direction. It also might help in preventing them from returning to abusive situations, as their minds would be focused on the positive aspects of themselves and their lives.

Statements from the experimental group and control group participants showed a different level of understanding about how their past experiences contributed to them entering and remaining in abusive relationships. The experimental group participants, unlike the control group participants, all made statements indicating that they now clearly understood the connections among their prior beliefs, experiences, and values and their vulnerability to entering abusive relationships. This increased clarity could be a result of being exposed to MI. Although the therapists used a client-centered approach prior to being trained in MI, interviews with the therapists indicated that using MI helped them focus on compelling the participants to draw conclusions and set directions. The integration of client-centered and cognitively based strategies inherent in MI might have brought about greater independence in working through issues than the client-centered approach, used previously, was able to accomplish.

The participants in the two groups differed somewhat in how they perceived their abusers. The participants in the control group, although indicating that they understood the power and control factor in the abusers, seemed to still be in denial about the "red flags" they knew existed in abusive relationships and persons. The statements of one control group participant indicating she clearly knew her abuser was a violent person when she met him were followed by her denial of her understanding that his previous violence was an indicator of who he was in that respect. This appears to demonstrate a degree of ambivalence that still remained at posttreatment. Statements of the experimental group participants showed a clear understanding of how their abusers used power and control to continue their abusive actions. Although fear of their abusers remained, it seemed to be a healthy fear, one that would act as a guard in future encounters with men and assist them in identifying abusive behavior in an intimate partner.

The experimental group participants' statements about the efficacy of the shelter program were different than those of the control group in that they focused more on the specific outcomes they would be able to use in future relationships (e.g., the assertiveness they developed from the self-defense classes, the self-esteem they garnered from positive self-talk, and the information they obtained from the Bill of Rights). They were able to mention specific techniques used in counseling that helped them and that they could continue after leaving the shelter (e.g., journaling and self-talk). Statements of the participants in the control group tended to be more general, and they did not express what they could take with them to the degree the experimental group participants did.

The efficacy of the MI in the individual counseling sessions was quite evident. The women in the experimental group recalled having to draw their own conclusions, reflect on what they were saying, own their feelings, and take responsibility for their growth. A statement by one experimental group participant sums it up clearly: "Because of the counseling, I am now able to be aware of important things without ever having to be told." These women's expressions exuded self-confidence and positive self-regard. They felt ready to take charge of their lives and had a willingness to leave their pasts behind. They had a new strength, which they believed they had developed because their therapists had placed the responsibility on them.

This study was intended as a pilot study examining the efficacy of training DV shelter therapists and counselors in MI and using it in conjunction with their RTS. The study had several limitations, which need to be addressed in future studies. The obvious limitation is sample size. A small sample size limits the generalizability of the findings. It also limits the types of tests that can be run on the quantitative data. This limitation can be overcome through using multiple sites, thus increasing the sample size significantly.

Another limitation also relates to the use of DV shelters to recruit the sample population. The researchers continue to be dedicated to conducting future studies at shelter sites. They recognize that doing so (a) requires a longer study time to recruit ample participants, (b) increases the chance that participants will not complete the study, and (c) decreases the chance of successfully adding a longitudinal component to the study. The first two of these limitations can be overcome by taking this study to scale. The researchers' ultimate plan is to conduct a study that will employ researchers across the country so that multiple DV shelter sites can be used. Prior to that occurring, a California statewide study will be conducted to test the external validity of the pilot study. To address the longitudinal limitation, perhaps an incentive can be offered to the participants to check back in with either the shelter staff or the researchers for a 1-year period of time. This would greatly benefit the study by helping determine whether the significant findings subsist over time.

The small size of the pilot study sample limited the ability to assess ethnic differences, despite the diverse composition of the participants (45% Caucasian, 35% Latina, 15% African American, and 5% Asian). A second factor leading to this limitation is the underutilization of DV shelters by women of color (Sorenson, 1996, as cited in Sullivan & Gillum, 2001). Increasing the ethnic diversity of therapists, counselors, and staff at DV shelters might change the perception of women of color about the cultural sensitivity of these sites, making them more likely to select them as a safe haven. Instruments used to assess bilingual clients also would increase the cultural sensitivity of shelters.

A final limitation of this pilot study is that the MI trainer also was hired to evaluate the fidelity of the therapists' and counselors' use of MI in their interventions. Hiring an independent, MI-trained evaluator will overcome this limitation in future studies.

This study found, both in the quantitative outcomes as reported in Rasmussen et al. (2008) and the qualitative outcomes as reported herein, that MI enhances the RTS in DV shelters. Survivors of IPV experience a decrease in their ambivalence about remaining in abusive relationships. Their ability to tap into what is a "natural process of change" (Miller & Rollnick, 2002) is enhanced, leaving them with feelings of self-empowerment. The process of training DV shelter staff in MI, in house, is a cost-effective solution for shelters struggling to overcome the restraining effects of deficient resources. With IPV continuing as a worldwide problem, MI could become a significant advancement in its containment. The savings in psychological costs as well as health-related costs could prove significant for survivors of IPV, their families, and society.

This pilot study will inform researchers in their design of a future study that will bring this study to scale. The larger scale study will address the limitations of the pilot study by (a) developing a design resulting in more

generalizable outcomes, (b) adding a longitudinal component to the design to determine if the outcomes are sustainable over time, and (c) increasing the ethnic diversity of the sample to assess its effect on outcomes.

REFERENCES

Barnett, O. W. (2000). Why battered women do not leave, part 1: External inhibiting factors within society. *Trauma, Violence and Abuse, 1*, 343–372.

Brown, J. (1997). Working toward freedom from violence: The process of change in battered women. *Violence Against Women, 3*, 5–26.

Brown, J. (1998, July). *The Process of Change in Abused Women Scales (PROCAWS)*. Paper presented at the Program Evaluation and Family Violence Research Conference, Durham, NH.

Campbell, J. C., & Dienemann, J. D. (2001). Ethical issues in research on violence against women. In C. M. Renzetti, J. L. Edelson, & R. K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 57–72). Thousand Oaks, CA: Sage.

DiClemente, C. C., Schlundt, D., & Gemmell, L. (2004). Readiness and stages of change in addiction treatment. *The American Journal on Addictions, 13*, 103–119.

Johnson, H. (1996). *Dangerous domains: Violence against women in Canada*. Scarborough, ON, Canada: International Thomas.

Kubany, E. S., Haynes, S. N., Leisen, M. B., Owens, J. A., Kaplan, A. S., Watson, S. B., et al. (2000). Development and preliminary validation of a brief broad-spectrum measure of trauma exposure: The Traumatic Life Events Questionnaire. *Psychological Assessment, 12*, 210–224.

Mahoney, P., Williams, L. M., & West, C. M. (2001). Violence against women by intimate relationship partners. In C. M. Renzetti, J. L. Edelson, & R. K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 143–178). Thousand Oaks, CA: Sage.

Miller, W. R. (1983). Motivational interviewing with problem drinkers. *Behavioural Psychotherapy, 11*, 147–172.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: Guilford.

National Network to End Domestic Violence. (2006). *Domestic violence counts: A 24-hour census of domestic violence shelters and services across the United States*. Washington, DC: Cause Creative.

Prochaska, J., & DiClemente, C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research, and Practice, 19*, 276–88.

Rasmussen, L. A. (1998, October). *The trauma outcome process: Applications to the assessment and treatment of domestic violence*. Paper presented at the Fourth International Conference on Children Exposed to Family Violence, San Diego, CA.

Rasmussen, L. A., Hughes, M. J., & Murray, C. A. (2008). Applying motivational interviewing in a domestic violence shelter: A pilot study evaluating the training of shelter staff. *Journal of Aggression, Maltreatment, and Trauma, 17*, 1–22.

Roberts, A. R. (2007). Overview and new directions for interviewing on behalf of battered women. In A. R. Roberts (Ed.), *Battered women and their families:*

Intervention strategies and treatment programs (3rd ed., pp. 3–31). New York, NY: Springer.

Rubak, S., Sandboek, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: A systematic review and meta-analysis. *British Journal of General Practice, 55*, 305–312.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

Sullivan, C. M., & Gillum, T. (2001). Shelters and other community-based services for battered women and their children. In C. M. Renzetti, J. L. Edelson, & R. K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 247–260). Thousand Oaks, CA: Sage.

Sullivan, C. M., Tan, C., Basta, J., Rumptz, M., & Davidson, W. S. (1992). An advocacy intervention program for women with abusive partners: Initial evaluation. *American Journal of Community Psychology, 20*, 309–332.

Tjaden, P., & Thoennes, N. (1998). *Full report of the prevalence, incidence, and consequences of violence against women*. Washington, DC: National Institute of Justice, Centers for Disease Control and Prevention.

University of Rhode Island Cancer Prevention Research Center. (2006). *URICA (long form) (University of Rhode Island Change Assessment)*. Retrieved December 12, 2006, from http://www.uri.edu/research/cprc/Measures/urica.htm

U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2006). *Intimate partner violence in the United States*. Washington, DC: Author.

U.S. Department of Veterans Affairs. (n.d.). *Methodological challenge: Using qualitative research methods*. Washington, DC: Author. Retrieved August 7, 2007, from http://www.colmr.research.va.gov/mgmt_research_in_va/methodology/qualitative_research.cfm#uses

Wahab, S. (2005). Motivational interviewing and social work practice. *Journal of Social Work, 5*, 45–60.

Walker, L. E. A. (2000). *The battered woman syndrome* (2nd ed.). New York, NY: Springer.

World Health Organization. (2005). *WHO multi-country study on women's health and domestic violence against women*. Geneva, Switzerland: WHO Press.

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