

Enhancing the Impact of Family Justice Centers via Motivational Interviewing: An Integrated Review

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Abstract

The Family Justice Center (FJC) model is an approach to assisting survivors of intimate partner violence (IPV) that focuses on integration of services under one roof and co-location of staff members from a range of multidisciplinary agencies. Even though the FJC model is touted as a best practice strategy to help IPV survivors, empirical support for the effectiveness of this approach is scarce. The current article consolidates this small yet promising body of empirically based literature in a clinically focused review. Findings point to the importance of integrating additional resources into the FJC model to engage IPV survivors who have ambivalent feelings about whether to accept help, leave the abusive relationship, and/or participate in criminal justice processes to hold the offender accountable. One such resource, motivational interviewing (MI), holds promise in aiding IPV survivors with these decisions, but empirical investigation into how MI can be incorporated into the FJC model has yet to be published. This article, therefore, also integrates the body of literature supporting the FJC model with the body of literature supporting MI with IPV survivors. Implications for practice, policy, and research are incorporated throughout this review.

Keywords

domestic violence, cultural contexts, intervention/treatment, legal intervention

Intimate partner violence (IPV), which includes physical or sexual violence, threats of violence, stalking, and psychological aggression by a current or former partner, is a crime and a pervasive problem with devastating effects for the survivor (Black et al., 2011). The costs of IPV are staggering, with violence-exposed individuals showing increased rates of financial, social, health, and mental health difficulties (e.g., Black et al., 2011; Centers for Disease Control, 2003; Warshaw, Brashler, & Gil, 2009). As such, the needs of IPV survivors can be complicated, requiring assistance from multiple criminal justice and social service agencies. To help survivors navigate these oftentimes confusing systems, the Family Justice Center (FJC) model has emerged as a way to co-locate staff members from a diverse range of multidisciplinary helping agencies under one roof (Gwinn & Strack, 2010). The intent of the FJC model is to help end the violence and protect vulnerable individuals by making difficult systems more manageable through one-stop service provision (Gwinn & Strack, 2010). Different from the targeted scope of services generally provided by traditional IPV agencies (such as domestic violence shelters), FJCs incorporate criminal justice processes (e.g., orders of protection and criminal complaints) and social services (e.g., crisis intervention, advocacy, counseling, psycho-education, case management, and housing specialists) to provide a wide range of services in one central location. Since the first FJC opened in

2002, over 80 have emerged in communities across the United States, Canada, and Europe (FJC Alliance, 2014).

Even though the FJC model is touted as a “best practice” (Department of Justice, Office on Violence Against Women [DOJ, OVAW], 2007, p. 1), empirical support for its effectiveness has yet to be synthesized into a systematic review. To this end, the first purpose of this article is to present a service-focused review of the empirical literature supporting efficacy of the FJC model. The resulting review identified a need to integrate into FJC processes additional ways to engage IPV survivors who have mixed feelings about whether to accept help, leave the violent relationship, and/or participate in criminal justice processes to hold the offender accountable. Although there are a number of different approaches to keep clients engaged, motivational interviewing (MI) shows particular promise across a range of client populations (Burke, Arkowitz, & Menchola, 2003; Burke, Dunn, Atkins, & Phelps, 2004; Hettema, Steele, & Miller, 2005; Rubak, Sandboek, Lauritzen,

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& Christensen, 2005; Vasilaki, Hosier, & Cox, 2006). Using the MI style to engage FJC clients can be a promising approach to help IPV survivors with these complex issues. However, empirical investigation into how MI can be incorporated into the FJC model has yet to be published. As such, the second purpose of this article is to integrate the body of literature supporting the FJC model with the body of literature supporting MI with IPV survivors.

The FJC Model

The FJC model was conceptualized in 1989 by a group of IPV victim advocates and law enforcement professionals in San Diego who aimed to provide single-location, coordinated criminal justice and social services to survivors of family violence. Under the leadership of City Attorney Casey Gwinn, it took over a decade to mold the political landscape and garner support for the first proposed center, which opened in 2002 (Gwinn & Strack, 2010). The FJC model quickly earned national attention, as it provided a seemingly logical solution to problems faced by IPV survivors across the country. Specifically, it addresses the challenges that occur when victims/survivors have to travel to multiple locations to file police reports, obtain restraining orders, receive counseling, and obtain other social and criminal justice-related services (Townsend, Hunt, & Rhodes, 2005). Although the two primary founders Casey Gwinn and Gayle Strack are attorneys, FJC services have grown to include a wide range of professional disciplines including counselors, social workers, case managers, and others.

In October 2003, President George W. Bush established a pilot program for planning and implementing coordinated services for survivors of IPV that was based on the San Diego FJC (DOJ, OVAW, 2007). Called the President's Family Justice Center Initiative (PFJCI), the program provided US\$20 million to develop 15 pilot sites in diverse, strategically selected communities (DOJ, OVAW, 2007). The success of the PFJCI led to the identification of the FJC as a purpose area under Title I of the Violence Against Women Reauthorization Act of 2005 (2005) and the launch of the National FJC Alliance (Gwinn & Strack, 2010). In the years that followed, the FJC model has become recognized as a best practice within the area of family violence intervention (DOJ, OVAW, 2007). Although variation in the services offered by each FJC varies by location, generally services are driven by criminal justice considerations (e.g., orders of protection, police involvement, and prosecution) and include social services expressly designed for survivors of IPV (e.g., advocacy for court proceedings, psychoeducation, counseling, etc.). Degree of coordination between services and methods utilized to better work together also vary widely and rely heavily on FJC leadership, common sense of purpose, and the strength of commitment of both individuals and cooperating programs (Duke, Schebler & Petty, in review).

Based on research conducted by a small number of investigators, early evidence indicates that communities that adopt the FJC approach to service delivery see significantly improved

outcomes including (but not limited to) reduced homicides, increased victim safety, increased autonomy and empowerment for victims, reduced fear and anxiety for victims and their children, reduced recantation and minimization by victims when wrapped in services and support, increased efficiency in collaborative services to victims among service providers, increased prosecution of offenders, and dramatically increased community support services to victims and their children (e.g., Gwinn & Strack, 2010; Hoyle & Palmer, 2014; Kennedy, 2013). Given the fact that the FJC model has been widely accepted across the United States, it is timely to examine the empirical literature with respect to the efficacy of this model on both global and specific metrics.

Empirical Investigation of the FJC Model—Global Efficacy

Despite the growing number of agencies offering one-stop service provision in a wide variety of institutional settings and national contexts, published effectiveness studies of this organizational model based on rigorous empirical investigation remain scarce. This holds equally true for evaluation research on the FJC model. As listed in Table 1 and described subsequently, most of the social service and criminal justice literature published to support FJC efficacy is descriptive, conceptual, and/or based primarily on process evaluation data.

Of the articles purporting FJC effectiveness, the founders of the FJC model wrote the two most highly cited publications. In the first of these, Gwinn and colleagues offer an insightful history of the early years of the FJC movement, with a particular focus on the foundation and development of the first FJC in San Diego, CA, as well as efforts by other communities to replicate this model (Gwinn, Strack, Adams, Lovelace, & Norman, 2007). Subsequently, in their book elaborating the history and underlying philosophy that guides FJCs, Gwinn and Strack (2010) incorporate crime statistics, case studies, and anecdotal evidence to support FJC efficacy. As Casey Gwinn is the founder of the FJC movement, the insights provided by these materials are invaluable for communities attempting to develop their own FJC. However, from an empirical standpoint, the support is developmentally neoteric. Both articles rely largely on anecdotal evidence and client testimony, rather than rigorous evaluation research design, to assess the FJC model's overall effectiveness.

In response to federal support for the FJC model, a second group of authors received National Institute of Justice funding to conduct an evaluation of outcomes and impact of 15 pilot programs originally funded in 2003 by the PFJCI (Townsend et al., 2005). Although the report provides a valuable approach to measuring program integrity in the FJC model, none of the 15 pilot sites were advanced enough to begin the program evaluation process at the time the project was funded. For this reason, Townsend, Hunt, and Rhodes (2005) took a different approach to examining the FJC model, focusing primarily on the conceptual, programmatic, and logistical challenges of assessing program effectiveness and client outcomes. Noted in this review are problems complicating outcome evaluation

Table 1. Critical Findings From Assessments of Family Justice Centers.

Study	Study Type	Scope	Method(s)	Key Findings
Duke, Schebler, and Petty (in review)	Process evaluation	Dimension specific	Qualitative	Although FJC organizational structure was perceived positively by frontline staff and community partners, it presented multiple challenges in terms of supervision, service provision, and organizational and occupational culture. The executive director therefore plays a key role in terms of team-building and promoting solidarity
EMT Associates (2013)	Process evaluation Outcome evaluation	Global efficacy	Mixed method	(1) Service co-location resulted in increased service delivery, (2) criminal justice case benchmarks met or exceeded, (3) high levels of client satisfaction, and (4) few service barriers once clients enrolled in FJC. Most commonly cited barriers were emotional and personal impediments before and after enrolling in the FJC, and (5) A sample of FJC cases that included criminal justice case processing met or exceeded established benchmarks (e.g., court case filing, misdemeanor vs. felony filing status, conviction rates, dismissal rates)
Giacomazzi, Hannah, and Bostaph (2008)	Process evaluation Outcome evaluation	Global efficacy	Mixed method	(1) Strong sense of collaboration and shared mission among providers and (2) High level of client satisfaction (In the absence of client interview data, reasons for client satisfaction are unknown)
Gwinn and Strack (2010); Gwinn et al. (2007)	Conceptual descriptive	Global efficacy	n/a	Offers a history and philosophy of the Family Justice movement, with a specific focus on the FJC in San Diego, CA. Addresses the organizational and evaluative challenges of such organizations and offers insights into future directions. Gwinn and Strack (2010) incorporate crime statistics, case studies, and anecdotal evidence to support FJC efficacy
Hoyle and Palmer (2014)	Ethnography	Dimension specific	Qualitative	Clients described the services and support they received as personally enabling and used the language of empowerment in describing their increased sense of self-efficacy
Townsend et al. (2005)	Conceptual	Global efficacy	n/a	Offers a prototype evaluation design for use in both individual site and cross site evaluation, based in part on a review of the logic models of 15 pilot programs, and an examination of the development of data management systems. As these sites were not developmentally advanced when the project was funded, the study contains no primary evaluation data

Note. FJC = Family Justice Center; n/a = not applicable.

research into FJCs. Among the concerns noted include the unavoidable fact that the services requested by clients vary widely and that outcomes indicating program success depend to some extent on clients' history of abuse and particular life circumstances. From this, Townsend, Hunt, and Rhodes identified multiple areas for focusing evaluation outcomes and impact. Likewise, the potential impact for all 15 pilot-program locations was highlighted. However, rigorous evaluation of these programs was not reported.

Moving away from the larger nationally funded initiative, Giacomazzi, Hannah, and Bostaph (2008) conducted a single location evaluation of the locally initiated FJC in Nampa, ID. The study predominately focused on process evaluation by drawing from three data sources. The first of these included telephone interviews with agency directors and frontline staff, which identified both strengths and limitations of program implementation. The second derived demographic data from client intake forms. The third and most significant included a client exit survey, which revealed a high level of client

satisfaction with the FJC and the services offered through this model (Giacomazzi, Hannah, & Bostaph, 2008). However, as pointed out by Hoyle and Palmer (2014), since the survey data were not triangulated with qualitative interviews, the particular reasons why these clients were satisfied with the Nampa FJC cannot be ascertained. Although this study holds merit from a process evaluation standpoint, outcomes for individual clients and community impact were not assessed. Thus, assertions about efficacy of the FJC model, the Nampa program, or the individual components cannot be made from the data presented.

The most rigorous assessment of the FJC model to date consists of a statewide evaluation of four FJCs in California: the San Diego FJC, the Alameda County FJC, the FJC of Sonoma County, and the Orange County FJC (EMT Associates, 2013). This mixed-method study—which drew from client intake and survey data, qualitative interviews and focus groups, systematic observation, and criminal justice outcome data—sought to assess the benefits of service co-location and to identify

barriers to effectiveness. The report also includes valuable suggestions for developing additional outcome measures (EMT Associates, 2013).

As with the Nampa study, the researchers identified a high degree of client satisfaction and low reported barriers to service delivery (EMT Associates, 2013). The two most commonly cited reasons for clients seeking out their local FJC were assistance with restraining orders and speaking with someone about IPV/counseling. The most common types of services received across the sites were restraining order assistance, counseling, case management, child support/visitation, and shelter/housing. However, the authors point out two inherent problems with measuring the community impact of FJCs: Unduplicated counts of local survivors seeking services are not typically available, and the majority of IPV cases go unreported. Most clients in the study expressed that they had encountered few barriers to services once they were enrolled in the FJC. Notably, however, the most commonly cited impediments to service delivery were emotional and personal barriers both before and after enrolling in the FJC. Further, analysis indicated the percentage of clients who returned to the four FJC sites during the study were variable and generally low: 3%, 7%, 15%, and 77% (EMT Associates, 2013). Since the immediate and long-term problems associated with IPV can be complex, these findings suggest better engagement methods during the initial contact could be beneficial. Indeed, consideration of methods for addressing ambivalence and other emotional barriers in IPV survivors within the FJC model may enhance FJC impact (EMT Associates, 2013).

Empirical Investigation of the FJC Model—Dimension-Specific

A portion of the existing literature considers particular dimensions of FJCs, rather than global client outcomes. A recent article by Hoyle and Palmer (2014), for example, explores the potential role of service co-location and cooperation in an FJC in Croydon (a borough of London, UK) in fostering empowerment among violence victims and their families. The study was based on 2 months of ethnographic field research, coupled with semistructured interviews with 22 service providers and 11 clients. The authors found that for the Center's clients (whose ability to make informed choices and act proactively regarding their abusive relationships were often limited), the individualized, low pressure support and access to multiple services that the FJC provided were described as personally enabling. Significantly, both clients and service providers used the language of empowerment to describe the increased sense of agency that clients experienced via their participation in FJC services (Hoyle & Palmer, 2014).

In contrast, an article by one of the authors (Duke, Schebler & Petty, in review) focuses on the impact of FJCs unique organizational structure on employees, on-site partner organization representatives, and clients. Based on findings from a process evaluation of an FJC in a midsize U.S. city during its first year of operation, the study found that the lack of centralized

supervisory and human resource infrastructure typical of one-stop shop organizations¹ like FJCs brings with it a number of challenges in terms of service coordination. Particularly noteworthy in this regard were the occupational and cultural differences between on-site partners who provide social services and those in law enforcement. Although the former considered social service delivery for victims to be the first priority, law enforcement's primary focus was on the perpetrator, through issuing orders of protection, placing them under arrest, and/or prosecuting them in a court of law. Given the absence of a centralized, authoritative infrastructure to settle disputes and promote a common sense of purpose, the study found that the executive director (ED) plays a critical role in the promotion of group solidarity, a positive work environment, and the well-coordinated provision of client-centered services. The ED in the study site achieved this through a combination of persuasion, negotiation, and maintaining close contact with the on-site partners' home organizations (Duke, Schebler & Petty, in review).

In summary, although the cited research supporting FJC effectiveness demonstrates promise, the empirical foundation is in an early developmental stage. Most of the published literature is descriptive, conceptual, and/or based on process evaluation data. Further investigation is clearly needed to connect empirically the FJC structure and framework with client outcomes and community impact. In addition, greater empirical understanding is needed to determine the degree to which one-stop service provision is theoretically versus actually applied, which professional disciplines are or are not working within this model, and the short-, medium-, and long-term outcomes for these coordinated services across a range areas of client needs. Interestingly, much of the existing literature seeks to assess macro- and mezzo-level processes, leaving out components important to client engagement. This is disappointing as the ultimate goal of intervention is to engage clients in a way that empowers them to accept help, leave their abusive relationship, and live safe, violence-free lives. Thus, it is important to align evaluations of FJC programs with the articulated goals of individual clients.

Aligning FJC Goals With Individual Client Goals (Policy to Practice)

The overall goal of the FJC is to assist men and women who have experienced interpersonal violence by offering multiple services within one community location, including legal aid, orders of protection, counseling, financial assistance, and help with other basic needs (Table 2; FJC Alliance, 2014). Although components of these services are beneficial to clients who access the FJC, the needs of each individual may not fully parallel the goals of the FJC system. For example, most community-based family violence organizations, including FJCs, immediately pursue legal actions against and arrest of an abusive partner, which can be a barrier for clients seeking help, if legal action is not desired (DOJ, OVAW, 2007; Kim, 2013). When a client opts not to use these legal services, there

Table 2. Implications of the Review for Practice, Policy, and Research.

	FJC Findings	MI Findings	Enhancing FJC Effectiveness Using MI
Policy	FJCs lack a unified policy for the collection and storage of client data, making cross-site outcome evaluations difficult	Commitment to training and giving priority to MI processes can improve the program impact	Standards for training FJC navigators to provide MI Representative guidelines to implement MI techniques in FJC model
Practice	High degree of client satisfaction Reduces barriers to service delivery	High degree of client satisfaction Increases client's ability to overcome ambivalence to change	MI integrated into FJC assessment to enhance client empowerment MI provided throughout FJC service delivery to address barriers to client change
Research	Early developmental stage, largely based on process evaluation and client satisfaction data Focus needed on client outcomes and community impact	MI is well researched, yet greater work linking to the IPV survivor population is needed Focus on decision making	Rigorous examination comparing FJC treatment as usual to clients who receive MI Key stakeholders on research team to represent FJC personnel, academic researchers, MI trained professionals

Note. MI = motivational interviewing; FJC = Family Justice Center; IPV = intimate partner violence.

is a poor match between individual goals and the overarching FJC tenets, which can contribute to client frustration and distrust of FJC staff. Indeed, the FJC model seems paradoxical, given that its stated approach is client centered while a great emphasis is placed on legal/criminal justice remedies. To resolve these seeming contradictions and better address the needs of individuals who experience IPV, it may be helpful to engage clients in a manner that addresses the multiple, oftentimes-conflicting priorities. Indeed, legal services can be a good entry into FJC services, even though legal concerns rarely encapsulate the entire story. Previously reported findings indicate a rather low client return rate (between 3% and 77%; EMT Associates, 2013), indicating that some clients' extralegal needs are not being addressed. As such, a truly client-centered approach, which prioritizes the stated needs of clients rather than assuming that obtaining a legal remedy is his or her primary concern, may help to reduce the cyclical return of individuals to violent and abusive relationships.

Despite the significant efforts of service providers, including FJCs, to decrease violence in relationships, research data indicate that 85% of individuals return to their abusive partner at least once (National Coalition Against Domestic Violence, 2007). One contributing factor that leads some individuals to reengage in a violent relationship is a lack of adequate assistance during the brief window when they are separated (The Missouri Coalition Against Domestic & Sexual Violence, 2012). The FJC system aims to remedy this service lapse by offering quick and adequate help to clients following a violent altercation. Optimally, the specific services provided to a given client must align with the needs and values of the client and their family during this crisis period. A second factor contributing to the success of clients is related to their individual situations. Specifically, it is oftentimes difficult for women in abusive relationships to accept help and comply with recommendations that are offered (e.g., Liang, Goodman, Tummala-Narra & Weintraub, 2005; Montalvo-Liendo, 2009; Simmons, Farrar, Frazer, & Thompson, 2011). Personnel who interact

with these clients are in a unique position to provide supportive encouragement in their decision-making processes as well as offer practical services and solutions.

It is not unusual for FJC programs to work with IPV survivors who have mixed feelings about whether to accept help, leave the violent relationship, and/or engage in criminal prosecution of the offender. Such concerns are not unique to the FJC model (Panchanadeswaran & McCloskey, 2007). Indeed, most people who have experienced family violence are unsure whether they should seek or accept help and subsequently, comply with recommendations that are offered (e.g., Liang et al., 2005; Montalvo-Liendo, 2009; Simmons et al., 2011). Conversely, these recommendations may not reflect the wishes or life circumstances of clients, such as might occur when case managers advocate for legal remedies that the client does not wish to pursue. A growing body of literature suggests that targeting the client's ambivalence about these changes using an MI style can improve their ability to weigh the pros and cons of their decisions, overcome apprehension about engaging in the change process, and proactively address their life circumstances in ways that truly reflect their wishes (Alexander, Tracy, Radek, & Koverola, 2009; Burke, Mahoney, Gielen, McDonnell, & O'Camp, 2009; Burkitt & Larkin, 2008). Applicable across programs designed to help IPV survivors, the MI style may be especially relevant for FJCs, given that the previous research has indicated that the primary barriers to FJC service delivery and utilization are clients' emotional and personal challenges (EMT Associates, 2013), which can be primary treatment foci via MI.

In its simplest definition, MI "is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence" (Rollnick, & Miller, 1995, p. 325). The MI style uses a combination of directive and client-centered components shaped by a guiding philosophy about what triggers change (Miller & Rollnick, 2012). Some of the behaviors that individuals who use an MI style demonstrate are (a) seeking to understand the client's frame of

Table 3. Critical Findings From Research Into the Application of the MI Style With IPV Survivors.

Study	Type of Study	Participants	Intervention Environment	Findings
Hughes and Rasmussen (2010)	Qualitative—Comparison grounded theory	20 women IPV survivors	IPV shelter	MI group reported healthier thoughts about their experiences and higher self-determination, self-concept, and self-esteem
Rasmussen, Hughes, and Murray (2008)	Experimental—comparison	20 women IPV survivors	Shelter	Readiness to change higher in group who received counseling from MI trained counselor
Weir et al. (2009)	Randomized control trial	530 women at risk for HIV who had recent CJS involvement	IPV Shelter	MI-based intervention resulted in significant decreases in unprotected intercourse and needle sharing. However, no significant differences were found in changes in IPV over time between the HIV and IPV group and the control group
Wahab et al. (2014)	Mixed method—participatory action	59 depressed African and African American women IPV Survivors	Community-based drop-in center	High MI treatment integrity and a high MI treatment fidelity with almost all of the clients reporting positive experiences with the program

Note. MI = motivational interviewing; FJC = Family Justice Center; IPV = intimate partner violence; CJS = criminal justice system.

reference; (b) reflective listening; (c) expressing acceptance and affirmation; (d) ensuring that resistance is not generated by jumping ahead of the client; (e) monitoring the client's degree of readiness to change; (f) affirming the client's freedom of choice and self-direction; and (g) eliciting/reinforcing the client's self-motivational statements, expressions, problem recognition, concerns, desires, intentions, and abilities to change (e.g., Miller & Rollnick, 2012; Rollnick, & Miller, 1995). The MI style has strong empirical support across a range of client population areas, including addictions, anxiety, depression, diabetes management, diet, and exercise. Indeed, meta-analytic studies generally find a medium and occasionally large effect size for improved outcomes (see Burke, Dunn, Atkins, & Phelps, 2004; Burke et al., 2003; Hettema et al., 2005; Rubak et al., 2005; Vasilaki et al., 2006). Although only a handful of academic writings discuss the value and usefulness of MI with IPV survivors (Hohman, Wahab, & Slack, 2012; Kail, 2010; MI & IPV workgroup, 2010; Wahab, 2006), such a style may be particularly relevant to engage IPV survivors who present at FJC programs. Indeed, many of the underlying viewpoints of MI are closely aligned with central tenets of the FJC model, including enhancing client empowerment and self-direction, providing low-pressure support and service delivery, and enabling clients to make informed choices based on their personal values. This common set of guiding principles suggests that MI may effectively enhance the impact of FJCs.

MI With IPV Survivors

Illustrated in Table 3, only three research teams have explored the efficacy of MI-based interventions with IPV survivors (Hughes & Rasmussen, 2010; Rasmussen, Hughes, & Murray, 2008; Wahab et al., 2014; Weir et al., 2009). In the first of these, Rasmussen, Hughes, and Murray (2008) reported the

results of an empirical pilot study designed to examine the usefulness of MI with women receiving services at a domestic violence shelter ($n = 20$). In this study, data from shelter clients who received regular treatment services (RTS) from shelter counselors prior to MI training (control group: $n = 10$) were compared to data from different shelter clients who received RTS from the same counselors after MI training (experimental group: $n = 10$). Using a dichotomous readiness for change motivational variable, findings indicated that participants who received MI-enhanced RTS were significantly more motivated for change than the control group ($p = .029$). The experimental group also showed a higher mean score on a readiness for change measure at posttest (11.1 compared to 9.9 for the control group) with 90% falling in the highly motivated category. In addition, the experimental group maintained their level of change (i.e., desire to leave the abusive relationship) throughout their shelter stay. These findings contrasted with the control group, whose level of change tended to decline from baseline (Rasmussen et al., 2008).

Utilizing qualitative data from this same study, a second report (Hughes & Rasmussen, 2010) used grounded theory to further explore their data. Findings of this study noted differences between the experimental and the control groups in the areas of self-determination, self-concept, and self-esteem. Differences were also noted in understanding how past experiences contributed to their entering and remaining in abusive relationships, how the IPV survivors/victims perceived their abusers, the perceived efficacy of the shelter program, and IPV survivor/victims' self-efficacy about ending violence and avoiding violent relationships (Hughes & Rasmussen, 2010). In sum, the authors of these two articles concluded that MI has the potential to be helpful in increasing readiness for change in IPV survivors who contemplate leaving abusive relationships (Hughes & Rasmussen, 2010; Rasmussen et al., 2008).

More recently, Wahab and colleagues (2014) used a community-based participatory research (CBPR) approach to design a multifaceted intervention that included individual MI counseling and case management to reduce depression severity among African American IPV survivors. The MI portion of the intervention was designed to help participants move through the stages of change in relation to depression, depression treatment, IPV, and ultimately, overall health-promoting behaviors. Participants engaged in between 0 and 39 hr of individual MI counseling with a mean of 8 hr, in addition to 1–10 hr of case management with a mean of 2.1 hr. Congruent with capacity building inherent to the CBPR approach, the primary intervention was administered by IPV advocates under the supervision of an experienced counselor. Evaluative findings indicated high levels of integrity and fidelity in the delivery of MI, with almost all of the clients reporting positive experiences with the program (90% positive responses).

Together with the wide body of knowledge supporting MI effectiveness (Alexander et al., 2009; Burke et al., 2009; Burkitt & Larkin, 2008), findings from both of these research teams indicate MI has the potential to help women IPV survivors (Hughes & Rasmussen, 2010; Rasmussen et al., 2008; Wahab et al., 2014). However, a third team found MI to be less effective at reducing IPV risk when women have multiple non-IPV-related problems they are also trying to overcome, particularly criminal justice system (CJS) involvement and high-risk HIV behaviors (Weir et al., 2009). In this study, Weir and colleagues (2009) conducted a randomized controlled trial with women at risk for HIV who had recent CJS involvement ($n = 530$). The purpose of their study was to evaluate two MI-based interventions targeting unprotected intercourse, needle sharing, and IPV. Findings noted significant decreases in unprotected intercourse and needle sharing in the groups who received MI-based intervention. However, no significant differences were found in changes in IPV over time between the HIV and the IPV group and the control group. Although these findings are seemingly contrasting, they indicate the potential to help with significantly problematic behaviors that can be difficult to change. As IPV can present different challenges than needle sharing and unprotected intercourse, changes to the latter may be good first steps toward the former. Thus, findings of this study show that MI has the potential to help improve the lives of IPV survivors with complex problems (Weir et al., 2009).

MI Within the FJC Model

Although the MI style holds great potential in work across a range of programs designed to help IPV survivors, to date, this approach has not been systematically incorporated or studied within the FJC model. Integration of the MI approach holds promise for practice, policy, and research. With regard to practice, FJC personnel are in the unique position to interact with IPV survivors who have decided to seek help for the immediate crisis. The MI style has the potential to be

especially useful during this critical juncture when clients are first engaged with key personnel across a wide range of agencies, who can assist them with significant life changes. In the aftermath of violence, clients likely feel uncertain and overwhelmed by the process of potentially separating from the abuser and creating a new, safe environment. The MI approach of centering change around client values and moving at a pace that fits the client's needs may allow this chaotic process to unfold in a more manageable and comfortable manner, which holds the potential to lead to lasting change. As Hoyle and Palmer (2014) found, many FJC clients have limited ability to make informed choices and act proactively regarding their abusive relationships. Likewise, EMT Associates (2013) found a generally low client return rate (between 3% and 77%). Within this context, the MI style can be used to better engage those IPV survivors to make positive choices toward their safety during the first contact and throughout the time they're engaged with FJC services.

One of the central tenets of FJCs is to make client engagement with FJC services manageable and straightforward by incorporating providers in one location as a single access point for assistance (DOJ, OVAW, 2007). Such an approach to intervention following the turmoil of family violence is meant to reduce the stress of clients needing to travel from agency to agency and increase the likelihood that individuals will engage with providers (Bostaph, Giacomazzi, & Sander, 2011). Many IPV survivors, however, may choose not to utilize FJCs for a variety of reasons, including cultural, social, and perceived legal barriers that impede engagement. Commonly, women who experience IPV express a desire to separate from their violent partner and underestimate the likelihood that they will return to their abuser (Griffing et al., 2002); however, the decision to leave is surrounded by a number of barriers, such as financial concerns, housing instability, and a lack of social support (Amanor-Boadu et al., 2012). Indeed, many survivors stay with their abusive partner temporarily or permanently. Although not always optimal, safety planning and continual contact with helping agencies (such as FJCs) are essential in cases where the IPV survivor cannot leave their abuser or wishes to repair the relationship. Using the MI style across multiple FJC-affiliated interventions has the potential to help survivors address ambivalence they may have about overcoming difficult barriers and continuing to accept help after the immediate crisis has passed.

Among the hallmarks of the FJC model are concentrated case management services and the one-stop service delivery options (Gwinn et al., 2007; Gwinn & Strack, 2010). Within this, case managers (sometimes referred to as navigators or advocates) and other frontline service providers could follow an MI style in the initial assessment interview to help clients make their own decisions about their degree of engagement with FJC-affiliated programs. Rather than directing clients to participate in specific services, FJC case managers could use MI techniques to join with the client in strategizing what options align most closely with their current and future needs/goals. Figure 1 adapts the roadmap created by Wahab

Figure 1. Outline for incorporating motivational interviewing style into work with intimate partner violence survivors.

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- I. Introductions and rapport building
 - Case manager to explain their role, the services available through the FJC, and what case management can offer to clients in the helping process
 - II. Invite the client to choose a topic from the menu of program options that they would like to focus on during the immediate intervention session
 - Begin by asking what the client knows about this topic
 - Reflect on this knowledge and ask permission to add information/education
 - ELICIT (permission) –CHUNK (provide a chunk of info)
 - PROVIDE (info.) or –CHECK (what do you think?)
 - ELICIT (response) –CHUNK (provide more)
 - III. Work with the client to link this information to a situation they are interested in changing
 - IV. Agenda setting: once a particular aspect of their situation has been identified, ask permission to explore further
 - Use OARS (open ended questions, affirm, reflective listening, and summarizing)
 - V. Assess—how motivated (confident & ready) client is to change the aspect of the situation
 - Motivation (important)
 - Confidence (ability)
 - Readiness (timing)
 - VI. Explore ambivalence if appropriate
 - Pros/cons of making a change
 - Pros/cons of not making a change
 - VII. Elicit change talk and enhance motivation
 - 8 Skills to choose from
 - VIII. Where does all of this leave you now? What is next?
 - IX. Support any commitment
 - X. Ask what would be helpful as a next step
-

THROUGHOUT AS NEEDED: Support self-efficacy and Roll with Resistance
 Adapted from Wahab et al., 2014

et al. (2014) into the processes congruent with the FJC literature (e.g., Gwinn et al., 2007; Gwinn & Strack, 2010; Hoyle & Palmer, 2014). Following the initial assessment, use of the MI style can continue through subsequent interactions until the client is fully engaged in and comfortable with the change process. The MI style will allow clients to connect with the FJC at a pace and level that is driven by their goals, likely leading to more consistent use of the FJC system. Engagement in the FJC has the potential to increase as individuals become more aware of the existence of services, and some of the challenging circumstances of their lives will likely improve as they obtain a wide variety of help (Panchanadeswaran & McCloskey, 2007). Thus, working with clients using an MI approach during initial sessions may allow for increased use of psychological, legal, and social assistance that is needed to alter exposure to violence. In cases where the client opts for therapy services yet continues to display ambivalence to change, case management can be successfully included on an as-needed basis once the MI work for that session is complete (Robles et al., 2004). As the integration of MI into the FJC model has yet to be empirically tested, it is highly recommended that programs doing so should include rigorous evaluation design with cautious implementation.

In relation to policy, high-quality service delivery requires integrating programs in a seamless fashion. Given the sensitive nature surrounding a client's need for services at an FJC, the staff and leadership present at the center must be highly qualified to maintain a professional and compassionate atmosphere (Seattle FJC Feasibility Analysis, 2013). To begin the process

of transition to the MI approach, FJC personnel need to better understand (a) how change occurs and (b) ways to enhance motivation to improve outcomes. Such a transition requires support via policy that outlines formal training standards and mutually agreed upon guidelines for weaving MI into the current FJC model. This common set of standards will assist in uniting the many organizations and individuals who operate within a single FJC. From this, the MI style can be incorporated so that each employee who interacts with clients is adequately trained in providing genuine and empathic concern for the client's welfare. Properly training employees is effortful, yet important, so as to reduce biases and preexisting notions regarding IPV.

Where to Go From Here

Findings from this integrated literature review make it clear that greater empirical investigation is needed for both the FJC model of service delivery and consideration of ways to make the FJC model more client-oriented. Of the potential mechanisms that could be beneficial, the use of the MI style within this system holds considerable promise for survivors of IPV. However, rigorous empirical evaluation is needed to develop a stronger evidentiary base for the use of MI within an FJC, including comparing clients who receive treatment as usual to those who receive MI across a host of key psychosocial variables. This may include systematically tracking client data and sharing information across FJCs regarding client access to specific forms of care. Currently, each FJC determines what client data are stored, how long it is maintained, and who has access

to the information (Townsend et al., 2005); therefore, a shift in data management would be needed for future systematic empirical investigations. While incorporating more robust research practices into FJCs may be initially taxing, it has the potential to yield significant long-term benefit in better understanding the clients who utilizes the FJC, why clients commit to change, and what therapeutic techniques contribute to improved client outcomes. Both the integrated service delivery outlined in the FJC model and the focus on ambivalence to change hallmarked in the MI style hold promise toward helping IPV survivors. Although the body of empirical evidence supporting these two approaches needs further development, they are not mutually exclusive. Instead, they have the potential to complement each other by helping clients who are facing difficult decisions to accept help, access the services they need, comply with recommendations, and make positive changes.

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Note

1. The authors refer to these institutions as affiliational organizations.

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