

# Safe At Home Instrument Norms for Intimate Partner Violence Treatment

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## Introduction

Intimate partner violence (IPV) is a social problem of epidemic proportions. Application of the transtheoretical model of behavior change (TMBC) is an important tool in assessing batterer readiness to change IPV behavior and evaluating batterer treatment effectiveness. The Revised Safe At Home Instrument, based on the TMBC, represents a stage-based approach to measuring readiness to change IPV perpetration. Currently, published norms exist for men at intake to batterer treatment programs, however norms do not exist for individuals across the treatment process. The project objectives were to establish comparative norms on the Revised Safe At Home instrument for men and women across the treatment process to facilitate program evaluation and treatment provider's ability to provide relevant client feedback.

## Research Questions

What are appropriate norms for The Revised Safe At Home instrument across the treatment process?

Do the norms differ for women?

## Methods

### Study Design

The Safe At Home instrument was administered along with a demographic questionnaire to participants at six agencies providing batterer treatment programs. Individual packets were sent to the agencies for distribution to participants. These packets contained the two instruments and a self addressed postage paid return envelope. The participants independently self-administered the materials and returned their surveys by mail, thereby maintaining anonymity and minimizing impact on the batterer treatment programs.

### Participants

Data were drawn from 186 participants receiving batterer treatment services from six agencies in two states. Participants were 18 to 74 years of age ( $M = 37.4$ ). Most were men (87.6%), and court mandated to enter treatment (89.6%). (See Table 1 for additional demographic distributions).

### Instruments

#### • Demographic Questionnaire

–Contained the following variables: age, gender, referral source, number of weeks in treatment, relationship status, mental health and substance use, perceptions of children as witnesses to IPV episodes

#### • Revised Safe At Home Instrument

–Self-rated questionnaire using a 5-point rating scale of "I strongly agree" to "I strongly disagree" for 35 change talk statements.  
 –The last question asks participants to provide a global self assessment rating of where they perceive themselves to be in the change process.  
 –Scoring formulas reflect four scales of IPV behaviors: Precontemplation, Contemplation, Preparation/Action, and Maintenance.

## Methods

Table 1 Demographic Characteristics

Item	N	Percent
Gender		
Male	163	87.6
Female	24	12.4
Relationship Status		
Dating	51	27.3
Married & Together	53	28.3
Separated/Divorced	65	34.8
Other	18	9.6
Past/Present IPV Relationships		
0	44	23.6
1	101	54.0
2 or more	42	22.4
Treatment Entry		
Voluntary	20	10.7
Legally Mandated	166	88.8
Strongly urged by legal/court	1	.5
Staying in Treatment		
Voluntary	20	11.0
Legally Mandated	154	84.6
Strongly urged by legal/court	5	2.8
Required condition by partner	3	1.6

## Results

Table 2 Previous & Current Study Comparisons

Study	Mean	Summed Scores	t-value
2003 Safe At Home Project			
Precontemplation	3.88		11.72*
Contemplation	3.72		25.12*
Preparation/Action	2.95		24.32*
2008 Milwaukee Safe At Home Project			
Precontemplation		20.15	22.65*
Contemplation		34.45	24.38*
Preparation/Action		26.23	40.77*
Maintenance		26.40	34.74*
2011 Safe At Home Norms Project			
Precontemplation	3.43	27.54	
Contemplation	2.26	19.96	
Preparation/Action	1.94	13.57	
Maintenance	3.78	13.54	

\*  $p < .001$

## Discussion & Implications

Differences between present and previous norms may be due to the cross treatment sampling, as planned. However, it may also reflect this sample reporting fewer previous relationships involving IPV and fewer batterer treatment attempts both of which were factors in the previous studies. Differences may also be attributed to the self-administration method used in this study compared to the intake interview method used in previous studies. These new norms may assist program evaluation and practitioners' feedback to batterer treatment clients, as well as provide new advice concerning the methods to administer the instrument.

## Strengths & Limitations

### Strengths

- This is the first study where participants self-administered the Revised Safe At Home Instrument
- Norms help in program evaluation endeavors
- Help practitioners in providing feedback to clients
- Study adds to knowledge regarding the Revised Safe At Home Instrument

### Limitations

- This is the first study where participants self-administered the Revised Safe At Home Instrument
- Variance in type of client compared to previous studies
- Small sample size
- Small number of female participants

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