BabySafe Program Evaluation

FINAL REPORT
for
SafePlace
Austin, Texas

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March 2004

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EXECUTIVE SUMMARY

In February 2003, SafePlace contracted with the School of Social Work to conduct this evaluation of the BabySafe program. The development of instruments and data collection continued from March 2003 until February 2004. Survey data were collected from BabySafe clients and medical personnel who received training from BabySafe staff. In addition, in-depth interviews were conducted with BabySafe clients and staff.

Highlights

- BabySafe staff engage in an array of outreach and training efforts to the medical community, to other agencies serving pregnant and parenting women, and to high schools.
- The BabySafe program addresses the many complex needs of pregnant and parenting battered women with a comprehensive, flexible program of counseling, support, and instrumental aid.
- In-depth, face-to-face interviews with four BabySafe clients indicate the positive impact of the BabySafe program.
- The survey of medical personnel indicates that overall, the training of medical personnel was well received and participants reported an increase of knowledge about domestic violence, increased comfort in screening for domestic violence, and increased comfort in discussing domestic violence with their patients.
- Half or over half of the women had difficulty making prenatal appointments because they did not have childcare and their partners refused to provide childcare while the visited their physicians. Nearly 40% of the participants did not have reliable transportation and almost 30% reported that their partners kept them from their appointments.
- Generally, the BabySafe clients surveyed were in good health and maintained good health practices, and their children were born without major complications and remained healthy into their second month.
- BabySafe clients surveyed experienced significant levels of non-physical abuse. Further, half (51%) had been pushed, shoved or kicked. Roughly one-third had been threatened in some way, forced to do something against their will, or experienced injury to pets or damage to belongings. Over 40% had partners who had thrown or broken objects or kept them from leaving home. However, only 16% reported that their partners had been arrested for their assaultive behaviors.
- There was substantial variation among the responses when BabySafe clients were asked to identify 20 non-physical behaviors as abusive or not. There was much less variability when women were asked about physical violence.
- While counselors felt good about the progress of the program, they were frank about the challenges of developing comprehensive services for such a vulnerable group of clients. They repeatedly stressed the flexibility and persistence needed in this endeavor.

INTRODUCTION AND OVERVIEW

Domestic violence is one of the leading health risks to women in the United States. For pregnant women living with an abusive partner, the risk to their safety and the outcome of their pregnancy, as well as the risk to the child, increase dramatically (Bohn & Parker, 1993). Although the American Medical Association and American College of Obstetricians and Gynecologists recommend medical professionals address this risk in clinical practice, many remain unprepared to assess for domestic violence.

The BabySafe Project, which began in February 2002, has two goals. First, the program staff educate medical professionals, especially those working with pregnant women, on the effects of domestic violence on pregnancy outcomes and the value of universal screening. It provides professionals with techniques for screening for and discussing with their patients about domestic violence in ways that increase the woman's safety. BabySafe is also working to develop routine screening protocol for hospitals and clinics. Further, staff provide outreach to social service agencies and high schools that provide services to pregnant women to both train staff and identify clients who may be experiencing violence in their relationships. Second, the Project also provides education and support services to battered women who are pregnant, including an aftercare component offering case management, domestic violence and parenting education, and social supports to mothers who have been in abusive situations.

In February 2003, SafePlace contracted with the School of Social Work to conduct this evaluation of the BabySafe program. Evaluators worked with BabySafe staff to develop both survey and in-depth interview methods to obtain the most complete assessment of the development and impact of the BabySafe Program. The development of instruments and data collection continued from March 2003 until February 2004.

Survey data were collected from BabySafe clients and medical personnel who received training from BabySafe staff. In addition, in-depth interviews were conducted with BabySafe clients and staff. All research participants gave informed consent for participation. The plan, consent procedures, and instrumentation for this evaluation were reviewed and approved for the protection of human subjects by the Internal Review Board (IRB) of The University of Texas at Austin.

The following report begins with a discussion of the in-depth interviews, which provide a description of the program and services provided. The presentation of the survey results of medical personnel training and client evaluations follows. The report ends with a discussion of limitations of this evaluation and summary and implications.

IN-DEPTH INTERVIEW RESULTS

Methods

This evaluation includes two sets of in-depth interview data. First, it includes face-to-face interviews with four current BabySafe clients. Participants were recruited by BabySafe staff to participate in these face-to-face interviews and received HEB gift cards as incentives for their participation. These interviews were conducted by one of the evaluators at SafePlace in August 2003. Each interview lasted approximately 30 minutes and focused on how the client was feeling about her pregnancy, how her relationship with her partner/baby's father was affecting the pregnancy, and about her participation in the BabySafe program. (Please see Interview Guide in Appendix A). Due to the vulnerability of pregnant battered women, participants gave verbal, rather than written, informed consent. Participants were given a copy of the consent form, which described the study (Please see Consent Form in Appendix B). For the interviews, no names or identifying demographic information were collected. In this report, client participants are referred to by pseudonyms. Each interview was audiotaped and transcribed verbatim. The data analyses is described below.

Second, a focus group interview was conducted with BabySafe staff, which lasted approximately two hours. This interview was conducted at SafePlace in November 2003. BabySafe staff were asked to describe the program and its development, their work with clients, the rewards and challenges of the program, and suggestions for other agencies that wished to develop such a program (Please see Interview Protocol in Appendix C and Consent Form in Appendix D). This interview was also audiotaped and transcribed verbatim.

The analysis of qualitative data such as in-depth interviews, involves identifying sections of the transcript data, organizing them into meaning units or "codes" and then organizing the codes into concepts and themes that are eventually summarized in the final report (Padgett, 1998, p. 76). The analysis of the client interviews for the BabySafe evaluation involved reading each client transcript carefully, examining the responses to the questions, assigning codes that summarized the information contained in each response, and highlighting salient quotations. These codes were then organized into a display (Miles & Huberman, 1994) that allowed for comparison of the responses on eight themes that emerged from the coding: participant's current living situation, participant's relationship with the father of the child, the impact of the abuse on the pregnancy, the impact of the pregnancy on the abuse, participant's stated needs for services, perception of how the BabySafe program met those needs, feedback on the program, and participants' history, particularly abuse in previous relationships.

The focus group interview with BabySafe staff was summarized and important themes highlighted. The themes that emerged from the staff interviews and the client interviews were then compared and synthesized into the topics discussed below: training and outreach (which focuses on staff descriptions of their activities), services to clients and evaluation of the BabySafe program (which includes both staff and client descriptions and perceptions), lessons learned, and limitations (both based on staff feedback). Each topic addresses the themes that

emerged across the interviews with quotes from participants and staff. In the following text, individual quotes have been edited for readability.

Training and Outreach

BabySafe staff understand their mission is to provide outreach to pregnant women and those parenting small children who may be experiencing domestic violence. A major concern is reaching women who do not seek shelter services. To accomplish this mission, BabySafe staff participate in the two major activities: training and outreach to the community, and providing outreach client services.

According to the BabySafe staff interviewed, they provide three kinds of training and outreach. First, they provide training on the impact of domestic violence on pregnancy to staff in medical settings, including pre-service provider education to university, college, and technical school classes. The goal of this training is to mandate routine screening in medical settings and provide medical staff with concrete tools to accomplish this. During the first two years of the project, these BabySafe trainings have been approved for continuing education units (CEUs) through all the hospital systems in the community.

Second, BabySafe staff provide outreach to other agencies (such as WIC programs) where pregnant and parenting women access services, both to screen pregnant clients who might be experiencing domestic violence and to provide information to staff so that they can routinely screen and refer appropriate clients to the BabySafe program.

Throughout the course of the focus group interview, BabySafe staff repeatedly mentioned the challenges of the outreach component of their jobs. As one staff member put it:

> . . . the thing that surprised me was -- I mean at first you know when I started and we started sending out my bulk of letters and all that and everybody had like this really nice response . . . what I didn't expect was such resistance to it [the BabySafe Program], you know? It has surprised me because . . . here we've got these services available for free to people and we're even willing to go out to their agency and do it there and figure it all out and be flexible and, you know, work around them and they're not taking them. And that was the part that really it startled me a lot. . . . if I was running an agency and somebody came knocking on my door with these services I would be on top of that one very fast, you know, so I was very surprised that that was happening.

BabySafe staff surmised that this resistance to their services was due to

> …they [other agency staff] are so overworked and so, you know, limited on time and resources and then we're dealing with a very sensitive topic, one that they don't like to think about either because they're kind of a happy agency where they help women during this happy period of their time of their lives [pregnancy]. They don't really like to think of it . . .

Overcoming this agency resistance caused this staff member to feel uncomfortable with the "salesmanship" required to continue outreach with these agencies:

> And so there's like this pull. It's like, on the one hand, it's like, "Well if they're not receptive, then why go there?" And then on the other hand it's like, "Because maybe the clients are wanting it, right?" But it's been -- I have felt pretty frustrated over that aspect of it. But yet when the personnel of whatever agency -- in this case it's been mostly schools -- when they're receptive, it is so successful. It just it feels very successful.

BabySafe staff reported that other agencies were more receptive when their staff already had experience with clients with domestic violence. Agencies that had more ongoing relationships with clients, like Child Protective Services (CPS) and high schools, rather than one-time or crisis-oriented contacts, were also more receptive. CPS referred a number of BabySafe clients. A number were also referred from 211, the United Way help line.

In addition to the challenges of convincing other agency staff of the importance of screening for domestic violence, one staff member, in particular, talked about the challenges of meeting women in an outreach setting. Clients sometimes feel "side-swiped," when they come to an agency to deal with one issue then are asked to talk about domestic violence. These women may admit that they are experiencing violence, but are reluctant to address it, given all the other issues they are dealing with.

In addition to providing training to medical personnel and outreach to social service agencies, BabySafe staff also make presentations and conduct groups (such as parenting relationship groups) in high schools. Originally, BabySafe staff had planned to conduct ongoing groups with pregnant or parenting battered teens and women at SafePlace. However, they found that it was a challenge for clients to come to SafePlace for groups, so they began to conduct groups in schools and agencies where pregnant and parenting teens were already receiving services. Even though many of these clients hadn't previously identified themselves as victims of violence, staff discovered that once the topic of relationship violence was broached, many revealed such experiences. One staff member described how she would "ease into" the topic of relationship violence with these young women:

> . . . what I've done would be like two- or three-part series so that I'm not launching into domestic violence because they're youngsters, you know, and they will shut down, is what I've found. . . . I go one week and I do it maybe on . . . communication styles or something like that. . . . the second one kind of follow up to that and it's sort of introducing like extreme ends of that, you know, touching on the domestic violence. And then maybe the third time doing domestic violence, if I can stretch it to three times, because by then they've trusted me, they've opened up, you know, and . . . they're just more receptive to hearing that and they're not shutting down.

Depending on the location and the needs of the participants, these groups vary in membership and structure. Some are time-limited and some are ongoing. Some are psycho-educational, and some involve more open-ended discussion.

With regard to the future of BabySafe outreach efforts, one staff member mentioned that more follow up and support is needed in agencies to make sure that screening procedures are institutionalized. In addition, staff would also like to develop more ways for clients to refer themselves for services, by placing informational brochures and posters out in the community.

In short, in order to fulfill their mission to reach vulnerable pregnant or parenting women experiencing domestic violence, BabySafe staff engage in an array of outreach and training efforts to the medical community, to other agencies serving pregnant and parenting women, and to high schools.

Services to Clients

In addition to their training and outreach efforts, BabySafe staff members also provide ongoing services to pregnant and parenting victims of domestic violence.

BabySafe staff identified two groups of clients. One group includes women who are referred from SafePlace or the hotline, who have already identified themselves as victims/survivors of domestic violence.

As mentioned earlier, the second group of clients includes those who are encountered in outreach, who may have more trouble identifying themselves as victims and be more reluctant to seek help. As one staff member said of these women:

> They're not quite ready. They're ready to say it, you know, they're ready to tell somebody this [domestic violence] is going on, but they're maybe not ready to delve into, you know, changing that completely, because that threatens changing their lives and they're still very dependent. They haven't maybe gotten enough psychological distance, you know, from the partner, from the situation to say "Okay, if it comes to it maybe I'm gonna need to leave". . .

For clients who are ready to engage in problem solving, BabySafe staff provide flexible, intensive comprehensive case management and interface with a numerous agencies to serve clients. As one staff member said:

> I can go to court with someone for a custody hearing, be the advocate at court or call up their doctor and work out transportation to their health care visit. To talk, you know, to referring to the children's counseling for their -- for the children or group sessions, you know. We are just very varied on how we can come at both of those.

However, as one staff member put it,

> And with this population, this situation, 'ready to engage' means something one week and then change, you know. It's a huge process so that's also not a linear path.

The goal of client services, comprehensive case management, puts staff members in direct contact with the numerous barriers that pregnant and parenting battered women face and the trauma, chaos, and instability of their lives. In addition to the physical changes that accompany pregnancy, and the potential danger they face from abusive partners, many pregnant BabySafe clients are also responsible for small children. A number have serious health complications; some requiring bed rest. Many have no transportation to access health care or other social services. Some are homeless. A number are involved with CPS. They struggle with their relationship to the child(ren)'s father, on the one hand, desiring a father for their children, but on the other, needing to protect themselves from his abuse.

The four clients interviewed for this evaluation exemplify many of these barriers.

Juana and her partner had been together for two years and had one child together. During those two years, Juana experienced verbal and emotional abuse from her partner and he occasionally pushed her. The police were called when they finally split up. Juana's boyfriend was arrested and has been in and out of jail since their separation. After they separated, Juana discovered she was pregnant. Child Protective Services referred her to SafePlace.

Mary had a history of abuse with her husband and the father of her children. They had received family counseling and the abuse ceased for a while, but resumed when Mary discovered she was pregnant again. After an assault during the fourth month of her pregnancy, Mary called the police, obtained an emergency protective order, and separated from her husband. He reported her to Child Protective Services, who referred Mary to SafePlace and BabySafe. Mary lived at the shelter and was eventually able to move to supportive housing. Mary's child was born two months premature. Mary's husband continues to harass her, but she feels safe because she lives in supportive housing. She said if she were living alone, "I'd be terrified."

Sierra's boyfriend became violent when he found out she was pregnant because "he thought I was trying to trap him." She told medical personnel about the abuse and they helped her get into the shelter. After three weeks, she went back to her boyfriend. Their living situation and relationship were very unstable; there was more abuse and she eventually came back to the shelter and has been there since. She said that her boyfriend is now cordial to her and positive about being a father. "He's actually telling me that maybe it's better I'm here. … because back home, we were living on the streets." Sierra hopes that this man will be a father to her child, though she doesn't know if she wants to continue an intimate relationship with him.

Sylvia's pregnancy was the result of a sexual assault by a stranger. At the time of the assault, Sylvia was homeless. After she found out she was pregnant, Sylvia contacted an adoption agency and planned to place her child for adoption. The adoption agency has paid Sylvia's expenses during her pregnancy. While contacting agencies to obtain furniture,

Sylvia found out about BabySafe. Sylvia is a bright woman with a college education, but has a long history of abusive relationships, instability, and homelessness.

While the nature of the relationships and the abuse in each relationship is somewhat different, and has affected each woman's pregnancy in a different way, these stories represent the multiple problems that pregnant and parenting battered women face. Their experiences also highlight the multiple services that BabySafe provides.

For example, BabySafe staff provides counseling and information about prenatal care and parenting. As Mary reported,

> She [BabySafe counselor] gave me a lot of information on my pregnancy, on things that would make me healthy and foods I could eat and medicines I could take. She was very helpful. . . . She tries to make me understand there's nothing I did wrong to make the baby be born premature. It's just something that happens.

BabySafe staff also provide counseling about domestic violence issues. Sierra mentioned talking with BabySafe staff about her relationship with her child's father:

> …I was actually considering going back to him and she was like, "Well, it may not be bad if you want this baby to have a father, but are you sure you want to put yourself in the situation?

Clients sometimes have a hard time identifying their experiences as abuse. Sylvia said that talking with her BabySafe counselor helped her understand that what happened to her was a sexual assault. Juana said that she and her counselor talked about

> me and their father and what I plan on doing when he did get out of jail . . . how the relationship was, how I wanted it to be and what I want as far as my future – what I wanted to happen to me. . . . I realize there was a lot more that I wanted for myself and my kids than what I was actually doing, ya know?

Participants also reported dealing with issues, such as self-care and setting boundaries, that help them form and maintain more healthy relationships. Mary reported:

> I've become more assertive and, like, when I catch myself talking to him [her ex-husband] I use a lot of the "I" messages because I don't want to be aggressive and I don't want to be passive towards him.

The BabySafe program also provides for basic needs such as diapers and baby clothes. Staff also provide a supportive presence for clients when they are dealing with stressful situations. For example, Mary's counselor went to court with her on her CPS case.

Based on reports from staff and clients, the BabySafe program addresses the many complex needs of pregnant and parenting battered women with a comprehensive, flexible program of counseling, support, and instrumental aid.

Perceptions of Program Services

All four of the clients interviewed for this evaluation were very positive about their experiences with the BabySafe program. Clients valued the flexibility, ongoing support, and comprehensive approach to their problems. As Mary commented: ". . . when you talk to [counselor's name], she tries her best to pay attention to all your needs and she tries to help you with every little issue that you have." Juana said,

> I knew that when things got hard I could always come here and talk to her about just how I feel at the time or if I needed any help with resources or where to get things for the baby or the or just things like that, what programs I can get in, you know, as far as the baby and classes for me and things like that. It was real helpful.

Participants feel comfortable with BabySafe staff and reported they felt they could just pick up the phone and call their counselor and count on non-judgmental listening and advice. As Sierra said,

> She actually talked to me like a human being instead of a counselor. I like that a lot because not too many of them do. . . . She's a good listener, but she likes to put her word in, which is what I like. I love that. I don't like them to just sit there, "Really, yeah, okay, oh, yeah, yeah." I don't like 'em to do that. You know, I'd rather them have input and, you know, like, I would come up here and if I was havin' problems or whatever, I'd like need you to tell me your opinion. "What do I do?" And she would actually sit down and tell me her opinion and not what I wanted to hear. And I respect that a lot. She's cool.

Two clients mentioned that they were not able to get all the material things they needed (such as furniture, food, household items, and some baby items) from the program, but all spoke highly of the emotional support they received and their participation in the program overall.

BabySafe staff also reported positive feedback from clients and seeing clients' progress:

> I mean you can just hear them [clients] say that, you know, that they're so grateful for somebody just to just to understand and not judge and just listen and, you know, for them to feel safe. I have a client that has, you know, regained custody of their children and has housing and is going to counseling and their children are going to counseling and another client who I probably only saw twice, who had never told anyone about the abuse before, and was able to do that in this setting, and take that information with her. . . . it's not necessarily how you would measure it [the impact of BabySafe] but just experiencing the impact of that support with a client.
>
> It's also just real exciting to see, like, the students at the high schools get things or, you know, understand. And it's funny because like I'm not always sure what they're absorbing and then as I continue to see them and they, like, spout off things

> that I have said, you know? I was like, "Wow they were really listening."

Overall, what clients expressed in the face-to-face interviews and what they express in interactions with staff suggests the positive impact of the BabySafe program.

Lessons Learned

In discussing the development of the BabySafe program and reviewing its current status, staff reported that the biggest challenge has been the "constant honing process." They talked about the difficulty of not knowing which strategies were working and constantly having to adjust, reevaluate, and change those strategies.

> Because there was no model, we didn't know what the response was gonna be. And so coming in and thinking, "Okay this is a completely new thing. No one in any part of this community has had a service like this developed before nor have we structured a service like this before," and starting there. And just how long that process has been has, in hindsight, made perfect sense, I think, but going through the process was very arduous. Coming in and . . . just kind of throwing out information to this group of people or this area of the community and seeing where we got the responses and doing our best to run with it. . . . we're starting to see now, I think, the fruition of those efforts, but it has taken two years almost for that to come about, to really start to feel like there's some knowledge in the community about the program and some kind of awareness. . . .

BabySafe staff offered suggestions for other agencies that want to develop such a program for pregnant battered women:

1. Be flexible in approach. As one staff member advised:

> . . . maybe that's one of the things that needs to just be accepted about this program is that it's kind of a, you know, 'feel your way' or 'fly by the seat of your pants' with it, you know, depending on the needs, because it is so comprehensive and it does need to be so flexible and open in order to do the work that it's really intended to do.

2. Be prepared for the amount of time it takes to be integrated into the community.

3. Plan to do extensive outreach, both to recruit clients and to ensure that community resources exist for women who need them.

4. Begin outreach activities with agencies that already have access and/or provide services to pregnant and parenting women.

While counselors felt good about the progress of the program, they were frank about the challenges of developing comprehensive services for such a vulnerable group of clients. They repeatedly stressed the flexibility and persistence needed in this endeavor.

SURVEY RESULTS

In addition to the in-depth interviews with staff and clients, survey data were also collected from two groups of BabySafe participants: medical personnel who received training, and clients. The findings from these two surveys will be presented in the following section.

Training of Medical Personnel

Introduction and Overview

One hundred (N = 100) medical personnel completed the training offered by SafePlace and agreed to participate in this study. Below are the results from the completed questionnaires. Given the fast pace of medical profession, the questionnaire was designed in collaboration with SafePlace staff for both for easy and speed of completion. (See EF for a copy of the questionnaire.) Of the 100 participants, 4% identified as physicians, 41% identified themselves as nurses, 2% identified themselves as social workers, and 31% as other health care professionals (21% did not answer this question). It is clear that training developed to involve physicians and social workers is critical.

The Research Survey

The questionnaire consisted of a post-pre (retrospective) written, self report on three dimensions: knowledge of domestic violence after and before the training; comfort in screening for domestic violence after and before the training; and comfort with discussing domestic violence after and before the training. The questionnaire also asked the participants if they regularly screened for domestic violence, and about their professional identities and number of years of practice. The questionnaire asked two open-ended questions, "What information in the training was the most helpful?" and "What information in the training did you need, but did not get? Or what questions do you still have?" The feedback on the open-ended questions was minimal and therefore will not be reported.

Overall, the training was well received and participants reported increased knowledge about domestic violence, increased comfort in screening for domestic violence, as well as increased comfort in discussing domestic violence with their patients.

Procedures for Recruitment of Participants

Medical personnel were recruited for participation in this study by SafePlace staff that conducted the training. Immediately following the training session, staff distributed the questionnaire (See Appendix E) and asked for voluntary participation. An informed consent was also distributed (See Appendix F). Medical personnel were asked to leave their completed or blank forms on a back table in the training room as they exited. This procedure allowed participants to freely decline to participate.

Rates of Knowledge Before and After the Training

Overall, participants reported average (X = 3.22) knowledge about domestic violence before the training and a moderately high knowledge after the training (X = 4.14). Table 1 indicates that after the training 88% of the participants reported a moderately high or very high knowledge of domestic violence. Table 2 indicates that only 33% of participants reported this level of knowledge prior to the training. Fifty-five percent (55%) of participants increased their knowledge after the training.

Table 1. Rates of Knowledge After the Training

Rating	Frequency	Percent
Moderately low	4	4
Average	8	8
Moderately high	57	57
Very high	30	30
Total	99	100

Table 2. Rates of Knowledge Before the Training

Rating	Frequency	Percent
Very Low	6	6
Moderately low	13	13
Average	49	49
Moderately high	17	17
Very high	15	15
Total	100	100

Rates of Comfort Before and After the Training

Overall, participants reported moderately low (X = 2.61) comfort about domestic violence before the training and a moderately high comfort after the training (X = 3.77). Table 3 indicates that after the training 60% of the participants report a moderately high or very high comfort with domestic violence after the training. Table 4 indicates that only 23% of participants report this level of comfort prior to the training. Thirty-seven percent (37%) of participants significantly increased their comfort after the training.

Table 3. Rates of Comfort After the Training

Rating	Frequency	Percent
Very Low	0	0
Moderately low	3	3
Average	37	37
Moderately high	40	40
Very high	20	20
Total	100	100

Table 4. Rates of Comfort Before the Training

Rating	Frequency	Percent
Very Low	20	20
Moderately low	32	32
Average	25	25
Moderately high	13	13
Very high	10	10
Total	100	100

Rates of Comfort Discussing Before and After the Training

Overall, participants reported moderately low (X = 2.61) comfort discussing domestic violence before the training and moderately high comfort discussing it after the training (X = 3.71). Table 5 indicates that after the training 56% of the participants reported a moderately high or very high comfort discussing domestic violence. Table 6 indicates that 29% of participants reported this level of comfort discussing prior to the training. Twenty-seven percent (27%) of participants significantly increased their comfort discussing after the training.

Table 5. Rates of Comfort Discussing After the Training

Rating	Frequency	Percent
Very Low	4	4
Moderately low	9	9
Average	30	30
Moderately high	30	30
Very high	26	26
Missing	1	1
Total	100	100

Table 6. Rates of Comfort Discussing Before the Training

Rating	Frequency	Percent
Very Low	13	13
Moderately low	30	30
Average	22	22
Moderately high	18	18
Very high	11	11
Missing	6	6
Total	100	100

Regular Screening for Domestic Violence

Overall, 56% of the participants reported regularly screening for domestic violence and 11% did not (33% did not answer this question). This finding is hopeful given that many of the participants reported increased knowledge about and comfort with discussing domestic violence with their patients. The questionnaire did not explore the screening tool utilized.

Client Participants

Introduction and Overview

Thirty-two (32) SafePlace clients voluntarily participated in this study. SafePlace staff recruited women for participation through the BabySafe program. Women who were 22 and older (44%) made up a slightly higher portion of participants than women who were between 18 – 19 years old (38%). A small percentage (9%) was between 20 – 21 years old.

The majority of the women that participated in this project identified themselves as Hispanic (61%). Small percentages of African American (19%), Anglo (13%), and women that identified as other races (7%) also participated.

The living situations of the women varied. Equal percentages of women were residing with family members and in the shelter (31%). About a quarter of women were living with their child's father or partner and 10% were living on their own.

At the time of completing this questionnaire, almost three quarters of the women (71%) were in the third trimester of their pregnancies, a quarter in their second trimester (25%) and four percent in their first trimester.

Originally, the research plan involved collecting data from participants at more than one trimester. It was hoped that these procedures over time would allow for insight into how levels of violence, needs and other aspects related to health and well-being changed for these women over time. Unfortunately, only one participant completed the survey data at more than one time period. Because the response to multiple data collection was almost non-existent, only the data from the repeat respondent's first time period was included in the evaluation.

Demographic Information

Table 7. Client Demographic Information (N = 32)

	Frequency	Percentage
Age (N = 32)		
18 – 19 years	12	38
20 – 21 years	3	9
22 and older	14	44
Missing	3	9
Race (N = 32)		
Anglo	4	13
African American	6	19
Hispanic	19	61
Other race	2	7
Living Situation (N = 31)		
With Family	10	31
With Baby's Father/Partner	8	25
Shelter	10	31
Self/child	3	10
Trimester (N = 24)		
1st	1	4
2nd	6	25
3rd	17	71

The Research Survey

The women were asked 130 closed-ended and eight (8) open-ended questions. The questionnaire was divided into six sections: perceptions of safety, access to health care, background/demographic information, pregnancy health information, perceptions of an abusive relationship, and information regarding post-partum health. The findings from the closed ended questions are presented below.

Questions were originally asked utilizing a 9-point Likert-type scale (1=Never; 2=Very rarely; 3=Rarely; 4=Sometimes; 5=Frequently; 6=Very Frequently; and 7=Constantly). However, because there was little variation among several of the categories (very rarely and rarely and very frequently and constantly), the categories were collapsed to a 5-point Likert-type scale (1=Never; 2=Rarely; 3=Sometimes; 4=Frequently, and 5=Constantly) for the analyses. See Appendix G for the questionnaire.

Procedures for Recruitment of Participants & Informed Consent

SafePlace or BabySafe staff recruited women for participation in this study. Following a regular appointment, staff explained the study to the women and provided them with the consent form, the questionnaire (See Appendix H), and an envelope. Women were instructed that their participation was completely voluntary and would not affect the services they were receiving from SafePlace. All the information was also provided

in Spanish. When needed, SafePlace staff explained the details of the consent form. Written informed consent was waived to ensure complete anonymity of the participants. However, participants were provided a copy of the consent form that contained contact information of the researchers and the director of the Internal Review Board at The University of Texas at Austin. Women were instructed to leave their completed or blank forms in the sealed envelope as they left the session. This procedure allowed for completely voluntary participation because participants were able to freely decline to participate without the knowledge of their BabySafe counselor. No identifying information was collected. Participants' responses were tracked via a code assigned to each survey from each participant.

Women were given a $15 gift card to HEB for their time and participation. The gift card was given to each woman before she either completed the survey or declined participation.

Challenges to Prenatal Care

The women were asked four questions that addressed difficulties with seeking prenatal care. The questions were analyzed utilizing a 5-point Likert-type scale (1=never; 2=rarely; 3=sometimes; 4=frequently, and 5=constantly). Percentages were aggregated and reflect participants who reported sometimes, frequently or constantly to each of these questions.

Half or over half of the women had difficulty making prenatal appointments because they did not have childcare and their partners refused to provide childcare while they visited their physicians. Nearly 40% of the participants did not have reliable transportation and almost 30% reported that their partners kept them from their appointments.

Table 8. Challenges To Seeking Prenatal Care

	Frequency	Percentage
Transportation (N = 16)	6	38
Childcare (N = 13)	7	54
Partner Doesn't Help with Children (N = 16)	8	50
Partner Keeps from Visits (N = 15)	4	27

General Health Status and Well-Being of Women

Women were asked 23 questions adapted from Huth-Bocks, Levendosky, and Bogat (2002) about their general health status and well-being and their health practices. Generally, the women were in good health and maintained good health practices. Few reported drinking alcohol, smoking cigarettes, or taking other non-prescription drugs. A small minority of women reported serious health conditions such as diabetes, infections, injuries, Hepatitis B and C, syphilis or gonorrhea, herpes, HIV, chlamydia, and strep. A few women also indicated that they did not know about their health status with regard to these conditions.

Table 9. General Health Status Questions of Women

	Frequency			Percentage		
	No	Yes	DK	No	Yes	DK
Regular Exercise (N=27)	10	17	-	37	63	-
Drink Alcohol (N=27)	23	4	-	85	15	-
Smoke Cigarettes (N=27)	19	8	-	70	30	-
Use Drugs Not Prescribed (N=25)	24	1	-	96	4	-
Take Vitamins (N=25)	14	12	-	53	46	-
High Blood Pressure (N=27)	25	1	1	92	4	4
Diabetes (N=26)	24	1	1	92	4	4
Albumin (N=25)	22	2	1	88	8	4
Toxemia (N=23)	21	1	1	92	4	4
Blood (N=26) Incompatibility	20	4	2	77	15	8
German Measles (N=32)	25	-	-	100	-	-
Prescribed Medications (N=27)	17	10	-	63	37	-
Miscarriage, Premature Labor (N=27)	20	6	1	74	22	4
Injuries (N=26)	25	1	-	96	4	-
Hepatitis B (N=27)	25	2	-	93	7	-
Hepatitis C (N=27)	25	2	-	93	7	-
Syphilis or Gonorrhea (N=27)	24	3	-	89	11	-
Herpes (N=27)	24	3	-	89	11	-
HIV (N=27)	25	2	-	93	7	-
Chlamydia (N=27)	23	4	-	85	15	-
Group B Strep (N=27)	24	2	1	89	7	4
Other Problems or diseases (N=27)	22	5	-	81	19	-
Other infections (N=25)	22	3	-	88	12	-

General Health Status and Well-Being of Newborns

Women were asked to report on 23 indicators of their newborns' health adapted from Huth-Bocks, Levendosky, and Bogat (2002). The questions were asked about the child's health immediately following the birth and at two months of age. Generally, these children were born without major complications and remained healthy into their second month. A small minority of children experienced poor feeding/sucking, trouble maintaining their temperatures, and low birth weight at or during birthing. A small minority of children experienced shakiness, colic, and jaundice by month two.

Table 10. General Health Status of Newborns' Health

During or immediately following the birth:						
	Frequency			Percentage		
	No	Yes	DK	No	Yes	DK
Bleeding after birth (N=18)	17	1	-	94	6	-
Difficulty breathing (N=19)	19	-	-	100	-	-
Poor feeding/sucking (N=20)	17	3	-	85	15	-
Seizures (N=19)	19	-	-	100	-	-
Umbilical Around Neck (N=19)	19	-	-	100	-	-
Infection (N=18)	18	-	-	100	-	-
Low Blood Sugar (N=20)	19	1	1	95	5	-
Trouble with Temperature (N=19)	16	2	1	84	10	5
Heart Problems (N=20)	19	1	-	95	5	-
Birth Defects (N=19)	19	-	-	100	-	-
Low Birth Weight (N=18)	16	2	-	89	11	-
During the first two months:						
Shakiness (N=20)	17	3	-	85	15	-
Colic (N=20)	15	4	1	75	20	5
Seizures						
Not Gained Enough Weight (N=20)	19	1	-	95	5	-
Not Fed Well (N=19)	18	1	-	95	5	-
Not Breathed Well (N=19)	19	1	-	95	5	-
Heart Trouble (N=20)	19	1	-	95	5	-
Anemia (N=20)	19	1	-	95	5	-
Turned Blue (N=19)	18	1	-	95	5	-
Jaundice (N=20)	13	7	-	65	35	-
Infection (N=19)	18	1	-	95	5	-
Other Health Problems (N=19)	18	1	-	95	5	-

Levels of Non-physical Abuse and Physical Violence

Level of Non-physical Abuse. The women were asked 20 closed ended questions adapted from Tolman (no date) and Mitchell (1999) that assessed the non-physical abuse/violence in their relationships. The questions were analyzed utilizing a 5-point Likert-type scale (1=never; 2=rarely; 3=sometimes; 4=frequently, and 5=constantly). Percentages were aggregated and reflect participants who reported sometimes, frequently or constantly to each of these questions.

The introduction read, "How often has your partner (that is your husband, father of your children, boyfriend, ex-boyfriend, or same sex partner" ever done the following:

Table 11. Levels of Non-physical Abuse (N = 32)

	Frequency	Percentage
Arrested for Drug Offense	3	9
Asked Family Members to Watch or Report on Me	6	19
Criticized Me or Children	13	41
Prevented from Taking Medication	2	6
Refused to Let Sleep	7	22
Abused Drugs/Alcohol	13	41
Ignored Feelings/Withheld Approval, Appreciation	12	38
Punish Children When Mad at Me	2	6
Called Me Names and Swore	19	59
Yelled and Screamed	21	66
Wanted to Know Whereabouts at All Times	15	47
Spent money/Made Financial Decisions without Consultation	10	31
Jealous/Suspicious of Friends or Family	20	63
Accused Me of Having an Affair	15	47
Kept Me from Seeing Friends or Family Members	10	31
Tired to Keep Me from Self Help	10	31
Kept Me from Using the Phone	11	35
Blamed Me for His Problems	15	47
Tried to Make Me Feel Crazy	18	56

In general, these data reveal that the women who were being served by the BabySafe program and chose to participate in this study were experiencing significant levels of non-physical abuse. Research indicates that abusers use a number of strategies to maintain the power and control over their victims, most of which do not involve physical violence (Bancroft, 2002). O'Leary and Maiuro (2001) contend, "a comprehensive definition of domestic violence now includes all behaviors that exert physical force to injure, control, or abuse an intimate or family member, forced or coerced sexual activity, destruction of property, acts which threaten or abuse family pets, as well as nonphysical acts that threaten, terrorize, or personally denigrate, or restrict freedom" (p. ix – x).

In all but three of the categories, large percentages of women reported non-physical abusive strategies by their partners. These strategies were most often directed toward the women, but several of the abusive behaviors were also directed toward the women's children. These findings indicate that practitioners should attend to all types of non-physical abuse in the lives of pregnant battered women with a critical eye to what strategies might be most prevalent in her relationship. Moreover, it appears that many of these abusive partners are abusing alcohol and drugs (41%). Research on alcohol use and abuse indicates a strong correlation between the use of alcohol and increased physical aggression (e.g., Collins & Messerschmidt, 1993).

Level of Physical Violence or Threat of Physical Violence. Women were asked 11 questions adapted from New York State Department of Public Health (2002) and Mitchell (1999) about the physical violence in their intimate partner relationships. Ten behaviorally specific questions focused on the physical violence in their lives and one question asked if their partners had been arrested for their assaultive behaviors. The questions were analyzed utilizing a 5-point Likert-type scale (1=never; 2=rarely; 3=sometimes; 4=frequently, and 5=constantly). Percentages were aggregated and reflect participants who reported sometimes, frequently or constantly to each of these questions.

The question read, "How often has your partner (this is, your husband, father of your children, boyfriend, ex-boyfriend, or same-sex partner" ever done the following:

Table 12. Levels of Physical Violence or Threat of Physical Violence (N = 32)

	Frequency	Percentage
Pushed, Grabbed, Chocked or Kicked	16	51
Been Arrested for Assault	5	16
Forced Sexual Activity	8	25
Threatened Me, My Children, or Someone Close to Me	10	31
Forced to Do Something	11	34
Hurt Pets, Clothing, Objects, Something I Cared About	12	38
Threatened Pregnancy	6	19
Threw or Broke Objects During Arguments	13	41
Kept from Leaving the Home	14	44
Used or Threatened Weapon Against You	12	38
Threatened to Hurt Me or Children	11	34

Women participating in this study also reported a substantial level of physical violence in their intimate partner relationships. Half (51%) had been pushed, shoved or kicked. Roughly one-third had been threatened in some way, forced to do something against their will, or experienced injury to pets or damage to belongings. Over 40% had partners who had thrown or broken objects or kept them from leaving home. Although the women indicated dangerous levels of physical violence, only a small percentage of their partners have been arrested for their assaultive behaviors (16%).

Perceptions of Non-physical Abuse and Physical Violence

Perceptions of Non-physical Abuse. As discussed in the in-depth interview results, women in violent relationships sometimes have difficulty identifying their experiences as abuse. For this evaluation, BabySafe clients were asked to indicate their perceptions of 20 non-physical variables that may be considered either abusive or non-abusive in intimate partner relationships. These indicators are the

same as those used previously to describe the dynamics in their relationships.

There was substantial variation among the responses on the non-physical abuse indicators. A small percentage of women indicated that these indicators were not abusive (range from 7 – 30 percent). An arrest for a drug offense was seen as the least abusive trait. Thirty percent of the women indicated that being arrested for a drug offenses was not abuse, 26% were not sure if this was abuse, and 43% indicated it was abuse. On other indicators where there appears to be overt control by the intimate partner, a high percentage of women perceived these behaviors as abusive. These included situations in which the partner: asked family members to watch and report on her (73%), criticized her or her children (77%), prevented her from taking medication (83%), and refused to allow her to sleep (83%).

Table 13. Percentage of Perceptions on 20 Non-physical Abuse Indicators (N = 30)

	Not Abuse	Not Sure	Abuse
Arrested for Drug Offense	30	26	43
Asked Family Members to Watch or Report on Me	13	13	73
Criticized Me or Children	7	17	77
Prevented from Taking Medication	7	10	83
Refused to Let Sleep	10	7	83
Abused Drugs/Alcohol	10	20	70
Ignored Feelings/Withheld Approval, Appreciation	7	27	67
Punish Children When Mad at Me	7	7	87
Called Me Names and Swore	7	13	80
Yelled and Screamed	7	17	77
Wanted to Know Whereabouts at All Times	10	17	73
Spent money/Made financial Decisions without Consultation	13	33	53
Jealous/Suspicious of Friends or Family	13	23	63
Accused Me of Having an Affair	13	20	67
Kept Me from Seeing Friends or Family Members	7	13	80
Tired to Keep Me from Self Help	10	7	83
Kept Me from Using the Phone	7	20	73
Blamed Me for His Problems	7	13	80
Tried to Make Me Feel Crazy	7	10	83

Perceptions of Physical Violence or Threat of Physical Violence. Women were asked 11 questions about behaviors that may be considered physically violent. The indicators are the same as those used previously to describe the dynamics in their relationships. Ten questions focused on behaviorally specific indicators of physical

violence and one question asked if their partners had been arrested for assaultive behaviors.

There was much less variability among the women on these indicators. On each indicator, a very small minority of women indicated that that these behaviors were not violent; the majority of women indicated that they were violent. For four indicators (kept from leaving home, hurt pets and other important objects, threw or broke objects during an argument, and been arrested for assault), between 10 – 33% of the women were not sure if the indicator were violence or not. However, on every other indicator, the women overwhelmingly reported that these behaviors were violent.

Table 14. Percentages of Perceptions of Indicators of Physical Violence or Threat of Physical Violence (N = 30)

	Not Abuse	Not Sure	Abuse
Pushed, Grabbed, Choked or Kicked	7	7	86
Been Arrested for Assault	7	33	60
Forced Sexual Activity	7	3	90
Threatened Me, My Children, or Someone Close to Me	7	3	90
Forced to Do Something	7	3	90
Hurt Pets, Clothing, Objects, Something I Cared About	7	17	77
Threatened Pregnancy	7	3	90
Threw or Broke Objects During Arguments	7	23	70
Kept from Leaving the Home	10	10	80
Used or Threatened Weapon Against You	7	7	86
Threatened to Hurt Me or Children	7	7	86

Summary of Survey Results

In summary, the survey results indicate that the training of medical personnel was well received and resulted in increase of knowledge about domestic violence, increased comfort in screening for domestic violence, and increased comfort in discussing domestic violence with their patients. Further, indications were that the BabySafe clients surveyed were in good health and maintained good health practices, and their children were born without major complications and remained healthy into their second month. However, the women's access to prenatal care was often blocked by lack of childcare or transportation, or their partner prevented them from seeking prenatal care.

These women were experiencing significant levels of non-physical abuse. Further, half (51%) had been pushed, shoved or kicked. Roughly one-third had been threatened in some way, forced to do something against their will, or experienced injury to pets or damage to belongings. Over 40% had partners who had thrown or broken objects or kept them

from leaving home. However, only 16% reported that their partners had been arrested for their assaultive behaviors.

There was substantial variation among the responses when BabySafe clients were asked to identify non-physical behaviors as abusive or not. There was much less variability when women were asked about physical violence.

LIMITATIONS

The limitations of this evaluation, particularly with regard to client data, should be noted. This evaluation represents a relatively small portion of BabySafe clients. BabySafe staff reported that it was challenging to recruit participants, particularly for the face-to-face interviews. The evaluators worked closely with BabySafe staff to problem-solve how best to recruit research participants, and staff were diligent in their recruiting efforts. However, BabySafe staff were not able to recruit the numbers proposed in the grant application.

BabySafe staff reported that they were hampered in these efforts by several factors. First, many BabySafe clients speak Spanish as a first language and although BabySafe staff are bilingual, and the survey was translated into Spanish, the research budget did not include hiring bilingual staff to conduct interviews and translate transcriptions from Spanish to English. Second, one of the main areas of program outreach was high schools, and a large group of BabySafe clients were under the age of 18. The evaluation proposal to the March of Dimes and to the University Internal Review Board (IRB), which is charged with the protection of human subjects, called for interviewing women over the age of 18. Seeking another review by the IRB to include these underage participants would have resulted in a significant delay in data collection. Finally, the clients the BabySafe program is designed to serve makes the evaluation process difficult. Clients' lives are very chaotic and often dangerous, making completing surveys or participating in research interviews a very low priority. Clients routinely miss appointments with staff, so scheduling appointments for the face-to-face evaluation interviews was daunting. A comment by one BabySafe counselor summed up the conundrum of evaluating this program:

> There is not a formula that is going to make it easy for women who are experiencing abuse and are pregnant to access services, whether those are health care services or counseling services. That's why we're here. That's why we have the project . . . the same way that hinders us from reaching a numeric goal is the same time the evidence for why this project is so necessary.

Therefore, these findings should be understood to represent a small portion of BabySafe clients, probably those who are more stable and more favorably inclined towards the program. Further, due to concerns about clients' safety, they were not recontacted to review and comment on the findings of the in-depth interviews, as is often done with qualitative research to ensure its trustworthiness. It is not possible to say if this analysis has accurately reflected their perspectives. With regard to the focus group interview with staff, their desire to present the program in the best possible light may have discouraged criticism or negative comments. The results of this evaluation must be considered within these limitations.

SUMMARY AND IMPLICATIONS

The results of this evaluation suggest that pregnant and parenting battered women have needs that the BabySafe program is beginning to address. While the clients surveyed indicated that they used good health practices and their children were born without major complications and remained healthy, these same women experienced significant levels of both physical violence and non-physical abuse. They experience a range of barriers, including homelessness, fear of their partner, and lack of access to prenatal care that complicate their pregnancies. To address these problems, BabySafe staff engage in an array of outreach and training efforts to the medical community, to other agencies serving pregnant and parenting women, and to high schools and address the many complex needs of pregnant and parenting battered women with a comprehensive, flexible program of counseling and support.

The survey of medical personnel indicates that overall, the training of medical personnel was well received and participants reported an increase of knowledge about domestic violence, increased comfort in screening for domestic violence, and increased comfort in discussing domestic violence with their patients. Overall, in-depth interviews with clients suggest the positive impact of the BabySafe program in their lives.

The BabySafe program was developed as a model for serving pregnant battered women. The results of this evaluation suggest the need and the impact such a program can encourage screening and provide services to these women. However, BabySafe staff were frank about the challenges of developing comprehensive services for such a vulnerable group of clients. They repeatedly stressed the flexibility and persistence needed in this endeavor. The experience with this evaluation also demonstrates the need for the same kind of flexibility and persistence in evaluating the impact of such a program.

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APPENDICES

Appendix A
Protocol for Individual Interviews
With Research Participants

1. How are you feeling about this pregnancy?
2. How do you think your relationship with your partner is affecting your pregnancy?
3. Tell me about your participation in/experience of the BabySafe program. (probe: What impact do you feel like it has had on your pregnancy?)

Appendix B
Cover Letter for BabySafe Participants
(To be Distributed Prior to In-person Interviews)

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

Title of Research Study: *BabySafe*

Principal Investigator(s) (include faculty sponsor), UT affiliation, and Telephone Number(s):
Noël Bridget Busch, PhD, The School of Social Work, The University of Texas at Austin, 471-3198 or
Holly Bell, PhD, The School of Social Work, The University of Texas at Austin, 471-3198

Funding source: *SafePlace*

What is the purpose of this study?
The BabySafe Project address the extremely high risk that domestic violence poses for pregnant women. Domestic violence is a health risk that is preventable when identified and addressed through routine screening by health care providers. Abuse during pregnancy can cause harm to the mother, the unborn child, and the newborn in numerous ways. The purpose of this study is to evaluate the BabySafe program. Participants are asked about their perceptions of safety, experience with domestic violence and access to health care.

What will be done if you take part in this research study?
If you take part in this study you will be asked to talk with one of the researchers about your perceptions about and experiences with domestic violence and what might help you and your baby in the future. The interview should take approximately 30 minutes, but you may stop at anytime.

What are the possible discomforts and risks?
There are minimal risks anticipated. No identifying information will be collected and you are guaranteed the confidentiality of your responses.

A 24-hour crisis line is available to your patients or to answer any questions you might have later. Call an advocate at 267-SAFE. It's free and confidential.

If you wish to discuss the information above or any other risks you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

What are the possible benefits to you or to others?

There are not any individual benefits of this research. This research will assist domestic violence advocates in developing programs to meet the needs of survivors of intimate partner violence who are pregnant.

If you choose to take part in this study, will it cost you anything?
Participating in this study will not cost you anything.

Will you receive compensation for your participation in this study?
You will not receive any compensation for your participation.

What if you are injured because of the study?
It is not anticipated that participating in this study will result in any injury.

If you do not want to take part in this study, what other options are available to you?

Participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The University of Texas at Austin or SafePlace.

How can you withdraw from this research study and whom should I call if I have questions?

If you wish to stop your participation in this research study for any reason, you should contact: Noel Bridget Busch at (512) 471-3198. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., Chair, and The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512/232-4383.

How will your privacy and the confidentiality of your research records be protected?

Authorized persons from The University of Texas at Austin and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. If the research project is sponsored then the sponsor also has the legal right to review your research records. Otherwise, your research records will not be released without your consent unless required by law or a court order.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

You will not be asked to give any identifying information and the answers you provide will not be able to be individually identified.

Will the researchers benefit from your participation in this *study*?

The researchers will not benefit from your participation in this study.

Waiver of Written Consent By participating in the interview, you are giving your consent for participation.

Signatures:

As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:

Signature and printed name of person obtaining consent
Date

Appendix C
Focus Group Interview Protocol

Welcome everyone. We'd like to thank you for agreeing to participate in this focus group. We will be asking you about your experiences in the development of the BabySafe Program. The March of Dimes hopes to make this a national model. We are interested in what advice you would give to other organizations that might want to deliver services to pregnant battered women. We are interested in your assessment of what strategies have been successful and what activities, in hindsight, you might have done differently during the last year.

There are no right or wrong answers to these questions and we do not expect everyone to agree. We expect that there will be differences of opinion. However, if you find yourself becoming upset by the discussion, you may leave at any time. We are interested in your opinions. We've developed a series of questions to get us started, but we're also willing to let the group's interests determine where the discussion will go.

We like to ask that you speak one at a time so that we can hear everyone's views and get them on tape.

Finally, we would ask that you agree to protect the confidentiality of those in this group by signing a confidentiality agreement.

Sample focus group questions:

1. How would you describe the goals of the BabySafe Program?
2. Describe the process of outreach to clients of the BabySafe Program. (Probe: what has worked? What might you do differently, given what you know now.)
3. Describe the experience of training medical and other professional staff. (Probe: what has worked? What might you do differently, given what you know now.)
4. Describe the process of providing services to BabySafe clients. (Probe: what has worked? What might you do differently, given what you know now.)
5. What's a typical day like for you in your work?
6. How would you assess your progress toward meeting the goals of the BabySafe Program?
7. Has anything surprised you about this work?
8. What has been the biggest challenge in this work?
9. What has been the biggest reward in this work?
10. What advice would you give to other agencies that might want to provide services to pregnant battered women?
11. Describe the process of recruiting participants for the evaluation of this program. (Probe: what has worked? What might you do differently, given what you know now.)

Appendix D
Informed Consent to Participate in Research
BabySafe Staff Form
The University of Texas at Austin

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

Title of Research Study: ***BabySafe***

Principal Investigator(s), UT affiliation, and Telephone Number(s):
Noël Bridget Busch, PhD, The School of Social Work, The University of Texas at Austin, 471-3198
Holly Bell, PhD, The School of Social Work, The University of Texas at Austin, 443-9212

Funding source: *SafePlace*

What is the purpose of this study?
The purpose of this study is to evaluate the BabySafeProgram.

What will be done if you take part in this research study?
If you agree to participate in the research, we will ask you to participate in a focus group about the development of the program and your perceptions about it. You will be asked if your comments may be audiotaped.

What are the possible discomforts and risks?
The possible discomforts and risks are minimal and may include taking time away from other work duties and discussing challenges in your work.

If you wish to discuss the information above or any other risks you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

What are the possible benefits to you or to others?
There are no individual benefits of this research. This research will increase our overall understanding of the development of the BabySafe Program.

If you choose to take part in this study, will it cost you anything?
Participating in this study will not cost you anything.

Will you receive compensation for your participation in this study?
You will not receive any compensation for your participation in this study.

What if you are injured because of the study?
It is not anticipated that participating in this study will result in any injury.

If you do not want to take part in this study, what other options are available to you?
Participation in this study is entirely voluntary. You are free to refuse to be in the study, or to withdraw at any time.

How can you withdraw from this research study and whom should you call if you have questions?
If you wish to stop your participation in this research study for any reason, you should contact: Noel Bridget Busch at (512) 471-3198 or Holly Bell at (512) 443-9212 You are free to withdraw your consent and stop participation in this research study at any time without jeopardizing your affiliation with the BabySafe Program. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., Chair, and The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512/232-4383.

How will your privacy and the confidentiality of your research records be protected?
Authorized persons from The University of Texas at Austin and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. The sponsor of this research, SafePlace, also has the legal right to review your research records. Otherwise, your research records will not be released without your consent unless required by law or a court order.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

You will not be asked to give any identifying information and the answers you provide will not be individually reported.

If you consent for your interview to be audiotaped (a) the cassettes will be coded so that no personally identifying information is visible on them; (b) they will be kept in a secure place (a locked file cabinet in the investigator's office); (c) they will be heard only for research purposes by the investigator and his or her associates; and (d) they will be erased after they are transcribed or coded.

I hereby give permission for the audiotape made for this research study to be also used for educational purposes

_____

Printed Name of Participant **Date**

_____

Signature of Participant **Date**

_____

Signature of Principal Investigator **Date**

Will the researchers benefit from your participation in this *study?*
The researchers will not benefit from your participation in this study.

Signatures:

As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:

_____
Signature and printed name of person obtaining consent **Date**

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

_____
Printed Name of Participant **Date**

_____
Signature of Participant **Date**

_____
Signature of Principal Investigator
Date

Appendix E

Medical Personnel Questionnaire

Please answer the following questions using the scale below.
1 = very low; 2 = moderately low; 3 = average; 4 = moderately high; 5 = very high

	1	2	3	4	5
1. Rate your **knowledge** of domestic violence *after* this training.					
2. Rate your **knowledge** of domestic violence *before* this training.					
3. Rate your **comfort** in screening for domestic violence after this training.					
4. Rate your **comfort** in screening for domestic violence *before* this training.					
5. How comfortable were you with **discussing** domestic violence with your patients *before* this training.					
6. How comfortable are you in **discussing** domestic violence with your patients *after* this training.					

Will you regularly screen for domestic violence with your female patients?
_____yes _____ no

What information in the training was the most helpful?
_____
_____
_____
_____
_____
_____

What information in the training did you need, but did not get? Or what questions do you still have?
_____
_____
_____
_____
_____
_____

What is your profession? _____ physician _____ nurse _____ social worker
_____ other professional, please list
_____

How many years have you been practicing? _____

Appendix F
Informed Consent to Participate in Research-Medical Personnel
The University of Texas at Austin

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

Title of Research Study: *BabySafe*

Principal Investigator(s) (include faculty sponsor), UT affiliation, and Telephone Number(s):
Noël Bridget Busch, PhD, The School of Social Work, The University of Texas at Austin, 471-3198 or
Holly Bell, PhD, The School of Social Work, The University of Texas at Austin, 471-3198

Funding source: *SafePlace*

What is the purpose of this study?
The purpose of this study is to evaluate the BabySafe program. Participants are asked about knowledge about domestic violence and the training component of BabySafe.

What will be done if you take part in this research study?
If you take part in this study you will be asked to complete a survey about your perceptions about the training. It should take approximately 3 – 5 minutes to complete a survey.

What are the possible discomforts and risks?
There are minimal risks anticipated. No identifying information will be collected and you are guaranteed the confidentiality of your responses.

A 24-hour crisis line is available to your patients or to answer any questions you might have later. Call an advocate at 267-SAFE. It's free and confidential.

If you wish to discuss the information above or any other risks you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

What are the possible benefits to you or to others?
There are not any individual benefits of this research. This research will assist domestic violence advocates in developing programs to meet the needs of survivors of intimate partner violence who are pregnant.

If you choose to take part in this study, will it cost you anything?
Participating in this study will not cost you anything.

Will you receive compensation for your participation in this study?
You will not receive any compensation for your participation.

What if you are injured because of the study?
It is not anticipated that participating in this study will result in any injury.

If you do not want to take part in this study, what other options are available to you?

Participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The University of Texas at Austin or SafePlace.

How can you withdraw from this research study and whom should I call if I have questions?

If you wish to stop your participation in this research study for any reason, you should contact: Noel Bridget Busch at (512) 471-3198. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., Chair, and The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512/232-4383.

How will your privacy and the confidentiality of your research records be protected?

Authorized persons from The University of Texas at Austin and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. If the research project is sponsored then the sponsor also has the legal right to review your research records. Otherwise, your research records will not be released without your consent unless required by law or a court order.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

You will not be asked to give any identifying information and the answers you provide will not be able to be individually identified.

Will the researchers benefit from your participation in this *study?*
The researchers will not benefit from your participation in this study.

Signatures:

As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:

_____

Signature and printed name of person obtaining consent

Date

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this Form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

_____

Printed Name of Subject **Date**

_____

Signature of Subject

Date

_____

Signature of Principal Investigator

Date

Appendix G

Client Questionnaire

Part A
Perception of Safety

Please answer the following questions using the scale below.

1= Never, 2=Very rarely, 3=Rarely, 4=Sometimes, 5=Frequently, 6=Very Frequently
7=Constantly, NA=Not applicable

How often has your partner (that is, your husband, father of your children, boyfriend, ex-boyfriend, or same-sex partner):	1	2	3	4	5	6	7	NA
1. Pushed, grabbed, slapped, choked or kicked you?								
2. Been arrested for assault?								
3. Been arrested for a drug offense?								
4. Asked friends/family members to watch you and report on you to him?								
5. Forced you to have sex or made you do sexual things you didn't want to?								
6. Threatened to hurt you, your children or someone close to you?								
7. Forced you to do something you did not want to do?								
8. Criticized you or your children?								
9. Tried to keep you from taking medication you needed or from seeking medical help?								
10. Refused to let you sleep at night?								
11. Hurt your pets or destroyed your clothing, objects in your home, or something which you especially cared about?								
12. Done things specifically to threaten your pregnancy, for example, hit you in the stomach, keep you from going to prenatal visits?								
13. Thrown or broken objects in the home during arguments?								
14. Tried to keep you from leaving the house?								
15. Used or threatened to use a weapon against you?								
16. Abused drugs or alcohol?								
17. Ignored your feelings or withheld approval, appreciation or affection to punish you?								
18. Threatened to hurt you or your children, or threatened to leave you?								
19. Punished your children when he was angry with you?								

20. Abused pets to hurt you?								
21. Called you names?								
22. Swore at you?								
23. Yelled and screamed at you?								
24. Has to know where you are at all times?								
25. Used your money or made important financial decisions without talking to you about it?								
26. Was jealous or suspicious of your friends or family?								
27. Accused you of having an affair?								
28. Keeps you from your family or friends?								
29. Tried to keep you from doing things to help yourself?								
30. Kept you from using the phone?								
31. Blamed you for his problems?								
32. Tried to make you feel crazy?								

Are there guns in your home? Yes _____ No _____

What are you likely to do if things get to be too much with your partner?

_____
_____
_____
_____
____

What are your biggest concerns about your relationship?

_____
_____
_____
_____
____

What are your biggest concerns about your pregnancy or having a baby?

_____
_____
_____
_____
____

How does your intimate partner affect your pregnancy and your baby?

_____
_____
_____
_____
____

Part B

Knowledge about Domestic Violence

Do you think the following are examples of abusive behavior?

If someone:	Not abuse	Not Sure	Abuse
1. Pushed, grabbed, slapped, choked or kicked you			
2. Had been arrested for assault			
3. Had been arrested for a drug offense			
4. Asked friends/family members to watch you and report on you to him			
5. Forced you to have sex or made you do sexual things you didn't want to			
6. Threatened to hurt you, your children or someone close to you			
7. Forced you to do something you did not want to do			
8. Criticized you or your children			
9. Tried to keep you from taking medication you needed or from seeking medical help			
10. Refused to let you sleep at night			
11. Hurt your pets or destroyed your clothing, objects in your home, or something which you especially cared about			
12. Done things specifically to threaten your pregnancy, for example, hit you in the stomach, keep you from going to prenatal visits			
13. Thrown or broken objects in the home during arguments			
14. Tried to keep you from leaving the house			
15. Used or threatened to use a weapon against you			
16. Abused drugs or alcohol			
17. Ignored your feelings or withheld approval, appreciation or affection to punish you			
18. Threatened to hurt you or your children, or threatened to leave you			
19. Punished your children when he was angry with you			
20. Abused pets to hurt you			
21. Called you names			
22. Swore at you			
23. Yelled and screamed at you			
24. Has to know where you are at all times			
25. Used your money or made important financial decisions without talking to you about it			

26.	Was jealous or suspicious of your friends or family			
27.	Accused you of having an affair			
28.	Keeps you from your family or friends			
29.	Tried to keep you from doing things to help yourself			
30.	Kept you from using the phone			
31.	Blamed you for his problems			
32.	Tried to make you feel crazy			

Part C
Access to Health Care

Please answer the following questions.

1. Do you have an OB/GYN doctor? ____ yes ____ no
2. What was the date of last visit?_____
3. How many times have you see your doctor for this pregnancy? _____ # of visits
4. Do you have health insurance? _____ yes _____ no
5. If not, are you receiving prenatal care at a clinic? ____ yes ____ no
6. If yes, which clinic? _____
7. Number of visits to clinic for this pregnancy. _____ # of visits
8. What was the date of last visit? _____

Please answer the following questions using the scale below.

1= Never, 2=Very rarely, 3=Rarely, 4=Sometimes, 5=Frequently, 6=Very Frequently
7=Constantly, NA=Not applicable

	1	2	3	4	5	6	7	NA
1. I have transportation to prenatal visits.								
2. I have childcare for my other children for prenatal visits.								
3. My partner refuses to help with childcare for my prenatal visits.								
4. My partner keeps me from going for prenatal visits.								

Is there anything that you want to add?

Background Information

1. What was your age on your last birthday? _____

2. What is your race/ethnicity? _____

3. Who are you living with or where are you living?
_____
(i.e. parents, intimate partner, shelter, etc.)

Part D
Pregnancy Health Information

Do you:	No	Yes	If yes, how often per week?
Exercise?			
Drink alcohol?			
Smoke Cigarettes?			
Use drugs that are not prescribed for you?			
Take prenatal vitamins?			

	Yes	No	DK	If yes, when did you find out?
Do you have:				
High blood pressure?				
Diabetes or sugar in your urine?				
Albumin or protein in your urine?				
Toxemia?				
Rh or other blood incompatibility?				
German measles?				
Any medications prescribed by your doctor?				
Any infections?				
Threaten to miscarry or have premature labor?				
Any injuries?				
Any other problems or diseases?				
Do you have:				
Hepatitis B?				
Hepatitis C?				
Syphilis or gonorrhea?				
Herpes?				
HIV?				
Chlamydia?				
Group B strep?				

Part E
Post Partum-Evaluation

About your health:	Yes	No	DK	If yes, when did you find out?
During pregnancy, did you have:				
High blood pressure?				
Diabetes or sugar in your urine?				
Albumin or protein in your urine?				
Toxemia?				
Rh or other blood incompatability?				
German measles?				
Any medications prescribed by your doctor?				
Any infections?				
Threaten to miscarry or have premature labor?				
Any injuries?				
Any other problems or diseases?				
At birth, did you test positive for:				
Hepatitis B?				
Hepatitis C?				
Syphilis or gonorrhea?				
Herpes?				
HIV?				
Chlamydia?				
Group B strep?				

About your baby's health:	Yes	No	Don't Know
During or immediately after birth, did the baby:			
Have bleeding?			
Have difficulty breathing?			
Have poor feeding/sucking?			
Have seizures?			
Have the umbilical cord around the neck?			
Have an infection?			
Have low blood sugar?			
Have trouble keeping a constant temperature?			
Have alcohol or drug withdrawal signs?			
Have heart problems?			
Have birth defects?			
Have low birth weight?			
During the first two months has the baby:			
Had shakiness?			
Had colic?			
Had seizures?			
Not gained enough weight?			
Not been feeding well?			
Not been breathing well?			
Had heart trouble?			
Had anemia?			
Turned blue?			
Had jaundice?			
Had an infection?			
Had any other health problems?			

Appendix H
Informed Consent to Participate in Research-Client Survey
The University of Texas at Austin

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

Title of Research Study: *BabySafe*

Principal Investigator(s), UT affiliation, and Telephone Number(s):
Noël Bridget Busch, PhD, The School of Social Work, The University of Texas at Austin, 471-3198 or
Holly Bell, PhD, The School of Social Work, The University of Texas at Austin, 471-3198

Funding source: *SafePlace*

What is the purpose of this study?
The purpose of this study is to evaluate the BabySafe program. Participants are asked about their perceptions of safety, knowledge about domestic violence and access to health care. The program also surveys medical personnel about the effectiveness of BabySafe training.

What will be done if you take part in this research study?
If you take part in this study you will be asked to complete a survey about your perceptions of safety, knowledge about domestic violence and access to health care. The survey should take about 20 minutes to complete.

What are the possible discomforts and risks?
It may be difficult for you to write down information about the intimate partner violence that you are experiencing. If you experience any emotional discomfort, you should stop answering the questions. In addition, you may chose to not answer any question that makes you feel uncomfortable. A staff member of SafePlace will be available to answer any questions that you may have, provide you with immediate assistance and crisis intervention services including safety planning.

A 24-hour crisis line is available to you. Call an advocate at 267-SAFE. It's free and confidential.

If you wish to discuss the information above or any other risks you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

What are the possible benefits to you or to others?
There are not any individual benefits of this research. This research will assist domestic violence advocates in developing programs to meet the needs of survivors of intimate partner violence who are pregnant.

If you choose to take part in this study, will it cost you anything?
Participating in this study will not cost you anything.

Will you receive compensation for your participation in this study?
You will receive a $10 gift certificate to HEB and/or items such as baby clothes, diapers, baby formula. You do not have to participate in the research to receive these items .

What if you are injured because of the study?
It is not anticipated that participating in this study will result in any injury.

If you do not want to take part in this study, what other options are available to you?

Participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The University of Texas at Austin or SafePlace.

How can you withdraw from this research study and whom should I call if I have questions?

If you wish to stop your participation in this research study for any reason, you should contact: Noel Bridget Busch at (512) 471-3198. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, please contact Clarke A. Burnham, Ph.D., Chair, and The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects, 512/232-4383.

How will your privacy and the confidentiality of your research records be protected?

Authorized persons from The University of Texas at Austin and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. If the research project is sponsored then the sponsor also has the legal right to review your research records. Otherwise, your research records will not be released without your consent unless required by law or a court order.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

You will not be asked to give any identifying information and the answers you provide will not be individually reported.

If you choose to participate in an individual interview, with your consent the interview will be audiotaped. You should know that (a) that the interviews or sessions will be audio or videotaped; (b) that the cassettes will be coded so that no personally identifying information is visible on them; (c) that they will be kept in a secure place (e.g., a locked file cabinet in the investigator's office); (d) that they will be heard or viewed only for research purposes by the investigator and his or her associates; and (e) that they will be erased after they are transcribed or coded.

By signing below, I hereby give permission for the audiotape made for this research study to be also used for educational purposes.

Will the researchers benefit from your participation in this *study*?
The researchers will not benefit from your participation in this study.

Signatures:

As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:

_____

Signature and printed name of person obtaining consent

Date

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this Form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

_____

Printed Name of Subject **Date**

_____

Signature of Subject

Date

_____

Signature of Principal Investigator **Date**