

Executive Summary

Just Families Program

3 Year Evaluation Report 2011

Drummond street services, via funding from William Buckland, in 2007 undertook an initial 12 month pilot, which was followed by a 3 year research and evaluation trial of the **Just Families Project: prevention and early intervention for family violence, targeting couples transitioning to parenthood**. We have just completed a comprehensive three year evaluation report which outlines the theoretical and research basis for our project, and our own research and evaluation findings which include ground-breaking practice-based evidence within this new area of practice and research. Key outcomes are as follows:

- 1) Based on analysis of comprehensive file audits of 111 clients, focus groups with maternal and child health nurses, focus groups with our program staff including new-parent group facilitators and counsellors, as well as analysis of recent Australian literature regarding the nature of violence and mental health issues during this family transition stage, **we have developed 11 early risk factors for family violence**. These early risk factors are not mutually exclusive, and are distinguished from tertiary level family violence risk factors which assist professionals to screen for and identify severe and traditional male-to-female gender-based family violence already present.

We conceptualise that there are pre-existing issues which are brought to the fore during pregnancy, and which if not successfully managed or addressed, can lead to longer term couple relationship difficulties and potentially separation, and/ or the development of family violence between the couple including male-to-female, as well as reciprocal or female-to-male, severe and non-severe, physical and non-physical violence. Further, if not managed effectively, these early risk factors or mediating variables may be associated with other poor outcomes, including deterioration of mental health in parents and mental health risk for children, increased alcohol and other drug abuse by parents, and poor parenting practices.

Early risk factors include: 1) Relationship conflict (e.g. including non-physical and physical conflict behaviours by both males and females); 2) Transition-based issues (e.g. sleep deprivation, infant care difficulties, reduced physical intimacy); 3) Conflicts in relation to extended family (e.g. intrusion by parents-in-law, cultural expectations); 4) Lack of support and resources (e.g. by extended family, social isolation, lack of child care or other respite options); 5) Problematic alcohol or other drug use; 6) Partner's negative coping style (e.g. including withdrawal); 7) Mental ill-health; 8) Gender-role issues (e.g. use of gender-based power by males, maternal gate-keeping in relation to the care of the infant by mothers); 9) Financial stress; 10) Attachment issues (e.g. triggering of insecure attachment behaviours in parent/s, parental bonding with infant); 11) Experience of past abuse/trauma (e.g. parents' experience of child abuse/harmful parenting practices including exposure to family violence, recent experience of childbirth, prior miscarriages/infant deaths).

- 2) Working in partnership with Whitehorse Community Health Centre's Baby Makes Three project, we have built relationships with our local City of Melbourne and City of Whitehorse universal peri-natal services, specifically Hospital ante-natal services and Maternal and Child Health post-natal services, and developed pathways for prevention and early intervention for couple relationship difficulties, conflict and violence in couples transitioning to parenthood. Professional development training has built these services' capacity to better engage and involve fathers in the care of infants, as well as to early identify and respond to couple relationship issues heightening during this transition. We held three focus groups, and provided three training sessions for MCHC nurses with 46 nurses in attendance.
- 3) We have developed 10 practice principles for prevention and early intervention for family violence, and have developed psycho-educational ante-natal and post-natal seminars as prevention interventions, as well as a practice model for early intervention couple counselling, which addresses the 11 early risk factors. Fourteen ante-natal and post-natal seminars were held with 173 parents-to-be or new-parents in attendance. Couple relationship counselling was provided for 198 clients.
- 4) We have documented process outcomes as well as client outcomes for project interventions. In particular, in conjunction with our academic partner Deakin University, we have implemented pre and post (early intervention) couple counselling surveys, using established standardised measures, which have demonstrated statistically significant client outcomes as follows:
 - a. Increased family cohesion and reduced family conflict
 - b. Increased couple relationship functioning
 - c. Improved mental health symptoms, including anxiety and depression symptoms, from levels which were indicative of diagnosis to levels indicative of non-diagnosis

In summary, this program model provides a new paradigm framework and evidence-base for a public health approach to the prevention and early intervention of family violence. A key component is to build the capacity of universal peri-natal services to not only focus on the birth, and infant and mother health, or to screen for tertiary level family violence, but to : 1) normalise couple relationship changes and challenges to be anticipated during the transition to parenthood; 2) better engage fathers in relation to their infant and couple relationship, to set the foundations for strong and healthy families; and 3) when indicated, to engage couples into early intervention couple relationship counselling or other group programs which may strengthen the couple relationship.

Project findings have clear implications for state and federal policy and practice regarding a number of service sectors, including peri-natal, family relationship, prevention and early intervention, family violence and mental health. There are also clear directions for future research and evaluation activities to further build the evidence-base for prevention and early intervention for family violence. Drummond street requires funding in order to further test the nature and validity of early risk factors identified, and the formal trialling of prevention and early interventios, to be implemented in conjunction with our academic partner, Deakin University.

If you are interested to hear more, please don't hesitate to contact our Manager Research, Evaluation and Policy, Reima Pryor, or drummond street CEO, Karen Field.

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