

Keeping Safe Together Program evaluation findings

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Keeping Safe Together.



Who we are

Keeping Safe Together (KST) was a pilot program designed to meet the needs of all family members in circumstances of family violence

Co-lead by Women's Health West and Lifeworks

In collaboration with the Bouverie Centre

Background of KST

- Families experiencing domestic violence who are wanting to stay together and/or relate together safely.
- Brought together specialists from:
 - family violence,
 - men's behaviour change,
 - children's therapy and
 - family therapy.
- Individual sessions with each family member, goal of working towards a family session.
- Targeted at low to medium risk clients

KST aims

- Create a safe enough space for child and adult family members (individually and as a system) to:
 - Understand what family violence is
 - Express and explore the impact of violence
 - Increase safety



KST aims

- Make perpetrators' choices to use violence visible and offer them an opportunity to change their behaviour and stop using violence
- Positive parenting and family functioning
- To develop and refine a practice-led model that informs and provides learnings for the family violence and broader community sector

KST principles

- Child centred
- Feminist informed
- Attachment informed
- Trauma informed
- Flexible
- Supports and highlights the strengths of the victim survivor parent
- Invites perpetrators to take accountability for their behaviour and its impacts
- Restorative
- Cross sector service coordination and integration

Methodology of evaluation

- Interviews with children, women, men, program staff and referring professionals
- Evaluation Project team:
 - Anneliese Spiteri-Staines
 - Kristin Diemer
 - Deb Absler
 - Cathy Humphreys

Evaluation aims

- Understand how the KST pilot was developed and implemented subsequent to model design
- Determine the extent that KST reached its key target service recipients (families experiencing violence)
- Understand the broader organisational and service system context impacting on the delivery of KST
- Extent to which KST achieved intended outcomes
- Evaluation strengths and limitations of KST model

Findings:

Demographic data

- Since the program started and data collection finished, 77 families had participated in KST.
 - 34 children between 9 months and 19 years
 - 36 women between 23 and 55 years
 - 22 men between 27 and 50 years

Demographic data

- *Interviewed in this evaluation*
- 8 children (7-15 years)
- 8 men
- 8 women – 6 still in relationships with their abusive partner

Women's voices

- Increased domestic violence literacy/validation
- Empowered to make decisions

“[I can now] honour my own experiences rather than forgive things that are unforgivable. Reclaim control and power using language.” (ID W4)

“Stopped blaming myself for what he is doing.” (ID W1)

“I feel more able to tell [him] what is acceptable behaviour...Also prepared to leave him and knowing this has impacted on his behaviour.” (ID W1)

Women's voices

- Most women identified a change in their ex/partner

“No finger pointing...If there had been blaming [he would have] a knee jerk reaction rather than allow a space to be educated. [He] had not realised he was violent and he was supported in learning about his behaviour without finger pointing”. (ID W4)



Women's voices

- The all of family approach was very important to women

“The name of the program is important—like with Safe Steps you are thinking about the steps to safety, but with KST you will come along because of the family.” (ID W8)



Men's voices

- Appreciation for the whole of family approach

“Added benefit of whole family. It’s convenient, affordable, greater scope than individual counsellor.” (ID M4)

- Need for rapport building

- Most recognised that their behaviour could be improved.

“Good [stuff] comes out of program. If not for that, I would have breached the [intervention] order...” (ID M3)

- These interviews highlighted the need for flexible, extended programs

Men's voices

- Intended to stay engaged, at least for the short-term

“Lots of incentives to share thoughts...Not being criticized. Makes you feel comfortable. Someone listening, someone cares.” (ID M5)

- Helped to see things differently

“[I] need to take responsibility for my actions –no matter how much they [ex/partner] drive me nuts.” (ID M1)

Children's voices

- Living with violence was scary, stressful, overwhelming

“Very scary and you felt like you didn’t have a home.” (ID C7 9 years old)

- Experienced difficulties at school, with friends, not being able to concentrate on their work, not trusting anyone.

Children's voices

- Said that things had calmed down at home since being involved in the program

“I am not scared of Dad anymore. He’s changed because of the counselling” (ID C4, 9 years old)

“I don’t want to be negative about Dad, but it’s calmer...He...speaks softer – there is way less yelling and doesn’t hit us anymore” (ID C3, 8 years old)

“To talk about things and how to make them better” (ID C7, 9 years old).

Strengths

- Including a diverse variety of cross-disciplinary staff and upskilled them to work collaboratively with victim survivors, perpetrators and children.
- All clients – even the most resistant - found value in this program.
- The flexible and one-on-one approach enabled responses to be tailored to each family's needs

Challenges

- Lack of on-going engagement by referrers with the program
- Attracting an early intervention client cohort vs Child Protection and Family services referrals
- Lack of engagement of some families

Challenges

- Design a tailored response with multiple theoretical and practice approaches
- Workforce challenges



Where to from here?

- Opportunity for ground-up development of multi-practitioner informed guidelines for a new approach to working with families
- Could involve:
 - Mother-child strengthening work
 - Restorative justice
 - Shuttle mediation
 - Family and Couple counselling (where safe to do so)
- Access to clinical supervision and cross-sector skill development needs to be further
- Prioritization of children's voices

Where to from here?

There is a need to challenge funding silos

Need for intensive all of family therapeutic approaches and roll out tried and tested models across the state / Australia.

Takes courage and persistence to continue doing this work and to develop the skills and capacities of the workforce.

Thank you!

