



Australian Association for
Infant Mental Health Inc.

Infants and family violence

Position paper 6

November 2016

The Australian Association for Infant Mental Health Inc. (AAIMHI) aims to improve professional and public recognition that infancy is a critical period in psycho-social development, and to work for the improvement of the mental health and development of all infants and families.

Definitions

AAIMHI defines infants as children aged from 0 to 3 years.

Within Australia, the Family Law Act (Section 4AB) came into effect in June 2012 and defines family violence as “threatening or other behaviour by a person that coerces or controls a member of the person’s family (the family member), or causes the family member to be fearful” (FCA, 2013, p. 4). This includes behaviours which involve physical and sexual assault, stalking, derogatory taunts and acting with intention to do so, damaging property, causing death or injury to an animal, depriving financial support, isolating family members or depriving them of their liberty. For the purposes of this Act, a child is exposed to family violence if the child **sees** or **hears** family violence or otherwise **experiences** the effects of family violence” (p.4.). Essential to defining family violence is the supposition that there exists “a relationship between those involved ... Regardless of age, violence between family members is more common than violence between acquaintances or strangers” (Tolan, Gorman-Smith, & Henry, 2006, p. 559).

Background to AAIMHI’s position

The incidence of family violence across the globe is endemic, with research indicating that women and children are largely the victims (WHO, 2013). Pregnancy and the immediately postnatal period have been identified as a time of increased risk of partner violence (Chhabra, 2007; McFarlane, Campbell, Sharps, & Watson, 2002; Menezes-Cooper, 2013). Due to their total dependency, infants are more likely than any other age group in childhood to be present during episodes of family violence. This puts them at greater risk of harm, injury and death, than any other childhood age group (AIFS, 2014; AIHW, 2012a; Brandon et al., 2008; Frederico, Jackson, & Jones, 2006; Jordan & Sketchley, 2009; Zeanah & Scheeringa, 1997) This is also widely recognised by Australia Child Protection Services, alongside other forms of harm, abuse and neglect in infants 12 months and under (AIHW, 2012a, 2013). Infants also make up the largest cohort of children entering women’s refuges as a result of mothers fleeing family violence (AIHW, 2012a, 2012b; Shinn, 2010). Relational

¹ Although violence toward women and children is referenced here, the focus of this paper is specifically upon the infant and their experiences of any violently frightening events within caregiving relationships (WHO, 2013).

Australian Association for Infant Mental Health

PO Box 39, Double Bay NSW 1360, Australia | ABN 93 045 030 281 | info@aaimhi.org

Affiliated with the



WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

violence and trauma experienced by infants has far-reaching detrimental consequences for development across their entire lifespan (Lieberman, Van Horn, & Ippen, 2005; Perry, Pollard, Blakley, Baker, & Vigilante, 1995; Schore, 1996; Schore, 2005; Schwerdtfeger & Goff, 2007; Shonkoff, 2010; Siegel, 2012; Van der Kolk, 2014).

Infants exposed to family violence face more than the risks of physical harm. The infant brain is at a critical, rapid and formative stage of development. Family violence can damage the developing brain of the infant (Cirulli, Berry, & Alleva, 2003, p. 80). These infants are more likely to experience compromised mental health, face poorer social/emotional development, educational/employment outcomes as well as engage in substance use and engage in or re-experience violence in their adult relationships (Bosquet Enlow, Egeland, Blood, Wright, & Wright, 2012; Holt, Buckley, & Whelan, 2008). Family violence impacts the infant's developing relational template which acts as the foundation for all subsequent expectations of relational experiences (Jones & Bunston, 2012; Osofsky, 1995; Schore, 2001a; Thomson Salo, 2007; C. Zeanah & M. Scheeringa, 1997). When family violence occurs, the infant can experience their caregiver/s as both the source of their fear and as well their comfort, compromising their ability to assess just where to go to for safety and protection (Hesse & Main, 2000; Jordan & Sketchley, 2009; Siegel, 2012).

Additionally, research indicates that violence within the adult parental and/or intimate relationships increases the occurrence of depression within mothers and negatively impacts their perception of their infant (Bogat, DeJonghe, Levendosky, Davidson, & von Eye, 2006; Martin et al., 2006). This then impinges on how the infant attaches to their mother. When a mother remains in a violent relationship the likelihood of the young child developing an insecure attachment increases (Levendosky, Bogat, & Huth-Bocks, 2011; Levendosky, Lannert, & Yalch, 2012). Infant's relationships with their fathers are also negatively impacted by violence (Lieberman, Ghosh Ippen & Van Horn, 2015; Stover & Morgos, 2013; Bunston, 2013; Fletcher 2015).

Despite the plethora of evidence supporting the critical need to provide effective interventions to address trauma in the early years, infants remain the least likely to receive direct or effective services in addressing the impacts of family violence (Fantuzzo & Fusco, 2007; Jordan & Sketchley, 2009; Lieberman, Chu, Van Horn, & Harris, 2011; Newman 2015; Bunston 2015; Toone 2015).

Further to this, whilst national advertising campaigns have focused on 'the learnt' nature of men committing violence against women, and acknowledge that children are present and do feel the impacts of violence, there is yet to be any significant 'cut across message' to attend to the general lack of understanding about the impacts of family violence on infants. Our society at large and the national bodies who collect and disseminate research about family violence as well as impact service directions remain centered on adults, and to a lesser degree children. Infant mental health literature is largely excluded.

Statement of AAIMHI's position on infants impacted by family violence

AAIMHI welcomes the increased public policy focus on children affected by family violence, the calls for national family violence screening protocols for perinatal and health services and the call for increased funding for services to help children recover from violence (Mitchell 2015, COAG Advisory Panel on Reducing Violence against Women and their Children 2016, State of Victoria 2014-16).

Given that infants are however more likely than any other age group to be present when violence occurs (including in utero) and are at the greatest physical and developmental

vulnerability, AAIMHI calls for enhanced and urgent attention to addressing the needs of infants and very young children.

AAIMHI recommendations for service systems:

1. To recognize the specific needs of infants and ensure that their unique ways of expressing themselves in the context of their caregiving relationships and culture (their 'voice'): informs any decisions made on their behalf (WAIMH 2016).
2. For infants and their families to have access to high quality culturally sensitive clinical intervention, provided by specialist infant mental health practitioners to help infants return to a positive developmental trajectory after the impact of violence.
3. For specialist infant mental health consultation to be available to family violence, adult and child health, police, child protection, homelessness, early education and homelessness services to help them identify and respond to the needs of infants and their families after violence.
4. For infant mental health education to be provided to all adults involved in making decisions for infants after violence, including expert court psychologists and witnesses to equip them to make informed decisions about the particular needs of infants recovering from violent trauma.
5. For local and international infant mental health research and expertise to be incorporated into national advertising campaigns, research dissemination bodies, and service design to ensure that system reforms adequately address infants' recovery from violence in their own right.

The evidence is unequivocal. The impact of family violence on the developing infant individually, and the implications for society generally, is that we cannot afford to continue to expect infants to wait. The risk we take in only focusing on adult responses and older, verbal children is that we may well be too late.

Note: For parents, carers and community members supporting stressed infants after violence: please see AAIMHI companion document *Helping infants through trauma after family violence*.

References

- AIFS. (2014). *Child deaths from abuse and neglect*. Australia: Australian Institute of Family Studies. Retrieved from <https://aifs.gov.au/cfca/publications/child-deaths-abuse-and-neglect>.
- AIHW. (2012a). *A picture of Australia's children 2012 (1742493572)*. Canberra: AIHW. (Cat. no. PHE 167.).
- AIHW. (2012b). *Specialist homelessness services collection: First results, september quarter 2011*. (Cat.no. HOU 262.). AIHW. Canberra.
- AIHW. (2013). *Child protection Australia 2011- 2012* (Cat. no. CWS 43.). Canberra: AIHW.
- Bogat, G. A., DeJonghe, E., Levendosky, A. A., Davidson, W. S., & von Eye, A. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect, 30*(2), 109-125.
- Bosquet Enlow, M., Egeland, B., Blood, E. A., Wright, R. O., & Wright, R. J. (2012). Interpersonal trauma exposure and cognitive development in children to age 8 years: a longitudinal study. *Journal of Epidemiology and Community Health, 66*(11), 1005-1010. doi:10.1136/jech-2011-200727
- Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J., & Black, J. (2008). *Analysing child deaths and serious injury through abuse and neglect: What can we learn?* England: DCSF. (DCSF-RR023).

- Bunston, W. (2016). *How Refuge provides 'refuge' to Infants: Exploring how 'refuge' is provided to infants entering crisis accommodation with their mothers after fleeing family violence*. PhD Thesis, La Trobe University. Melbourne.
- Bunston, W., Eyre, K., Carlsson, A., & Pringle, K. (2016). Evaluating relational repair work with infants and mothers impacted by family violence. *Australian & New Zealand Journal of Criminology*, 49(1), 113-133. doi:10.1177/0004865814559925
- Bunston, W. (2015). Transcript of Evidence, 15 July 2015. *Royal Commission into Family Violence*, State of Victoria 2014-16.
- Bunston, W. (2013). What About the Fathers? Bringing Dads on Board with Their Infants and Toddlers Following Violence 19(1) *Journal of Family Studies* 70-9.
- Cappell, C., & Heiner, R. B. (1990). The intergenerational transmission of family aggression. *Journal of Family Violence*, 5(2), 135-152.
- Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and Youth Services Review*, 31(8), 831-839.
- Chhabra, S. (2007). Physical violence during pregnancy. *Journal of Obstetrics and Gynaecology*, 27(5), 460-463. doi:10.1080/01443610701406075
- Cirulli, F., Berry, A., & Alleva, E. (2003). Early disruption of the mother-infant relationship: effects on brain plasticity and implications for psychopathology. *Neuroscience & Biobehavioral Reviews*, 27(1-2), 73-82.
- COAG Advisory Panel on Reducing Violence against Women and their Children (2016) Final Report. Commonwealth of Australia, Department of the Prime Minister and Cabinet,
- Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 71(4), 741-753.
- Fantuzzo, J. W., & Fusco, R. A. (2007). Children's direct exposure to types of domestic violence crime: A population-based investigation. *Journal of Family Violence*, 22(7), 543-552. doi:10.1007/s10896-007-9105-z
- Family Court of Australia. (2013). *Family violence best practice principles*. Canberra, ACT: Commonwealth of Australia.
- Fletcher, L. (2015) Transcript of Evidence, 15 July 2015. *Royal Commission into Family Violence*, State of Victoria 2014-16.
- Frederico, M., Jackson, A., & Jones, S., O. o. t. C. S. Commissioner. (2006). *Child death group analysis: Effective responses to chronic neglect*. Victoria, Australia: Office of the Child Safety Commissioner.
- Hesse, E., & Main, M. (2000). Disorganized infant, child, and adult attachment: Collapse in behavioral and attentional strategies. *Journal of the American Psychoanalytic Association*, 48(4), 1097-1127.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect*, 32(8), 797-810.
- Jones, S., & Bunston, W. (2012). The "original couple": Enabling mothers and infants to think about what destroys as well as engenders love, when there has been intimate partner violence. *Couple and Family Psychoanalysis*, 2(2), 215-232.
- Jordan, B., & Sketchley, R. (2009). *A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants*. Australian Institute of Family Studies.
- Levendosky, A. A., Bogat, A. G., & Huth-Bocks, A. C. (2011). The influence of domestic violence on the development of the attachment relationship between mother and young child. *Psychoanalytic Psychology*, 28(4), 512-527. doi:10.1037/a0024561
- Levendosky, A. A., Lannert, B., & Yalch, M. (2012). The effects of intimate partner violence on women and child survivors: an attachment perspective. *Psychodynamic Psychiatry*, 40(3), 397-433.
- Lieberman, A. F., Chu, A., Van Horn, P., & Harris, W. W. (2011). Trauma in early childhood: Empirical evidence and clinical implications. *Development and Psychopathology*, 23(2), 397-410. doi:10.1017/S0954579411000137

- Lieberman, A. F., Van Horn, P., & Ippen, C. G. (2005). Toward evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry, 44*(12), 1241-1248. doi:10.1097/01.chi.0000181047.59702.58
- Markowitz, F. E. (2001). Attitudes and family violence: Linking intergenerational and cultural theories. *Journal of Family Violence, 16*(2), 205-218.
- Martin, S. L., Li, Y., Casanueva, C., Harris-Britt, A., Kupper, L. L., & Cloutier, S. (2006). Intimate partner violence and women's depression before and during pregnancy. *Violence Against Women, 12*(3), 221-239. doi:10.1177/1077801205285106
- McFarlane, J., Campbell, J. C., Sharps, P., & Watson, K. (2002). Abuse during pregnancy and femicide: Urgent implications for women's health. *Obstetrics & Gynecology, 100*(1), 27-36.
- Menezes-Cooper, T. (2013). Domestic violence and pregnancy: A literature review. *International Journal of Childbirth Education, 28*(3), 30-33.
- Mitchell, M. (2015) *Children's Rights Report 2015*. Sydney: Human Rights Commission.
- Newman, L. (2015) Transcript of Evidence, 14 July 2015. *Royal Commission into Family Violence, State of Victoria 2014-16*.
- Osofsky, J. D. (1995). Children who witness domestic violence: The invisible victims. *Social Policy Report, IX*(3), 1-19.
- Perry, B., Pollard, R., Blakley, T., Baker, W., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: How "states" become "traits" *Infant Mental Health Journal 16*(4), 271-291.
- Schechter, D. S., & Willheim, E. (2009). The effects of violent experiences on infants and young children. In C. H. Z. Jr (Ed.), *Handbook of Infant Mental Health* (pp. 197-213). New York: The Guilford Press.
- Schore. (2001a). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22*(1-2), 7-66. doi:10.1002/1097-0355(200101/04)22:1<7::AID-IMHJ2>3.0.CO;2-N
- Schore. (2001b). The effects of early relational trauma on the right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22*(1-2), 201-269.
- Schore, A. N. (1996). The experience-dependent maturation of a regulatory system in the orbital prefrontal cortex and the origin of developmental psychopathology. *Development and Psychopathology, 8*(1), 59-87.
- Schore, A. N. (2005). Back to basics attachment, affect regulation, and the developing right brain: linking developmental neuroscience to pediatrics. *Pediatrics in Review, 26*(6), 204-217.
- Schwerdtfeger, K. L., & Goff, B. S. N. (2007). Intergenerational transmission of trauma: Exploring mother-infant prenatal attachment. *Journal of Traumatic Stress, 20*(1), 39-51.
- Shinn, M. (2010). Homelessness, poverty, and social exclusion in the United States and Europe. *European Journal on Homelessness, 4*, 21-44.
- Shonkoff, J. P. (2010). Building a new biodevelopmental framework to guide the future of early childhood policy. *Child Development, 81*(1), 357-367.
- Siegel, D. J. (2012). *Developing mind: How relationships and the brain interact to shape who we are* (2nd ed.). New York: Guilford Press.
- State of Victoria. (2014-16). Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 .
- Stover, C. S., & Morgos, D. (2013). Fatherhood and intimate partner violence: Bringing the parenting role into intervention strategies. *Professional Psychology: Research and, 44*(4), 247.
- Teicher, M. H. (2002). Scars that won't heal. *Scientific American, 286*(3), 68-75.
- Thomson Salo, F. (2007). Relating to the infant as subject in the context of family violence. In: F.Thomson Salo & C. Paul (Eds.), *The Baby as Subject* (2nd ed.). Victoria, Australia:
- Stonnington Tolan, P., Gorman-Smith, D., & Henry, D. (2006). Family violence. *Annual Review of Psychology, 57*(January), 557-583.

- Toone, E (2015) Appendix 1: Supplementary submission: Therapeutic responses for infants and children at escalating risk of family violence, pp. 53-65. In: Keebaugh, S; Pocock, J & Jones, A. *No Place for Violence: Berry Street Submission to the Victorian Royal Commission into Violence*. Royal Commission into Family Violence, Melbourne.
- Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. England: Penguin.
- WHO. (2013). *Global and regional estimates of violence against women*. Geneva, Switzerland: W. H. Organisation.
- WAIMH (2016) Position Paper on the Rights of Infants.
- Zeanah, C., & Scheeringa, M. (1997). The experience and effects of violence in infancy. In J. D. Osofsky (Ed.), *Children in a Violent Society* (pp. 97-123). New York: Guilford.