



# Royal Commission into Family Violence

## RESPONDING TO QUESTION EIGHT REGARDING GAPS OR DEFICIENCIES IN CURRENT RESPONSES TO FAMILY VIOLENCE

**TITLE OF SUBMISSION:** 'Infant-led' research: a key to understanding the impacts of domestic violence on a vulnerable and under-represented population

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**ABSTRACT:** As violence against woman attracts global attention, research into early childhood exposure to interpersonal violence is similarly alarming, indicating a negative impact on the mental and developmental health of children. Infants and very young children are more likely to be present during incidences of domestic violence than older children yet have been poorly represented in the literature. The aim of this submission is to suggest ways of privileging the experience of the infant in order to respectfully give voice to and extend our knowledge base in exploring the experience of the infant impacted by domestic violence.

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**‘Infant-led’ research: a key to understanding the impacts of domestic violence on a  
vulnerable and under-represented population**

WENDY BUNSTON & JULIE STONE

**Introduction**

This paper presents the case for better understanding a largely overlooked and under-researched consequence of domestic violence; the effect on infants and how it affects their development. Currently, the experience of and impact upon infants is absent from the literature and debate surrounding the best ways to intervene and prevent domestic violence. We argue that it is imperative to include infants in the thinking and discourse about the sequelae of domestic violence. Suggestions are offered for ways in which research into the impacts of domestic violence on children can include the infant and his or her experience.

There is extensive evidence demonstrating that early childhood exposure to interpersonal violence negatively impacts children’s development (Bosquet Enlow, Egeland, Blood, Wright, & Wright, 2012; Graham-Bermann, Howell, Miller, Kwek, & Lilly, 2010; Levendosky, Bogat, & Martinez-Torteya, 2013; Lieberman, Chu, Van Horn, & Harris, 2011; Schechter & Willheim, 2009; Swain, Lorberbaum, Kose, & Strathearn, 2007; Wolfe, Jaffe, Wilson, & Zak, 1985; Zeanah & Scheeringa, 1997).

Although in recent years greater attention has been given to research into children and young people’s experience of domestic violence (Baker, 2005; Georgsson, Almqvist, & Broberg, 2011; Jouriles, Vu, McDonald, & Rosenfield, 2014), the family violence sector as a whole remains wanting in its ability to “understand the dynamics of children’s experiences

and respond appropriately to their individual need” (Holt, Buckley, & Whelan, 2008, p. 807). This lack of understanding is even more pronounced in regards to infants and very young children.

Infants and young children are frequently present during episodes of domestic violence (Fantuzzo & Fusco, 2007; Levendosky, Bogat, Huth-Bocks, Rosenblum, & Von Eye, 2011) and are more likely to experience higher levels of trauma compared to older children. However, very young children are underrepresented in the trauma literature and are a population not well attended to in the community generally (Fantuzzo, LeBoeuf, Brumley, & Perlman, 2013; Lieberman et al., 2011). Furthermore, infants and children under five make up the largest group of children accompanying their mother into a refuge (or shelter) with domestic violence cited as the main reason for women and children seeking crisis accommodation (AIHW, 2012a, 2012b; Shinn, 2010).

Despite their experience, the infant’s voice is often left unheard in the research undertaken on mothers and children impacted by domestic violence. McIntosh (2002) states clearly “violence witnessed [by children] as young as 2 months old is held vividly in non-declarative memory, and if untreated can be expressed in fragmented form throughout the child’s life” (p.234).

Infant based research within the general population has tended to use standardised attachment measures and indicators of neurobiological functioning (Cyr, Euser, Bakermans-Kranenburg, & Van Ijzendoorn, 2010; Hesse & Main, 2006; Levendosky, Bogat, & Huth-Bocks, 2011; Osofsky, 2004; Siegel, 2012; Swain et al., 2007). In some instances the research relies solely on the perspective of the mother (Abrahams, 2010; Briggs-Gowan & Carter, 2007; Buchanan, Power, & Verity, 2013; Crichton-Hill, 2013; De Wolff, Theunissen,

Vogels, & Reijneveld, 2013; Peled & Gil, 2011). Murray (1996) argues; “What is problematic, however, is that in the cause of scientific rigour a reductionist account of infant interpersonal relations was produced, and indeed almost as many questions were begged as were answered” (p.364). Little to no attention has been given to attempting to understand infants and their experience, or to question how and what meaning the infant is making of the domestic violence and the sequelae of such an event in family life.

### **Research addressing infants impacted by domestic violence**

Infants are very real participants in the world of interpersonal violence; they keenly feel its impacts and its consequences. Research into complex social issues is enriched by diversifying, being inclusive and by integrating other approaches which previously have received little or no consideration (Daro, Edleson, & Pinderhughes, 2004; De Zulueta, 2001). There is an urgent need to include infants in the purview, as young children are the most vulnerable victims of domestic violence (Baker, 2005; Moore & Miller, 1999).

It is also important to acknowledge the significant gap in our research on how infants themselves experience living in a home where there is violence. Not only is there inadequate research on the very young infants experience of remaining in a home where there is violence, there is no research into the impact of leaving that home to escape violence.

Infants demonstrate a clear capacity to respond to their environment. They have their own subjective experience and have the capacity to participate in the construction of meaning (Fonagy, Gergely, & Target, 2007; Stern, 2003; Winnicott, 2005). Infants can

participate and they must not be forgotten or overlooked. Along with all children, they have a right to participate in research, particularly when that research concerns them and how their world is understood (Georgsson et al., 2011; Mortari, 2011). Infants' inclusion in research should be neither tokenistic nor intrusive. And as is best practice in all social research, any research including infants should be of benefit to the infants themselves (Greene & Hill, 2005; Hill, 2005; Mand, 2012).

Although infants impacted by domestic violence seem to have been considered a 'hard to reach' group, there are opportunities to access these most vulnerable members of our community. It is acknowledged that infants, who with their mothers remain in a home where there is violence, are often isolated from others. However, many infants who remain in such homes are known to child protective services, general practitioners, maternal child health nurses and other health professionals. They may stay living in violent homes as claims of domestic violence are not easily substantiated. Research tells us that the decision to leave a violent home is a complex one and some mothers remain either because they are afraid to leave or in a belief that this is best for the children (Meyer, 2012).

Large numbers of mothers leaving a violent relationships seek safety and shelter in women's refuges. In order to protect their residents, refuge locations are kept hidden. This necessary safety measure may have also served to keep these women and their children hidden from view, both in the literature and within society (Postmus, 2003; Srinivasan & Davis, 1991; Theobald, 2014; Women's-Liberation-Halfway-House-Collective, 1976). However, staff working within refuges are keenly interested in finding ways to better listen and attend to the voices of their youngest residents (Stafford, Stead, & Grimes, 2013). Moreover, the family violence sector in general is eager to access targeted early

interventions aimed at preventing or interrupting the well-understood patterns of intergenerational transmission of domestic violence (Bunston, 2008a, 2013; Bunston, Eyre, Carlsson, & Pringle, 2014; Bunston & Sketchley, 2012; Campo, Kaspiew, Moore, & Tayton, 2014; Humphreys, Thiara, & Skamballis, 2011; Stanley, Miller, Foster, & Thomson, 2011).

When mothers flee domestic violence with their infants and children, there are opportunities to explore the subjective experience of infants and how they might have experienced living with, and as well as leaving, the violent context/environment. Such research will enhance our understanding of what interventions will be helpful to families.

#### *Sensitively researching the traumatised infant*

There is a clear need for us to create a space in our minds, work and research to consider the experience of infants impacted by domestic violence. It is vital we include their voices respectfully and ethically. The field of infant mental health, considers the 'Strange Situation Procedure' (SSP) (Ainsworth, Blehar, Waters, & Wall, 2014; Main & Solomon, 1990) to be the 'gold standard' in attachment based research. The SSP is a laboratory based procedure designed to trigger the infant's anxiety and attachment behaviours by separating the infant from his or her known caregiver, and introducing a stranger. This separation takes place in a 'laboratory', an environment unfamiliar to the infant. The infant's behaviour on separation from and reunion with the known caregiver is then coded against standardised measures. Good standardisation and reliability measures for these behaviours have been described for multiple non-clinical and in some instances clinical samples with infants over 12 months (Cyr et al., 2010).

Graham, Fisher, and Pfeifer (2013) have demonstrated, however, that infants (6- 12 months) are highly susceptible to stress, even when those stresses are not deemed to place them 'at risk'. There are few studies which have explored the impact of domestic violence on the infant/mother attachment during and post pregnancy. An impressive longitudinal study which has undertaken such research has, nevertheless, also relied on using the Strange Situation Procedure to induce a moderate amount of distress on infants in order to measure their separation reactions from their mothers (Levendosky, Bogat, & Huth-Bocks, 2011).

Using such a measure with a population of infants who have experienced significant domestic violence, and who are already experiencing high levels of distress, may be both unethical and inappropriate. We cannot assume that the use of such measures that have been developed and applied more frequently to a community sample within the general population are appropriate to this group.

Whilst the SSP has produced valuable knowledge and important information about infant development, it may not always serve the infant 'in the room'. Those infants who are already distressed are potentially placed in situations that will further distress them. Research that respects the experience of the infant who has been exposed to violence, should not risk re-traumatising them.

Research exploring ways to intervene earlier to disrupt intergenerational violence could be supported by research that occurs in the natural world of the infant. Infants, and their mothers impacted by family violence deserve to be treated with great care and sensitivity (Bunston et al., 2014). We need to better understand the impact of violence on the infant who remains in a home where violence is suspected, but not substantiated, and

upon those who, with their mothers, find refuge from the violence in crisis accommodation. Finding ways to describe the experience of this under-reported and highly vulnerable population would be an excellent starting point.

Other, less potentially distressing techniques have been used to research infants with their caregivers. Some researchers have filmed sequences of behaviour between infants and their caregivers and then analysed and coded them according to standardised measurement scales (Biringen, 2000). Others have used a different technique of microanalysis of the filmed interactions to describe the interactional patterns (Beebe, 2006). Filming allows the laboratory to visit the infant rather than requiring the infant to attend the laboratory (Puckering et al., 2011; Puckering, Evans, Maddox, Mills, & Cox, 1996). Filming offers the capacity for greater flexibility and sensitivity than the SSP, however filming may also pose challenges for these vulnerable and often fearful clients in highly sensitive contexts. Taking a camera into a home where the alleged perpetrator still resides may pose danger. Women who have fled their homes to leave controlling partners may be reticent to consent to any research techniques that has any echoes of surveillance. Further, fears about being judged as 'poor mothers' or having such evidence recorded may heighten the anxiety of mothers who often already doubt their capabilities. They may also feel concerned about how these images could be used. Issues of privacy within the communal living space in many women's refuges also risks impinging on the ability to explore the very setting that is of interest to better understand.



**Observing 'meaning making' through 'infant led' research.**

Observation has always been an important way to learn. However, making meaning about what we observe occurs within a cultural and social context. The tradition of anthropological research has taught us that when we want to understand another living being we need to observe and relate to them in a way that engages with their world through action and emotion. This is particularly so for the infant (Reddy & Trevarthen, 2004). Relationship with others is vital for the infant's survival. Infants are dependent on others to care for them and they come to understand themselves and their world through these relationships. This inter-subjectivity of the infant begins, develops and grows through their possession of astounding cross modal sensory capacities which enable them from very early in life to absorb information, imitate what they see and anticipate outcomes (Gopnik, Meltzoff, & Kuhl, 1999; Schore, 2003; Stern, 2003; Trevarthen, 2001). Understanding the emerging subjectivity of the infant requires us to observe and engage emotionally with them and to be curious about their experience or subjectivity. As infants learn by watching us we can learn a great deal about infants by observing them.

Infant observation, a technique of observing the baby, has a long and respected tradition in understanding infants and young children (Bick, 1964; Caron, Sobreira Lopes, & Schneider Donelli, 2013; Rustin, 1997; Rustin, 2009). It has been extensively used in the training of psychotherapists for more than fifty years. More recently, closely observing the infant has been successfully applied to bringing understanding in other contexts and is being used by other disciplines (Dearnley & Hartland-Rowe, 2009; Hingley-Jones, 2011; Shuttleworth, 2008).

Infant observation has a great deal to offer as a research technique. It is contextually sensitive, and focuses on the infant and his or her communication. It is a well validated qualitative method which offers us a way to explore and learn about the significant and uncharted territories that infants are catapulted into as a consequence of their mothers remaining in or fleeing a violent relationship.

Infant observation privileges the voice of the infant giving his or her voice the best chance of being heard, and not drowned out by the voices of others. Following the infant departs from the 'adult-centric' tradition so often used in previous research of violence in families. Infant observation allows the infants' presence in the research, to be at the centre. Infant observation recognises the significance of the mother or other caregivers for the infant. Observations are made with the infant and their regular caregiver, giving his or her voice the best chance of being heard, and not drowned out by the voices of others.

Infant observation offers a new methodology which will bring a wealth of data, bringing the infant's experience more readily into the forefront of research into domestic and family violence. By adopting infant observation as a research tool we will be more able to fully appreciate and better understand the experiences of all those who are impacted.

### *Infant Observation*

The psychoanalytic tradition of observing an infant occurs within their natural setting, rather than with in a contrived environment, like the laboratory. Being invited in to this setting requires the observer to follow the infant's lead in an effort to come to understand their world. As with all observational data, Infant observation involves "the

analysis and interpretation of observational records of behaviour (including speech) [and] necessitates a level of inference” (Greene & Hill, 2005, p. 13).

The observation of infants as a ‘systematic discipline’ was developed by Ester Bick in 1948. This followed the request of Dr John Bowlby for such an approach (Bick, 1964; Rustin, 2009). Bowlby wanted his trainees at the Tavistock Clinic in London to better understand the world of infants and young children. Bowlby, whose legacy of attachment theory has had a profound influence on our understanding of children and their emotional development, was greatly influenced by ethological approaches to better understanding animals by observing their behaviour (Ainsworth & Bowlby, 1991). Bowlby believed that observation also held the key to better understanding children and their behaviour (Bowlby, 1988). Now, more than sixty years following the development of Ester Bick’s observational model, infant observation continues to hold a central and highly respected place in many child development courses and professional training. Infant observation illuminates the infant’s experience bringing important understanding of children’s social and emotional development. (Rhode, 2004; Rustin, 2009).

The pioneers of attachment theory, John Bowlby and his co-worker Mary Ainsworth, embraced an ethologically oriented theory of attachment with a specific interest in the “direct observation in the child's real-life environment”(Ainsworth & Bowlby, 1991, p. 3). Preeminent paediatrician and psychoanalyst Winnicott (1970), an influential contributor to object relations theory, a theory which offers a way of understanding the impact of early family experience on shaping personality development and behaviour, noted that “we cannot describe the baby without describing the environment” (p. 253).

“Psychoanalytic observation methods, in seeking to access internal emotional states as well as the meanings of external behaviours, can be seen as giving expression to the ‘voices’ of the youngest children including babies” (Elfer, 2011, p. 225). Observation involves watching behaviour, where self-reports offer beliefs and attitudes (Abrahamson, 1983). Importantly, the infant cannot share “self-report” as their only means of communication is through their behaviour. Sensitive and unobtrusive observation offers an unfettered way to discover the world of, and collect information about, the infant and his or her experience.

Bick (1964) suggested that ‘infant observation’ occur weekly, with the same infant over time, often from birth until the infant’s second birthday. This was to enable students to understand the new infant’s development, bringing a greater appreciation of the interplay between early life experience and social and emotional development. Bick stressed that the observer “must obtain detachment from what is going on”, “find a position from which to make the observations”, “allow some things to happen and to resist others” and “fit into her household (the mothers) in her own way” (Bick, 1964, p. 558).

‘Infant Observation’ is today widely applied to a range of settings far beyond Bowlby and Bick’s vision, which was to enrich the training child psychotherapists and other mental health professionals. Many have found that as little as one observational contact can bring a wealth of information and understanding into a wide variety of settings. (Adamo, 2008; Dearnley & Hartland-Rowe, 2009; Diem-Wille, Steinhardt, & Reiter, 2006; Hingley-Jones, 2011; Maliphant, 2008; McKenzie-Smith, 2009; Ronay, 2011; Shuttleworth, 2008; Zago, 2008).

The observer is required to be fully “present in the moment” and “open to perceiving as much as possible” (Rustin, 2009, p. 30). Immediately post observation,

detailed and meticulous process notes are written up as a “untheorised narrative description of what was observed” (Rustin, 1997, p. 95). The emotional impact of the observation on the observer is used as a valuable source of information just as the effect of the observer on what is being observed is acknowledged as important (Rhode, 2004).

Rustin (1997) suggests that infant observation as a research tool fits within a heuristic frame of generating knowledge. Given so little is known about the intricacies of the infant’s subjective experiences of violence, this method of research promises to become one which can capture rich descriptions of the ‘infant/mother & other’ interactions that occur in whatever settings the infant finds him or herself in.

The infant’s care-givers are not ignored or overlooked. Methods of researching infants and their experience must embrace their personal interactions with others as this is where ‘meaning making’ occurs for the infant (Thomson Salo, 2007). Furthermore, in order to learn about infants, Reddy and Trevarthen (2004) argue that in researching infants “we have to engage with them, allowing ourselves to feel the sympathetic response that the other’s actions and feelings invite” (p.1). They propose that the study of any human environment requires the scientist to be engaged and they argue that such a position in infant observation is akin to “Malinowski’s celebrated method of ‘participant observation’ for the study of human communities and customs in unfamiliar lands” (Reddy & Trevarthen, 2004, p. 1).

### *‘Infant Led’ Research*

Once there is a decision to hear the story of the infant, then it is agreed that the infant’s experience and point of view must be considered. To do this, and to ensure that data

from the infant is privileged as central, then such data needs to be collected and analysed before any other: the infant's "voice" must be heard, uncontaminated/influenced by the experience and stories of others.

This is a methodological commitment to honouring the voice of the infant and is an extension of infant-led clinical practice (Bunston, 2008a; Jones, 2007; Jordan, 2011; Paul & Thomson-Salo, 1997). This practice recognises "the baby as having a mind and an intentional self from birth, who very early recognises his or her own body and feelings as different from those of others and who has capacity for empathy" (Thomson Salo, 2007, p. 183). Infant-led clinical practice considers the "baby as a subject, in his or her own right" (Thomson-Salo & Paul, 2001, p. 14) and involves seeing the infant as 'the entry point' for facilitating change in the therapeutic domain (Bunston, 2008b, 2011; Thomson-Salo, 2012; Thomson-Salo et al., 1999).

Putting the infant first, wherever possible, involves conscious deliberation about the choices in how data is both collected and analysed. It does not guarantee that the infant's subjectivity will not get lost in a sea of other, competing, often more dominating, better understood and believed to be "legitimate" subjective perspectives. However, making a commitment to prioritise the infants' experience does signal the intention to better understand the most vulnerable and easily overlooked members of family and community. Keeping the infant front and centre gives their experience better odds of being heard and becoming known. This may allow the least powerful voice to take precedence and create "dialogue about vulnerability from the perspective of the person experiencing it... Because persons who are vulnerable are at greater risk for not being heard" (Hall Gueldner, Britton, & Terwilliger, 2012, pp. 125-126).

## Conclusion

“For an adult researcher to understand the experience of a child (or children) as a stranger is in many ways an impossible task. Yet it is an important one because for too long we have assumed that children have nothing of interest or importance to tell us about their lives and that we adults understand much better than they what is good for them and how events impact on them” (Greene & Hill, 2005, p. 18). Infants impacted by family and domestic violence have been ignored. The scant research that concerns infants has erred on the side of adopting mechanistic and standardised measures to ‘assess’ or ‘measure’ infants. Such data seems all too often to be used to validate predetermined hypotheses. There has been no research efforts to understand the experience of infants.

Observational research is explorative and offers a sensitive, unobtrusive, contextually and developmentally appropriate way through which to engage with the world of infants.

Adopting an ‘infant-led’ approach to the collection and analysis of data will open up new ways of seeing and understanding what has essentially been an ‘adult centric’ domain. Infants (and children) impacted by domestic violence are seen every day by child protection workers, doctors, refuge workers, occasional care and maternal child health nurses. Obviously, instigating research in these settings will not be without challenge, and will require thoughtful consideration to ensure ethical practice and informed consent by the infants’ caregivers. However, despite these challenges, we cannot continue to ignore infants and to leave them out of the picture of domestic violence. To listen to what they have to

say may challenge us and promises to increase our capacity to more fully understand the complexities of domestic and family violence and its widespread sequelae.

Thinking about, observing and listening to infants may also help us determine more effective ways to intervene in creating a safer and more creative future for all children.

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Commissioners  
Royal Commission into Family Violence

Re; Title of Submission: 'Infant-led' research: a key to understanding the impacts of domestic violence on a vulnerable and under-represented population

Authors: Wendy Bunston, BSW. MaFT. GCOrgDyn. GDInfMH.  
MAASW. AAFT S  
Julie Stone, Infant, Child & Family Psychiatrist., BA, BM,  
FRANZCP

We wish to support and endorse the submission submitted by Wendy Bunston and Julie Stone which draws attention to the impact of Family Violence on infants. The submission also highlights that the impact on infants is generally ignored and yet the consequences are lifelong for the infant.

Yours sincerely

[REDACTED]

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**INFANT MENTAL HEALTH**

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8<sup>th</sup> April 2015

To the Victorian Royal Commission into Family Violence.

This letter is written on behalf of the Australian Association for Infant Mental Health Inc. Victorian Branch (AAIMHI Vic). We are a 'not for profit' organisation for scientific and educational professionals interested in advancing research, education, intervention and prevention in relation to the mental health and wellbeing of infants and very young children. We applaud the decision to hold a Victorian Royal Commission into Family Violence.

AAIMHI Vic, a branch of the AAIMHI and an affiliate of the World Association of Infant Mental Health, seeks to disseminate a growing body of knowledge about mental development and disorders in infants and very young children 0 – 3 years.

AAIMHI Vic strongly endorses the work of Wendy Bunston and Julie Stone submitted to the Royal Commission: **'Infant-led' research: a key to understanding the impacts of domestic violence on a vulnerable and under-represented population.**

Trans-generational family violence is acknowledged and documented widely, as suggested by Bunston and Stone however, this has not been the case for the effect of family violence on infants and their development. Bunston and Stone suggest "the experience of and impact upon infants is absent from ... literature and debate surrounding intervention and prevention of domestic violence".

AAIMHI Vic agrees it is "imperative to include infants (sensitively) in the thinking and discourse about the sequelae of domestic violence" as recommended by Bunston and Stone.

Yours sincerely,

Meredith Banks

President AAIMHI Victoria