



**SUBMISSION TO THE ROYAL COMMISSION INTO FAMILY VIOLENCE
FROM THE PARENT-INFANT RESEARCH INSTITUTE
MAY 29TH 2015.**

Family Violence – Traumatic Impact on Infant Development

The Parent-Infant Research Institute (PIRI) welcomes the opportunity to make this submission to the Royal Commission into Family Violence. The Parent-Infant Research Institute (PIRI) is a vigorous and innovative research institute with affiliations to the University of Melbourne and Austin Health, a large tertiary teaching hospital. The Parent-Infant Research Institute (PIRI) aims to protect the mental health and wellbeing of new parents and to safeguard the development of their infants, from pregnancy and throughout infancy (0-2 years).

The research literature highlights the profoundly negative effects of family violence exposure on infants' very early development with serious effects on their wellbeing. Infants are known to be even more negatively affected by violence-exposure than older children. Family violence is associated strongly with parental mental health difficulties (both as a cause and an effect).

There are enormous personal, familial, social and economic costs of parental emotional and mental health difficulties and the vast bulk of these are due to the enduring impact on infants. A healthy parent-infant relationship is paramount to optimal early brain development and is the foundation for learning, self esteem, capacity to trust and emotional regulation: www.1001criticaldays.co.uk.

This Submission

Our submission will focus on the *"understanding of gaps and problems in the response of our system"* with emphasis on the impact of family violence on the infant. We will also make suggestions around *"existing good practice and potential solutions"* (Royal Commission into Family Violence: HOW WE WORK, UPDATE RELEASED 25 APRIL 2015).

We wish to address the following questions identified by the Commission (Royal Commission into Family Violence: ISSUES PAPER, RELEASED 31 MARCH 2015)

Question One

Are there other goals the Royal Commission should consider?

There is a vital need to protect infants from the impacts of family violence and break the cycle of trans-generational transmission.

Question Six

What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

We need to note that family violence is almost always associated with parental mental health difficulties, as well as other risk factors such as poverty, substance abuse, past sexual and physical abuse, marital conflict, parental antisocial personality, and parenting behaviours.

Question Eight

Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.

We urge the Royal Commission into Family Violence to take special note of the importance of early intervention to protect infant brain development in the context of family violence and associated parental mental health difficulties.

The Crucial Importance of the Early Years

Beginning in the womb, the first years of life are critical to **the basic 'sculpting' of a child's brain, a time when infants are completely dependent on their parents and caregivers.** At birth, **a baby's brain is approximately a quarter the size of an adult's.** **By the end of their first year, this grows to 66% of adult size.** This brain "growth spurt" mostly occurs between the seventh prenatal month and the child's first birthday, making the brain most vulnerable to the impact of traumatic experiences during this time. For example, when **an infant's level** of stress (and associated stress hormones) is frequently elevated for prolonged periods, the major stress-regulating system of the brain can become disorganised. There is growing evidence that early experiences strongly influence brain structure and the connections made among brain cells. These connections **can affect a child's immediate** and future cognitive, emotional and behavioural development. An **infant's** environment is largely influenced by her (his) relationship to her (his) caregivers, which can powerfully influence levels of **stress, and the infant's ability** to learn and self-regulate. Importantly, secure attachment has its roots in the earliest relationships and predicts later ability to relate to others. A recent special issue of *Science* (Vol 345, August 2014) on parenting highlights that the biological influence of parents on their developing offspring begins in the womb and extends through childhood. An increasing number of studies demonstrate that the antenatal fetal environment affects infant outcomes via biological pathways linked with stress and trauma experienced by pregnant women. After birth, disrupted care-giving transactions continue to sculpt infant outcomes, including brain architecture and functioning, and may include physical, neuroendocrine and neurochemical changes.

Family Violence, Infant Trauma & Development

The research literature highlights the profoundly negative effects of violence exposure on children's development. It is agreed that children's exposure to intimate partner violence may seriously affect their wellbeing and infants (birth-3 years) tend to be more negatively affected by violence-exposure than older children. Exposure tends to result in later attachment difficulties; developmental delays; poorer verbal, motor and cognitive abilities than standardised norms; greater emotional problems; greater social problems, for instance, a greater likelihood of seeing the intentions of others as hostile; regressive symptoms,

delayed language development and increased anxiety over separation from parents; psychosomatic disorders; difficulties with school work; poor academic performance; school phobia; difficulties in concentration and attention and profound adverse effects on brain development. Early childhood experience of family violence is one of the most significant determinants of later adolescent violence in the home (see Appendix I for more detail).

Violence, Parental Mental Health & Infant Development

A recent special edition of *The Lancet* (volume 384, 2014) highlights that interpersonal violence by a male partner is increasingly recognised as one of the strongest risk factors for perinatal maternal depression and anxiety.

Further, there is now a substantial body of evidence that maternal perinatal depression and anxiety are, in turn, associated with a concerning range of psychological and developmental disorders in children. The National Forum on Early Childhood Program Evaluation (2007) concluded that infants of women with PND may experience “lasting effects on their brain architecture and persistent disruptions of their stress response systems”. Both short- and longer-term consequences have been reported for children of depressed mothers. These can include poor social, behavioural and cognitive outcomes from infancy to school age, including, poor early school performance, later anxiety, poorer self-regulatory capacities, attachment insecurity, and poor psychological adaptation in adolescence. These negatively affect subsequent interpersonal relationships. As early as 3 months of age, infants of depressed mothers appear to generalise their depressed style of interaction to non-depressed adults.

In addition, higher rates of mental health difficulties for both mothers and fathers (depression, post-traumatic stress disorder, anxiety disorders) have been found to be associated with disrupted partner relationships, conflict and family violence.

The Importance of Early Intervention

Given the accumulating evidence that family violence and maternal depression have a substantial impact on child cognitive, behavioural and socio-emotional development, both prevention and early intervention become critical.

A best practice approach to prevention of the impact of family violence on the infant would ideally include early identification of mental health difficulties in both perinatal women and their partners in order to intervene early to treat diagnosed cases.

Further, in the absence of effective treatment it appears that once early relationships are damaged, this may persist, despite improvement in maternal depression or the family situation. Research shows that a substantial proportion of disturbed mother-infant interactions do not recover without direct intervention targeting the relationship specifically. For example, treating mental health difficulties alone is insufficient to restore healthy functionality to compromised early mother-infant relationships.

However, early mother-infant interventions are highly specialized and not routinely available. From the field of postnatal depression research, there is evidence for the effectiveness of mother-infant interventions - a particular focus of the work of Parent-Infant Research Institute (e.g. our HUGS Program www.piri.org.au).

Conclusion

As outlined in this submission, infants have a unique vulnerability in relation to family violence exposure and this is often closely associated with parental mental health. We urge the Royal Commission to consider thoroughly the importance of early intervention to protect infant brain development in the context of exposure to family violence.

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Appendix I

Important Vulnerabilities of Infants in the Context of Family Violence

Recent literature highlights growing evidence that impacts are most significant for infants and young children. Exposure has been shown to seriously affect infant wellbeing, and puts them at risk for the following negative outcomes:

- Directly experiencing physical abuse by the violent family member;
- When infants are deprived of comfort, safety and security, their relationship with their parents becomes damaged. These damaged relationships can lead to serious emotional problems for the child, both immediately as well as in the future;
- Family violence often leads to insecurity in the relationship between infants and their mothers. A baby may show signs of insecure attachment to her primary care-giver through displaying withdrawal or little emotion. They may seek comfort but not be easily consoled by the mother. Or the baby may show evidence of disorganised attachment. Additionally, infants may be aggressive and irritable, and unable to settle;
- There is much research showing the importance of responsive and sensitive mothering in the healthy development of children. Some **mothers are able to remain sensitive and responsive to their children's** signals, despite the presence of family violence. However others in this situation may be overwhelmed and so full of anxiety that they are not emotionally available to their children. It follows that babies are more likely to be deprived of quality parenting where family violence is present, with its associated high levels of stress;
- Exposure may jeopardise developmental processes such as speech development and healthy sleep patterns in infants, emotional regulation and healthy sense of self;
- **A mother and child's experience of family violence are reported as being** the most significant determinants of adolescent violence in the home and violence directed towards mothers in particular, laying the basis for inter-generational transmission.
- Gender may significantly influence the development of infants exposed to family violence, with girls at greater risk of internalising behaviour, and

boys vulnerable to externalising behaviour. For instance, it may be an indicator of later male abusive behaviour, as well as female and male victimisation in intimate relationships. Some studies suggest that 30% of boys exposed to inter-parental violence will themselves grow up to be perpetrators of violence.

- Family violence is closely linked to homelessness in young children. Domestic and family violence were the most commonly cited reason for women with children accessing housing support services.