

## **Submission for the Issues Paper Released 31 March on the Royal Commission into Family Violence by Members of the Association of Child and Family Development**

The responses enclosed have been made by the following members of the Association

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### **Summary of the Submission to the Issues Paper on the Royal Commission into Family Violence**

1. The Issues Paper frame of reference has a significant omission in not taking into account the critical impact of the early years with respect both to understanding the roots of domestic violence, as well as recognising the impact of domestic violence on the developing young child.
2. The contributions below highlight the problem of children who are at risk from family violence either through ongoing physical and psychological threat. The contributions also point to the need to understand how children 'learn' to become perpetrators themselves as a survival response to high levels of abuse
3. The importance of attachment and bonding for the infant and developing child and their parents, is perceived as a cornerstone of all healthy emotional, social and physical development. When the creation of this secure base for the developing child is compromised through physical and psychological threat and abuse, this has a lifelong negative impact on the child and young person
4. In this respect our increasing knowledge about the development of the brain informs us about how the brain's architecture is shaped by early relational experience. The plasticity of the brain in infants and young children and their necessary attunement to their environment, makes them enormously vulnerable to 'absorb' high levels of surrounding stress and trauma. Prolonged exposure to violence, stress and trauma have an impact on the development of 'use dependent' neural pathways which become fixtures in the brain and play a significant role in compromising future healthy personality development.
5. In considering what recommendations may be made with respect to family violence there is broad agreement that existing early years, medical, educational, social and psychological, legal and police services overall are not particularly effective in understanding and adequately supporting vulnerable children and young people and their parents with respect to domestic violence
6. This may be connected partly with social and cultural factors since domestic violence exists across all social and economic strata and arouses understandable anxiety and resistance with respect to acknowledging its existence. It represents in part one of the last bastions of secrecy together with sexual abuse. There are also problematic levels of bullying both in schools and

- in the work place which are deemed to be acceptable or ‘character forming’ which further contribute to the resistance to take family violence seriously
7. As a result responses that are made by the various services appear to operate in silos and are often piecemeal and fragmented and do not present an integrated response. Children inevitably become the victims of this level of systemic and organisational dysfunction and it is not surprising that their own dysfunctional and anti-social behaviour at times may lead to their behaviour being taken out of context and pathologised. whilst they also become more prone to exclusion particularly within the school system.
  8. The recommendations made here focus on the urgent need for more sophisticated training for all professionals who come into contact with children and young people who have experienced domestic violence to prevent the generational repetition of these problems
  9. The recommendations focus on the creation of educational and therapeutic network hubs in the community that offer support for these vulnerable children as well as support for their parents and the various professionals engaged in their care
  10. Finally, and most importantly, the papers below and our recommendations emphasise that priority must be given to children’s needs over parents’ rights’. The two cannot be balanced as though they are of equal weighting. The needs of the child and what is in the best interests of the child must lead and inform all practice concerned with family and domestic violence. By doing so we not only succeed in protecting the child but also succeed in protecting the parents.

### **Exposure to Domestic Violence and its Developmental Impact on Children and Young People**

#### **Tony MacDonald Psychologist**

People become a reflection of the world in which they develop. Growing up in family systems with domestic violence expose children to adverse experiences that markedly impact on their developmental trajectory. There is a strong link between adverse childhood experiences and an increased risk of drug and alcohol problems, mental health difficulties, serious health issues and early death. (ACE Study, Felitti, V, et al, 1998, figure 1).

Younger children are highly vulnerable emotionally to the adverse influence of parent mental health problems and family violence. Studies show that domestic violence is more prevalent in homes with younger children than those with older children (UNICEF, 2006).

Children who are exposed to domestic violence are 15 times more likely to be physically abused and neglected than children without exposure (Osofsky, 1999). Exposure to violence in the home has been found to be the best predictor of adolescent male abusive behaviour and a significant predictor of male and female experiences of victimization in intimate relationships (Wekerle and Wolf, 1999). Also marital conflict has been found to be the strongest risk factor for childhood behavioural problems (Marshall and Watts, 1999).

Yet exposure to domestic violence is not a homogenous one dimensional process where its impact can be neatly examined in isolation from other potential stressors. There is rarely a direct casual pathway to specific outcomes. It often occurs in

combination with other factors such as child abuse, poverty, mental health or drug and alcohol issues. Also each child is unique and their reaction will vary according to age, gender, personality, role within the family, socioeconomic status and the frequency, nature and length of exposure to violence.

Young children first and foremost need a safe and secure base and this is built on the relationship environment at home. It is foundational. A young child's brain grows rapidly, doubles in size in the first year, and by the age of 4, is 90% adult size (Perry, 2005). It is extremely plastic and exquisitely sensitive to the environment. It is a social organ of adaptation that relies on sustained connection to others to survive, thrive and grow. Human connections make neural connections. This 'plasticity' is a biological 'gift' that makes early childhood a time of great opportunity but also makes children very vulnerable to negative experiences.

The brain's architecture is shaped by early relational experiences. It develops according to a '*use dependent*' process. Repetition of experiences strengthens connection between brain cells. The brain develops from the bottom up and the inside out so the earlier the impact the greater the effect on the more primitive brain regions. Prolonged activation of the stress response system will alter baseline arousal levels. This makes the 'fight or flight' system go off much easier, last longer and makes it much harder to stop.

Self-regulation which can be seen as *the central developmental task* (Schorer, 2012) is severely undermined. Healthy self-regulation is related to the capacity to tolerate the sensations of distress that accompany an unmet need. This first develops through interactive biological regulation in close secure relationships. The brain and nervous system is shaped by this relational dynamic of soothing or stimulating interactions. Attuned relationships help to maintain arousal levels within an optimal range. This allows for development to 'move up' the brain and become increasingly more adaptive and complex. It also provides a sense of self-continuity built on the effective interactional management of emotional extremes. There is a strong link between secure attachments and self-reliance, emotional regulation and social competence (Sroufe, 2005).

Research has shown that the more serious the level of partner violence the higher the likelihood of insecure, specifically disorganised attachments. In one study over 50% of babies from a sample of mothers the target of domestic violence were classified as having 'disorganised attachments' (Zeanah et al, 1999). In these cases the baby does not have a consistent or coherent strategy for obtaining help or comfort from its mother.

There is a link between cortisol levels and attachment status. Secure babies are less affected by stress while insecure babies have elevated cortisol levels even after mild stressors (Gunnar & Barr, 1998). If this stress response is extreme, long lasting and 'buffering relationships' are unavailable then 'toxic stress' can occur which leads to damaged and weakened bodily systems and weak brain architecture with lifelong repercussions (National Scientific Council on the Developing Child, 2005/2014). They are primed to be 'reactive' and have less capacity to tolerate the normal demands and stresses of school, home and social life.

We are wired for both connection and protection and if these two basic needs are in conflict then development is seriously undermined. What happens if the person who is the source of comfort is also the source of fear?

Another important thread that runs through the literature is the impact of maternal depression on child development. Domestic violence seriously impacts on the quality of parenting and the risk of maternal depression. One review of the literature found

that one to two thirds of abused women experience post-traumatic stress disorder, low self-esteem, depression and anxiety (Holtzworth-Munroe et al, 1997).

Mental health issues can result in an emotionally distant and unavailable mother whose emotional energy and time for her children is severely compromised. A mother's dissociated response to threat and violence can impair the interactive attuned and empathic connection essential for the development of healthy brain architecture. Children exposed to domestic violence can develop coping strategies that are adaptive for survival in the home but which significantly impair the child outside the home. For example withdrawing might be safer at home but withdrawing at school will impede learning and social development. Furthermore children can be 'mis-socialised' by being exposed to learning and modelling of how aggression is functional in intimate relationships.

On a more positive note many children exposed to domestic violence will not grow up to be violent and will constructively transform their experiences. What factors influence this resilience? Consistently cited in the literature is the central protective factor of having a secure attachment to a non-violent parent or caring adult (Osofsky, 1999). Having available someone who the child can turn to for emotional support, understanding and empathy. This may be a family member or someone else within the wider social and community structures. It may be a sibling relationship or for older children positive peer relationships.

So what steps need to be taken to address the significant and pervasive impact of exposure to domestic violence on child development?

Firstly interventions need to be based on the belief that the child's welfare is paramount and that in many situations this is intrinsically linked to the protection and empowerment of their mother (Hendry, 1998).

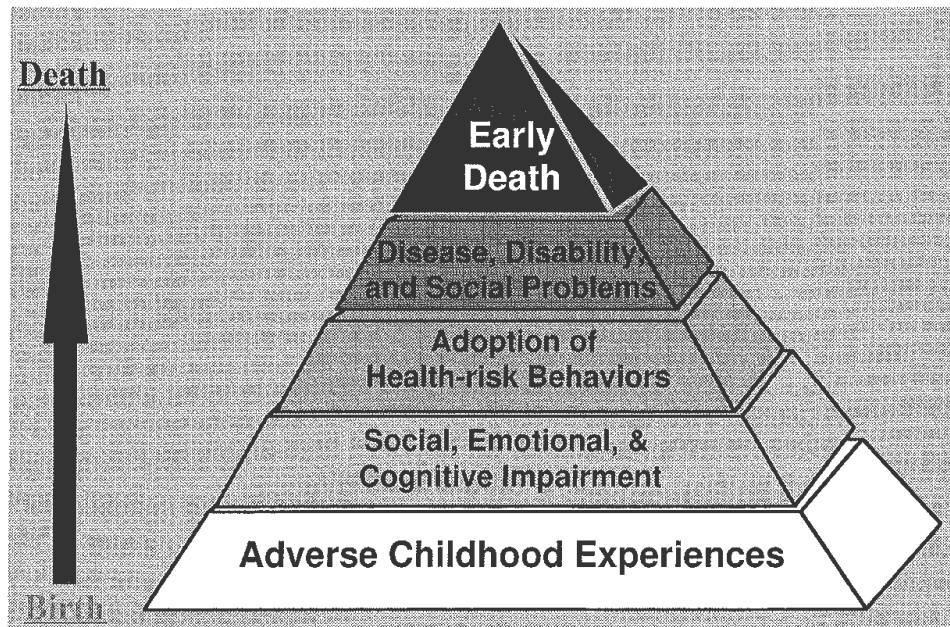
Secondly awareness needs to be raised regarding the impact of domestic violence on child development. This should include contemporary neurological understanding about the brain and child development. This understanding needs to be incorporated into the training of health and educational professionals and relevant welfare organisations.

Thirdly professional expertise needs to be improved to recognise and detect early warning signs and to provide appropriate response and support. This also needs to include expertise in recognising maternal depression and trauma symptoms and working within a family systems approach.

Fourthly there needs to be a holistic and child focused approach that is individualised according to need. Children vary markedly in their responses and it is easy to miss the quieter more withdrawn and internalised child. Both risk and protective factors need to be included in assessment as well as individual strengths and capabilities. It is important that the child is included in this process and research is clear (Buckley, et al, 2006) that children need to be listened to and included in decisions affecting their lives.

Finally there needs to be clear pathways to address maternal alienation. These pathways need to link with appropriate support services and be user friendly and easily available.

Figure 1



The Adverse Childhood Experiences Study, 1998

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## **Family Violence and the Early Childhood Sector**

### **Susan Lancaster Senior Lecturer in Early Childhood Education**

Current discussion in the early childhood sector is relatively ‘silent’ in relation to Australian children living with domestic violence and the impact this may have on the child’s development and learning. While there is literature in relation to risk factors and reporting of abuse, and programs available that support teachers in supporting young children experiencing child abuse and mental health issues (KidsMatter Program) there seems to be little mention of domestic violence, as a specific risk factor likely to cause trauma, anxiety and poor outcomes for young children, including mental health issues that have the potential to escalate if left unaddressed.

Domestic violence where the child is exposed to abusive behaviour is reported to be linked to child abuse in situations of men’s abuse of women (witnessed by the recent tragedies in Victoria where children have lost their lives as a result of living with domestic violence). Children also witness the ongoing physical scars of the victim or the household, and are at risk of direct physical and possible sexual abuse, as well as neglect as parent capacity to meet the needs of their child may be compromised in these situations. The child-father relationships is also seen to be a risk factor, with abusive fathers more likely to have low self-image and more likely to demonstrate harsh or abusive discipline on a regular basis toward their child/ren (Holt, Buckley & Whelan 2008).

Young children depend on their relationship with a caring parent or caregiver to understand their world and to build their self-worth and resilience. Where the caregiver is faced with stress and trauma there may be little opportunity to provide adequate attention and care for children in the household, both young and children and youth, the latter becoming the defacto carer for younger siblings.

Early childhood research notes: ‘The younger the child, the more vulnerable their brain is to environmental influences’ and that ‘Experiences in the early years shape the development of young children's brains in ways that have long lasting effects’. (CCCH Policy Brief No 5). Sociocultural theory also identifies the connection

between the influence of environments, with the family environment at the centre of the child's sphere of influence (Bronfenbrenner, cited in Berns 2009). This means that when families experience stress and trauma the child is also likely to be at risk of trauma, exacerbated when domestic violence is the outcome of stress, and therefore putting the child at greater risk.

Research is also clear that the quality of education delivered by a highly qualified teacher is a key factor in children achieving their learning potential (COAG, 2009). My experience is that there is a gap in the education of teachers in relation to knowledge and understanding in identifying risk factors in relation to domestic violence and access to professional knowledge relating to anxiety, stress and trauma generated in households where domestic violence is an issue.

### **Recommendations:**

Knowledge and skills for per-service teachers should be included in undergraduate courses alongside knowledge of child abuse and neglect and access to quality professional development for all teachers currently in the education system.

A public awareness program made visible in communities that provides information, a hot line with specific access points for victims, perpetrators, children and professionals for advice.

In relation to support and care for children and victims a coordinated, integrated and multidisciplinary service system that is accessible in communities, providing both service based and outreach services and supports, and has the capacity for research with and training for educators and professionals.

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### **The Role of Educators and Education in Family Violence**

**Amanda Stone, Teacher/Trainer and former Welfare Coordinator and Assistant Principal**

### **Key messages:**

## **1. Origins of violent behaviour**

- Violent behaviour in teenagers and adults can have its origins in infancy and early childhood when there are disruptions to the carer-infant attachment due to factors in the family's life and circumstances.
- It follows that early intervention is necessary to ensure that parents and families at risk of these circumstances can be identified by skilled professionals involved in pre-natal care of the mother, the birth and immediately afterwards, Maternal and Child Health practitioners and child care/ early childhood specialists.
- Skilled and sustained support for the parent/s at the earliest stage can minimise the impact of disrupted attachment on young children and the resultant effects later in life which can include perpetrating or tolerating violent behaviour within the family.

## **2. Impacts on children of exposure to family violence**

- Children who are exposed to violence in their home, particularly towards their mother are likely to be affected in a number of ways:
  - Disorganised attachments to mothers whose status as caregiver is ambiguous
  - Difficulty with peer relationships and trust
  - Difficulties with attention at pre-school or school
  - Withdrawal or aggressive behaviour at child care or school
  - Abusive behaviour in adolescence
  - Tolerance of abuse as a victim
- One of the strongest predictors of perpetration of intimate partner violence by men is early exposure to family violence.
- Family violence is likely to be not known about at childcare, kindergarten or school due to children and parents hiding evidence amid feelings of shame. Overt behaviours in children can be an indicator that all is not well at home.
- Children respond to living with family violence in a range of ways depending on the family context, innate characteristics of the child, various protective factors, family socio-economic status, the presence of other caregivers etc. There is no one approach to identifying or working with children who are exposed to family violence.
- Some children exposed to family violence may be doing well at school but under difficult circumstances
- Childcare centres, kindergartens and schools generally do not have staff who are skilled at identifying when family violence is impacting on children, or knowing how to respond.



- When children who are exposed to family violence are being assisted by a non-education agency, there is little or no coordination with the kindergarten or school.
- Ineffective responses by childcare centres, kindergartens and schools are often limited to managing the resultant behaviour, child protection notifications or broader “preventative” behavioural programmes aimed at building “respectful relationships”
- Most children spend more of their waking hours at school or pre-school than at home. Education centres are well placed to identify and intervene or provide support where appropriate, but lack the skilled staff and integration with other support services for the family.

### 3. Gaps and Solutions

**3.1 Gap** Children at risk of acting violently later in life can often be identified early due to problems with parental attachment and family circumstances which may result in trauma for the child. Problem behaviours tend to be identified and responded to or reacted to later, often at adolescence, when effecting change is difficult. Early intervention is preferable.

**Solution** Agencies which have contact with mothers, before, during and after birth could be skilled to identify families at risk. Programmes to support these parents -as far as possible for the medium term – need to be implemented.

**3.2 Gap** Children who are at risk of acting violently later in life can be identified at child care, kindergarten or school due to challenging behaviours. Educators are generally not skilled at identifying the meaning of these behaviours, nor of knowing how to respond. There is currently a disjointed systemic approach to addressing these behaviours in the education system, with kindergartens and schools “referring out” for assistance.

**3.3 Gap** Children and young people who are living with family violence in their homes cope in a variety of ways. For some, school can be a normalising experience where academic, artistic or sporting success boosts their self-esteem and where positive relationships with peers and adults build resilience.

For others, lack of school progress reinforces low self esteem and the powerlessness which may be experienced at home. School absenteeism, aggressive and disruptive behaviour or withdrawal may result. Schools address these behaviours in ways that may serve to inadvertently reinforce the behaviours by reinforcing children’s low self esteem and lack of agency.

**Solution** Educators at all levels need to be provided with training in identifying children who may be living with family violence, identifying their individual coping strategies and working with a network of support agencies to provide the most appropriate tailored support at school.

**3.4 Gap** Pre-schools and schools who identify that children are living with exposure to family violence are not skilled in knowing how to respond. Child protection notifications (one response) can be unhelpful when they target the protective responsibility of an abused mother and the complexities of her situation. “School counsellors” are often not skilled in this specialist area and the wide range of ways in which children may experience and respond to living with family violence. Schools are turning to broad behavioural change programmes built around the concept of “respectful relationships”. Run by teachers or other workers such as police, who are not specifically trained in this work, they are well intentioned but not targeted and it’s unclear what they aim to achieve in a measurable sense.

Schools respond to problem behaviours with disciplinary strategies, behaviour modification approaches, attempts to work with parents or extra support for children with school work. In isolation these measures are at best temporarily effective, and at worst problematic.

**Solution** A system of referrals and support needs to be established which links schools with a network of other agencies, with clear position of responsibility for coordination or case management to be established, and educators assisted to provide appropriate child-focused responses within the school/pre-school. Educators need to be trained in understanding the varying responses of children to family violence, protective factors and how to strengthen these, and in identifying the role the school can play in maximising the learning of these children.

**3.5 Gap** Research into the impacts of exposure to family violence on children consistently suggests that a holistic assessment of risks and protective factors for each child is needed, and that any intervention needs to take into account a child’s specific family context. Schools are faced with the child’s behavioural consequences of family violence but are not in a position to respond in this holistic and tailored way.

A further point of particular significance with respect to providing supportive services to children and young people in schools has been the decision taken by various Departments of Education to withdraw the in-house services of psychologists and social workers and to replace them with out-sourced privatised services concerned primarily with educational testing. This has had a deleterious effect on the school system since at one stroke the knowledge and experience these professionals have had over years of the children, teachers and parents within schools has been discarded and can never be replaced.

## **Overall Recommendations for More Responsive and Informed Therapeutic Assessment and Counselling to Protect and Support Children, Young People, and Parents**

1. We recognise that family and domestic violence is a shocking, threatening and overwhelming experience for all concerned, including the professionals who attempt to help. For this reason we assert that individual professionals and individual agencies and services cannot ‘go it alone’ as the mental and physical toll is so high on these professionals and services, as to render them largely ineffective over time.
2. For this reason we propose a ‘share the risk approach and a ‘share the care’ approach specifically to focus on prevention and the inter-generational continuation of domestic violence.
3. We identify the need for all those professionals who come into contact with children young people and their parents, who may be perceived to be at risk from family violence, to create and develop more appropriate emotionally and developmentally informed practices and training.
4. Whilst this applies in particular to doctors, teachers, social workers, the police, nurses, lawyers and psychologists, we emphasise that no one professional group can or should take on full responsibility. The main requirement instead is for greater flexibility, information sharing and inter-connectedness overall on the part of these professionals and their respective organisations.
5. This leads to our fundamental assertion as mentioned at the outset, that children’s needs have to take precedence over parents’ rights and cannot be balanced equally. This should be the starting point in any consideration of the impact of family violence.
5. We must also not lose sight of how children and young people themselves can be helped to be more empowered to speak out about their home environments when they feel that they and their family members are under threat.
6. As an immediate practical response to the need to support children and young people we believe on a logistics level that services that are connected to schools, child care centres and kindergartens where children and young people spend so much of their time, can be of the greatest practical use. Schools and early childhood centres are the places where children’s responses to stress at home first comes to the fore.
7. We recommend that these services take the form of ‘*therapeutic hubs*’ set up in local areas and regions in such a way as to be able to serve a number of schools, child care centres and kindergartens at any one time.
8. These therapeutic hubs would be staffed by a group of multi-disciplinary professionals whose expertise would include understanding of domestic and family violence and who would have links with other services and professionals that could offer more immediate therapeutic and practical assistance to the child and young person and their parents.
9. The therapeutic hubs in addition to offering direct clinical services, would also act as knowledge and information sharing resource centres to offer advice and support to teachers, doctors, nurses and other professionals working with children and families in the community.

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