Infants and family violence

Position paper 6

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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).
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.

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