

## ROYAL COMMISSION INTO DOMESTIC, FAMILY AND SEXUAL VIOLENCE

### Background

The Australian Association of Infant Mental Health (AAIMH) is a national not-for-profit organisation of professionals from fields including education, health and child protection who work with infants, young children, and their families. Our membership is multidisciplinary and working in a range of contexts and at different levels of intervention, research, education and community building across government, non-government organisations and the private sector. We work collaboratively towards improving professional and community recognition that infancy is a critical time for the development of emotional, physical, and mental health.

AAIMH's mission is to work for all infants and young children from pre-birth to age three to ensure their social, emotional and developmental needs are met through stable and nurturing relationships within their family, culture and communities. This is achieved by supporting families, professionals and communities to hold infants in mind, to honour the subjective experience of the infant and to assist parents/caregivers in building nurturing and strong relationships with their children, including enhancing their awareness of the causes and signs of mental, physical and emotional stress in infants.

AAIMH is affiliated with the World Association for Infant Mental Health (WAIMH) and contributes to international developments and initiatives, advocating for best practice in Infant mental health and in systems that give care to children and their families.

The needs of infants and critical vulnerability to adverse outcomes are often overlooked or downplayed in importance. This submission seeks to highlight the great risks posed by domestic, family and sexual violence (DFSV) to the long-term health and development of infants, with impacts across the lifespan, and to discuss the policy frameworks, systemic responses and interventions required to meaningfully and sustainably address these harms in families, communities and formal settings.

AAIMH believes that the best interests and subjective experience of the infant should be the primary consideration for all decisions involving their care, safety and welfare.

The AAIMH 'Infants in Family Violence' Position Paper was developed in [2016](#).

### Definitions

- Infancy covers the period from birth to three years of life.
- The perinatal period extends from 22 weeks of pregnancy until 4 weeks after birth.
- The First Thousand Days refers to earliest stage of human development from conception to the end of an infant's second year. It is the period of most rapid brain development and the foundation on which future physical, psycho-social, mental health and developmental outcomes are built.
- Infant mental health or **early relational health** refers to the understanding that safe, positive, nurturing and stimulating relationships from the beginning of life form the foundation for lifelong physical health, mental health and learning.

## **Broad Context**

We acknowledge that DFSV occurs within the broad context of structural violence in which groups of people are harmed by societal structures using power and authority to impose inequality (for example health, economic, gender, racial and legal) and constrain groups of people from achieving the quality of life that would have otherwise been possible. (Lee, [2016](#))

Gilligan ([1997](#)) has drawn a relationship between structural violence—the division into superior and inferior—and the shame, stress, discrimination, and denigration that result from having a lower status. The subsequent increase in rates of death and disability often intertwine with behavioural violence in the form of family violence, gender violence, racial violence, hate crimes, police violence, state violence, terrorism, and war.

## **Risk factors for DFV**

The incidence of family violence across the globe is endemic, with research indicating that women and children are largely the victims (WHO [2013](#)). While there is no single cause or factor that leads to domestic violence, a number of risk factors have been identified as associated with perpetrators of domestic violence. (Flood & Pease [2009](#)).

These factors include increased likelihood for perpetrators to have:

- low academic achievement
- low income or exclusion from the labour market
- social disadvantage and isolation
- increased likelihood of having witnessed or have been subjected to violence as a child
- Increased exposure to, or involvement in, aggressive or delinquent behaviour as an adolescent (Flood & Fergus [2008](#)).

There is a greater risk of violence against women in communities where the following attitudes or standards that facilitate peer pressure to conform to the following notions of masculinity (Morgan & Chadwick [2009](#))

- traditional 'macho' constructions of masculinity
- notions that men are primary wage earners and the heads of the household, whereas a woman's place is in the home
- excessive consumption of alcohol
- contexts such as sporting subcultures, where attitudes are facilitated by group socialisation
- exposure to pornography and other misogynistic content on social media

However, violence against women and children occurs across the social and economic spectrum. There is evidence of perpetrators and victims with high social and economic status, where the abuse is often invisible, under reported or unchallenged.

## Risk of DFSV to Infants

Despite their obvious dependence, the subjective experience and impacts of DFSV on infants are rarely acknowledged and under-researched.

While the long-term consequences of exposure to adversities in infancy (such as chronic neglect or abuse) have been extensively described, the negative consequences of exposure to DFSV are less well documented. Research into the effects of exposure to DFSV during the perinatal phase and infancy is scarce, even though the assumed harm is significant enough for the WHO to recommend standardized screening for DFSV during pregnancy (Meuller & Tronick [2019](#)).

Feeling safe is a core requirement for human development. Every infant actively seeks out and/or maintains ready access to a familiar person, to feel secure and protected in the face of a threat. This is “an integral part of human nature” and serves a biological purpose (Bowlby 1988). Safety for an infant is by necessity relational and physiological, and felt within the context of a responsive and attuned caregiving environment.

In ordinary circumstances when frightening things happen the carer steps in and protects and soothes the infant, which offers sufficient relational containment to settle and re-establish physiological and felt safety in the infant. The response does not have to be perfect, but ‘good enough’ to allow the infant to feel that their caregivers are reliable and safe (Tronick, [2007](#), Winnicott, [1960](#)).

Although infants and children under five years of age are more likely to be present during, and detrimentally impacted by exposure to DFSV than any other age group in childhood, they are least likely to receive recognition and an adequate service response (Easterbrooks, Katz, Kotake, Stelmach & Chaudhuri, [2018](#); Lieberman, Chu, Van Horn & Harris, [2011](#)). Aboriginal and Torres Strait Islander children are overrepresented in their exposure to and impacts of DFSV (DSS [2023](#))

Relational violence and trauma experienced by infants have far-reaching detrimental consequences for development across their entire lifespan (Lieberman, Van Horn, & Ippen, [2005](#); Perry, Pollard, Blakley, Baker, & Vigilante, [1995](#); Schwerdtfeger & Goff, [2007](#); Van der Kolk, [2014](#)).

### Conception:

The circumstances surrounding an infant’s conception has implications for their future mental health, including:

- infants conceived through rape or coercion
- where a woman is prevented from seeking an abortion or feels trapped
- where the woman and her unborn foetus are subjected to increasing violence
- where the woman is accused of infidelity in relation to paternity

These circumstances impact a mother’s maternal representations (ideas and feelings about her unborn baby). Maternal representations are operationalised in the relationship through caregiving. Sensitive caregiving is crucial in the formation of healthy attachment.

In addition, parents who were exposed to DFSV as infants and children are at risk of carrying states of mind which may inhibit their infant from forming a close and healthy attachment. (Bunston, [2021](#) citing Malone, Levendosky, Dayton & Bogat, [2010](#))

### Pregnancy and the perinatal period:

Pregnancy and the immediately postnatal period have been identified as a time of increased risk of partner violence (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](#); Zeanah & Scheeringa, [1997](#))

This increased risk of harm is also widely recognised by Australia Child Protection Services, alongside other forms of harm, abuse and neglect in infants 12 months and under (AIHW, [2023](#)). 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).

DFSV during pregnancy and the perinatal period is associated with poor health outcomes for the foetus, newborn, and infant up to 1 year postpartum (Cokkinides et al., [1999](#); Boy and Salihu, [2004](#); Sarkar, [2008](#)). Exposure to violence increases significant risk factors during the perinatal period including

- increased risk for antepartum haemorrhage, which can be fatal for the unborn
- increased risk for low birth weight
- intrauterine growth restriction
- preterm delivery
- overall increased foetal morbidity

Experiences that affect the mother can also affect the developing foetus. During pregnancy, exposure to high-stress contexts increase maternal cortisol and can lead to

- changes in behavioural development (O’Donnell et al., [2009](#); Davis and Sandman, [2010](#); Conradt et al., [2013](#); Ramborger et al., [2018](#))
- a larger infant stress response
- a slower rate of recovery after experiencing a stressor (Davis et al., [2011](#)),
- subsequent increased susceptibility to stress later in life.

High stress during pregnancy can also lead to epigenetic changes in both the mother and the infant, influencing whether, when and how their genes are “switched on or off” to affect ongoing development and future capacity for health, skills and resilience (Diekmann & Czamara, [2024](#)). As an example, high levels of stress have been found to lead to reduced attentional capacities in infants at 4 months of age (Conradt et al., [2013](#)).

Ongoing family violence and associated increased risk of homelessness have been demonstrated to harm mothers’ perceptions of their infants, leading to increased risk of infants developing insecure attachments with poor self-regulatory capacities, leading to potentially significant internalizing and externalizing behavioural difficulties shown by infants, often increasing in severity during childhood. (Bogat, Garcia & Levendosky, [2013](#); Levendosky, Bogat, & Huth-Bocks, [2011](#))

Infants and children under four years make up the highest group of children entering Women’s Refuge accommodation with mothers escaping family violence (AIHW, 2012a, 2012b). Bunston, ([2006](#)) found that infants were not understood to have their own separate experiences and their psychological needs were commonly overlooked in the Refuge setting. (AIMH Position Paper, May [2024](#))

## Trauma

With infants’ limited capacity for spoken language, trauma is difficult to diagnose in them, yet symptoms reported in infants exposed to FDSV are consistent with the definition of trauma in the Zero to Three (Organization) and DC: 0-3R Revision Task Force ([2005](#)), which provides diagnostic classification criteria for mental health disorders in infancy and early childhood.

## AAIMH

Difficulties include:

- eating problems
- sleep disturbances
- mood disturbances
- poorer general health, higher irritability, and increased screaming and crying

Trauma resulting from infants witnessing a threat to a caregiver has been related to the most severe symptoms and increased hyperarousal and fear (Scheeringa and Zeanah, [1995](#); Zeanah and Gleason, [2014](#)). The number of trauma symptoms shows an association with the number of DFSV episodes witnessed (Bogat et al., [2006](#)), indicating that trauma symptoms increase along with the accumulation of DFSV incidents witnessed by the infant.

As well as symptoms of increased arousal, fear, and aggression, interference with typical developmental progression was the most frequently reported symptom of trauma in infants who witnessed severe forms of DFSV. For example, infants may show the temporary loss of an already acquired developmental skill, such as toilet training or even language.

In an experimentally simulated situation of adult conflict, children who previously were exposed to DFSV at home as infants showed increased behavioural distress compared to children who had no previous exposure. The finding is indicative of an increased sensitivity to stress as a result of DFSV in the first year of life (DeJonghe et al., [2005](#)).

The impact of relational trauma affecting infants and young children can be hard to measure given that it often happens behind closed doors and is infrequently reported, difficult to substantiate and often minimized (Bunston, [2021](#))

## Fathers

The vast majority of family violence is perpetuated by men (Flood, M., Brown, C., Dembele, L., and Mills, K., [2022](#)) and occurs across the social and economic spectrum of society.

Despite this, in the context of DFSV fathers remain significant attachment figures for infants and it's important to acknowledge that some shared experience with the father may have been loving and beneficial. As such, experiences of fear and threat from a trusted caregiver are complex and terrifying for an infant. The complexities of this relationship need to be acknowledged, understood and addressed in order to support infants and young children to make sense of their family and social relationships during the crucial developmental timeframe in which they are developing a sense of self. (Bunston, [2024](#)).

Very few (post violence) fathering programs exist for fathers who have used violence (Chung et al., 2020; Labarre, Bourassa, Holden, Turcotte & Letourneau, [2016](#))

## Responding to DFSV

### Co-ordinated systems

It is crucial that the needs of infants are considered in all levels of planning and service delivery in relation to DFSV.

AAIMH supports an overall values approach to policy in order to create a system centred around the needs of the infant and family.

Universal support of this core purpose calls for revised and coherent policy and service system frameworks that include evidence-based principles, shared values, and collaborative systems which take an inclusive view of the issue of family violence, acknowledge culture and diversity, and build community capacity.

Structural inequities affecting health, wellbeing, and the opportunities for healthy relationships (such as poverty, lack of affordable housing, discrimination and marginalisation, unemployment and social inequality) need urgent and vigorous redress through co-ordinated cross-sector effort.

Integrated multi-agency efforts to address DFSV are required to address the extensive nature of DFSV and co-occurrence with broader social issues including drug and alcohol dependence.

In particular, a coordinated and collaborative response from child protection, family law, infant mental health and the DFSV sector is a requirement for improved outcomes for vulnerable infants.

In addition to specialist domestic violence services, integrated models of community care should include primary health care, financial counselling, housing and social service supports, child care, mental health, drug and alcohol services and adult education. Government and non-government services should be facilitated to provide connected and collaborative care and support through the provision of adequate funding and infrastructure.

Primary prevention of DFSV is vital. Social and community views which support stereotyped gender roles and normalize violence need redress through public health campaigns and education, school-based programs which equip young people with the skills to form healthy and respectful relationships.

An integrated service delivery approach requires innovation and the allocation of resources which:

- Build family and community capacity and capability
- Support services lead by multi-disciplinary teams with knowledge and skills in early relational health
- Support the co-located delivery of services
- Promote consistent and safe foundational relationships between infants and parents.
- Provide specialist and targeted support services including parenting support, child focused case work and child focused therapeutic services to women and their infants who are clients of Family Domestic Violence and Homelessness services.
- Provide appropriate early parenting support for parents in pre-release or recently released from Correctional Services.
- Promote positive help-seeking by people affected by DFSV through the provision of safe, culturally sensitive services.

### **Therapeutic Services**

DFSV Interventions tend to focus on verbal children from 4 years of age, who have better developed language capacities, and emphasize education, behavioural change and enhancing maternal sensitivity. (Bunston, 2021, citing Letourneau, 2015). Despite a clear need to intervene earlier, infant focused interventions in relation to DFSV are scarce, reflecting a prevailing belief that infants don't remember, are not impacted, or are too young to understand what is happening (Bunston, [2021](#)). It is important to acknowledge that it is often too painful for adults to see and reflect on the infant's experience of trauma, and infants are often excluded from therapeutic Interventions due to the belief that their psychological safety may be compromised.

The exclusion of infants from therapeutic interventions highlights the risk of completely disregarding their experience. Even with limited verbal language, infants have well demonstrated capacity to be active participants in therapeutic interventions where their feeling states, responses and reciprocity can be observed, listened to and reflected upon. Infant focused interventions can lead to rapid change in the understanding, attitudes and behaviours of parents and caregivers, as well as the wellbeing and relationships for infants themselves.

A distinction should be drawn between (therapeutic) casework and therapeutic interventions. Therapeutic interventions actively engage the infant in a reparative relational process. Outcome measures must reflect the infant as a focus and active recipient of appropriate and timely intervention.

### **Infant focused interventions**

The following therapeutic interventions actively recognize and support the infant's participation, and should be considered in relation to ongoing policy and service planning.

Child Parent Psychotherapy (Bernstein, Timmons and Lieberman, [2019](#); Lieberman & Van Horn, [2009](#)) CPP is an intervention model for children aged 0-5 years who have experienced traumatic events. Intensive therapeutic work is undertaken with the parent/caregiver and infant as a 'dyad' and also focuses on contextual issues, such as intergenerational trauma, that may affect the parent-infant relationship.

For Baby's Sake (Stefanou Foundation, UK)

For Baby's Sake takes a whole-family approach to addressing DFSV, working with both parents from pregnancy through the first two years of the infant's life. The program combines evidence-based treatments for DFSV, trauma and adult mental health alongside parenting interventions focused on infant mental health and parent-infant attachment. The model promotes holistic understandings of the needs and issues faced by families, and supports comprehensive assessment and management of presenting risks. The program includes specialist intervention with fathers who use violence.

The Peek a Boo Club (Bunston, [2015](#))

This Australian developed approach offers an 'infant-led' approach within a group work setting for infants 0-4 years and their mothers.

Mothers in Mind (Jenney, [2020](#))

This is a group work intervention using a trauma informed strengths-based approach for vulnerable infants under five years and their mothers.

Programs promoting relational development and repair within the mother infant dyad are currently available within South Australian community services. Including these therapeutic programs would help to support infant and maternal mental health as part of the front line DFSV service response. Current referral criteria and time restrictive service models often limit the opportunity for families within DFSV services to have access to therapeutic infant and caregiver programs.

ACORN, The Garden, Sing and Grow, Cue Based Infant Massage are examples of locally developed low cost, evidence-based programs that support nurturing and sensitive caregiving and can be provided as early intervention in crisis and intensive family support services. These programs, do not, however, replace the need for specialist clinical intervention.

## Workforce

The development and retention of a workforce skilled in early relational health is critical to develop and sustain policies and services which are sensitive, responsive and connected in responding, intervening and preventing family and domestic violence.

Across all agencies and programs, this requires a workforce that is appropriately skilled, trained, supported and compensated to achieve the best possible infant and family outcomes.

### Competencies and workforce issues:

Relevant competencies and knowledge include the understanding of typical infant development and behaviours, and the signs that infants may show that they have been affected by DFSV.

Infants are not able to represent their own needs, and are dependent on family and broader system-based carers who can understand and respond to their cues, including cues of distress.

It is also vital that workers are well supervised within a framework of [reflective supervision](#) in recognition of the vicarious impacts of working with traumatised infants and families.

AAIMH has adopted [Competency Guidelines](#) for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health.

The competencies offer a roadmap for infant mental health (IMH) development for practitioners across disciplines, including First Nations professionals and those from Culturally and linguistically diverse (CALD) backgrounds. The Guidelines support training in early relational health, including development of high levels of reflective capacity (understanding both one's own and others' feelings, desires, wishes, goals, and attitudes). Importantly, appropriate infant mental health competencies and reflective capacities are linked to increased quality of services, staff wellbeing and retention.

## SUMMARY

This submission urges the adoption of policies incorporating:

- Recognition of the impact of DFSV upon infants, including the significant and differential vulnerability of infants.
- Acknowledgement that infants are reliant upon caring others to assure their safety, and respond in timely way when signs of impaired safety and related impacts are observed.
- Relational health as the fundamental building block for optimal child development.
- Recognition of the role of structural inequalities in situations showing DFSV.
- Incorporation of the social determinants of health in program design.
- Collaborative partnerships across systems and sectors working with infants and families.
- Support for workforce development and retention.

AAIMH would welcome the opportunity to answer queries or consult further regarding our submission. As an organization we are well placed to offer high level expertise in early relational health and the impacts of adversity, including DFSV on infant wellbeing.

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