

# through the eyes of the child ...who lives with family violence

presented by

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# The Known...

- Infants in the first year of life are at greater risk of dying from abuse than at any other time period in childhood and early adolescence (AIFS, 2010).
- Children under 5, and infants in particular, are most likely to be present during violent episodes but are least represented in the literature and underserved in the community generally ([Lieberman, Chu, Van Horn, & Harris, 2011](#)).
- Whilst infants and young children make up the highest numbers of children who enter refuges, with their mothers following violence (AIHW, 2012, 2018; Shinn, 2010) they are the least researched, written and thought about (Bunston, 2016).
- Whilst some trauma occurs outside the family, most trauma (about 80%) begins at home ([Van der Kolk, 2005](#))

# What we don't know...

- In Australia homicide rates, victim, perpetrator and family constellation numbers are recorded. Not recorded, however, are the number of infants in these families (Cussen & Bryant, 2015).
- 1970 British Cohort Study into childhood wellbeing did not identify babies who experienced murder in their families (Parsons, 2011).
- The World Report on Violence Against Children published by the United Nations identifies when children themselves are killed but not the incidence or experience for infants and young children when murder occurs for one or more of their family members (Pinheiro, 2006). Nor in the UNICEF report on violence in the lives of children and adolescents (UNCF, 2017).

# D.W. Winnicott

*What does the infant see when she or he looks in the face of their parent - ordinarily they see themselves*

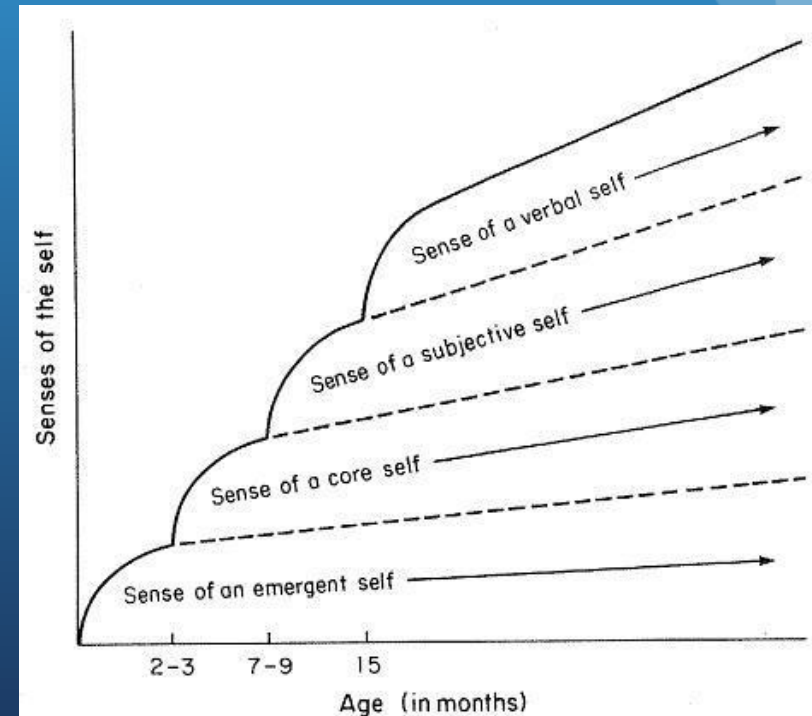
What does the infant see when they are not look at., not considered., or looked at with contempt., fear., anger?

What stops us from seeing, and feeling what the world might be like from the perspective of the infant:

- Not considering the subjective experience of the infant or their emerging self
- It is too painful
- Our own sense of vulnerability and helplessness is triggered as we (feel) and see ourselves in the infant
- Being adult centric and language dependent

# Developmental Layering Process

- Neonatal Period: Complete Dependence
- Infancy: Dyadic Regulation
- Preschool Years: Self Regulation (Rifkin- Graboi, Borelli & Enlow, 2009, Neurobiology of Stress in Infancy)
- The Emergent Self (Daniel Stern 1985)
- Core Self & Narrative Self (Stern 2000)



“Infant/Child led work requires a shift within the mind of the therapist (or worker) and a curiosity about just what the infant/child may be thinking, imagining, expressing and feeling. Infants and children are not objects that we do things to, or passive participants in the therapeutic process who we work on, but are willing, able and available unique subjects who are communicating volumes to their external world about how their internal world is faring” (Bunston 2008, p.335).

In order to 'see' psychological phenomena, or understand the processes that move psychological subjects, we do in fact need to engage with them as whole psychological beings ourselves.

If we want to know what a baby, an adult or, indeed, any animal feels or thinks, we have to engage with them, allowing ourselves to feel the sympathetic response that the other's actions and feelings invite (Reddy & Trevarthen, 2004)



When we see, talk to, think about and imagine with the parents of infants and young children what sense they are making of their experiences of living with violence we have the chance to grow something different in the space of working to address family violence.



# Infant & Child led - Working

**Protectively** (Bunston, Helping Babies and Children Heal After Family Violence, JKP, UK - 2017)

**Baseline (of Safety)**  
What ensures the infant or child's physical and emotional safety

**Plan**  
What range of steps can be taken to ensure these are met

**Negotiable**  
What are the areas which are negotiable and how can we support the parent's need for these without compromising the baseline

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# From the perspective of the infant/child?

- Who do they feel safest with
- Where do they feel safest
- How do we support what the infant is telling us
- How do we see what the infant is telling us
- How much time do we allow
- Can we start at the beginning

# Facilitating relational experiences and encounters

- Giving voice and meeting infants where they are at by:
- Moving in small steps
- Communicating understanding
- Relating authentically and with intentionality
- Being reflective and authentically responsive from a perspective of thinking about the infant
- Watch, wait and wonder
- Acting creatively on intuitions and observations of the infant
- To create a safe space for the mothers and fathers to be ‘held’ (Winnicott, 1971) through creating opportunities for personal reparation to occur in relation to their own experiences of being parented

# What might be concerning indicators (for infants)?

- Rigidity in expression
- Lack of playfulness
- Too much/little sleep
- Too little responding
- Physically stiff or over-floppy
- Disinterest/overinterest in food
- Failure to thrive
- Hypervigilant or not vigilant enough

# What might be concerning indicators (children)?

- Poor emotional expression
- Lack of playfulness & imagination
- Poor emotional control
- Language and/other developmental delays
- Overly aggressive or passive
- Disinterested in self and surroundings
- Offers cues or clues to internal distress
- Hypervigilant or not vigilant enough

# What may contribute to the healing?

- What can be incorporated into the infants world view that is positive and good about both parents and about themselves?
- How is the father thought about?
- What reparative relationships can we enhance including what we offer
- The infant who is able to interact with a contingent caregiver has a greater capacity to regulate - when alternative care (refuge/ childcare/ respite/ daycare/ kinda/ school) **does good!**

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Helping Babies and Children  
Aged 0–6

# to Heal After Family Violence

A Practical Guide to Infant- and Child-led Work



**Dr. Wendy Bunston**  
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