

Commissioned and funded by the Eastern Metropolitan Region Family Violence Partnership



# SAFE & SECURE

A trauma informed practice guide for understanding and responding to children and young people affected by family violence.







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# ACKNOWLEDGEMENTS

In 2006, the Eastern Metropolitan Region Family Violence Integrating Partnership was founded with a membership that included the Australian Childhood Foundation, DV East, Eastern Centre Against Sexual Assault, Eastern Domestic Violence Outreach Service (EDVOS), Eastern Victims Assistance and Counselling Program, Salvation Army East Care, Immigrant Women's Domestic Violence Service). EDVOS as the lead agency facilitated further discussions with services in the region providing family violence responses, including refuges, crisis accommodation and support services, community health services, family services, men's behaviour change programs, local government services, neighbourhood houses, IWDVS, (now known as in Touch Multicultural Centre against Family Violence), and the Indigenous Family Violence Regional Action Group.

The aim of this multi-agency cross-sector partnership was to develop structures and processes that effectively strengthened the coordination of responses offered by the family violence service system. This has included the establishment of common risk assessment and referral processes; expanded and improved services; advocacy at individual and system level; better case management, co-ordination and tracking; improved data collection; enhanced criminal justice responses; better monitoring and evaluation; the co-location of agencies; agreed protocols and codes of practice; and, joint service delivery.

The Eastern Metropolitan Regional Family Violence Partnership has continued to grow and develop integrated responses to family violence. Today, it is a partnership of organisations committed to working together to address family violence. Its goal is to provide an co-ordinated family violence response to support women and children's safety and hold perpetrators of family violence accountable for their behaviour. It involves representatives from Family Violence Services, Women's Health Services, CALD Services, Aboriginal and Torres Strait Islander Services, Family Services, Children's Services, Youth Services, Legal Aid, Mental Health Services, Men's Behaviour Change Services, Police, Statutory Child Protection and the Courts.

The Eastern Metropolitan Regional Family Violence Partnership identified, commissioned and funded the development of this guide to support and strengthen responses to children and young people affected by family violence. The Australian Childhood Foundation has written and developed it.

The contribution of all the individuals and agencies that participated in the consultation process associated with this guide is greatly appreciated. The stories of children and families that appear in this guide are examples only.

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Suggested Citation: Australian Childhood Foundation (2013). *Safe and Secure: A trauma informed practice framework for understanding and responding to children and young people affected by family violence*. Eastern Metropolitan Region Family Violence Partnership, Ringwood.



The Safe and Secure Project  
was supported by the Victorian Government.



# INTRODUCTION

Children do not escape family violence unaffected. They are traumatised by the experience. It terrifies them. It destabilises the foundations of their development. It undermines the strengths of their relationships. It can overwhelm them.

And most of all, it exposes their little hearts to pain.

Children experience family violence deep in their mind and body. They see it. They often hear it. Their bodies react to it as a threat to their survival. They see the aftermaths of it. They sense its impact. They watch for it.

It forces children to know what can set it off. It teaches them to avoid answering certain questions. It shapes who they can trust - who will hurt them and who might protect them.

Experiences of family violence define what children can say when and to whom. It dictates what they should think. It determines how they should react.

## It sometimes makes the truth a secret.

Children are forced to see the violence that is directed towards their mothers. They see the aftermath of it. Children feel the vulnerability in their mother and in themselves.

For children, family violence often disconnects them from their family, their community and their place in the world. It disrupts how everything works. It forces their routines to be less certain, less predictable.

Family violence corrupts how children know themselves. It amplifies any vulnerabilities about themselves and their relationships. It makes every worry feel so much stronger.

Children experience loss as a result of family violence. They sometimes have to leave behind their room, their home, their neighbourhood. Some have to change schools. They miss their teacher, their friends.



Children have to make sense of such violence. They need to understand why it happened. They need to know what it means for their parents, their siblings, themselves. They have so many questions that need answers. Was it my fault? Could I have done something to stop it? Is violence how you show love? Will it happen again? Should I tell someone? Will my dad get in trouble? Will my mum be ok?

Often, these questions build and build in children. They jumble up with other thoughts. They feel unsettled. Their bodies tense up. They feel sick. They are not sure if anyone knows what it is like for them.

In the face of family violence, children need to experience safety. They need to be comforted and reassured. They need their questions answered and their feelings acknowledged and validated. They need the world to feel more consistent. They need their bodies to relax and feel calmer. They need to experience softness in their relationships.

Safety and security spreads in concentric circles around children affected by family violence locating the basis of change in their relationships with their mother and siblings, with their father, their extended family, their community and their friends.

The service system that engages with children and their relationships needs a map for making a difference. It is the aim of this guide to offer a framework that can support the practice of professionals who connect with children and young people affected by family violence.



# HOW DID THIS GUIDE COME ABOUT?

The Eastern Metropolitan Regional Family Violence Partnership identified, commissioned and funded the development of this guide. Its impetus was drawn from a recommendation from an earlier project completed by the Partnership entitled: Working together to develop a better service response for children. This mapping project identified the need for a consistent practice framework for services working with children and young people who have experienced family violence.

The Australian Childhood Foundation was engaged to develop this guide.

The Foundation undertook a series of consultations with a range of services about what they wanted from it. The process collected information from interviews with managers and direct service staff from a number of agencies who are part of the service response to children and young people affected by family violence.

Feedback was sought from regional Child Protection Services, Family Services, Specialist Family Violence Services for Women, Women and Children's Counselling Services, Men's Behaviour Change Services, Indigenous Support Services, Youth Support Services, Crisis Accommodation Services for Women and Children, Victoria Police and Education Support Services for Children.

## The outcomes of the consultations highlighted the following themes.

- ▶ The needs of children affected by family violence were often overlooked and poorly understood.
- ▶ Services were highly motivated to better support children but often lacked the confidence to know what they could do within the context of their respective roles.
- ▶ Services wanted access to information to increase their understanding about how family violence affects children and young people, improve their confidence

to know how best to respond to their needs and have access to a range of strategies that may be helpful in their contact with children.

- ▶ In the context of family violence, the relationship between children and their mothers needed to be considered as the central foundation for protecting them and supporting their recovery from the trauma associated with their experiences.
- ▶ Intervention offered to children should respond to the fact that they suffer multiple losses as a result of family violence.
- ▶ The relationships between children and young people and their fathers who are often the perpetrators of the violence needed to be understood and worked with in some way.
- ▶ Culture is central to how the needs of children and young people are interpreted and responded to as a result of experiences of family violence.

Those consulted wanted a resource that was evidence-based and complemented other relevant guides such as The Best Interests Framework for Vulnerable Children and Youth and the Common Risk Assessment Framework. Importantly, the guide needed to be easy to understand, user friendly and provide practical strategies to support children in the aftermath of family violence.

Most importantly, the guide needed to define family violence in a way that reflected its origins in the dynamics of power and control used by men to control women and children. It also needed to recognise that family violence is sourced in the pervasive impact on Indigenous peoples of enforced experiences of dislocation and colonisation. Within the context of these origins, attention should be paid to healing approaches for all members of the family and community.



# HOW DID THIS GUIDE COME ABOUT?

In addition, a limited literature review was undertaken to help locate the development of the guide within the current legislative, policy and research context. The major themes of the review are identified in the list below.

- ▶ Family violence has been a major contributor in the growing number of child abuse notifications that statutory child protection systems across Australia have received in the past decade. It is therefore increasingly considered a major risk factor for children suffering significant levels of trauma in their family.
- ▶ Recent changes to legislation relating to family violence have highlighted the growing understanding of the impact of family violence on children and an increasing awareness of the need to prioritise the safety of children over contact with either or both parents.
- ▶ The knowledge base associated with the neurobiology of trauma and attachment disruption is viewed as an important explanatory framework for understanding how family violence affects the development of children and young people.
- ▶ There is a general consensus that support offered to children affected by complex trauma associated with family violence should adopt a phased-based or sequenced model of intervention, initially focussed on stabilisation and safety, symptom management, and improvement in basic life competencies.
- ▶ Experiences of family violence directly and indirectly undermine the relationship between mothers and their children. Children are best supported when there is a focus on strengthening the mother-child relationship in the aftermath of family violence, with a particular focus on building relational attunement and shared meaning making.
- ▶ Interventions which emphasise a mother's responsibility (either deliberately or inadvertently) for protecting and supporting children whilst not holding the perpetrators of violence accountable for their actions and inactions are ineffective and further serve to disempower women.
- ▶ In the literature, male perpetrators of family violence have had their identities as fathers rendered invisible resulting in insufficient attention placed on the importance of the father-child relationship in family violence situations and resourcing ways to safely incorporate the contribution fathers can make to children's well-being and welfare.
- ▶ There is a strong view that responses to Indigenous families where family violence is present should include a consideration of the impact of colonisation, and cultural dislocation, resource the broader familial or cultural context and adopt a community healing approach.





## WHO IS THIS GUIDE FOR?

Situations of family violence often trigger a system response that involves a number of authorities and services – police, courts, refuges, family violence workers, perpetrator behaviour change programs, child protection and family support services, to name a few.

This guide is for all professionals, regardless of their role, who come into contact with or work with children who have experienced family violence.

Through this guide, you will be able to:

- ▶ build on the work you are already doing;
- ▶ recognise where you fit in to the process of change for these children; and,
- ▶ know how best to support children during your contact with them.



Children affected by family violence rely on a team of people around them. It does not matter how much time you have with them for your exchange to be meaningful and potentially helpful. For all these children, your contact with them is an important opportunity for some of their needs to be responded to by a caring adult who notices them. Their experience of you and your reactions will prepare them for their next steps towards healing.





# HOW DO YOU USE THIS GUIDE?

The guide is divided into three sections. Section 1 provides an understanding of the impact of family violence on children's experience of themselves, relationships and their world using up to date research on the neurobiology of trauma. Section 2 draws on the previous analysis and articulates a set of principles that need to be considered in responding to children affected by family violence. Section 3 offers a range of easy to use strategies that promote children's safety and security, assist them to make meaning of their experiences and aid their recovery from the damaging consequences of family violence.

The contents of the guide reflect a synthesis of best available knowledge and practice drawn both from research and the Australian Childhood Foundation's practice frameworks and publications.



Individual citations have been deliberately omitted in the text so as to make it easy to read and more conversational in tone.

A full list of references is available at the end of the guide if you wish to undertake further reading.

## A note on language used in this guide.

- ▶ The term 'children' is used throughout this guide to refer to both children and young people.
- ▶ Throughout this guide, the perpetrator of family violence is referred to as male, reflecting the reality that the overwhelming majority of perpetrators of family violence are male.

## Look after yourself.

As you work your way through this guide, stay attuned to your own progress and feelings. Reflecting on the impact of trauma of children and young people can sometimes evoke feelings of distress or concern. Be sure to monitor your own emotional reactions to this material. Seek out support from colleagues, supervisors or others at your service.



# SOPHIA

Sophia is 9 years old but seems much younger. She has lived with significant family violence for all of her life which has somehow taken away the hope of a little girl who was meant to be enjoying games and magic in her life.

From the time she was born, her father would lock her in her room away from her mother for significant periods of time. This would be explained to her in terms of this being the time "her mother was being punished."

Sophia never knew what the punishment was for. All she knew was that at least twice a week, she would be locked in her room whilst her father hurt her mother by hitting her, threatening her and calling her names. Sophia's father once told her that if her mother required three punishments during that week, she would be killed.

He had also begun to tell Sophia that she was responsible for "helping her mother to behave well." During these times Sophia would hide in her room, frightened, alone and terrified that she may be to blame for her mother being hurt, or even killed. However, it was not unusual for her father to make Sophia watch whilst he assaulted her mother.

Sophia never talked to her mum or anyone about her fears. She was alone in a life filled with terror.

## Sophia's story is not unique.

Throughout this guide, we will refer back to Sophia. We will come to understand more about her world and how her experience of terror affects her. We will also consider how to develop strategies to help her to feel safe, make meaning of the violence and support her to recover from the devastating impact of the trauma she has experienced.





# SECTION 1

## USING TRAUMA AS AN EXPLANATORY FRAMEWORK FOR UNDERSTANDING THE IMPACT OF FAMILY VIOLENCE ON CHILDREN

There is ample evidence now to suggest that being forced to live in and around adults who engage in violent behaviour towards others in a family is a significant source of trauma for children. The outcomes of more than two decades of research have demonstrated remarkable insights into how trauma shapes and reshapes childhood development. This knowledge base has become a primary explanatory framework for understanding and responding to the needs of children affected by family violence.



**Above all, children need the violence to stop. They need to be protected and feel safe. Security offers them some small relief. It reduces the stress load on them and allows them to connect more to people who are important to them.**

Even after the stressful or traumatic situation has passed, children's brains and bodies continue to react as if the stress is continuing. They become self protective. They spend a lot of their energy scanning their environment for threat. Their bodies act as if they are in a constant state of alarm. Their brains are endlessly vigilant.

With support, children can, and do recover from the harmful effects of trauma. To do so, however, they need adults in their lives to understand and respond to their unique needs. Transformative experiences begin with recognising that traumatised children cannot easily adapt and change to their environment. Instead, their environment and the people in it need to adjust to help them.

This guide draws on this evidence to form the basis for the practice framework it describes.

In this section, the knowledge base about neurobiology, attachment and disruption is integrated to provide a summary of the ways that trauma affects children. The section will consider the impacts on the following areas:

- ▶ Trauma and the brain
- ▶ Trauma and the body
- ▶ Trauma and emotion
- ▶ Trauma and behaviour
- ▶ Trauma and relationships
- ▶ Trauma and loss



# TRAUMA AND THE BRAIN

Trauma is the emotional, psychological and physiological residue left over from heightened stress that accompanies experiences of danger, violence, significant loss and life threatening events.

Children are particularly vulnerable to the effects of trauma because of their developmental immaturity.

The trauma associated with family violence reduces the capacity of children's brains to shape the way they react to their environment. As a result, children appear to behave instinctively and sometimes inappropriately, without knowing why. They are also not able to easily influence their feelings when faced with perceived threat or increases in their experience of stress.

These children lack the adaptability and flexibility necessary to respond differentially to varying situations and contexts. They have a limited range of coping strategies. Whilst these strategies may have been effective in assisting them to survive in unsafe situations, they can stop being relevant if the context changes and the violence stops. These responses involve beliefs, behavior and feelings that feel familiar and comforting to children - even if they are not helpful and are distracting to others around them.

Traumatized children find it difficult to make meaning from their experiences. They have few or no effective internal maps to guide their actions. As a result, they react rather than respond.

Their beliefs about themselves are determined by the very people who violate them. They hold onto ideas about relationships which are not helpful to them in their communication with peers and other adults like teachers. They can find it difficult to see adults as supportive. They are cautious about being hurt and are more likely to stay closed to the development of new connections or relationships.



They do not easily understand or engage with consequences for their behaviour. Their brains are so over-activated that they are able to take in very little and do not learn new information easily. In particular, their memory systems continue to remain under stress. Their working memory for even the easiest set of instructions can be severely compromised.

Traumatized children find it difficult to separate the past from the present. They often react in the present to triggers that are related to the past. These can include sights, sounds, smells and other unconscious reminders of past feelings of fear and insecurity. They often lack a strong sense of who they are, where they belong, how they fit in the world and what is possible.



# TRAUMA AND THE BODY



Children also experience trauma in their bodies. They can feel physical tension, experience restricted movements, headaches, nausea, and disturbed sleep and eating patterns. When under perceived threat, their bodies are mobilized towards survival and become oriented to fight, flight and freeze responses.

If the violence or threat of violence continues, a second more sustainable system is switched on that releases hormones and chemicals into the body that slow it down and prepare it to survive ongoing threat. This enables the body to conserve energy. It supports the brain to relax a little making space for the child to think about ways to manage and/or change the situation causing the stress.

In the face of chronic exposure to family violence, the brain-body system becomes stuck in a highly vigilant state, constantly scanning the environment for threat. These children lose the capacity for adaptability and flexibility in response to change. They crave the familiar. Their brain-body system is easily stressed by even small changes in their environment. Any change, good or bad is experienced as a threat that can quickly trigger a significant stress response that quickly overwhelms the child.

The traces of trauma register in children's muscles. They form patterns of movement that help them to survive the effects of the violence they are exposed to. These movements can be inhibited or cut off. They can be exaggerated and wild. Children's bodies react in the ways they have always reacted to distress and fear. Their bodies can become frozen in time. They need support to change the ways their muscles move. Safety and security reshape children's movements. In safety, children do not have to act to protect themselves. They can start to explore fun, harmony and curiosity. It is then that children feel a freedom in their bodies that allows them to become more balanced and more secure. They walk towards relationships and find in them love and courage.

At these times, relationships can sooth stress when they are positive and nurturing. Children rely on safe and caring adults around them to help them to calm down. Strong attachment relationships have been shown to act as the primary moderator of children's stress and distress. They keep children safe from danger and protect them from the harsh consequences of ongoing elevated states of arousal.

When children don't have access to safe, supportive and consistent relationships, as is often the case in family violence, children's developmental trajectories are altered. The toxic impact of chronic physiological and emotional stress can interfere with healthy brain and body development. Development, in some cases, can become slowed and not move beyond the stage they had reached at the time the family violence first began.



# TRAUMA AND EMOTION

Children become aware of their internal state by experiencing how others react to their feelings. If those feelings are acknowledged, valued and verbalised, then children develop emotional literacy. They come to know when it is appropriate to be excited. They learn when it is okay to be curious and explorative. They experience a range of feelings, positive and negative, big and small. They can name the feelings and learn how to change or shape them.

Family violence disrupts the capacity of children to organise their internal emotional domain. Children experience inconsistent and frequently mis-attuned responses to the way they feel and behave. Responses to their feelings by the adults around them can be unpredictable and sometimes dangerous.

For example, instead of validating and acknowledging children's feelings, the adult responsible for the violence may escalate children's confusion or fear by responding aggressively or blaming children for their behaviour. In unpredictable relationships often characterised by family violence, parents may sometimes respond safely and supportively. Then without warning, they may react angrily, negatively or aggressively. This unpredictability leaves children confused, fearful and without support.

Children cannot trust the external world to offer them stability. They do not have their feelings acknowledged and verbalised. They learn to distrust their own feelings. They react without awareness. They stop seeking out comfort.

Children's arousal systems are constantly elevated because they have no sense about what to expect next. In this state, they struggle to find how to feel calm, how to feel safe, how to feel in control. The emotional world of traumatised children is in constant flux.



Children affected by family violence often become disconnected from their feelings. Alternately, feelings can be experienced as big and overwhelming. They cannot name or describe their feelings. They do not understand that there is a continuum of emotions both positive and negative.

Because of its intensity, anger can mask a great deal of other feelings in children and young people. It can look a lot like frustration. It can masquerade as uneasiness and confusion. It can also be an outward expression of sadness and distress.

As a result of family violence, children's emotional worlds can be confusing, challenging, overwhelming and often frightening for both the children themselves and others around them.



# TRAUMA AND BEHAVIOUR

The behaviour of traumatised children is often described by others as challenging and confusing. Behavioural outbursts are often seen to 'come out of the blue' or as an over-reaction to seemingly minor issues. Other children may be withdrawn and 'hard to reach'.

Trauma based behaviour, in general, serves important adaptive and survival functions. It often makes sense in the context in which it first emerged. However, it can become counterproductive if it continues after the need for it has changed.

Trauma based behaviour can usually be identified as patterns or repetitive routines that play themselves out in the relationships and environments that children are engaged in. It can be familiar strategies used to manage their feelings. It can be driven by change or unpredictability. It can be influenced by increasing levels of stress. It can be shaped by the extent of the rhythms and sensory stimulation of their environment. It is very much influenced by the negative self identities which children believe to be true about themselves.

Trauma based behaviour can be categorised in a range of ways. The examples explored in this section connect with the ways in which the residue of toxic stress has been identified to affect children and young people's brain-body, memory, emotions and relationship systems.

## Stress oriented behavior

Heightened experiences of arousal arising from violence or the threat of violence are responded to by survival responses typically described as Fight or Flight or Freeze behaviour.

In response to signals of threat and stress, children and young people engage behavioural routines which directly attack the source of the danger (Fight Response). They can aggressively react in order to frighten off the danger, physically stop or diminish it, or wound it to reduce its impact. Examples include fighting, swearing, intimidating and shouting.

Depending on the success of past strategies, children may react by attempting to put an immediate distance between the threat and them by using behavioural routines to escape (Flight Response). Examples include running away, hiding, screening themselves from the view of the source of threat.



Traumatised children can become immobilised (Freeze Response). In this condition, they are actively still engaged with their environment, analysing it as best they can in order to determine the next option for survival. They may appear to be still, but they have not disconnected from the intensity of what is happening to them or others who may be able to assist them. Examples include pretending to not listen, joining a group of others who are experiencing similar threat and distracting strategies to take attention away from themselves.



# TRAUMA AND BEHAVIOUR

More recently, a fourth stress response has been clarified in the research which, as indicated in the earlier section about trauma and the body, is a shutdown strategy used to conserve energy and ultimately communicate that the child is irrelevant to the source of danger, in particular if the danger is another person (Flop Response). In this way, children and young people hope to survive the danger by being overlooked. Examples include disconnecting emotionally from the impact of the trauma and reducing the physiological burden on the brain-body system. In these conditions, children engage in what can be perceived as unmotivated, disinterested and annoyed orientations in social exchanges with others.

## Comfort seeking

Depending on the experience of supportive and nurturing relationships in their early phases of development, children will seek out comfort from people whom they perceive as safe, consistent and nurturing. This includes seeking out physical attention from others, sitting close and engaging in parallel play, wanting to be fed, wanting their hand or hair to be stroked. Some children, who have experienced inconsistent relationships, may seek out such comfort from individuals who are not safe or with whom the child misjudges the strength or nature of the relationship. This exposes children to rejection and also increases the possibility of them being exploited.

Some children may engage in behaviour routines that are aimed at self soothing. This includes rocking, self stimulation, sleeping, playing hand held computer games, listening to music and eating. These patterns can be helpful to children by putting them into a zone of attention and focus that supports a more relaxed state. However, if these activities become a source of pre-occupation then their benefit is curtailed.

## Self protection

It is critical to consider how the behaviour of traumatised children can act as self protective measures. For example, some traumatised children have been so damaged by the abusive nature of their relationships that adults have stopped being sources of comfort. Instead, these children avoid intimacy at all costs. They do this for their own protection.



The key to reshaping trauma based behaviour is to understand it and respond at its source rather than how it is expressed. Like emotions, behaviour contains multiple drivers, multiple explanations and multiple ways to respond to it.

For traumatised children and young people with histories of unstable relationships, behaviour often reflects ruptures in relationships. Small examples of teasing can be experienced as large shifts in allegiance, rejection or humiliation. Today's behaviour may have been started with tension between peers and friends a week ago and has simmered unnoticed and unacknowledged in that time. The relational component of behaviour needs to be kept in constant focus when trying to understand the needs of children who have been affected by family violence.

Understanding trauma based behavior is the basis for helping children to stop it, reshape it or substitute it with more helpful behaviour.



# JACK'S STORY

Eighteen month old Jack is often left crying for extended periods of time in his cot whilst the violence rages in the next room. There is no one able to respond to his cries of hunger. There is no one able to respond to his cry for comfort and reassurance. Sometimes he cries himself back to sleep. Sometimes his mother picks him up but frantically urges him to stop crying for fear of both of them being hurt by his father. At other times his mother is warm and responsive. Despite this he will often cry inconsolably, arching his back and resisting his mother's embrace.

Jack's entire body is overwhelmed by stress. As an infant, his little body needed consistent responses from the adults around him to calm him down. Instead, the angry voices are sources of threat without end. Even when they are not there, he expects them to come back. Jack feels no relief. He is constantly agitated. His mother offers him as much comfort as she can. But unless the violence stops, Jack's stress response system is always switched on.







## EMMA'S STORY

Emma (12) puts on her headphones and turns her music up loud when the fighting starts. Her attempts to drown it out don't work. She often feels her heart racing faster and faster as the violence continues. She can't focus on her homework. She can't concentrate on anything. She doesn't sleep well. She can't stop her mind racing. She gets into trouble at school for day-dreaming. She appears visibly anxious and frightened at the sound of her teacher's raised voice.

Emma uses active strategies to reduce the fear and distress she feels in response to the violence. Her internal stress levels run high. She can feel her own body be prepared to run away. It feels so overwhelming to her that it takes up a lot of her energy trying to manage it all. When her strategies do not work, she disconnects from herself and the world around her. Emma is easily reminded of the violence. A loud voice triggers her brain and body into a full blown stress reaction. In this state, she feels as if she is back there experiencing the fighting. Emma escapes whenever she can. She is like a visitor in her own life. She is not settled and at school she is not learning. She needs the violence to stop. She needs to connect with her mother so that she can connect to herself. The safer she feels, the less compelled she is to have to separate herself from her feelings.



# SAYED'S STORY

Sayed (9) lives with his mother, father and sister Jasmine (5). Their father constantly yells at his mother and calls her names. The children are told by their mother not to talk to anyone about what goes on at home as no one will understand. Sayed is very aggressive towards his sister and other children at school. The teacher caught him biting another student in the playground today as a result of an argument over a ball. His aggressive behaviour seems beyond his control. He can't calm himself easily and won't allow teachers to help him at these times.

Sayed's father has set up a model of relationships that involves terror and humiliation. It is not safe for Sayed to let out the pressure he feels that builds inside him. His aggression is a signal of his own internal distress. He needs help to calm himself down, but he doesn't really trust that adults around him can help him. He needs to experience different messages about the way that relationships can be. He needs to exposure to relationships that are safe, nurturing and respectful. Then he can let his guard down and feel like he can be looked after.





# TRAUMA AND RELATIONSHIPS

A strong connection between children and their parents/carers is critical to children being able to understand and feel safe in their world. A secure connection means that children can explore their world, always knowing that they can come back to their emotional and relational base camp when they do not feel safe or are uncertain.

In the face of family violence, the experiences of children and their mothers are complex. For some, children and mothers become closer to each other. For others, family violence can serve to fragment these relationships and separate children from accessing the relational resources that they need.

In the first instance, both mothers and their children can be the targets of the violence. The fear and terror that arise form a platform for understanding and sharing in each other's mutual experiences. Mothers can sense the distress in their children. They often act to protect them, escalating their own risk of being further harmed. They become very sensitive to their children's needs. They try to find ways to comfort them. They try to keep up their routines often in the face of heightened uncertainty. They acknowledge their feelings and validate their concerns. For children and young people affected by family violence, their mothers are their protectors and moderators. It is children's experience of their mother's strength and commitment to them that reduces the severity of the impact of family violence on them.

In some circumstances, mothers can be overwhelmed by their own experience of victimization. The control imposed by the perpetrator of the violence creates parameters in the family that makes sure that mothers and children are split off from each other. It is reinforced with actual and threatened violence. Mothers are actively forced to choose to meet the perpetrator's needs over the needs of her children. They are prevented from supporting their children. Their parenting approach can be criticised for being too soft and not enforcing enough discipline. They are told that they are not good mothers, wives and partners. They are abused if they try to act outside these rules.

For these children, the experience of their relationship with their mother is dictated by the interests and attitudes held by the perpetrator. Children can be confused as to why their mother does not protect herself and them. Children find it difficult to know who to turn to. They learn that relationships cannot provide any relief for them. They do not come to trust others to help them manage their internal states. They can feel isolated and alone. They do not know how to make the violence stop. They feel powerless to make a difference.

Worse still, without healthy relational models to guide them, some children engage in behavior that reinforces the values and beliefs of the perpetrator. They can hurt their mother and even other siblings. They can talk disrespectfully towards their mother. They can be angry with her and act aggressively. They are forced into learning how to survive the violence through pleasing or siding with the perpetrator.



Some children can feel frightened for their mother and act to protect her. For others, they take it on themselves to protect their siblings. This can amplify the source of terror that children experience. They can become sharper targets for violence by the perpetrator. Children find themselves in a family without any effective allies, needing to be responsible for those who they perceive to be even more vulnerable than them.



# TRAUMA AND RELATIONSHIPS

Children are often forced to lie or manufacture the truth in their relationships to make them feel more stable. This corrupts children's meanings about safety and security. Children are manipulated into believing the truth about themselves and their relationships based on the beliefs and attitudes of the perpetrator of the violence. Children develop distorted accounts of their own qualities as individuals. They do not understand the motivations of those around them. They can blame themselves and their mothers for the violence. They sometimes fail to recognise their mother's efforts to protect them. Their stories of their family are partial and incomplete. Access to experiences of themselves and relationships before the violence are further eroded by their own stressed memory systems.



Without the violence stopping, children remain exposed to relational extremes that have limited capacity to settle them and offer them the security they need to have developmental experiences that are not compromised.

For example, children whose relationships are not attuned to them can carry internalized models of poor connection with them into other relationships, making it difficult for them to feel engaged. As such, children affected by family violence can have trouble reading and interpreting the social cues of others. They are more likely to perceive many facial gestures as negative or critical, perhaps even threatening. Social exchanges become experiences which add to their levels of stress. Relationships are even more experienced as disjointed and confusing.

It is only after the violence has stopped that children can begin to engage with the opportunity to make more complete sense of their past experiences and relationships. This meaning making process is best

resourced as a collaborative experience involving children and their mothers in the first instance. It enables opportunities for them to reconnect with each other and the feelings they had for each other during and after the violence. It affords children and their mothers the chance to genuinely re-discover dimensions of the shared narratives of their relationship which had been omitted or manipulated through the interactions with the perpetrator of violence. This enables children to have any of their misconceptions clarified and questions answered. It re-establishes or strengthens trust and confidence.

It is at this point that children affected by family violence can also be supported to re-engage with their community. This allows for the meanings of their experiences to be further validated and contextualised through relationships with their extended family, friends and important adults who play a role in their lives.

Children's relationships with the perpetrator of the violence, often their father or someone who has a role as a parent, is intense and complicated. For some children any contact with them triggers off heightened and debilitating fear responses that reinforce the trauma and keep it alive in the brain and body systems of children. In these circumstances, the impact of any ongoing contact needs to be carefully understood and managed.

For other children, the ending of the violence can be a catalyst for re-engaging in relationships that allow them to experience their father adopting the role of carer and parent. With effective and planned safeguards in place, this reconnection can offer opportunities for the expression of accountability by the father for his violent behavior as well as promote the emergence of interactions which are child centred serving to validate their needs.

Family violence is at its core a source of interpersonal trauma. For children, family violence ruptures the relationships around them. Healing children from the effects of such trauma begins with recognizing and supporting the centrality of the relationships with their mother, whilst understanding and managing to renegotiate the relational resources offered to them by their fathers, their siblings, their extended family and their community.



# TRAUMA AND LOSS

Family violence can lead to experiences of loss on multiple levels for children.

Children lose a sense of safety in their relationships. They experience them as painful and unpredictable. They are not unconditional sources of nurture and care. When their mothers are the targets of the violence, they can feel protective of them. Children can feel alone with nobody on their side. They do not know what will happen next. A lack of safety is a significant loss for children. It has a ripple effect and can make their whole world feel scary. It compounds the effects of trauma for them.

If children have to move to escape violence, they lose their home, their friends and their neighborhood. Their routines change beyond their control. They leave behind everything they have known. They are forced to start again. If they have had to move a number of times, they will find it difficult to settle into a new place and make friends again, learn new rules at school, and remember the names of their new friends. They will expect to move again. It will be painful to become too attached to anything or anyone. Family violence causes the loss of predictability and familiarity for children.



Family violence often restructures who children live with, who they are able to visit and when. In some circumstances, children can lose contact or have restricted access with one of their parents – generally the one that has caused the violence in the first place. Children may not understand why.

They may be left confused. In the absence of explanations that make sense to them, children can come up with their own. They blame themselves. They blame the parent who is the target of the violence. They blame the arguments. They blame the parent who has used the violence. They may want the violence to stop but continue to see the person responsible for the violence. Children's own views are translated through a lens that somehow tries to bring back safety and peace in their world. Children lose what has been. They lose a part of themselves that liked the way it was. It is not a loss that they can easily overcome.

Experiences of family violence serve to disconnect children from their culture. They lose the meanings associated with the beliefs of their family and community. They find it difficult to understand and fulfill the responsibilities they have as a part of their community. The importance of their traditions decay. They lose the principles that their culture offers them about what is right and wrong, what is respectful and disrespectful, what it means to belong to a way of seeing the world that is so vital to the way they see themselves and their relationships. With a loss of culture comes a loss of identity. Children affected by family violence live in-between worlds. They are not fully part of their own culture – it feels alien to them. Yet, they are not totally accepted into the community that sees them as outsiders. In this world, their culture sets them apart. Neither feels secure.



# SOPHIA

Sophia feels so terrified that she sometimes finds it hard to breathe. She often picks at and bites her finger nails until they bleed. She worries to the point of vomiting but is too scared to tell anyone.

At school, Sophia often seems distracted. She forgets instructions given to her by the teacher and struggles to finish her work. She rarely joins in class activities, preferring to sit apart from the class during story time on the mat. She seems frightened to make friends and prefers to spend time alone. She doesn't like making eye contact and will look down when spoken to.

At home, Sophia is eager to please and is vigilant to make sure that everything is as it should be before her father comes home. She rarely allows herself time to play. She loves her mother and talks about feeling "half love and half hate" for her father. She is confused about why bad things happen at home but is feeling more and more responsible.







## SUMMARY



The trauma of family violence for children causes multiple layers of harm. It damages their development. It isolates them from important relationships of support and care. It makes learning hard. It makes friendships complicated. It deteriorates their memory. It keeps them in heightened states of alarm and terror. It stresses their bodies and floods their brains. It is toxic.

At the core of recovery is safety. Safety affords protection from violence. Safety makes their world more predictable. Safety helps relationships act as sources of care and security. As safety permeates through them, children change and grow. They connect more strongly with their mother and siblings. They connect with their culture. They make sense of their relationship with the person responsible for the violence. Their bodies feel less stressed. Their brains build greater capacity. Their behavior is reshaped.

Safety is achieved through collective action around children. It requires adults to work in concerted effort with a shared commitment to meeting the unique configuration of needs of children affected by family violence. It is in the depth of understanding that arises when trauma is used as an explanatory framework that transformation is made possible for children, mothers, and those who perpetrate family violence.



# SECTION 2

## DEFINING PRINCIPLES FOR RESPONDING TO CHILDREN AFFECTED BY FAMILY VIOLENCE

In this section, the information presented about the impact of family violence related trauma on children is distilled into a series of principles that underpin how and why the practice framework was formulated in the way it has been. It forms the basis for describing and illustrating it in the next section of the guide.

### Family violence needs to be understood as an abuse of power.

The way an issue is defined shapes how it is responded to. For this reason, a foundational principle for proposing the practice framework for supporting children affected by family violence is the recognition that

- ▶ the use of physical and sexual violence has been historically employed to impose and consolidate men's control over women and children;
- ▶ violence against women and children by men has traditionally been hidden and normalised as acceptable within the context of family relationships;
- ▶ a pervasive tolerance of men's violence against women is still reinforced in many settings (such as community, education and work environments) and media representations, despite significant social and legal changes;
- ▶ family violence is best understood as a purposeful pattern of behaviours by perpetrators rather than a series of unrelated incidents or acts;
- ▶ the perpetrator is responsible and should be held accountable for choosing to utilise abusive behaviours in order to assert power and control over his family;

- ▶ men are statistically and overwhelmingly the main perpetrators of violence (especially severe and injurious violence) against other men and against women; and,
- ▶ the meaning, use and consequences of violence by men in families set the frame through which women and children interpret the meaning of their relationships and experiences.

### Family violence related trauma does not stop unless children are protected and feel safe.

Children affected by family violence can only recover when the violence or threat of violence has stopped. Children need to feel and be safe. They need to be comforted and re-assured. This requires adults around them to understand their needs. They need their parents and important adults to notice them and look after them. It is the starting point in the process of recovery.

### Family violence related trauma changes the arousal levels in children.

Children affected by family violence need support to recalibrate their arousal levels, assisting them to feel calmer, safer and less reactive.

The shame and secrecy that children hold as a result of their experiences of family violence, also isolate them from their peers and other important relationships. Experiences of understanding and connection support children to feel accepted and safe in their world.



# SECTION 2

## DEFINING PRINCIPLES FOR RESPONDING TO CHILDREN AFFECTED BY FAMILY VIOLENCE

**Family violence related trauma reduces children's ability to use the thinking resources of their brain.**

Children affected by family violence are likely to find it difficult to utilise reasoning and logic to modify their behaviour or reactions. They are also unlikely to learn from consequences, in particular when they are in heightened arousal states. Children need the adults around them to understand how trauma affects them. They need adults to help them analyse problems and support them to make the right decisions.

**Family violence related trauma is experienced and stored in children's bodies.**



**Children affected by family violence feel the pain of trauma in their body. They feel sick. Their hearts race. Their arms and legs get stuck in routines that are reactions to the violence. Children feel that their bodies are not working properly. They learn to restrict how much they let in through their senses.**

They need support to free their bodies of this kind of pain and interruption. Children need support to explore how violence has shaped the reactions they feel inside them. They need to engage in opportunities that liberate their movement through interactive play.

Experiencing fun with parents who have become associated with the pain and confusion is a very powerful stepping stone to recovery for children.

**Family violence related trauma disrupts memory functioning in children.**

Children affected by family violence need adults to support their stressed memory systems, including the introduction of visual cues to prompt rehearsal and recall. Children will need multiple opportunities to practice behaviour. They need to be helped to remember experiences that give meaning to their identity that is based on emerging positive qualities and interactions with others. In addition, children's ability to generalise learning from one setting to another is also hampered by memory difficulties. As such, care contexts should be resourced to implement co-ordinated plans of responses that support the translation of children's learning from one environment to the other.

**Family violence related trauma disconnects children from the qualities of relationships that can help them to recover.**

Children affected by family violence need positive experiences of connection as the basis for them to learn how to

- ▶ problem solve;
- ▶ feel safe to explore new situations;
- ▶ manage their feelings;
- ▶ remember the positive feelings associated with forming relationships; and,
- ▶ have a working model for initiating and maintaining relationships.

Traumatised children have poor connective experiences. Their working models are built on fear and mistrust. Supporting children to re-experience relationships differently is the key to trauma recovery and change.



# SECTION 2

## DEFINING PRINCIPLES FOR RESPONDING TO CHILDREN AFFECTED BY FAMILY VIOLENCE

### Family violence related trauma affects women and children.

There is an emerging conceptualisation of the impact of family violence on children beyond that of being a witness to violence between adults. Instead, family violence related trauma needs to be recognised as not only having an impact on the child but also on the relationship between children and their mothers. In essence, children are affected by the violence itself as well as a result of their mothers' diminished wellbeing arising from their own experience of being the target of the violence.

For example, where courts order contact with perpetrators of violence following separation, mothers can feel and be powerless to protect their children from abuse or ongoing stressful contact, often having a negative effect on the mother/child relationship. Importantly, women's experiences of the systems with which they engage can determine their capacity to provide stable and secure lives for their children, facilitating recovery, safety and wellbeing.



In many instances, just as mothers are not necessarily aware of the reality of their child's experiences, neither is the child fully aware of the reality for the mother. It is important that mothers and their children are supported to weave their stories together to develop shared meaning about their experiences.

### Family violence related trauma keeps children's attention on their past pain.

Children affected by family violence need the environments around them to give them opportunities to engage in experiences which redirect their attention away from past trauma oriented activation to the here and now. They need their relationships with their carers to offer them chances to act and react in playful ways which are likely to lead to intensely positive experiences. These opportunities provide relief to children and help to make their day to day experience more about the fun of the present than the pain of their past. They also powerfully connect children and parents in shared activities that promote trust and belonging.

### Trauma based behaviour is functional at the time in which it develops as a response to threat.

Children affected by family violence need their parents and other important adults to understand the purpose and meaning of their behaviour, helping to shift their interpretations away from blame to greater acknowledgement of the ongoing impact of children's abuse experiences. This functional analysis approach enables adults to develop the confidence to plan to respond to children. This analysis can also be translated into other settings such as school, where similar behaviours can intrude on children's every day experiences.



# SECTION 2

## DEFINING PRINCIPLES FOR RESPONDING TO CHILDREN AFFECTED BY FAMILY VIOLENCE

### Family violence related trauma limits children's response flexibility and adaptability to change.

Children affected by family violence may become fixated in patterns of recurring traumatic activation with little capacity to reshape their responses without the intentional resourcing of the important adults around them. Children need to have change introduced to them in small increments, preparing and supporting them to become accustomed to one change before initiating another. In this context, parents and others need to understand the benefits of predictability and routine for children as well as the need for practicing flexible responses in acts of daily living.

### Family violence related trauma undermines identity formation in children.

Children affected by family violence need their parents and other important adults to acknowledge and reinforce examples of positive qualities that are part of children's identity. Children need support to appreciate themselves as emerging individuals at various developmental transition points.

### Family violence related trauma diminishes social skills and isolates children from peers.

Children affected by family violence need their parents and other important people to recognise how much is lost for them in the processes of escaping violence. Children need these losses to be validated and where possible considered by the adults in their decision making. Children also benefit from opportunities to have these losses addressed by their parents and others. The shame and secrecy that children hold as a result of their experiences of family violence, also isolate them from their peers and other important relationships. Experiences of understanding and connection support children to feel accepted and safe in their world.

### Family violence related trauma disconnects children from their community and culture.

Children affected by family violence need access to the meanings offered to them by the cultural beliefs and traditions of their family and community. In the experiences of culture, children learn about the value of their identity and the significance of the relationships to them. Children need opportunities to connect with their culture and community as ways of anchoring them in the face of the often significant disruption, loss and dislocation that arises from family violence.



# SECTION 3

## APPLYING THE SAFE AND SECURE TRAUMA INFORMED PRACTICE FRAMEWORK FOR SUPPORTING CHILDREN AND YOUNG PEOPLE AFFECTED BY FAMILY VIOLENCE

### SOPHIA

At school, Sophia often writes secret lists of the things she could do to help her mother behave better. One day her teacher found one of her lists, much to Sophia's distress. On this list read "help mummy to not annoy daddy so much, be quiet so I don't upset daddy, try to be brave and not listen when mummy is getting hurt, make sure mummy doesn't die."

This list led to an inevitable investigation of the risk to Sophia by Child Protection. As a result of this involvement, her mother left her father and they are now living in a secretly located and supported accommodation house. They have been there for four weeks.

Sophia's father has made several attempts to find them by turning up at Sophia's school. As a result, an Intervention Order has recently been taken out to prevent further harassment from occurring.





## SOPHIA CONTINUED

Sophia likes the fact that the fighting has stopped but still doesn't feel safe. She insists that her bedroom light remain on at night in the new house. She doesn't like the bed. The mattress feels different to the one in her room at home. She misses her doona cover and all the familiar things in her bedroom. The new house feels strange. It doesn't feel like home. She doesn't know how long she and her mother will live in this house. When she tries to ask her mother about this, her mother gets angry and says she doesn't know. She still goes to the same school but is often late as they live half an hour's drive from the school. Her mother seems anxious and worried in a whole new way now and often cries at night when she thinks Sophia is asleep.

Sophia feels confused by all the new adults involved in her life. She met her child protection worker five weeks ago. Since then the number of people involved in her family has grown and includes a family violence support worker, two policemen, a housing worker and a counsellor that she now sees. Her mother has also told her that her father is 'seeing someone' to help him.





## WHAT IS THE AIM OF THE FRAMEWORK?

The aim of the framework is to provide a way for practitioners to think about how to support children and young people affected by family violence within the context of their role and their agency.

The framework is a model that individuals and organisations can use to develop and organise plans that can help children to progress along the path to growth and recovery. The model is as relevant to those professionals whose contact with children and young people is limited to the initial crisis response to an incident of family violence as it is to those professionals who provide ongoing support to families affected by family violence.

The framework offers a way of conceptualizing the change process for children and young people. It

describes actions and strategies that need to be considered at all points of intervention. It also defines the basic goals that need to be met for children and young people to heal and recover from the traumatic impact of family violence on their development, relationships and identity.

The framework seeks to build a shared platform of understanding from which consistent ways of responding can be developed, regardless of when and in what capacity professionals engage with the child or young person following family violence.

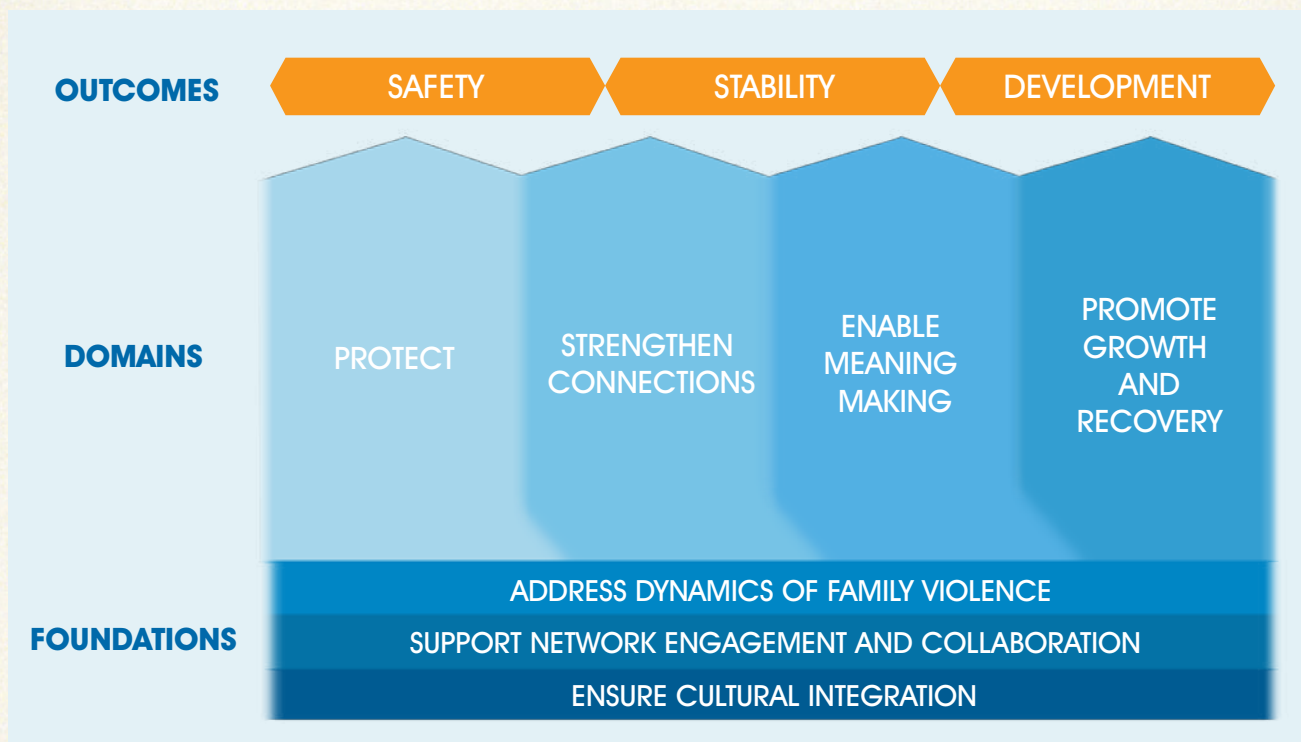
Its aim is not to be prescriptive. Instead, the framework is aimed at informing practice for those who are involved with children and young people affected by family violence.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

The Safe and Secure Practice Framework for supporting children and young people affected by family violence is presented in the Diagram A.

Diagram A. Safe and Secure Practice Framework



## The Foundations of Intervention.

The Safe and Secure Practice Framework has three foundational elements that must underpin any intervention offered to children and young people affected by family violence.

### Ensure cultural integration.

The first foundational element is the need to ensure that considerations about the cultural background relevant to the family is integrated into all forms of

intervention offered to children, young people and their relationships. Culture defines who we are, how we think, how we communicate, what we value and what is important to us. The absence of cultural connection for Indigenous children, in particular, has been identified as a risk factor for their health and well-being. Indigenous children who have the opportunity to grow up strong in culture develop a sense of strength, confidence, pride, belonging, peace and security that has the potential to guide and protect them through adolescence and adulthood.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## The Foundations of Intervention (continued)



Indigenous children who are separated from their family, country and/or culture are further traumatised often resulting in deeper psychological, emotional and cognitive scarring. It is therefore vital that Indigenous children experience culturally appropriate responses to support them through their recovery from family violence.

Family is the cornerstone of Indigenous culture. The maintenance of connections to family and community forms the basis of the development of the Indigenous child's identity as an Aboriginal person. Failure to support the integration of cultural identity through relationships with family, community and land for Indigenous children and young people risks damaging their well being, growth, education and life prospects.

Intervention with children, young people and their families must address their specific needs within the context of their culture and community. Of critical concern for planning effective interventions in regard to the needs of Indigenous children is the need to maintain contact and seek to work positively and constructively with their family and community. Such

work will be undertaken with due sensitivity and consideration to the impact on children and adults of living within communities that continue to experience cultural and inter-generational trauma, loss and dislocation.



### Examples of strategies for ensuring cultural integration

Take the time to find out the cultural background of the family. Identify the extent of support that may exist in the broader kinship and community structures surrounding the family.

Explore the cultural meanings attributed to common experiences of childhood, parenting, and family.

Engage elders in the child's community to promote opportunities for connection with traditional practices and ceremonies.

Incorporate cultural meanings given to concepts of safety, violence, gendered roles and authority.

Consult and collaborate with agencies that represent children's cultural background.

Consider interpreters and cultural brokers to facilitate conversations with children's family.

Integrate an understanding of the impact of trauma and dislocation in the background of the parents. Implement culturally relevant healing strategies that support the broader family.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## The Foundations of Intervention (continued)

### Support network engagement and collaboration.

The second foundational element is based on the principle that children and young people benefit from a collaborative approach by agencies that support joint assessment, planning and intervention. Increasingly, such collective deliberation and action is mediated and run through structures such as care teams. This orientation promotes shared goal setting, collaborative analysis and joint responsibility. Decisions are more transparent and generally consistent with a common understanding of the issues facing children, young people and specific family members. When implemented effectively, such collective processes align the intent and action of different parts of the system and build a platform for effective communications and co-ordination of responses in the network of adults who are important to children and young people affected by family violence.

Through an ongoing process of assessment, planning and review, a collaborative network of agencies can

- ▶ establish clear protocols for sharing information and communicating about actions and outcomes;
- ▶ monitor and review the effectiveness of plans for the child and family;
- ▶ proactively plan in a timely way for the changing needs of the child and the family;

- ▶ ensure consistency of approach to the child across all settings including home, school, external therapy providers and family; and,
- ▶ seek to incorporate in an ongoing way, the views of the child, family, and professionals into all planning.



### Examples of strategies for supporting network engagement and collaboration

Take part in care teams that support collective decision making about children. Establish clear processes for communication and exchange of information. Define clear roles and responsibilities for each member of the care team. Put in place a way to identify and respond to the risk of family violence.

Identify immediate, medium and long term needs for the child and develop strategies and resources to address them. Ensure that clear decision making processes exist between members of the care team.

Consider how to involve mothers and other relevant family or community members in care team meetings or decision making processes.

Develop and implement ways that children's views can be considered in decision making that affects them.

Establish processes for timely review of plans and progress.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## The Foundations of Intervention (continued)

### Address the dynamics of family violence.

The third foundational element of the model aims to address and change the specific underlying dynamics that lead men to engage in violent and controlling behavior with women and children in their families. It recognizes that as long as men's psychological, attitudinal, social and cultural issues continue to not be addressed, then it is likely that men will engage in repetition of their violent behavior. At an individual level, the causal factors that contribute to men engaging in violence behavior with women and children include, but are not limited to:

- ▶ a personal belief system that legitimizes the use of violence as a form of relational power;
- ▶ undiagnosed or untreated mental health problems;
- ▶ alcohol or drug addictions;
- ▶ a lack of social supports;
- ▶ inability to manage personal stressors;
- ▶ unprocessed childhood experiences of trauma; and,
- ▶ dislocation from cultural identity.

Making a change to these dynamics is critical to stopping the violence in an enduring way. Professionals need to consider how they can support strategies which hold men accountable for their violent behavior and resource them to make the changes necessary for safety to be sustained.



### Examples of strategies for addressing the dynamics of family violence.

Report men's behavior that constitutes a crime to the Police.

Support referrals for men to relevant health, addiction and psychological services.

Support the engagement of men in Behaviour Change Programs. Consider how to monitor attendance and engage in strategies that minimize drop out.

Understand the power and control dimensions of family violence and ensure that practice does not replicate or inadvertently condone men's behavior.

Support mothers' efforts to hold men accountable for their behavior through the family court and family violence court systems.

Provide feedback to mothers about behavior by men that perpetuates a lack of respect towards women and children.

Connect men with agencies that represent their cultural backgrounds to address previous trauma and histories of colonization and dislocation.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## Domains of Intervention.

The domains of intervention specifically relate to work that is undertaken directly with children, their mothers and important adults in their network. The domains do lead from one to the next in a sequence. However, it is also true that there is significant overlap between each domain and the strategies which form them.

### Protect child and create safety.

Children's recovery starts with being afforded safety and feeling safety reverberating through them. Safety is a shared experience between children and their mothers. The professional system needs to orient itself, in the first instance, to resource mothers to take action to protect themselves and their children. Empowered women are more likely to be effective in maintaining an environment of safety and security for themselves and their children.



For children, safety is experienced in the predictability of their routines. It is experienced in attuned relationships with their mothers and other important adults. Safety is experienced when children no longer fear that the violence will return. This realized sense of safety forms the platform for achieving the aims of the next domains of intervention.



### Examples of strategies for protecting children and creating environments of safety.

Communicate experiences and messages of safety to the child, connect them with a safe adult and provide experiences of comfort, in particular during times of crisis.

Clarify legal and criminal orders and statutory arrangements around the child.

Establish effective safety plans with children and mothers that contain built in opportunities for review and predictive capacity around risk.

If engaged with father, support him to understand his child's experience and gain undertaking from him to keep his child safe.

Ensure that safety plans are communicated and understood by all members of the care team. The care team can support the review of the safety plan, fine tuning it to ensure that it is effective.

Define with the mother and child how the perpetrator of the violence should be held accountable for their behavior.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## Domains of Intervention (cont)



### Examples of strategies for protecting children and creating environments of safety (cont.)

Support the mother to extend her understanding of how children's safety has been compromised. Hold a series of discussions with the mother and child about how the violence affected the child.

Promote a shared understanding of the child's functioning and needs using a trauma lens.

Set up a routine with the mother and child that promotes predictability and repetition. Draw the routine and turn it into a visual timetable of family life. Introduce night time routines that connect children and mothers closer together just before a child goes to sleep. For example, reading a story, combing a child's hair for the same amount of time each night.

Assist the mother to understand her child's arousal patterns. Support the mother to identify the trigger in the child's environment that set off their heightened stress responses and trauma based behaviour.

Create a plan that mothers and children will follow in the event that they have a disagreement. This ensures that

children experience tangible limits to interpersonal conflict and learn strategies that promote earlier resolution.

If children are having contact with their father, strengthen the father's commitment to supporting similar routines that are set and followed when the children are in the care of their mother. This facilitates children to be exposed to a predictable routine in two different contexts.

Promote activities such as safe space posters, grounding containing activities, which support children to locate themselves and their bodies in the present with safe anchors and connections to the environment and people.

Develop and write self statements that provide identity resources to the child.

Help children and safe adults to use calming activities such as breathing, playing with sand and water to support feelings of safety and security.

Introduce night time routines which include an attuned connecting activity and a regulating activity such as relaxation or guided imagery.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## Domains of Intervention (cont)

### Strengthen the relational connections around the child.

The second domain of intervention reflects the need for children to locate themselves in relationships that are committed to them, nurture them and can acknowledge their pain, fear and confusion whilst also reinforcing emerging qualities that reflect a positive interpretation of their own identity. This domain involves strategies that strengthen the connection between the mother and child, the father and the child, and the child and a range of other important kinship and community relationships. Relationships offer children and young people the resources to co-regulate their internal arousal system and safely experience the emotions that can often feel overwhelming and intense. Relationships that support recovery and healing in children are tuned into the needs of children. They show children that they are understood. They offer comfort and peace. They give children a sense that they belong and they are thought about fondly and carefully. They define violence and threats of violence as unacceptable.

The strategies in this domain involve re-engaging family members to recognise and understand the needs of their children. Both mothers and fathers (if safe) are supported to find in themselves the hopes and dreams they held for their children when they were first

born. They are supported to have fun and be playful together with their child. They are given opportunities to learn how to read their child, tuning into their child's mood and feelings. They are supported to understand how important relationships are in re-building the losses that children have experienced. As they experience themselves in their parental relationships, parents experience themselves as taking care of their children.



For some children, in particular Indigenous children, support is critical to access relationships in their broader family and kinship structures. This enables them to experience their culture through relationships that are significant and meaningful. Strong relational connections to family and community are at the core of transforming the past impact of trauma associated with family violence.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## Domains of Intervention (cont)



Examples of strategies for strengthening the relational connections around the child.

Explore and address with parents issues that affect their ability to provide a safe nurturing relationship with their child, such as their own trauma history, arousal triggers, beliefs about their child and parenting approach.

Provide opportunities for children and mothers to share and learn about the strengths of their relationships. For example, support mothers to understand their children's needs, interpret their children's verbal and non verbal cues, and support the evolution of responses that connect with and comfort children's arousal state.

Support the child to connect consistently with the parent with verbal and non verbal techniques such as a worry box.

Build opportunities for children to spend time playing with safe adults and other children around them. Playful activities promote laughter, enjoyment, curiosity and exploration. Consider childhood games that can be undertaken collaboratively between adults and children.

For example, playing Balloon Tennis. Playing the Mirror Game where parent and child take it in turns to mimic the facial expressions that each other makes. Playing Bubble Volleyball, where parents and children blow a soap bubble from one to the other until it pops.

Plan and build in regular opportunities to play games that metaphorically compensate for the trauma experienced by child. For example, Hide and Seek can be played in ways that emphasise how delighted the adult is in finding the child that they have lost. This reflects in play the experience of children being rediscovered and noticed again.







## WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

### Domains of Intervention (cont)



Examples of strategies for strengthening the relational connections around the child. (continued.)

Consider how to engage fathers in processes that support them to work towards having a safe relationship with their child. Develop a list of actions that fathers need to undertake to show that they accept responsibility for their behavior. Organise ways for fathers to apologise to women and children for their violence. Build a set of rules with the mother and child that need to be adhered to by the father in order to commence and maintain contact with the child.

Create sensory anchors that both mothers and children can access through the day when they are separated from each other. These can include bracelets, pictures, photos, items

of clothing, toys, special message cards, perfume scented soft animal.

Develop ways for parents to show children that they keep them in their thoughts even they are not together. For example, encourage a mother to leave a note in the child's lunch box that describes the connection between the child's lunch and the lunch that the mother used to have when she was going to school.

Support parents to know how to comfort and sooth children when they experience heightened stress levels.

Help children to develop the capacity to name, express and connect with a range of emotions.

Support child to reconnect and engage in relationships that feel safe responsive and nurturing i.e. teacher, extended family, friends, extra curricular activity

Create opportunities for family support if appropriate.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## Domains of Intervention (cont)

### Enable meaning making.

In this domain of intervention, strategies are employed to give children multiple opportunities in collaboration with safe adults to make sense of the violence and the meaning it held in their lives and the lives of their family. In this context, meaning is not only about knowledge. It is the development of stories between children and safe members of their family that integrate feelings and reactions. It gives children a chance to learn how their bodies respond to the sensations of stress and arousal. It connects children with others in their family who have felt similar experiences. They can then share in the process of change and continue to build on internal narratives of hope. They are exposed to the strengths in their cultural beliefs that offer them ways of knowing themselves and the meaning of their world. Violence removes certainty for children and young people. It alters what feels safe and unsafe. It distorts the truth.



Helping children to find meanings about their family, their routines, their friends, themselves and their culture acts to reverse the confusion and hopelessness that is part of the messages surrounding family violence.





# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## Domains of Intervention (cont)



### Examples of strategies for enabling meaning making.

Help children to understand and validate the actions they took to protect themselves from the violence and threats of violence.

Support mothers and children to list the actions that the mother and other important adults took to stop the violence and protect the child.

Support child to develop and build an understanding of their own triggers and functioning through psycho-education, and making explicit sensorimotor aspects and meaning of their behaviour i.e. support child to make links between sensations, emotions, thoughts and behaviour.

Explore how children's bodies react to change. Engage in activities that support children to learn how their bodies feel when they feel relaxed and calm.

Support the family and network to understand children's behavior as a form of communication about their unmet needs. Support strategies that do not react to the behaviour but respond to the source of the behavior.

Anticipate changes in the child's environment and prepare them for these ahead of time.

Develop stories that track children's experiences of family before, during and after the violence.

Build stories with children about the events in their life that mark out a narrative of meaning around the trauma experience for the child.

Explore cognitive distortions or beliefs that the child may have in relation to themselves.

Help children to develop therapy/story books that describe the ways in which adults have been supportive and understanding of them.



# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## Domains of Intervention (cont)

### Promote growth and recovery.

In the fourth domain of intervention, children and young people are provided with opportunities to address the impact of trauma on specific areas of their development. This includes a continuation of the strategies used in the previous stages. It also engages specialist services to address any developmental delays or specific areas of difficulties that children and young people may have as a result of the trauma associated with the violence.



Children and young people need to be supported in a range of contexts to enable them to transfer the progress they may have from one setting into the next. These strategies are facilitated by the collective involvement of the child's network and family.

The focus of this final set of strategies is to facilitate developmental milestones through directive play and relational strategies which provide opportunities for children to experience consistent and stable patterns of soothing and regulation in response to stress and arousal. It also aims to both cognitively and emotionally reshape early relational patterns making others feel safe and consistent. Children's emerging sense of identity based on their own qualities and the strengths inherent in their family, community and culture are supported and reinforced.



### Examples of strategies for promoting children's growth and recovery.

Undertake developmental assessments of children to identify specific areas of delay. Make referral to specialist agencies to address specific functional areas of concern.

Build strategies that support parents to stay calm in the face of increasing stress or competing demands.

Develop contingency plans with parents about how to respond to the needs of their children at different transitional points in their development.

Ensure that parents continue to respond to the developmental maturity of their child and not what is expected of them based on their chronological age.

Resource parents to continue to provide attuned nurturing safe regulating responses and experiences.

Support stories and experiences that promote and embed a hope based narrative as part of their family's life.





# WHAT ARE THE COMPONENTS OF THE FRAMEWORK?

## Outcomes of Intervention

The framework is also centrally positioned within the Best Interests Framework for Vulnerable Children and Youth. The three core principles of the Best Interests Framework are taken to be the outcomes achieved by the responses offered to children affected by family violence. This ensures that the guide is consistent with the governing statewide framework for decision making about children who are at risk of or have experienced harm arising from experiences of abuse and family violence.

The achievement of safety, stability and positive outcomes for traumatised children requires attention to:

- ▶ children's sense that their past is understood and respected as a core part of their development, so that they do not have to set aside or deny people or events that have been significant to them;
- ▶ children's assurance that they are loved and valued in the present; and,
- ▶ children's confidence that their future sense of belonging is assured, and that they can count on the commitment of significant people in their life to supporting their physical and emotional development into adulthood.



# SUPPORTING SOPHIA

Sophia is a young girl who has been profoundly affected by family violence. It has undermined her sense of herself, relationships and her world.

Sophia, her mother and father require the coordinated support of a range of professionals in order for Sophia to be able to recover from the trauma she has experienced.

In this section, Sophia's needs are considered using the Safe and Secure Practice Framework.

## Foundations to Intervention

Sophia's parents are third generation Australians, with both the mother and the father's families originally migrating from Italy. Professionals who are involved in the early work with Sophia and her mother should explore with them the meaning of their cultural background in their lives. What is the extent to which they identify with being Italian? Do they follow any Italian practices and rituals? How much of being Italian is used to explain the violence? What strengths are there in the heritage of Sophia's family that can support them to protect Sophia and her mother from the violence? Are there any connections to Sophia's extended family that can act as a resource to people in her family to stop the violence?

A coordinated approach is required by all the professionals involved in the family. Regular meetings are required to promote a shared understanding of Sophia's needs and how best to meet them, establish processes for sharing information and decision-making. In the initial stages, the focus of the care team will be safety planning for Sophia and her mother, with agencies working with her mother and father supporting them both to better appreciate the impact of the violence on Sophia and become more sensitive and responsive to her needs.

Has there been a report made to the police about the violence? How can professionals support the process of charging Sophia's father with relevant offences? How can Sophia's father be engaged to accept responsibility for his violence? What is required to ensure that he is able to genuinely apologise to Sophia and her mother for his violence and his impact?



The goals of these three foundational platforms are cultural integration, collective decision making, accountability and the establishment of a set of secure relationships for Sophia and her mother. This provides the scaffold for supporting Sophia to reduce the impact of the family violence.





# SUPPORTING SOPHIA

## Domains of Intervention

### Protect children and create safety

Whilst steps have been taken to protect Sophia from further family violence, she does not experience safety. Her environment and routines are unfamiliar and feel unsafe. She doesn't feel safe in her own body. She is confused about the number of strangers in her life and what they are doing. She doesn't know how long she will be living in the current house.

Sophia has felt alone and responsible for a long time. She avoids relationships and has not had her experience and feelings about the violence acknowledged or validated. She has not experienced relationships as a source of comfort and support. In order to assist Sophia to feel safe, she needs:

- ▶ reassurance that she is not to blame for the violence – this message will need to be reinforced by all adults in Sophia's life;
- ▶ her father to be supported to adhere to the limitations placed upon contact between himself and his family;
- ▶ her mother to feel empowered to be protective of Sophia;
- ▶ to have her feelings named and validated;
- ▶ her teacher to reach out to her and become a point of connection for her at school when she is feeling unsafe or in need of support;
- ▶ consistent routines to be developed at home that support her to feel that her environment and her life is more predictable – evening routines to assist Sophia to feel calm and relaxed before bedtime are especially important – these could include music, reading, massage, or guided imagery;
- ▶ to be given information about the plans that are being made for her by her mother and the professionals in her life and given an opportunity to have a voice in these; and,
- ▶ people to be honest with her about what is happening, even if the answer is 'I don't know'.



# SUPPORTING SOPHIA

## Strengthen the relational connections around the child

The violence has undermined Sophia's ability to engage in and trust relationships. She doesn't see relationships as a reliable source of comfort and support and as such is reluctant to invest in them. Her orientation in the world has narrowed to become solely focussed on the prevention of violence in her family thus robbing her of a chance to have fun and play with others, whether friends or adults. Sophia shows significant and concerning signs of stress (eg vomiting, nail biting, hyper vigilance).

Sophia needs opportunities to develop and strengthen relationships that offer comfort, support and reliability. She needs:

- ▶ her mother to become more attuned to her needs and able to meet her need for comfort, support, and calming particularly when Sophia is triggered or showing signs of stress;
- ▶ significant levels of physical touch and comfort from her mother, as one would with an infant or much younger child;
- ▶ opportunities to share fun and laughter with her mother and other adults in her life through things such as play and exploration;
- ▶ chances to experience her relationship with her mother even when they are not together – this may be achieved through a sensory anchor for Sophia (such as a picture, stuffed toy or bracelet);
- ▶ the school to promote opportunities for Sophia to develop friends and become included in play in the school yard; and,
- ▶ her father to be supported to take responsibility for his behaviour and write an apology to Sophia.

## Enable meaning making

Once Sophia has begun to consolidate her sense of security in relationships and safety in her environment, she will then have more attentional space and be resourced to begin to try to make meaning of her experiences. Sophia needs:

- ▶ information to begin to make sense of her experience – both the details of what happened and why as well as linking how she felt at those times;
- ▶ support to become more connected to her feelings through being more able to name her feelings and understand how she experiences those feelings in her body;
- ▶ a chance to explore the influence of violence on her identity and qualities, strengths and aspects to herself that she can engage in and in which she can feel proud;
- ▶ adults to notice how her body is affected by stress and offer her opportunities to reshape her own reactions in ways that are less restrictive and more adaptable; and,
- ▶ adults in her life to support her developing sense of agency by reflecting back to her the things she is good at and the qualities they notice about her that are important.

## Support Growth and Recovery

The final phase provides opportunities to review Sophia's ongoing needs and consolidate the strategies already used to support her to feel calmer and more regulated and engage in a world that feels more predictable and safer to explore and enjoy. Sophia's progress will take time and occur in small steps. These steps must be recognised and celebrated with her as signs of hope and change.



# CONCLUSION

Children like Sophia have experienced toxic developmental stress. The key to supporting them is to use the knowledge base about the neurobiology of trauma to understand them - their behaviour and their needs. And with such understanding comes hope.



*Hope is the outcome of change for children. It is like a wave that carries them into the future with fun, enthusiasm and optimism. Hope is the first moment in time when they dare to dream.*

For these children, hope comes from feeling that their experiences of trauma and stress no longer separate them from their friends and family. They know that they do not have to feel alone any more. They start to really feel a sense of safety in themselves and in those around them.

They feel secure with their mothers, connected to their community, strong in their culture and protected from the violence that has been part of their experience of family.

They can look forward to their next birthday without fear. They can look forward to the next school holidays without feeling worried.

They can tell their parent or carer or teacher that they are upset or sad and know that the response will be supportive. They can feel secure, safe and loved.

Hope is present for children when they can rely on the adults around them to be consistent, dependable and nurturing. Children begin to feel anchored in the present and trust in the future.

Children with hope and confidence are adaptable in the face of challenges. With belief in themselves they begin to do better at school. They find that they can more easily make and keep friends. Their relationships with their family improve. They are happier in themselves.

Hope is the beginning of a life capable of not being overtaken by the memories of stress, family violence and trauma....





# REFERENCES

This guide has drawn on the evidence contained in the following references as well as the practice insights of the staff of the Australian Childhood Foundation in their efforts to support children and young people affected by experiences of trauma. Individual references have not been cited in the text in order to facilitate a more integrated experience for the reader.

Allen, J. S. (2009). The Lives of the Brain. Harvard University Press, Cambridge, Massachusetts.

Arean, J. (2007). Fathering after Violence: Working with Abusive Fathers in Supervised Visitation, Family Violence Prevention Fund.

Australian Childhood Foundation. (2012). Making Space for Learning: Trauma Informed Practice at School. Australian Childhood Foundation, Ringwood.

Beers, S. and De Bellis, M. D. (2002). Neuropsychological function in children with maltreatment-related posttraumatic stress disorder. The American Journal of Psychiatry, 159, 483-485.

Borrego J., Gutow, M., Reicher, S. and Barker, C. (2008). Parent-Child Interaction Therapy with Domestic Violence Populations. Journal of Family Violence, 43, 295-305.

Bowins, B. (2004). Psychological defense mechanisms: A new perspective. The American Journal of Psychoanalysis, 64, 1-26.

Brewin, C. (2005). Encoding and retrieval of traumatic memories. In J. Vasterling and C. Brewin (Eds.), Neuropsychology of PTSD: Biological, Cognitive and Clinical Perspectives, 131-152. New York: The Guilford Press.

Brewin, C. (2005). Implications for psychological intervention. In J. Vasterling and C. Brewin (Eds.), Neuropsychology of PTSD: Biological, Cognitive and Clinical Perspectives, 271-291. New York: The Guilford Press.

Briere, J. (1992). Child Abuse Trauma: Theory and Treatment of the Lasting Effects. Newbury Park, California: Sage Publications.

Brown, D., Anda, R., Edwards, V., Felitti, V., Dubea, S. and Giles, W. (2007). Adverse childhood experiences and childhood autobiographical memory disturbance. Child Abuse and Neglect, 31, 961-969.

Brown, D., Schefflin, A. W. and Hammond, D.R. (1998). Memory, Trauma Treatment and the Law. W.W. Norton and Company. New York.

Brown, E. J., Albrecht, A., mcQuaid, J., Munoz-Silva, D. and Silva, R. R. (2004). Treatment of children exposed to trauma. In R. R. Silva (Ed.), Posttraumatic Stress Disorders in Children and Adolescents Handbook (pp. 257-286). New York: WW Norton and Company.

Charuvastra, A. and Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. Annual Review of Psychology, 59, 301-28.

Cohen, J. A., Mannarino, A., Berliner, L. and Deblinger, E. (2006). Treating Trauma and Traumatic Grief in Children and Adolescents. New York: The Guilford Press.

Cook, A., Spinazzola, J., Ford, J., et al (2005). Complex Trauma in Children and Adolescents, Psychiatric Annals, 35, 390-298.

Constans, J. (2005). Information-processing biases in PTSD. In J. Vasterling and C. Brewin (Eds.), Neuropsychology of PTSD: Biological, Cognitive and Clinical Perspectives, 105-130. New York: The Guilford Press.

Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. Psychotherapy: Theory, Research, Practice, Training, 41, no. 4: 412-25.

Cozolino, L. (2002). The Neuroscience of Psychotherapy: Building and Rebuilding the Human Brain. New York: W.W.Norton and Company.



# REFERENCES

De Bellis, M. D. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, treatment, and policy. Development and Psychopathology, 13: 539-64.

DeMarni Cromer, L., Stevens, C., DePrince, A.P. and Pears, K. (2006). The relationship between executive attention and dissociation. Journal of Trauma and Dissociation, 7, 135-153.

Department of Human Services. (2012). Best Interests Case Practice Model – Summary Guide. Melbourne, Department of Human Services Victoria.

DePrince, A. P. and Freyd, J. J. (2002). The harm of trauma: Pathological fear, shattered assumptions or betrayal? In J. Kauffman (Ed.), Loss of the Assumptive World: A Theory of Traumatic Loss. (pp. 71-82). New York: Brunner-Routledge.

Ethier, L. S., Lemelin, J. and Lacharite, C. (2004). A longitudinal study of the effects of chronic maltreatment on children's behavioural and emotional problems. Child Abuse and Neglect, 28, 1265-1278.

Featherstone, B. and Peckover, S. (2007). Letting them get away with it: Fathers, domestic violence and child welfare. Critical Social Policy, 27, 181-202.

Gaensbauer, T. J. (2002). Representations of trauma in infancy: Clinical and theoretical implications for the understanding of early memory. Infant Mental Health Journal, 23, 259-277.

Gilbert, P. (2009). The Compassionate Mind. New Harbinger Publications, Oakland.

Glaser, D. (2000). Child abuse and neglect and the brain - A review. Journal of Child Psychology and Psychiatry, 41, 97-116.

Goldberg, E. (2009). The New Executive Brain: Frontal Lobes in a Complex World. Oxford University Press, New York.

Gunnar, M. and Quevedo, K. (2007). The neurobiology of stress and development. Annual Review of Psychology, 58, 145-173.

Howe, M., Cicchetti, D. and Toth, S. (2006). Children's basic memory processes, stress and maltreatment. Development and Psychopathology, 18, 759-769.

Hughes, D. A. (2004). An attachment based treatment of maltreated children and young people. Attachment and Human Development, 6, 263-278.

Hughes, D.A. (2009). Attachment-Focused Parenting. W.W. Norton and Company, New York.

Hughes, D.A. and Baylin, J. (2012). Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment. New York: W.W. Norton and Company.

Humphreys, C. Houghton, C., and Ellis, J. (2008). Literature Review: Better Outcomes For Children And Young People Experiencing Domestic Abuse – Directions For Good Practice. Scottish Executive Domestic Abuse Delivery Group. Scottish Government, Edinburgh.

Isaac, C., Cushway, D. and Jones, G. (2006). Is posttraumatic stress disorder associated with specific deficits in episodic memory? Clinical Psychology Review, 26, 939-955.

Jernberg, A. M., & Booth, P. B. (2001). Theraplay: Helping Parents and Children Build Better Relationships through Attachment-Based Play, 2nd edition. San Francisco: John Wiley & Sons, Inc.

Maas, C., Herrenkohl, T. and Sousa, C. (2008). Review of research on child maltreatment and violence in youth. Trauma, Violence and Abuse, 9, 56-67.

Macdonald, H.Z., Beeghly, M., Grant-Knight, W., Augustyn, M., Woods, R., Cabral, H., Rose-Jacobs, R., Saxe, G. and Franka, D. (2008). Longitudinal association between infant disorganized attachment and childhood posttraumatic stress symptoms. Developmental Psychopathology, 20, 493-508.



# REFERENCES

Malchiodi, C.A. (2008). Creative Interventions with Traumatized Children. New York, The Guilford Press.

McGaugh, J.L. (2003). Memory and Emotion. Weidenfeld and Nicholson, London.

Mitchell, J. (2008) A Case Study in Attempted Reform in Out of Home Care: A Preliminary Examination of the Introduction of the Circle Therapeutic Foster Care Program in Victoria. Masters Thesis. Monash University

Ogden, P., Minton, K. and Pain, C. (2006). Trauma and the Body – A Sensorimotor Approach to Psychotherapy. New York: W.W. Norton and Company.

Ogden, P. (2009). Emotion, mindfulness, and movement: Expanding the regulatory boundaries of the window of affect tolerance. In D. Fosh, D.J. Siegel and M. Solomon (Eds.), The Healing Power of Emotions: Affective Neuroscience, Development and Clinical Practice, (p.204-231). W.W. Norton and Company, New York.

Onyskiw, J. E. (2003). Domestic violence and children's adjustment: A review of research. Journal of Emotional Abuse, 3, 11-46.

Perry, B. D. (2001). The neurodevelopmental impact of violence in childhood. In D. Schetky and E. P. Benedek (Eds.), Textbook of Child and Adolescent Forensic Psychiatry (pp. 221-238). Washington, DC: American Psychiatric Press.

Perry, B. (2002). The Vortex of Violence: How Children Adapt and Survive in a Violent World. Houston, Texas: Child Trauma Academy.

Perry, B. (2006). Applying principles of neurodevelopment to clinical work with maltreated and traumatized children – The neurosequential model of therapeutics. In N. Webb (Ed.), Working with Traumatized Youth in Child Welfare (pp. 27- 52). New York: The Guilford Press.

Porges, S. (2009). Reciprocal influences between the body and brain in the perception and expression of affect: A polyvagal perspective. In D. Fosh, D.J. Siegel and M. Solomon (Eds.), The Healing Power of Emotions: Affective Neuroscience, Development and Clinical Practice, (p.27-55). W.W. Norton and Company, New York.

Ramachandran, V.S. (2011). The Tell-Tale Brain. William Heinemann, London.

Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect regulation and infant mental health. Infant Mental Health Journal, 22, 201-269.

Schore, A. N. (2002). Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. Australian and New Zealand Journal of Psychiatry, 36, 9-30.

Schore, A.N. (2003). Early relational trauma, disorganised attachment, and the development of a predisposition to violence. In M. F. Solomon, and D. J. Siegel (Eds), Healing Trauma: Attachment, Mind, Body and Brain, 107-67. New York: W.W. Norton and Company.

Schore, J. and Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. Clinical Social Work Journal, 36, 9 -20.

Schore, A. N. (2009). Right brain affect regulation: An essential mechanism of development, trauma, dissociation, and Psychotherapy. In D. Fosh, D.J. Siegel and M. Solomon (Eds.), The Healing Power of Emotions: Affective Neuroscience, Development and Clinical Practice, (p.112-144). W.W. Norton and Company, New York.

Scott, K. (2012). Parenting Interventions for Men Who Batter, Applied Research Paper, VAWNet.org., National Resource Centre on Domestic Violence, Pennsylvania.

Siegel, D.J. (1999). The Developing Mind. Guilford Press, New York.

Siegel, D.J. (2009). Mindsight. Scribe, Melbourne.

Siegel, D.J. (2009). Emotion as integration: A possible answer to the question, What is emotion? In D. Fosh, D.J. Siegel and M. Solomon (Eds.), The Healing Power of Emotions: Affective Neuroscience, Development and Clinical Practice, (p.145-172). W.W. Norton and Company, New York.



# REFERENCES

- Southwick, S., Rasmussen, A., Barron, J. and Arnsten, A. (2005). Neurobiological and neurocognitive alteration in PTSD: A focus on Norepinephrin, Serotonin and the HPA Axis. In J. Vasterling and C. Brewin (Eds.), Neuropsychology of PTSD: Biological, Cognitive and Clinical Perspectives, 27-58. New York: The Guilford Press.
- Thatcher, R.W., Walker, R.A. and Guidice, S. (1987). Human cerebral hemispheres develop at different rates and ages. Science, 236, 1110-1113.
- Thatcher, R.W. (1992). Cyclic cortical reorganization during early childhood. Brain and Cognition, 20, 24-50.
- Tronick, E. (2009). Multilevel meaning making and dyadic expansion of consciousness theory: The emotional and the polymorphic polysemic flow of meaning. In D. Fosha, D.J. Siegel and M. Solomon (Eds.), The Healing Power of Emotions: Affective Neuroscience, Development and Clinical Practice, (p.86-111). W.W. Norton and Company, New York.
- Tucci, J., Mitchell, J., Goddard, C.R. and de Bortolli, L. (2005). Safe and Sound Services for Children and Young People in Tasmania: Recommending a best practice model for children and young people who experience family violence. A Report for Tasmanian Department of Health and Human Services. Australian Childhood Foundation, Melbourne.
- Van der Kolk, B. A. (2003a). The neurobiology of childhood trauma and abuse. Child and Adolescent Psychiatric Clinics of North America, 12, 293-317.
- Van der Kolk, B. A. (2003b). Post-traumatic stress disorder and the nature of trauma. In M. F. Solomon and D. J. Siegel (Eds.), Healing Trauma: Attachment, Mind, Body and Brain (pp. 168-195). New York: W.W. Norton and Company.
- Veltman, M. and Browne, K. (2001). Three decades of child maltreatment research: Implications for the school years. Trauma, Violence and Abuse, 2, 215-239.
- White, M. (2004). Working with people who are suffering the consequences of multiple trauma. The International Journal of Narrative Therapy and Community Work, 1, 45-76.
- Wilkinson, M. (2010). Changing Minds in Therapy: Emotion, Attachment, Trauma and Neurobiology. W.W. Norton and Company, New York.
- Yates, T. (2007). The developmental consequences of child emotional abuse: A neurodevelopmental perspective. Journal of Emotional Abuse, 7, 9- 34.





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