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# Supporting Children and Young People to Heal from the Trauma of Family Violence: Responding Safely to Family Violence

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## Learning Outcomes

- Review a shared platform for understanding family violence and how we construct our understanding of its impact.
- Explore a framework that supports recovery for children, in the context of safety, reconnection, and nurture with their parents and carers.
- Consider how we support parents to provide relationally reparative contexts in the aftermath of family violence.
- Practical ideas to support reconnection and recovery.



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## Children “Witnessing” family violence

Witnessing family violence includes when a child or young person is exposed to:

- Seeing the impact of the violence (bruising, distress, damaged property etc.)
- Witnessing their mother/father lying about how the mothers injuries occurred
- Sensing their mother’s fear
- Living with the effects of violence on the health and parenting capacity of their mother
- Having their possessions destroyed. (*The Lookout.org.au*)

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## Perpetrator involving the child

**A child or young person may be used by the perpetrator as a way to maintain power and control. Tactics include:**

- Using the child as a hostage or as a means of ensuring the mother returns/stays home
- Forcing a child to watch or participate in assaults
- Interrogating or involving the child in spying on mother
- Undermining the mother by encouraging negative opinions of her abilities, character or appearance. (*The Lookout.org.au*)

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## Impacts of family violence on children

**Behaviours:** fight, flight, freeze or submit activation can lead to a range of behaviours.

**Development:** developmental delays

**Relationships:** impacts on attachment to primary caregiver

**Emotions:** heightened fear response and poor attachment to secure base can impact on child's sense of self, their emotions and mental health

**Learning:** heightened fear response impairs a child's ability to learn

**Cognitions:** impaired when in a constant state of fight or flight.

**Physical health:** psycho-somatic (Brain-body) symptoms caused by stress response can lead to physical ailments; potential injury from exposure to violence.

**Cultural identity:** fractures connections to family and culture

*1800Respect.org.au*



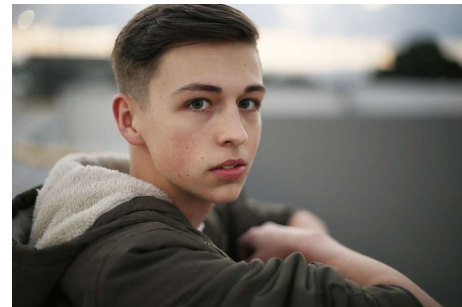
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## Impacts on young people

- Depression and/or anxiety
- Violent outbursts
- Low academic achievement
- Eating disorders
- Absconding from home/school
- Risk taking behaviours
- Substance use.
- Violence in their own intimate relationships.



*The Lookout.org.au*



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## Impact on parent – child bond

- Diminishes capacity for mother to be present for her child
- Often preoccupied with the perpetrator
- Little capacity to provide nurturing or strengthen attachment with child
- Mother likely to have a diminished sense of self
- Perpetrator often sabotages relationship with the child
- Perpetrating parent, who should be a source of safety is their source of fear



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## Impacts of family violence on parent-child relationship

- Reliance on self protection when safety is not provided
- Reliance on self-soothing when co-regulation is not available
- “irresolvable paradox” – biologically primed for dependence on the parent who is the source of terror (perpetrating parent) or unable to protect (non-offending parent)
- Parent locked into stress response (hyper or hypo-arousal) – unable to tune into and respond to child’s cues, states and needs
- Role reversal – instrumental and/or emotional parentification

## Beliefs a child or young person may hold as a result of family violence

- My needs are not important
- This is what relationships look like
- I have to look after others
- Its my fault
- It's mum's fault – she is crazy (Maternal alienation)
- This doesn't happen to anyone else
- I must be bad
- I can't get close to anyone or I will get hurt



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## Impacts of family violence during pregnancy

- High levels of toxic stress in pregnant mothers
- Elevated cortisol is transmitted across the placenta mimicking stress in the foetus.
- The infant is then born with an altered stress response.
- Low birth, premature labour and miscarriage
- Maternal substance abuse and smoking
- Maternal depression/anxiety/post-natal depression

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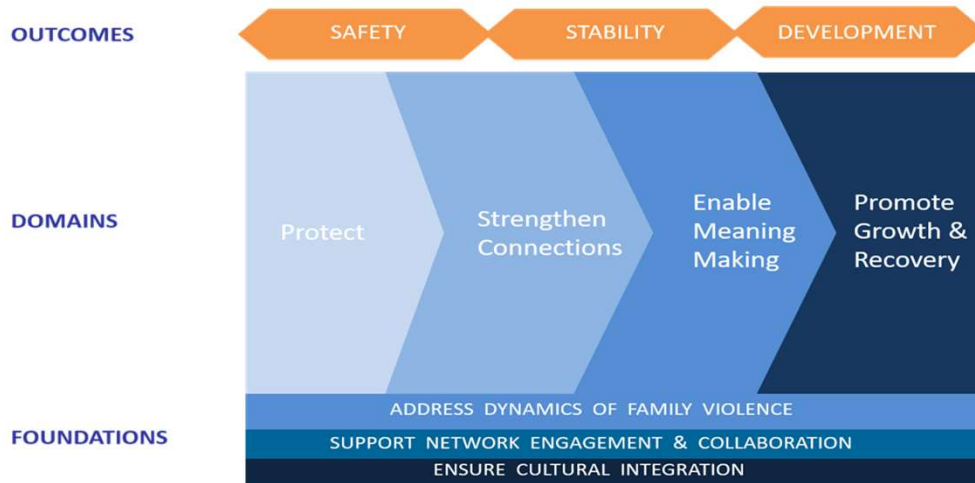
## Trauma and loss

Family violence can lead to experiences of loss on multiple levels for children. These include a loss of:

- sense of safety and connection
- predictability and familiarity
- contact
- Routines
- belongings
- Connection to culture, belonging & identity



## Safe & Secure Intervention Framework



## Foundations of Intervention

ENSURE CULTURAL INTEGRATION



- Considerations of family's cultural background
- Address needs within the context of culture and community
- Maintain contact and seek to work positively and constructively

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## Foundations of Intervention

ENSURE CULTURAL INTEGRATION



### Principles of Healing Practices & Models (SNAICC 2010)

- Safe Space – Physical and Relational
- Ownership
- Holistic and Relationship Worldview
- Flexible
- Imparting cultural knowledge and pride
- Strength based approaches – ‘prevailing strengths’
- Address Causes

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# Foundations of Intervention

SUPPORT NETWORK ENGAGEMENT & COLLABORATION



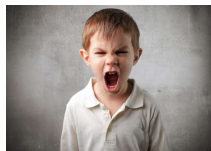
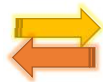
- Children and young people benefit from a collaborative approach by agencies
- Shared understanding of the issues
- Build a platform for communication and coordination of responses
- Mediated and run through structures such as care teams



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# Foundations of Intervention

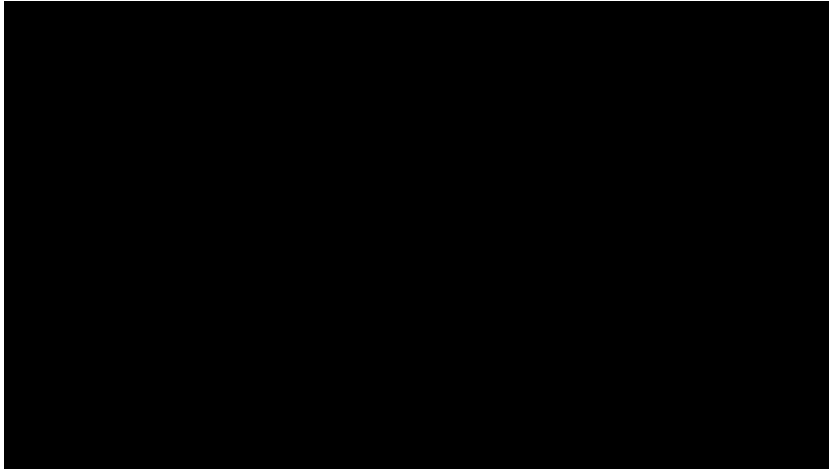
ADDRESS DYNAMICS OF FAMILY VIOLENCE



- Specific underlying dynamics that lead men to engage in violence
- Men’s psychological, attitudinal, social and cultural issues need to be addressed
- Strategies which hold men accountable for their violent behaviour

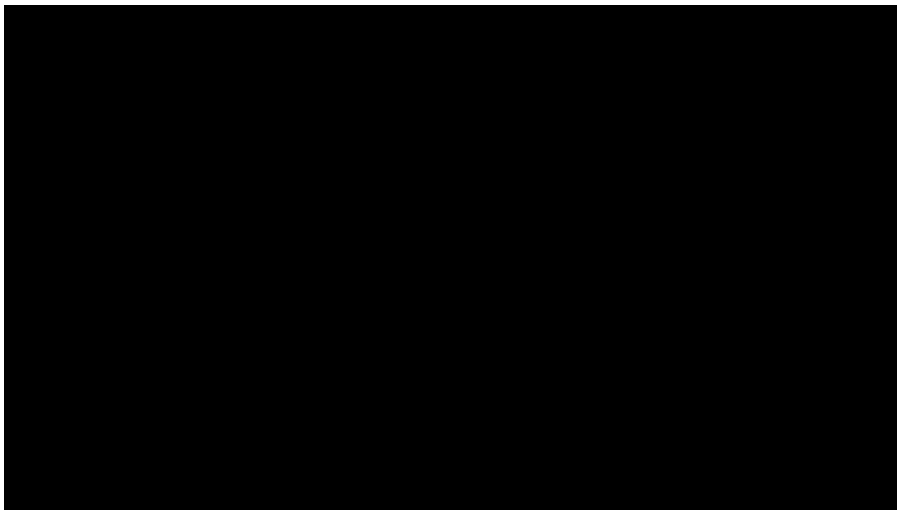
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Don't cross the line....



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Nike what are girls made of....



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## 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 are:



Protect child and create safety

Strengthen the relational connections around the child

Enable meaning making

Promote growth and recovery

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## Domains of Intervention

### 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.

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## Neuroception

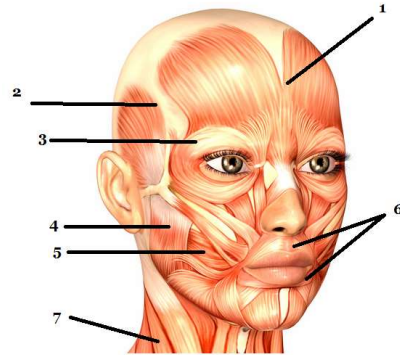
- “The removal of threat is not the same as the presence of safety” (Porges, 2014)
- We need to help children who have experienced trauma detect more features of safety in their environment.

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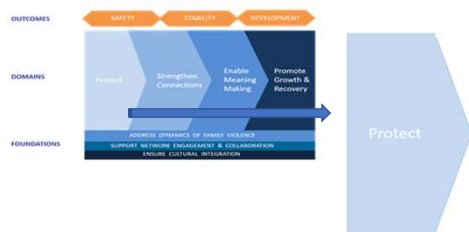
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## Detecting safety – A face, voice, heart connection

- Middle ear muscles
- Facial muscles
- Muscles of mastication
- Laryngeal and pharyngeal muscles
- Head turning muscles
- Eyelids
- Heart rate



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## Domains of Intervention Protect Child and Create Safety

### Safety for children is experienced in:

- The predictability of their routines
- The felt experience of their physical environment
- Attuned relationships with their mothers and other important adults
- No longer fearing that the violence will return
- Having their needs understood and responded to

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## Domains of Intervention Strengthen Connections

- Relationships that are committed, nurturing, acknowledging and responsive
- Strengthen the connection between the child and important carers

**Some helpful guiding frameworks & models:**

Theraplay ®	Circle of Security ®
Dan Hughes – PACE; Parenting Systems	Bringing up Great Kids
Dan Hughes – DDP ®	Mothering from the Inside Out
Coherent Narrative	Lighthouse Parenting ®

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## P.A.C.E – Playful, Accepting, Curious, Empathic

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## Domains of Intervention

### Strengthen Connections

**Relationships that support recovery and healing in children:**

- Are tuned into children’s needs
- Show children that they are understood
- Offer comfort and resources for co-regulating children’s internal arousal system
- Give children a sense of being understood
- Define violence and threats of violence as unacceptable

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## Developing relationships (Kim Golding 2007)

- Repeated experiences of safe and predictable relationships
- REPAIR after ruptures
- Caregiver can contain big emotions
- Caregiver understands impacts of trauma
- Opportunities for social development (community, school, friendships)
- Ongoing connection to biological family (non offending family members)

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## Domains of Intervention

### Enable Meaning Making

- Multiple opportunities, in collaboration with safe adults
- Development of stories between children and safe adults
- Learning how the body responds to sensations of stress & arousal
- Supporting children to access strengths within their culture or beliefs
- Helping children create & hold onto meanings that incorporate safety and hope

www.CapstoneTreatmentCenter.com

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## “My family” – drawings from therapy

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## Domains of Intervention Promote Growth and Recovery

- Support traumatised children to address developmental needs and delays
- Includes referral to specialist services
- Support children to consolidate, translate and generalise the progress they are making

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## Domains of Intervention Promote Growth and Recovery

**Incorporate strategies that focus on:**

- Facilitating the achievement of developmental milestones
- Consistent and stable patterns of soothing and regulation
- Cognitively and emotionally re-shaping early relational patterns
- Reinforcing children's emerging sense of self

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## Outcomes of Intervention

The intended outcomes of intervention are safety, stability and development.

Achievement of these requires that:

- Children's past is understood.
- Children feel assured that they are loved.
- Children feel confident that their future sense of belonging is secured.

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## CALMING

A young person's cortical capacity is impaired by trauma – as a result subcortical functioning becomes dysregulated

In order to regain cortical capacity, essential for attention and learning, we must restore calm

- Be predictable
- Be connected
- Be present
- Promote understanding
- Equip the young person with calming tools they can use



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## Hope – An Outcome of Change

- Hope is like a wave that carries them into the future with fun, enthusiasm and optimism.
- Hope is the beginning of a life capable of not being overtaken by the memories of stress, family violence and trauma.



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## Toolbox

### Sensory and Movement Supplies

- Weighted Blankets
- Large Pillows
- Crash Cushions
- Balance Board
- Rubber tubing for pulling or pushing
- Small Trampoline
- Therapy Balls
- Balance Beams
- Spandex Body Socks
- Bean Bags



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## Toolbox

- Sensory box or basket
- Pencils, crayons with mandelas
- Anchors
- Breathing activities
- Mindfulness on phone
- Regulation strategies
- Arousal strategies
- Journals
- Drumming, Clapping, Cups
- Paper
- Art book
- Sand
- Rocks/paints
- Clay
- Modelling clay
- Brain breaks
- Physical breaks
- Exercise ball
- Dance music ready



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## 8 senses

1. **Visual**
2. **Auditory**
3. **Olfactory** (smell)
4. **Gustatory** (taste)
5. **Tactile System** (touch)
6. **Vestibular** (sense of head movement in space)
7. **Proprioceptive** (sensations from muscles and joints of body)
8. **Introception** (awareness of basic primary functions – hunger, toileting, breathing)



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## Self Care



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## What we know about holding trauma as workers

- Stresses on RANs working in rural areas (Lenthall et al 2009, Australian Journal of Rural Health)
  - Workload and extended scope of practice;
  - Violence in workplace and community
    - Which can be mediated by:
      - Enhanced resources
      - Education, training and orientation
      - Improved systems

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## Coherence

- Sense of coherence mediates the effect of trauma on the social and emotional functioning of Palestinian health providers (Veronesse et al 2014, American Journal of Orthopsychiatry)
  - SOC mediates the relationship between responses to secondary effects suffered in terms of general psychological distress as reflected in levels of anxiety, social dysfunction, and, loss of confidence
  - How can we build a sense of coherence into the workplace?



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## Resilience

- Resilience positively associated with compassion satisfaction and personal meaning in patient care. Resilience was negatively associated with burnout, secondary traumatic stress, inhibitory anxiety, general intolerance to uncertainty, concern about bad outcomes and reluctance to disclose uncertainty to patients. 14% registrars were at risk of burning out (Cooke et al, 2013, BMC Medical Education)
- Role of mindfulness in protecting firefighters from psychosomatic malaise (Setti et al, Traumatology: An International Journal 20 (2) 2014).
  - Suggests the importance of long-term interventions aimed at increasing mindfulness will help negate the impact of both chronic and acute stressors.



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## Growth

- Posttraumatic growth is related to subjective well-being of aid workers exposed to cumulative trauma in Palestine (Veronese et al, Transcultural Psychiatry 54(3) 2017).
  - Findings suggest that posttraumatic growth contributes to mitigating and buffering (on the order of approximately 10%) the effect of trauma on subjective wellbeing.
- Professional growth in turbulent times (Baum & Ramon, Journal of Social Work, 2010)
  - Professional growth in the form of increased skills and knowledge, improved professional identity and greater team cohesion were related to recognition and resources workers received from society and support provided by workplace for coping with distress.

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## What contributes to wellbeing?

Social worker subjective wellbeing (Shier & Graham, Journal of Health and Human Services, 2013) contributions to wellbeing:

- Interpersonal workplace relationships,
- Decision-making processes,
- Management/ supervisory dynamics
- Workload and workplace expectations
- Access to resources and infrastructure support
- Collaborative practices

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## What does this mean?

- Safety
- Meaning making
- Belonging
- Our needs are not dissimilar to the needs of our clients=connection
- Enables us to embody our role of 'external regulator'

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## Activity

# Proqual

# Reflection

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## Resource List

- Brown, Brene (2012) Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead.
- Coffey, D (2009) Parenting After Violence: A guide for practitioners. Institute for Safe Families. Philadelphia, Pennsylvania
- Hughes, D and Baylin, J (2012) 'Brain Based Parenting- The neuroscience of caregiving for a healthy attachment'.
- Hughes, D (2006) Building the Bonds of Attachment: Awakening Love in Deeply Traumatized Children
- Odgen, P (2006) Trauma and the Body: A Sensorimotor Approach to Psychotherapy. WW Norton and Co: US
- Porges, S (2014) The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-regulation. WW Noton and Co: US
- Siegel, D (2007) The Mindful Brain. WW Norton and Co: US
- Siegel, D & Payne Bryson, T (2011) The whole-brain child. Scribe Publications: Australia

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