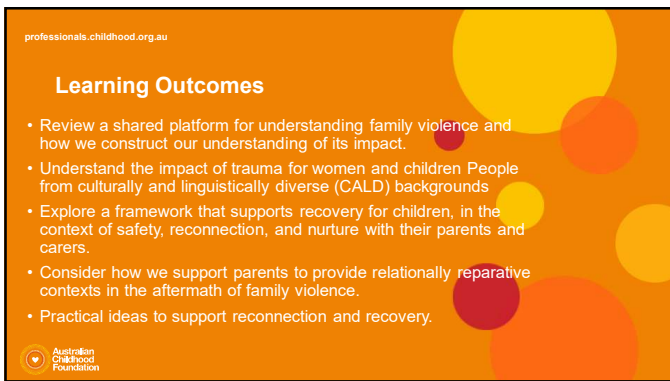




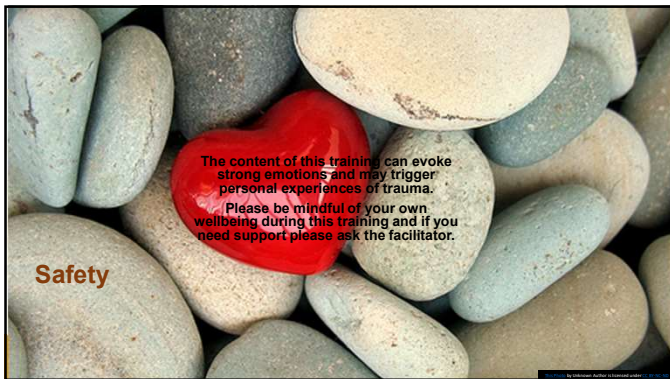
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3



4

The Child's Voice

“
Blocking out the abuse and pretending everything is okay helps me as the reality is too painful.”

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5

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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6

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*)



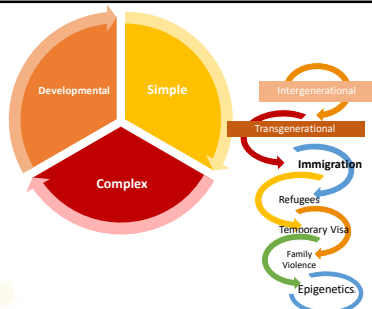
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7

Defining trauma

Any single, ongoing or cumulative experience which:

- is a response to a **perceived threat**, usually to survival
- **overwhelms** our capacity to cope
- feels/is **outside our control**
- often evokes a **physiological** and **psychological** set of responses based on fear or avoidance



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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



professionals.childhood.org.au

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Celebrati (Graphical user interface, text, application, email) **Family snapshot**
Description automatically generated

Culture and ethnicity

- What is your country of birth?
- Which ethnocultural groups do you belong to?
- What are the important traditions and customs in your family?
- How are decisions made within your family and community?
- Is anyone else within the family or community involved in the care of the children?

Faith

- What are the important religious and spiritual beliefs your family hold?
- How are your faith and religion practised in your family?
- Are you connected to a religious community where you can practice your religion?

Language

- What languages do you speak at home?
- Can you read and write in your first language?
- Do you need an interpreter and if so what is your preferred language?

Your Journey to Australia

- What strengths have you drawn on in difficult times?
- Who in your wider family and community supports you?
- What is going well now?

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Cultural Impacts of family violence

- Disrupted connection to culture and community
- Impacts on identity
- Access to cultural strengths and resources
- Intersectional considerations

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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



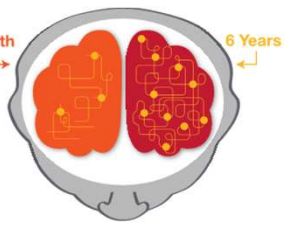
This Photo by Unknown Author is licensed under CC BY-NC-ND

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Neuronal connections

- The neural system has the ability for one neuron to communicate with up to 10,000 other neurons
- The newborn brain has approximately 100 billion neurons

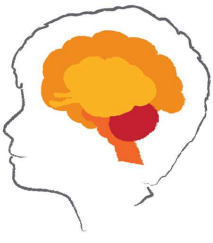


The diagram shows a cross-section of a brain. On the left, labeled 'Birth', the brain is filled with a dense network of orange and red neurons. On the right, labeled '6 Years', the brain shows a more complex and interconnected network of neurons, indicating significant development and synaptic pruning.

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Sequential brain development – building blocks



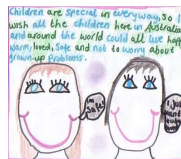
	The Thinking brain 3-5 Years
	The Emotions and Memory Brain - Birth to 4 years
	The Movement Brain Birth – 2 years
	The survival brain Pre birth to 8 months

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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



The illustration shows a woman and a young child. A handwritten note next to them reads: "Children are stressed in every way so I wish all the children here in Australia grew up safe and not to have any grow up problems." This highlights the long-term impact of stress on children.

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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

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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



Photo by Unknown-Katler is licensed under CC BY-NC-SA

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A brain development metaphor - My Brain House

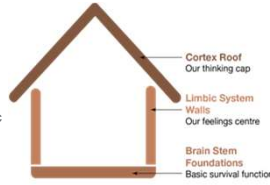
- We build our brain from the bottom to the top- like building a house
- We reinforce parts of our house as we grow, with our roof continuing to develop into our mid 20s.
- In times of great stress bits of our brain house can come down and require repair. This is achievable and our brain house can stand strong again.



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A brain development metaphor - My Brain House

- Our brain house can experience adversity. This can effect its structural integrity. If we get rattled our thinking cap roof can come off, leaving our feeling walls exposed. This can lead to strong emotions coming out without our thinking cap to help us contain our feelings.
- When this happens we can struggle to find words to communicate as our words flew off with our thinking cap roof.
- If we are deeply shook our roof and walls might come down and leave only our foundation. Our foundation is very strong and reliable. In these times we have our basic life functions to focus on to get us through- eg. our breathing, our heart beat.
- Everyone's rooves blow off from time to time. Given we have all built our own brain houses, we are all equipped to support each other to repair our houses together.



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The right hemisphere in infancy

- Normatively develops in an integrated fashion through healthy attuned, co-regulatory relationships in the primary years of life.

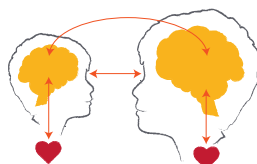


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The right hemisphere in relationship

These primary relationships contribute to:

- stored internal working models of primary relationships recorded in the right hemisphere
- the perception of emotion in self and others, enabling empathy and humour.



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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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Indicators of trauma in pre school early childhood

- Increased somatic complaints (e.g., headaches, stomachaches, bumps and bruises)
- Changes in behavior (e.g., appetite, unexplained absences, and decreased attention, withdrawal)
- Over- or under-reacting to physical contact, bright lighting, sudden sounds (e.g., bells, slamming doors, or sirens)
- Increased distress (unusually whiny, irritable, moody)
- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence of the traumatic event
- New fears (e.g., fear of the dark, animals, or monsters)
- Statements and questions about death and dying



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Relational Impacts



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Areas of impact- Reflection

Does your program/service focus on any of these areas of impact in particular? If so, what is the rationale/intent for that focus?

How are these areas of impact captured in your assessment processes? Are there any that are missed out?


How do you evaluate progress for clients in these areas?

- Neurobiological
- Physical and Physiological
- Emotional and Psychological
- Developmental
- Cultural Identity and connection
- Attachment/relational
- Social and Academic
- Practical/basic living needs

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Trauma impacts



Trauma can impact all elements of infant, toddler and child's development: brain, body, memory, learning, behaviour, emotions, relationships.


Image source: ©ACF 2021

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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. **Interoception** (awareness of basic primary functions – hunger, toileting, breathing)



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Nike what are girls made of....



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Dys-regulated Arousal

Fight or Flight hyper-vigilant, action-orientated, impulsive, emotionally flooded, reactive, defensive, self-destructive

Freeze Physically immobilized, frozen, tense musculature

Submit Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless

Ogden, Minton, Pain 2006

AROUSAL

Sympathetic Hyper-arousal

Window of Tolerance

Parasympathetic Hypo-arousal

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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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Creating safety – discussion

In groups, discuss:

- How can we support a child and their parent/carer to experience felt safety?
- How would we know that a child is beginning to feel safe? What might we see?

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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:

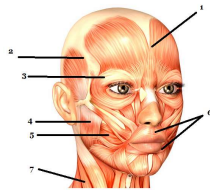
- sense of safety and connection
- predictability and familiarity
- contact
- Routines
- belongings
- Connection to culture, belonging & identity



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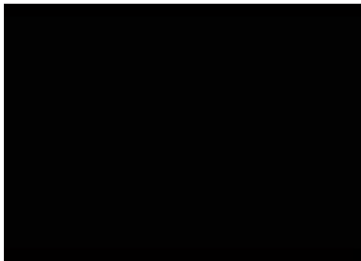
Detecting safety – A face, voice, heart connection

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



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



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“My family” – drawings from therapy

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Intervention Framework

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Practice Principles

Children who have experienced domestic and family violence need responses and interventions that:

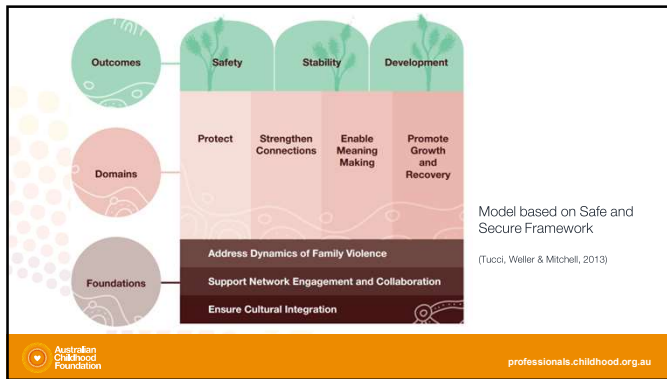
- Prioritise all elements of their safety
- Support their connection to culture
- Are coordinated and collaborative
- Are child-centred
- Build trust with and for them
- Are tailored to their unique circumstances
- Hold an understanding of trauma-based behaviour
- Privilege their voice and participation
- Are recovery focused
- Protect and repair their relationships

Children experiencing domestic and family violence need creative and flexible responses.

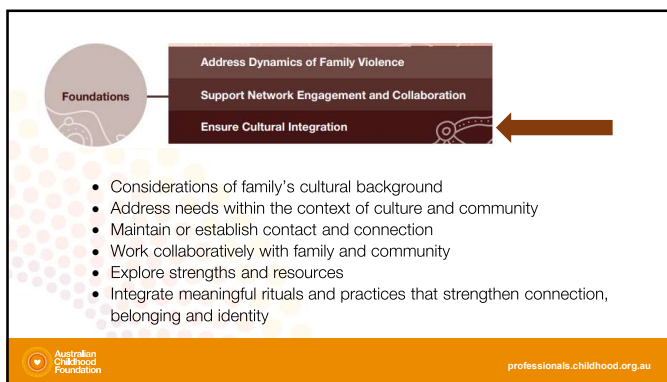
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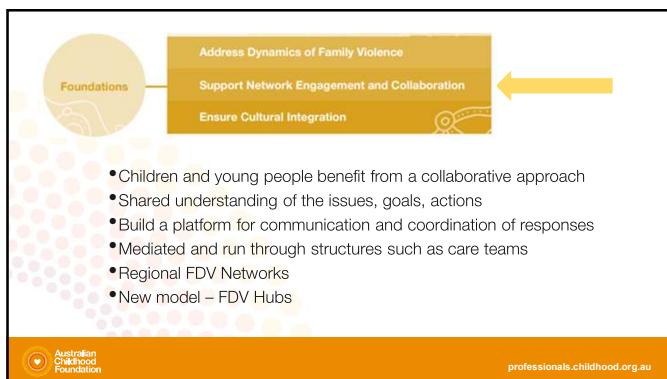
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Foundations

- Address Dynamics of Family Violence
- Support Network Engagement and Collaboration
- Ensure Cultural Integration

- Identify and challenge specific underlying dynamics that lead men to engage in violence
- Address psychological, attitudinal, social and cultural issues
- Strategies which hold men accountable for their violent behaviour
- Supporting women in their efforts to hold men accountable

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Domains of Intervention

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DOMAINS

- Protect
- Strengthen Connections
- Enable Meaning Making
- Promote Growth and Recovery

- Protect the child and create safety
- Children's recovery starts with being afforded safety on multiple levels
- Safety is a shared, relational experience
- Safety means different things to different people
- Felt safety forms the platform for all subsequent intervention phases and goals
- "The removal of threat is not the same as the presence of safety" (Porges, 2014)
- To create safety, we need to reduce elements of threat and harm, and also increase features of safety in the child's environment

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Protect the child and create safety

Protect

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

- Protect
- Strengthen Connections**
- Enable Meaning Making
- Promote Growth and Recovery

- Strengthen the relational connections around the child
- Identify, support and establish relationships that are committed, nurturing, available and responsive
- Resource and strengthen the connection between the child and their important adults
- Relational mapping – identify kinship and community relationships
- Sibling and peer relationships
- Relationship with parent who has used violence

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Strengthen relational connections

Strengthen Connections

Some helpful guiding frameworks & models to support parent-child relationship:

- TheraPlay®
- Circle of Security®
- Dan Hughes – PACE; Parenting Systems
- Bringing up Great Kids
- Dyadic Developmental Psychotherapy®
- Mothering from the Inside Out
- Lighthouse Parenting®

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Strategy approaches

Strengthen Connections

- Connect child to services – involve child and parent in planning; complete introductions and handovers
- Resource Mum to be able to tune in to child
- Create opportunities for play and joy
- Create sensory anchors for 'holding in mind'
- Consider if/how/when/where/why for child to have contact with parent who has used violence
- Maintain connection with important peers and adults

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Strategy approaches

Strengthen Connections

Therapeutic relationship:

- Take time for rapport building, creating safety, trust
- Flexible and multimodal engagement options
- Develop agreed Plan A and Plan Bs
- Create a therapeutic online space
- Include activities that promote 'getting to know you' or attunement/connection

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DOMAINS

Protect	Strengthen Connections	Enable Meaning Making	Promote Growth and Recovery
---------	------------------------	-----------------------	-----------------------------

- 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 and hold onto meanings that incorporate safety and hope

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Enable Meaning Making

Making sense of the impacts of violence across levels of functioning:

- Sensorimotor – help me understand how my body reacts and holds my story
- Limbic – help me understand, tolerate, express, and receive comfort through my emotional experiences
- Cognitive – help me articulate and re-write my story
- Creative – help me express old and new meanings through creative storytelling

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Enable Meaning Making



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Strategy approaches

- Create and maintain a stable platform
- Repeated, titrated opportunities
- Orient and prepare the safe parent and important adults
- Regulating nervous system responses
- Processing experiences through creative work
- Art, play, music, dance, creative writing
- Telepractice – mirroring and movement activities
- Describe behaviour as being meaningful

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DOMAINS

Protect Strengthen Connections Enable Meaning Making Promote Growth and Recovery

“Recovery is not a fixed outcome to be arrived at, but rather an ongoing journey to be continuously facilitated for children affected by family violence.” (p. 49)

- Developing a positive and coherent sense of self
- Transferring new skills and beliefs to other contexts
- Re-orienting towards the future

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Strategy approaches

Promote Growth and Recovery

- Developmental milestones – catch up and thrive
- Type and timing of specialist referrals/assessments
- Facilitate goal-setting & future-orienting
- Opportunities to try new things
- Share stories of strength, survival, hope and healing
- Embed self-worth and healthy relational values for the future

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Reflections

- What explanatory frameworks do you/your team use to understand domestic and family violence and inform your responses?
- What practice frameworks do you already work within, and how does the Safe and Secure approach fit (alongside/within/under/against/around)?

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From the artist

Even though I'm only 20, I've experienced things in my life which no person should ever have to live through. I keep my family safe and work to ensure that my daughter and I have a strong future.

The concepts for this project are inspired by the natural growth of local plants. For me, seeds, roots and leaves, and the colours they transition through, reflect my own journey, from dark to light, trauma to safety.

“
I want my daughter to grow up with no violence and surrounded by love and respect. To live a happy life without fear and dread.
 — Desley Taylor, mother and artist




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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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Reflection

Creative Strategies

- As a team, or individually, reflect on some of the strategies you have used to engage with and support children, young people or parents in recent times.
- Which *practice principles* would you link these strategies to?
- Which *intervention domains* would these strategies sit under?
- How would you describe the outcome of each strategy?
- Why do you think it was effective – or what would you do differently next time?



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Your Wellbeing



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What are the implications of VT in your practice and how do you promote safety for the families you work with?

Think about:

- Perceptions of safety
- Physical & emotional safety – triggers
- Risk of re-traumatisation – triggers
- Attunement
- Body language
- Cultural safety
- The language you use
- Environmental safety in the service space
- The professional relationship
- Addressing both child AND parental trauma

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Taking care of ourselves and each other



“the cure for burnout isn’t and can’t be self care. It has to be all of us caring for each other”

- Emily & Amelia Nagoski

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Reflective Activity

What are the elements involved in deep listening to yourself?

What is your experience of being present for yourself when at work?

Are you role modelling good self care to your clients – how?



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Window of Tolerance

Fight or Flight / Active Freeze

Sympathetic Hyper-arousal

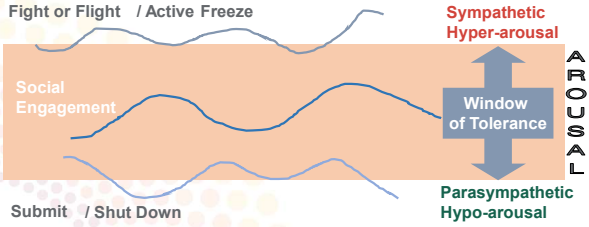
Social Engagement

Window of Tolerance

Parasympathetic Hypo-arousal

Submit / Shut Down

A R O U S A L



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Taking Care of Ourselves

Basics
Sleep, diet, exercise, social networks, recreation, physical health

Nervous System Boost
Regulating stress-responses: Nature, rhythm, sensory-activities, breathing

Working from Home
Regular movement breaks
Connection to colleagues
Support and autonomy
Boundaries communicated



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Sustainable Practice

- Does our team openly acknowledge the impacts of the nature of the work we do?
- Has our workplace implemented or expanded any measures for supporting staff wellbeing?
- Do we have processes in place for regular, reflective supervision, peer debriefing, professional development and team/peer connection?
- What is one thing we can start doing or do more of?



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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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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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Planning forward

- What were some key messages, ideas or themes that stood out for you from the practice guide/training?
- What is something you or your team will be sure to keep doing, or do more of?
- Is there anything you/your team would like to do differently moving forward? If so - what are the next steps required to action this?




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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.

- What were some key messages, ideas or themes that stood out for you from the practice guide/training?
- What is something you or your team will be sure to keep doing, or do more of?
- Is there anything you/your team would like to do differently moving forward? If so - what are the next steps required to action this?



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Resource List

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- 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
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- Siegel, D & Payne Bryson, T (2011) The whole-brain child. Scribe Publications: Australia



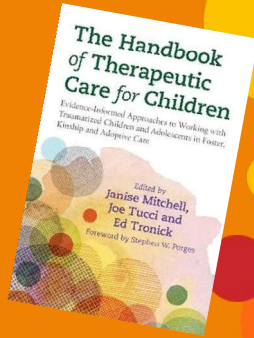
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A valuable resource

Includes chapters from:

- Martin Teicher
- Ed Tronick
- Allan Schore
- Bruce Perry
- Dan Hughes & Jon Baylin
- Kim Golding
- Cathy Malchiodi
- Joe Tucci
- Janise Mitchell
- Glenda Kickett
- Noel Macnamara

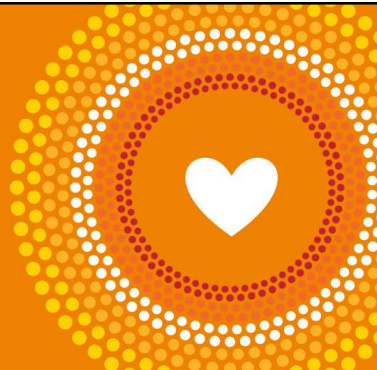


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Trainer Name

Donna Richards
 Email: drichards@childhood.org.au
 Find additional resources at:
<https://professionals.childhood.org.au/resources/>
<https://professionals.childhood.org.au/covid-19/>



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