



The Australian Childhood Foundation We Help Children Children Children Ghildren Safe Children Up for Children Up for Children Grade Children Up for Children

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Dev eloping a shared platform for understanding Family Violence as Trauma - Neurobiology - Trauma and it's Impacts - Safe and Secure Framework - Practioner Wellbeing

Safety is a central whilst complex concept in this work. It holds a range of meanings for us and for the children families and communities that we work with.

What does a safe space feel like for you?

How do you inhabit it?

What do you bring to it to make it feel safe?

What/ who else is inside the space that contributes to the safe nature of it?



Culture is part of development

- Our culture influences our brain development
- Our relationships influence our culture and our culture influences our relationships
- Sensory data is interpreted according to our culture long before our ability to think about and understand our culture

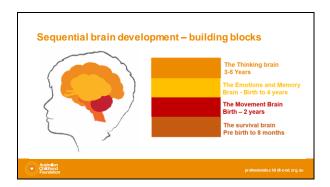


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Neuronal development Rapid growth occurs from birth 16 years Critical period of development Healthy neuronal development occurs through relationships, regulation, repetition Professionals in the cost or plant

Neuronal development - Early years – period of rapid growth - Followed by onset of puberty in which synaptic pruning and formation of new neurons occurs.



Brain Development: Key Themes The brain develops through a mix of genetics and environmental factors. Central to development and functioning is the relational context in which the brain develops. There are critical periods of development, trauma experiences during critical periods can result in significant impacts later in childhood and into adulthood. Culture influences brain development in utero-sensory based







Dev elopmental Impacts		
Pre-natal – 2 years Brainstem & Cerebellum Limbic Lobe (Inc. Amygdala & Diencephalon)	Pre-term birth, low birth weight Initiability, sleep and settling issues, feeding issues Frequent crying, difficult to comfort/soothe	Passive, withdrawn, Limited interpersonal interaction or engagement Delayed speech & language, motor skills and physical development
3 — 6 years Limbic lobe Cortex	Overwhelmed by emotions, difficulty naming/expressing emotions, aggression, arrulety, intrusive/distressing memories, hypervigilance, hypercitivity Psychosomatic problems: e.g., headaches or body pains, regressed tolering or failure to attain tollet training	Difficulty with changes and transitions Re-enactment of DFV through interactions and play Difficulty playing well with other children, difficulty with empathy and reading social cues Sleep disturbance
7-12 years Cottex Integration of L & R hemispheres	Memory and concentration issues Difficulty regulating emotions, anxiety Behavious that challenges; aggression, difficulty adhering to rules Difficulty forming and maintaining friendships, social withdrawal	Intusive/distressing memodes, hypervigilance, hyperactivity, sleep disturbance Feelings of shame and low self-esteem Bellefs that "normalise" violence and conflict
13 – 18 year's Cortex Pre-frontal Cortex	Self-hamn/suicidal behaviour, substance misuse, high-risk behaviours Difficulty trusting others, unstable and conflictive relationships Relationships that resemble the dynamics of DEV Symptoms of anxiety, depression, and fluctuating mood	School dis-engagement and academic performance issues insues intrassive/distressing memories, hypervigilance, hyperactivity, sleep disturbance issues with self-esteem, identify and self-worth Body image and/or eatine related concerns
Impacts on stress response and physiological arousal: Effects at any age and stage	Stress response – autonomic, protective/defensive, biochemicals released. Nervous system response, chronic HPAAxis activation	Increased baseline arousal level = constant state of vigilance and heightened alarm. Easily triggered - responses seem 'out of the blue'



Experience of Family Violence

Includes when children and young people are exposed to:

- Seeing the impact of the violence (bruising, distress, damaged property etc.)
- Witnessing their mother/father lying about how injuries have 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.

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 in relationships.
- A loss of predictability and familiarity.
- · A loss of (or re-structured) contact with one of their parents and possibly other family members.
- · A loss of routines, home, friends, belongings and neighbourhood.
- · A loss of what has been.

Trauma and Loss of Culture

- Family violence disconnects children from their culture, and hence, their identity. This includes:
 - o The meanings associated with the beliefs of their family and community.
 - \circ The principles that their culture offers them about what is right and wrong; what is respectful and disrespectful.
 - o An understanding of what it means to belong, how to be in relationships and fulfill their responsibilities.
- Children affected by family violence live in between worlds, neither of which feels secure.

Involving the child

A child or young person may be used 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.



Impact on parent - child

- 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

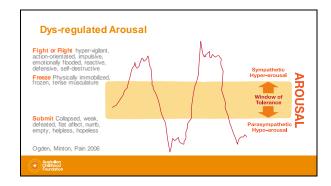
Impacts on parent-child relationship

- 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

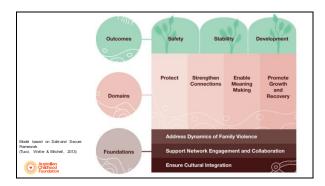
 Role reversal- instrumental and/or emotional parentification



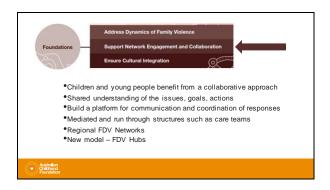


Reflection Does your program/service focus on any of these areas of impact in particular? If so, what is the rationale/intent for that focus? How are these areas of impact captured in your assessment processes? Are there any that are missed out? How do you evaluate progress for clients in these areas?















Protect the 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

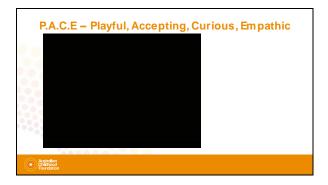
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Neuroception • "The removal of threat is not the same as the presence of safety" (Porges, 2014) • We need to help children who have experienced trauma detect more features of safety in their environment.

Protect: Strategy approaches Reduce uncertainty Promote felt safety across environments Care and service delivery - where, when, who, how Anticipate, validate and address worries Orienting to space Pandemic implications

Domains	Protect	Strengthen Connections	Enable Meaning Making	Promote Growth and Recovery	
Strengthen the relat Identify, support and establi- responsive Resource and strengthen th Relational mapping – identif Sibling and peer relationship Relationship with parent who	sh relationsh e connection y kinship an os	ips that are c between the d community	ommitted, nu child and the	rturing, available eir important adu	and
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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 co-regulation - Define violence as unacceptable - Reflect back to the child a picture of themselves as worthy, loveable and deserving - Include adult-initiated REPAIR after RUPTURES



Strengthen Connections: Strategy approaches

- 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

Strengthen Connections: Strategy approaches

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





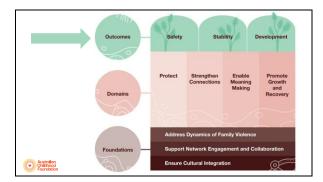
Enable Meaning Making Making sense of the impacts of violence across levels of functioning: Sensorimotor – help me understand how my body reacts and holds my story Limbic – help me understand, tolerate, express, and receive comfort through my emotional experiences Cognitive – help me articulate and re-write my story Creative – help me express old and new meanings through creative storytelling

Create and maintain a stable platform Repeated 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 Describe behaviour as being meaningful

Domains	Protect	Strengthen Connections	Enable Meaning Making	Promote Growth and Recovery
romote Growth and	d Recove	ery		
Recovery is not a fixed	outcome to	be arrived at,	but rather an	ongoing
journey to be continuou violence." (p. 49)	sly facilitated	for children a	ffected by far	nily
Developing a po Transferring nev Re-orienting tov	w skills and be	liefs to other c		

Promote Growth and Recovery: Strategy approaches 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





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.



The expectation that we can be immersed in suffering and loss and not be touched by it is as unrealistic as expecting to walk through water without getting wet.

(Remen, 1996)

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Questions to consider

- How are you doing?
- Where do you go for support?
- Have you been in a professional dynamic that allowed for reflection, challenge, growth? Was this formal or informal? What made it have impact on your development?
- Who is looking after the Staff brain?
- Where do Staff go to regulate?

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