



**Q&A: Infant mental health and family violence
Working with infants and toddlers in a family violence context
amidst COVID-19 restrictions**

WEBINAR: <https://www.cfecfw.asn.au/qainfantfamilyviolence/>

Survey responses and: [WENDY BUNSTON'S RESPONSES, \(to the best of her ability\).](#)

What questions do you have?

- What can staff do to improve safety for children who are living across multiple homes (e.g. following separation) and where the PUV is using the child / children's tech devices to continue to control the family?

This is a very legitimate concern and a very good question, and I fear there is not a straightforward answer. The concerns remain the same as pre-COVID re the battleground that children invariably occupy where there is family violence and separated parents. What occurs to me is that children in both instances get a bit lost, whether they can be seen by the service systems or not. The misuse of tech devices operates as do any other means of trying to exert control. If one method fails, then an alternative is found. Some case workers are reporting that their client's violent partners have been bombarding them with court orders demanding access and warning of the ramifications of not allowing children to have access with the other parent despite the lockdown.

I am not a legal expert. I do wonder, however, what court in the land would insist on forcing children to have access with the non-primary caregiver in the current circumstances, especially if there are concerns are the safety of the children. I can imagine there may be some lawyers who may be finding

this increase in 'badgering by letters' threatening legal action as a means of ensuring ongoing income.

I guess I am inclined to keep up with being vigilant, making sure child protection notifications are made if we have cause for concern and using our creativity to reflect on what we can do rather than what we cannot. There are not simple answers to ensuring children are protected. This existed as a cause for concern before the pandemic. My way of addressing this is to keep finding ways to promote the voice of the infant and child. To engage children directly in matters which affect them and to be a bold advocate on their behalf. I think we often remain working under a legal framework which sees the infant and child as the property of the parent.

We can instead focus on what we are directly hearing from or seeing in the child. We can comment on behavioural concerns which children may be exhibiting, remain focused on inviting children into the online space, undertake visits where we might sit out in the garden to spend time with our young clients and increase the amount of time where we keep in touch with our most vulnerable clients. We may have more phone contact during the week but for less time for each call. We can express our concern and be honest about why we are doing this. This is a time where we can with some confidence say that increased stresses, as are occurring now, increases aggression, feelings of depression, anxiety and other difficulties within individuals and relationships. We can offer increased support but need to also be prepared to ask our organisations for their increased support. Frontline workers are grappling with a myriad of concerns and the provision of additional supports (through extra supervision, team meetings etc) is as important in keeping frontline workers safe as is providing health workers with proper face masks and protective equipment.

IN ESSENCE I think we need to be supported by our organisations to:

- *Deliberately keep the infant front and centre in our minds*
- *Ask directly about the infant and child*
- *Create opportunities to see and talk to them where possible*
- *Use this information to help their caregivers reflect on what the experience of the infant or child might be*
- *Be bold! If we are concerned, talk it through and be a pest if you have to!*
- *Reflect on what we need and do not be afraid to ask for it*
- *Manage up our concerns, document these, and ask for support*

What are your biggest challenges?

- Staff are saying that being unable to keep eyes on the children is the biggest concern. I liked Wendy's comment that often, even when children are in the room, the focus isn't actually on them. Really important acknowledgement.
- Safety for adult survivors and children. The inability for them to access their support networks both informal and formal that they may have been able to prior to pandemic.

Just because we cannot see our usual service providers or attend meetings together does not mean they are not there. Ring services as we used to, be persistent, advocate, make noise about the cases that are really concerning us. Safe Steps is still running, so are the other emergency services. Keep in touch, ask questions, manage your concerns up, ask for support and think of using alternative services creatively.

- Not being able to get through

Manage this up rather than give up. Document your attempts, pass this on in writing to your managers and to the services directly. Some services were scrambling with how to respond at the beginning of this crisis, but many are now back on deck and have resumed some level of responsiveness. Those that were always difficult to access will likely still to struggling. You can only do you best. If you are feeling overwhelmed ask for help.

If you are finding it hard to get through to clients be persistent. Day by day I am hearing clients who are reporting differing swings in mood and actions. Unless there is a direct concern for safety (and this requires that we report our concerns) then keep checking in and ensuring our clients know we are there for them.

- Parents acknowledging family violence and the direct and indirect impact it has on their children. Parents having the courage to make changes (too difficult to raise children on their own).

Just as we need to ask for help, so too do we need to normalise for parents that it is ok for them to ask for help. This also involves assisting parents to

recognise when their infant or child may be asking for help and teasing out with them how their child may do this. Trust is not a commodity which is in abundance with families who have faced numerous traumas and over many generations. Acknowledge this. Be up front about the risks they may feel they are taking in trusting us. Be gentle, respectful, and clear, and explain truthfully what you are worried about and why.

- Trying to access the mother on her own to be able ask questions regarding how she is really feeling when faced with the partner who is always present during the phone consult.

You can only work with what you have in front of you. You may need to trust your inner antenna. If something does not feel quite right take your lead from the mother. Ask routine questions about the children's health, development, and functioning. This may be terrain which is easier to talk about and which may give you clues about worries which may be followed up on be seeking assistance from maternal child health services or a GP. There are essential services where visits outside of home can be safely made and might open opportunities to explore things are bit further. Contact specialist family violence services and ask for a consultation. Consult with colleagues, canvas other ideas with teammates, your supervisor. Perhaps offer to drop goods off at the front door or the letter box and keep in touch so that it is known that you are keeping in touch by everyone in the home. If there are existing or pre-existing safety concerns consult with your local family violence police personnel and options regarding them making an unannounced visit.

What further advice would you like?

- Further in-depth discussion around keeping the infant visible during this time. How to do that dyadic work.

See resource https://www.cfecfw.asn.au/wp-content/uploads/2020/05/WBunston_Infants-Family-Violence-COVID-19.pdf and <https://www.youtube.com/watch?v=kl2R4ust8ck&feature=youtu.be>

- The question is not so much about family violence but around supporting a parent living experience of a mental health condition who seem to be spiralling down, feeling very isolated. It would be good to explore the impact of deteriorating mental health of the parent on the baby during isolation when the child only has that person to rely on.

In circumstances where the mental health of a sole, or the primary parent is in question, exploring options for care child or external supports of some kind are imperative. If the infant or child has no one who can act as the protective parent, not because they are unloving but because their mental health is deteriorating, outside assistance is needed to ensure the infant or child is neither neglected or overwhelmed as a result of their parent's mental health needs. This is not about punishing the parent nor the child. If a parent fell in with the coronavirus, they would need medical attention. If a parent's mental health is deteriorating, they need help from a mental health professional and the infant or child needs to be kept in mind, with their needs, emotional and physical, being attended to. Other family members or friends may be an option but if not contact your local respite services, develop a plan with the guidance of a mental health practitioner and keep attentive to what the infant or child is showing you about how they are managing and what they need to keep them safe.

Please note, these responses are my opinions to the questions asked above and will no doubt fail to grasp the complexities of the range of differing families and presentations you are dealing with. This is why having access to reflective supervision is so critical in our work, and the chance to move to a space where such complexities can be unpacked and thought about rather than reacted to. It is imperative to consult, reflect on and make use of supervision to best serve our clients. If you feel your service is not offering this sufficiently, it may be best to manage up your concerns so more minds than simply our own can attempt to make sense of what can often in our work not always make sense. And to be gentle on yourselves in what is a very confronting area of work, even when not in the midst of a pandemic.