

# Dr Wendy Bunston – Listening to the voices of infants and children who have experienced family violence

The podcast was recorded to support professionals' use of the Victorian State Government Information Sharing Schemes and the Multi Agency Risk Assessment and Management (MARAM) Framework. These reforms require child-led practice, establishing children who experience family violence as victim survivors in their own right. They require that professionals strengthen their practice skills in listening to the voice of children. This information sheet provides useful practice advice for professionals when listening to the voice of infants and children who experience family violence.

Services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from family violence. By listening to the voice of infants and the child and observing their behaviour, there may be cues as to how practitioners can support a child's wellbeing and safety.

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To access the podcast please visit [www.cfecfw.asn.au/information-sharing-resource-hub](http://www.cfecfw.asn.au/information-sharing-resource-hub).

## 1. Why do we need to listen to infants and children who have experienced family violence?

- The infant or child is entitled to be part of a process that directly impacts them
- Infants and children are exceptionally attuned to their environment. Infants physiologically hold traumatic memories, such as experiences of family violence, in their body and express these memories through the way that they operate within relationships, when they first meet strangers, and when they first meet people who may trigger traumatic memories.
- Infants are a port of entry through which to engage with caregivers in discussing family violence, in part due to the hope that they hold about their infant; many parents want to have a relationship with their child that they never had with their own parents. Infants and children can help generate adult motivation for change.
- If we don't see, hear, think about or reflect on the experience of the infant, we can leave them in unsafe situations. Leaving children in damaging situations might require urgent action later when it could take longer for the child to heal.

*"Infants are the scientists in the crib, who are constantly surveying their environment to find out what feels safe and what doesn't feel safe. And if they find places that don't feel safe, they will withdraw into themselves or they will protest in some way."*

## 2. How do we listen to the voice of infants or children who have experienced family violence?

- Immediately bring them into the space when we are working with families or their parent; bring them into the mind of the families we are working with
- Bring them into this space in a gentle therapeutic way so as not to re-traumatise them

- Meet with infants and young children, talk to infants and young children, be therapeutically respectful of children by giving them a voice. Wait for infants to give you cues about wanting to engage with you
- Observe the dynamic you see operating between them and their parents; take notice of the way the infant or child physically holds themselves in the space with their parents, and in the space with professionals or with strangers
- Keep a curious and questioning mind, be reflective, and always ask the question: If I was that infant or child how would I find this environment?
- Spend time thinking through what a child might be telling you

Example:

*“If you have an infant or child who is described as a ‘really good’ baby, sleeps all the time and doesn’t make a lot of fuss, you have to wonder if that baby is ok? Babies are built to make a fuss. They are built to engage with the world. They are built to protest. They are built to seek out safety with their care giving environment and when they feel safe they are built to say ‘I am hungry now’, or ‘it is cold in here’ so an adult can do something about it.*

*Babies are built to communicate with their environment. If a baby isn’t doing that, if a baby isn’t letting their external world know they are feeling hungry or sleepy or tired or frightened or sad or happy or playful then what is going on in their environment?”*

### 3. What are the necessary skills when working with infants and children who have experienced family violence?

- Understand and acknowledge that there is an enormous amount infants and children can teach us about their world and their experiences
- Make the space and the time to have your eyes on infants or children, gently engage with the infants or children, and create space in to think about the infant in discussions with the adults they are dependent on
- Be open to not always relying on language as children, especially infants, are non-verbal – they may behave in ways that are dysregulated, aggressive, disorganised, or just don’t make sense
- An ability to be observant and reflect on what you are observing; ask yourself ‘What did the infant tell me?’, ‘What did that infant teach me?’
- An ability to learn from and collaborate with other sectors, for example there is a lot that the infant mental health sector can teach the family violence sector and vice versa

Example:

*“If a two-year old meets you for the first time and immediately comes and sits on your lap, what do you make of that? Is the child friendly and outgoing or do they think you might be safer than their parent? Is that what a two-year old would normally do when they meet a stranger?”*

### 4. What additional supports or approaches can you recommend for practitioners wanting to improve their work with infants and children?

- Ensure access to regular reflective supervision
- Seek out the rich literature in the area of infant mental health
- Information sharing with other services including secondary consultation and referral:
  - Infant mental health organisations (in every state)
  - Occupational therapists

- Speech therapists
- Maternal Child Health Nurses
- Integrated Family Services (specific)
- Family violence specialists

Children with experiences of family violence will be very alert to potential dangers when they enter into contact with new services and professionals. Do not necessarily separate infants or children from their caregiver. Practitioners need to be prepared to:

- Make children feel comfortable and welcome
- Introduce themselves to the infant and child in a gentle way
- Use the infant or child's name and look at them
- Include the infant or child in part of the discussion, recognising that while the infant or child may not know the meaning of words at an intellectual level, they will not know the meaning of words at an emotional level. They will understand a voice that is calm and soothing and empathic, and they will understand a voice that is functional, dismissive and high pitched.

*"It is about us as workers bringing children into the space. Sometimes, in the family violence sector, we don't see infants and young children as active participants in the therapeutic exchange. As such we exclude a vital, hopeful and powerful contributor to the working space, and fail to see the infant/young children as deserving a service response in their own right."*

## Additional Resources

### Recommended Reading

- Bunston, W. (2017). *Helping Babies and Children (0-6) to Heal after Family Violence: A practical guide to infant- and child-led practice* UK: Jessica Kingsley Publishers.
- Bunston, W., & Jones, S. J. (2020). *Supporting Vulnerable Babies and Young Children: Interventions for working with trauma, mental health, illness and other complex challenges*. UK: Jessica Kingsley Publishing.
- Lieberman, A. F., & Van Horn, P. (2008). *Psychotherapy with Infants and Young Children: Repairing the effects of stress and trauma on early attachment*. New York: Guilford Press.
- Paul, C., & Thomson-Salo, F. (2014). *The Baby as Subject: Clinical studies in infant-parent therapy*. Great Britain: Karnac Books.
- Stern, D. N. (1985/2003). *The Interpersonal World of the Infant: A view from psychoanalysis and developmental psychology*. London: Karnac Books.
- Zeanah Jr, C. H. (2019). *Handbook of Infant Mental Health* (4th ed.). New York: The Guilford Press.

## Recommended Websites

[World Association of Infant Mental Health](#)

[Zero to Three](#)

[Australian Association of Infant Mental Health](#)

[The First Thousand Days Australia](#)

## Recommended Journals

Infant Mental Health Journal

Infant Observation

Attachment & Human Development-

Child Development

Child Abuse & Neglect

Infant Behavior and Development

## Additional information and services

[PANDA](#) - 1300 726 306

[Safe Steps](#) - 1800 015 188

Australian Association for Infant Mental Health (Vic Branch) - [info-vic@aaimhi.org](mailto:info-vic@aaimhi.org)

Child & Youth Mental Health Service in your region

Talk to a Maternal Child Health Nurse in your local government area

[The Centre for Excellence in Child and Family Welfare](#) - (03)9614 1577

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