

An Information Sheet to Support the Implementation of the Victorian Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) and Information Sharing Schemes

Understanding child development and attachment in the context of the Child Information Sharing Scheme (CISS), Family Violence Information Sharing Scheme (FVISS) and MARAM

The Child Information Sharing Scheme (CISS), Family Violence Information Sharing Scheme (FVISS) and the Multi Agency Risk Assessment and Management (MARAM) framework aim to create a significant cultural shift in information sharing practice and risk assessment to improve family violence risk assessment and management and to support child wellbeing. All three schemes identify child and family services and other prescribed or Framework organisations from allied sectors as having a responsibility for the wellbeing of children and young people.

This information sheet outlines why understanding attachment and child development is important, how practitioners can apply this understanding in their observations working with families, what attachment and development looks like, and the significance of cumulative harm and family violence on child development and attachment.

Question:	Practice Considerations
<p>1. Why is understanding attachment and child development important?</p>	<p>Children affected by family violence, abuse or neglect can experience a range of serious emotional, psychological, behavioural and developmental consequences. A practitioner's understanding of development and attachment is important when assessing risk or determining the appropriateness of asking questions of a child or young person when using the MARAM framework or Information Sharing Schemes. It is important that practitioners understand when attachment may be undermined or when developmental milestones may not be being achieved and know where to refer for further investigation, identifying the context that results in compromised attachment or achievement of developmental milestones.</p> <p>Children's development optimally occurs in a nurturing environment. When the environment is insecure and frightening for a child, the normal tasks of development can be adversely affected. Children involved in a situation of family violence, for example, are likely to experience high levels of terror and anxiety about their own and/or their mother's safety. It is challenging for a child to feel safe in an environment where they are aware that their mother or care-giver might be in danger. Family violence has a significant impact on the mother/child relationship and their attachment, which in turn can affect a child's physical, emotional and intellectual development.</p> <p>Complex trauma is a term that is often used to describe the experience of developmentally adverse events. These include family violence and environments in childhood that are chronic, prolonged and the cause of significant stress affecting the development of children and their ability to form positive relationships and attachments with parent/carer or other significant people in their lives.</p> <p>While family violence is not the only detrimental impact on child attachment and development, there is increasing evidence that physical, sexual and emotional abuse</p>

	<p>of children is more likely to occur in a home where one adult is violent towards the other than in non-violent homes. The co-occurrence of different forms of abuse can be severe and pervasive for children. These experiences often begin early in life and can disrupt many aspects of the child's development, having a profound impact on their sense of self. As they often occur in the context of the child's relationship with a caregiver, they interfere with the child's ability to form a secure attachment relationship. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability, of which relationship attachments form a significant role.</p>
<p>2. What is attachment?</p>	<p><i>Attachment</i> describes the emotional bonding and relationship between a parent and child. In most cases the primary attachment is with the birth mother, but partners/co-parents, other relatives and carers may be primary carers, it is important not to make assumptions. While there are universal features of attachment, there is also diversity in parenting and family relationships (cultural and other) that should be considered in assessing and responding to wellbeing issues.</p> <p>Strong attachment promotes emotional wellbeing and the attainment of development milestones. A child's experience of attachment lays the foundation for later development in four main areas:</p> <ul style="list-style-type: none"> • cognitive development (internal representations of self and others) • emotional regulation • exploratory play and other behaviour • pro-social orientation towards others. <p>When a practitioner is assessing an infant's or child's wellbeing, they will need to observe how an infant or child forms an attachment with the primary caregiver or parent:</p> <ul style="list-style-type: none"> • A securely attached child learns to regulate distress, in the knowledge that they can get help from their parent/caregiver. • Insecure attachment can manifest as: <ul style="list-style-type: none"> ○ <i>Avoidant</i>: A child feels their needs are not important and they may internalise a sense of shame, feeling they are not lovable ○ <i>Ambivalent</i>: A child learns to exaggerate their feelings to try and gain a response from the caregiver. They simultaneously feel needy and angry towards the caregiver ○ <i>Disorganised</i>: The child perceives the world as hostile and not to be trusted. They feel a strong sense of shame and that they are not lovable. <p>The ability to manage "complex trauma" or significant stress is built in early childhood through secure attachment relationships, where the parent/caregiver provides the child with consistent, sensitive care and meets their needs for food, shelter, warmth and emotional connection in an ongoing and consistent, patterned way. By meeting a child's needs in this way, a child feels secure which also helps the child regulate their emotions and reactions, leading to a greater ability to manage stress later in life. Children that are able to manage stress are more likely to develop a stronger set of relationship skills, regulating and managing emotions as they are developing the capacity to relate well to others.</p>

There is now more evidence recognising the tactics of family violence abuse used by a perpetrator directly and indirectly undermine the relationship between a protective parent, often the mother, and their children. Practitioners engaging with children who have or are experiencing family violence should consider the emotional manipulation of children pre and post separation from the perpetrating parent/carer.

The coercive control experienced by children may involve children being intentionally isolated from other family members and friends (e.g. mother's family and friends) or the deliberate undermining of the relationship between mothers and their children. Given the importance of safe attachments and relationships to both enhance healthy psycho-social development, but also to assist with the recovery from traumatic experiences, support for children should initially focus on rebuilding the mother-child relationship, or with a non-offending caregiver.

Positive and secure attachment fosters the achievement of developmental milestones, while poor attachment may contribute to developmental delay. Although attachment relates to emotional bonding, poor attachment may have consequences across all types of milestones. A strong relationship/secure attachment with the primary carer (non-violent parent) is a protective factor that promotes children's resilience. Practitioners interacting with children and their protective parents/carers can contribute to the strengthening of the attachment between child and caregiver/s in the following ways:

- creating a structured and predictable environment through the establishment of rituals and routines, including behaviour management and limit setting.
- increasing the adult's ability to 'tune in' to the child's emotional state and to respond to this rather than react to the behavioural manifestation.
- supporting the caregiver to model effective management of intense affect by supporting the child in naming and coping with emotional distress.
- praising, reinforcing and focusing on a child doing something positive to help the child identify with competencies rather than deficits.

These principles are likely to promote increased security in attachment relationships, which will then become the basis for the development of all other competencies including regulation of attention, affect, and behaviour.

3. What does child development mean?

Children's development optimally occurs in a nurturing environment. When the environment is insecure and frightening for a child, the normal tasks of development may be adversely affected. There is widespread consensus that complex trauma, often experienced by children living with family violence, has the potential to interfere with neuro-biological development impacting on both daily functioning and the developmental trajectory.

Child development refers to the sequence of physical, language, cognitive and emotional changes that occur in a child from birth to the beginning of adulthood. During this process, a child progresses from dependency on their parents/carers to increasing independence. Each baby and child must achieve development milestones to successfully progress to adulthood. These domains include physical, social, emotional, cognitive, and communication skills such as walking, sharing with others, expressing emotions, recognising familiar sounds, and talking, rolling over, crawling, walking, and talking.

	<p>The milestones are different for each age range. There is a normal range in which a child might reach each milestone. There is a difference between chronological age, the age in time since a child was born, and developmental age which describes the developmental milestones a child has achieved. For example, a child could be 10 years old but have a developmental age of 4 years.</p> <p>From birth, early experiences and relationships influence children's long-term outcomes. These include the development of executive functioning and the capacity to experience, regulate and express emotion, to form close, secure and satisfying relationships and to explore, discover and learn about themselves and the world around them.</p>
<p>4. What are the stages of development and key concerns when considering stages of development?</p>	<p>Stages of child development are grouped in the following ways:</p> <ul style="list-style-type: none"> • <i>Pregnancy (in utero)</i> Child development in this stage is largely about foetal growth, including central nervous system development, growth of organs and the major physical structures of the body. • <i>Post natal (0-6 weeks)</i> Child development involves establishing patterns of feeding and sleeping and settling, with the infant gaining weight, normal growth and displaying initial responses to the environment and care-givers. • <i>Infancy (6 weeks-12 months)</i> At this stage, children experience rapid brain growth, first with seeing and hearing then with receptive language. They become increasingly mobile and development is supported by informal learning through interactions with caregivers. • <i>Toddlerhood (12-36 months)</i> Major milestones in toddlerhood include beginning to use two or three word sentences, and learning to share, play and interact with others. Basic numeracy and literacy skills continue to develop informally through interactions with caregivers and early years services. Toilet training also occurs during this period. • <i>Early Childhood (36-60 months)</i> Major milestones for the child include clearly understandable speech, increasing vocabulary, and greater understanding of verbal communication with others and developing socialisation skills. The child begins to understand others' emotions and can follow more complex instructions, Children start to take charge of their own self-care needs. Children's fine motor skills are also developing. • <i>Childhood (5-12 years, primary school)</i> Children learn to focus on others' needs and their own. Children are better at understanding, making sense of and expressing their emotions. Gross motor skills are defined. Moral development occurs and a stronger sense of right and wrong. <p><i>Adolescence (12-18 years, secondary school)</i> Significant developmental change occurs with the onset of puberty. Adolescents have capacity to consider and solve complex problems and assert their independence. Adolescence is a time of developing gender and sexual identity. Adolescents are more likely to make immature decisions and behave in ways that are risky. Their emotions may be changeable.</p>

<p>5. How can practitioners identify if child development and attachment are an issue?</p>	<p>To recognise if there are issues relating to attachment, child development, neglect and cumulative harm, practitioners need to be observant and reflect on their interactions with parents/carers and children and young people.</p> <p>It is important that the practitioner reflect on or observe parent/child interactions and note:</p> <ul style="list-style-type: none"> • how the parent responds to a child's needs • how the child interacts with their primary care giver • if the parent is interacting in a way that supports developmental milestones • any signs of neglect and cumulative harm • any signs of coercive control and undermining of relationships by non-protective parent/carer.
<p>6. What is the significance of neglect and cumulative harm in child development and attachment?</p>	<p>Practitioners should consider neglect and cumulative harm at all stages of child development.</p> <p>Neglect occurs when a parent/carer is not able to support a child to reach developmental milestones and/or able to promote positive attachment. Neglect manifests differently at each stage.</p> <p>Cumulative harm refers to the effects of patterns of circumstances and events in a child's life, which diminish a child's sense of safety, stability and wellbeing.</p> <p>Effective practice is for a practitioner to meet several times with the parent and child so that they may be cognisant of cumulative harm. Secondary consultations with experts in child wellbeing can assist practitioners working with children who have experienced cumulative harm and can assist in determining appropriate referrals and additional service supports if necessary.</p> <p>Sharing information with agencies with common clients can help practitioners understand the context in which children have been unable to develop or form attachments with parents or carers. In this way appropriate service supports for children and their families can be identified.</p>
<p>7. How can family violence affect child development and attachment?</p>	<p>Children and young people are victim survivors if they experience family violence directed at them or are exposed to the effects of family violence. Family violence:</p> <ul style="list-style-type: none"> • includes any behaviour towards a family member that is physically, sexually, emotionally, psychologically or economically abusive; threatening or coercive; or is any other way controlling and causes a person to live in fear for their safety or wellbeing or that of another person • present an increased risk to the child of homicide by the perpetrator • can be an assault on the parent/carer/child relationship. A perpetrator may be jealous of the relationship and may seek to prevent attachment. Attachment is compromised because of the high level of fear and uncertainty experienced by the child • an opportunity for the perpetrator to encourage the child, especially a male child, to align with them and support their attitudes and values against women and about relationships

- exposes the child to inappropriate parenting models, which are abusive, coercive or manipulative.

A parent/carer who experiences family violence, or a perpetrator who uses it, could be dealing with intersecting issues that further compromise attachment. These include mental health, substance use and developmental delay or disability.

Remember:

- To use observations of children where appropriate to inform assessments of a child or young person's wellbeing or safety.
- To notice child/parent interactions and children's skills or behaviour in terms of developmental milestones when working with children and their parents and carers.
- To respond to the needs of children and young people based on an understanding of stages of child development and attachment and the environment in which they are living.
- To consult or engage with experts in child development and attachment when working with children and young people.
- To consider the views and wishes of children when sharing information about them with other experts if age- and stage- appropriate and reasonable to do so.

For more information about the Information Sharing Reforms and MARAM, along with training opportunities: www.vic.gov.au/information-sharing-schemes-and-the-maram-framework