

### Promoting children's mental health in the context of family and domestic violence

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### Acknowledgement of Country

We recognise the land on which we meet today and pay respect to Aboriginal and Torres Strait Island Peoples, their ancestors, the elders past, present and future from the different First Nations across this Country.

We acknowledge the importance of connection to land, culture, spirituality, ancestry, family and community for the wellbeing of all Aboriginal and Torres Strait Islander children and their families.

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### National Workforce Centre for Child Mental Health

Funded by  
Department of Health (under the National Support for Child and Youth Mental Health Program – Workforce Initiative)

#### Emerging Minds

- Leads the National Workforce Centre for Child Mental Health with key partners
- Assists organisations and workforces with resources and strategies to understand the role they can play to support infant and child mental health

#### Key delivery partnerships



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**Lived experience recognition**

We invite one another to recognise the children, young people and adults within families and communities with many and varied lived experiences who have come before us. We appreciate the experiences of people whose pain, trauma and heartache, including harmful systemic practices, require recognition and compassion. At Emerging Minds, we are committed to valuing the voice and expertise of lived experience.



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**Outline**

- Revisit a shared understanding of child mental health and wellbeing
- Consider the impact of family and domestic violence on children's mental health and wellbeing
- Understand the importance of being child-aware and parent-sensitive
- Discuss ways to talk with parents about family and domestic violence
- Learn about Emerging Minds resources specific to the FDV sector



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**Section 1**

**An overview of infant and child mental health**

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The child mental health continuum



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A child's mental health is dynamic

The Whole Child

- Infants and children are shaped and influenced by a range of social and environmental factors, all of which go into making the 'whole child'
- What is going on in one part of a child's life can affect many other areas
- Infants and children should always be viewed in the context of their relationships and the environments in which they live, play, learn and grow.

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### What supports child mental health?

"One of the most influential protective factors in a child's life is having a safe, caring and supportive relationship with someone they trust."  
(National Scientific Council on the Developing Child, 2015)



Parent-child relationship



Emotions and behaviours



Routines



Communication and meaning-making



Support networks

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### Section 2

## The impact of family and domestic violence on children's mental health and wellbeing

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*'Sometimes, like, I feel like it's my fault, like, why did I never stop it? Like, why did I never go down and... It's horrible, like. It's just, what if I went down?... he would have stopped and, do you know, things like I remember the feeling and I still remember like I couldn't go down, downstairs. Like, what if he did it to me or something? It was horrible...'*

– Child living with family violence



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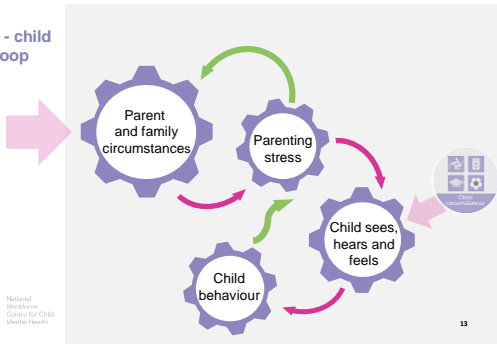
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The parent - child feedback loop



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Children's experience of family and domestic violence

- Infants and children experience the world with their senses
- FDV can cause children considerable fear, compromising their sense of safety for themselves, their siblings and their mother
- Children also have to deal with a range of other negative beliefs in relation to the violence



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*'The fear would start then, and it didn't end until we knew they were in bed asleep. None of us slept at night when they went out... we'd stay awake and try [to stop it] most of the time...'*

– Child living with family violence



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**Children's responses to trauma**

- No child is too young to be impacted by FDV. For some children, the experience of FDV begins before they are even born.
- Children respond differently to experiences of trauma
- Some children may take on adult responsibilities

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**A curious approach**

- What is the child's experience? What are they seeing? Hearing? Feeling?
- What might the infant or child's behaviour be communicating? Consider externalised and internalising behaviours.
- Are they able to express their worries and concerns to their parent?
- Children may also take on the role of wanting to protect their parent, being the one who takes on the role as peace maker or being eager to please.
- Parents may struggle to make meaning of the emotions and behaviours they are seeing in their child.

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*'You get all jittery, you're sitting in your room, you hide away, you get hateful, you get violent, you go off, you get away like go to a friend's house, stop inviting friends around because you are embarrassed that they are going to fight in front of them, worries, stay at home to protect your family, don't trust anyone.'*

– child living with family violence



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### Impacts on infant and child mental health

- Child mental health difficulties do not look the same as adult mental health concerns
- Child mental health difficulties will often present as behaviours, relationship problems or traits.
- Intervening early in a child's life, or when a problem is just beginning, can prevent mental illness from developing later in life.



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### Longer term impacts

- The younger the child, and the longer the duration of adversity, the greater the risk as they develop and grow.
- Intervene early:
  - early in a child's life,
  - when a problem is just beginning for the or their family
  - early in contact with a service
- Child-aware and parent-sensitive practice is central to intervening early in a child's life.



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### Section 3

## Child-aware and parent-sensitive: Ensuring infants and children are visible

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**A child-aware approach**

- acknowledges and considers the experiences of infants and children and **ensures they are visible in all conversations.**

**A parent-sensitive approach**

- sees the parenting role as a central feature of meaning in a parent's life and assumes that **children's safety and their social and emotional wellbeing are significant motivators** for both mothers and fathers.

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**A child-aware and parent-sensitive approach involves:**

- **Holding an awareness of infants and children** – be curious (consider pregnancy or children not in the care of the parent)
- Finding ways to have **respectful and curious conversations with parents about their children**, their children's safety, and the effects of their violence on their children's wellbeing, **without stigmatising or shaming**

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**A child-aware and parent-sensitive approach**

- **Opens up opportunities for prevention and early intervention** and supports parents to create a solid foundation for their children's mental health and wellbeing outcomes later in life.
- Engaging with adults as parents whilst recognising the needs and experiences of children **requires deliberate attention and effort at every stage of service delivery.**



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**Go to [www.menti.com](http://www.menti.com)**

**and enter this code (no spaces): 6900 4802**

**What are some ways you currently provide support that is both child-aware and parent-sensitive**

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Section 4

**Talking with parents about family and domestic violence**

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**'Don't be afraid to ask about the experience of children. Three-quarters of motivation to change comes out of love for children.'**

*– Family violence counsellor*

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**Practice positions**  
To support authentic engagement



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**1 What is the entry point?**



Look for opportunities, or 'entry points' to engage the parent in conversations about their child's mental health and wellbeing in the context of FDV.

Consider these opportunities:

- The parent presents with a concern about FDV.
- The parent expresses concern about their child's behaviour or circumstances.
- The practitioner has concerns around the child's wellbeing due to adversities being faced by the family, including FDV.
- The practitioner explores the child's social and emotional wellbeing through open enquiry.

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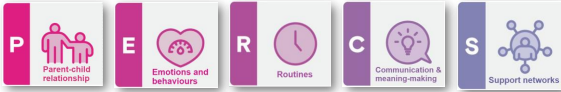
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**2 What are you curious about?**



How could family and domestic violence be impacting the family's relationships and children's mental health?



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Note: The following questions have been taken from the Emerging Minds PERCS Conversation Guide and intended to be used in the context provided by the guide. 31

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FDV can compromise and often distort the parent-child relationship.

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**Practitioner's role**

Identify what parents want for their relationship with their children.

- How would you describe your relationship with (child's name)?

**With mothers:** Explore the effects of the violence on the mother-child relationship, and how they've responded to protect this relationship, despite the violence.

- What is important to you in your relationship with (child's name)?

**With fathers:** Identify how their violence gets in the way of this relationship.

- How is your use of violence affecting your relationship with (child's name)?

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Children's emotions and behaviours are significantly affected by experiences of FDV.

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**Practitioner's role**

**With mothers:** Explore what they've noticed about how their children's emotions and behaviours have been affected by the violence, and how they've responded to this, despite the violence.

- How does (child's name) show you they are worried about their own or your safety?

**With fathers:** Examine how they interpret their children's emotions and behaviours, and whether they're able to respond to these safety.

- What do you notice about (child's name) that shows you they are worried about what might happen next?

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Children's routines are at risk of significant disruption from FDV.

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Practitioner's role

**With mothers:** Identify the routines that are important to them and their children, and how these have been affected by the violence.

- How have you managed to preserve these routines and activities, despite the violence?

**With fathers:** Ask what they notice about the effects of their violence on their children's routines, and what they can do to help reconnect them to these routines.

- How do you think your violence gets in the way of (child's name)'s routines and activities?

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FDV affects a child's ability to communicate their thoughts and feelings and make sense of their experiences.

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Practitioner's role

**With mothers:** Explore how their children have made sense of the violence, and how they might have supported the children not to blame themselves.

- What are some things (child's name) says, or does to help you understand what they need?

**With fathers:** Identify their responsibility for the violence and that this responsibility should never be directed towards their children.

- How do you think (child's name) makes sense of your use of violence?

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FDV can erode a child's support networks.

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Practitioner's role

**With mothers:** Explore what support networks exist for their children, despite the violence, and how these networks might support the children's wellbeing.

- How has their father's use of violence impacted (child's name)'s social and support networks?

**With fathers:** Discuss how important they think support networks are for their children, and how their use of violence might impact these.

- How has your use of violence limited the significant relationships in (child's name)'s life?

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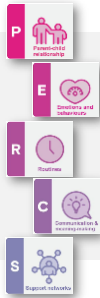
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### What can professionals do?

#### Practices and interventions you can provide that nurture:

- Parent-child relationships, extended family and kinship systems
- Emotional wellbeing
- Routines that support family functioning
- Communication and meaning making
- Support networks that wrap around the child and family
  - Natural supports
  - Kin, culture and community
  - Professional supports



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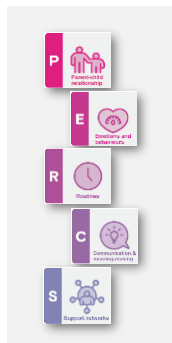
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### How do you currently work to support these domains:

For example, How do you...

- Work to support the mother-child relationship?
- Support predictability in children's lives?
- Strengthen support networks around the child?



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### Section 5

## Strengthening knowledge, skill and confidence: supporting the mental health of infants and children

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**Strengthening confidence & capacity to support families where FDV is present**

The screenshot displays four article thumbnails with titles and brief descriptions. The first article is 'Family violence and child-aware practice - part one' by Multiple Guests. The second is 'PERCS Conversation Guide: Domestic violence and children' by Catherine Smith. The third is 'How infant-led practice in family violence settings can nurture hope for infants and families' by Julia Kelly. The fourth is 'Child-focused practice in social work: Beginning the naming journey when family and domestic violence is present' by Patricia O'Sullivan and Sarah O'Sullivan.

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**Learning pathways**

The screenshot shows two video thumbnails. The first is titled 'Family and domestic violence (FDV)' and features a young child. The second is titled 'Interpersonal trauma' and features a young girl looking out a window.

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**For leaders: Emerging Minds Workplace Dashboard**

The screenshot shows a web dashboard with a navigation menu (Home, All courses, Pathways, Functions, Tools, Live Learning, Logout) and a main heading 'Setting your team up for success with Workplace Dashboards'. There are sections for 'Teams' and 'My Organisations'.

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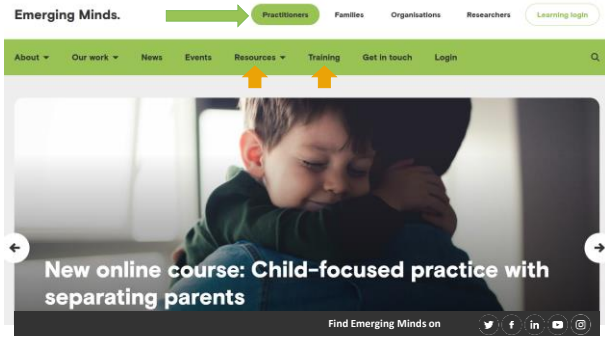
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### Key messages

Prevention and early intervention opportunities to support children's mental health and wellbeing outcomes now and into the future are supported through holding conversations with parents that are:

- Trauma-informed and responsive
- Curious
- Respectful
- Compassionate
- Child-aware and parent-sensitive



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### Upcoming webinars

Workshop for leaders:  
Supporting the mental health of infants and children –  
Effective implementation within a FDV context.

- Date to be confirmed

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## Thank you

Please let us know if you have any questions or comments on the presentation.

We appreciate your feedback.

*The National Workforce Centre for Child Mental Health is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.*

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