Beginning At The Beginning In Working With Infants

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What this talk is about?

- Sector and systemic reforms influencing family violence responses.
- What would a family violence service sector look like if we were ‘infant led’?
- What is ‘infant led’ practice?
- We will be using women's refuges as the backdrop to illustrate this as they often have most ‘at risk’ and vulnerable infants and their mothers in their accommodation services.
Children’s lived experiences

- Australian studies have looked at children’s perceptions of homelessness.*
  - More than accommodation
  - Children reported didn’t feel homeless even when living on the street because they felt safe and secure under the protection of their parents and families.
  - Felt home when they were with, connected to and supported by family.
- Responses have been focused on “adult needs” and children have been managed as part of that response.

*Does Camping Count, Hanover.
The Infant in Refuge

Statistics from both Australia and the United States indicate that children under 4 make up the highest cohort of those entering Refuge with their mothers (AIHW, 2012; Shinn, 2010)...

Apart from this we know little else.

Given that Women’s Refuge’s emerged some 40 years ago, this gap in our knowledge is quite astounding.
Victorian Royal Commission into Family Violence

- Written submissions, focus groups and interviews
- Examined every part of the service sector and associated universal responses
- Across prevention, intervention, response and recovery
- 227 Recommendations
“Current policy does not pay sufficient attention to the effects of violence on children. Supporting children and young people must be central to family violence policies” Summary p.8

Children and young people are described as the “silent victims” of family violence …historically focussed on the safety and wellbeing of women (or women and children) p. 23

Language makes infants invisible
Reform

- Australia is not adequately addressing complex disadvantage with increasing: homelessness, family violence, mental health and poverty

- **How do you keep a child at the center in a broader service system response?**

- Victoria – Best Interest Principles & Cumulative Harm

- Integrated service reforms

- Sector challenges:
  - Complexity
  - Who is the client and what is the response?
  - Competing sector client focus
  - Information sharing
  - Monitoring and visibility of all within the sector
  - Re-orienting from housing focus to holistic response
Organic growth within the family violence sector has struggled over the past 40 years with systemic responses to infants and children, and feeling secure enough within ourselves to be curious and open to the experiences and needs of children of all ages.

The sector needs to consider alternative ways of responding and seriously consider that there are more entry points to recovery than simply the woman.
Children, and infants in particular need to be recognised as separate to, and in need of more dedicated specialist children’s responses… and to be held in mind and responded to by “everyone” in Refuge.

As a sector we need to acknowledge the importance of working within a child-centered framework and identify how we can harness the capacity of every worker to ‘think infant’ and to ‘think child’.
Who takes the lead in our thinking?
Infant work is entirely ‘relational’

Infants offer:

• Relational reciprocity
• Hope for a different future
• An entry point as well as motivation for change
“Infant/Child led work requires a shift within the mind of the therapist (caseworkers, intake workers, child protection, lawyers, police, family support workers, etc, etc, etc…) and a curiosity about just what the infant/child may be thinking, imagining, expressing and feeling. Infants and children are not objects that we do things to, or passive participants in the therapeutic process who we work on, but are willing, able and available unique subjects who are communicating volumes to their external world about how their internal world is faring” (Bunston 2008, p.335). Journal of Family Studies (2008) 14: 334–341
Interacting and engaging with the baby as subject in order to mirror their internal states as well as modelling for the mother that the infant’s world is being seen, met, and held in mind

(J.Holmes, 1993)
Still Face
These infants & toddlers may have experienced the unspeakable and unthinkable.....

- Family violence
- Suicide attempts
- Traumatic death of a family members
- Forced unexpected separations and relocations
- Loss of a protective parent, offending parent
- Multiple encounters with “helpers”
And what comes first for the infant… the thought, the feeling/sensation or the emotion?
“Without mutually stimulating interactions, people and neurons wither & die – in neurons this death is called apoptosis, - in humans this is called depression, grief and suicide”.

“Relationships are our natural habitat”.

“Relationships are a fundamental and necessary building block in the evolution of the contemporary human brain”.

“We survive based on our abilities to detect the needs and intentions of those around us”.

Taken from Louis Cozolino, The Social Brain, Psychotherapy in Australia, Vol 12, No.2.2006.
When a mother is unable to see their baby as a subject, or to access think space for their baby, we may act as the eyes, and the mind that assists them to find their baby, and even themselves in relation to their baby.

A change in the infants internal representations may change that within their mother. Our attuning to a baby in despair may access a sense of hope.

Infants, Families and Systems

- The infant often can provide a point of entry to the therapeutic work
- Babies can’t wait - act now!
- It takes a village to raise a child
- Dyads triads and more ..who to include in the work
- Working with fathers
‘We share Winnicott’s belief that if parents can help their children, this is the best outcome. But in some cases the parents’ thinking is stuck. It may then be that, if there is change in the infant, change can come about more quickly for the parents;

(Thomson-Salo et al 1999:50)
It Costs Nothing But Takes Time

- To help infants & their families make sense of their experiences in a safe way.
- To begin to think, play and talk together and in doing so valid their experiences.
- To facilitate opportunities for delight in each other and find other ways of being together.
- To assist in the development of the family story, one that can grow over time.
Every contact counts...

- Every encounter is therapeutic and the experience can be very containing.
- View each session as a stand alone session - make the most of each meeting as if it were your last!
- Also see potential to build upon other sessions.
- Research has shown this can be a powerful an intervention.
Best Practice

- Be brave, bold and curious
- Be creative
- Deal with the then and there – be present, in the moment
- It's okay to not have all the answers
- Less can be more – keep it simple
- Keep it real - stay humble and human
- We cannot assume mothers have always recovered enough to manage their own trauma let alone their infants
Giving voice to the infant

- A worker attuning to the infant gives voice to the infant’s experience and creates meaning
- The worker provides external scaffolding within which the infant/parent can rebuild, repair and transform
- We reach out to the infant by being the alive ‘other’
- We allow the infant to be heard and seen
- We use what is in the room and in the present moment
“We share Winnicott’s belief that if parents can help their children, this is the best outcome. But in some cases the parents’ thinking is stuck. It may then be that, if there is change in the infant, change can come about more quickly for the parents”

(Thomson-Salo et al 1999:50)
A wise woman said...

“Interventions that attend to the infant’s trauma, emerging sense of self, meaning making and attachments are crucial if we are to offer reparative experiences that can impact on early, violent relational disruptions that impinge on healthy developmental trajectories...Our work is situated not in creating activities ‘to do’ with infants but in learning how ‘to be’ with infants, and facilitating their growth in how to be with themselves and others”  (Bunston 2014)
Collaborations...
187 FOLLOWERS!!!

ALMOST AS MANY AS A SMALL CASELOAD