

# Children’s relational repair needs after family violence

## Impact of family violence upon children and their relationships

Although there is limited data on the prevalence of violence experienced by children in Australia (AIHW, 2018), conservative estimates suggest up to 23% experience family violence (CFCA, 2013b). Violence in the home can leave children in prolonged states of distress and fear, negatively impacting all aspects of their health and development (Jordan & Sketchley, 2006; Lieberman et al., 2015). Of all children, babies and the very young are the most likely to be present at scenes of family violence and are the most vulnerable to the physical dangers and the lifelong developmental impacts (Lieberman, Diaz & Van Horn, 2011; Bunston, 2016). The quality of their caregiving relationships, which are the primary resource for their development and recovery from violence, is also adversely affected (Lieberman et al., 2011; Humphreys et al., 2011; Buchanan, 2008; Dwyer & Miller, 2014). For example, mothers may feel undermined in their capacity to parent after violence and the way they view their children may be permanently distorted by family violence (Lannert, Garcia, Smagur et al., 2014). Less is known of the impact of family violence upon father’s views of their children, however it would appear that these relationships too may become disturbed through cycles of violent relating (Stover 2013; Mohaupt & Duckert, 2016). Child wellbeing may also be compromised by ongoing conflict and fear within family relationships, even after separation (Kaspiew, Carson, Dunstan, De Maio, Moore, Moloney, et al. 2015). Family violence can leave children vulnerable to re-victimisation and to eventual perpetration of violence in their own adult relationships (Whitfield, Anda, Dube & Felitti, 2003).

## Children’s need for relational repair with non-offending caregivers

Although there is a range of perspectives relating to the prevention, causation, and recovery priorities for children after family violence, there appears to be consensus on the importance of interventions aimed toward repair of the relationship with the mother or non-offending parent (Epstein et al., 2017; Bunston et al., 2016; Buchanan, 2016; Eriksson et al., 2016; Hooker et al., 2016; Humphreys, 2014). In terms of the child’s propensity to develop a post-traumatic disorder, research shows that the extent to which a child feels supported in their relationships with mothers or safe caregivers after exposure to a potentially traumatic event is more important than the severity of the event itself (Epstein, Hahn, Berkowitz & Marans, 2017; Trickey et al., 2012). The rapid rate of brain development of babies and young children makes them the most vulnerable to trauma, but also the most receptive of all age-groups to healing (Lyons-Ruth, Todd Manly, Von Klitzing et al., 2017).

Relational repair<sup>6</sup> interventions for young children with their mothers or non-offending caregivers have been shown to be effective in helping children recover from family violence trauma (Bunston et al., 2016; Graham-Bermann & Levendosky, 2011; Lieberman et al., 2015). Accordingly, the Victorian Royal Commission into Family Violence (RCFV) has recommended that priority be afforded to programs which work to “rebuild mother-child relationships” (RCFV, 2016, p. 147). Similarly, the National COAG Advisory Panel on Reducing Violence against Women and their Children called for Government to: “design, trial, evaluate and expand initiatives that focus on rebuilding the mother-child relationship” (Commonwealth of Australia, 2016, p. xiii). It is possible that such recommendations rest on an assumption that affected children will be living in post-crisis, post-separation families after family violence and that they will be parented solely by their mothers.

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<sup>6</sup> For the purposes of this document the term ‘relational repair’ refers to therapeutic/mental health interventions delivered to the individual child and caregiver simultaneously. The intervention is tailored to the individual baby or very young child ‘as subject’ (Paul & Salo, 2014) with the child’s presence as “organising focus of the intervention” (Lieberman & Van Horn 2009, p.441). The therapist strives to engage the child and adult equally (Fraiberg, Adelson & Shapiro, 1975), finding ‘ports of entry’ (Stern, 1995) to understand and intervene within their relationship for the purpose of enhancing their relationship. Relational repair is often colloquially referred to as ‘mother-child’, ‘infant-parent’, or ‘child-parent’ intervention and is applicable to dyads in a range of different family circumstances. For example, Lieberman, Van Horn, Grandison & Pekarsky (1997) applied this form of intervention to mother-child dyads impacted by family violence, as has Bunston (2008) within refuge and group-work settings.

Indeed, to focus all repair on a child's relationship with their sole caregiver in such circumstances would clearly serve the children's best interests in enhancing the quality of this relationship as the primary developmental resource for growth and recovery.

## Children's need for relational repair with offending caregivers

The inclusion of father or offending caregiver in children's relational repair, alongside family therapy is widely considered to be contraindicated where there has been family violence (Karakurt et al., 2016). Current reform recommendations for fathers after violence have instead focussed on integrating fathering and behavioural change psychoeducational models for men separately to initiatives for the child (Humphreys, 2015; Scott, Kelly, Crooks & Francis, 2014; RCFV, 2016; Commonwealth of Australia, 2016).

Where children are being partially parented by their fathers after violence, therapeutic options for children are currently limited. The effectiveness of mother-child interventions may be found to be limited at best, where the child's relationship with their father needs urgent attention. Relational repair interventions even with mother may actually be contraindicated in instances where the exclusion of father may risk the escalation of violence<sup>7</sup>. Due to these considerations and risks, services would need to integrate family violence risk management frameworks with child-parent mental health frameworks to reach these children in terms of their relationships with both parents (Toone, 2015; Commission for Children and Young People [CCYP], 2016). Currently, such services are almost non-existent in Australia (Campo, 2015). Children are thus often left to negotiate relationships with their father on their own (Bunston, 2015; Commonwealth of Australia, 2016).<sup>8</sup>

A key recommendation from child death reviews is the principle of connecting child and adult assessment and intervention (Frederico et al., 2014; Office of the Child Safety Commissioner, 2012). The recently published Inquiry into issues of family violence in child deaths argues specifically for supporting the workforce to adopt a stronger systemic and child-focussed mindset, including a greater focus on relationship repair for children with their mothers and fathers where violence has ceased (CCYP, 2016). Emerging evidence suggests that the inclusion of fathers in their children's relational repair after violence has ceased can improve the quality of father-child relationships and children's sense of safety and wellbeing (Bunston, 2013a; Stover, 2013; Lieberman et al., 2009).

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<sup>7</sup> A therapeutic intervention which excludes an offending father, who may be acutely sensitive to signs of relational exclusion could conceivably drive an increase in his use of violence.

<sup>8</sup> The context for recommendations is in part to redress the ways in which systemic neglect of the reality of gendered violence for this population of children with their non-offending mothers has perpetuated and in some instances increased family violence risk.