

THE PATRICIA GILES CENTRE CHILDREN'S COUNSELLING SERVICE

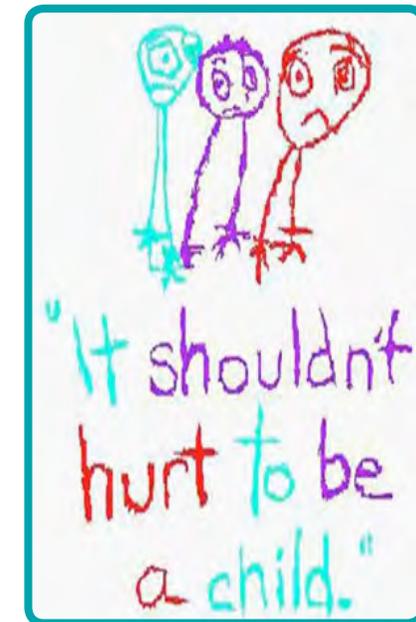


Telephone 08 9328 1888
www.patgilescentre.org.au

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Children's experience of Domestic and Family Violence

A booklet for staff in community agencies to support them to assist families when children have been exposed to Domestic and Family Violence.



The booklet contains information on the impact of violence on children, its impact on brain development and strategies that may assist with intervention.

This booklet is funded by Dept. Families, Housing Community Services and Indigenous Affairs: Child Aware Approaches initiative. 2012.

What is Domestic and family Violence?

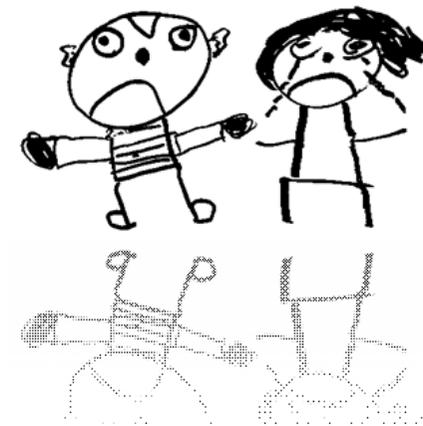


Women and children are the overwhelming majority (up to 95%) of those who experience domestic and family violence. There are many forms of abuse including physical, verbal, emotional, financial, social isolation, sexual, psychological and harming and/or killing family pets/animals. Psychological or emotional abuse can be more harmful than physical abuse. Alcohol and drug misuse is not an excuse for perpetrating violence. Abuse in a relationship is never acceptable.

Domestic and Family Violence can have profound effects on children, whether they are the target of abuse or exposed to the abuse of another family member. Children can be aware of the abuse even though they are not present.

Any person can experience domestic and family violence regardless of race, ethnic or religious group, class, sexuality or lifestyle. Adults can abuse their children, and adolescent children can abuse their parents.

Growing up in an abusive home environment critically impacts on the developmental progress of children (*Holt et al, 2008*). Research suggests early and prolonged exposure to domestic and family violence contributes significantly to hindering the developing brain of children (*Holt et al, 2008*).



Facts & Stats

1 out of 3 women will experience domestic/family violence at some time in her life.

1 out of 4 young people in Australia have witnessed physical domestic violence against their mothers.

The Secretariat of National Aboriginal and Islander Child Care study (*cited in Flood & Fergus 2008*) found:

- Indigenous children were significantly more likely to have witnessed physical violence against their mother or stepmother;
- 42% of Indigenous young people reported witnessing violence against their mother or stepmother, compared with 23% of all children. (*Richards 2011*)

In Australia, Indigenous women are 45 times more likely to experience domestic and family violence compared to non-Indigenous women, and make up 50% of Australia's domestic and family violence victims (*Ferrante 1996*).

For women from culturally and linguistically diverse backgrounds (CaLD), accurate statistics are very difficult to obtain. However, researchers agree the rate of violence perpetrated against CaLD women is very high (*www.hurt.net.au*).

Research conducted by Pitts (2005) found in gay, lesbian, bisexual, transgender and non-gender identity populations there was an extremely high rate of intimate partner violence (*www.hurt.net.au*).

Women with a disability also experience domestic and family violence at very high rates. Research conducted by Cockram (2003) found that 72% of women who possess a disability have experienced some kind of emotional abuse, 55% have experienced social abuse, 58% experienced sexual assault, 50% physical abuse, 46% financial abuse and 39% experienced stalking (*www.hurt.net.au*).

Brain development - The first 5 years matter

There is compelling evidence to indicate brain development in prenatal and the early years affects a child's physical and mental health. Good nutrition (pre-and-post-natal), loving and positive quality experiences that are consistent and predictable ensure optimal brain development and offer children the best start in life.

For children exposed to domestic and family violence there is a profound impact on their brain development and future health, development, learning and wellbeing. Healthy brain connections and skills development are the foundations. Our genes predispose us to developing in certain ways, but our environment determines how those genes are expressed.

After birth a large proportion of brain development takes place based on interactions within a child's environment. These early experiences have greater impact on brain development than genetics. Early experiences build a platform for a child's brain development allowing for further growth and development throughout their life. Adverse experiences challenge these foundations.

How the brain develops

The brain consists of two hemispheres, the right and left hemisphere, which are connected by the 'corpus callosum'. Each region of the brain controls the different functions involved in being human (from breathing to speaking, hearing to feeling, moving to thinking). Within each brain region are millions of neurons (nerve cells). 'Synapses' are the connections between neurons. Every function of a human being is a result of these connections. 'Brain development' after birth essentially consists of, "wiring and rewiring the connections (synapses) between neurons," (*Porter, 2003, p.3*).

This process involves the forming of new synapses and the 'pruning' of synapses which are not utilised (i.e. synapses die off). The 'decision' involved in this process is similar to a 'use it or lose it' principle. Connections and pathways which are frequently and repeatedly used are retained and strengthened.

Experiences, positive and negative, provide the impetus for the wiring and rewiring of connections within the brain.

“If there are no experiences, the connections are pruned back and the brain remains small,” (Porter, 2003, p.3).

The regions of the brain develop sequentially, i.e. in a sequence, from ‘lower’ functions to ‘higher’ functions. Different parts of the brain develop at different ages.

The brain consists of the following regions:

- Brain stem – critical period of development during 0 – 8 months of age, regulates breathing and heart rate
- Diencephalon – sends messages to the body about need for food, rest etc
- Cerebellum – critical period of development during 0 – 2 years of age, functions include movement and posture
- Limbic mode – functions include emotional memory, emotional processing, it receives information from all parts of the brain with a focus on processing emotional content; it’s the emotional centre of the brain
- Neocortex – critical period of development during adolescence, makes sense of everything that happens in the rest of the brain, reasoning, logic, executive thinking, planning, cognitive memory
- Corpus callosum – connects the right and left hemispheres of the brain, development is critical for ‘lateral integration’ (i.e. the right and left hemispheres working together).

Examples of ‘lateral integration’ include knowing an emotion and giving that emotion a language, tuning into, understanding and responding to social cues in communication (Australian Childhood Foundation, 2008, p.5).

How do children share their stories?

Through play



Impact of trauma on the brain

The developing brain is most vulnerable to the impact of trauma during the 7th prenatal month and 12 months of age, during which the brain increases in weight by 40%. At a physiological level, the experience of trauma (at any age or stage of development) results in increased levels of stress and an increased level of the stress hormone, cortisol.

Research (cited in Harris, Putnam, Fairbank, 2010, p.8) indicates that certain regions of the brain are most affected by the impact of traumatic experiences.

These are the:

- Parts of the brain associated with the regulation of emotions (such as the limbic mode, corpus callosum)
- Corpus callosum and the hippocampus (the corpus callosum is reduced in size and strength and traumatised children can have poorer functioning left hemispheres, which store language and autobiographical memories) (Australian Childhood Foundation, 2008, p.8).
- Neocortex (learning and memory, problem-solving, reasoning and judgement become less influential in a person’s behaviour and therefore behaviour is more likely to be impulse driven)
- Hormonal systems, which play a role in protecting the individual from the physical effects of stress
- Sympathetic nervous system (which regulates the ‘fight or flight’ response) can be hyperactive. This can lead to increased arousal levels and hypervigilance which in turn contributes to, “hyperarousal, poor concentration and increased irritability,” (Harris, Putnam, Fairbank, 2010, p.8-9)
- Amygdala, which is responsible for evaluating threat and danger; an overactive amygdala leads to generalised fear response with children experiencing danger even when there is no threat in the environment.

This list demonstrates how the impact of trauma on the developing brain affects development across the developmental domains of physical development, cognitive development, social development and emotional development. It also illustrates the potential impact on behaviour.

References page 21 (Amhrose, 2010)

What is attachment?

Attachment is the relationship between the mother (primary caregiver) and the infant. Through sensitive and responsive caregiving a secure attachment relationship is developed (Buchanan, 2008).

It is now widely accepted that the early attachment relationship between the primary caregiver (usually the mother) and her infant is crucial for a baby's healthy development (Buchanan, 2008). When an infant is encouraged and supported to explore, and is 'welcomed back' to be comforted (i.e. when the mother responds to the infant's cues), a secure attachment relationship is formed. The roles of encourager and comforter are seen as equally important. Mothers who enable their infants to form secure attachment patterns are seen to follow their infant's needs, to take charge when appropriate and to provide empathetic cues.

Initial attachment patterns are considered to affect brain development, wellbeing, relationships and interactions throughout the life-cycle (Bowlby 1982; Main et al. 2005; McCain & Mustard 1999; Prior & Glaser 2006).

Research indicates domestic and family violence during early infancy impacts greatly on the mother and infant attachment patterns. Domestic and family violence impacts on how the mother meets the needs of the infant. The stress and trauma places a burden on the parent/child attachment relationship (Worth, 1999).

Insecure attachment patterns: There is ongoing debate about classifications of insecure attachment but there is general acceptance of three basic observable insecure attachment patterns;

- Avoidant
- Ambivalent
- Disorganised

Avoidant attachment

In avoidant attachment, an infant actively or passively avoids his or her mother or shows little emotion (Marvin et al. 2002). This may be because the mother is unable to provide a secure base from which the infant can explore; i.e. unable to be welcoming, comforting or reassuring when the infant explores and returns.

Ambivalent attachment

When a mother is not able to establish a safe haven for her infant to return to (e.g. unpredictable in her responsiveness to her infant's cues), an infant may develop an ambivalent attachment pattern. In this situation, the infant indicates distress, reaching for comfort, but is not easily or willingly comforted by the mother.

Disorganised attachment

Where an infant perceives his or her mother as both comforting and frightening (because she looks fearful) the mother may be unable to provide a secure base or a safe haven. The infant may then form a disorganised attachment pattern with no consistent point of reference, combining ambivalent and avoidant behaviours or behaving erratically.

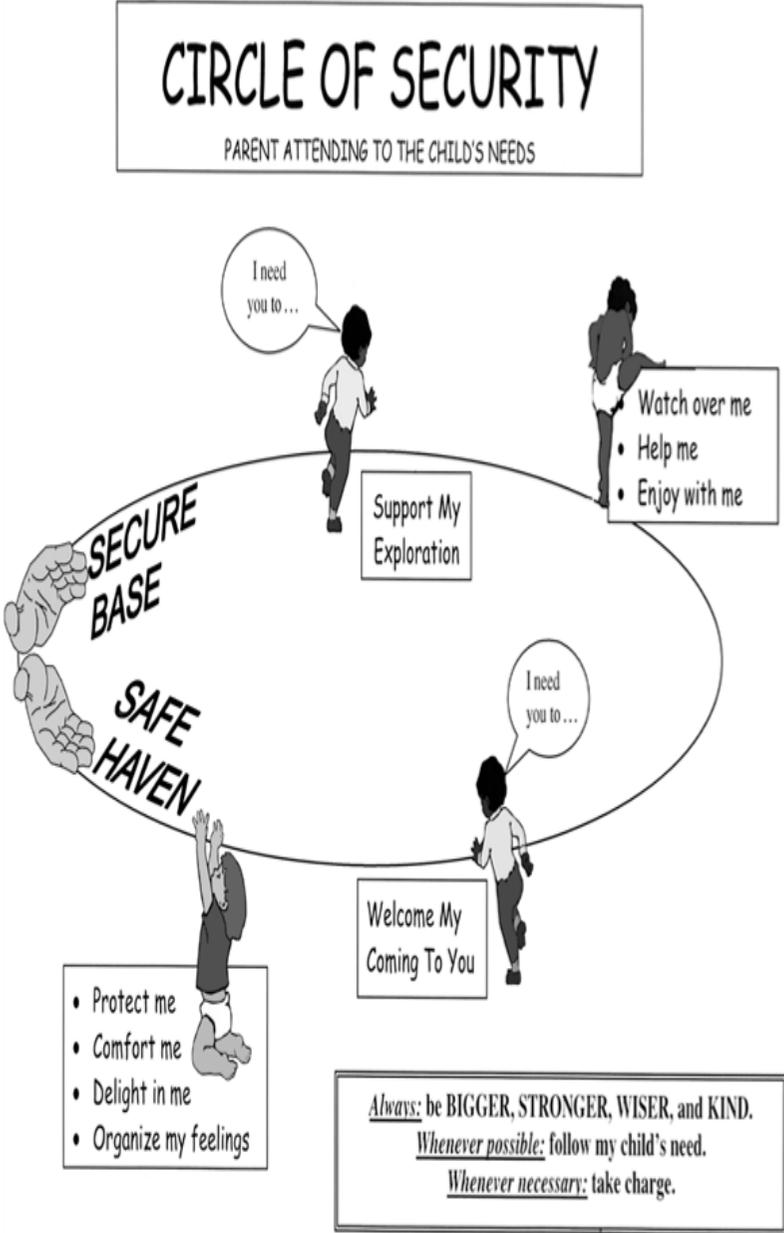


Good nutrition, health and exercise are critical

Being a parent during stressful and traumatic times makes it difficult for caregivers to look after themselves and their children. Eating a healthy diet with lots of fruit and vegetables and being physically active is vital in maintaining healthy brain development. Encourage caregivers to establish a good sleep and eating routine and to avoid alcohol, drugs and nicotine exposure pre and post pregnancy to support the child's developing brain.

Some families are faced with many adversities in addition to their experiences of domestic and family violence. Caregivers may experience issues around mental health and alcohol and drug misuse. These issues are challenging and difficult, however there are services to assist people affected in this way to work towards attaining a healthier lifestyle.

Encourage caregivers to talk to their GP or health professional about their drug/alcohol or mental health concerns. When caregivers are experiencing difficulties with caring for their child/ren due to alcohol, drug or mental health issues, assist them to plan ahead. Caregivers can organise for their child/ren to be cared for by a safe adult if they are going to use mind and behaviour-altering substances. Encourage caregivers to have a list of emergency numbers and teach their child/ren how to call emergency services. Ensure caregivers always store drugs, alcohol, prescription medication and equipment in a safe place, out of reach of their children.



(c Geraldton Regional Community Education Centre)

Top 10 tips for promoting brain development of infants & toddlers

1. Interaction – with people and objects in the environment. Consistent, predictable and nurturing adult responses to needs and cries. Loving, caring and playful interactions.
2. Touch – safe, loving touch is a source of comfort and sends signals to the brain telling it to make connections (i.e. to grow). Massage is especially good.
3. Stable relationship - with a loving, trusting adult who can provide a secure attachment relationship. This helps a child to interpret life experiences and make meaning of experience, to regulate production of stress hormones (such as cortisol) and to develop the expectation that the world can be controllable and predictable (which protects against stress).
4. Safe, healthy environment.
5. Self-esteem – helping a child to experience ‘success’ so that they develop the idea of “I can do this”; giving positive feedback so that a child develops a positive self-concept (“I am reliable/lovable/valued); loving, trusting and supportive relationships so that a child develops the idea of “I have...” (someone they can rely on).
6. Communication – talking to children constantly, reading, singing, making music together (playing musical instruments or using objects to make music). The more words a child hears, the more connections are made in a child’s brain.
7. Play – the experience of play promotes brain development; playing on their own and with others (including adults).
8. Music – helps to bring learning elements together, promotes physical coordination, memory, language, positive self-esteem and secure attachment relationships. Children need to be involved in making music, by themselves and with others.
9. Reading – promotes speech and language development (including reading skills) and a secure attachment relationship. Repeatedly being read to helps a child’s brain develop more connections.
10. Sleep – respecting a child’s sleeping pattern, allowing this to happen and ensuring the child isn’t sleep deprived.

References page 21(Amhrose, 2010)

What is Resilience?

Resilient children are children who defy adversity, manage to cope with uncertainty and are able to recover/heal successfully from trauma (Newman, 2004).

Building resilience is building the ability to ‘bounce back’ and adapt to all kinds of adversity, for example trauma, abuse, neglect, tragedy, threats, stress (www.kidslife.com.au).

Children at some time in their lives will experience stress and trauma, but by building resilience, children are better able to manage stress and feelings of anxiety and uncertainty (www.kidslife.com.au).

Building Resilience

- Building resilience draws on aspects of a child’s characteristics, including temperament, and the environment in which they are raised and supported (www.kidslife.com.au).
- To overcome adversity and build resilience, children ideally require:
- unconditional love and acceptance;
- some autonomy over their lives;
- trusting relationships with significant adults ;
- feelings of independence;
- secure relationships and strong role models to help foster friendships and commitment;
- a safe and stable environment; and
- self-confidence and faith in themselves and their world.

(www.kidslife.com.au)



How do children share their stories?

Through imaginative play

Helping carers/parents

By becoming more resilient ourselves we will influence the resilience of those around us. Mindfulness exercises have been shown through research to build resilience and happiness. These exercises help us deal effectively with the busyness, stresses and demands that are a natural part of modern life

A simple mindful exercise you can start with is spending a few minutes each day scanning your body for areas that are tense. When you identify any tension (pay particular attention to your jaw, neck and shoulders and lower back) take a deep breath and relax those tense muscles all the way through your exhalation. Repeat the exercise until your body is free from tension.

6 core strengths for children:

A Vaccine Against Violence

1. **Attachment:** being able to form and maintain healthy emotional bonds and relationships
2. **Self-regulation:** containing impulses, the ability to notice and control primary urges as well as feelings such as frustration
3. **Affiliation:** being able to join and contribute to a group
4. **Attunement:** being aware of others, recognizing the needs, interests, strengths and values of others
5. **Tolerance:** understanding and accepting differences in others
6. **Respect:** finding value in differences, appreciating worth in yourself and others.

For more information on the Six Core Strengths, visit the “Meet Dr. Bruce Perry” page at <http://teacher.scholastic.com/professional/bruceperry>.

Smacking

Help parents to understand why physical punishment of children is not a good discipline strategy for any child.

For children who lived with domestic and family violence, smacking is especially bad. The unspoken messages of physical violence are the same as male rationalizations for violence against their intimate partners. These include:

- a big person is more powerful than a little person
- some types of people have the right to hit other types of people
- a person who says they love you can hurt you
- being angry is a good excuse to hit someone
- people who get hit are the ones to blame
- people who do the hitting always have a good reason
- apologising for “losing control” makes what happened acceptable

These are not messages that are helpful for healthy development

Impact of domestic and family violence on children

Children may feel:

- Powerless
- Scared
- Confused
- Blame themselves
- Angry
- Confused
- Worried
- Ashamed
- A sense of grief
- Lost
- Guilty
- Afraid
- Alone

http://www.police.nsw.gov.au/community_issues/domestic___and___family_violence/child_abuse
http://article.wn.com/view/2012/06/18/Domestic_violence/



**How do children share their stories?
Through their behaviour**

What happens when we don't talk about the violence?

- Children learn / assume that violence is normal
- Children are afraid to talk about the violence
- Children are confused and do not understand
- Children blame themselves
- Children learn to deny and not talk about their own feelings
- Children feel lonely, isolated from their friends and family
- Children learn that it is not "OK" to ask about or discuss the violence
- Children form unrealistic beliefs about the causes of the violence.
- Children may learn that the only way to cope with stress and pressure is through the use of violence.
- Children may learn to disrespect women.
- Children may learn that it is possible to love and to physically hurt someone at the same time.
- Children may learn that violence is an appropriate way to solve problems, that it is ok to use violence to get what you want.

Important to remember:

- Most issues in children will lessen once they are free from the violence.
- Children develop resilience from the nurturing they experience early on in life (Perry, B 2008).
- Some children will need crisis counselling intervention. Some will not need it immediately but may benefit from counselling later (Cunningham A, 2004).
- It is important to note children's experiences of domestic violence are unique to them. Siblings have different memories and experiences of violence (Cunningham A 2004).
- A loving and secure relationship with a parent or caregiver is the best way to overcome the impact of the violence.
- Both children and caregivers can recover and heal from their experience of violence.

Helping parents to help their children

- Encourage the parent to talk about the violence with their child in an age appropriate way.
- Encourage the parent to let the child know they are not to blame for the violence and/or separation, that you love them and will try and keep them safe.
- Encourage the parent to never act in a way that is threatening and /or violent with their children.
- Encourage the parent to seek counselling for their children if they have concerns about significant change in their behaviour.

Helping parents and caregivers look after themselves

- Encourage them to access support and seek professional counseling to deal with their experience of abuse and violence.
- Encourage them to reach out for support from friends and/or family.
- Encourage them to address any misuse of prescription medication, alcohol or other substances that may have helped them manage while living in an abusive relationship but are now causing additional problems.

Children look to their caregivers for guidance, reassurance and security. Help the adults in their life create a safe place for them.

If your children see you taking responsibility for your own life they can learn to take responsibility for their own.



How do children share their stories?

Through their artwork & stories

Helpful numbers and websites

SERVICES	PHONE	WEBSITE
Violence Against Women Australia Says NO. 24 hour Confidential Helpline	1800200 526	www.australiasaysno.gov.au
Family Relationships Advice Line	1800 050 321	www.familyrelationships.gov.au
Crisis Care	9223 1111	www.dcp.wa.gov.au
Kids Helpline	1800 551 800	http://www.kidshelp.com.au/
Lifeline	13 11 14	www.lifeline.org.au
DVAS Central	9226 2370	www.whfs.org.au
Patricia Giles Centre Women's Counselling Service	9300 1022	http://patgilescentre.org.au/
Parent Line	6279 1200	
Women's Domestic Violence Helpline	9223 1188 1800 007 339	www.dcp.wa.gov.au
Ishar Multicultural Women's Health Centre	9345 5335	www.ishar.org.au
Womens Health & Family Services	6330 5400 1800 998 399	www.whfs.org.au
Men's Domestic Violence Helpline	9223 1199	www.dcp.wa.gov.au
Translating and Interpreting Service (TIS)	13 14 50	www.immi.gov.au
Children of parents with mental illness		www.copmi.net.au
Alcohol & Drug Information Service (24hrs) (FREECALL Country callers only)	9442 5000 1800 198 024	www.dao.health.wa.gov.au
Drug & Alcohol Counselling 12-19 years Mission Australia - Yirra (East Perth)	9222 6363	www.missionaustralia.com.au
Youth Drug & Alcohol Counselling SALVATION ARMY - Bridge House (Highgate)	9227 8086	www.salvationarmy.org.au
Parenting Website		http://www.kidscount.com.au/ http://www.triplep.net/
Early Childhood Development Website		http://www.zerotothree.org/
Child Trauma Centre		http://www.childtrauma.org/

Books you can recommend to caregivers to read to their children:

4-8 year group

- A Terrible Thing Happened by *Margaret M Holmes*
- Rosy and Jack by *Nicole Reading*
- Bubble Riding by *Lori Lite and Max Stasuyk*
- Cool Down and Work Through Anger by *Cheri J Meiners*
- Happy to Be Me by *Christine Adams and Robert J Butch*
- The Way I Feel by *Janan Cain*
- When I Feel Angry by *Caunelia Maude Spelman*
- My Family's Changing by *Pat Thomas*
- Following the Rules by *Regina Burch*
- Do You Have a Secret? by *Jennifer Moore-Mallinos*
- David and the Worry Beast by *Anne Marie Guanci*
- Today I Feel Silly by *Jamie Lee Curtis*
- Those are my private parts by *Diane Hansen*
- Hands are not for Hitting by *Martine Agassi*
- My Family Changing by *Pat Thomas*
- Calm Down and Work through Anger by *Cheri J Meiners*

8-12 year group

- The Words Hurt by *Chris Loftis*. This book is long, and may not hold the attention of some children. Storybook with graphic art illustrations.
- All Season Front Row Seat to the Fights (Whether you want to be there or not!) by *Linda Parise*
- Hear My Roar Lungin's Broken Family by *Dr. Ty Hochban*

13-14 year group

- Abuse: Sometimes Families Hurt by *Yvonne Coppard*
- Kill All Enemies by *Melvin Burgess*

15-18 year group

- Black and Blue by *Anne Quindlen*
- Crackback by *John Coy*
- From Where I Stand by *Tabitha Suzuma*

Resources for women

- **Fresh Start:** a self-help book for Western Australian women in abusive relationships - Available from the Pat Giles Centre, phone (08) 9300 0340.

The following titles have more information about dealing with abuse or living on your own. Some of you will be able to access these through the State libraries, which are located throughout the metropolitan area and in many rural towns.

Most can be purchased through bookstores such as Dymocks, Collins, or Angus & Robertson, or online at websites such as Booktopia, Fishpond, Angus & Robertson, Amazon, and Book Depository.

Non-Fiction

- Robin Norwood: *Women Who Have Too Much* (2004)
- Lindy Bancroft: *When Dad Hurts Mom – Helping Your Children Heal* (2005)
- Shirley Smith: *Set Yourself Free* (1993)
- Dr Susan Forward: *Men Who Hate Women and the Women Who Love them* (2002)
- Harnet Goldhor Lerner: *The Dance of Anger – A Woman’s Guide to Changing the Pattern of Intimate Relations* (2005)
- Centre Care: *Behind the Smiles – Stories by Women*
- Lindy Bancroft: *Why Do They Do That? Inside the Minds of Angry and Controlling Men* (2003)
- Marianne Williamson: *A Woman’s Worth* (1994)
- Ellison: *The Courage to be a Single Mother* (2001)
- Sharon Doane: *New Beginnings (a Self-Help book)* (1996)
- Patricia Evans: *The Verbally Abusive Relationship* (1996)
- Beth Sipe and Evelyn Hall: *I Am Not Your Victim* (1996)
- Melodie Bealty: *Beyond Co-Dependency* (1990)
- Dina I. McMillan: *But He Says He Loves Me – How To Avoid Being Trapped in a Manipulative Relationship* (2007)
- Dugan & Hock: *It’s My Life Now*
- Wilson: *He’s Just No Good For You*
- Joanaa Hunter: *But He’ll Change*

Fiction

- Alice Heffman: *Hear on Earth* (1999)
- Anna Quindlen: *Black and Blue* (1999)
- Marilyn French: *The Women’s Room* (1997)
- Roddy Doyle: *The Woman Who Walked Into Doors* (2007)
- Ilsa Evans: *Broken* (2007)

Audio CD

- Barbara de Angelis: *Are You The One For Me?* (2004)

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Web References

Reports are available at:

- http://www.mceecdya.edu.au/mceecdya/engaging_families_in_the_early_childhood_dev_story,32784.html
- [http://www.health.gov.au/internet/main/publishing.nsf/Content/47B8A7F882590379CA25759B001EE259/\\$File/GetSet4LifeBrochure.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/47B8A7F882590379CA25759B001EE259/$File/GetSet4LifeBrochure.pdf)
- <http://www.healthyactive.gov.au/internet/healthyactive/publishing.nsf/Content/parents>
- <http://www.zerotothree.org/child-development/brain-development/brain-development-tips-and-tools.html>
- http://www.beststart.org/resources/hlthy_chld_dev/pdf/Early_brain_development_fnl.pdf
- <http://motherandbaby.ninemsn.com.au/baby/baby2years/1071003/let-me-entertain-you>
- <http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=99&id=2268>
- http://www.police.nsw.gov.au/community_issues/domestic__and__family_violence/child_abuse
- http://article.wn.com/view/2012/06/18/Domestic_violence/
- www.kidslife.com
- <http://yourkidsed.com.au/info/how-parenting-styles-influence-our-childrens-development>
- <http://www.thehideout.org.uk/under10/whatisdomesticabuse/default.aspa>
- <http://www.hurt.net.au>