PRACTICE GUIDE

Cumulative harm

Cumulative harm refers to the effects of multiple adverse or harmful circumstances and events in a child's life. The unremitting daily impact of these experiences on the child can be profound and exponential, and diminish a child's sense of safety, stability and wellbeing.

Cumulative harm may be caused by an accumulation of a single recurring adverse circumstance or event (such as unrelenting low-level care); or by multiple circumstances or events (such as persistent verbal abuse and denigration, inconsistent or harsh discipline, and/ or exposure to domestic or family violence).

This means cumulative harm may be a factor in any protective concern (such as neglect, physical abuse, emotional abuse, sexual abuse or exposure to domestic and family violence). Also, because cumulative harm can be caused by a pattern of harmful events, it is unlikely that a child will be reported to child protection explicitly due to concerns about 'cumulative harm'. This means that practitioners need to be alert to the possibility of multiple adverse circumstances and events in all assessments, including at intake and in response to a notification. Practitioners must consider the past history of involvement that may be indicative of cumulative harm. Based on what has happened in the past, and what is happening now, what is the likelihood the child will experience harm in the future, if nothing changes?

Cumulative harm and the *Child Protection Act 1999*

The definition of harm contained in the *Child Protection Act 1999*, section 9, recognises the cumulative nature of abuse or neglect, and reinforces that multiple events of harm, which do not individually meet the threshold for statutory intervention, are to be considered collectively in determining whether a child has been harmed, or is at risk of experiencing harm. The provision makes it clear that harm may be caused by a series or combination of acts, omissions or circumstances over an extended period of time.

Cumulative harm may be the result of one or more types of abuse or neglect (set out in the *Child Protection Act 1999*, section 9(3)), where the prolonged and repeated experience of abusive circumstances or events have resulted in or are likely to result in the child experiencing a detrimental effect of a significant nature on their physical, psychological or emotional wellbeing.

The focus on identifying and responding to cumulative harm is likely to have a greater impact in responses to cases of 'omission' (neglect) that may have previously been considered as low risk when considered episodically.

When considering cumulative harm, practitioners are required to assess each report as bringing new information that needs to be carefully integrated into the history and weighted in a holistic assessment of the cumulative impact on the child, rather than an episodic focus on immediate harm.

Chronic child maltreatment

Parental and family indicators of cumulative harm

Research has shown that families who experience cumulative harm may have:

- multiple inter-linked problems (risk factors) such as an experience of mental health, substance use and domestic and family violence
- an absence of protective factors
- social isolation
- enduring parental problems impacting on their capacity to provide adequate care (such as intellectual disability or substance abuse).

It is important to also have an understanding of how the structural dimensions of disadvantage and social exclusion (such as poverty, homelessness, unemployment, unsafe neighbourhoods and poor access to transport or community facilities) might be compounding the effects of other problems or creating barriers to the parents' ability to deal with their problems. While remaining child focused, we need to give the widest possible assistance to the family.

How does cumulative harm impact on children?

The main research and theories that have helped us to understand the way in which cumulative harm impacts on children are on early brain development, trauma, attachment and resilience. This evidence base and knowledge provide different perspectives on the processes and impacts that adverse events have on children.

Early brain development

Disruptions to normal brain development in early life may alter later development of other areas of the brain. Researchers investigating brain development have used the term 'toxic stress' to describe prolonged activation of stress management systems in the absence of support. Stress prompts a cascade of neurochemical changes to equip us to survive the stressful circumstance or event. However, if prolonged (such as if a child experiences multiple adverse circumstances or events), stress can disrupt the brain's architecture and stress management systems leading to hypersensitivity and over activity. Children who have experienced toxic stress or severe disruptions to early brain development may find it difficult to regulate their own behaviour or emotional reactions. Toxic stress may sensitise children to further stress, lead to heightened activity levels and affect future learning and concentration (Shonkoff & Phillips 2001).

Trauma

The term 'complex trauma' has been used to describe the experience of multiple, chronic and prolonged traumatic events in childhood (van der Kolk 2003). Whereas single traumatic incidents tend to produce isolated behavioural responses to reminders of trauma, chronic trauma can have long-term pervasive effects on a child's development (van der Kolk 2003). Exposure to chronic trauma may lead to serious developmental and psychological problems for children and later in their adult lives. These problems include:

- disturbed attachment patterns
- complex disruptions of affect regulation
- rapid behavioural regressions and shifts in emotional states
- loss of autonomous strivings

- aggressive behaviour against self and others
- anticipatory behaviour and traumatic expectations
- lack of awareness of danger and resulting self-endangering behaviours
- self-hatred and self-blame and chronic feelings of ineffectiveness (van der Kolk 2003) van der Kolk (2005) identified several developmental effects of childhood trauma including:
- disturbances in memory and attention – dissociation, sleep disturbances and intrusive re-experiencing of trauma through flashbacks or nightmares
- disturbances in interpersonal relationships – lessened abilities to trust, re-victimisation, victimising others, lessened ability to cooperate and play and negotiate relationships with others such as caregivers, peers and marital partners
- alterations in systems of meaning – despair and hopelessness, loss of previously sustaining beliefs, suicidal preoccupation, excessive risk taking and difficulty modulating sexual involvement
- alterations of perception – of self and the perpetrator, adopting distorted beliefs
- disturbances in information processing, and meaning of events
- somatisation – digestive system, chronic pain and cardiopulmonary symptoms • increased anxiety disorders and personality disorders (van der Kolk et al. 2005).

Research has shown that long term harm is more likely to result from living in an unfavourable environment and the emotional damage from abuse rather than physical damage (Cichetti and Toth 2000). Research has also shown that the personal meaning and perception of the child who experiences violence and abuse is weighted by the child more heavily than an actual injury or degree of force in relation to the severity of psychological distress. (Levy and Orlans 1998 pp. 128)

> The child's subjective experience, and the meaning attached by the child to traumatic events is central to the analysis of the impact of cumulative harm. This includes the child's prolonged and sickening anticipation and fear of repeating traumatic events. (Miller 2007)

Attachment

Human attachment relationships aim to ensure a child feels a secure bond with their caregiver in order to learn and explore the social and physical world (Bacon & Richardson 2001). Babies and young infants exposed to cumulative harm are more likely to experience insecure or disorganised attachment problems with their primary caregiver. For children with a disorganised attachment, the parent/caregiver who should be the primary source of safety and protection, can become a source of danger or harm or be overwhelmed themselves, leaving the child in irresolvable conflict. Attachment difficulties are likely to increase when maltreatment is prolonged. Children's responses will largely mimic those of their parents and therefore the more disorganised and inconsistent the parent, the more disorganised the child (Streeck-Fischer & van der Kolk 2000). Without the security and support from a primary caregiver, babies and infants may find it difficult to trust others when in distress, which may lead to persistent experiences of anxiety and anger (Streeck-Fischer & van der Kolk 2000).

In the context of domestic and family violence, a person using violence may deliberately seek to disrupt the attachment relationship between a child and adult victim as a tactic of abuse and method of control. For example, not letting a mother respond to a child's cries or other signs of distress, or constantly undermining their parental authority.

If the source of the harm is also the young person's source of safety (an attachment figure) then the level of trauma is increased (Cook, Spinazzola, Ford, Lanktree, Blaustein, Sprague, Cloitre, DeRosa, Hubbard, Kagan, Liautaud, Mallah, Olafson & van der Kolk 2005).

Resilience

Siblings experiencing difficult family circumstances or abuse can show different levels of resilience due to the complex interaction between their temperament, the impacts of their environment and the parenting they have experienced over the course of their development. For example, all children have aspects of individual vulnerability and resilience. Outside the child are external forces or life events including: risk factors, experiences of trauma and adverse events; and protective factors, positive experiences and potential sources of strength. An individual's experiences of these external forces and response to them can increase or decrease their levels of vulnerability or resilience. Therefore, an individual's level of resilience is not static, rather it is dynamic and evolves and changes over time in relation to the individual's life experiences.

Cumulative harm can overwhelm even the most resilient child and particular attention needs to be given to understanding the complexity of the child's experience. Families in which children are exposed to cumulative harm often lack strong protective factors and are characterised by a range of complex problems that can break down a child's resilience. For this reason, we must be cautious not to focus on resilience to the extent that we ignore the risks for the child. Children who appear to be coping well, but who in fact have internalising symptoms (such as depression, lack of self-worth), are vulnerable to being overlooked (Luthar & Zelazo 2003).

Cumulative harm can overwhelm even the most resilient child. For this reason, we must be cautious not to focus on resilience to the extent that we ignore the risks for the child.

Assisting recovery in children

Research evidence from the Longitudinal Study of Australian Children (LSAC) shows that parental warmth, low parental hostility when disciplining, and parental consistency, reduces the risk of psychological and behavioural problems in children and is linked with more positive child outcomes. Children aged 4–5 years were four times more likely to have conduct problems and twice as likely to have hyperactivity problems when experiencing hostile parenting (Smart et al. 2008). Parental warmth has been shown to increase children's self-esteem (Berk 2009).

In cases where children have experienced cumulative harm the focus of intervention must be on reducing the adversity in the child's life, assisting their recovery and increasing their resilience to future adversity. These children require calm, patient, safe and nurturing parenting in order to recover, and may well require a multisystemic response to engage the required services to assist.

> *It is important to understand that the brain altered in destructive ways by trauma and neglect can also be altered in reparative, healing ways. Exposing the child, over and over again, to developmentally appropriate experiences is the key. With adequate repetition, this therapeutic healing process will influence those parts of the brain altered by developmental trauma.*
>
> (Perry 2005)

The recovery process for children and young people is enhanced by the belief and support of non-offending family members and significant others. They need to be made safe and given opportunities to grieve for the loss and pain they have experienced and to reconnect with their parents and/or carer, school, community and culture (Miller 2007).

Engaging the offending parent to face up to and take responsibility for real change, will also be helpful in the child's recovery process, regardless of whether or not the child remains in their care. Children and young people can carry shame and despair in regard to their parents' behaviour throughout their lives. They may feel burdened with responsibility or become parentified themselves, whilst feeling powerless to change or help their parent/s. As professionals if we can engage the parents in recovery, this will be positive for their child and enhance their healing.

Aboriginal and Torres Strait Islander children and their families

Cultural competence, sensitivity and respect are essential in any intervention with families. For Aboriginal and Torres Strait Islander children and families, the impact of historical and ongoing dispossession, marginalisation, racism, colonisation, poverty and the stolen generations have led to high levels of unresolved trauma, depression and grief. (Human Rights and Equal Opportunity Commission 1997). However, do not make assumptions. Many Aboriginal families in Queensland are resilient, thriving and strong within their culture. "They have an enduring and essential connection to country and have survived in the face of this painful history, adapting to include Aboriginal people whose traditional country is elsewhere in Australia and those who have lost or never known their traditional identity". (Department of Education and Early Childhood Development, 2010 (b) pp. 9).

The impacts of the stolen generations have been far reaching and continue today. In the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), 7 per cent of Aboriginal people who responded reported being removed from their families and 37.6 per cent had a family member who had been removed.

Some of the key individual, family and community problems associated with unresolved trauma that have been associated with heightened rates of child abuse and neglect in Aboriginal and Torres Strait Islander communities include: alcohol and drug abuse; family violence; social isolation; and over-crowded and inadequate housing (Berlyn & Bromfield 2010). In this context Aboriginal and Torres Strait Islander children, or any children living in such circumstances may be more vulnerable to cumulative harm.

In practice consider:

- seeking appropriate cultural guidance about trauma informed approaches that plan to provide for the physical, mental, emotional and spiritual wellbeing of the infant, child, young person and their family
- the healing value of culture, which affirms identity and connection to community as protective factors that encourage resilience

- seek advice from Aboriginal and Torres Strait Islander cultural experts including the cultural practice advisor or local Aboriginal and Torres Strait Islander community elder or representative (provide non-identifying details only).

Culturally and linguistically diverse children and their families

Refugee and migrant communities may be struggling with unresolved trauma, grief and loss after fleeing from war or oppression. Adjusting to a new culture and way of life can also put further stress on families and increase children's vulnerability.

Families who are second generation migrants to Australia may struggle with different social and parenting expectations for young people. Language barriers can become social barriers and place added stress on families.

Issues of safety and cumulative harm for infants, children and young people should not be minimised. However western cultural expectations can impact unfairly upon parenting assessments when working with Aboriginal and Torres Strait Islander families and families from other cultures. Consultation with cultural experts helps us to balance the needs of children and complex family issues.

Acknowledgment

This document has been adapted with the priority written consent of the state of Victoria as the copyright owner.

Relevant resources

Practice guide, Physical and cognitive development milestones

Practice guide, Decision making at intake

Practice guide, Assess harm and risk of harm

References

Berk, LE, 2009, *Child Development* (8th end), Pearson Education Inc., United States of America.

Bacon, H & Richardson, S 2001, 'Attachment theory and child abuse: an overview of the literature for practitioners', *Child Abuse Review*, vol. 10, no. 6, pp. 377–397.

Berlyn, C & Bromfield, LM 2010, Child protection and Aboriginal and Torres Strait Islander children. *NCPC Resource Sheet*. Online at <www.aifs.gov.au/nch/pubs/sheets/rs10/rs10.html>.

Bernard, S 2007, 'Parents with learning difficulties – the assessment of parenting ability', *Advances in Mental Health and Learning Difficulties*, vol. 1, no. 3, pp. 14–17.

Bromfield, LM 2005, *Chronic child maltreatment in an Australian statutory child protection sample*, unpublished Phd thesis, Deakin University, Geelong.

Bromfield, LM, Gillingham, P & Higgins, DJ 2007, 'Cumulative harm and chronic child maltreatment', *Developing Practice*, vol. 19, pp. 34–42.

Bromfield, LM & Higgins, DJ 2005, 'Chronic and isolated maltreatment in a child protection sample', *Family Matters*, vol. 70, pp. 38–45.

Centre for Community Child Health, Royal Children's Hospital, 2010, 'Engaging Marginalised and Vulnerable Families' *Policy Brief no 18* pp. 3 <www.rch.org.au/ccch/policy briefs.cfm>

Cichetti, D & Toth, S.L, 2000, Chronic and isolated maltreatment in a child protection sample:

and children who are maltreated experience multiple incidents of maltreatment over a prolonged period of time. *Family Matter*s, 70 pp. 38-40

Cook, A, Spinazzola, J, Ford, J, Lanktree, C, Blaustein, M, Sprague, C, Cloitre, M, DeRosa, R, Hubbard, R, Kagan, R, Liautaud, J, Mallah, K, Olafson, E & van der Kolk, B 2005, 'Complex trauma in children and adolescents', *Psychiatric Annals*, vol. 35, no. 5, pp. 390-398.

Cousins, C 2005, 'But the parent is trying...', *Child Abuse Prevention Newsletter*, vol. 13, no. 1, pp. 3–6.

Department of Education and Early Childhood Development, 2010, (a) *The State of Victoria's children 2009: Aboriginal children and young people in Victoria*, published by the Communications Division for Data, Outcomes and Evaluation Division Melbourne.

Department of Education and Early Childhood Development, 2010, (b) *Balert Boorron: The Victorian Plan for Aboriginal Children and Young People (2010-2020)*. Published by Communications Division for the Secretary & Coordination Division, Melbourne.

De Shazer, S, Berg, IK, Lipchick, E, Nunnally, E, Molnar, A, Gingerich, W, Weiner-Davies, M 1986, 'Brief therapy: focused solution development', *Family Process* vol. 25, pp. 207–221.

Frederico, M, Jackson, A & Jones, S, 2006, *Child death group analysis: effective responses to chronic neglect* (No. 0731162587), viewed 20 July 2007

<http://www.ocsc.vic.gov.au/downloads/neglect_group_analysis.pdf>.

Human Rights and Equal Opportunity Commission 1997, *Bringing them home: report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, Sydney.

Luthar, SS & Zelazo, L 2003, Resilience and vulnerability: Adaptation in the context of childhood adversities. In: S Luthar (ed.), *Resilience and Vulnerability*, Cambridge University Press, New York.

Levy, TM,& Orlans, M 1998, *Attachment trauma and healing: understanding and treating attachment disorder in children and families*. Washington: Child Welfare League of America Press.

McArthur, M, Thomson, L, Winkworth, G, & Butler, K, 2009, G*etting what we need: Families' experiences of services*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.

Miller, R, 2007a, *Best Interests Principles: A conceptual overview*, Department of Human Services, Melbourne.

Miller, R, 2007b, *Cumulative harm: A conceptual overview*, Department of Human Services, Melbourne.

Miller, R, 2008, *Best Interests Case Practice Model*, Department of Human Services, Melbourne.

Miller, R, 2010, *Both/And: Engaging with compassion and complexity in child focussed, family sensitive practice*. (Unpublished)

Naughton, M, 2010, *Responses to Cumulative Harm*, Department of Human Services, Melbourne.

Perry 2005, BD 2005, *Maltreatment and the Developing Child: How Early experience shapes Child and Culture*, The Margaret McCain Lecture Series, The Centre for Children and families in the Justice System.

Reid, G, Sigurdson, E, Christianson-Wood, J & Wright, C 1995, *Basic Issues Concerning the Assessment of Risk in Child Welfare Work*, Faculty of Social Work and Faculty of Medicine, University of Manitoba, Canada.

Shonkoff, JP & Phillips, DA (eds) 2001, *From neurons to neighbourhoods: The science of early childhood development* (2nd edn), National Academy Press, Washington, DC.

Smart, D, Sanson, A, Baxter, J, Edwards, B & Hayes, A 2008, 'Home-school transitions for financially disadvantaged children. Final report, Sydney' The Smith Family and Australian Institute of Family Studies. In: P Holzer & A Lamont (April 2010) *NCPC Resource Sheet on Corporal Punishment: Key Issues*, viewed 18 June 2009 <http://www.thesmithfamily.com.au/webdata/resources/files/HometoSchool_SummaryReport_WEB.pdf>.

Streeck-Fischer, A & van der Kolk, BA 2000, 'Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development', *Australian and New Zealand Journal of Psychiatry*, vol. 34, no. 6, pp. 903–918.

Turnell, A, and Edwards, E 1999, *Signs of Safety A Solution and Safety Oriented Approach to Child Protection Casework*, W.W. Norton and Company.

van der Kolk, B 2003, 'The neurobiology of childhood trauma and abuse', *Child and Adolescent Psychiatric Clinics of North America*, vol. 12, no. 2, pp. 293–317.

van der Kolk, B, Roth, R, Pelcovitz, D, Sunday, S & Spinazzola, J 2005, 'Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma', *Journal of Traumatic Stress*, vol. 18, no. 5, pp. 389–399.

Version history

First published:	October 2024
Most recent update published:	Not applicable
Owner:	Office of the Chief Practitioner Department of Families, Fairness and Housing, Victorian Government