

KEEPING CHILDREN IN MIND AND IN VIEW

Practice Guide 6:

Understanding cumulative harm

Acknowledgement of Country

The Centre acknowledges the past and present traditional custodians of the land on which we work. We pay respect to Elders past and present. We acknowledge that sovereignty was never ceded and that this was and always will be Aboriginal land.



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Foreword

This guide is one in a series of practice guides written by the Centre for Excellence in Child and Family Welfare to enable practitioners to keep children first and foremost in service system responses. Funding for these guides has been provided by Family Safety Victoria.

The aim of the guides is to support key workforces involved in maintaining child safety and wellbeing to:

- use a child rights lens
- identify and prioritise what is in the child's best interests
- work in ways that promote children's participation in the decision making and processes that affect them
- document what happens to children so that they are kept in mind and in view.

The guides are intended to make sure that children and young people are at the centre of our thinking and our practice. They are not intended to replace leader or manager practice guidance or to replace existing agency protocols; rather, they are aimed at providing practical, simple and accessible information that will increase practitioner understanding of how to work with children and young people and enhance confidence in their ability to do so.

In engaging with children, particular attention needs to be paid to the safety and wellbeing of children who are non-verbal or very young, who have developmental challenges, who have a disability, who are from a non-English speaking background, who are Aboriginal or Torres Strait Islander, who have a parent with a disability or mental ill-health, who identify as LGBTIQ+ or who experience (and/or use) violence in the home.

The guides aim to address confidence and knowledge gaps for practitioners across the sector and promote the importance of effective and meaningful observation, communication and empowerment of children and young people. They are intended to be an easy to understand, practical reference tool for new practitioners, or for practitioners who have not had significant experience in working with children or young people.

What is cumulative harm?

Cumulative harm is a form of chronic maltreatment which has significant negative consequences for children and young people. It is defined as a series or pattern of harmful events and experiences that may be evident in the child's history or ongoing, with the strong possibility of interrelated and co-existing risk factors.¹ Over time, the damaging effects of maltreatment time can lead to children and young people experiencing cumulative harm.²

Cumulative harm can be significant and increase in severity. Children and young people who experience chronic maltreatment are more vulnerable to subsequent incidents of abuse and neglect, in contrast with children and young people who have not been maltreated.³ These multiple incidents may involve the same or similar harm types.

Cumulative harm can also involve one or more people, including parents and caregivers, who might contribute either consciously or unconsciously to the occurrence of harm.

The term has long been used when referring to risks to a child or young person's safety, wellbeing and development, yet is often overlooked because indicators of cumulative harm are often more subtle, less noticeable, and not as immediate as a one-off incident of harm.

Without direct contact and engagement with children and young people, a coordinated professional response, careful recording and reviewing of case files and records, indicators of cumulative harm can go unnoticed, leading to children and young people becoming more vulnerable to increased risk of harm.

Contributors to cumulative harm

Cumulative harm is more likely to occur in families who experience multiple interlinked problems or risk factors, including:

- family violence
- alcohol and drug issues
- financial hardship/difficulties
- where there is an absence of protective factors, or where the protective factors have been untested
- where there is an experience of social isolation or exclusion
- long-term or ongoing parental problems impacting their capacity to provide adequate care, including:
 - intellectual disability
 - mental health issues
 - substance misuse
 - physical disability.⁴

¹ Miller, R. 2007, Cumulative harm: A conceptual overview. Victorian Department of Human Services.

² Bromfield, L. 2005, Chronic child maltreatment in an Australian statutory child protection sample, unpublished PhD thesis, Deakin University, Geelong.

³ Bromfield, L., Gillingham, P. & Higgins, D. 2007, Cumulative harm and chronic child maltreatment, <https://search.informit.org/doi/abs/10.3316/ielapa.796204901581648>

⁴ Dwyer, J. & Miller, R. 2012. Cumulative harm: Best interests case practice model. Victorian Department of Human Services, pp.18–19.

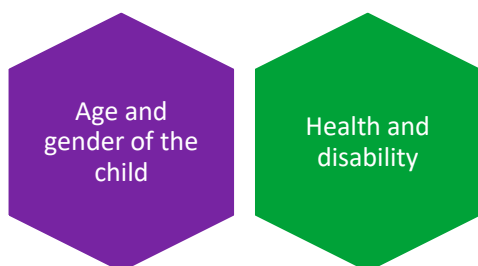
Risk factors relating to parent/family or caregiver

Risk factors relating to the parent's circumstances or capacity may include:



Child risk factors

Risk factors relating to a child's particular characteristics include:



Economic, community and societal risk factors

Risk factors arising from the child or young person's economic, community and societal factors include:

- social exclusion and lack of social inclusion
- differing social norms and values
- interaction of factors
- exclusion from cultural connections.

Identifying and recognising indicators of cumulative harm

Studies indicate five critical elements in recognising instances of cumulative harm in a child and young person including:

- frequency: the number of incidents
- type: number of types and the different types (e.g. physical, neglect or sexual abuse)
- severity: severity of the adult behaviour and harm to the child
- perpetrators: the number of perpetrators and their relationship to the child
- duration: period over time of maltreatment.⁵

Assessment of cumulative harm involves considered analysis of a child's presenting risk factors and potential needs, as well as gathering all known information about the child, their siblings and family.⁶

It is important to consider a child or young person's history when receiving a report or new information (which may be a referral), thinking about the possible presence of cumulative harm. Considering the added information in isolation, and not as a pattern or sequence of events, increases the opportunity for multiple events of what may be perceived to be lower-level abuse going unnoticed or not considered, which over time can be extremely harmful.⁷

When gathering information to determine the likelihood of a child experiencing cumulative harm, it is important to look at:

- previous reports of abuse or neglect
- previous substantiations of abuse or neglect
- multiple sources alleging similar problems
- reports from professionals
- evidence of the child not meeting developmental milestones
- evidence of the domains of neglect.⁸

Recording observations of cumulative harm

Where the factors listed below are present, practitioners need to be alert to the possibility that children may be experiencing chronic maltreatment. Recording the presence of these characteristics is important to inform future interventions. Indicators of chronic maltreatment in case file audits include:

- **Evidence of multiple notifications to child protection:** The likelihood of the child or young person having experienced cumulative harm is increased if there are multiple reports and reports from differing sources over an extended period. Not all concerns of harm are observed, or reported to

⁵ Western Australian Department of Health, 2015, Cumulative harm is a child protection issue. Information sheet 4, <https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Child%20protection/PDF/InfoSheet04-cumulative-harm.ashx>

⁶ ACT Government, 2019, Working with families affected by cumulative harm or neglect, Child and Youth Protection Services, pp. 15–17.

⁷ Dwyer, J. & Miller, R., 2012, Cumulative harm: Best interests case practice model, Victorian Government, Department of Human Services, Australia.

⁸ Ibid.

Child Protection, therefore what is recorded is likely to underestimate the number of concerns.

- **The emergence of patterns relating to the report, or notification of concerns:** When multiple reports or instances are analysed and the same or similar concerns or themes are seen in each instance, there is a likelihood that the child or young person is at risk of having experienced cumulative harm.
- **Consistency across multiple sources relating to the allegations of concerning behaviour that may fall under the threshold for intervention:** Some reports are assessed as not being serious or significant enough to warrant a thorough investigation and, as a result, information that could indicate cumulative harm goes undetected. Similarly, professionals may fail to report, thinking what they witnessed was an isolated incident, and thus not serious enough to report. If professionals are aware that others have witnessed concerning behaviour, they may be more likely to make a report or notification.
- **Multiple notifications from professionals involved:** Reports made by professionals involved with families generally carry more weight than reports from members of the community. When multiple notifications are made by professionals who worked with the families involved, there is a strong likelihood that the child or young person involved is experiencing or has experienced cumulative harm.
- **Allegations of inappropriate parenting in public:** Parents/caregivers are more likely to attempt to conceal abuse, neglect or maltreatment, or other forms of concerning behaviour when they are in public or in the presence of others. It is more likely that these behaviours and concerns are intensified within their home environment. When concerning behaviour is observed in public there is an increased risk that the child or young person is experiencing or has experienced cumulative harm.
- **Notifications occurring over an extended period rather than an isolated incident:** Notifications made within a concentrated period can be incorrectly assessed as related to a challenging time in the family's life or excused as being out of character and not given the consideration required to fully assess the situation and explore the possibility of cumulative harm.
- **Notifications involving multiple areas of risk/concern:** When concerns are raised relating to multiple areas of risk, it is likely that they are based on more established patterns of occurrences indicating the presence of cumulative harm.
- **Allegations involving multiple perpetrators over time:** Exposure to multiple instances of neglect over time indicates that these reports are not isolated incidents and that there is a possibility of extended harm.⁹

Assessing the degree of risk associated with cumulative harm

Assessing the degree of risk each time a report or referral is received is critical in determining the presence of cumulative harm. Each situation needs to be reviewed and analysed for indications of emerging themes and patterns. The following actions can support better identification of cumulative harm.

- Accessing historical reports and referrals from the relevant organisation, other professionals,

⁹ Bromfield, L., Gillingham, P. & Higgins, D. 2007. Cumulative harm and chronic child maltreatment, *Developing practice: The child youth and family work journal*, vol. 19, pp. 34–42.

Information Sharing Entities, or statutory services to identify multiple reports that either warranted intervention or did not meet the threshold for intervention.

- Engaging with the child or young person to gain their perspective on their experiences.
- Using the available information to identify who is responsible for the neglect, abuse or harm type, and looking for patterns, themes, and the frequency of occurrences to establish risk and protective factors.
- Identifying what is in place to protect the child or young person. This may include formal and informal protective factors, professional supports and familial supports, while keeping in mind the child's age and stage of development.
- Using the information gathered to predict the probability of patterns of harm and neglect continuing or reemerging in the future and the severity of the impact on the child or young person.
- Identifying effective interventions, supports and strategies to keep children and young people safe and promote their growth and development.

Why cumulative harm is often overlooked

Because of its nature, cumulative harm can be difficult to identify. There are also systemic issues across service systems that can lead to the exposure of a child to multiple episodes of harm or neglect being missed, including when:

- each new report is treated as a discrete piece of information which, on its own, does not meet statutory thresholds
- information is not accumulated from one report to the next
- assumptions are made that any problems identified during previous involvement were resolved at the time of case closure
- files are not scrutinised for patterns of harm. Lesser incidents may not be noted and/or reported as they are seen to be a low-level single incident, rather than another piece in the picture of cumulative harm
- protective factors, such as services and supports, are not checked to ensure ongoing involvement and/or the extent of the engagement¹⁰
- when a history/file exploration is undertaken this is most usually done to determine future risk, rather than present cumulative impact
- criminal and child protection legislation has a single incident/event focus, rather than a cumulative picture focus
- lack of information sharing between different agencies and practitioners working with different aspects of the overall abuse picture, or with differing family members.¹¹

There are other systemic barriers to identifying cumulative harm, such as risk frameworks that focus on harm

¹⁰ Ibid.

¹¹ Western Australian Government, 2015, Information sheet 4: Cumulative harm is a child protection issue, A Definition of Cumulative Harm. Guidelines for protecting children.

and predicting future events rather than identifying the presence of cumulative harm.¹² Focusing on obvious, immediate and more severe presentations of harm and abuse, and planning around safety measures to address those concerns, can overshadow identification, assessment and response to more subtle identifiers of cumulative harm.

Impact of cumulative harm

The impact of harm and neglect may not always be immediately apparent to professionals working with children and young people during the period of engagement – particularly when there are minimal opportunities to engage, limited access to crucial information, or an absence of a coordinated and collaborative approach. While the indicators may not be apparent, it does not mean that the impact does not have the potential to be severe and place that child or young person at significant risk of harm. The impact of cumulative harm may emerge later in a child's life when they approach adolescence or early adulthood. Over time, the risk of harm can intensify and become more significant due to the cumulative nature of neglect, which differs from harm that is incident based.¹³

Ongoing neglect can have short- and long-term impacts,¹⁴ leading to the following outcomes.

- **Physical development:** physical health problems, eating disorders, drug and alcohol abuse, teenage pregnancy/parenthood, homelessness
- **Cognitive development:** learning difficulties, lower IQ scores, impaired language development
- **Behavioural and social development:** attachment disorders, trauma and psychological problems, behavioural problems, mental health issues, aggression, violence and criminal activity, anxious/insecure attachments to parents/carers, social withdrawal, low self-esteem, problems with coping and emotional regulation, symptoms of disassociation.¹⁵

Research identifies neglect as having a significant long-term impact on children across their lifespan.

Chronic stress sensitises neural pathways and over-develops certain regions of the brain involved in anxiety and fear responses. Meanwhile, other neural pathways and brain regions are underdeveloped. Children who experience chronic neglect, such as remaining hungry, cold, scared or in pain, focus their brain's resources on survival.¹⁶

Additionally, multiple forms of neglect and abuse increase the risk of negative outcomes. Though co-occurrence is acknowledged, the specifics of this connection are rarely investigated.¹⁷ A review of child protection research found 'considerable overlap in the occurrence of maltreatment types'.¹⁸ This finding is also reflected in a Victorian study that found of the 10 child deaths which occurred between 2004–2006,

¹² Miller, 2007.

¹³ Daniel, B. 2015, Why have we made neglect so complicated? Taking a fresh look at noticing and helping the neglected child, *Child Abuse Review*, vol. 24, pp. 82–94.

¹⁴ Lamont, A. 2010, Effects of child abuse and neglect for children and adolescents, *Australian Institute of Family Studies*, vol. 2, <http://www.aifs.gov.au/cfca/publications/effects-child-abuse-and-neglectchildren-and-adolescents>

¹⁵ Hildyard, K. & Wolfe, D. 2002. Child neglect: Developmental issues and outcomes, *Child Abuse & Neglect*, vol. 679.

¹⁶ Miller, 2007. p. 18.

¹⁷ Lamont, p. 2.

¹⁸ Higgins, D. & McCabe, M. 2001, Multiple forms of child abuse and neglect: Adult retrospective reports, *Aggression and Violent Behavior*, vol. 6, iss. 6, pp. 547.

most of the children had endured more than one form of neglect and had experienced other forms of abuse.¹⁹

A 2016 Commission for Children and Young People Inquiry found that in cases where the indicators of cumulative harm were not identified early in a child's life, then child protection intervention was often ineffective. The inquiry also found that cumulative harm resulted in long-term problems including substance abuse, mental health problems and behavioural difficulties, and that while there was some evidence to suggest improvements in practice in recent years, this was not a general pattern across all the cases that had been reviewed.²⁰

Detecting cumulative harm

Cumulative harm is a significant risk to children. Detecting cumulative harm requires:

- undertaking direct observations and engagement with children and young people
- working in a collaborative and coordinated way with other organisations and services, including participating in information sharing
- ensuring that detailed records of observations and analysis are maintained in the correct areas so a pattern and history can be referred to if needed
- understanding the needs and experiences of the family in a family context and in the community and society.

Failing to execute and understand the importance of cumulative harm indicators is likely to have significant and severe impacts upon the safety and development of children and young people.

Responding to cumulative harm

Research highlights the importance of understanding children and young people as being victim survivors in their own right, recognising them as individual members of the community and not as the property of their parents – a crucial factor in being able to understand cumulative harm.²¹

Strategies that can help identify and effectively respond to cumulative harm include regular, considered conversations with the child; observing family or child behaviour; and family preservation responses including active referrals to appropriate services and family-led decision making.

For professionals, supervision provides a key opportunity to present information and test analysis with a manager or colleague, regarding whether a child or young person may be at risk of cumulative harm.

The section below looks at some practical ways of responding to cases of suspected cumulative harm.²²

¹⁹ Office of the Child Safety Commissioner: Child death group analysis: Effective responses to chronic neglect. Victorian Child Death Review Committee, 2006. VIII. Victorian Child Death Group Analysis: Effective responses to Chronic Neglect. See also, ACT Government, 2019, Working with families affected by cumulative harm or neglect, Child and Youth Protection Services, pp. 15–17.

²⁰ Commission for Children and Young People, 2016, *Neither seen nor heard – Inquiry into issues of family violence in child deaths*. Melbourne.

²¹ UNICEF 2022, *Child rights and why they matter*, <https://www.unicef.org/child-rights-convention/child-rights-why-they-matter>

²² ACT Government, 2019,

Consider the number and frequency of incidents of harm, or omissions experienced by the child or young person, and the source of the report/referral received, and assess the severity and length of period of harm

Develop a chronology detailing patterns of abuse/neglect in the family to assist with practitioner response and, where appropriate, types of support that may be required

If possible, undertake an analysis of service intervention and consider what support strategies might be suitable to respond to the current situation and for future prevention

Look for patterns of engagement with services and risks of social isolation

In summary

Cases involving cumulative harm are complex and require professionals to be curious about the information in front of them, engage in a process of critical reflection throughout the information gathering and risk analysis stages, and develop professional hypotheses about a child's situation.

Cumulative harm will rarely be reported to child protection as a 'standalone' harm type. Assessing cumulative harm requires consideration of each new piece of information or report received about a child in the context of their child protection history, and not as a single, one-off incident of abuse. Developing a chronology can help to demonstrate patterns of behaviour or harm types within a family. Professionals need to consider the impact of a child's exposure to prolonged incidences of abuse or neglect, drawing on evidence in relation to child development, the neurobiology of trauma and attachment. Assessments should consider harm types, frequency, duration, severity and source to aid information gathering and assessment of risk. They should utilise supervision to formulate hypotheses and test evidence for cumulative harm and the viability of further statutory involvement.

Professionals need to ensure children are referred to early intervention support services to help improve behavioural and mental health outcomes and to prevent and reduce the impacts of cumulative harm. In particular, they need to use strategies to support a child to learn emotional regulation skills and healthy ways of coping.