



Information sheet 4

Cumulative Harm is a Child Protection issue

A Definition of Cumulative Harm

Cumulative harm is the outcome of multiple episodes of abuse or neglect experienced by a child. Cumulative harm refers to the effects of patterns of circumstances and events in a child's life which diminish a child's sense of safety, stability and wellbeing ¹. Isolated maltreatment, by comparison, might be defined as a single maltreatment, or several inter-related events confined to a time-specified period.

When considered individually, each episode of abuse and/or neglect may not be deemed to be significantly detrimental. However when considered cumulatively, the unremitting daily impact on the child can be profound and exponential, covering all dimensions of a child's life; developmental, social, psychological, relational and educational.

Practitioners need to be alert to the possibility of multiple adverse circumstances and events, and to consider, not just the current information, but the past history of the child that may be indicative of cumulative harm.

The following five domains need to be considered when assessing for cumulative harm through abuse or neglect:

- **Frequency:** Number of incidents
- **Type:** Number of types and the different types (physical, sexual, emotional/psychological abuse and neglect)
- **Severity:** Of the adult behaviour and of the impact of that behaviour on the child
- **Source of harm:** Number of perpetrators and their relationship to the child
- **Duration:** Period of time over which the abuse/neglect occurred and the age/developmental stage(s) of the child during this period.

Cumulative Harm is traumatic

The cumulative effect of 'minor' harm over time can be just as, or more detrimental, than a single major event of harm. By its nature, multiple instances of harm or neglect resulting in cumulative harm are most likely to be perpetrated by a child's primary caregivers. Children who are on the receiving end of multiple acts of commission (abuse) or omission (neglect) from those whose role it is to care, protect and nurture them in a loving, ordered and sequential manner suffer complex trauma. Van Der Kolk ² defines complex trauma as "the experience of multiple, chronic, prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early-life onset. These exposures often occur within the child's caregiving system and include physical, emotional and educational neglect and child maltreatment beginning in early childhood".

¹ Cumulative Harm: A conceptual overview. Best Interests Series. Victoria Government. 2009.

² Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. Psychiatric Annals 35 (5) pp 402. .B Van Der Kolk 2005

When early basic needs are not met, neural pathways and brain development becomes compromised, preventing higher order cognitive, emotional and social learning and healthy development and growth from occurring.

Repairing the harm caused to children through cumulative abuse or neglect is often a long-term process and needs to be undertaken in step with their development.

Some facts on Cumulative Harm

- A child who has been identified as having been exposed to one incidence of harm or neglect is more likely than not to be exposed to repeated acts of harm or neglect.
- The Chronic Maltreatment Study³ identified that in 65% of families where a notification had been made to the child protection services, maltreatment was chronic.
- The majority of children who experience maltreatment experience multiple incidents and multiple types⁴.
- Families in which cumulative harm occurs tend to have; multiple inter-linked problems, an absence of protective factors and enduring parental problems impacting their capacity to provide adequate care⁵.

Systemic barriers to recognising Cumulative Harm

Many service systems can fail to recognise when a child is being exposed to patterns of multiple episodes of harm or neglect:

- Each involvement with a single agency may be treated as discrete events, and not linked to prior history.
- Information may not be accumulated from one report to the next.
- Lesser incidences may not be noted and/or reported as they are seen to be a low-level single incidence, rather than another piece in the picture of cumulative harm.
- Assumptions are made that problems presented in previous involvements were resolved and/or are not related to the present issue.
- Files are not scrutinised to determine if patterns of cumulative harm are present.
- When a history/file exploration is undertaken this is most usually done in order 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.
- The lack of information sharing between different agencies and workers working with different aspects of the overall abuse picture, or with differing family members.

Whenever a health professional has clear concerns of physical, emotional, sexual abuse and/or neglect happening to the child they are seeing, or any other child in the family, they have a responsibility to take action to ensure that protective measures are put in place.

Refer to *Guidelines for Protecting Children 2015* for further information and guidance.

³ Chronic and isolated maltreatment in a child protection sample. In: Family Matters Vol 70 (2005) pp 38 – 45. L Bromfield & D Higgins

⁴ Specialist Practice Guide: Cumulative Harm. L Bromfield & R Miller. Vic Government, Dept of Human Services

⁵ Cumulative Harm: The effects of chronic maltreatment. L Bromfield, Australian Institute of Family Studies