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Cumulative Harm And Chronic Child Maltreatment

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Statutory child protection data shows that the same children or families are repeatedly being re-referred to statutory child protection services (The Allen Consulting Group, 2003).

However, researchers investigating child maltreatment have largely ignored the issue of chronic maltreatment and cumulative harm (Bromfield, 2005).

Chronic maltreatment and cumulative harm is particularly topical in the policy context for Victoria, Australia. The Victorian Child Death Review Committee in their 2006 Annual Report reported that "chronic neglect and cumulative harm presented as key features in many



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of the child deaths reviewed". The Review Team commented further that many of the child death cases reviewed were for children subject to multiple notifications to the Victorian child protection service and who were experiencing chronic neglect which often failed to reach the threshold for statutory intervention.

The Victorian Government has attempted to redress this problem: In November 2005, the Children, Youth and Families Act (2005) was passed by the Victorian parliament. The Act contains 'best interests' principles, including that consideration be given to the "effects of cumulative patterns of harm on a child's safety and development" (s.10(3)(e)).

In this paper, cumulative harm is defined, past approaches that have contributed to conceptualising maltreatment as an isolated event are discussed. Possible indicators of chronic maltreatment are highlighted and the potential for chronic maltreatment to have a cumulative impact on children is demonstrated using a case example. The paper focuses on the Victorian context, but the issues of cumulative harm and chronic child maltreatment have relevance to policy-makers and practitioners in other jurisdictions.

Background

This paper is based on a wider project in which the course, characteristics and predictors of chronic and isolated child maltreatment in a statutory child protection sample were investigated. The project included a qualitative study comprising six case studies (see Bromfield & Higgins, 2005). In this paper, excerpts from one of the six case studies is presented. The

case studies were based on material recorded in Victorian Government statutory child protection service files between 1994 and 2002. Appropriate procedures were put in place to ensure the confidentiality and anonymity of individuals whose case files were reviewed.

Cumulative Harm

Cumulative harm refers to the effects of multiple adverse circumstances and events in a child's life. The unremitting daily impact of multiple adverse circumstances and events on the child can be profound and exponential. The exponential nature of chronic maltreatment means that children who have experienced maltreatment in the past may be more vulnerable to subsequent incidents of maltreatment than children who have not been maltreated.

The way in which cumulative harm impacts on children can be understood in terms of neurobiology (i.e., brain development) and trauma theory. 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. If prolonged, however, stress can disrupt the brain's architecture and stress management systems.

In children, 'toxic stress' can damage the developing brain (Shonkoff & Phillips, 2001). Trauma specialists have also used the term 'complex trauma' to describe the experience of multiple, chronic and prolonged developmentally adverse traumatic events (Victorian Government

Department of Human Services, 2007). Cumulative harm is particularly relevant to the study of child neglect and psychological maltreatment where the damaging effects may not be evident following a single event.

Past Approaches Framing Maltreatment as an Isolated Event

Traditionally, definitions of maltreatment have incorporated the following elements: determining whether an adult acted in an abusive or neglectful manner towards the child, the severity of the behaviour and the likely impact on the child given their age. The problem with this approach is that it tends to shape thinking towards an incident-focussed conceptualisation of maltreatment in which a determination is made as to whether an act of omission or commission resulted in a child being harmed.

Statutory child protection data also reinforce the notion that maltreatment is an isolated event for children: Hamilton and Browne (1998) observed that in maltreatment incidence and prevalence rates produced using statutory child protection data, there was a failure to report repeat victimisation and events involving multiple maltreatment sub-types were often registered against one maltreatment sub-type.

A 'cause and effect' approach to defining maltreatment is also evident in courts or statutory child protection services when a determination must be made as to whether a child has been maltreated and requires state intervention to ensure their safety.

The role of the courts is determine:
(a) whether a child has experienced

abusive or neglectful behaviour;
(b) whether that behaviour has caused the child (or is likely to cause the child) to be seriously harmed; and
(c) whether state intervention is required to protect the child (either because a parent perpetrated the maltreatment or because they failed to the protect the child).

Within this framework it can be difficult to demonstrate that there is a need for state intervention to protect a child's from multiple adverse circumstances or events (all of which may or may not have been directly perpetrated by the parent), and to link these events with a child's symptoms of 'cumulative harm' (e.g., developmental delay, complex trauma).

Child maltreatment is commonly discussed from two perspectives: (a) risk of maltreatment occurring; and (b) the consequences of maltreatment. When child maltreatment is discussed in terms of its emergence and aftermath, the pattern and characteristics of maltreatment experienced by children over the course of their development (i.e., the course of maltreatment) is ignored. Consequently, researchers fail to investigate the fact that some children's development will be characterised by chronic child maltreatment. Proponents of the developmental victimology perspective advocate profiling the characteristics of repeat victimisation (Hamilton & Browne, 1998). The description of the course of child maltreatment may lead to greater acknowledgement of the occurrence of chronic child maltreatment and establish chronic maltreatment as a research priority.

Chronic Maltreatment

The pattern of adverse circumstances and events characterising the experience of many children who come to the attention of statutory child protection services can be described as chronic child maltreatment. The current authors have previously defined chronic child maltreatment as “recurrent incidents of maltreatment over a prolonged period of time” and argued that chronic child maltreatment causes children to experience cumulative harm (see Bromfield & Higgins, 2005). The case study presented here demonstrates a pattern of chronic child maltreatment and shows cumulative harm can occur if chronic maltreatment persists.

This case study describes the involvement of a family for which there were 22 notifications and four substantiations during an 8-year study period (see Table 1 overleaf).

The notifications for children in this family fell into five groups. The notifications within each group were all essentially regrading the same set of concerns. These groups typically comprised two or three notifications that were closed at the intake or investigation phase followed by a third or fourth notification in which the family received protective intervention (this is interesting as it suggests that notifications, in themselves, may act as cumulative weights that eventually trigger child protection involvement). The underlying issue in the majority of the notifications recorded for this family was allegations of poor parenting capacity and psychological maltreatment by the children’s mother.

Descriptions of key notifications in the course of this case are presented and the possible indicators of chronic maltreatment at that point in the case are highlighted.

Notification 1

Family: two parent, boy aged 8 months

Presenting event: Grandparent notifying as they saw Mother kick walker with 8 month old son sitting in it. Also pulled son up off couch by one arm. Notifier says that Mother has not been diagnosed with a mental illness, but suffers horrific mood swings and has been under psychiatric care. Mother receiving support from the Maternal and Child Health Nurse and from a Family Support Agency.

Outcome: Information received insufficient to warrant involvement, especially given involvement of local support agency.

The first notification occurred in isolation, and the child protection service had no previous concerns recorded for this or any other child in the mother’s care. The allegations were concerning, especially given the age of the child. However, the involvement of a community support service was assessed as diminishing the risk. (There was no indication on the file that workers had followed up with the grandmother to ask what support or protection she could provide the family.) On the basis of the information provided it was determined that the notification did not reach the threshold to warrant statutory intervention. At this time there were no indicators of chronic maltreatment.

Notification 3 was one of three notifications regarding verbal and

Notifications grouped by themes					
	Group 1	Group 2	Group 3	Group 4	Group 5
Notifications	2, 3, 4	5, 6, 7	8 to 13	15, 16, 17	18 - 21
Children in the family and their gender	1 boy	1 boy	1 boy; 1 girl	1 boy; 1 girl	1 boy; 1 girl
Family type	2 parent	2 parent	Single parent	Blended	Blended
Abusive or neglectful behaviour	<ul style="list-style-type: none"> ▪ Physical abuse ▪ Family violence ▪ Physical abuse 	<ul style="list-style-type: none"> ▪ Psychological maltreatment ▪ Physical abuse ▪ Family violence ▪ Neglect ▪ Sexual abuse 	<ul style="list-style-type: none"> ▪ Psychological maltreatment ▪ Physical abuse ▪ Neglect ▪ Sexual abuse 	<ul style="list-style-type: none"> ▪ Psychological maltreatment ▪ Physical abuse ▪ Sexual abuse 	<ul style="list-style-type: none"> ▪ Sexual abuse ▪ No maltreatment
Substantiated	No	Yes; Last of 3	Yes; Last of 6	Yes; Last of 3	None
Duration of involvement with child protection	2 days	53	244	145	1 yr
Highest phase of protection involvement	Intake	Protective involvement	Protective involvement	Initial investigation	Intake
Time elapsed between notifications/groups of notifications	208 days	255	117	- 28 days	184
			- 106 days	191	No further notifications within study period

Notification 3

Family: two parent, boy aged 15 months

Presenting event: Paternal aunt stating that parents of boy have loud verbal arguments in front of the child. That the father punches walls and the mother is verbally abusive of child and becoming increasingly aggressive towards him (cited several examples). Aunt alleges that mother is giving child stronger doses of prescribed medication to get him to sleep. Aunt is concerned that Family Support Worker only sees parents in office, thus does not see the full range of parental behaviour. Notification 2 comprised similar allegations by the grandparents.

physical abuse perpetrated by both parents. Notifications 2 and 3 comprised allegations by family members. There was also information that the extended family was seeking legal custody (i.e., residence) of the child, resulting in concerns being raised in the case notes regarding the family's motivation for notifying and the veracity of their claims. It is interesting to note that the workers did not consider the possibility that the extended family were genuinely motivated to protect the child, and that this was the reason both for their seeking a residency order and for them making a report to child protection. Substantial weight was given to the information provided by the family support worker (subsequently it became apparent that the family support worker had been aware of physical and verbal abuse directed towards the child, but did not report the maltreatment).

Previous research has shown that reports coming from a friend, neighbour or anonymous source,

and based on information that was not second hand, were more likely to recur (English & Marshall, 1999), but that referrals made by a professional notifier were more likely to be substantiated (Wollock, Sherman, Feldman, & Metzger, 2001).

In order to make a notification, community members must overcome strong social values in Western society that discourage interference in other families' 'private business'. The heavy reliance on professionals and the corresponding disregard of information from non-professional notifiers must be questioned. The indicators of chronic maltreatment evident in this group of notifications were the allegations for similar but separate incidents, coming from multiple sources, and the escalating verbal and physical aggression allegedly being directed at the child.

Notifications 8 to 13 were characterised by allegations and

Notification 11

Family: Separated. Boy aged 3 years (referent) residing in father's care, stays with mother for contact visits. Girl aged 1 year (sibling) residing in mother's care.

Presenting event: Notification from worker at a Family Welfare Agency. Mother came into service requesting a washing machine. While at the agency, mother continually yelled at 3 year old son for misbehaviour. In the worker's opinion the child was not behaving inappropriately. Worker told mother that yelling at child was not acceptable. The mother then became verbally abusive towards the worker and left.

Outcome: Assessed no protective concerns

counter-allegations between the two parents as they pursued residence of the children through the Family Court following the break-up of their relationship. A concerning element of this group of notifications was the tendency for child protection services to dismiss all allegations as a matter for the Family Court, despite the allegations coming from multiple sources, including professionals.

By Notification 11, there were several indicators that the children were experiencing chronic maltreatment perpetrated primarily by their mother. Concerns were raised about the mother being rejecting and unloving towards her children. The mother had a childhood history of rejection, and the case workers felt that it was not unreasonable to assume that the mother may have trouble forming a secure attachment with her children. The pattern was consistent: there had been 11 allegations from seven different notifiers all alleging physical and verbal abuse. Notification 11 was made by a professional and the behaviour described was observed in a public place. The mother's behaving this way in public raises concerns regarding her behaviour towards her child in the privacy of her own home (where social desirability factors that may influence individuals to curb their behaviour in public are not present).

Following eleven prior notifications over a period of 3 years and which occurred during the child's formative years of development, a GP assessed the child as exhibiting signs of severe trauma. The 3 ½ year old boy was

reportedly very distressed, dribbling, and presented with small bruises on his legs and was unwilling to sleep in his own bed following a contact visit with his mother.

Identifying Chronic Child Maltreatment

As the case example shows, families in which children experience chronic child maltreatment are characterised by:

- multiple interlinked problems (i.e., risk factors) such as: family violence, substance use, disability, and mental health problems ¹;
- an absence of protective factors (including being unable or unwilling to access available supports);
- social exclusion/isolation; and
- enduring parental problems impacting their capacity to provide adequate care (e.g., intellectual disability, substance abuse).

Where these factors are present, practitioners need to be alert to the possibility that children may be experiencing chronic child maltreatment. It is also important to record the presence of one or more of these problems in case summaries as it may help practitioners making assessments about the possibility of chronic child maltreatment in subsequent referrals.

As the case example also shows, the case file itself may also provide indicators for chronic child maltreatment. Child protection case files treated notifications and information from different sources

¹ Not all of these factors were present in this case study, however in *Protecting Children: The Outcomes Project* it was reported that the top six 'concerning characteristics' of families in substantiated child protection cases in Victoria in 2001-02 were: domestic violence, substance abuse, alcohol abuse, physical disability, intellectual disability, and psychiatric illness.

as discrete events. Incidents in which there was sufficient information to determine that the alleged events occurred, but which fell under the threshold for statutory intervention, were ignored in subsequent assessments. Indicators of chronic child maltreatment evident in case files might include:

- multiple notifications;
- multiple sources alleging similar problems;
- multiple allegations of concerning behaviour that falls under the threshold for statutory intervention;
- multiple notifications from professionals;
- allegations of inappropriate parenting in public;
- notifications occurring over an extended duration rather than being related to a single time period or family crisis;
- notifications for multiple maltreatment sub-types; and
- allegations involving multiple perpetrators over time.

Ideally, we would all hope that chronic child maltreatment would be identified and appropriate intervention provided before children suffer significant cumulative harm. However, this will not always be possible. Practitioners need to be alert to the possibility that children who are not reaching their developmental milestones, or are displaying symptoms of traumatic stress (e.g., behavioural problems, anxiety, etc) may have, or may be experiencing chronic maltreatment and consequently cumulative harm.

In their review of the literature, Bromfield and Higgins (2005) identified traditional approaches to defining and responding to



maltreatment as having contributed to past failures to identify chronic child maltreatment and cumulative harm. They proposed that definitions of abuse and neglect consider five critical elements:

1. Frequency – number of incidents;
2. Type – number of types and the different types (physical abuse, neglect, sexual abuse, emotional abuse and witnessing family violence);
3. Severity – severity of the adult behaviour, and severity of the harm to the child;
4. Perpetrators – number of perpetrators and relationship of perpetrator to child; and
5. Duration – period of time over which maltreatment occurred.

Summarising a child's experiences using these elements will better enable practitioners to identify when chronic child maltreatment is present. Chronic maltreatment and cumulative harm may be a factor in any case involving allegations of maltreatment. It is not likely to be something that another professional, friend or family

member explicitly identifies when raising concerns about a family. Thus, in order to identify whether a child has experienced chronic child maltreatment, it is important to consider these elements in every case.

Conclusion

The case study demonstrates the potential cumulative impact of low-to-moderate psychological and physical abuse that generally fell below the threshold for statutory intervention. Child protection has limited capacity to intervene to protect children experiencing low-to-moderate severity chronic child maltreatment (one of the questions that must be asked in going forward is whether child protection services are indeed the best placed to respond to low-to-moderate maltreatment even were they to have the capacity to do so). There is an urgent need for assessment procedures to be adapted to enable practitioners to identify and respond to cases of chronic child maltreatment ■

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