



Cumulative Harm & Neglect & Child Protection

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Acknowledgements:

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Sue Jones (Private consultant)

**Chris Walsh & Loula Dounias (Office of the Child Safety
Commissioner, Victoria)**

Overview

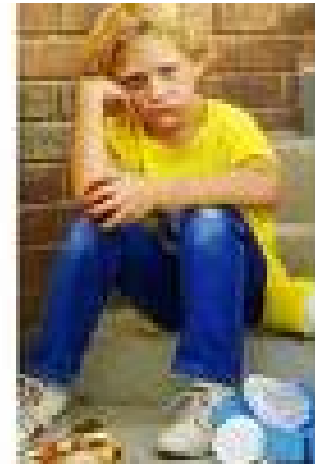
- **Background to research.**
- **Definitions of neglect and cumulative harm and practice questions.**
- **How do theories, research and practice wisdom inform our practice.**
- **Implications for assessment and practice.**

What is Take Two?

Take Two is a developmental therapeutic service for child protection clients in Victoria, Australia who have suffered trauma and disrupted attachment due to their experience of abuse and neglect.

A Berry Street program in partnership with the Austin Child and Adolescent Mental Health Service; La Trobe University, Mindful and the Victorian Aboriginal Child Care Agency.

Background to Child Neglect Report



- Report commissioned by the Victorian Child Death Review Committee (VCDRC) and established by the Office of the Child Safety Commissioner (OCSC).
- Conducted by group led by Associate Professor Margarita Frederico (La Trobe University), with Annette Jackson (Take Two) and Sue Jones (private consultant).
- Examined deaths of 10 children known to Child Protection in Victoria, who had experienced neglect.
- Neglect was not the cause of death, although it was the reality of the children's lives.

How was the analysis done?

- Literature review.
- Review of 10 child death inquiries and related documents – analysing themes.
- Read sample of files.
- Consultations.

Definition of neglect

“A broad definition of neglect is any failure to provide for the basic needs of the child.” (Perry, 2004, 3)

Definition of neglect:

“Neglect occurs when a child’s basic needs, such as their developmental, emotional and physical wellbeing and safety, have not been met.

Chronic neglect is when this occurs in an entrenched and multi-level pattern of experience for the child and family.”
(Frederico, Jackson & Jones, 2006)

Definition of neglect

A key to defining neglect is understanding different aspects and changing nature of child development.

Definition of neglect: So what?

- So what are their developmental needs?
- What are the consequences if they are not met?
- How can we intervene with families to enable them to better meet these needs?
- How can we intervene directly with children to ameliorate the immediate and cumulative impact of neglect and other chronic maltreatment?

**Area of
Development**

**Area of
Development**

Child Needs



**Area of
Development**

Child Needs



**Framework to
understand needs**

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Development**

Child Needs

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Health

Cognitive

Education

Social

Emotional

Behavioural

Physical

Spiritual/ moral

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Social

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Physical

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Child Needs

Physical safety

Healthy promoting environments

Critical experiences at different stages

Relationships that provide nurturance, regulation, guidance and protection

Coherence between child's development and multiple contexts

Positive and realistic perception of self and others

Access and perception of access to supports throughout life

Sense of identity and security

Belonging and connectedness to family, community and culture

Hope and trust that others will care for them & that they are worthwhile.

Framework to understand needs

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Framework to understand needs

Developmental theories

Neurobiology

Attachment theory

Developmental psychopathology

Trauma theory

Social network

Cultural

Ecological

Cumulative harm – *Children, Youth & Families Act 2005.*

Section 10 includes a description of the best interests of the child including ‘the effects of cumulative patterns of harm on a child’s safety and development.’

Section 162 (2) includes that ‘harm may be constituted by a single act, omission or circumstance or accumulate through a series of continuing acts, omissions or circumstances’.

Questions arising from concept of 'Cumulative harm'

- How do we assess cumulative harm?
- Does it mean we deal with immediate harm differently?
- If something is cumulative, does that mean the damage to the child is done and cannot be healed?
- If something is cumulative, does that mean that change is not possible for the parents?
- How do we intervene with cumulative harm?

What are some of the barriers to understanding and acting on cumulative harm?



Barriers to understanding

cumulative harm: *(Bromfield et al, 2003; Bromfield & Higgins, 2005)*

- Not looking sufficiently at the history, such as thorough file audits, case conferences, worker handover, etc
- Risk frameworks incorporating pattern and history of maltreatment to indicate likelihood of re-abuse, but not to establish the impact of cumulative harm.
- Legislative threshold leading to children at low immediate risk not meeting criteria of significant harm.
- Difficulties in demonstrating significant harm
- Legal focus emphasises a need to prove cause and effects between parental behaviour and developmental consequences.

Other barriers to understanding cumulative harm:

- Pressure on resources, so they go to the most visible issue/concern;
- When we run out of steam/ideas;
- When we don't recognise the impact of cumulative harm;
- When only seeing is believing – insufficient use of well-grounded theories to help us understand beyond what we observe.
- Restricted understanding of child development.

How we move forward?

This is where:

- theory,
- research and
- practice wisdom step up.

A finding from the literature review was the absence of specific theoretical frameworks regarding neglect. There are however, other sources of understanding that can inform our practice.

Theoretical frameworks regarding neglect – why?

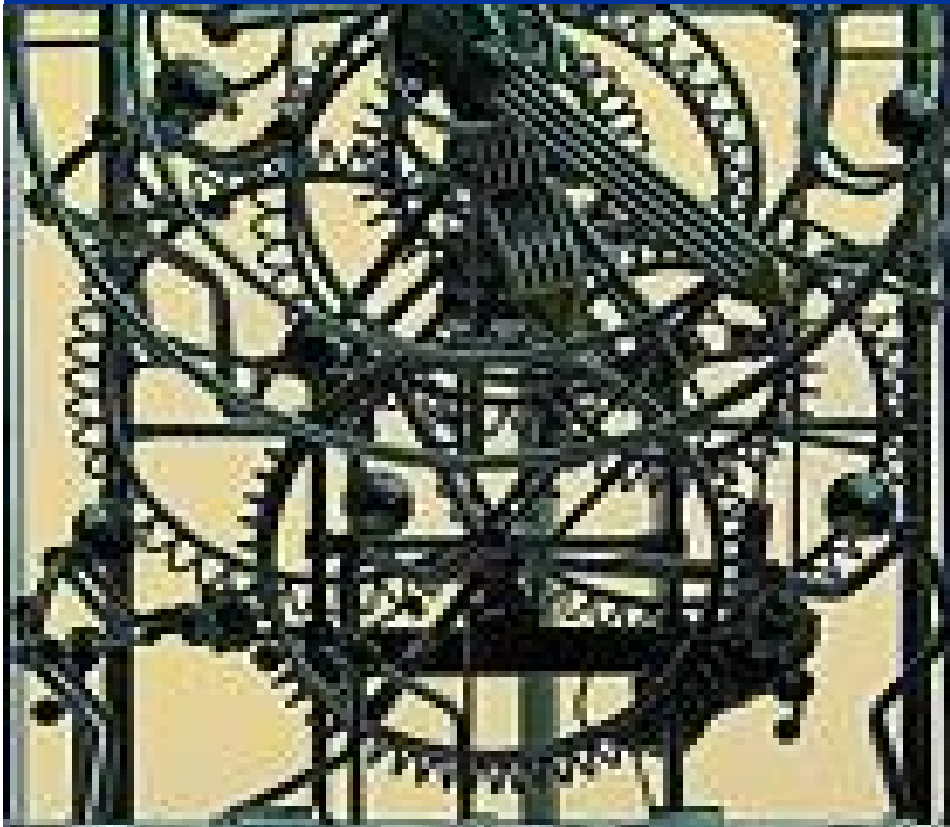
- They help us to know what to look for.
- They guide us to areas of resilience and vulnerability.
- They help us to know what we've missed or are at risk of missing.
- They alert us to what can lead to / or reduce risk as well as ameliorate the consequences of harm.

Theoretical frameworks to assist understanding of cumulative harm include:

- Complexity theory;
- Holistic and inclusive understanding of child development;
- Understanding abuse and neglect;
- Attachment theory;
- Trauma theory;
- Permanency planning / stability;
- Ecological perspective;
- Cultural perspectives;
- Family systems.

Complexity theory implications:

More than one explanation is possible and indeed probable (i.e. interaction of factors)



DIABOLO

Attachment Theory

Attachment theory proposes that infants are biologically programmed to form attachment relationships from which they experience security and comfort.

They learn that relationships are therefore the key to safety.

Attachment and Development

- Without consistent, nurturing, attuned relationships infants fail to develop certain patterns and pathways in the brain.
- The resulting difficulty in reading the relational and social cues of others compromises children's development in many spheres of life.
- Reparative attachment relationships can re-create the attunement of infancy, establish a sense of safety within which to build new brain pathways.

When attachment goes wrong...

“The child abused by a primary attachment figure suffers in multiple and complex ways. There is the pain, confusion, and fear of the abuse itself; there is the mind-boggling experience of having the source of danger and the source of protection residing in one person. Most terrifying of all is the fear of loss of the attachment relationship, a loss children often believe is likely to happen if they try to protect themselves from being abused by a parent.” (James, 1994, 8)

Attachment and neglect

“While usually not framed in the context of developmental neglect, attachment problems in children are often the result of mistimed, abnormal, or absent caregiving interactions and, therefore, may represent a special form of neglect.” (Perry, 2004, 11)

“Children without touch, stimulation and nurturing can literally lose the capacity to form any meaningful relationships for the rest of their lives, (Perry, 2004, 14)

Trauma Theory

“At the moment of trauma, the victim is rendered helpless by overwhelming force... Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning.” (Herman, 1992/1997, 33)

“Traumatisation occurs when both internal and external resources are inadequate to cope with external threat” (van der Kolk, 1989)

Trauma and Attachment

“Children who suffer disrupted attachments may suffer from damage to all of their developmental systems, including their brains and we are particularly ill-suited to having the people we are attached to also be the people who are violating us.” (Bloom, 1999, 2)

Trauma and Brain Development

Neurons and neural systems in the brain change in a 'use-dependent' fashion.

“Patterned, repetitive activity changes the brain. Chaotic, episodic experiences that are ‘out of sync’ with a child’s developmental stage create chaotic, developmentally delayed dysfunctional organisation.” (Perry, 2005, 36)

Findings from Neglect Report - Cumulative Harm

- Risk assessment must include both an understanding of immediate harm and cumulative harm.
- This means keeping an eye to incidents of new harm whilst developing an overall cumulative picture of the child's experience.
- The concept of low impact high frequency events compared to high impact low frequency events can be useful in understanding cumulative harm



Neglect and cumulative harm

- Neglect is often rated as low impact, yet can occur with devastating regularity.
- Alternatively, defining the impact as 'low' can be misleading as the impact may be hidden, such as when the child is quiet or unresponsive.
- The system tends to focus more on high impact low frequency events where it is easier to see what the impact has been.
- A cumulative risk assessment would incorporate both, but give equal weighting to low impact events if they occur frequently.

What else did we learn from the children's experiences?

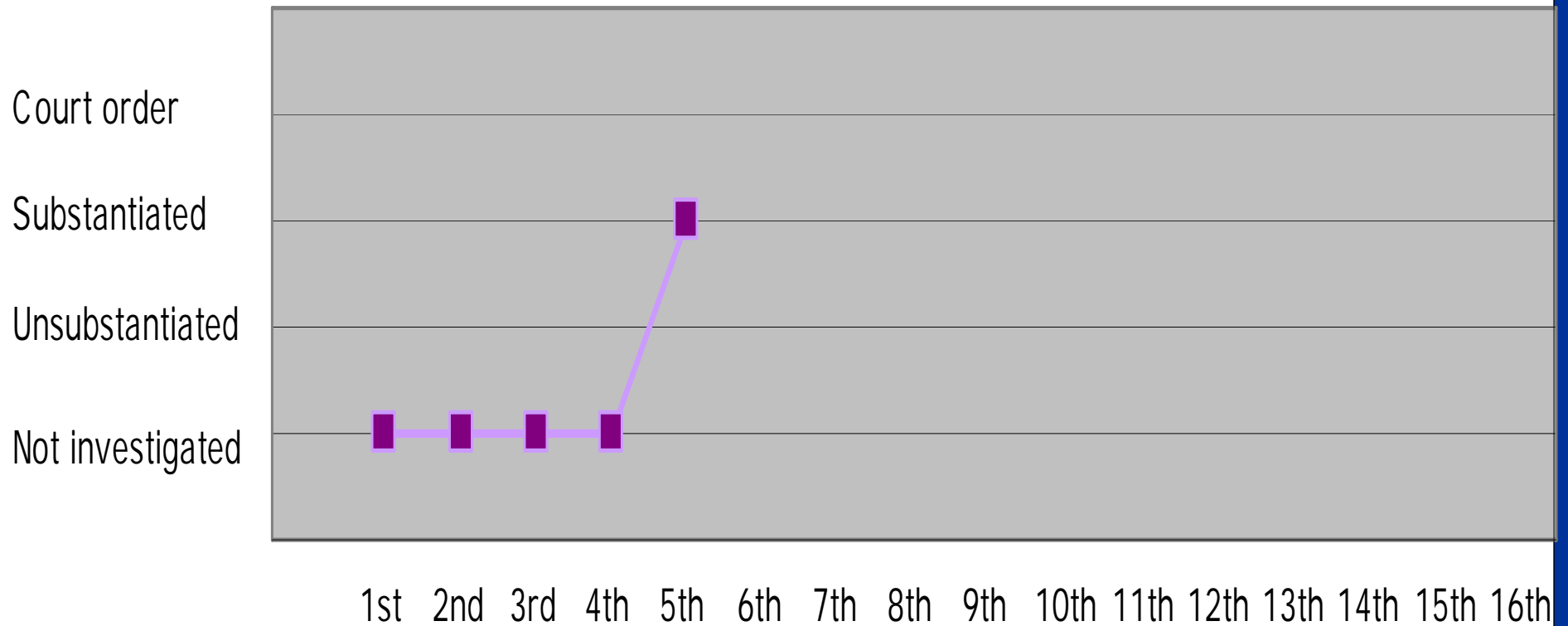
Children's other experiences and health problems can camouflage the consequences of neglect.

Variable child protection histories but patterns of multiple types of neglect and other forms of abuse.

Cumulative Harm

- For example, when a case has many notifications either not investigated or not substantiated, assumptions can be readily made that this case is not one of significant risk.
- A cumulative risk perspective requires a re-examination of each of these notifications every time a new notification is made in order to assess whether a multitude of low-level risk factors is demonstrating significant cumulative harm.

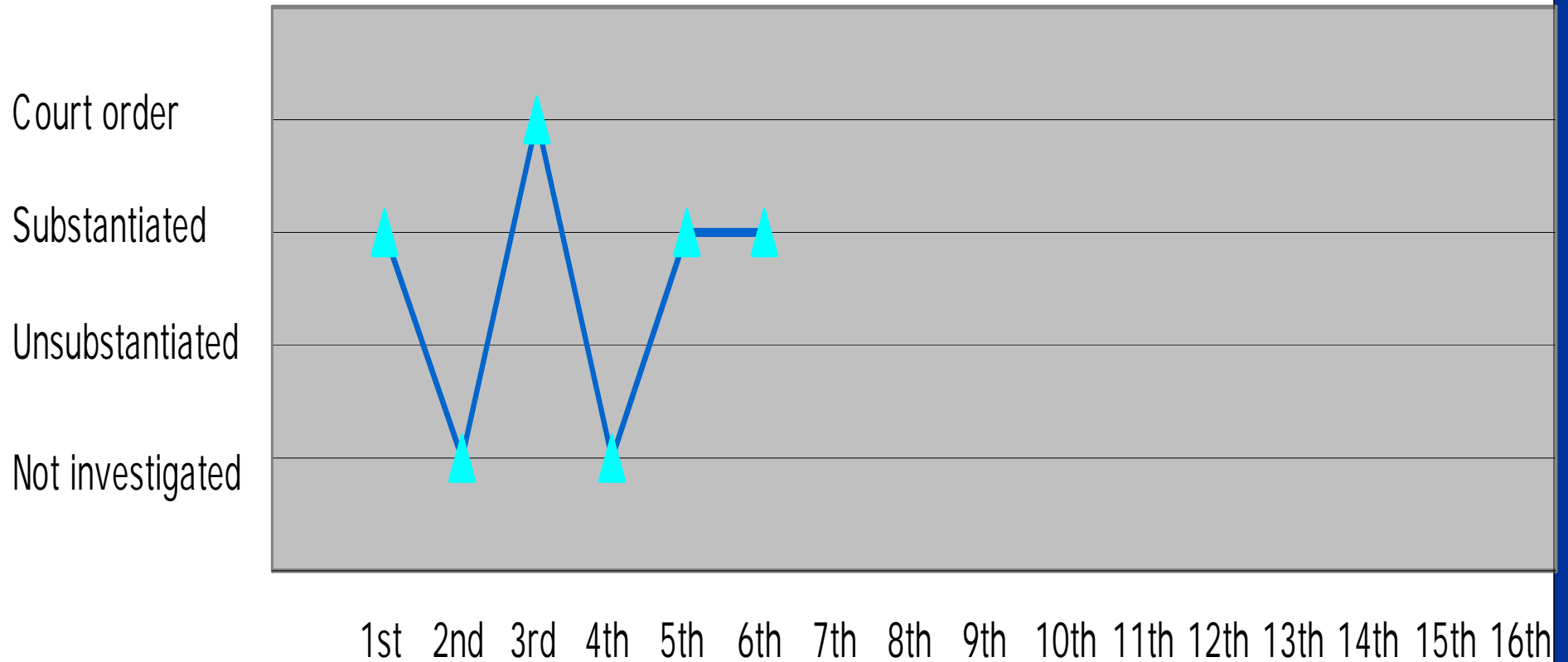
History of Child Protection Involvement for Case F



Note: case open at time of death

Number of Notifications

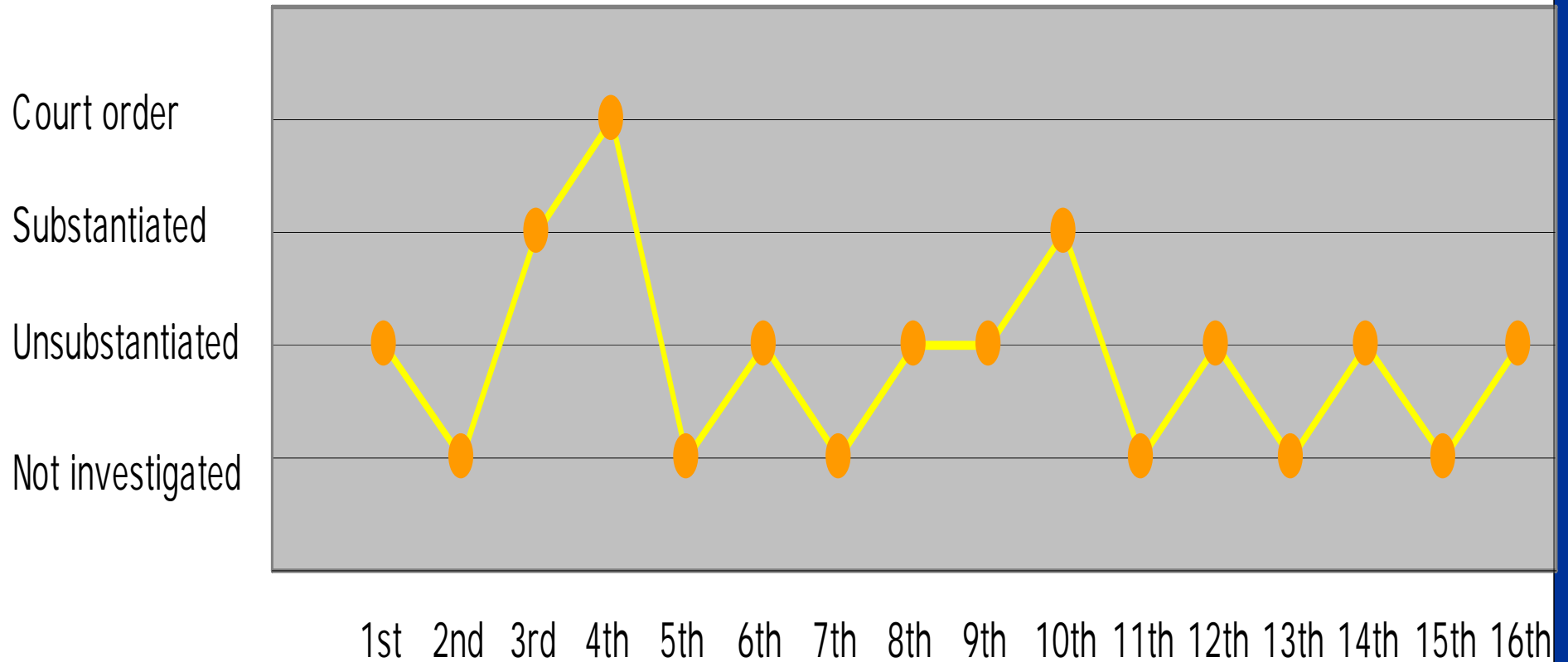
History of Child Protection Involvement for Case H



Note: case open at time of death

Number of Notifications

History of Child Protection Involvement for Case K



Note: case open at time of death

Number of Notifications

Critical thinking in assessment

- **More than one possible explanation e.g. when a medical explanation is given, this does not discount other causes as well.**
 - E.g. A medical reason may increase a child's vulnerability or may cover up the impact of environmental factors.
- **Testing out multiple hypotheses and maintaining open and curious mind (pluralist thinking).**
- **How do we change ineffective, insufficient or incorrect practice/direction?**

Implications for Practice - Parents

Understanding parents' experience of trauma and deprivation guides us to what types of intervention are most likely to be effective.

Parents who have suffered cumulative harms in their own lifetime, need repetitive positive experiences in order to provide these for their children.

Purposeful referrals for families that are targeted to the areas identified in assessment and based on understanding what has worked or not worked in the past.

Implications for Practice - Children

“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, 3)*

Implications for Practice - Children

“If interventions with these children are going to work, the number of repetitions required cannot be provided in weekly therapy. Effective therapeutic and enrichment interventions must recruit other adults in a child’s life – caregivers, teachers, parents – to be involved in learning and delivering elements of these interventions, in addition to the specific therapy hours dedicated to them during the week.” (Perry, 2005, 38)

Implications for Practice

**Pervasive and cumulative harm
requires persistent and
consistent practice.**