

ORIGINAL ARTICLE



When quantity takes on a quality of its own: A retrospective exploration of the lived experience of cumulative harm

India Bryce¹ | Gavin Beccaria² | Peter McIlveen¹ | Jan Du Preez²

¹School of Education, University of Southern Queensland, Toowoomba, Australia

²School of Psychology and Counselling, University of Southern Queensland, Toowoomba, Australia

Correspondence

India Bryce, University of Southern Queensland, West Street, Toowoomba, Queensland, Australia 4350.
Email: india.bryce@usq.edu.au

Abstract

Cumulative harm refers to the effects of an accumulation of adverse experiences in a child's life. An understanding of cumulative harm and its integration into practice frameworks, legislation, policy and service delivery is hailed as an imperative of critical social concern and has been demanded by researchers, practitioners, commissioners and coroners. However, there is minimal research exploring the nature and defining qualities of cumulative harm and the implications for individuals in adulthood. The present study uses interpretive phenomenological analysis to explore the lived experiences of cumulative harm in a sample of helping professionals. The findings of this study contribute knowledge to the definitions and typologies of child abuse, neglect and adversity, and draw on empirical evidence to broaden the scope of what constitutes childhood maltreatment. Further, the findings catalyse a paradigm shift that positions accumulation as a distinct harm type and clarifies the qualities which embody cumulative harm: persistent dysfunction, dysregulation, disadvantage and disconnection.

KEYWORDS

accumulation, cumulative harm, dysfunction, intervention, prevention, thresholds

Key Practitioner Messages

- Core contributors to cumulative harm are persistent and entrenched patterns of dysfunction, dysregulation, disadvantage and disconnection. This information can be incorporated into practice wisdom and decision-making frameworks to account for accumulation in practitioner's assessment of harm, risk and need.
- This knowledge supports practitioner's understanding of vulnerabilities and harms a child might experience, when evaluating a child's systems of risk and protection at all stages of intervention and prevention, and in all systems of support.

INTRODUCTION

Cumulative harm refers to the effects of an accumulation of adverse childhood experiences in a child's life (Bromfield et al., 2007); this may include child abuse and neglect, as well as adversity and dysfunction within and outside the family unit. Research to date has shifted from a conceptualisation of isolated events of maltreatment to an understanding of the chronicity of abuse and neglect and the lifespan implications of prolonged and repetitive trauma (Bromfield

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2022 The Authors. *Child Abuse Review* published by Association of Child Protection Professionals and John Wiley & Sons Ltd.

et al., 2007; Edwards et al., 2003; Jonson-Reid et al., 2012). Building on the seminal work of numerous researchers who have investigated the impact of adverse childhood experiences (ACEs; Felitti et al., 1998; Edwards et al., 2003), the term ‘cumulative harm’ was coined by Bromfield et al. (2007), as an over-arching label to describe the specific impact of chronic maltreatment following their Chronic Maltreatment Study. Bromfield and Higgins (2005) identified that repeated maltreatment over extended periods was more common than isolated maltreatment, and its impact could be profound and exponential. Bromfield and colleagues (Bromfield et al., 2007; Bromfield & Higgins, 2005; Bromfield & Miller, 2007) went on to apply the term cumulative harm to ‘the impact of patterns of circumstances and events in a child’s life, which diminish a child’s sense of safety, stability and wellbeing’ (Bromfield & Miller, 2007, p. 1). The plethora of ACEs research (Struck et al., 2021) has established the deleterious impacts of childhood adversity and maltreatment across the lifespan, however research to date exploring cumulative ACEs has been focused heavily on the negative associations and outcomes resulting from accumulation, rather than on the experiences, contributors, characteristics or commonalities of the lived experiences of cumulative harm. Cumulative harm differs from this prolific ACE construct in that it goes beyond identifying the dose-like relationship of adversity, and targets and labels the specific impact of the accumulation itself, giving a name to this important lived experience. Where other research has canvassed the multiplicity, prevalence and incidence of maltreatment, cumulative harm focuses more on the impact of that accumulation and provides a frame through which to understand the outcomes and risks of that aggregation across the lifespan, with a focus on current and future symptomology.

Cumulative harm is largely an Australian term, with international research using the more general terminology of complex trauma to encapsulate the lifespan implications of the accumulation of childhood adversity. However, the terms *cumulative harm*, *cumulative abuse*, *cumulative trauma* or *cumulative risk* have been used in some seminal research in the United States (Follette et al., 1994; McNutt et al., 2002). Along with the aforementioned research that has explored chronicity and the impacts of gradient adversity, some publications have reported on the issues related to cumulative harm at a practice level in the human services and welfare sector (Broadley, 2014; Bryce, 2018a, 2018b, 2020; Collier & Bryce, 2021; Sheehan, 2018) and career development discipline (Bryce et al., 2021). Recently, DeLisi et al. (2021) have contributed some important research which provided an innovative foray into the measurement of adverse childhood experiences that are frequent, chronic and severe; core elements of cumulative harm. Although there exists a foundational understanding of the deleterious impact of accumulated adversity and risk, there has been no investigation into the nature, or rather qualities, of the cumulative experiences which contribute to the amassing of harm and risk. Previous studies examining cumulative harm have focused on children’s experiences recorded in child protection case studies and have been unable to identify typical presentations or commonalities (Sheehan, 2019). The term has been coined, the concept acknowledged and implemented, as a key term in professional child protection practice, with some notable mentions in international publications as an issue of critical social importance. However, there is minimal intensive research exploring the phenomenon of cumulative harm specifically, nor the implications of accumulation for individuals in adulthood, particularly drawing on retrospective accounts from those with lived experience of cumulative harm.

The present research seeks to address this gap, by exploring lived experiences of adults, now employed in the helping professions themselves, and the nature of the cumulative harm they endured. Helping professions are those that respond to the welfare of individuals and address challenges in a person’s physical, psychological, intellectual and emotional wellbeing. These professions include but are not limited to psychology, nursing, counselling, social work, human services and education (Egan & Reece, 2018). Decades of research have highlighted the prevalence of child abuse histories of those choosing to enter the helping professions. Racusin et al. (1981) reported in a study conducted in the 1980s that 50 per cent of the therapists (participants) disclosed abuse, neglect or household dysfunction in childhood. Similarly, Pope and Feldman-Summers (1992) identified that 33.1 per cent of mental health professionals reported a history of child abuse, with 36.6 per cent reporting some form of abuse in adulthood. Nikčević et al. (2007) found psychology students aspiring to work in the mental health field reported higher prevalence of childhood sexual abuse and household dysfunction, as compared with students outside the helping professions. Interestingly, Nikčević et al. (2007) also compared psychology students who aspired to work in clinical (mental health) settings and those who did not wish to engage in the helping sector and found higher rates of childhood adversity in those aiming to work in the helping professions. The results of the study by Nikčević et al. (2007) were consistent with those of earlier research highlighting the prevalence of childhood trauma among helping professionals as compared to those in other fields (Elliott & Guy, 1993; Fussell & Bonney, 1990; Murphy & Halgin, 1995). According to Braunstein-Bercovitz (2014) childhood experiences of maltreatment are internalised and influence career choice in the helping professions. Additionally, Bryce et al. (2022) revealed helping professionals with lived experience of childhood trauma reauthored their life narratives by integrating career narratives to reframe and make sense of their cumulative harm experiences. There is existing research which highlights the link between professionals who work in the field of child abuse and neglect who also have lived experience of maltreatment and an increased risk of burnout. Whilst adverse experiences in childhood may increase the risk

of bias or counter transference and impair or diminish objectivity, a personal history of trauma can also provide strengths which may support an individual's professional capacity (Calhoun & Tedeschi, 2006).

THE PRESENT STUDY

As part of a larger research project investigating the lived experience of cumulative harm and focusing on career decision-making and vocational behaviour, data were gathered which highlighted the nature of cumulative harm, the lived experience of that accumulation and the types of victimisations that contribute to that amassing. The present study used interpretive phenomenological analysis (IPA; Smith et al., 2009) to explore the lived experiences of cumulative harm in a sample of helping professionals. The aim of the present study is to gain insight into the contributors to cumulative harm and the nature of accumulation to inform service delivery and practice knowledge.

METHODS

Participants

IPA research explores small homogeneous samples, for whom the research question is meaningful (Smith et al., 2009). Thus, participants were selected based on their ability to grant the researcher access to a particular perspective on the phenomena to be studied, in this case, cumulative harm. The sample comprised 12 participants who expressed an interest in participating, 11 females and one male. Participants were all over the age of 18 years, with most participants falling between 30 and 65 years of age. All participants had experienced cumulative harm. None of the participants identified as indigenous, one participant identified as Māori and several ($n = 3$) others identified as direct descendants of immigrants from Ireland or Poland. Those participants who chose to disclose their cultural heritage described its role in their cumulative harm experience during their interviews. The potential for traumatisation in survivors of childhood maltreatment was acknowledged, therefore only participants who were already aware of their trauma and had acknowledged their experiences and their impact were sought, so as not to uncover trauma in unaware participants.

The study recruited participants who identified as having experienced cumulative harm via communication through professional organisations including the Australian Association of Social Work (AASW), Australian Counselling Association (ACA) Australian Psychological Society (APS) and Australian Community Workers Association (ACWA). This information sharing was undertaken by providing these professional organisations with an information brief about the research (including details about the study and approved confidentiality/ethics documents) as well contact details of the research team for dissemination throughout their membership networks. Ethical approval to conduct the research was granted by University of Southern Queensland Human Ethics Research Committee (H19REA320). Deidentified pseudonyms have been used, rather numerical identifiers, given the personal and intimate nature of the experiences being discussed.

Data collection

Semi-structured in-depth interviews were carried out to collect data for this project. A consent form was emailed to the participants and the meeting was scheduled following the provision of consent. Each interview was conducted via the Zoom platform and was recorded for later transcribing and took approximately 60 minutes to complete. In IPA the participant is perceived as the experiential expert, and thus are partners in guiding the direction of the interview. In order to allow for this flexibility, an interview schedule was used to provide consistency across the interviews and establish key prompts to ensure the interviews remained focused to the phenomena of interest (Smith et al., 2009).

Data analysis

IPA is concerned with the appearance and presentation of a phenomenon, and the analyst is implicated in making meaning from this appearance. Moustakas (1994) emphasised that subjective experience of a phenomenon, whilst being unique to each person's perceptions, also has at its core an essence of that experience (Moustakas, 1994; Smith et al., 2009). The essence of a person's experience universally applied in that it possessed characteristics in common with others (Moustakas, 1994). In this way, the study uses IPA to search for universal experiences of cumulative harm. The study starts with a person's unique experience and iteratively works towards a shared experience (Smith et al., 2009).

The data analysis process reflected the hermeneutic circle, the continual process of making meaning by contrasting the individual parts with the whole (Smith et al., 2009). This project utilised the six steps provided by Smith et al. (2009) to facilitate the IPA data analysis process. In the initial stage of analysis, the first interview transcript was read thoroughly, and initial notations were recorded alongside the verbatim transcript. This process was used to examine semantic content language, recording preliminary interpretations and important phrases to inform emerging themes. The initial notations included the identification of descriptive, conceptual and linguistic comments as advised by Smith et al. (2009). Descriptive comments described the content shared by the participant, conceptual comments focused on the abstractions made and the linguistic comments identified specific language used by the participant, included repeated words or phrases or those emphasised by the participant (Smith et al., 2009). The transcript was reread, taking into account the initial notations, and emerging themes were noted in an additional column alongside the transcription. The development of emergent themes produced a concise statement of the important elements of each piece of transcript, taking into account the participant's original words and thoughts and our interpretation (Smith et al., 2009). To connect patterns across emerging themes, a process of abstraction (clustering), contextualisation and numeration were conducted which included an iterative process of returning to the data to test abstracted concepts (Smith et al., 2009). In order to ensure the validity and quality of the results, the Authors employed Yardley's (2000) criteria for validity, as recommended by other qualitative researchers (Smith et al., 2009). Yardley's (2000) four principles for assessing the merits of qualitative work were used to ensure that research was credible, both in terms of technique and interpretation, and that the results are an accurate representation of the participants' lived experiences of cumulative harm.

FINDINGS

One superordinate theme emerged from the interviews specifically relating to the nature of the cumulative harm endured by the participants, and four sub-themes were revealed, chronicity; multi-type/polyvictimisation/revictimisation; intrafamilial trauma compounded by community adversity; and multifinality.

Nature of cumulative harm: Themes of accumulation

Chronicity

Our analysis begins with an outline of the nature of cumulative harm experienced by the participants and the manifestations of their cumulative harm. Among them, there was an acknowledgement of a diversity of victimisations endured as part of the lived experience of cumulative harm. All participants experience chronicity, with all participants articulating an experience of ongoing and entrenched adversity that did not always encompass singular overt abuse incidence (such as sexual or physical abuse), but rather involved a repeated pattern of poverty, disadvantage and dysfunction within the family unit. The following extracts illustrate the nature of the chronicity experienced by participants. Tish stated, 'well parenting practices that were a reflection of not only the, not only being overwhelmed by the number of children you had, nor the rest of it, but I think just their profound interpersonal dysfunction'. Steph also indicated:

I think often it's lots of small moments, um, of lack of safety or fear, anxiety worry, or like many observations that I guess perhaps being pieced together to form certain beliefs or certain lenses through which I view the world, and potentially, you know, have an impact act on relationships, with different people way I see different people.

For many participants the lack of parenting capacity of their caregivers and the resultant adversity was the foundation of their cumulative harm: 'I mean, I've come to terms with the fact that my parents were completely useless' (Jan). 'My grandmother who was my father's mother actually said once, neither of your parents should have been allowed to have children, it was Amen to that' (Jenny). In an attempt to articulate the accumulation of adversity and abuse participants experienced, they frequently used words like 'lots', 'always', 'repeated', 'diverse' and 'ongoing'. Flynn commented, 'So, there was, you know, fighting conflict, drugs, alcohol, um, pretty seedy sexual shit as a kid ... ongoing always ... always feeling displaced, unwanted, awkward self-conscious, um, and really, really anxious'. For Dave,

When I go back, when I think of the injuries of broken bones stitches, you know, by the time I was a teenager, I did not think I was going to survive to be 21 because I had had so many stitches. (Dave)

Many of the participants spoke about the accumulation of trauma and the way it builds and gains volume in their lives. In the following extracts participants describe the experience of chronicity in their childhood as relentless, remorseless, compounding and building, 'just the remorseless negativity of our home situation ... It was terrible. It was always terrible' (Tish). Charlie also referred to the accumulation as 'working out compounding effects of life experiences and, and compounding abilities to cope and, and maladaptive coping strategies' (Charlie).

It was chronic and it changed, it changed over time has kind of, we changed as the family changed but it was definitely something that built and built towards something. And I mean, what it built towards in many ways, like a complete breakdown of our family. (Steph)

For some participants, the word 'cumulative' did not suffice, with one participant referring to the experience of childhood adversity as an 'invisible illness' (Carol). For Marty it was 'more than cumulative really. Yeah. If there's another word for that embedded from day one sort of thing' (Marty).

For another participant, the realisation that her childhood experiences were not 'normal' or 'typical', and that she had experienced maltreatment, was in and of itself, traumatic, describing it specifically as a 'retraumatising' experience:

You do not have any reference point. And that's why there is that. So there's the trauma of being neglected or mistreated or abused, but then there's that additional thing, like I said, at that moment of, Oh shit, people aren't all like this, this is something and that's, it reinforces that there's something wrong me. So for me, my earliest memories of our trauma. So, you know, you have the 16 years' worth of it that, it's not just that, it's the retraumatising. (Jenny)

This participant also referred to the cumulative adversity in childhood as 'our trauma', which applied as a certain possessional trait to the experience, something which is owned by the family, something to be passed on, to be shared, almost like an heirloom.

Multitype maltreatment, poly-victimisation and re-victimisation

For all participants, the adversity and maltreatment were diverse and spanned a range of abuse types, which included multitype maltreatment (sexual, physical, emotional, neglect and witnessing domestic and family violence) and polyvictimisation (bullying, extrafamilial assault, property theft and crime). The following extracts articulate the multiplicity of the cumulative harm experiences across the participant cohort, 'there would have been a bit of parental abuse, what is another word, there was sadness, financial hardship and alcoholism' (Ellie).

... and so all through childhood, my father was a violent alcoholic. I witnessed a lot, I witnessed physical, verbal, emotional sexual, financial, social abuse I did not know how to be me as a child. So I was bullied at school all through primary and all through high school. (Carol)

... between the, the sexual assault, the house fire, which, um, the house was gutted and rebuilt, actually under insurance, and then going bankrupt, there were three very large events that really are living in, dysfunctionality. (Charlie)

... it wasn't a comfortable upbringing because, there's perdition, there was exploitation, there was, abuse, uh, some days we would leave home and not come back for full fear, um, of physical, verbal, sexual abuse. (Dave)

For many of the participants, their cumulative harm experiences were an extension of the adversity of their parents, with many referring to intergenerational trauma as an influencing factor that contributed to their own maltreatment,

I don't think I understood it properly as a child, but like, um, both my parents were people from, um, you know, profoundly influenced, negatively influenced backgrounds. (Tish)

Cause it all links up. Well, I was number seven in the family when my mum and dad were together and mum's a white person, she's English, dad's Māori. And when they were together, um, because he came back from the war with post-traumatic stress, then he was drinking all that sort of stuff. Cause you know, he was in the Māori battalion and all of that. So that led to a lot of trauma in that generation. But, um, it was pretty significant near the end. (Jo)

Another theme that emerged from the data was the pervasiveness of the cumulative harm experience, in which participants were further victimised in adulthood, as a continuation of their childhood abuse and neglect, which included workplace bullying and victimisation by clients, interpersonal violence, intimate partner violence and assault.

Intra-familial trauma compounded community adversity

Additionally, a number of participants expressed a compounding relationship between their intrafamilial maltreatment and community adversity. For these participants, the community disadvantage further entrenched their intrafamilial dysfunction, creating an environment of adversity that surrounded them:

So yeah, that's where I think it stemmed from like I was surrounded by conflict, but at the same time, around that time ... there was lots of external stuff that was happening sort of within the town that I live. So one of the houses, mom and us kids moved to was next door to a man that was in a violent relationship with his wife and her children. And he was the scout master and sexually assaulted her kids and lots of other kids. Yeah. But I came to live with us. So there was lots of court case talk and lots of trauma talk and, and assault conversations. And I guess thought, I felt like I was just always around people that were in pain, in a way. (Flynn)

In the case of a participant who had spent most of her childhood in institutional out of home care, the environment characterised by an absence of relational connection and attachment which had been a feature of her early parental experiences continued: 'you know, the, the thing about the homes that I recall anyway is the absence of connection' (Jan). Further to this, one participant also drew attention to the way the systems which are in place to protect and support victims of abuse can perpetuate harm. The following extract illustrates the way in which this participant felt revictimised by the systems from which she sought help.

So, you know, like it's like the system perpetuates that and it, and it adds to it, you know? So you have got your initial abuse and then the system just accumulates you accumulate more and more and more. Systemic rather than interpersonal. (Jenny)

The cumulative harm experienced by all 12 participants was diverse, often characterised by entrenched dysfunction and disadvantage, and influenced in many cases by intergenerational trauma and adversity. One additional finding of interest with regard to the nature of cumulative harm was the frequency with which the participants perceived their father contributing most dominantly to the household dysfunction. Of the 12 participants, seven identified having an alcoholic father, nine stated that their father perpetrated domestic violence against their mother and/or the children, and three disclosed that their father had sexually abused them or their siblings. In fact, interestingly, upon analysis, it was observed that one participant did not speak of her mother (who was present for their childhood) or her role in the familial dysfunction in any way throughout the interview.

DISCUSSION

The present research sought to examine the lived experience of cumulative harm from the perspective of those who have experienced it first hand. The key findings include four defining qualities which embody cumulative harm: persistent dysfunction, dysregulation, disadvantage and disconnection. This discussion will now turn to an interpretation of the findings in relation to the overarching aim of the study, to gain insight into the contributors to cumulative harm and the nature of accumulation to inform service delivery and practice knowledge.

Qualities of the condition of cumulative maltreatment

There have been several studies that explore, define and confirm the value of cumulative harm in the child welfare discipline, however, there has been a dearth of recent research exploring cumulative harm specifically, since the initial conceptualisation in the literature (Bromfield et al., 2007). The findings of this study, and the larger project to which these data belong, corroborate the prior research which attests to the prevalence of repetitive and ongoing maltreatment and adversity (Bromfield & Higgins, 2005; Edwards et al., 2003; Finkelhor et al., 2007). Described by Finkelhor et al. (2007) as a persistent condition, rather than an isolated event, childhood maltreatment was represented in the

12 participants in this study as a protracted state of being, whereby chronic adversity characterised their childhood, across both intra- and extra-familial environment, and permeated their adulthood, often through further revictimisation. One participant referred to it as an invisible illness, others used descriptors such as remorseless and relentless. The findings also correspond with existing models of risk where the influence of the number of exposures rather than specific types of exposures is found to be the best predictor of harm (MacKenzie et al., 2011).

However, the most significant finding of this research, which makes a novel contribution to the existing body of evidence, is the understanding that *quantity* takes on a *quality* of its own. This study, along with previous studies (Bryce, 2018b; Edwards et al., 2003; Finkelhor et al., 2007; Li et al., 2014; MacKenzie et al., 2011) have highlighted that it is the quantity of harms and risks which is the most potent predictor of negative outcomes. The experiences which informed this study provide important new evidence of the ‘qualities’ that accumulation takes on as subtype of maltreatment in its own right. To date, ambiguity and uncertainty have surrounded cumulative harm and, despite the significance of its impact, this type of harm has not yet been afforded the primacy of attention and depth of analysis that is given to other child protection concerns (Sheehan, 2019).

The findings of this study, drawing on retrospective accounts of accumulation from the perspective of adulthood, have highlighted experiences that were common to all participants. This finding provides powerful new knowledge to inform intervention and prevention, achieving an identification of typical presentations or commonalities. The findings have revealed that all participants experience overwhelming and profound dysfunction, often stemming from diminished parental capacity and poverty in the family unit or community environment. Most of the participants described chronic parental conflict and emotional dysregulation, which created an environment of hostility that infiltrated the entire family dynamic and fostered a fear and hypervigilance in the participants. Prolonged hypersensitivity to threat cues in childhood may manifest as a threat-readiness trait (Perry, 2001), and become an ingrained response that has enduring effects on children’s feelings and behaviour and contribute to the maintenance of adversity in adulthood (Thompson et al., 2014). Even those participants whose experiences included some form of episodic abuse, such as isolated incidents of sexual victimisation, described the most damaging aspect of their adversity as being the intractable environment of conflict, disconnection and dysfunction as a family unit. This finding is supported by studies which have highlighted that children living in dysfunctional households are at higher risk for maltreatment, further compounding the cumulative experience of harm (Clemens et al., 2019).

Challenging thresholds for intervention

The finding that chronic parental conflict and household dysfunction is a profound contributor to cumulative harm challenges our current conceptions of child abuse and neglect and our established systems of protection. The harm that may be highly damaging is not present in the categories by which we screen allegations of maltreatment, nor the types we assess in order to protect vulnerable children, or the harms which currently meet the threshold for intervention (Alexander et al., 2022; Gillingham, 2009; Gillingham & Humphreys, 2010). One participant spoke of her cumulative harm as ‘lots of small moments ... pieced together’ (Steph).

Much of the research to date has exclusively investigated cumulative harm as it related to practice implications (Broadley, 2014; Sheehan, 2018; Bryce, 2018a). However, this study has delved deeply into the contributors of that harm to allow for a more thoroughly informed understanding of how cumulative harm is experienced. The findings reveal the propensity for these manifestations to be born of adversity which would often not meet thresholds for intervention, such as entrenched poverty, intergenerational patterns of family conflict and general familial dysfunction. It is evident in the findings that what is often described as ‘low-level’ adversity, in fact, becomes high-level harm, when chronicity and persistence are adequately accounted for. So, whilst we acknowledge thresholds exist to triage reports received by the child protection system, this finding of this study would highlight the need for cumulative harm to be considered as an imperative within that triaging hierarchy.

In Australia, as well as other jurisdictions such as Canada, welfare systems similarly operate on a ‘threshold approach’, and families have to meet a minimum level of abuse and neglect in order to qualify for statutory or tertiary intervention access services (Saskatchewan Ministry of Social Services, 2010). This notion of ‘threshold’ is in direct conflict with what characterises most child protection concerns, where harm is cumulative and the ‘result of neglect stemming from poverty, substance abuse, mental health problems, and inadequate housing’ (Saskatchewan Ministry of Social Services, 2010, p. 5). Child protection systems which, both in practice and legislation, tend to focus on incidents, rather than the resulting harm to a child’s welfare or development (Dickens, 2007), set up a threshold of significant harm in order to justify statutory intervention (Sheehan, 2018). A significant challenge for child protection agencies and adjudicators is to identify a ‘decisive event’ that can satisfy legal requirements and meet the predetermined threshold of significance (Dickens, 2007; Sheehan, 2018). Sheehan’s (2019) study found that cases which were characterised by cumulative harm were unlikely to move beyond initial intake, due to this lack of tangible or decisive event. However,

these cases then reticulate through the various levels of non-statutory intervention to re-enter the child protection system for further attention (Li et al., 2014).

The return of unsubstantiated cases of cumulative harm into the child protection system suggests a lack of understanding of the contributors to and qualities of cumulative harm and the future symptomology, which may not be currently observable, but which is probably due to chronicity and accumulation. Cumulative harm seeks to call attention to and address the probable future symptomology of childhood adversity, rather than distinguishing between trauma and exposure to traumatic experiences. Privileging those who are displaying 'actual trauma' may prevent timely intervention by minimising the impact on individuals who may not be exhibiting observable trauma manifestations and repercussions. Broadley (2014) summarises the deficits in current conceptualisations of child maltreatment as being directly related to the need for negative child outcomes to be directly linked to adult actions and to be present and observable. This focus perpetuates the idea that maltreatment is episodic, rather than cumulative and denies the intense likelihood that the impact of exposure to chronic maltreatment may not be visible at the time of the exposure; rather it will present over time. Sheehan (2019) describes this as 'system neglect', leaving the child in a 'worrying void' and vulnerable to ongoing maltreatment and harm (p. 443). The findings of this study demand the deconstruction of these established thresholds and the broadening of the scope of maltreatment typologies to better account for the lived experience of childhood abuse, neglect and dysfunction in order to make room for persistence, chronicity and accumulation. Failure to do so further perpetuates the victimisation of the most vulnerable, marginalised and oppressed, as was articulated by participants in this study.

Implications

There has been an overwhelming consensus that cumulative harm must find a central place in our legislative frameworks, our practice guidelines, our research agendas and our intervention models. However, there has been little research that clarifies what qualities embody cumulative harm, and how we might define cumulative harm in terms of maltreatment typology. Sheehan (2019) argues that a working definition of cumulative harm is needed to ensure acknowledgement of this significant maltreatment experience is accounted for in policy and practice. This study provides evidence that synthesises the accounts of those with first-hand knowledge of the lived experiences, to arrive at a descriptive understanding of core contributors to cumulative harm: persistent and entrenched patterns of dysfunction, dysregulation, disadvantage and disconnection. This information can be incorporated into practice wisdom and decision-making frameworks to account for accumulation in our assessment of harm, risk and need. We should not just be asking what has occurred and why, and will it happen again, but is it persistent?

By clarifying and defining and building on the definitions which were proposed in the early 2000s, we can refine our identification and assessment of cumulative harm, beyond the threshold models we currently rely on. The findings of this study provide convincing evidence to dispel preconceived faith in the efficacy of the threshold system and its ability to accurately and holistically account for the lived experience of child maltreatment. Incorporating knowledge of the qualities of cumulative harm, and the contribution persistent dysfunction and conflict make to the impacts of adversity and maltreatment in childhood, into existing risk assessment and structured decision-making, is imperative when considering the prevalence of chronic maltreatment. This knowledge adds vital information to our conceptualisation of the vulnerabilities and harms a child might be experiencing when evaluating a child's systems of risk and protection at all stages of intervention and prevention, and in all systems of support, including education, legal, social care and health contexts.

Further research, building on the findings of this qualitative work, is needed to generalise the results to a broader sample. Equally, broadening the scope of this research to incorporate investigations into the lived experience of specific cultural and ethnic groups, which experience unique disadvantage and marginalisation, would add additional elements to the characteristics explored in this study.

The findings of this study contribute imperative new knowledge to the definitions and typologies of abuse and neglect and draw on empirical evidence to broaden the scope of what constitutes childhood maltreatment and to better account for accumulation. Further, the findings catalyse a paradigm shift that positions accumulation as a distinct harm type and clarifies the qualities which embody cumulative harm, persistent dysfunction, dysregulation, disadvantage and disconnection.

ACKNOWLEDGEMENTS

Open access publishing facilitated by University of Southern Queensland, as part of the Wiley - University of Southern Queensland agreement via the Council of Australian University Librarians.

ETHICS STATEMENT

Ethical approval to conduct the research was granted by University of Southern Queensland Human Ethics Research Committee (H19REA320). The authors report there are no conflicting or competing interests to declare. Data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy and ethical reasons.

ORCID

India Bryce  <https://orcid.org/0000-0002-3616-8003>

Peter McIlveen  <https://orcid.org/0000-0002-1864-9516>

Jan Du Preez  <https://orcid.org/0000-0002-2077-3524>

REFERENCES

- Alexander, K., Humphreys, C., Wise, S. & Zhou, A. (2022) Bringing dignity to the assessment of safety for children who live with violence. *British Journal of Social Work*, 52(6), 3578–3598. Available from: <https://doi.org/10.1093/bjsw/bcab260>
- Braunstein-Bercovitz, H. (2014) Self-criticism, anxious attachment, and avoidant attachment as predictors of career decision making. *Journal of Career Assessment*, 22(1), 176–187. Available from: <https://doi.org/10.1177/1069072713492938>
- Broadley, K. (2014) Equipping child protection practitioners to intervene to protect children from cumulative harm: Legislation and policy in Victoria, Australia. *Australian Journal of Social Issues*, 49(3), 265–284. Available from: <https://doi.org/10.1002/j.1839-4655.2014.tb00313.x>
- Bromfield, L.M., Gillingham, P. & Higgins, D.J. (2007) Cumulative harm and chronic child maltreatment. *Developing Practice: The Child, Youth and Family Work Journal*, 19, 34–42.
- Bromfield, L.M. & Higgins, D.J. (2005) Chronic and isolated maltreatment in a child protection sample. *Family Matters*, 70, 38.
- Bromfield, L.M. & Miller, R. (2007) Cumulative harm: Best interests case practice model. Specialist practice resource. Retrieved from www.dhs.vic.gov.au/_data/assets/pdf_file/0017/640304/Cumulative_harm-2012.pdf
- Bryce, I. (2018a) A review of cumulative harm: A comparison of international child protection practices. *Children Australia*, 43(1), 23–31.
- Bryce, I. (2018b) Cumulative risk and harm: The condition of accumulation in child maltreatment. *Communities, Children and Families Australia*, 12(1), 7–22.
- Bryce, I. (2020) Responding to the accumulation of adverse childhood experiences in the wake of the COVID-19 pandemic: Implications for social work practice. *Children Australia*, 45(2), 80–87.
- Bryce, I., Beccaria, G., McIlveen, P. & Du Preez, J. (2022) Reauthoring: The lived experience of cumulative harm and its influence on career choice. *Australian Journal of Career Development*, 31(2), 93–107.
- Bryce, I., Pye, D., Beccaria, G., McIlveen, P. & Du Preez, J. (2021) A systematic literature review of the career choice of helping professionals who have experienced cumulative harm as a result of adverse childhood experiences. *Trauma, Violence, & Abuse*, 15248380211016016.
- Calhoun, L.G. & Tedeschi, R.G. (Eds). (2006) *The handbook of posttraumatic growth: Research and practice*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Clemens, V., Berthold, O., Witt, A., Sachser, C., Brähler, E., Plener, P.L., Strauß, B. & Fegert, J.M. (2019) Child maltreatment is mediating long-term consequences of household dysfunction in a population representative sample. *European Psychiatry*, 58, 10–18. Available from: <https://doi.org/10.1016/j.eurpsy.2019.01.018>
- Collier, S. & Bryce, I. (2021) Addressing cumulative harm: Responding to chronic child maltreatment in the context of an intensive family support service. *Journal of Children's Services*, 16(3), 249–266.
- DeLisi, M., Drury, A.J. & Elbert, M.J. (2021) Frequency, chronicity, and severity: New specification of adverse childhood experiences among federal sexual offenders. *Forensic Science International: Mind and Law*, 2, 100051.
- Dickens, J. (2007) When a child care case is taken to court in England and Wales, child neglect and the law: Catapults, thresholds and delay. *Child Abuse Review*, 16(2), 77–92. Available from: <https://doi.org/10.1002/car.975>
- Edwards, V.J., Holden, G.W., Felitti, V.J. & Anda, R.F. (2003) Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the adverse childhood experiences study. *American Journal of Psychiatry*, 160(8), 1453–1460. Available from: <https://doi.org/10.1176/appi.ajp.160.8.1453>
- Egan, G. & Reece, R. (2018) *The skilled helper: A problem-management and opportunity-development approach to helping*. Cengage: Andover. <https://doi.org/10.1177/1468017311435046>
- Elliott, D.M. & Guy, J.D. (1993) Mental health professionals versus non-mental-health professionals: Childhood trauma and adult functioning. *Professional Psychology: Research and Practice*, 24(1), 83–90. Available from: <https://doi.org/10.1037/0735-7028.24.1.83>
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., et al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. Available from: [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Finkelhor, D., Ormrod, R.K. & Turner, H.A. (2007) Poly-victimization: A neglected component in child victimization. *Child Abuse & Neglect*, 31(1), 7–26. Available from: <https://doi.org/10.1016/j.chiabu.2006.06.008>
- Follette, V.M., Polusny, M.M. & Milbeck, K. (1994) Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice*, 25(3), 275–282. Available from: <https://doi.org/10.1037/0735-7028.25.3>
- Fussell, F.W. & Bonney, W.C. (1990) A comparative study of childhood experiences of psychotherapists and physicists: Implications for clinical practice. *Psychotherapy: Theory, Research, Practice, Training*, 27(4), 505. Available from: <https://doi.org/10.1037/0033-3204.27.4>
- Gillingham, P. (2009) The use of assessment tools in child protection: An ethnomethodological study (Doctoral dissertation). University of Melbourne.
- Gillingham, P. & Humphreys, C. (2010) Child protection practitioners and decision-making tools: Observations and reflections from the front line. *British Journal of Social Work*, 40(8), 2598–2616. Available from: <https://doi.org/10.1093/bjsw/bcp155>

- Jonson-Reid, M., Kohl, P.L. & Drake, B. (2012) Child and adult outcomes of chronic child maltreatment. *Pediatrics*, 129(5), 839–845. Available from: <https://doi.org/10.1542/peds.2011-2529>
- Li, D., Chu, C.M., Ng, W.C. & Leong, W. (2014) Predictors of re-entry into the child protection system in Singapore: A cumulative ecological–transactional risk model. *Child Abuse & Neglect*, 38(11), 1801–1812. Available from: <https://doi.org/10.1016/j.chiabu.2014.08.017>
- MacKenzie, M.J., Kotch, J.B. & Lee, L.C. (2011) Toward a cumulative ecological risk model for the etiology of child maltreatment. *Children and Youth Services Review*, 33(9), 1638–1647. Available from: <https://doi.org/10.1016/j.childyouth.2011.04.018>
- McNutt, L.A., Carlson, B.E., Persaud, M. & Postmus, J. (2002) Cumulative abuse experiences, physical health and health behaviors. *Annals of Epidemiology*, 12(2), 123–130. Available from: [https://doi.org/10.1016/S1047-2797\(01\)00243-5](https://doi.org/10.1016/S1047-2797(01)00243-5)
- Moustakas, C. (1994) *Phenomenological research methods*. Sage Publications: Thousand Oaks, CA. <https://doi.org/10.4135/9781412995658>
- Murphy, R.A. & Halgin, R.P. (1995) Influences on the career choice of psychotherapists. *Professional Psychology: Research and Practice*, 26(4), 422–426. Available from: <https://doi.org/10.1037/0735-7028.26.4.422>
- Nikčević, A.V., Kramolisova-Advani, J. & Spada, M.M. (2007) Early childhood experiences and current emotional distress: What do they tell us about aspiring psychologists? *Journal of Psychology*, 141(1), 25–34. Available from: <https://doi.org/10.3200/JRLP.141.1.25-34>
- Perry, B.D. (2001) Bonding and attachment in maltreated children. *The Child Trauma Center*, 3, 1–17.
- Pope, K.S. & Feldman-Summers, S. (1992) National survey of psychologists' sexual and physical abuse history and their evaluation of training and competence in these areas. *Professional Psychology: Research and Practice*, 23(5), 353–361. Available from: <https://doi.org/10.1037/0735-7028.23.5.353>
- Racusin, G.R., Abramowitz, S.I. & Winter, W.D. (1981) Becoming a therapist: Family dynamics and career choice. *Professional Psychology*, 12(2), 271–279. Available from: <https://doi.org/10.1037/0735-7028.12.2.271>
- Saskatchewan Ministry of Social Services. (2010) *For the good of our children and our youth*. Saskatchewan, Canada: Saskatchewan Ministry of Social Services.
- Sheehan, R. (2018) Child abuse and neglect and the judicial system: The limits of legal enterprise. In: Bryce, I., Robinson, Y. & Petherick, W. (Eds.) *Child abuse and neglect: Forensic issues in evidence, impact and management*. London: Elsevier, pp. 405–417.
- Sheehan, R. (2019) Cumulative harm in child protection: The hidden concern. *Australian Social Work*, 72(4), 434–446. Available from: <https://doi.org/10.1080/0312407X.2019.1603316>
- Smith, J.A., Flowers, P. & Larkin, M. (2009) *Interpretative phenomenological analysis: Theory, method and research*. Los Angeles, CA: SAGE.
- Struck, S., Stewart-Tufescu, A., Asmundson, A.J., Asmundson, G.G. & Afifi, T.O. (2021) Adverse childhood experiences (ACEs) research: A bibliometric analysis of publication trends over the first 20 years. *Child Abuse & Neglect*, 112, 104895. Available from: <https://doi.org/10.1016/j.chiabu.2020.104895>
- Thompson, K.L., Hannan, S.M. & Miron, L.R. (2014) Fight, flight, and freeze: Threat sensitivity and emotion dysregulation in survivors of chronic childhood maltreatment. *Personality and Individual Differences*, 69, 28–32. Available from: <https://doi.org/10.1016/j.paid.2014.05.005>
- Yardley, L. (2000) Dilemmas in qualitative health research. *Psychology and Health*, 15(2), 215–228. Available from: <https://doi.org/10.1080/08870440008400302>

How to cite this article: Bryce, I., Beccaria, G., McIlveen, P. & Du Preez, J. (2023) When quantity takes on a quality of its own: A retrospective exploration of the lived experience of cumulative harm. *Child Abuse Review*, 32(4), e2800. Available from: <https://doi.org/10.1002/car.2800>