

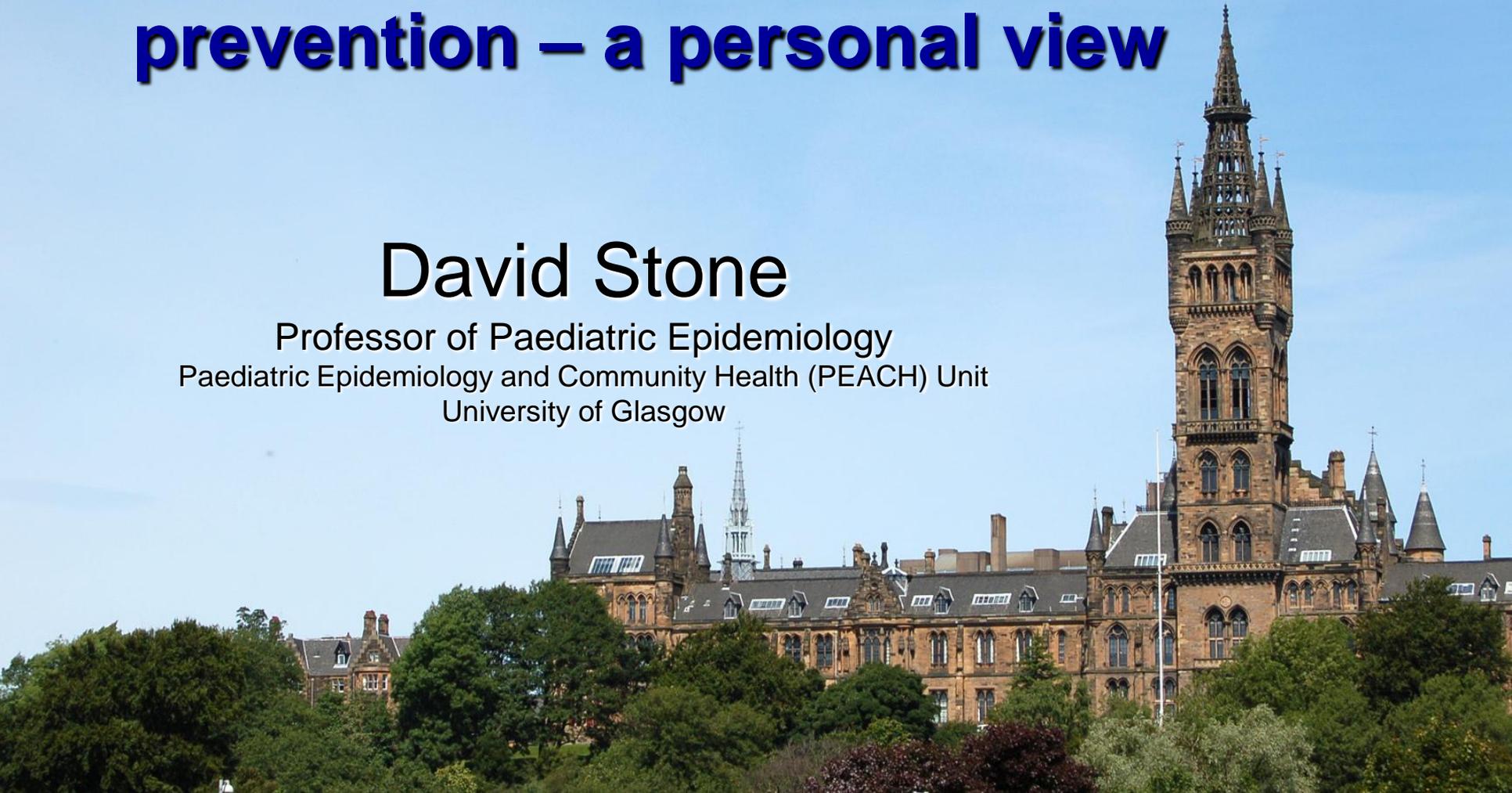


University of Glasgow | College of Medical,
Veterinary & Life Sciences

Myths and realities of child injury prevention – a personal view

David Stone

Professor of Paediatric Epidemiology
Paediatric Epidemiology and Community Health (PEACH) Unit
University of Glasgow



Practical philosophy

Don't believe everything you think

Thomas Kida

*A foolish consistency is the hobgoblin of
a little mind*

Ralph Waldo Emerson

My twin purpose

- To challenge some strongly held beliefs about child injury prevention – including mine
- To offer some new ideas about old problems

Reflections on myths

- Stories we tell each other about the world to try to make sense of it
- Myths are not necessarily untrue
- Myths are not necessarily true
- Myths and public health don't (or shouldn't) mix

Six myths of child injury prevention

- Myth 1: the term “accident” is a barrier to preventive action**
- Myth 2: injury is widely recognised as a leading cause of death and ill health in childhood**
- Myth 3: declining unintentional injury mortality is due to prevention**

Six myths of child injury prevention (cont)

- Myth 4: more data on injury occurrence will lead to more effective prevention**
- Myth 5: targeting those most at risk will achieve most results**
- Myth 6: most adults want to keep children safe /**

Myth 1. That the term “accident” is a barrier to preventive action

- “Accidents will happen” reflects public ignorance about injury
- Implies that injury is not amenable to prevention

BMJ bans “accidents” in 2001

Editorial

Accidents are not unpredictable

R M Davis, B Pless

An accident is often understood to be unpredictable—a chance occurrence or an “act of God”—and therefore unavoidable. However, most injuries and their precipitating events are predictable and preventable.

Reality about Myth 1:

**No evidence that the word “accident”
is a barrier to preventive action**

Green J, Hart L (1998). Children's risks and prevention: a qualitative study. Injury Prevention 4:14-21

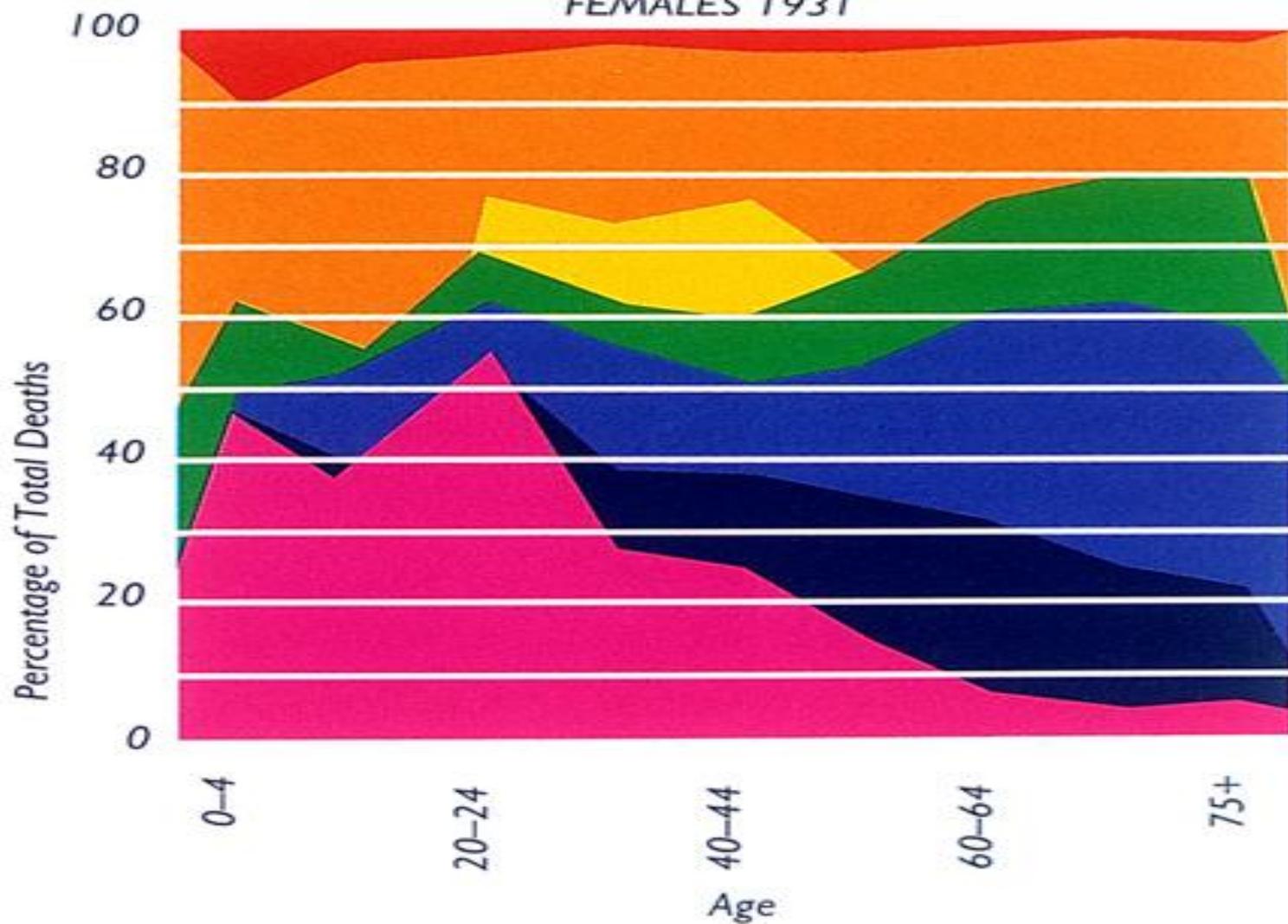
Researchers found that

- General public including young children have a sophisticated view of injuries and their causes
- Despite using the term, people are well aware of the potential of injury prevention

Myth 2: That injury is widely recognised as a leading cause of death and ill health in childhood

- Injury is regularly reported as the largest (or a major) single contributor to mortality in the first half of the human life cycle
- This fact is acknowledged and reflected in official policy commitment to child injury prevention

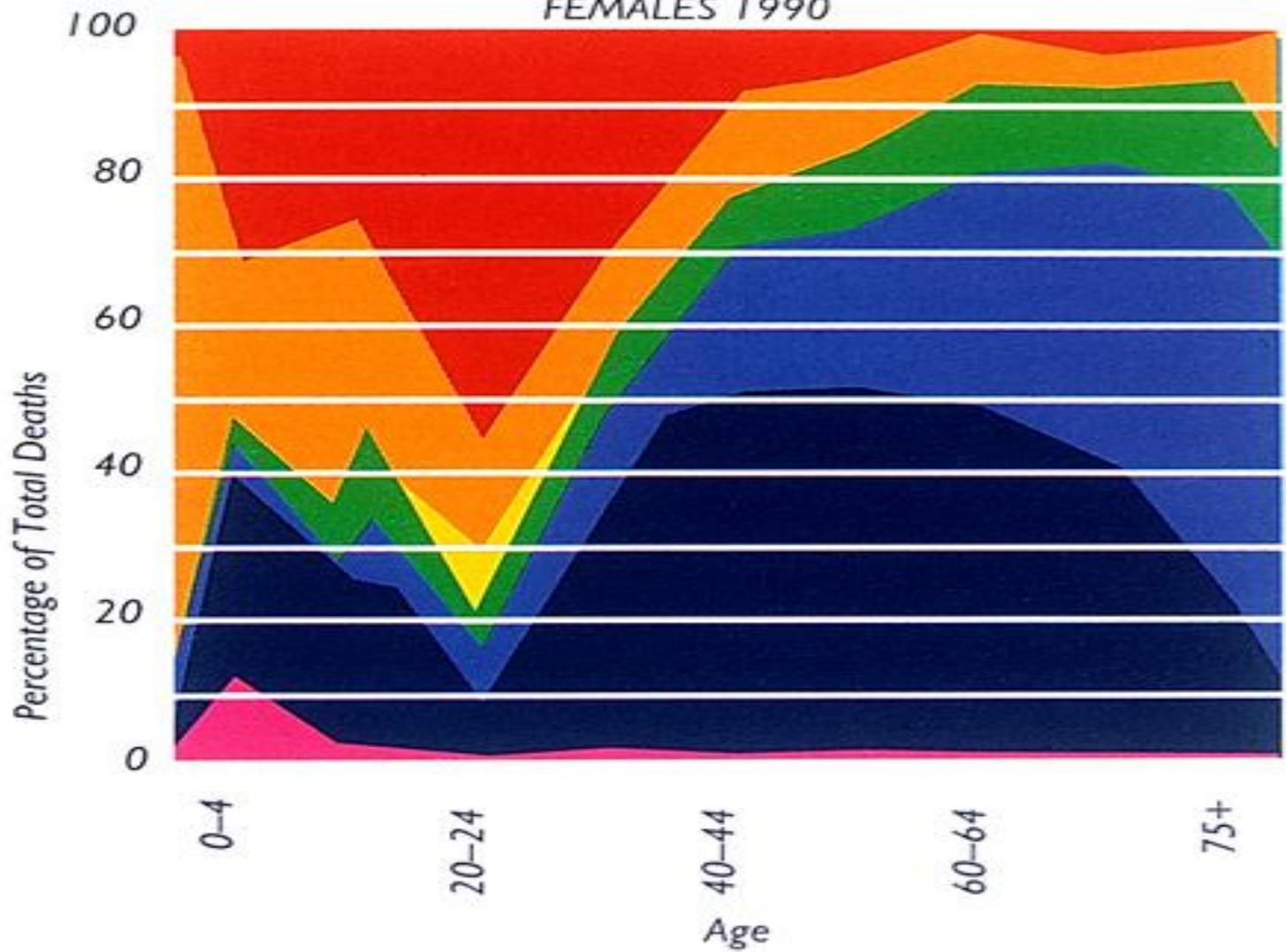
FEMALES 1931



- Accidents & Violence
- Other Diseases
- Maternal Causes

- Respiratory Diseases
- Circulatory Diseases
- Neoplasms
- Infectious Diseases

FEMALES 1990



- Accidents & Violence
- Other Diseases
- Maternal Causes

- Respiratory Diseases
- Circulatory Diseases
- Neoplasms
- Infectious Diseases

Top Causes (%) Of Years Of Life Lost To Age 75, England 1999

“Cardiovascular disease is...main cause of premature death”
Wanless Report 2003

Top Causes (%) of Years of Life Lost to Age 75, England 1999 (Revised Version)

Source: Wanless Report 2003

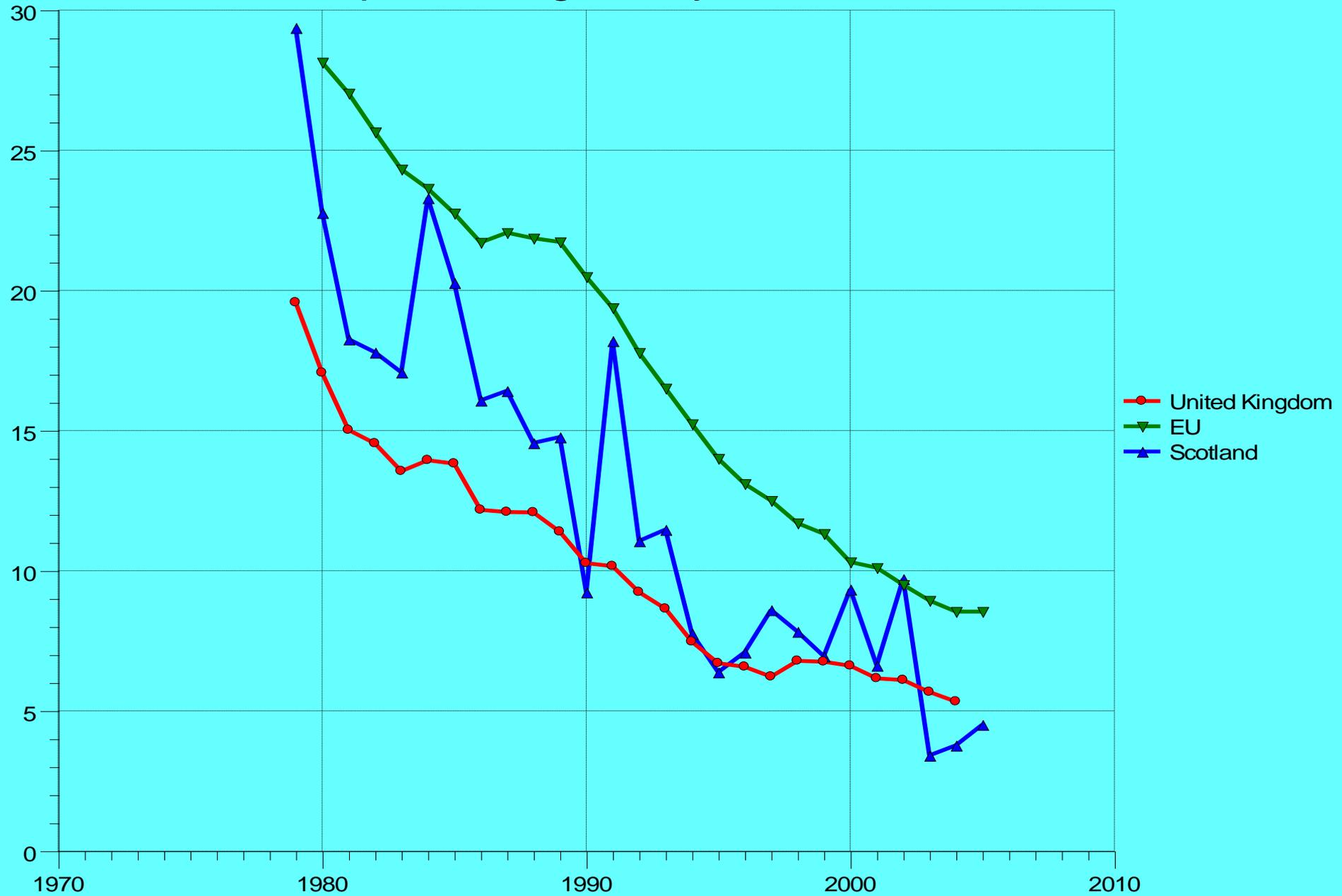
Reality about Myth 2: Injury is seldom recognised as a leading cause of death and ill health in childhood

- Injury (at any age) is often invisible in official statistical analyses and policy statements
- The true epidemiological pattern is rarely reflected in official commitment to child injury prevention

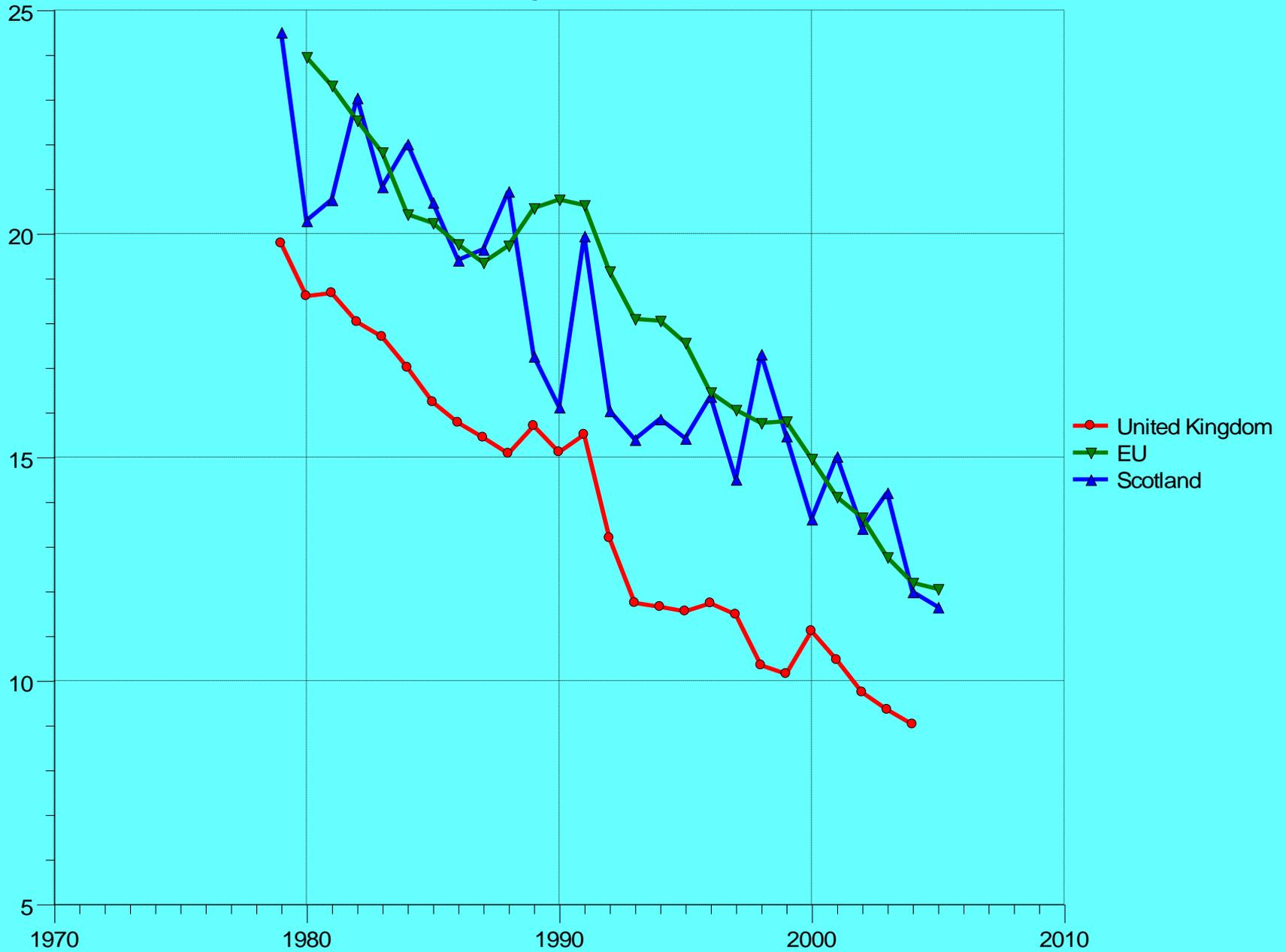
Myth 3: That declining unintentional injury mortality is due to prevention

- Mortality from child UI has declined in most affluent countries - inc UK and Scotland - since 1980
- Decline due to countermeasures e.g. seat belts, car design, speed cameras, drink driving laws, fire resistant nightwear, child resistant packaging

SDR, external causes of injury and poison, age 0-4 years



SDR, external causes of injury and poison, age 5-19 years



Reality about Myth 3: Prevention unlikely to be the sole reason for declining mortality

- We have minimal information on incidence
- We know even less about causes of decline
- Declining mortality may reflect
 - reduced exposure to hazards (e.g. children being driven rather than walking to school)
 - improving case-fatality rates (trauma care)
 - changing recording and classification practices (e.g. increasing recognition of other causes of death such as child abuse)

Myth 4: That more data on injury occurrence will lead to more effective prevention

- “If only we had more data” is a repeated mantra
- Injury surveillance in A&E departments is a widely advocated remedy

EXAMPLES OF INJURY SURVEILLANCE SYSTEMS

- *Victorian Injury Surveillance System (VISS)*
- *All Wales Injury Surveillance System (AWISS)*
- *National Electronic Injury Surveillance System (NEISS)*
- *Canadian Hospitals Injury Reporting and Prevention Programme (CHIRPP)*

Results of Y-CHIRPP (1995-2005) qualitative evaluation

- Largely met criteria of simplicity, flexibility and acceptability
- Failed to meet criteria of reliability, utility, sustainability and timeliness
- Key problem was lack of perceived preventive utility
- Findings broadly consistent with other studies

Reality about Myth 4: More data won't always lead to more prevention

- Evidence that such systems actually lead to a reduction in injury incidence is non-existent
- Injury surveillance is a valuable but insufficient aid to prevention

Myth 5: that targeting those most at risk will achieve most results

- The assertion that there are two populations – low risk and high risk - seems intuitively right but is usually wrong
- Much research has been conducted on high risk groups
- Systematic reviews of efficacy are biased toward targeted approaches

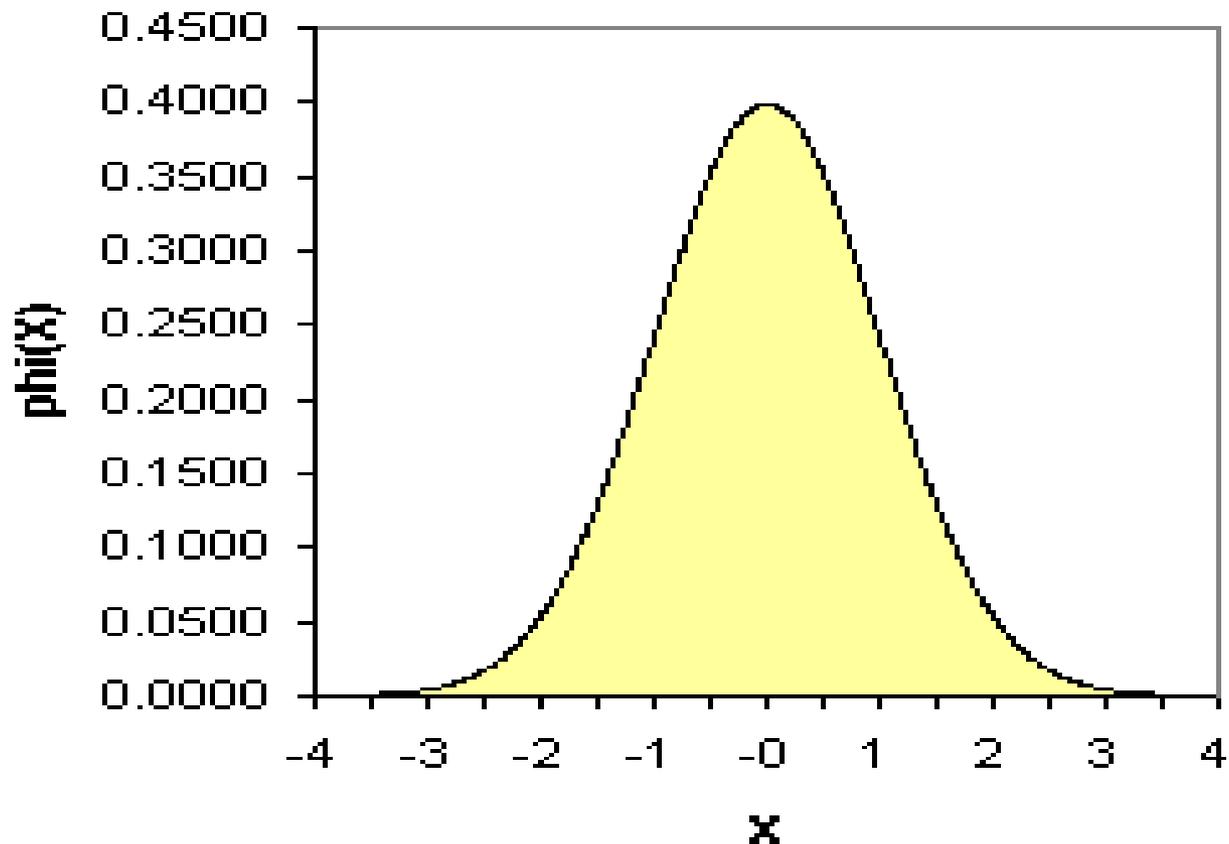
Targeting works best if “high risk” can be clearly defined

Bimodal Distribution



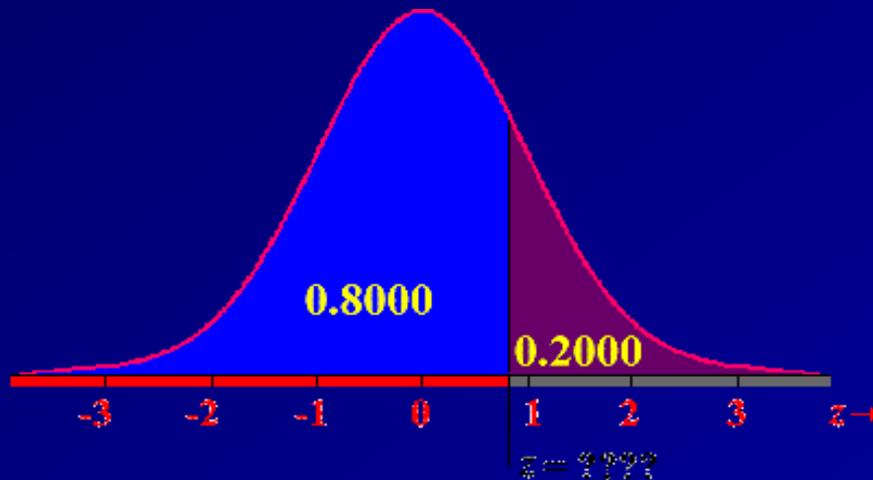
Some score patterns have two (or more) central clusters, rather than one.

The normal distribution – we are all “at risk”



Rose's Prevention Paradox: only a minority of cases come from the high risk population

What is the point of targeting 20% tail if most cases come from 80% body?



The reality of Myth 5: Targeting achieves disappointing results

- Distribution of injury risk is often continuous rather than discrete
- We don't always know who is most at risk
- Those most at risk are most resistant to intervention
- Small numbers at high risk - most injuries are in lower risk groups (Prevention Paradox)

Myth 6: that most adults want to keep children safe

- Most adults claim to want to protect their children from injury
- Only a small minority of adults actively harm or neglect children
- Child maltreatment is rare (though more frequent in UK than in many other countries)

The anti-safety counterculture is growing

- Backlash against “nanny state” even in mainstream politics and media
- Calls for more smacking and reintroduction of corporal punishment in schools
- Advocacy of “normal” risk-taking by children

A favourite quote of Melanie Reid, *The Times* journalist left tetraplegic after a riding fall:

“The person who risks nothing, does nothing, has nothing and is nothing”

Leo F. Buscaglia



Hitting children - a popular adult pastime throughout history

Whoever spares the rod hates their children
Book of Proverbs 13:24

Spare the rod and spoil the child
Samuel Butler (satirist) 1653

Parents are scared to smack their children and paranoid that social workers will get involved and take their children away
David Lammy (MP) 2012



You are in: **Politics**

Friday, 4 October, 2002, 15:54 GMT 16:54 UK

UK urged to ban child smacking



Report expresses concern on a number of child issues

The United Nations has urged the British Government to change the law which allows parents to smack their children.

The UK signed the UN Convention on the Rights of the Child 11 years ago, but according to a report published on Friday it is failing to meet its obligations.

News Front Page

World

UK

England

N Ireland

Scotland

Wales

Politics

Interviews

Business

Entertainment

Science/Nature

Technology

Health

Education

Talking Point

Country Profiles

In Depth

Programmes

WATCH/LISTEN REAL MEDIA

ON THIS STORY

- The BBC's Niall Dickson**
"Campaigners say it could help prevent child cruelty"
- James Westhead examines the report's other findings**
"We have the worst record on locking up children"
- Barnardos' Pam Hibbert**
"We want children to have the same defence as adults"

TALKING POINT

Heavy-handed?

Should a ban on smacking be imposed?



See also:

- 04 Oct 02 | Politics
The UN report: At a glance
- 04 Oct 02 | UK
Charities urge change on kids' policy
- 25 Sep 02 | Politics

The reality of Myth 6: Keeping children safe is a declared aspiration rather than a universal practice

- Perceptions of safety and risk vary widely
- Risk-taking is often encouraged by parents, professionals, journalists
- Around 10-20% of children are hit by their parents/cares
- Children continue to suffer injuries as a result of adult confusion, inconsistency and hypocrisy

Conclusion:

Why dispelling myths is important

- Some of the things we believed in the past we don't believe now. And some of things we didn't believe in the past we do now
- Bottom line: Keep an open – while sceptical - mind about everything in child safety

David.stone@glasgow.ac.uk



"Peach Tree in Bloom"

Van Gogh, 1888