Myths and realities of child injury prevention – a personal view

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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
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


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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>CHD</td>
<td>18</td>
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<tr>
<td>Cancer</td>
<td>17</td>
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<tr>
<td>Injury/poisoning</td>
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<td>Suicide/undetermined</td>
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<tr>
<td>Stroke</td>
<td>6</td>
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<tr>
<td>Respiratory disease</td>
<td>6</td>
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<tr>
<td>Liver disease (alcohol related)</td>
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<tr>
<td>Road traffic accidents</td>
<td>2</td>
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<tr>
<td>Diabetes</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>33</td>
</tr>
</tbody>
</table>

**TOTAL** 100

"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)

- Injury/poisoning/suicide/RTAs 18
- CHD 18
- Cancer 17
- Stroke 6
- Respiratory disease 6
- Liver disease (alcohol related) 2
- Diabetes 1
- Others 32

TOTAL 100

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 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.

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
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.
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 dispensing 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.
“Peach Tree in Bloom”  Van Gogh, 1888