Child Abuse Review **(28:5**)

Editorial: The burden of child maltreatment-related deaths

Jane V. Appleton

Peter Sidebotham

This issue brings together an eclectic group of papers, which all help to broaden our understandings of the burden of child abuse and neglect. Three of the papers examine different aspects of child maltreatment-related deaths, including those deaths where the intent was undetermined but where abuse or neglect was suspected.

The first paper in this issue is a systematic review of the empirical evidence relating to homicides and maltreatment-related deaths of disabled children undertaken by John Frederick and colleagues (2019) from the University of Edinburgh and University of Melbourne, Australia. The study reviewed deaths of disabled children in three specific situations: (i) intentional filicides, (ii) deaths caused directly by abuse or neglect and (iii) deaths where abuse and neglect were not the primary cause of death but may have been a contributing factor. The purpose of the review was to gain an improved understanding of the risk factors related to the deaths of the children and to examine the explanatory theories proposed in the 25 eligible papers.

A key finding of the review was that most papers did not provide a definition of 'disability', instead "a wide range of terms and nomenclatures" (Frederick et al, 2019, p. XX) were used and there was not a consistent approach to recording disability. The risk factors for homicide and child maltreatment-related deaths found in the papers studied related to the perpetrator (e.g. parental mental illness, parental failure to provide adequate care); the child (e.g. disability type, such as autism); and the environment (e.g. lack of access to services). The authors argue, as have other authors previously (e.g. Sidebotham et al., 2016; Matthews and Abrahams, 2018) that the pathway to harming a child involves a complex interaction between these risk factors. In the papers reviewed the two most common theoretical accounts given for homicides and maltreatment-related deaths of disabled children were the stress of care giving theory and theory relating to altruistic intent. The authors highlight that "while some disabled children have died as a result of violence directed at them, others have died as a result of general neglect of their care and health needs … or neglect with the deliberate intention of causing death … " (Frederick et al, 2019, p. XX). Frederick et al. (2019) describe the challenges this can present for practitioners working with disabled children and their parents/carers and those with responsibility for investigating the death of a disabled child. The paper concludes with a useful discussion about recommendations for policy and practice, including the imperative for data on disabled children to be routinely collected from criminal justice and child death review processes to aid better understanding of homicide and maltreatment-related deaths of disabled children and to enable international comparison. The authors also draw attention, as have others previously, of the need for adult mental health professionals to consider the needs of children and particularly disabled children when working with their adult clients.

In our second paper, Colin Pritchard and colleagues (2019) report on a population-based study and analysis of three types of children's mortalities among 0-4 year olds in the US and 20 other developed countries: Child Abuse Related Deaths, Child Mortality Rates (CMR) and Undetermined Deaths which are recorded as deaths "when it is not possible for the medical or legal authorities to determine whether [the death] was accidental, self-harm or an assault" (p.XXX). The study compared each country's baseline and index years data between 1989-1991 and 2013-2015 – so each nation could serve as its own control for the three types of mortalities. The authors also examined associations

between the three child mortality categories and relative poverty using the World Bank (2018) data and measure of inequality.

The findings of the study are quite startling, revealing that the USA had the highest child mortality for child abuse related deaths in both the under ones and 0-4 age ranges, 70 per million and 31 per million respectively. Over the study period five countries: Denmark, Finland, Japan, Switzerland and the UK had a bigger reduction in their Child Abuse Related Deaths 0-4 years than the USA. Undetermined deaths were highest in the < 1 years and 0-4 year ages in New Zealand, were followed by the USA. While all countries reduced their CMR, the USA, despite a fall of 48%, still had the highest CMR and the worst level of income inequality, when compared with the 20 other developed nations. The authors point out that every country apart from the USA and Canada met the UN Millennium Goal to reduce Child Mortality rates by 2% per annum (UN, 2000). The countries with the narrowest Income Inequality were "Japan 4.5, Finland 5.6, and Norway 6.1 and these countries also had some of the lowest CMR, virtually half the level of the USA" (Pritchard et al, 2019, p.XXX). The paper also compares data on 0-4 years CMR from the USA and Japan (the country calculated with the lowest income inequality) and notes "the excess numbers of deaths … calculated for each year of this century had America matched Japan's Child Mortality rate. On average over the 15 years, annually there would have been 16,745 fewer dead American under-five year old children - a stark result indeed" (Pritchard et al, 2019, p.XXX).

Pritchard et al (2019, p. xxx) highlight the disproportionately high CMR in the United States and they suggest this may be linked to "the extent of relative poverty in the US", which they describe as "the worst in the Developed world, despite having the highest GDP expenditure on health (Pritchard & Keen, 2016; Pritchard et al, 2018)", although the percentage Gross Domestic Product-Expenditure-on-Health (GDPEH) allocated to children and child care is not known. However, the authors recommend that this requires further detailed resrach.

The difficulties in obtaining reliable statistics on the incidence of child maltreatment-related deaths is well recognised (Gilbert et al, 2009). The third paper in this issue by Séverine Gilard-Pioc from the University Hospital of Dijon and colleagues (2019) is a well-written piece which reports on the results of a prevalence study using data from the French medico-administrative database, of infants hospitalised for physical abuse in France and corresponding in-hospital mortality. Hospital records are an important source of data on physical abuse in France, as injuries caused by physical maltreatment are often treated medically by hospital doctors. Mandatory reporting for child abuse exists in France, with French doctors being required to report suspected cases of abuse in hospitalized children.

The study examined data for all children less than one year of age who were hospitalised in France between 2007 and 2014, a total of 939,538 children, "to provide an estimation of period prevalence for child physical abuse requiring hospitalization." (Gilard-Pioc et al, 2019,p.XX). The study excluded infants less than one month old so early neonatal diseases and their complications were not included. The 8 year prevalence study examined ICD-10 Codes and focussed on 3 groups of children: (1) those who had been physically abused, (2) those who had possibly been physically abused and (3) all other hospitalised children as well as a sub-group of (3) which included children with one or more traumatic lesions. Data characteristics included: average child's age, gender, length of hospital stays and percentage of in-hospital deaths, with data linkage enabling the research team "to identify all hospitalizations of the same child throughout France" (Gilard-Pioc et al, 2019, p.XX).

The key finding of the study was that "infants hospitalized for physical abuse represent between 0.04% (group 1) to 0.10% (Group 1+2) of all children less than one year old in France, which corresponds to 0.28% to 0.74% of all hospitalized children (less than one year)." The analysis showed that most

hospital deaths occurred during the first hospital stay, with Gilard-Pioc et al (2019, p.XXX) reporting the percentage of deaths during the first hospital stay was "30 times higher in physically maltreated children than in the sub-group that included all other children with traumatic lesion, which may reflect the severity of intentional lesions compared with accidental injuries. For example, the main diagnoses of hospital stay of death at the first admission in group 1 and 2 are mainly cranial injuries, while they are more often sudden death or infectious diseases in group 3. The main diagnoses observed in our data suggest that these deaths could be directly related to the traumatic consequences of maltreatment."

The 8 year period prevalence is considerably lower than that reported in the literature and the authors suggest that this may have resulted from the narrow definition of child maltreatment used as the study focused only on physical abuse, the selection of certain traumatic lesion types and the fact that the study was limited to children in hospital (but not those only visiting the emergency department). Gilard-Pioc et al. (2019, p.XXX) report that "these results may suggest that potentially more than one out of two physically abused children may not be identified as such" and argue for a greater focus on prevention strategies to help health professionals identify and safeguard children.

Exposure to parental alcohol intoxication

Our next paper in this issue by Siri Havas and colleagues (2019) from Norway and Oxford reports on a large cross-sectional study which sought to examine the association between parental alcohol intoxication and sexually offensive or violent experiences among adolescents. The study drew on data from Young Data (Ungdata) a national system of youth surveys with data collected in 2016 with junior high school students (Grades 8-10) and high school students (grade 11) in 30 municipalities in southern Norway. Students were invited to participate in an anonymous on-line self-report questionnaire during school hours. While the main part of the questionnaire was fixed for all municipalities, the second part could differ in the questions asked. A total of 8860 students (4268 (49.2%) boys; 4412 (50.8% boys)) provided complete responses on relevant variables related to violence and sexually offensive experiences and parental intoxication. Data were analysed both descriptively and using multivariable logistic regression models adjusted for age, gender and socio-economic status. 1675 (19.3%) of the adolescents reported at least one violent experience and 3195 (26.8%) at least one sexually offensive experience.

The study found consistent associations between parental intoxication and violent and sexually offensive experiences among young people, whether adolescents had seen parents drunk a few times, seen parents drunk a few times a year or seen parents drunk sometimes per month or more often. "The more often adolescents reported having seen parents intoxicated, the more common all adverse experiences were" (Havas et al, 2019, p.XX). While the authors acknowledge the limitations of self-report data, they rightly highlight the secondary effects of alcohol on children and young people and the likelihood that if parents are intoxicated in the presence of their children then parenting quality may be negatively impacted. They conclude by noting that "the findings identify a potentially vulnerable group to alcohol-related harm, even with infrequent parental high alcohol use, and possible new targets for preventive measures" (Havas et al, 2019, p.XX). The unseen dimension of alcohol-related collateral harm has also been described by other researchers in a taxonomy (Enser et al , 2017).

Child protection typologies

The final paper in this issue by Marie Connolly and Ilan Katz (2019) examines the use of internationally-developed child protection typologies to better understand the ways in which countries establish systems to protect vulnerable children, young people and their families. The

authors define a child protection system typology as "a classification of a set of characteristics that capture and define different approaches to child protection" (Connolly and Katz, 2019, p.XX). They argue that that such typologies provide a valuable approach to enable comparison of different child protection systems across international contexts, and in particular, to examine their strengths and limitations. These authors also suggest that topologies can be useful in guiding or redirecting the way a child protection system develops within a country. They can also be used to illustrate how a "cultural value base" underpins a country's child protection legislation and practice. In the article Connolly and Katz (2019) build upon earlier theoretical work and fieldwork to propose an international child protection system typology which focusses on two dimensions: whether a system is oriented towards an individual or community focus, and the extent of its formality and regulation. Different country examples are used to illustrate the four orientations of this International Child Protection System Typology and it is illustrated on p.XX.

In contrast to previous typologies which have tended to focus on a single dimension of family support/child protection, and have drawn predominantly on systems in high-income countries, Connolly and Katz, examine a broader range of countries at different stages of development of their child protection systems. They conclude that there is no single 'perfect' child protection system, but rather that a 'good' child protection system is one "which best reflects the culture and professional structures of the jurisdiction in which it is based" (Connolly and Katz, 2019, p.XX).

We conclude this issue with a review by Alison Cocks of Johansson and colleagues (2019) book Collaborating Against Child Abuse: Exploring the Nordic Barnahus Model. Cocks is extremely complimentary about the evidence and approach taken within this book, in particular its "*critical* exploration of Barnahus as a practice model". She describes how it will particularly useful for those working with the model but also those seeking to explore and adopt the Barnahus model beyond the Nordic region.

References

Connolly, M. and Katz, I. (2019) Child protection system typologies: An international approach'

Frederick, J. (2019) Homicides and maltreatment-related deaths of disabled children: A systematic review.

Gilard-Pioc, S et al. (2019) 8-year period prevalence of infants hospitalised for physical abuse and in-hospital mortality in France'

Pritchard, C. et al (2019) Child-Abuse-Related-Deaths, Child Mortality (0-4) & Income Inequality in America and Other Developed Nations1989-91 v 2012-14: Speaking Truth to Power.

Havas, S. et al (2019) - Are sexually offensive or violent experiences more common among adolescents exposed to parental alcohol intoxication

Cocks, A. (2019) Book Review of S Johansson et al. Collaborating Against Child Abuse: Exploring the Nordic Barnahus Model.

Pritchard, C and Keen, S. (2016) Child Mortality and Poverty in Three World Regions – The West, Asia and Sub-Saharan Africa 1988-2010: Evidence of relative intra-regional neglect? *Scandinavian Journal of Public Health*, 44;734-741.

Pritchard, C., Hughes, M., Rosenorn-Lanng,, ?. and Williams, R. (2018) Population-Based Study of Child Mortality (0-4) and Income Inequality in Japan and the Developed world 1989-91 v 2012-14: Excess Deaths Between the Most Unequal Countries? *Japan Journal of Medicine*, 1; 101-107.