



A framework for the prevention and mitigation of injury from family violence in children of parents with mental illness and substance use problems



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ABSTRACT

Recognizing the need for a more comprehensive approach to preventing child homicides that result from family violence, the authors applied Haddon's three methods of injury prevention to the context of family violence: modification of the agent of injury; identification of control strategies to intervene in the process of injury; and application of the comprehensive Haddon matrix to explore pre-event, event, and post-event strategies addressing the child, parent, and the environment. Examples of evidence-based strategies were identified to support this approach, and innovative strategies were suggested which build on existing approaches applied to other contexts. Recommendations and implications for research and practice are discussed.

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1. Introduction

While only a small proportion of children at risk die at the hands of their parents, all of these deaths are unacceptable, and we believe in many cases that they may be preventable. This paper proposes the use of a comprehensive public health framework in responding to the problem of child homicide committed by parents with mental health and substance use problems. In this context, mental health and substance use problems are defined as one or more diagnosed or undiagnosed

psychiatric disorder(s) of perception, thinking, emotions and/or behavior, and/or psychoactive substance use that significantly interferes with the individual's functioning at home, school, work and/or within the community. Faced with the ongoing need to develop meaningful responses to child deaths, we looked for structured approaches that would enhance our service-oriented view and provide a unique perspective on these tragedies, with the intent of stimulating innovative approaches. The methodology delineated by Haddon (1980) in his seminal work on injury prevention provides a perspective not traditionally used in social service planning, and offers a fresh view on these complex circumstances. It also offers a process for the collaborative development of strategies that respect the distributed responsibilities across sectors.

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It offers a framework to identify the gaps in evidence-based policy and practice and thus provides guidance for research and evaluation efforts. Our approach, applying Haddon's framework to child homicide, is theoretical, rather than purely practical, although we will identify the starting point for practical applications. We embarked on this work because we recognize the vulnerability of the large number of children who are exposed to family violence, yet the same strategies, which have been demonstrated as insufficient, continue to predominate approaches to addressing this problem.

We see the application of a new framework for addressing child homicide as necessary for several reasons. Firstly, there is growing recognition that the exclusive focus on child removal is insufficient: there is a need to take a broader public health approach in preventing child maltreatment (Covington, 2013). Secondly, while the majority of psychiatrically disturbed parents do not injure their children, the elevated risk to the children of parent(s) with mental illness and substance use is well-established (Brockington et al., 2011; Forrester, 2008; Friedman & Resnick, 2007; Pritchard, Davey, & Williams, 2013; Stroud & Pritchard, 2001). However, the associated social stigma and chronically relapsing nature of these conditions makes them notoriously difficult to identify and treat, particularly in parents who are concurrently faced with stressors such as poverty, racism, and lack of social supports (Freisthler, Merritt, & LaScala, 2006; McCroskey, Pecora, Franke, Christie, & Lorthridge, 2012; Pritchard et al., 2013; Sheppard, 2007; Spinelli, 2005). Thirdly, family violence is such a significant public health problem, with an estimated 686,000 child victims and 1640 fatalities in the US in 2012 (Children's Bureau, 2012), that the removal of all children at risk is unfeasible and not without potential harms (although removal of children from violent parents is included as one approach to child protection), especially given that family violence is not typically considered a sole justification for child removal (Laverne et al., 2011).

In the wake of tragic cases of child homicide, detailed enquires are made, hearings held, and reports drafted. Responses over the years have ranged from minor program changes and enhancements, to entire system renewal and change in government structures (Gove, Thomas, & Commissioner, 1995). Frequently, the health and social service systems are found lacking, and are charged with improving processes and filling gaps in service, with the child welfare system continuing to be tasked with the responsibility of child removal as the principle means of preventing maltreatment and child homicide. Yet Wilczynski (1997) argued that focusing on individual cases of filicide ignores broader social issues, such as social stress, race, power and gender. In spite of frequent attempts at child welfare system improvements, the problem of child maltreatment persists.

According to Haddon (1980), injuries are an epidemiological problem, which share many characteristics with classic infectious diseases and other well-understood forms of pathology. Like diseases, injuries require a causal agent, to which the individual has greater or lesser susceptibility or resistance, which are carried by vehicles, and contained by vectors. Injury prevention strategies can focus on modifying not only the causal agents, but also vehicles, vectors and the individuals' susceptibility or resistance, thereby expanding the range of effective prevention approaches aimed at stopping the injury from occurring.

Rather than the purely inductive methods typically used in child homicide research, which have tended to focus on in depth investigation of individual cases, or identifying common risk factors among children who die at the hands of their parents, our approach uses a deductive method, in which Haddon's approach to preventing all types of injury is applied to the specific problem of injury to children caused by a mentally ill or substance impaired parent.

There are several advantages to this approach. Firstly, the responsibility of preventing child deaths does not depend solely on an unattainable, omniscient ability to predict violence in a specific parent, but is shared across social agents including health and social systems, school, work, friends, family, community, housing and income support agencies; this is consistent with current thinking on joint responsibility

in safeguarding children (Webber, Mccree, & Angeli, 2013). It also recognizes the parent and the child as active agents in prevention, and for this reason, we explicitly consider approaches that can be taken in empowering older children, despite the fact that the majority of child homicides occur in infancy (Pritchard et al., 2013).

Secondly, applying Haddon's approach to child homicide allows us to focus on the technicalities of injury and its prevention, liberating policy-making thinking from the denial and perceived helplessness felt when faced with the horror of child homicide by the child's own parent. While it may seem easier to believe that such events are uncontrollable than to look closely into what actually occurred, our position reflects Haddon's argument in his landmark paper on injury prevention, that "all known injury distributions are highly non-random in time, place and person, just as one would expect from the non-randomness of their causes" (Haddon, 1980). Establishing a public health framework therefore allows us to determine future preventative measures for similar situations.

Thirdly, by working from the injury itself as the starting point, towards the context in which it occurs, we are able to expand our thinking about the problem, and identify gaps in our understanding of child injury and its methods of prevention. Haddon's approach is designed to prevent all actual and potential injuries, so we are not tied to the anecdotal details of known child homicide cases.

Psychological (Lanier, Kohl, Benz, Swinger, & Drake, 2014), community and social support can substantially moderate the influences on family violence (Covington, 2013). This paper, therefore, addresses how, as health and social service providers and policy makers, we can expand the current repertoire of actions taken to prevent and mitigate the impact of these injuries, harnessing the complexity of the moderating factors to reduce the risk and severity of this form of injury.

2. Methods

2.1. Applying Haddon's approach to preventing family violence

Injury prevention covers a wide array of possible interventions at multiple levels. Haddon developed three methods for determining where to focus injury prevention efforts: identifying and modifying the characteristics of the agents of injury; identifying control strategies to intervene in the process of injury; and applying the Haddon matrix to explore pre-event, event, and post-event strategies addressing the host, vector, and environment. Haddon's approach was developed as a general injury prevention strategy, and has not been applied to the specific forms of injury caused by child maltreatment.

Each of these three methods was applied to the specific goal of preventing lethal injury to children by parents with mental health and substance use problems, using deductive reasoning and brainstorming (Osborne, 1953).

2.2. Method 1: identifying and modifying the agents of injury

The first method we applied was identifying the various causes of death, and ways in which the agents of injury, vehicles of injury, and vectors of injury through family violence might be modified to prevent lethality. This was accomplished by analyzing the form of energy, means of transmission, and vector of each cause of death in potential cases of child homicide.

The agent of injury in the context of the current work is the energy directed towards the child by the parent, which causes potentially lethal injury, while the parent is the vector of that energy. Haddon (1980) delineated the necessary, specific agents of injuries as mechanical, thermal, radiant, chemical, or electrical, which Haddon recognized as sometimes being negative agents, when a factor necessary for health is absent. Examples of the kinds of agents required to lethally injure a child are mechanical, as in the case of battery, stabbing, shooting or strangling; chemical, as in the case of poisoning, gassing, inducing

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