Child Protection-Psychiatric Interface or Cycle? Link between Child Neglect & Suicidal behaviour Towards a Prevention Model: We Seek YOUR Views

This Seminar Includes Inevitably Strong Emotive Content

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Over-all Plan

(Hidden Objective to `Enjoy Some UK Stats)

- **Argument Challenges `Conventual Wisdom = Requires Context. 21 Major Western Countries**
- **1] Total (Normal) Child Mortality Rates (CMR 0-4).**
- **2] Child-Abuse –Related-Deaths (CARD).**
- **3) Relative Poverty Measured by Income Inequality.**
- **4] Who Actually Kill Children? Challenging the Neglect to CARD continuum.**
- **5] Impact of Childhood Disadvantage (e.g Impact of Mentally ill Parents) Leading Suicidal Behaviour.**
- **6] Suicidal Behaviour. Focus on Youth (15-24).**
- **7] Need for INTEGRATED Prevenatative Child Protection-Psychiatric Approach to Prevent BOTH.**

RELATIVE POVERTY (Income Inequality *top 10% v bottom 20%*) & Child Mortality (0-4) rates per million (pm) 21 Western World Countries: %Change 1989-2015

Inequality & CMR Correlate Rho=+0.6032 p<0.005

Countries	Deaths pm	% Change	Income Inequality	
1. USA	1249pm	-48%	1	18.5 times
2. N. Zealand	1160pm	-51%	5	12,4 times
3. Canada	1094pm	-37%	9=	9.4 times
5. UK	885pm	-51%	3	13.8 times
9. France	810pm	-53%	11	9.1 times
12. Netherlands	798pm	-53%	12	9.2 times
17. Japan	655pm	-46%	21	4.5 times
19. Sweden	577pm	-62%	18	6.2 times
20. Norway	552pm	-72%	19	6.1 times
21. Finland	451pm	-69%	20	5.6 times

Child-Abuse-Related-Deaths (CARD): The Wrong Target – Aim for Intergenerational Psycho-socio-economic Disadvantaged?

- **Child-Abuse-Related-Deaths (CARD 0-4years) in Western World 1989-2015: Some Good News**
- **Method: WHO mortality data on Homicides & Possible Child-Abuse-Related-Deaths (CARD) mainly Undetermined Deaths (UnD)- similar lethality to Homicides so May Contain Under-Reported CARD?**
- **Caution: UnD may be just that- we don't know- beware inadvertently blaming grieving parents.**
- **Main Outcome: Surprise to Sun & Daily Mail- violent deaths in Britain never been lower since records began! See Handout for Details**

21 Western Countries Child-Abuse-Related-Deaths (CARD) & 1/3rd Undetermined Deaths (UnD) rates per million % change. Combine Assumed 20% UnD = Under-reported CARD 1979-81 v 2013-15.

Country & CARD Combined Ranks 2015	CARD (0-4) 1979-8 v 2013-15	CARD + 20% UnD (0-4) 1979-81 v 2013-15
1-1. USA	32 - 31	57 - 56
% change	-3	-2%
4-2 N. Zealand	18 - 12	46 - 40
% change	-33%	-13%
4= - 3. Belgium	16 - 12	59 - 21
% change	- 25%	- 66%
4= - 5 Norway	14 - 12	15 - 17
% change	-14%	+13%
10= -6= France	7 - 6	82 - 13
% change	-14%	-84%
7- 9=. Germany	12 - 8	28 - 11
% Change	-33%	- 61%
18=-19= Spain	2 - 3	30 - 6
% change	+50%	-80%
20= -19= UK	14 - 2	38 - 10
% change	-86%	-74%

- **Income Inequality & CARD 0-4 NO Corerleation Rho =+0.0125**

Heuristic Types of Male CSA & Who Kill Children ? Initial 2year Cohort Study Police Records plus SSD data & Regional Suicide register (4% sample UK population)

- **1]Male Child Sex Abuser Types: Two counties 2year cohort n=374)**
- **i] Sex Only (50%) no other crimes but against children.**
- **ii] Multi-Criminal-Child-Sex Abusers (36%) more non-sex-crimes than sex offences.**
- **iii] Violent-Multi-Criminal-Child-Sex-Abuser (VMCCSA) (14%), as above Plus serious previous violence, ABH or GBH.**
- **Pritchard (2004) Original Analysis.**

- **2]Decade of Child Homicides in 4% UK sample**
- **Child Protection- Psychiatric Inter-face**
- **A] Within-Family 83% = Mentally-ill-Mothers (MIM) 30%, Mentally-ill-Fathers (MIF) 15%; `Step-Fathers Previous Violence (SFPV) 15%, Mother Child Protection Register (MCPR) 22% (but 15% jointly charged S.father).**
- **B] Extra-Family Assailants: 18% Male VMCCSA.**

Epidemiological Risk (Original Analysis) of `Who Kill Children': The Assailants

(rates per million population

- **WITHIN FAMILY**

- **Mentally Ill Mothers = 100pm**
- **Mentally Ill Fathers= 40pm**
- **Violent Step Fathers = 400pm i.e. 4times MIM.**
- **Mothers Child Protection Register (CPR) = 200pm**

- **EXTRA FAMILY**

- **VMCCSA = 8,400pm**
- **i.e. 80times MIM**

Who kill Children? Is Child Neglect & Abuse along a Continuum?? Daring to ask an Awkward Question

- **1] `Conventional wisdom' the Child Neglect - Abuse continuum, intergenerational psychosocial & poverty at extremes child death.**
- **2] Paradox of `non-expert': Analysed 2yrs Child Sex Abuse case files: danger of de-sensitisation, two break-thru's- `*Visual reality*` shocked & then *Baby Peter* picture raised the *human* question, *how can an adult persistently be cruel & violent* to small child.**
- **3] People convicted of Severe-Inter-Personal violence relatively RARE- indicating they're different from most Non-violent people.**
- **4] Re-evaluating the Child Protection- Psychiatric- Criminological Interface from hard research data.**
- **Core Question – Are People who Neglect Children essentially different from those who <u>Severely</u> & Actively Physically or Sexually Abuse**?

- **REMEMBER: Mentally ill hurt themselves more than Others**

Evidence of Child Protection-Psychiatric Interface:
Suicide Child Sex Abuse (CSA) Victims & Perpetrators!

- **Suicide of `Killers': 100% of Mentally Ill Blood fathers-**
- **NONE of Step-fathers or VMCCSA males.**
- **Mentally Ill Mothers 14% another 14% serious DSH.**
- **NB: Motives Many of Mentally Ill parents *`altruistic' `saving child from evil*.**
- **CSA Victims Suicide (Limits of data on CSA link to suicide)**
- **Female victims of CSA 4x general population [gp], Male victims 6x general population**
- **but**

- **Mentally-Disordered-Related suicide 80x gen pop (1%)**
- **Sex Only CSA offenders 240x gen pop (3%)?!**

Linking Disadvantaged & Neglected Childhood: Psychiatric Sequel: Mental Illness (Substance Abuse) Suicidal Behaviour: (Major Handout available on Request)

- **DORSET STUDIES: Young Adults Ex-LAC (438) & Excluded fm School 215 (EFS) & Regional Suicide: Good News-LAC overall Better Outcomes BUT Suicide LAC rate 133times Peer Average: Suicides Amongst Victims CSA & Non-Violent Perpetrators. North Wales Child Homes 150x peers.**
- **Ex-LAC as Adolescents & Young Adults = Mental Health & Relationship Problems & Suicidal Behaviour.**
- **CHILD MENTALLY Ill PARENTS- Overlaps Domestic Abuse, CSA, Sometimes `Carers', Mental Health & Substance, Alcohol & Suicidal Behaviour.**
- **CHILD ADVERSITY – Overlaps Psycho-Social Damage of Mental Disorder, In-Care; Excluded-from-School, Suicide & Mental Illness.**
- **INTERVENTION: Child Protection & Psychiatry Unite Totality & Opportunity to Break Vicious Cycle – Long-standing Neglect- Growing Evidence Effectiveness, Germany Studies & Norway Legally Mandatory**

Change Gear: Suicide the Ultimate Rejection? A Grim & Troubling Issue for All

Can Suicide be Rational? YOUR views?

`Euthanasia Dilemma: Professionally we Must Offer Another Chance.

"*Stay hold you hand, he hates him that on the rough rack of this world stretches him out longer"* Lear.

Emotional Meaning: "nothing is more bitter than loosing a bairn"

Historical: Attitudes persist over generations- stigma linked to Bible & Qu'ran. Variations in different Cultures. Stigma Persists

Is Suicide a Big problem? Comparison with Violent Deaths of Children & National Catastrophes ? 9/11 =2997 tragic deaths- more than 42000 US suicides annually- 4,910 suicides in UK. Young men's (15-34) suicide & All Suicides 18 times & 80 times Child Abuse Deaths.

Interactive Psycho-Bio-Social Features: -Age: Usually Increases with each decade of age starting from 15+.

Gender: In West Males Females to 2.5:1.

Lethality Method of harm attempted often crucial e.g. GP's & drugs, Farmers & guns – NB cross-over with Gender.

Suicide: Actors in the Tragedy: Search for Meaning: Psychosocial Reality

68 year old lady speaking to her 16 year old grandson "I've lost mother & father, a husband, brothers & sister but nowt is more bitter than loosing a bairn" (child)."

A Search for Meaning- Why, Whose to Blame, Whose next? Consider- The Surviving Parent

Spouse or Partner

Siblings

Child : The Family Secret.

The Stats to be discussed are so many 1,000+ tragedies.

Bio-Psycho-Social Factors in Suicide: Please Jettison the archaic idea of Nurture versus Nature it's a Continual Interaction

Very Important Psycho-Bio-Social factors over-lap & interact with the socio-cultural. Epigenetic factorial interaction.

Schizophrenias: Psychotic Crises, Triggered External Events = Suicidal.

Affect: Depression, HoPsypelessness, Helplessness, sense of `No Alternative, Misery, Collapse of Self-Esteem, Crisis in Key Relationship.

`Mental Disorder': Affective Disorders, the Schizophrenias. Mental Disorder suicides 80 x General Population.

`Deliberate-Self-Harm then Suicide' under 25 yr olds 1:40, over 55yrs 1:4.

1 in 15 DSH end Suicide – DSH often over-laps with Suicide.

Drug &/or Alcohol abuse- presence of either always *Exacerbates* difficult situations.

`Personality Disorders' [so-called] = prolonged characteristic & maladaptive psycho-social behaviour – often Self & Other damaging. Learned or Born? NB: Younger Aged [15-24] danger of Impulsivity

Suicide &Socio-Economic Factors All linked to Chronic Poverty

- **Child Neglect & Abuse: `Victims'-Associated with Suicide in late adolescence & young adulthood. `Perpetrators' - `Sex Only' Child Sex Abusers- highest comparative rate. Adolescent's - Bullying: The Internet-Social Media World.**
- **Ethnicity: Key cultural variations `Asian' women in West higher than males. Chinese Elderly highest in world. Suicide does occur in Islam.**
- **Religion: Elderly suicide in `Catholic' countries – Suicide effects Islamic people - often `hidden' suicide.- `Church going' helps prevent.**
- **Criminal: Significantly higher rate than `General Population'. Denmark 1 in 3 suicides have `criminal record'!**
- **Homelessness: One of highest features in suicides past life.**
- **VIP `Child Protection-Psychiatric Interface'- Murder-Suicide dyad.**
- **Social Isolation: Living Alone, `partnership' protects males, Divorce increases risk for men.**
- **Socio-Economic disadvantaged & Higher death rates go together.**
- **UNEMPLOYMENT = Identity- Young men higher joblessness**

Rates Are Statistics: Numbers Real Lives

- **WHO data UK 2015 Total Suicides 4910 = 94 per week or 64% More Higher Than 9/11 Atrocity.**
- **Child 5-10 = 11.**
- **Youth 15-24 = 478 = 9 a week**
- **Young Adult 25-34= 777 = 15 a week.**
- **`Parents' 35-54 = 2052 = 39 a week**
- **People aged 55-74 = 1212 = 23 a week**
- **Elderly >75 = 381 = 7 a week**
- **What Do These Numbers Mean to Families, Especially Youths 11-24?**

UK Suicide By Age & Sex 1974-2015 rates per million

Year	15-24 M - F	25-34 M -F	35-54 M- F	55-74 M – F	75+ M- F
1974-76	58 - 29	106 – 51	136 – 75	164- 109	195 - 52
1986-88 % Change	100- 22 +72 : -34%	146 - 38 +46 : -25%	157 – 60 +15 : -20%	164 - 75 0 : -31%	220- 90 +13 : +73%
2000-02	76 - 19	149 - 36	135- 40	102 - 38	120 - 40
2013-15	90- 26	135- 41	178- 53	128- 43	89- 35
2002-2015 % Change 1974- 2015 % Change	+18 : +37% +55 : -10%	- 9 : 13% +27 : -20%	+32% : +33% +31 : -29%	+25 : +13% -22 : -61%	-26 : -12% -55 : -33%

Completing Circle : Psychiatric Sequel to Child Disadvantage: Bio-psycho-social Stresses

- **PC Thinking Stopped US Asking the Reality Question.**
- **What is it Like to Live with a Mentally Ill Parent?**
- **The `Depressed' Parent.**
- **The `Psychotic' Parent.**
- **The Drug/ Substance Abuse Parent.**
- **This is NOT Advocating the Removal of the Child – But**
- **Problems with the Severe Personality Disordered (Psychopath) Parent.**
- **Need for Family Focused Integrated Pharma-Psycho-Social Intervention Plan.**
- **Integrated Psycho-pharmacology, CBT & Psycho-Social Support**

The Prevention Approach: The Child Protection –Psychiatric Interface

- **Psychiatrist should ask themselves does my patient with `psychosis'- `personality disorder' have children? If so what is happening to them?**
- **Social Workers should ask themselves, "Is there a mental health problem here?" If this had been done in we would have halved the child homicide**
- ***Non-Blood `father' with <5years child with Previous Violence is a KEY***
- **The Assailant's Commonality = Violence: This, and psychiatric dimension should have Far Higher Weighting in Risk assessment & ?? prevent another `Victoria Climbe', Baby Peter & Robert Cunningham (Scotland Jan 2008) tragedy??**

- **These Results Challenge Conventional Wisdom that Neglect & Abuse are Along a Continuum- Serious Physical Violent People ARE relatively & statistically Rare & Different?**
- **Do Current Risk Assessment Protocols give sufficient weighting to Psychiatric & Previous violence in decision making?**
- **Practice & Policy Implications: *It is INTER-GENERATIONAL POVERTY* that is the Issue as it NEGLECT, rather than ABUSE, should be recognised as the Dominant Problem & not diverted by unthinking media. .**

Mental Health Syndrome Paradigm (Pritchard & Williams)

Based upon `Who Kill Children'- Predominately Mentally Ill or Personality disorders. NO correlation between Child-Abuse-Deaths & Poverty but Strong Correlation between Child Mortality [0-4] & Poverty. People `who kill' are special. Need Integrated psycho-socio-pharmacological treatment of mentally ill. Half Assailants Suicide.

We fail Families not seeing Total Picture- Patient & Their Family- Consider Impact on Child of Parental Mental Disorder / Illness.

Need for a Child-Development-Protection & Psychiatric Interface Paradigm- see over-lapping of psychosis-affective disorders & alcohol & substance abuse, not as separate entities.- Treat Family.

Aim at Normative Approach- Reduce consequences of impact- i.e. later adolescent, young adult psycho-social problems.

Risk Assessment Risk Age & gender:

"Have you thought of hurting yourself?"

Male.
Men Aged 15-34.
V.I.P. Previous Deliberate-Self harm.

Recent Loss of `self-esteem'- job loss, divorce, breakdown of key relationship.
Violence in a relationship.
Degree of anger/ aggression in situation.
Untreated/undiagnosed depression.
Homeless- isolated- Single
Avoids help-seeking.
Access to lethal means.
Some Indication of INTENT.
Persistent suicidal ideation.
Always Seek `PROTECTIVE FACTORS

Older Women [>40]–different dynamic.
Take care in planning.
Socially isolated.
Victim of aggression.
Protective Counter-Factors
Reasons for Living- children.
Religious belief & sanctions against suicide.
Positive significant `other' person relationship.
If Yes What Planning ?

The Post `Deliberate-Self-Harm' Interview
Perhaps the most difficult Social Work task in the field

Demoralised: "Cant even kill myself properly".

Start of rehabilitation-risk assessment- restoration- dilemma –need to control but only because `we care'.

Search for meaning-Questions, without interrogation:- what did they intend?

Why did they think it happened? What were the precipitant factor/s?

Was it planned?

Do they consider themselves still at risk?

Search for positive- reasons for living. Very Important

Seek to re-inculcate hope and that with the `right treatment' things can and will improve. PRIORITISE the problems.

If there is a Relationship, consider making a contract- problematic.