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BLAMING CHILDREN FOR CHILD PEDESTRIAN INJURIES

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Abstract-Pedestrian injuries are a leading cause of childhood mortality. In this paper a case study of a child pedestrian death is presented in order to examine the apportionment of responsibility for child pedestrian injuries. The case presented illustrates how responsibility is located with the child, whilst structural contributors, in particular aspects of the transport system, are ignored. The strength and pervasiveness of the ideology of victim blaming in child pedestrian injuries is explained by the special position that the road transport system holds in relation to dominant economic interests. Victim blaming ideology is a strategy that serves to maintain these interests at the expense and suffering of children. Increased recognition of the political roots of the ideology of victim blaming in child pedestrian injuries, by the sectors of the community who suffer its consequences, will be an important step towards effective preventive action.

Key words — pedestrian injury, injury prevention, ideology

In her book *Hidden Arguments,* Tesh [1] examined the political ideology that underlies the apportionment of responsibility for health to individuals but which ignores structural determinants of health. The prevailing prevention policies for cardiovascular disease and cancer, are traced back to their origins in the political ideology of individualism, the ideology most compatible with the current economic order.

Whilst cardiovascular disease and cancer are the major causes of death in adults, in childhood, vehicular injuries, particularly pedestrian injuries, are the leading cause of death [2]. For every death approximately ten children are seriously injured and many of these children will suffer long term disability [2]. Once again, individualism constitutes the ideological base of preventive policies. For example, strategies for the prevention of child pedestrian injuries are almost entirely aimed at improving child pedestrian behaviour, despite a wealth of evidence that this is unlikely to be effective [3, 4].

In this paper, a case study of a child pedestrian death is presented, in order to examine the apportionment of responsibility for child pedestrian injuries. An attempt is made to examine the more ideologically unacceptable structural contributors. Structural in this context referring to nonbiological extrinsic factors in the physical and social environment [5]. The case study is based on an examination of the official documentation relating to a child pedestrian death, including a transcript of the coroner's inquest. In addition, data collected during a detailed site investigation by a civil engineer are examined. This data collection was instigated by the authors.

THE CASE

A ten-year-old girl was walking home from school with a friend at 3.30 on a Wednesday afternoon Whilst crossing a two lane road she was struck by a van. She was thrown into the air and landed on the verge. An ambulance was called, when it arrived cardiopulmonary resuscitation was started. This was unsuccessful and she died.

The first person with the role of providing an interpretation of the event and consequently able to place it within an ideological context was the attending police officer. The officer is required to complete a 'Traffic Accident Report', a 5 page pre-printed questionnaire. The report is divided into 19 sections with boxes for the entry of data on the time, day, date and location of the accident, information relating to the vehicle, the driver and the road conditions. The speed limit in force at the injury site was 50 kph. Sections 12 and 14 of the questionnaire provides several lines for the officers analysis of what happened and why. The following is an extract from the report:

What happened: Driver traveling east along named road Child stepped out onto roadway into the path of driver without looking. Driver collided with child who was knocked into the air and landed on grass verge.

Why the accident happened:

Driver factors: Driver unable to stop in time due to sudden movements by child.

Road factors: (nothing recorded)

Vehicle factors: (nothing recorded)

Other factors: Appears as though child has walked out onto road without looking to her right.

A copy of the Traffic Accident Report is later forwarded to the police crash enquiry section where an

accident summary is compiled. The following are extracts from the accident summary:

> Child was standing on the footpath, without any warning she ran diagonally across the road into the path of an approaching van. The driver of the van was travelling towards named road and had no chance of stopping before she hit the child.
>
> Traffic Safety Branch have interviewed the driver and other witnesses and there is no indication of excess speed, Diner states that she was travelling about 40 kph. A scene examination by Traffic seems to confirm this. Child was not on any medication at the time of the incident,

In the summary the impulsiveness of the child's actions are emphasized, "without any warning she ran". It is noted that medication could not be held responsible for this behaviour. A second copy of the Traffic Accident Report, including the accident summary, is later sent to the Road Traffic Standards Section of the Ministry of Transport. At this Section the report is coded for statistical purpose remediable factors are identified and the appropriate preventive action is initiated. The crash was coded as "Pedestrian: crossing road heedless of traffic, unattended child", No preventive action was initiated.

CIVIL ENGINEERS ASSESSMENT

One week following the injury, on the same weekday as the injury and at the same time of day, a civil engineer visited the injury site and measured a profile of vehicle speeds and traffic volume. Previous work has demonstrated that these measurements are likely to accurately reflect conditions at the time of injury, The engineer's assessment of the injury site found that vehicle speeds were approximately normally distributed with a mean of 58 kph and a standard deviation of 7.4 kph. Based on this data it can be calculated that the probability that any vehicle at that site would be traveling at 40 kph or less is 0.8%. The probability that a vehicle would be traveling at a speed less than or equal to the speed limit of 50 kph is 14%. There was a mean traffic flow at the injury site of 877 vehicles per hour, approximately 15 vehicles every minute. Thus the mean time available for crossing, assuming a steady flow, would have been only four seconds. It is quite likely therefore, that running was a necessary prerequisite for road crossing rather than an indication of impulsiveness.

THE CORONER'S INQUEST

The office and duties of the coroner in New Zealand are similar to those of British coroners and they are constrained by similar legislative structures [6]. In New Zealand all accidental deaths must be referred to the coroner and in the majority of cases a coroners inquest is held. Unlike the 'accusatorial' civil and criminal courts, the coroner's court is purportedly not competent to address the issue of culpability. The stated aims of a coroner's inquest are to determine the 'facts' surrounding the death, primarily for the purpose of reliable record keeping for the State. The coroner's inquest also serves a number of public interests. These were identified in the Brodrick report in 1971 [7]. Specifically these are:

1. To determine the medical cause of death;
2. To allay rumours or suspicion;
3. To draw attention to the existence of circumstances which, if unremedied, might lead to further deaths;
4. To advance medical knowledge;
5. To preserve the legal interests of the deceased person's family, heirs or other interested parties.

Although ostensibly an objective fact finding process, as Green [8] observes facts and opinions are rarely distinct and the language of the court is steeped in morality. Green comments: .

> It is not that the Coroner does not accept for fact what we would hold to be constructed from various interest; but, rather, that such 'facts' are deliberately employed to provide a truth which suffices both for the statistical gaze of the State and also for the participants.

The inquest for the deceased child was held two months after her death. The following material is based on notes taken during the inquest. The coroner began by introducing the court, in particular pointing out that "the coroner's court is not preoccupied with culpability and indeed is not competent to decide on such matters". It was stated that the court aims "to establish the facts" but this was qualified as "not always easy". It was explained that the court should "establish the identity of the deceased, the date and place of death, the cause of death, and look at circumstances surrounding the death to discover anything that may have been avoidable". The case was presented by the police and during the course of the presentation, the coroner was provided with various pieces of evidence, such as a diagram of the scene and statements from the driver and other witnesses. The child's parents were not present at the inquest.

Following the case presentation the coroner made a brief reference to the autopsy findings. He then asked:

> Did she have to cross the road to get home, I am interested to know why the road had to be crossed at that particular point?

The police officer responded: "1 don't know the reason why she crossed at that point".

The coroner then enquired whether the child had any hearing defect. No defect was reported. In the preamble to the verdict, the coroner observed that because of the widespread provision of traffic education in schools the type of erratic traffic behaviour displayed, would be unusual for a 10-year-old. He observed that children are repeatedly told "don't jaywalk, but (name) may have been doing a little bit of jaywalking".

The verdict returned by the coroner stated: "'I find

that (name) died at (place) accidentally, sustained when she ran out into the path of an approaching vehicle without checking that the road was clear of traffic."

DISCUSSION

This case study illustrates how the circumstances surrounding a child pedestrian death came to be interpreted in an ideological context. The process began when the attending police officer made a judgment on causality based on a consideration of factors relating to the vehicle, the driver and the drivers account of the child's behaviour. Essentially a choice was made between the two main contenders for individual responsibility, the driver and the child victim. Since the driver's claim of traveling at 40 kph (within the 50 kph speed limit) was accepted, no negligence was attributed to the driver so that responsibility was located with the victim. Although walking out into the road clearly did result in this child's death and might appropriately be considered a cause, it was nevertheless only one of a number of causes. 'Other causes of pedestrian injury which have been identified in epidemiologic studies which could equally have been chosen for consideration would include poverty [9-11], high traffic volumes and high vehicle speeds [12]. However a drawback of the multicausal approach to aetiology is that it allows some causes to be singled out for attention above others. A choice motivated by ideology [1].

Although the coroner's court was supposedly not competent to address the issue of culpability, it is clear that for the "statistical gaze of the State", blame is unambiguously apportioned to the child. The reference to jaywalking albeit only "a little bit of jaywalking" clearly signals negligence on the part of the child. Structural contributors, in particular the causal factors pertaining to the transport system, emerge from this process of moral arbitration unscathed. Poverty, the volume of traffic, the lack of provision of safe places to cross and particularly in this case. the state's inability to enforce its own speed limits are ignored. In as much as the coroner failed to draw attention to these factors it could be argued that the inquest failed to serve the public interest functions as identified by the Brodrick Committee. Although it is not possible to generalise from a single case report to all child pedestrian deaths or to suggest that the approach of the coroner in this case study is typical of coroners in other countries, nevertheless the outcome of this case is representative. As Hillman et al. [13] observed, the police find children responsible in over 90% of pedestrian injuries. Indeed the strength and pervasiveness of the ideology of victim blaming is reflected in the observation that even children hold themselves to be responsible in over half (51%) of cases [13].

The reason why locus of responsibility is a public health concern is that assignment of responsibility to children, leads to child orientated prevention strategies which are, in general, likely to be much less effective than those guided by a structural approach. For example, the belief that unsatisfactory child pedestrian behaviour is the cause of child pedestrian injuries, results in the choice of pedestrian skills education programmed as the primary strategy for prevention. However, although some pedestrian skills education programmed have been shown to lead to observed behaviour change, few programmed internationally have ever been shown to lead to reduced injury rates [14]. For those that have, the findings have been either internally inconsistent or unduplicated [2]. Even with the most rigorous evaluative efforts it has been concluded that even large efforts to improve child pedestrian behaviour are rewarded with only small gains [4]. Nevertheless despite this lack of proven efficacy, strenuous efforts are made to justify their use, reflecting the power of the ideological meaning they embody.

In 1975 a Special Research Group on Pedestrian Safety was convened by the Organisation for Economic Co-operation and Development (OECD) and the European Conference of Ministers of Transport (ECMT). The stated aim of this group was "to strengthen and improve relations between research and policy in the field of pedestrian safety" [15]. Road safety education for children was designated a priority area and an attempt was made to define training objectives. The report began however by questioning the need for training "given the paucity of empirical evidence to support educational measures". The justification that was found was admittedly 'for reasons which owe more to ideology than to empirical fact". The rationale given was that:

> society has a basic responsibility to provide children with the best possible information and instruction to enable them to cope with the road environment of today, whether or not this helps to reduce accidents, or—more optimistically—even if its results do not become fully apparent for another generation [15].

In contrast, as a guide to preventive action a structural perspective offers some powerful advantages. In particular:

> It does not mistake political and economic systems for natural objects. They become amenable to redress. Thus policy makers adopting the structuralist perspective need not limit themselves to disease prevention proposals that preserve the current distribution of power. They need not compromise prevention possibilities at the outset by omitting those that do not fit into the *status quo* [1].

Once liberated from these constraints, the prospects for prevention take on new possibilities. One might begin by addressing poverty. The rate of pedestrian injury for poor children is between three and four times that for the least poor. This strong relationship with poverty is consistent across many studies and has been observed in several countries [2]. Indeed. pedestrian injuries are a major contributor to socioeconomic inequalities in childhood mortality [16].

Poverty unambiguously is a cause of child pedestrian injuries and efforts to reduce socioeconomic inequalites would be an appropriate public health approach to prevention [17].

Similarly, the characteristics of the transport system are also seen as amenable to change. Again the prospects for prevention are dramatic. In New Zealand, government policies to discourage car use in the aftermath of the energy crisis, albeit motivated by economic rather than health concerns, were associ - ated with a 46.4% reduction in the child pedestrian motility rate [18]. These observations suggest that public policy changes which strengthen the public transport system and discourage the use of private transport have the potential to significantly reduce child pedestrian mortality rates. But by investing so heavily in educational strategies, governmental bodies responsible for childhood safety are relieved of their responsibility for taking such steps which would involve challenging the dominant position of the private passenger car in the transport system.

Although the relative merits of these contrasting approaches to prevention policy are widely recognised the trend towards greater individual responsibility has nevertheless continued to acquire momentum. Whereas Ryan in his book *Blaming the Victim* [19] characterised victim blaming as a subtle process, "cloaked in kindness and concern", contemporary victim blaming, particularly in the field of road safety, has acquired a more venomous nature [20]. Whilst victim blaming in chronic diseases is implicit in the lifestyle paradigm, few would advocate the criminalisation of smoking or obesity. Yet calls for criminalisation are not unusual in road safety, even for children as pedestrians [20]. The trend towards a more malignant form of victim blaming is also apparent in the content of childhood road safety messages. For example in Britain, the "Mind that child" safety campaign slogan was superseded by "One False Move and You're Dead", with the obvious implications for personal responsibility [21].

To understand the nature of the forces which sustain the ideology and process of victim blaming, the sociopolitical context in which they operate has to be considered. Indeed, the same political objectives spawned the lifestyle paradigm for the prevention of chronic diseases. in that case, as Crawford recognised [22], the victim blaming ideology provided a justification for limiting access to medical services, at a time when upwardly spiraling health sector costs constituted a serious threat to corporate interests. The lifestyle paradigm also conveniently took the heat of medicine for its failure to improve the health of populations, at the same time providing a diversion from a social causation of disease. Victim blaming ideology resolves these issues but without presenting a threat to economic interests.

In the case of road safety, because the road transport system is such an essential part of the infrastructure on which economic expansion is predicated, any analysis of the road safety problem which does not take the road transport infrastructure as sacrosanct immediately poses a threat to economic interests. Compared with rail or sea transportation, road transport due to its high degree of atomization, occupies a special position in relation to these interests, in that it provides a high degree of flexibility with the minimum of opportunities for workers organisation. Moreover not only does the road transport system permit economic expansion. it is in itself an important source of consumption, notably of steel. rubber. oil, and concrete [23]. Because of these considerations victim blaming in the case of road safety fulfils an even more urgent political function.

Victim blaming in child pedestrian injuries is a strategy which serves to maintain the economic interests of the dominant groups in society at the expense and suffering of children, particularly those from low income families. Increased recognition of the political roots of this ideology, by the sectors of the community who suffer its consequences. will be an important step forward towards effective preventive action [24].

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