

RESEARCHER UNDAUNTED BY NEGATIVE STUDY FINDINGS

by Philip Fine



DR. HARRIET MACMILLAN

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Harriet MacMillan is at a loss. The psychiatrist and pediatrician, who has successfully worked with clinical teams and written numerous papers on the subject of child maltreatment, sees that there still is no intervention proven to bring down the incidences of child physical abuse and neglect.

She found this out the hard way. A study on nurse home visiting to families where one or more children had been exposed to child maltreatment, which MacMillan and colleagues spent years preparing, showed that parents who received visits were just as likely to re-abuse as those who had not been visited.

The news was disappointing. She expected the intervention to make a difference in lowering the rate of recurrence.

The clinician in her was especially hoping for positive results. Founding director of the Child Advocacy and Assessment Program at McMaster Children’s Hospital in Hamilton, Ontario, MacMillan wonders what she can now tell a contrite parent who arrives at her clinic. “Families ask, ‘What can we do?’ It’s hard to tell them that in some circumstances, we just don’t know.”

But MacMillan looks past disappointing results and analyzes what needs to be done in her field: “more interventions need to be evaluated; more needs to be done to reduce the stressors on families; and support for at-risk families must be beefed up,” says the principal investigator of a Canadian Institutes of Health Research team grant that is investigating the health impacts of violence across the life span.

One story stands out for her. A four-year-old boy had been referred to her after having been punched in the abdomen by his father. “He felt that he brought it on himself because he had spilled something on the

floor.” She followed the boy’s progress. Psychotherapy seemed to quell the self-blame. Living with just his mother made his home safer. When MacMillan saw him in follow-up two years later, the boy showed a marked improvement.

That case raised many questions for the researcher: Was it the psychotherapy that made a difference, or would time have healed the boy’s psychological wounds? What helps on an individual level, and what can work across the board?

And one big question remains: “Why is it that some children who are maltreated can go on to experience major difficulties in their lives, while some others don’t?”

MacMillan’s philosophy stresses stability and a safe home environment. Her desire to help children can be traced to her father, Angus MacMillan, a pediatrician who brought to the dinner table tales of unnamed patients who suffered terrible neglect. “He had a strong interest in helping disadvantaged children.” Now retired, he also felt disappointed by the results of the study. “He knows how difficult it can be to change behaviour,” she says, referring to the families whose abuse seemed to be entrenched and did not cease with an intensive program of home visits.

While she may be at a loss for the moment as to what to tell some of her families, the field of child maltreatment has certainly gained a great deal from her questions. 🦋