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Violence against children: Multifaceted approaches to a complex problem

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Abstract

In this issue of the Journal, we highlight the problem of violence against children globally. We conceptualized this process and the thematic focus and widely disseminated an invitation to submit manuscripts. Each of us took the lead editorial role in a group of manuscripts submitted for this issue. Dr. Viswanathan led the review process for manuscripts submitted by Moe et. al, Seff et. al., Couture et. al, Osborne et. al, Khan et. al., and Friedman et. al. Dr Villaveces led the reviews of Pendharkar et. al, Tang et. al, Ryan et. al, Bravo Sanzana et. al, Flynn O'Brien et. al., Silverman et. al., and Taliep et.al. We hope that readers will see the complexities related to violence against children and get a better sense of the global implications of this problem.

From a public health perspective, the prevention of violence against children has been a long-standing concern. Evidence shows that adverse childhood experiences in the life of a person have long term physical and psychological health impacts that may lead to premature mortality (Felitti et al., 2019). Early exposures to violence are unfortunately still frequent. We know that, at a minimum, they affect about half of the children living on our planet every year (Hillis, Mercy, Amobi, & Kress, 2016). Consequently, preventing violence against children is of key public health importance.

To highlight this complex problem, in this edition of the Journal, we focus exclusively on the topic of violence against children and youth. We highlight findings in settings ranging from emergency rooms or clinical settings to specific community or institutional environments to national population-based studies and explore violence against children in high-, middle-, and low-income countries. The findings are varied and demonstrate that violence against children has enduring impacts across contexts and in different environments.

Pendharkar and colleagues (Pendharkar et al., 2021) highlight findings from a hospital-based case series in India seeking to identify children who may have suffered abusive head

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trauma (AHT) based on clinical signs and imaging tests and highlight the current lack of information or clinical screening of AHT as a consequence of physical violence in children in that country.

The mental and emotional health consequences of violence are especially salient in this issue and are addressed in five manuscripts: Moe and colleagues (Moe, Villaveces, Rivara, & Rowhani-Rahbar, 2021) explore the relationship between home and community violence in childhood and self-harm in Colombia using the 2019 Violence Against Children and Youth Survey (VACS) data. Osborne and colleagues in the US (Osborne, Self-Brown, & Lai, 2021) focus on child maltreatment, the availability of firearms in the home and suicidal ideation among adolescents using data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN); Couture and colleagues (Couture, Kang, Hemenway, & Grinshteyn, 2021) focus on the link between being threatened or injured with a weapon and substance use and mental health. Two additional US studies look more broadly at mental health outcomes. Kahn and colleagues (Kahn, Rabinowitz, Stuart, & Wilcox, 2021) look at the prevalence and correlates of self-harm among adolescents three years after investigations by Child Protective Services (CPS) into alleged child maltreatment and show differential improvements by age and ethnic groups; Tang and colleagues (Tang, Ports, Stone, & Lin, 2021) explore the association between child neglect and long-term outcomes such as adult suicide risk using data from the US National Epidemiological Survey on Alcohol and Related Conditions. In three of these studies, being exposed to violence is associated with increased risk of mental health outcomes. One shows the potential effectiveness of child protective services actions in reducing violence among younger adolescents.

Friedman et al. (Friedman et al., 2021) investigate how childhood and adult adversities cluster together by race/ethnicity and explore how these are associated with substance use in a university population. Their study highlights how increased adversities are linked with increased substance abuse. Ryan and colleagues (Ryan, Irvin, Miller, Walter, & Jones, 2021) examine physical violence injuries among young adolescents in an emergency department (ED) in the United States and compare ED pre-pandemic visits to pandemic visits after the implementation of a statewide stay-at-home order. Their findings suggest increases in violence linked to substance abuse and access to lethal means during lockdowns and the relevance of screening for violence in emergency care settings.

Two studies use population-based survey data from the Haiti VACS: Silverman and colleagues (Silverman et al., 2021) explore childhood sexual abuse (CSA) as a risk factor for commercial sexual exploitation of children (CSEC). At the same time, Flynn-O'Brien and Rivara (Flynn-O'Brien & Rivara, 2021) identify risk and protective factors associated with childhood physical violence (CPV) after the 2010 earthquake. Using 2019 VACS data from Colombia, Seff and colleagues (Seff, Meinhart, Harker Roa, Stark, & Villaveces, 2021) focus on examining risk and protective factors associated with violence perpetration among 13- to 24-year-old males, a topic that is seldom addressed.

Bravo-Sanzana and colleagues (Bravo-Sanzana, Bangdiwala, & Miranda, 2021) examine violence against children in an educational setting in Chile. They look at the effects of three

types of school violence on students' academic performance and identify individual factors that reduce the negative effect of exposure to violence in schools.

Finally, Taliep and colleagues (Taliép, Ismail, & Bulbulia, 2021) focus on the important issue of improving intervention delivery by qualitatively assessing the fidelity of the Building Bridges Mentoring intervention implementation focused on preventing youth violence in two low-income South African communities.

The authors use a variety of methodological approaches ranging from hospital case series to population-based cross-sectional analyses. While most use quantitative methods, some offer insights based on qualitative studies that highlight key aspects of program implementation. The data presented look at violence against children in several continents and explore its multiple manifestations while highlighting the global nature of this problem.

We welcome these findings and highlight the lack of data in some places and the lack of analyses focused on the effect of interventions to prevent violence against children in most settings. However, we know that multiple prevention strategies exist, such as those presented by the INSPIRE framework (World Health Organization, 2016).

But despite those strategies and the linked evidence that supports them, there are still many places where either data are insufficient or where we lack evaluations of interventions. This evidence is key to having a more robust set of approaches to prevent violence among those who are the most vulnerable and the most likely to be affected in a positive way on the long term, when exposed to nurturing family, community, and social environments.

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