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Addressing gaps in global data on violence against children and adolescents

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Graphical Abstract



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In 2015, the UN General Assembly took the unprecedented step to establish goals for countries to protect children by specifying the elimination of violence and exploitation of children as a target for the 2030 Sustainable Development Goals.¹ Comprehensive, complete, and timely data are crucially important for countries to assess the nature and extent of the problem and identify where prevention priorities should be targeted to achieve these targets. Data to inform programming and policy have the potential to drive national action. To date, there has been a mismatch between the availability of country data on violence against children and the known and suspected burden: an estimated one billion children—representing half of the global population of children—experience some form of violence every year.²

The study in *The Lancet Child & Adolescent Health* by Han and colleagues³ provides a thorough secondary analysis of data from the Global School-Based Student Health Survey (GSHS) on injuries and some forms of violence among adolescents aged 12–15 years from 68 low-income and middle-income countries. The study fills key gaps in understanding the prevalence of violence using comparable data across many countries and contexts. The authors reported that the overall prevalence of physical attack, physical fighting, and serious injuries during the past 12 months among young adolescents was 35.6% (95% CI 30.7–40.5), 36.4% (29.9–42.9), and 42.9% (39.0–46.9), respectively. The analysis addresses two key themes with regard to the availability of global data on violence. First, prevalence data from nationally representative surveys are often scarce. Existing prevalence estimates must be interpreted with caution because they are often derived from convenience samples.⁴ By using GSHS data, the study includes rigorous and comparable estimates of violence across countries. Second, the global research on violence also reflects substantial gaps in data from various cultures, contexts, and countries. The majority of research has been done in high-income countries, primarily in the USA and UK,⁵ with few studies done in low-income or middle-income countries. This lack of diversity makes it difficult to identify common patterns of violence across countries that might be unique to particular settings, cultures, or countries [A: edit ok?]. Comprehensive population studies on violence from multiple countries, such as that by Han and colleagues, can help provide more reliable estimates of the global prevalence of violence.

In addition to the GSHS, the US Centers for Disease Control and Prevention has collaborated with 22 countries to implement the Violence Against Children Surveys (VACS). VACS are nationally representative household surveys of individuals aged 13–24 years that include data on sexual, physical, and emotional violence in childhood, adolescence, and young adulthood. Reports and publications using VACS data provide valuable information about the prevalence of and risk factors associated with violence in multiple countries, and their associations with health.⁶ Both VACS and GSHS data provide rich resources of information about violence, collected using comprehensive surveys with rigorous methodologies. These surveys further strengthen the availability of population-level global data on violence and serve as key resources to inform science and policy and programming strategies in the countries that implement them.⁶

Despite the substantial contribution of the study by Han and colleagues, additional comprehensive data are needed. GSHS data used in this study reflect the prevalence of

violence among adolescents who attend school, excluding the most vulnerable populations. Street youth, children exposed to humanitarian crises, and adolescents that do not attend school experience substantially elevated risks of violence, but are not included in school-based surveys.⁷ To inform comprehensive strategies with coverage of the most vulnerable and at-risk children, future studies are needed to identify their unique experiences and needs.

Exposure to violence in childhood can profoundly impact health and social development throughout life. Victims of violence are at elevated risk for a wide range of health problems, including physical, mental health, and reproductive health problems, sexually transmitted infections including HIV, and chronic disease.⁸ Effectively addressing violence against children and young people requires understanding of the magnitude and nature of the problem to shape coordinated, comprehensive prevention approaches. Findings from the study by Han and colleagues show that substantial numbers of children are affected by violence and injury across the world and that these experiences are likely to be major contributors to poor health and life course outcomes. The findings also make a strong argument for the need to use the best-quality data to inform implementation and expansion of evidence-based strategies to prevent violence and mitigate the effects of such experiences among those who have been exposed.⁹ Improved access to timely population data on violence is essential to target prevention efforts, monitor progress, and drive action towards the 2030 Sustainable Development Agenda.¹ Data-grounded strategies to prevent violence can protect the safety of children in the immediate term, but also can improve their long-term health and wellbeing of children and adolescents around the world.^{10,11}

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