

Integration of prevention of violence against children and early child development



Despite important scientific advances in how violence against children can disrupt healthy early development,¹ the study of these issues has developed in relative isolation. Both areas are increasing in prominence,^{2,3} but so far there has been little call for their integration, despite the important connections between them. Without close integration, scarce resources are at risk of being wasted and potential synergies overlooked.

Violence against children is a risk factor for poor early child development and vice versa, with both sharing important risk and protective factors. A systematic review⁴ from 2012 suggests that child maltreatment is causally related to a broad range of negative outcomes across a lifespan, including major emotional and behavioural problems. A systematic review⁵ of exposure to violence in children with disabilities showed that children with a mental or intellectual disability had a more than four times increased risk of any type of violence. Adversities such as poverty, parental psychiatric disorder, and institutionalisation seem to be shared risk factors for poor child development and violence, whereas maternal education is a shared protective factor.⁶

More than 200 million—almost 40%—children younger than 5 years in developing countries are not fulfilling their developmental potential.³ In parts of Africa, up to three-quarters of children are victims of physical abuse, and a third of girls and more than 10% of boys are victims of sexual abuse.^{7,8} One study in 21 high-income, middle-income, and low-income countries showed that adversities such as child maltreatment and several risk factors for poor early child development were highly prevalent (around 40%), tended to co-occur, and accounted for 29·8% of mental disorders in later life.⁹

There is substantial, and frequently unacknowledged, overlap between early child development and prevention interventions for violence against children. Programmes for early child development and prevention of violence against children frequently include the same interventions—eg, parenting interventions.^{10,11} Some of the main efforts to prevent violence against children, such as home visit programmes, also target various early child development outcomes.

Large-scale roll-out of programmes on early child development and prevention of violence against children are often within the same sectors, stakeholders, and professional groups. For instance, the health, social, educational, and child protection sectors are likely to be included, often training health-care providers, social service personnel, and educators who contribute to programme delivery for both early child development and violence against children.

To achieve close integration and make available the potential synergies afforded by the links between early child development and prevention of violence against children, we propose four recommendations. First, collective advocacy is needed to increase the political priority of, and investment in the integration of early child development and violence against children to address all aspects of this problem, including laws and policies, funding streams, human and institutional capacity, research and assessment, programme implementation, and multisectoral collaboration—at regional, national, and international levels. Many countries are weak on several key dimensions of early child development and prevention of violence against children.¹² Repeated calls to integrate the agendas of child survival and early child development should be extended to violence against children^{1,2,6} to ensure that all children have the opportunity to grow up in conditions that promote their optimum health and development.

Second, it is imperative that present initiatives on prevention of violence against children and early child development are integrated. For interventions, how purported mechanisms of change pertain to both violence against children and early child development might need to be explicitly shown, measurements of a broad range of outcomes to cover both domains might need to be included, and—wherever feasible—components added to address early child development or prevent violence against children.

Third, priorities for integrated research should be identified and given funding priority. Such identification will entail development of valid indicators for the co-occurrence of violence against children and poor early child development, research on their interdependence

and shared risk factors, and affordable and effective interventions, particularly parenting programmes to address the capacity and wellbeing of caregivers. Assessments of the scale-up of integrated programmes, including identification of their essential components and demonstration of cost-effectiveness with a focus on low-income and middle-income countries, will be needed.

Fourth, concrete steps should be taken to accelerate knowledge translation about evidence-based integration efforts including programme implementation. These should include involvement of policy makers, funders, and programme developers from the start, and an emphasis on building collaborations with crucial factors in each specialty throughout the process. For example, a workshop, which preceeded the WHO sixth meeting on Milestones in the Global Campaign for Violence Prevention in November, 2013, about the integration of early child development and violence against children included WHO, the UBS Optimus Foundation, and investigators from both early child development and violence against children.

The developmental potential of generations cannot afford continued separation of violence against children and early child development, especially when they have a shared agenda. Now is the time to take action.

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For more information about the workshop preceding the ECD and WHO sixth meeting on Milestones in the Global Campaign for Violence Prevention see http://www.arnec.net/cos/o.x?ptid=1036083&c=/swt_arnec/articles&func=view&rid=472