

Child injuries and violence: responding to a global challenge

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Injuries and violence are a significant cause of child death and physical and psychological disability. Every year injuries and violence kill approximately 950 000 children (aged less than 18 years) and injure or disable tens of millions more as discussed in the recent *World report on child injury prevention*.¹ This burden is particularly tragic because much of it is avoidable. Known, effective prevention and treatment strategies remain greatly underutilized, especially in low- and middle-income countries where 95% of child injury deaths occur. This month's *Bulletin* theme issue seeks to promote greater attention to this significant public health problem and to explore ways in which this burden can be lowered. Several strategic directions are addressed.

There is a need to increase the knowledge base on the extent and outcome of injury, as well as risk factors that should be targeted with prevention efforts. Čelko et al. (374–381) identify risk factors for burns in the Czech Republic as a basis for subsequent prevention efforts. Rozenfeld & Peleg (362–368) determine the extent of violence-related injury in Israel, including identifying risk factors using the National Trauma Registry, a tool that has facilitated injury research in that country. Bordin et al. (336–344) show that severe punishment is related to mental health problems in poor urban Brazilian children and identify potential interventions, such as efforts to support parents emotionally that may help them adopt better child-rearing practices. Mikton & Butchart (353–361) undertake a systematic review of what works in child maltreatment prevention, pointing out evidence for promising interventions such as home visitation and parental education. These four articles demonstrate the scientific foundation of injury control, as emphasized by Haddon in the public health classic,

here reviewed by Ruyan & Baker (402–403).

Injury control must be better addressed in health policy and integrated into other major agendas. Harvey et al. (390–394) emphasize that there are many proven interventions that need to be put into action. To do so, injury prevention must be integrated into child health and survival initiatives and also into the broader development agenda. In terms of trauma care, Mock et al. (382–389) review several local success stories, point out early efforts to implement system-wide improvements and emphasize that existing global trauma care efforts should better address the special needs of injured children.

To be able to influence policy, there must be stronger advocacy in injury control. This point is brought home in the round table discussion in which Pless (395–401) emphasizes the need to convince health departments that injury is a health problem and is therefore part of their role. He advises child safety advocates to push for more government action and to “be prepared to operate at the political level”.

To undertake sustainable injury control work, there must be sufficient individual and institutional capacity. Hyder et al. (345–352) emphasize this point in their efforts to improve local ability to gather and handle injury data in a multicountry study. This study has helped to develop the injury knowledge base and has led to better injury surveillance capabilities in the countries involved.

At this stage, what is needed more than anything else in injury control are model country programmes. One of the most compelling arguments to bring to the attention of policy-makers is the documentation of successful programmes in similar countries. Pervin et al. (369–373) evaluate the effectiveness of Viet Nam's recent

mandatory motorcycle helmet law and show high compliance with the law among adults. However, compliance is lower for children (although improved since the new law) due to parental misperceptions that children face a higher risk of neck injuries with helmet use as well as a loophole in the law for children not wearing helmets. This study demonstrates the overall success of a helmet law, identifies specific challenges and provides valuable information for other countries to use in their own efforts to promote universal motorcycle helmet use.

The increased attention that this *Bulletin* issue brings to the field of injury control is timely and will be followed closely by several important events: the release of the *Global status report on road safety* (June 2009); the Violence Prevention Alliance's fourth milestones meeting (September 2009); and the first global ministerial conference on road safety in Moscow (November 2009).

We hope that this special *Bulletin* issue convinces those in child health and development that child injury and violence should be on their agendas. We also hope that the issue stimulates more research on what works to prevent and treat injuries, especially in low- and middle-income countries, as well as increased advocacy and partnerships to confront child injury. We especially hope that this issue will encourage countries and governments to implement injury control policies and programmes that will actually lower the currently unacceptable toll of child injury. ■

Reference

1. *World report on child injury prevention*. Geneva: World Health Organization and UNICEF; 2008.

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