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Collective Violence and Children

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Introduction

Collective violence is any type of violence committed by groups of individuals or by states.[1] It is called social violence when it is used to advance a social agenda (e.g., the killing of street children by police, gang violence, terrorism committed by hate groups, structural racism), political violence if used for political reasons (e.g., armed conflict between or terrorism committed by guerrilla or paramilitary forces) or economic violence when advancing an economic agenda (e.g., terrorism by drug cartels, social exclusion of the poor).[1] For the purposes of this chapter, all three types of collective violence will be addressed given that the distinctions in the aggressors' agenda may be irrelevant when considering their impact on children's health. However, although acts of omission (e.g., states' depriving children access to education, health care, or other basic necessities) may also have serious impacts on children's health and development, the impact of this type of collective violence is beyond the scope of this chapter.

Collective violence may affect young children directly as victims or witnesses and indirectly through its impact on the availability, stability and responsiveness of caregivers and their environment.[2] Young children may be especially vulnerable to threatening situations given their limited cognitive or physical capacities to regulate their psychological response, reduce the

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threat or remove themselves from the situation.[3] The health impact of children's exposure to collective violence depends on the degree of exposure, the amount of caregiver support available during the experience and in its aftermath, and the amount of disruption in daily life and in the surrounding community.[2,4]

Subject

It is estimated that more than 2 million children worldwide have died as a direct result of armed conflict over the last decade with at least three times that number being permanently disabled or seriously injured, 20 million homeless, and another million orphaned or separated from their families.[5] Children exposed to armed conflict also have increased rates of mortality and morbidity from many causes (e.g., infection, malnutrition) other than injuries.[6] Rates of mental disorders, specifically post-traumatic stress disorder (PTSD), depression and anxiety disorders, are particularly high among children exposed.[7] In addition, over 4 million children under five were considered refugees, internally displaced, asylum seekers or stateless in 2009 due to conflict or risk of persecution.[8] Armed conflict may also destroy or disrupt infrastructure (e.g., schools, health care, business, food production and distribution) and social cohesion, leading to insecurity, unpredictability and disorder in families' daily life, and rupture in the community fabric that supports healthy child development.[9] Although fewer children are affected, terrorism (which includes bombings, hijackings, kidnappings, extortion)[10] by political, economic or social groups can have similar physical and mental effects on children as exposure to war.[2,4]

Large numbers of children are also socially excluded. For example, over 900 million people, many of these children, live in slums around the world.[11] Most are excluded from formal education, health care, transportation, electricity, sanitation services, potable water, secure tenure, political participation, safety and the rule of law, which increases their risks for communicable diseases, exposure to toxins, natural disasters and stigma.[11] Almost 900 million people belong to ethnic or religious groups that experience discrimination.[12] Historical conditions, inequitable social policies and unfair economic arrangements have resulted in a greater likelihood of Black and Latino children in the U.S. living in segregated and highly-impoverished neighborhoods.[13] Exclusion or systematic discrimination of a population group creates chronic stress, increased risk of exposure to adversity and toxins, and reduced access to services, resources and healthy options, which leads to a multitude of health problems throughout the lifecourse.[14-15]

Problems

Research and intervention on collective violence are hampered by:

1. The lack of clear uniform definitions for some types of collective violence such as social exclusion;
2. The lack of reliable statistics on the number and characteristics of children affected;
3. Significant practical difficulties for collecting reliable data in the midst or aftermath of armed conflict;
4. Aggregated data that obscure the conditions of marginalized, homeless or transient populations;
5. Gaps in knowledge of root and proximate causes and the effectiveness of interventions to prevent its occurrence or ameliorate its impact.

Research Context

Although the research on the impact of collective violence is limited, it is informed by the abundance of research on children's exposure to other forms of trauma and stress such as child maltreatment, domestic violence and poverty. This research from the social, behavioural and neurosciences, molecular biology, genomics and animal models, clearly converge on the negative effects of serious and chronic adversity for young children.[16]

Key Research Questions

What are the underlying and triggering determinants of collective violence? Cross-sectional studies using large samples have identified correlates for the onset of armed conflict (e.g., poverty and inequity; political instability; weak democratic institutions; availability of profitable opportunities such as illicit drugs or mineral, metal or oil extraction amidst high levels of unemployment; existence of population groups that are excluded or discriminated against; war prone neighbours)[17-26] and terrorism incidents (e.g., poverty and inequity; repression of political or civil rights, migration and shifts in the ethnic, religious or social balance of a society; dispossession and human rights abuses; large numbers of urbanized, unemployed young men),[27-29] however, because these are based on a finite set of incidents of armed conflict or terrorism, the consistency of these associations is difficult to test and the relative importance of different correlates is dependent on model specification. To the extent possible, systematic reviews are

needed to identify consistent factors; more complex statistical analyses are needed to establish the robustness of factors identified in isolated studies or with inconsistent effects (e.g., democratization processes, social exclusion, ethnically or racially segregated associations, natural disasters, resource scarcity and hoarding) as well as contextual moderators and mediators. In addition, the theoretical uncertainties as to the causes of collective violence suggest a need to continue identifying and examining new potential factors, especially underlying causes (e.g., cultural values, economic systems). Studies elucidating the causal chain of events or potential mechanisms would be useful to identify potential strategies and opportunities for prevention. In the case of social exclusion or discrimination, there are descriptions of the potential causes for their emergence in some communities and studies identifying their individual determinants but research identifying the factors that contribute to the maintenance of structural racism or discrimination is needed to develop interventions.

What types of interventions would effectively prevent or control collective violence? Some of the correlates of both armed conflict and terrorism are potentially modifiable (e.g., poverty, inequity, exclusion). Research on possible effective strategies (e.g., high quality early childhood education; full employment with adequately remunerated jobs; universal protection from income loss due to unemployment, illness, disability, old age, pregnancy, child care or care for disabled family members; universal coverage of health care, education, sanitation and water; redistributive economic and social policies; access to credit) to reduce poverty and inequity is growing[30-31] but more strategies could be identified and evaluated. Strategies to reduce social exclusion or discrimination (e.g., affirmative action, desegregation of schools and neighborhoods) in the U.S. have been attempted with mixed results.[32-34] Other strategies with the potential to eliminate or reduce social exclusion (e.g., reduction of policies or actions targeting or limited to specific groups, universal provision of social protection and essential services of equal quality, cross-sector coordination in policies and actions, promotion and protection of human rights, promotion and support for genuine community empowerment, participatory governance[35-36]) need to be evaluated. Similarly, although there are studies examining the factors that lead to early intervention in situations of armed conflict (e.g., effects on civilians; previous mediation attempts; the intervener's security costs, relations with transgressor, and military and economic vulnerability[37-38]), studies evaluating the effectiveness and potential adverse effects of different interventions (e.g., sanctions, diplomacy, peacekeeping missions, military) are also needed.

What interventions effectively reduce the impacts of collective violence on children? Although governments and non-governmental agencies tend to respond to collective violence by providing basic necessities and health care,[9] not all types of collective violence are responded to (e.g., discrimination) and when there is a response, it is sometimes too slow, insufficient or inequitable. In addition, because caregiver functioning mediates and moderates the impact of collective violence on children,[2] community-and societal-level interventions that facilitate or support caregiver functioning should be implemented and evaluated. Finally, although limited research suggests that systematic preventive interventions are effective in decreasing PTSD and depressive symptoms among older children traumatized due to armed conflict or terrorism, only four have been rigorously evaluated and none have been developed for young children.[40]

Recent Research Results

Conditions such as forced displacement, social exclusion or segregation, especially when leading to or compounded by poverty, can create severe, uncontrollable, chronic stress for young children which, if not buffered by safe, stable and responsive caregivers, can become "toxic stress."[41] Toxic stress experienced during sensitive periods of early growth impacts brain structure and function, recalibrating the threshold for activating the stress response system and disrupting the immune and endocrine systems and inflammatory responses. These stress-related changes affect attention, decision-making abilities, impulse control, emotional regulation and physiological processes that contribute to greater future susceptibility for emotional instability, anxiety and depressive disorders, learning disabilities, aggression, substance abuse, sexually transmitted diseases, obesity, asthma, respiratory infections, and heart, lung and liver disease.[3,16]

Research Gaps

Developing and evaluating interventions to prevent collective violence such as armed conflict and terrorism from occurring in the first place should be a priority. However, because preventive interventions are based on the identification and understanding of causal factors and mechanisms, research utilizing a combination of historical, qualitative and quantitative methods is needed to fill these gaps. Interventions addressing root causes are more likely to have large scale and long-term impacts but the factors motivating governments to implement these potential interventions would need to be identified. In the meantime, researchers might also consider evaluating interventions to ameliorate the impact of collective violence on children. Factors contributing to the persistence and reproduction of the social exclusion of populations

need to be identified and interventions to modify these factors are needed.

Conclusions

Collective violence includes any physical, sexual or psychological violence committed by larger groups of individuals or by states. Too many children around the world are exposed to different forms of collective violence such as armed conflict, terrorism, and exclusion, discrimination or racism. Young children's direct or indirect (through its impact on caregivers) exposure to collective violence has serious lifelong consequences for children's cognitive, emotional and social development, and physical and mental health. In addition to fatal and non-fatal injuries, collective violence can lead to increased risks for infectious and chronic diseases and increased mortality through various mechanisms such as toxic stress, reduced access to resources and services or increased exposure to risk. Because caregiver functioning may buffer the impact of these exposures on children, interventions should be developed to facilitate and promote safe, stable and responsive caregiving. Research efforts should focus on developing and evaluating interventions for the primary prevention of collective violence. These preventive interventions should be based on a better understanding of root and precipitating causes and their sequence in the causal chain of events.

Implications for Parents, Services and Policy

Parents can help buffer the consequences of children's exposure to collective violence by providing safe, stable and responsive care. Parents might also consider advocating for the conditions that would facilitate adequate parenting as well as prevent the occurrence of collective violence. Services should provide the support parents need to continue to provide safe, stable, responsive care to their children (e.g., adequate and stable shelter, a safe environment, sufficient food, clean water, sanitation services, health care including mental health services to address problems such as PTSD, and meaningful work). Policy makers should examine current and future policies to determine their potential influence on suspected causes of armed conflict and terrorism as well as their influence on maintaining discrimination or exclusion of subgroups of the population. Governments should protect all members of the society and assure equal access to the conditions needed for health.

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