ENCYCLOPEDIA on Early Childhood Development

SOCIAL VIOLENCE

Promoting Early Childhood as a Violence Prevention Strategy

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Introduction

Violence has serious consequences on people and society, with repercussions on the health sector, not only as a cause of mortality and morbidity, but also due to its significant impact on health care costs. Violence has social, historical and cultural roots and should not be addressed as a mere public safety issue.[1,2,3] Confronting and preventing violence requires intersectoral coordination and convergence of various public policies, including those pertaining to health.

In Brazil, according to preliminary data collected from the Ministry of Health's Mortality Reporting System, there were 49,966 homicides (average of 137 per day); 37,225 traffic deaths (107 per day) and 9,328 suicides (26 per day) in 2009. Together these statistical data indicate that there is a daily average of 270 deaths due to violence. There would be a national uproar if any transmittable disease were to cause this number of deaths!

Subject and Research Context

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Recognizing the relevance and impact of various cases of violence, Brazilian state secretaries of health decided at the National Council of Health Secretaries (CONASS) general assembly in September 2007 to make violence a priority for both CONASS and the Unified Health System (SUS). As a result, CONASS developed the project Violence: A Silent Epidemic, based upon a broad appeal to SUS management partners and the active participation of the Ministry of Health and National Council of Municipal Health Secretariats (CONASEMS). Renowned international institutions were partners on this project, including the Centre of Excellence for Early Childhood Development (CEECD) at the University of Montreal in Quebec, Canada, Brazilian representation offices of the Pan American Health Organization (PAHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Development Fund for Women (UNIFEM), and the United Nations Office on Drugs and Crime (UNODC).

One of the main activities performed under the Violence: A Silent Epidemic project was to host one national and five regional meetings. The regional seminars were held in the states of Paraná, Mato Grosso do Sul, Amazonas, Maranhão and Rio de Janeiro between December 2007 and February 2008. The national seminar took place in Porto Alegre, Rio Grande do Sul, in April 2008. Some 118 studies from 25 Brazilian states that related to the subject were selected. Among them, 102 were presented and discussed in regional seminars: 20 in the South, 21 in the Central-West, 16 in the North and 17 in the Northeast, and 28 in the Southeast regions.

Recent Research Results

After initiating a broad debate about manifestations of violence as well as strategies to confront and prevent violence, CONASS compiled a series of intervention proposals based on successful experiences developed by state and municipal health secretariats, the majority of which involved partnerships with other sectors of government and civil society.

1. Proposals for confronting violence

The mobilization process coordinated by CONASS and its partners resulted in the preparation, publication and dissemination of the document The Challenge of Confronting Violence: current situation, strategies and proposals[4] which included contributions from local, state and international experiences (with an emphasis on initiatives from Canada and Colombia). The document also included contributions from various researchers and professionals who

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participated in seminars and workshops.

The proposals were organized in six areas of activity: supervision; prevention and promotion (including community participation and social communication); organization of care; continuing training and education; research, and legislation. Below are suggested strategies for each area of activity.

1.1 Surveillance

- Implement violence prevention and health promotion centres;
- Institute accident and violence monitoring centres;
- Implement the Domestic Violence, Sexual Violence and/or Other Violence Notification and Investigation Record throughout the health care network;
- Implement and expand preventive surveillance services for violent acts and accidents;
- Map areas with highest frequency of injuries and deaths related to violence and accidents;
- Improve quality and streamline information from existing information systems;
- Implement surveillance, prevention and care systems for attempted suicides in states and municipalities.

1.2 Prevention and promotion

- Encourage the promotion and monitoring of holistic development and care related to essential early childhood needs, incorporating the Family Health Program into such activity;
- Expand and strengthen the National Violence Prevention and Health Promotion Network;
- Include violence prevention and health promotion actions in organizing the health care network;
- Implement public education campaigns;
- Institute sectoral chambers in the three spheres of government concerning health, safety and violence prevention policies and promotion of a culture of peace;
- Implement supervision, prevention and care systems in states and municipalities for attempted suicides.

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1.3 Organization of care

- Organize care based upon health indicators and diagnosis prepared by health teams with the objective of implementing actions and services (care centres) according to the health territory and level of care.

1.4 Continuing training and education

- Promote the training of family health program teams and community health agents;
- Develop continuing education activities;
- Develop technology transfer programs for addressing violence and building peace in states and municipalities;
- Develop educational actions with adolescents related to preventive health, citizenship and the environment.

1.5 Research

- Carry out studies on morbimortality due to violence;
- Carry out studies to increase knowledge about the profile of victims and perpetrators;
- Evaluate existing public policy, programmes and services;
- Conduct studies on economic and financial impact;
- Organize a monitoring centre for knowledge produced and disseminated.

1.6 Legislation

- Intersectorality: through specific legislation from each sphere of government (local, state and federal), institute sectoral chambers on policies pertaining to security, violence prevention and promotion of a culture of peace;
- Control alcoholic beverage consumption and advertising;
- Promote the reduction of violence on the road through legislative changes;
- Promote actions to combat and suppress crime;
- Curb spousal violence and violence against children and seniors.

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2. Early learning prevents youth violence

Studies conducted in Canada and presented during the major address at the National Seminar (Porto Alegre/RS/Brazil – 2008) by University of Montreal professors Richard Tremblay and Sylvana M. Côté demonstrate that violent behaviour, contrary to common belief, begins in early childhood and peaks during adolescence. In fact, physical aggression is already present at the age of six and recedes as children get older. Young children frequently and spontaneously rely on physical aggression to achieve their objectives. However, they do not learn to become aggressive from their environment. Instead, children learn not to resort to aggression and to use alternative solutions to solve their problems as they socialize, develop language and internalize social rules.

Accordingly, current research has demonstrated the importance of providing systematic care to young and/or socially vulnerable mothers through home visitation, starting from pregnancy,[5-12] as well as the protective effect of day care centres on at-risk children with improvement in language development, knowledge of numbers, educational maturity and violence prevention.[13-16] Cost-benefit studies indicate that investment during early childhood reduces potential expenses from persons exhibiting violent behaviour by 7 and 13 times by the time such individuals reach the ages of 27 and 40, respectively.[16,17]

Among the most notable violence prevention proposals presented by CONASS is the incentive to promote and monitor holistic childhood development from birth through the first years of life, as well as meeting essential early childhood needs. CONASS has undertaken specific actions on this issue by adopting it as a public policy for violence prevention.

The English-to-Portuguese translation of the report Early learning prevents youth violence[16] and the documentary film The origins of aggression, and their subsequent distribution throughout Brazil, were intended to expand the debate and enable these tools to be used to form public policy to prevent violence. The cited documents, produced by the CEECD and by the University of Montreal's research group on children's psychosocial maladjustment, were translated and distributed in Brazil by CONASS.

Another extremely relevant activity that resulted from the partnership between CONASS and CEECD, formalized in 2008, has been the preparation of the Portuguese version of the Encyclopedia on Early Childhood Development[1] and the ability of professionals and social policy makers to access such information. Broad access to available scientific evidence in

experts' articles and keyword searches of the encyclopedia have contributed decisively to performance of early childhood promotion and violence prevention actions. For that purpose, the São Paulo-based Maria Cecília Souto Vidigal Foundation has collaborated with CONASS in a partnership that was formed from other actions in support of early childhood in Brazil.

It is essential to act in partnership and cooperative networks, combining efforts to reach common objectives in order to confront contemporary society's complex challenges, including violence or even the promotion of childhood development. In 2010, CONASS participated intensively in the Ministry of Health's workshops concerning "Estratégia Brasileirinhos e Brasileirinhas saudáveis: primeiros passos para o desenvolvimento nacional" [Strategy for Healthy Brazilian Boys and Girls: first steps for national development, coordinated by the Ministry of Health]. This initiative was intended to increase humanized health care for women and children from the perspective of relationships, growth and holistic development of children up to the age of five.

In 2010, CONASS joined the National Early Childhood Network (Rede Nacional Primeira Infância - RNPI), a national collaboration of civil society organizations, government, the private sector, as well as other networks and multilateral organizations that promote early childhood. RNPI prepared and delivered the National Early Childhood Plan,[18] which included recommendations concerning comprehensive and joint actions to promote and guarantee the rights of children under the age of 6 for the next 12 years (2010-2022), to the Brazilian government in Brasilia in December 2010.

It bears mentioning that Brazil's president, Dilma Rousseff, elected for the 2011-2014 term, has begun a project to construct 6,000 day care centres to expand education of children under the age of three. In 2011, only 18% of children under three in Brazil have access to day care centres. The current National Education Plan anticipates that 50% of children under three will be enrolled in this type of educational facility by 2020.

Conclusion

Confronting violence, the silent epidemic of the 21st century, requires political will, coordination between various institutions and segments of society (government, social organizations, academic and research centres, private initiative, etc.), as well as public policy programs informed by research data. Aware of this reality and its challenges, CONASS has assiduously established partnerships and disseminated information concerning violence, particularly on

developing prevention strategies related to holistic care and early childhood learning. We believe that children hold the key to the nation's future.

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Note:

[1] Enciclopédia sobre o Desenvolvimento na Primeira Infância Web site. Available at: www.enciclopedia-crianca.com. Accessed October 4, 2011.