

Violence and Intentional Injuries

Intentional injuries to children are those that occur as a result of violence and include those resulting from child maltreatment, peer violence and self-directed violence/suicide. Out of the over 9,000 fatal injuries to children each year in the EU, one out of every three is classified as an intentional or undetermined injury.

For children injured by maltreatment, peer violence and self-directed violence, consequences include lower educational attainment, poverty, mental illness, violent behavior, future suicide attempts, obesity, and substance abuse. These consequences in turn lead to increased rates of chronic and cardiovascular diseases.^{ii iii}

In the EU there is over a 10 fold difference in intentional injury deaths to children between countries with the highest and lowest rates.

Maltreatment

At least 18 million children in the European region suffer maltreatment. It is estimated that 90% of child maltreatment goes undetected, and that only 33 % percent of child maltreatment deaths ever get classified as homicides. iii

Child maltreatment rates are high for infants and very young children. The rate of abuse leading to fatal injury for children 0 to 4 years of age is double that of ages 5 to 14 years. Infants in the first year of life are at especially high risk.^{iv}

Global estimates for the scope of the problem suggest that:

- 4–16% of children in high income countries suffer physical abuse and 10% suffer from neglect and psychological abuse.
- -It is estimated that nine girls and three boys out of 100 are victims of penetrative sexual abuse and 8 31% of girls and 3 17% of boys are exposed to any form of sexual abuse. $^{\rm vi}$

The prevalence of all these forms of maltreatment is higher in low and middle income countries. A recent WHO report estimated that 22.9% of children in the WHO Europe region are physically abused.

Peer violence

The rates of fatal peer violence between countries in the European region vary by 34 fold. And even within high income countries, rates are much higher within the most deprived communities.^{vii}

Teens, especially males, are at high risk of intentional injury, with boys 15 to 19 years of age having the highest rates of peer violence.

Alcohol greatly increases the chance of being both a perpetrator and victim of peer violence. In Finland, 45% of all teen violence incidents involved alcohol. In Israel, youths who report drinking are five times more likely to get in a fight, and six times more likely to carry a weapon such as a knife. viii





It is estimated that for every fatality due to peer violence there are twenty to forty hospital admissions. vii

Self -directed violence

Teens suffer high rates of suicide and self-harm. In the European region, suicide is the fourth leading cause of death in boys age 15 to 19, and the third leading cause of death for girls, accounting for nearly 10% of deaths in this age group.^{ix}

Worldwide, at least 100,000 youths commit suicide every year, and while many age groups are seeing a decline in suicide rates, the rates of youth suicide have seen the highest increase.*

According to one of the largest studies done to date on youth suicide, in a period of over 15 years, youth suicide rates increased in 21 out of 30 countries between 1979 - 1996, including in Ireland, Finland, Bulgaria, Belgium, Sweden, Greece and the UK.xi

66% of suicide fatalities are to boys, whereas 66% of suicide attempts are made by girls. Boys are more likely to complete a suicide attempt because they use more lethal means such as firearms or falls, while girls tend to use methods such as pills and poisoning, for which there is a higher chance of survival.

In a study of seven European Union countries, 24% of youths who had made a suicide attempt made another attempt within a year. xii

In 1998 suicide represented 1.8% of global burden of disease, by 2020 it is estimated that suicide will represent 2.4 % of the global burden of disease if its rates for all ages maintain the the same pace. $^{\text{xiii}}$

Effective Strategies to Address Intentional Injuries

For an overview of Member States uptake and implementation of evidence-based policies to address intentional injuries, see:

National Action to Address Child Intentional Injury Report

Additional reading:

Fact sheet: Injuries and Inequalities
Fact sheet: Suicide and self-directed violence
Fact sheet: Harm done by alcohol to children

This fact sheet was created in 2014.





References

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