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Tina L. Cheng

Preface: Examining and Addressing Children's Exposure to Violence: The Role of the Pediatric Clinician **xvii**

Joel A. Fein and Megan H. Bair-Merritt

The Epidemiology of Violence Exposure in Children **1057**

Katie A. Donnelly and Monika K. Goyal

Exposure to violence remains a significant issue for children in the United States. The COVID-19 pandemic exacerbated many of these exposures. Violence unequally impacts children of color and lesbian, gay, bisexual, transgender, and questioning youth. Pediatricians can and must continue to advocate and intervene to decrease pediatric violence exposure and its effects.

Supporting Intimate Partner Violence Survivors and Their Children in Pediatric Healthcare Settings **1069**

Maya I. Ragavan and Ashlee Murray

Intimate partner violence (IPV) is a pervasive public health epidemic that influences child health and thriving. In this article, we discuss how pediatric healthcare providers and systems can create healing-centered spaces to support IPV survivors and their children. We review the use of universal education and resource provision to share information about IPV during all clinical encounters as a healing-centered alternative to screening. We also review how to support survivors who may share experiences of IPV, focused on validation, affirmation, and connection to resources. Clinicians are provided key action items to implement in their clinical settings.

The Health Care Provider's Role in Addressing Adolescent Relationship Abuse **1087**

Lenore Jarvis and Kimberly A. Randell

Adolescent relationship abuse (ARA) is highly prevalent across all sociodemographic groups with negative outcomes in multiple domains of health. Using a healing-centered engagement approach, health care providers can support healthy adolescent relationships and connect ARA survivors to resources and supports to ensure health and well-being. Essential components of health care support for adolescents experiencing ARA include validation of disclosure, assessing safety, a warm hand-off to advocacy resources, addressing immediate and long-term health needs, and connection to a trusted adult. Informing adolescents about limits of confidentiality and use of shared decision-making after ARA disclosure recognizes adolescents' lived experiences and emerging autonomy.

Assault Injury and Community Violence**1103**

Uma Raman, Edouard Coupet II, and James Dodington

Community violence happens between unrelated individuals, who may or may not know each other, generally outside the home, and often results in assaultive injuries. Community violence interventions can prevent assaultive injuries and assist victims of community violence. Trauma-informed care is foundational to the success of community violence intervention. Place-based environmental interventions can decrease community violence on the population level, and further research and developments are needed in this area. Substance use is a significant barrier to intervention program involvement and greater research and program development is needed to support substance use treatment of those impacted by community violence.

Suicide Prevention in Pediatric Health Care Settings**1115**

Jeremy Esposito, Molly Davis, and Rhonda C. Boyd

Given recent trends demonstrating increased suicide risk among youth, particularly those from minoritized populations, youth suicide is a major public health concern. Evidence-based practices for the identification and management of youth suicide risk have been developed, yet many challenges exist to implementing them routinely in health care settings. Suggestions for leveraging publicly available resources, gathering input from a range of stakeholders to inform implementation, and enhancing multidisciplinary collaboration are provided with the aim of offering tangible steps toward addressing the youth suicide crisis.

Firearm Injury Prevention**1125**

Kelsey A.B. Gastineau and Sandra McKay



Video content accompanies this article at <http://www.pediatric.theclinics.com>.

Firearms are the leading cause of death for US youth, overtaking motor vehicle collisions in 2020. Approximately 65% are due to homicide, 30% are due to suicide, 3.5% are due to unintentional injuries, 2% are undetermined intent, and 0.5% are from legal interventions. In homes with firearms, the likelihood of unintentional death, suicide, and homicide is three to four times higher than those without firearms. Secure storage of firearms, having them locked, unloaded, and separate from ammunition can prevent unintentional firearm injuries.

Child Maltreatment**1143**

Destiny G. Tolliver, Yuan He, and Caroline J. Kistin

Child maltreatment is associated with significant morbidity, and prevention is a public health priority. Given evidence of interpersonal and structural racism in child protective service assessment and response, equity must be prioritized for both acute interventions and preventive initiatives aimed at supporting children and their families. Clinicians who care for children are well positioned to support families, and the patient-centered medical home, in collaboration with community-based services, has unique

potential as a locus for maltreatment prevention services. Clinicians can advocate for policies that support families and decrease the risk of child maltreatment.

Bullying and School Violence

1153

Daniel J. Flannery, Seth J. Scholer, and Ivette Noriega

Rates of traditional bullying have remained stable (30%) but rates of cyberbullying are increasing rapidly (46% of youth). There are significant long-term physical and mental health consequences of bullying especially for vulnerable youth. Multi-component school-based prevention programs that include caring adults, positive school climate, and supportive services for involved youth can effectively reduce bullying. While bullying has emerged as a legitimate concern, studies of surviving perpetrators to date suggest bullying is not the most significant risk factor of mass school shootings. Pediatricians play a critical role in identification, intervention, awareness, and advocacy.

A Developmentally Informed Approach to Address Mass Firearm Violence

1171

Ashley Sward, Jodi Zik, Amber R. McDonald, Laurel Niep, and Steven Berkowitz

Pediatric medical providers have an important role to play in response to mass gun violence events. Although mass gun violence events are rare, the rate of mass shootings is unfortunately increasing, and such events are shown to have significant and far-reaching psychological impact on children and adolescents. Recommendations from the behavioral health and pediatric fields are consolidated along with developmental considerations to support *pediatric provider response in the aftermath of a mass gun violence event*. Gun violence prevention strategies are also discussed.

Violence Exposure and Trauma-Informed Care

1183

Michael Arenson and Heather Forkey

Addressing violence in pediatrics requires a working knowledge of trauma-informed care (TIC). TIC weaves together our current understanding of evolution, child development, and human physiology and how these explain common childhood responses to traumatic events. In this article, we describe our current approach to treating childhood trauma in the context of violence. Ultimately, TIC relies on the pediatrician's ability to keep trauma high on their differential diagnosis. TIC leverages a child's natural strengths and biologic processes by (1) scaffolding the patient's relationships to safe, stable, and nurturing adults and (2) strengthening core resilience skills while addressing trauma symptoms when necessary.

Mental Health and Violence in Children and Adolescents

1201

Samaa Kemal, Adaobi Nwabuo, and Jennifer Hoffmann

This article examines the complex interplay between mental health and violence among children. Although children with mental illness are more likely to be victims of violence than perpetrators, this article describes the few mental health conditions associated with increased violent behavior among children. Next, the authors examine the spectrum of mental health sequelae among children following exposure to various forms of

violence. Lastly, the authors discuss the underutilization of mental health services in this population and highlight screening and intervention tools available to pediatric clinicians caring for children exposed to violence.

Media Influences on Children and Advice for Parents to Reduce Harmful Exposure to Firearm Violence in Media

1217

Dan Romer, Brad J. Bushman, and Michael Rich

Firearm violence is now the leading cause of youth fatalities in the United States. This article outlines the various ways that entertainment media glorify the use of firearms and how this content can influence youth interest and use of guns. Social media are also increasingly serving as a source of risk for exposure to firearms. Counseling parents about the impact of media exposure to firearms on their children's health, and how to mitigate these risks, can be effective in promoting their children's health and safety.

Violence Prevention in Pediatrics: Advocacy and Legislation

1225

Alison J. Culyba, Eric W. Fleegler, Abdullah H. Pratt, and Lois K. Lee

Given the complexities of youth violence prevention and longstanding violence inequities, advocacy by pediatric clinicians provides a critical voice to represent youth at multiple levels to address the myriad contributors and effects of youth violence. Institutional, community, state, and federal programs, policies, and legislation are required to support a public health approach to the amelioration of youth violence. This article focuses on the role of pediatric clinicians in advocating for youth and families, promoting change within clinical and hospital systems, partnering with communities to advance evidence-informed prevention and intervention, and legislative advocacy to advance violence prevention policy, research, and practice.