

## Violence, Aggression and Impulsivity: A Major Danger for Children

Luisa M. Massimo\*

Department of Pediatric Hematology and Oncology, G. Gaslini Scientific Children's Hospital, Genoa, Italy

\*Corresponding author: Luisa M. Massimo, Department of Pediatric Hematology and Oncology, G. Gaslini Scientific Children's Hospital, Genoa, Italy, Tel: +39-010-561218; E-mail: luisamassimo@gaslini.org

Received date: April 16, 2016; Accepted date: April 22, 2016; Published date: April 30, 2016

Copyright: © 2016 Massimo LM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

### Editorial

Babies and children are vulnerable and helpless; they have no way of reacting to the lack of attention or to an aggression [1]. As well, the most frequent suffering of children is due to carelessness by the parents, lack of attention to their needs, lack of love, a syndrome called "the neglected child". Pedophilia and sexual abuse are only very rarely linked to violence, even if it is a psychological violence. The person affected by pedophilia is able to study his victim at length and to build a spider web around the child in order to earn the trust of this new friend, and can therefore become easy to abuse [2].

Children are fragile and may become an easy prey for teens and adults of all ages who do not control their actions. The habitual use of drugs and alcohol aggravates their instability and makes them both dangerous and unpredictable. Several psychiatric diseases may lead to aggression, even against their own family and friends [3,4]. An impulsive person often shows symptoms of anxiety, depression and behavioral decontrol related to previous traumatic experiences which caused a psychopathological condition [5,6]. Violence and rape can cause irreversible damage, especially to the brain functions of babies and young children. Physical injury, which may go as far as killing the child who is a victim of abuse, is currently a serious social problem and is increasingly more widespread around the world. It is not uncommon to see battered children in an Emergency Room [7], the most frequently presenting with abusive head trauma (AHT), which includes the recently described Shaken Baby Syndrome [8-10]. This is a serious brain injury that results from blunt force. The child receives a blow to the head or is thrown or dropped or violently shaken. These injuries cause severe damage and often irreversible late effects [11]. The police and the psychiatrists are called in at once, while pediatricians are committed to helping the victims.

Impulsivity is a multifactorial symptom that involves a tendency to act on another person, usually with aggressiveness. Genetics may play a role. Some people have a predisposition toward rapid, unplanned reactions to internal or external stimuli, which results in impulsivity and aggressiveness.

Every year about 40,000 children are admitted to the Emergency Room of our Children's Hospital, including 17,000 who are admitted because of trauma. Thirty to 40 children suffer from violence, rape, or from beatings or mistreatment. They often show torsion fractures, which are typical of an injury. Abusive head trauma (AHT) is the most dangerous type of abuse with regard to the child's future brain function [12-14], and among these cases, every year 2 or 3 are victims of the Shaken Baby Syndrome (SBS) [15]. Even if the best treatment is started immediately, severe late effects and often death cannot be avoided.

Too many programs presented by TV, movies, and the internet show violence, too many may lead to dangerous consequences and often create excitement in people suffering from psychiatric disorders, mostly fragile adolescents. It would be an important step for politicians to place restrictions on violent programs. On the contrary special information and prevention programs worldwide could be useful.

### References

1. Anderson BL, Pomerantz WJ, Gittelman MA (2014) Intentional Injuries in Young Ohio Children: Is There Urban/Rural Variation? *J Trauma Acute Care Surg* 77: 36-40.
2. Petska HW, Sheets LK (2014) Sentinel Injuries: Subtle Findings of Physical Abuse. *Pediatr Clin North Am* 61: 923-935.
3. Moeller FG, Barratt ES, Dougherty DM, Schmitz JM, Swann AC (2001) Psychiatric Aspects of Impulsivity. *Am J Psychiatry* 158: 1783-1793.
4. Nelson RJ, Trainor BC (2007) Neural Mechanisms of Aggression. *Nat Rev Neurosci* 8: 563-646.
5. Eysenck SB, Eysenck HJ (1977) The Place of Impulsiveness in A Dimensional System of Personality Description. *Br J Soc Clin Psychol* 16: 57-68.
6. Links PS, Heslegrave R, van Reekum R (1999) Impulsivity: Core Aspect of Borderline Personality Disorder. *J Pers Disord* 13: 1-9.
7. Leetch AN, Woolridge D (2013) Emergency Department Evaluation of Child Abuse. *Emerg Med Clin North Am* 31: 853-873.
8. Niederkrotenthaler T, Xu L, Parks SE, Sugarman DE (2013) Descriptive Factors of Abusive Head Trauma in Young Children--United States, 2000-2009. *Child Abuse Negl* 37: 446-455.
9. Semple-Hess J, Campwala R (2014) Pediatric Submersion Injuries: Emergency Care and Resuscitation. *Pediatr Emerg Med Pract* 11: 1-21.
10. Pierre M, Bouvet R, Balencon M, Roussey M, Le Gueut M (2014) Judicial Decisions after Reporting Cases of Shaken Baby Syndrome. Sentences and Compensation. *Arch Pediatr* 4: 363-371.
11. Teicher MH, Andersen SL, Polcari A, Anderson CM, Navalta CP, et al. (2003) The Neurobiological Consequences of Early Stress and Childhood Mal Treatment. *Neurosci Biobehav Rev* 27: 33-44.
12. Gordy C, Kuns B (2013) Pediatric Abusive Head Trauma. *Nurs Clin North Am* 2: 193-201.
13. Lopes NR, Eisenstein E, Williams LC (2013) Abusive Head Trauma in Children: A Literature Review. *J Pediatr* 5: 426-433.
14. Miller TR, Steinbeigl R, Wicks A, Lawrence BA, Barr M, et al. (2014) Disability-Adjusted Life-Year Burden of Abusive Head Trauma at Ages 0-4. *Pediatrics* 134: e1545-1550.
15. Foley S, Kovacs Z, Rose J, Lamb R, Tolliday F, et al. (2013) International Collaboration on Prevention of Shaken Baby Syndrome - An Ongoing Project /Intervention. *Paediatr Int. Child Health* 4: 233-238.