



Social Policy Report

Children and Violence: Nurturing Social-Emotional Development to Promote Mental Health

Tina Malti, University of Toronto

ABSTRACT

The absence of violence against children is a fundamental children's right and a major milestone of civilized society. Similarly, reports on incidences of violence *by* children and youth, including severe cases with devastating consequences, speak to the need that the trauma of exposure to violence in childhood needs to be addressed. While violence and its risk factors are generally understood, what is less clear are the essential protective factors, how we can identify those as early as possible, and how we can use them to prevent and address the trauma of violence exposure in children and youth. In this report, I review pathways of child and youth violence through the lens of social-emotional development as a central protective factor. Negative emotions of frustration and anger can underlie violence and aggression. Kind emotions, such as caring and our ability to connect with others emotionally, can serve as social-emotional protective factors. A brief review of the central social-emotional processes and their development is provided, including the human capacity to feel with others and express empathy, be emotionally aware and care about the effects of one's own actions on others, and be able to regulate the self and their emotions. Given the negative widespread and long-term impact of exposure to violence, I describe research-informed attempts to prevent violence exposure across development. Taking a humanistic, strength-based perspective, the focus is on social-emotional protective factors to address violence and nurture mental health in every child. I conclude with recommendations for practice and policy.

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FROM THE EDITOR

This *Social Policy Report* comes at an opportune time with the Black Lives Matter movement inspiring marches and protests in cities across the U.S. and around the world. Both in-person experiences of violence and media coverage of police violence against Black bodies, such as in the case of the George Floyd murder, and against protesters at large are being discussed in very open and graphic ways. The extent of real world violence that children are experiencing today, particularly in Black communities, makes this report especially relevant and important.

As Tina Malti, Professor of Psychology at the University of Toronto, points out, far too many children around the world experience real interpersonal violence, or “behaviors that involve the use or threat of use of physical force to hurt or damage other persons,” as well as aggressive behaviors, or “acts through which individuals intentionally cause physical or psychological harm to others.” She notes that there are different developmental trajectories for children; some children have little or no experience as a victim of violence, while others have prolonged experiences that persist from childhood through adolescence. And as a substantial body of past research points out, such persistent exposure to violence has severely negative physical and mental health outcomes for children.

In this *SPR*, Malti poses and answers the question: What kinds of developmental protective factors exist to help children cope with interpersonal violence? She provides a substantial review of the literature which illustrates how “central social emotional processes, including empathy/sympathy, trust, sadness following wrongdoing, and emotional self-regulation” are important protective factors that help to lessen the impact of real world violence on children for both victims and perpetrators of aggression.

Of particular policy relevance is the discussion of how to ameliorate children’s risks from being a victim or perpetrator of violence. These include family-based, school-based, and wider community and societal level interventions. She notes that when interventions in any of these contexts emphasize prosocial development, they are particularly effective. In particular, she highlights three key principals that effective interventions follow: focusing on other-oriented emotions to see the point of view of the victim, self-oriented emotions such as ethical pride when following rules, and emotional self-regulation such as through meditation or self-reflection. She argues that for program interventions to be more effective, greater precision is needed to measure and understand the precise mechanisms that can ameliorate violence.

In short, freedom from violence is a fundamental children’s right that we as a society are failing to meet. For anti-violence policies to proceed with greater effect, a much more precise approach that encourages positive social emotional development is needed in order to protect our children today from being either victims or perpetrators of violence in the future.

Children and Violence: Nurturing Social-Emotional Development to Promote Mental Health

Violence and victimization

Feelings of frustration, anger, and fear can all too often lead to violence (Berkowitz, 1989; Dollard et al., 1939). Strong negative emotions can override logical and rational courses of action. Yet, humans also show strong positive emotions. Is it possible that caring and empathy, or our human capacity to regulate negative emotions, buffer from the negative consequences of violence risk and possibly even break the powerful anger-aggression link in young people? If so, how? From a psychological perspective, these are powerful questions to ask as they may yield information on how to use social-emotional processes to prevent experiences of violence and victimization in children and adolescents.

In this report, I provide a brief overview of the evidence for the role of selected social-emotional processes in violence and victimization, discuss implications for practice aimed at preventing violence and experiences of victimization, and draw some policy conclusions.

Violence refers to acts of physical force intended to cause physical pain. Specifically, the 2002 World Report on Violence and Health by the *World Health Organization* defined violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Krug et al., 2002, p. 5). This definition combines three domains, namely *self-directed violence* such as suicide, *interpersonal violence* defined by criminal law, and *collective violence* including war, genocide, torture, or terrorism. The present review is limited to interpersonal violence, that is, behaviors that involve the use or threat of use of physical force to hurt or damage other persons. We also discuss aggressive behaviors, which are acts through which individuals intentionally cause physical or psychological harm to others (Krahé, 2013). This is because the use of physical and psychological harm is often intertwined and hard to disentangle. Lastly, we discuss both the correlates and consequences of violence carried out by children, as well as implications of violence against children (i.e., victimization).

Victimization is the experience of being a target of aggression and violence. A considerable number of children and adolescents experience peer victimization and bullying on a regular basis. Across 40 countries, 16% of adolescents reported that they had been victimized at least twice during the previous 2 months using a one-item, nonspecific measure (Craig et al., 2009). Developmental researchers have argued that traumatic peer relationships, such as being frequently victimized, may evoke serious mental health problems, which are potentially associated with violence and aggression (Killen & Malti, 2015). Studies have documented that peer victimization and bullying are prospectively related to various externalizing symptoms, including aggression (Ttofi et al., 2012). In addition, some cross-sectional and longitudinal studies have shown that self-reported peer victimization (physical, verbal, and relational) is related to a

heightened risk of delinquency, including various offenses such as burglary, vandalism, theft, and weapon use (e.g., Barker et al., 2008).

The link between peer victimization and violence is well-supported conceptually, as these adverse experiences may deprive youth of the social resources needed for an optimistic outlook and rather induce a readiness to respond in a defensive, frustrated, or angry manner to provocation (Camodeca et al., 2002; Lamarche et al., 2007). Frequently experiencing real or imagined emotional thwarting may yield prolonged patterns of hostile responses to provocation (Berkowitz, 1962). Another argument is that victimization and exclusion lead to low levels of trust in others, which is related to aggression (Malti et al., 2013). There is also empirical evidence for links between peer rejection and later aggression (Prinstein & Giletta, 2016), and bidirectional associations over time (Lansford et al., 2010). Different explanations have been proposed to explain possible effects of peer victimization and aggression (see Bukowski & Vitaro, 2018). There is also evidence that exposure to ethno-political violence can be associated with gradual emotional desensitization and normalization of violence (Niwa et al., 2016). Thus, experiences of victimization, humiliation, and exposure to violence in childhood can predict subsequent crisis and violence, all too often creating vicious cycles of bullying, rejection, and violence (Averdijk et al., 2016; Salmivalli, 2010).

What is at stake?

Despite historical declines in some metrics, interpersonal violence and victimization are not uncommon in childhood. In the following, I briefly review epidemiological data on interpersonal violence *by* and targeted *against* children and youth to provide a basic idea for prevalence rates. Given the breadth of this literature, the current report cannot summarize this data comprehensively. Rather, it is meant to highlight what is at stake and why it matters to think carefully about how to best prevent and treat violence in childhood and youth.

Interpersonal violence in children is also a phenomenon of global public health concern because of the substantial negative consequences for targets, as well as the various negative outcomes for its agents, communities, and societies at large (Elgar et al., 2015). Perpetuating and experiencing violence in early life are associated with negative implications for children's mental health, both concurrently and later in development. In addition, victimization is a human rights issue as The Convention on the Rights of the Child (1989) states that every child should be brought up in the spirit of peace, dignity, and solidarity. Epidemiological data suggest that over 200,000 homicides occur among 15- to 29-year-olds annually worldwide, making homicide the fourth leading cause of death in this age group (World Health Organization, 2014a). Homicides among youths comprise 43% of all homicides (UNODC, 2014). But those who are killed represent only a selection of youth suffering from exposure to violence (World Health Organization, 2014b). For example, in the United States, 11 of 1,000 12- to 24-year-olds suffer rape, sexual assault, or aggravated assault, according to the National Crime Victimization Survey (Langton & Truman, 2014). In 2013, 33,713 under 18-year-olds were arrested for murder, negligent manslaughter, rape, or aggravated assault in the United States (Federal Bureau of Investigation, 2014). While the number of violent acts carried has not increased, news of unprecedented acts of youth violence are of concern.

Reviews on violence against children in the United States have found a decline between 2003 and 2011, especially for assault victimization, bullying, and sexual victimization (Finkelhor et al., 2015). In the context of political violence, the global numbers of children who have been exposed to trauma, war, and displacement are soaring: We are now witnessing the highest levels of displacement and refugee numbers on record. For example, among the 68.5 million people who have been forced to flee from their home, 25.4 million are refugees and over half of them are children and adolescents (UNHCR, 2018). It is of equal concern that political violence against children is widespread. We know that the impact of war, terrorism, displacement, and associated physical and emotional harm against children is significant. While prevalence rates of violence among children vary across countries and may not have increased at the interpersonal level, various forms of violence, such as harsh physical punishment and neglect, can be associated with other forms of severe violence against children across the lifespan (Afifi et al., 2017).

But why do young people become targets of violence, engage in it, or both?

Trajectories

Empirical research has contributed substantive knowledge on the trajectories of violence and victimization. Here I selectively review this literature with a focus on seminal research and studies using rigorous empirical designs. The term *trajectories* is used to describe the unfolding course of violence or victimization itself, and the progression of violence and victimization once it begins. In the following section, I will focus on the role of protective factors associated with lowered or heightened risks for violence and victimization in children.

In the 80s, cross-sectional studies linking aggression in early childhood with violence and aggression in adolescence emerged. To date, many longitudinal studies employing trajectory analyses exist, examining aggression and violence from childhood to early adulthood (e.g., Tremblay et al., 2005). Methodologically, the move from variable-centered to person-centered approaches in studying the development of violence was motivated by the interest in finding heterogeneous groups of children, such as those who remain stable-high in aggression over time and those who do not. Person-centered approaches thus placed differential pathways at the heart of the analytic interest, with an aim to identify particular structures in individual growth and differences in children's process characteristics (Bergman et al., 2003). The notion of heterogeneity between trajectories has informed research on multiple groups of children, as well as their causes, antecedents and correlates, and consequences.

Trajectories of aggression and violence

In the past decade, a significant body of longitudinal studies has been utilized to identify the number of normative aggression and violence trajectories from childhood to adulthood. Two basic trajectories have been identified in a number of these longitudinal studies: First, relatively high levels of aggression that persist across childhood and into adolescence, and second, low levels of aggression that persist from childhood to adolescence. The majority of children follow the latter trajectory, whereas a small number of children take the former route. Thus, there is evidence that

most children show low levels of aggression over time (Tremblay, 2000). Girls and boys seem to follow similar trajectories with the following distinctions: the overall aggression scores of girls are lower than boys and, when present, they show sharper declines with time. While both boys and girls are likely to follow stable-low aggression trajectories, it is more common for girls. Research has provided evidence for high continuity in aggression over time, but also noticeable change (see Eisner & Malti, 2015).

In addition to the two common trajectories described earlier, two other trajectories have presented themselves repeatedly in the literature: First, high levels of aggression that decline steadily with time (recovered aggressors), and second, moderate levels of aggression that decline over time. These trajectories were, for example, present in a study by Broidy et al. (2003) which utilized data from six sites and three countries to examine trajectories of children's physical aggression and its linkage to violent and nonviolent offending outcomes in adolescence. In a comprehensive review on the number and shape of developmental/life-course violence, and aggression trajectories, Jennings and Reingle (2012) identified 105 studies that described these using latent trajectory modeling. The findings revealed that the number of trajectory groups of violence, aggression, and/or delinquency ranged from 2 to 7. Identifying more or less trajectories depended on sample size, sample type, developmental phases of analysis, and length of time covered. Importantly, most studies found three or four trajectory groups, namely: life-course persistent/chronic offenders, group of escalators, group of recovered, and a nonviolent group.

There is also evidence that peer victimization is characterized by both change and stability over time: While victimization remains a transitory experience for many children, some are victimized repeatedly (e.g., Cillessen & Lansu, 2015). However, we still need to know more about why some continue to be victimized while others are not. Developmental scientists have argued that stability in peer victimization over time can partly be explained by risk factors that make some children vulnerable to repeat victimization, such as affiliations with aggressive peers and/or difficulties with emotion regulation (Kochenderfer-Ladd et al., 2009). One likely explanation for stability in peer victimization is that victimization leads to problem behavior in the victim, which in turn leads to an increased future victimization risk (Averdijk et al., 2016). Although these children are at greater risk for adverse impacts on brain development and later problems with violence, these vicious cycles can be prevented.

In sum, different children follow differential trajectories of violence. The majority of children exhibit low levels of violence across development. A small number of children show high, stable levels over time, whereas others show moderate to high levels that gradually decrease. Albeit less common, other trajectories have been identified. Victimization is often an ephemeral experience, although it can be a chronic experience for select children.

Social-Emotional Development as Protective Factor

The seeds for violence later in life may be sown in early childhood, all the while affecting children's intermediate development and associated health outcomes. Past

studies have shown a developmental progression in crime severity, with an early onset of antisocial behavior in childhood and later, violence among youths contributing to escalating crime severity and chronicity over time (Piquero et al., 2007). In a nationally representative survey of U.S. adolescents, the most severe 5% of youth with elevated levels of substance use, delinquency, and violence accounted for between 14% and 70% of externalizing behaviors (Vaughn et al., 2014).

Understanding the mechanisms and circumstances that contribute to, or protect from, violence is important for efforts to prevent and reduce it as early and effectively as possible. A large bulk of research has focused on identifying the pathways and biological, psychological, and social causal and correlational risk factors associated with violence, victimization, and related behavioral and emotional challenges in children, both concurrently and across time (e.g., Dodge & Pettit, 2003; Moffitt, 2005; Raine, 2013; see Beauchaine & Hinshaw, 2015). This includes, to name a few critical dimensions, neurobiological vulnerabilities affecting self-regulation, poverty and social inequality, school failure, and harsh parenting (e.g., Dodge et al., 2008; Leventhal et al., 2018). Unsurprisingly, the probability of violence increases with the number of risk factors and risk domains. Obviously, not all children who engage in, and/or are targets of, violence are characterized by complex combinations of emotional, cognitive, behavioral, and associated neurobiological challenges.

More recently, researchers have also begun to identify prominent protective factors. Nevertheless, less attention has been paid to this area of research (Malti & Averdijk, 2017). This is somewhat surprising since the importance of protective factors that can buffer elevated risks for violence and victimization as an outcome has been emphasized in the literature on resilience processes in development (Masten, 2015). In general, protective factors are thought to help predict positive pathways and adaptive behaviors and prevent negative healthy outcomes, despite exposure to risk and adversity (Rutter, 1987). It should be noted that many of the psychological factors may also function as both risk and protective factors, depending on how they are developed at a given point in development. For example, social information processing (SIP) theory and a large body of associated research has shown that children with elevated levels of antisocial behavior show biased patterns of social cognitions in response to social conflicts, such as hostile attribution of intent (de Castro et al., 2002; Dodge, 1986). Vice versa, a realistic evaluation of social scenarios and associated behavioral responses likely contributes to a broader range of responses in one's behavioral repertoire, including adaptive strategies.

Developmental models have identified social-cognitive and social-emotional risk factors related to violence in childhood and adolescence. Dodge's (1986) seminal SIP model has shown that cognitive biases in the processing of social information contribute to the development of violence. This model reveals information about the kinds of social knowledge that contribute to behavioral differences in children. Social-cognitive processing biases pertain to selective attention to cues, attribution of intent, generation of goals, accessing of scripts from memory, decision making, and behavioral enactment.

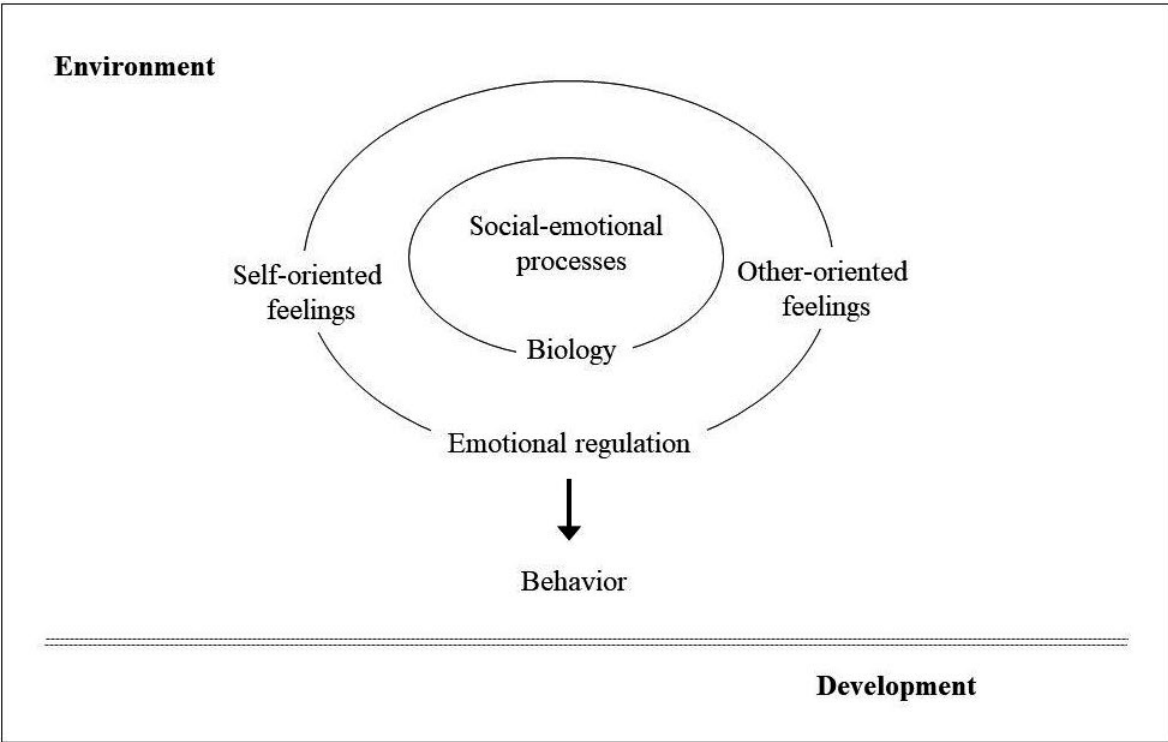
A child's emotional health is crucial in behavioral adaptation and the ability to deal with distress and adverse experiences and environments. This is because good emotional development serves as the foundation for managing conflicts in everyday life (Thompson

& Lagattuta, 2006). As such, social-emotional skills are essential protective factors in the development of violence (Malti, 2016, Malti, in press). Other approaches have therefore focused on the social-emotional processes that can inform an understanding of the onset, maintenance, changes, and consequences associated with heightened levels of violence. Conceptually, children’s evaluations of, and emotions associated with, peer conflict in everyday life may guide their decision making about their prosocial or antisocial behavior in peer conflict situations, such as violent conflicts. Indeed, this work has shown that how adolescents respond emotionally to conflicts and transgressions involving peers—as perpetrators, targets, and observers—plays an important role in the development of aggression and violence (Malti, 2016; see Killen & Malti, 2015).

In the following, I selectively review work on social-emotional psychological processes that buffer against risk for violence in children. I focus on select factors that my colleagues and others have studied in relation to aggression and violence. A comprehensive discussion of risk and protective factors at the biological, psychological, and social levels, as well as their complex interplay, goes beyond the scope of this report (for a review, see Eisner & Malti, 2015).

Figure 1 illustrates three core domains of social-emotional development that have been linked to aggressive behavior and violence in childhood and adolescence (Malti, 2016, Malti, in press; Malti & Song, 2018; Malti, Sette, & Dys, 2016): Other-oriented social-emotional processes, self-oriented social-emotional processes, and emotional self-regulation. The social-emotional processes and associated behaviors are embedded in a child’s environment, with varying levels of adversity.

Figure 1. **Three core domains of social-emotional development.**



As can be seen in Figure 1, developmental research has identified the protective role of other-oriented emotions (e.g., empathy/sympathy with victims; trust in others) and self-conscious emotions (e.g., sadness following one's own wrongdoing or observing others' harmful behavior) in violence (Malti & Krettenauer, 2013; Zuffianò et al., 2018). And vice versa, lower levels of sympathy have been related to higher levels of aggression in adolescence (Arsenio, 2014). Callous unemotional (CU) traits, including low ethical guilt, low emotion expression, and low sympathy, have been identified as important factors in violence (Frick et al., 2013). In the following, I briefly discuss research on each of the select domains of social-emotional development and violence in childhood and adolescence to highlight key findings and implications for practices to prevent violence in childhood.

Other-oriented social-emotional processes and violence

Other-oriented emotional processes refer to the feelings and motives that are directed toward other(s). Other-oriented social-emotional processes include feelings and motivations that are genuinely directed toward the other in need or pain, for example, because he/she is sad, lacks resources, or is physically hurt. The most prototypical capacity in this domain is the human capacity to feel with others, that is, empathy. An empathic stance involves a concern for the other and an age-appropriate understanding of their perspective, including why the suffering occurs. Theorists have argued that affective concern for others plays an important role in motivating other-oriented prosocial behavior, for instance by heightening their attention to others' need and mitigating antisocial behaviors (Feshbach & Feshbach, 1982; Malti, 2016). Research has supported this claim and shown that empathy/sympathy can reduce aggressive behaviors (for a meta-analytic review, see van Noorden et al., 2015). Additionally, Zuffianò et al. (2018) found evidence for the co-development of sympathy and overt aggression from 6 to 12 years of age in a large-scale, representative Swiss sample. Thus, the more sympathy naturally increased over time, the more the aggressive behaviors naturally decreased. Thus, sympathy likely serves as a protective factor for concurrent and subsequent aggression in a child.

Trust entails an emotional process that reflects positive expectations for meaningful social relationships (Song et al., 2020). It is likely related to a sense of safety built in reliable attachment relationships in the early years (Fearon et al., 2010; Fonagy, Gergely, & Target, 2007). Vice versa, mistrust may lead to negative attitudes toward others and related antisocial problem behaviors (Erikson, 1963). Of course, the relationship between trust and aggression is not unidimensional (for instance, trusting too much in a hostile environment may lead to victimization, deteriorated emotional health, etc.), but healthy levels of trust seem to serve a protective function against disruptive behaviors.

Related conceptualizations of trust have emphasized its agentic nature, reflecting a belief in the positive capacity of humans and sense of responsibility to contribute to the greater good (Malti, in press). Research on bullying and victimization has shown that trust and associated feelings of empathy are an important psychological dimension that can help prevent and reduce bullying by encouraging bystanders, that is, children who witness the act of bullying, to help the victim because of the sense of responsibility to act that comes along with a belief in one's own capacity and empathy with the other (Salmivalli,

2014). Interestingly, both trust in the positive view of human nature and trust in one's own capacity and conviction of responsibility to help seem to encourage prosocial bystander behavior in bullying scenarios (Staub, 1974).

Similar effects have been documented for sympathy. This work is rooted in social-emotional developmental theories, including attachment theory (Bowlby, 1969). Accordingly, our emotional bonds and early experiences in relationships to those close to us become increasingly internalized (Ainsworth et al., 1978). They reflect the way we think and feel about important figures in our life. As such, our early history creates the foundation and compass for how we conceptualize and deal with interactions and relationships in the present and future. As a consequence, the quality of our relationships and behaviors is, in part, according to this theorizing, rooted in our emotional experiences in social encounters. Thus, children's trust in others may buffer the risk of aggression (Malti et al., 2013), and has also been identified as a key psychological factor linking emotion regulation skills to positive behavioral outcomes in early and middle childhood (Song et al., 2017).

Self-oriented social-emotional processes and violence

Self-oriented social-emotional processes refer to feelings about the self in relation to others. Such emotional experiences are complex because they require the child to engage in a process of self-reflection about their needs, ideals, and interactions with the social world. As such, those processes typically entail both cognitive and affective components. For instance, they may express an understanding of, and identification with, a suffering self, which is elicited through the realization that one has acted against their own ideals or ethical standards (Malti, 2016; Malti & Dys, 2018).

An absence of such self-oriented kind emotions, such as self-oriented feelings of sadness over wrongdoings (i.e., ethical guilt), and the use of reasoning to justify (or rationalize) norm violations, such as denial of responsibility, have been found to underlie aggression and violence. Seminal longitudinal work by Kochanska has provided evidence that early expressions of guilt are associated with less rule-violating behavior over time (e.g., Kochanska et al., 2002, 2009). Accordingly, ethical guilt feelings may be associated with negative arousal and as such inhibit disruptive behaviors (Kochanska et al., 2009). With a meta-analysis of 42 studies, Malti and Krettenauer (2013) investigated the relation between ethical guilt and aggression from early childhood to late adolescence and documented a moderate effect size of $d = 0.39$, thereby confirming that low ethical guilt feelings are associated with increased aggression across these age groups. Conversely, the experience of sadness over own (or imagined) wrongdoing serves as a protective factor for aggression (Malti, 2016). Taken together, both other-oriented and self-oriented emotions that express a kind orientation serve as protective factor in the development of children's aggression (Malti, in press).

Emotional self-regulation and violence

Developmental research has shown that another core dimension of social-emotional development—the ability to regulate emotions and impulses appropriately to one's age and context—plays a key role in aggression and victimization in childhood (Malti, Sette, & Dys, 2016). In short, low emotion regulation capacity has been identified as a risk

factor for violence (Calkins & Perry, 2016; Sitnick et al., 2017), which is in line with the literature on the role of emotional regulation in psychopathology across development (Eisenberg et al., 2010). Vice versa, being well regulated and being able to control impulses can prevent or buffer against the risk to engage in aggression, enhancing prosocial orientations and self-control (Carlo, 2006). For instance, temperament research has often focused on self-regulation, that is, inhibitory control, and shown that it predicted the internalization of standards and self-control, which are all dimensions that help to downregulate spontaneous aggressive impulses (Kim & Kochanska, 2019; see Eisenberg et al., 2014). Emotional self-regulation is also likely going to have indirect effects on aggression and violence. This is because the capacity to regulate negative emotions influences how children deal with them in contexts of violence and victimization, as perpetrators, victims, or observers. Children's capacity to translate a feeling of concern into other-oriented behaviors and prevent others from engaging in aggression likely depends on the emotion regulation skills (Song, Colasante, & Malti, 2020). Vice versa, unregulated, intense negative emotions that accompany empathy may lead to personal distress instead of sympathy and prevent a child from helping another that is a target of aggression. Lastly, meta-analytic evidence suggests that children who are victims of maltreatment (i.e., physical abuse, neglect, emotional maltreatment, and sexual abuse) experience more negative emotions and show more emotional dysregulation in comparison to nonmaltreated children (Lavi et al., 2019). This research adds to the evidence that regulatory processes play a central role in experiences of violence and victimization and are an important area for psychological interventions.

In summary, the literature on the role of central social-emotional processes, including empathy/sympathy, trust, sadness following wrongdoing, and emotional self-regulation contribute to the emergence and pathways of violence in children. It also suggests that these emotional processes are important protective factors that may buffer a child's risk for adopting aggressive behavior or help address the negative consequences of the experiences of victimization (see Malti & Rubin, 2018).

Thus, this selective review indicates that a deepened understanding of a core set of social-emotional protective factors may guide attempts to screen and assess risk for violence, help prevent its occurrence, and lower the negative consequences associated with its appearance, in children. A cautionary note on social-emotional factors that protect against violence: It is clear that there is no single profile that characterizes violence in children. The broad range of risk and protective factors, timing, and the associated behavioral and emotional challenges and consequences make this a very complex endeavor. Thus, various psychological, social, and biological factors (and their interactions) need to be considered in the search for indicators that may be used to identify social-emotional protective factors that can buffer the risk of children to engage in, or become a target of, violence. Any of these factors, and any combination thereof, are inevitably embedded in larger societal structures and political realities. For example, processes of rapid and radical social change, which are all too often accompanied by high rates of youth unemployment, economic deprivation, lower social security, and discrimination (see Durkheim, 1968), can create alienation, feelings of humiliation, as well as envy and anger toward potential competitors in an ever-increasing competition

for perceived scarce resources. For instance, such processes may critically shape young people's well-being to set up the cornerstones for the development of a fragile-self and associated lower trust in others (Edelstein, 2005). And while not all pathways to violence are characterized by psychological vulnerability, such changes in identity development may be related to a more persistent engagement in violence.

Similarly, times of crisis may exacerbate the risk for children being a target of violence. For instance, public health crises such as the current coronavirus COVID-19 pandemic and the associated prolonged exposure to combined economic and social stresses, have significant impacts on child and family well-being and tragically increases rates of domestic violence against children. The psychological side effects, such as fear, depression, or ignorance and denial, can have long-term negative consequences and all too often are tragically complicated by social inequality, race, and/or lack of mental health services in minority languages. All the more important it becomes to identify protective factors that can be nurtured in both children and caregivers at the population level.

In sum, the ways children process social information and express and regulate themselves and their emotions in social interactions represent important psychological factors for day-to-day violence and victimization, and can thus be used for its preventive interventions. Moving forward, it will be important to identify a core set of protective social-emotional processes that are particularly helpful at sensitive times in child development and adapted to cultural and contextual specificities and the historical moment. In addition, relatively little is known about *how* social-emotional protective factors operate to prevent and decrease violence by and targeted against children, how they interact with other factors (e.g., parenting skills, economic hardship) interact with each other in predicting violence, if there are unique social-emotional protective factors for violence in children, and if and how they differ across ages, ethnic groups, and genders. Finally, there are relatively few longitudinal studies that comprehensively study social-emotional processes in relation to violence, victimization, and positive mental health over long periods of time with multiple measures and informants. We also need to know more about these processes from a cross-national comparative perspective to understand the sociocultural generalizability. This can help identify *specific* and *common* social-emotional *developmental* factors that prevent violence and nurture mental health (Malti & Cheah, 2021). As well as how their interplay with social and economic processes may affect outcomes.

Identifying Social-Emotional Capacities As Protective Factors

Early detection of violence is key to provide effective preventive intervention and care to children at risk of, or already engaged in, and/or experiencing violence. This calls for efficient, empirically based screening and assessment approaches. In past decades, developmental and clinical science has made great progress in understanding and identifying violence and the risk factors that are associated with elevated levels of violence. We also know more about the risk factors associated with peer victimization. While it is possible to identify risk factors to understand climates and conditions associated with the emergence, maintenance, or changes in patterns of violence, it is extremely complex to predict who is going to be engaged in violence either as a perpetrator or victim. Approaches that are based in the identification of risk factors

have been criticized (Borum et al., 2010). There are many reasons why such efforts have been the source of debate. One associated challenge is that it is still comparatively less well-understood how the risk and protective factors differ across developmental periods, individuals, and contexts. A nuanced understanding of these processes, and an approach to assessing risk and protective factors that reflects such thinking, is likely to allow for the tailoring of practices and services to the specific needs of children and heterogeneous pathways (Malti, Chaparro et al., 2016) as well as for better matching of community services to children and families, based according to their needs (Dodge, 2018).

One recent approach to identify violence risk in school contexts has been to focus on the victims of violence and to collect information from them (Yablon, 2017). Other new attempts to assess for violence risk have gone beyond a focus on outcome and associated risk and toward identifying the psychological protective factors from multiple perspectives (e.g., individual, peers, parents, teachers) that can be used to inform the development, implementation, and evaluation of intervention approaches to prevent and reduce aggression and violence in children and implement systems of care at the population level that are based on children's developmental needs (Malti et al., 2018). A developmental approach to violence risk assessment also goes beyond a description of adverse factors and focuses on the protective psychological processes and mechanisms through which individuals respond to social contexts (Pollak, 2005). This literature reveals that both population-based evaluations and individual- and group-based assessment tools have been successfully implemented to understand children's growth in the relevant domains of social-emotional development, such as emotion regulation, trust, empathy, or sadness over own wrongdoing (Malti & Song, 2018). As reviewed earlier, these domains have been shown to relate to aggression and violence. For example, a meta-analytic review revealed a negative relation between guilt feelings and aggression and violence across 43 studies and independent of age, suggesting that a child's feelings of sadness after wrongdoing are protective of their aggression. Similar effects have been documented for sympathy. The intervention literature also yields positive effects of social-emotional development curricula on the reduction of aggression in children (Durlak et al., 2011).

Typically, assessments focus on social and emotional factors associated with risk for aggression, violence, and associated maladaptive behavioral outcomes, generating individual- or community-based profiles that describe developmental strengths and needs of children at a particular group level. Many ad hoc instruments have been designed to measure children's social-emotional development across different ages in the last 20 years. Moving forward, a stronger connection between such developmental theorizing and its empirical assessment needs to be created, as they can yield reliable information for policy makers and practitioners about which intervention strategies (and associated resources) are most likely to be effective in counteracting violence in particular contexts. Importantly, these efforts need to be concerted with efforts to understand, and possibly assess, peer victimization and associated risk and protective factors (Yablon, 2017). Such attempts may need to include indicators for exposure to all types of victimization and child abuse (MacMillan et al., 2010). Population-based assessment tools are promising as they go beyond a focus on risk and provide insight

into the average strengths and developmental needs of children across different neighborhoods and communities. This information is particularly useful in the area of policy development and can provide policy makers with data to promote more evidence-informed decision making when designing plans of intervention, care systems, and allocating resources. Lastly, in the context of social-emotional learning programs, recent efforts have focused on the role of assessment in ensuring that implementation quality can be maintained while going to scale (McKown & Herman, 2020). In this context, researchers have argued that the use of social-emotional assessment data can inform practitioners to maintain effectiveness of programs and practices.

Given their breadth and complex interrelations, reliably identifying risk and protective factors has proven complex, particularly at different periods in development. Using multiple informants and ensuring that assessments are developmentally sensitive and include both central risk and protective factors can improve the accuracy of this process. Social-emotional assessments have been used to generate individual- and group-based profiles of protective factors and children's needs to inform violence prevention efforts and policies.

Practices to Prevent Violence and Promote Mental Health Through Social-Emotional Development

It is a human rights issue to implement practices to address and prevent experiences of violence in children and promote mental health and assessment in every child. Research on trajectories and associated social-emotional protective factors, as well as related efforts to identify violence risk and buffers in children, has and can continue to inform practices to prevent violence by and against children.

Reviews of current attempts to address and respond to the risk for violence and victimization in children show that there are effective approaches across different contexts, including family based treatments (Stormshak & Garbacz, 2018), schools (Espelage & Swearer, 2011), youth-focused programs (e.g., Guerra, 2018; Lochman et al., 2018), and societal intervention (Pepler et al., 2017). There is also more knowledge about what is needed to implement such strategies and programs with strong fidelity (Domitrovich et al., 2008). It goes beyond the scope of this report to provide a comprehensive review of the various research-informed practices that have been shown through this developmental, educational, and clinical body of work to effectively ameliorate violence and victimization in children at the practice and policy levels. A review of experimentally proven programs to prevent violence can be found at the Blueprints for Violence Prevention initiative, which has identified 11 programs that prevent youth violence effectively (<https://www.blueprintsprogram.org>). Some of these programs target the promotion of early social-emotional capacities, prosocial orientations, and developmental strengths, such as the "Communities that Care" prevention system.

Because of our focus on social-emotional protective factors, this discussion is limited to strength-based approaches to violence prevention and mental health promotion. Moving beyond effective programs, researchers have argued that it may be useful to target core developmental principles to prevent violence and increase mental health across

programs, approaches, and contexts. In the context of this report, these principles refer to the central social-emotional processes described here (e.g., other-oriented emotions, self-oriented emotions, emotional self-regulation) that can be enhanced in a preventative approach, as well as the underlying mechanisms that facilitate their development. For example, a focus on the promotion of empathy/sympathy is very common across various effective violence prevention and mental health promotion programs, both at the child and peer group levels.

Ultimately, one good way to prevent violence and nurture mental health and potential is to adopt a humanistic framework and focus on helping to meet children's fundamental social-emotional developmental, educational, and health needs and potential, while nurturing caring and inclusion in societies (Malti, in press; Malti & Dys, 2018; Maslow, 1943). In this vein, several approaches have been developed that target core social-emotional processes, such as empathy, and associated mechanisms, such as sensitive parenting. Because of the evidence that other-oriented emotions (e.g., empathy) and self-oriented kind emotions (e.g., ethical guilt) increase prosocial behavior across development (Eisenberg et al., 2015) and decrease level of aggression in children and adolescents (Malti & Krettenauer, 2013; van Noorden et al., 2015), intervention techniques that more broadly target a range of other-oriented and self-oriented emotions (such as sympathy and ethical guilt) may contribute to an enhancement of positive behaviors and mental health and facilitate the prevention of violence.

Existing social skills and social-emotional learning (SEL) curricula often focus on the promotion of empathy or sympathy as a core component. A meta-analytic review by Durlak et al. (2011) evaluated the impact of 213 school-based SEL programs on behavior problems and positive social behavior. Programs that target empathy (and related dimensions of SEL such as emotion understanding) had the largest effect sizes. Thus, other-oriented social-emotional processes appear to be a crucial element of program success. One mechanism that facilitates empathy is parental warmth and sensitive parenting. Several interventions therefore target a healthy caregiver-child relationship and nurturing and caring behaviors that facilitate empathy and emotional self-regulation, which is often dysregulated in children who have experienced adversity and trauma and/or show elevated levels of aggression (e.g., the Attachment and Biobehavioral Catch-up intervention see, Tabachnick et al., 2019; the Incredible Years curriculum, Webster-Stratton et al., 2004; the Durham Family Initiative, Dodge et al., 2004).

Some interventions also explicitly include a focus on changing the culture of a classroom or community and implement positive social cultures to facilitate "goodness" (Lickona, 2004; Staub, 2019). Character education approaches have also strongly emphasized the function of moral or ethical exemplars in promoting prosocial actions in children and youth (Colby & Damon, 1992). Ethical exemplars do not merely talk about empathy, but rather live these concepts in their relationship with the child (Noddings, 2003). Experiencing the power of this lived ethics of care in a meaningful mentoring relationship can be transformational for the child's development and can help the child grow their capacity to care for others and for themselves, and naturally decline aggression and anger against others (Malti, in press).

The second principle is self-oriented emotions, such as experience of ethical guilt or ethical pride when sticking to rules and obligations. A mechanism that has been shown to facilitate such orientations is induction (Hoffman, 2000). This disciplinary strategy is used to help children understand the perspective of the victim by explicitly explaining how their behavior has affected the victim negatively. By creating a link between one's own behavior and the negative consequences for the other, internalization of ethical norms and feelings of sadness over wrongdoing are nurtured.

A third essential principle, emotional self-regulation, is facilitated through various stress-releasing techniques, such as progressive muscle relaxation, meditation and mindfulness, and related practices. Many effective programs include a component that targets mindfulness, for instance through meditation. Nurturing self-reflection is another mechanism that can facilitate self-oriented emotions and kindness, as it is essential for the self to grasp an understanding of the relativity of every standpoint and synthesize various perspectives to help one realize the common elements of our experiences (Malti, in press).

Developmental tailoring

Developmental scientists have argued that the promotion of social-emotional processes needs to be tailored to the developmental age and stage of every child. While many violence prevention and social-emotional learning programs with an evidence base show developmental differentiation across grades, very few show differentiations within grade/age. However, there is great developmental variability in social-emotional processes within each age group, which contribute to expressions of aggression and violence. For example, levels of empathic capacity vary substantially across development and between children of the same chronological age (Eisenberg et al., 2014). Thus, in addition to distinct periods of development (e.g., early vs. middle childhood), it is important for empathy interventions to consider distinct levels of development within periods (e.g., within early childhood) in their theory and logic models. Developmentally tailored strategies can improve the fit between a child's real capacities and a practitioner's perceptions of them. This, in turn, likely affects impact of intervention practices. For example, the false assumption that a child understands complex emotions such as ethical guilt may lead to the inappropriate use of complex cognitive strategies to promote an understanding between own actions and consequences for others and self. This illustrates why an in-depth understanding of child social-emotional development at any given timepoint is essential, and it speaks to the use of social-emotional assessment tools to inform the design, implementation, and dissemination of developmentally sensitive intervention practices.

Implications for Policy and Conclusions

This report has summarized the evidence for the impact of social-emotional processes on aggression and violence in children and adolescents. The research evidence suggests that the highlighted three components of social-emotional development, that is, other-oriented emotions, self-oriented emotions, and emotional self-regulation, play an essential role in the emergence, stability, and change in aggressive behaviors and experiences of violence.

As such, one important implication for policy is that teaching children to experience and express sympathy (sadness over hurting others emotionally or physically), being able to trust others and one's power to make a positive contribution, and regulate negative emotions in the context of conflict and victimization are all capacities that need to be (come) a common part of psychological preventive approaches aimed at preventing violence and promoting mental health in children. What needs to be specific is the way it is being taught, because this needs to be tailored to the developmental age and needs of every child. This not only includes adaptation across grades/ages, but also the need to adjust to variability within age group. Although not the focus of this report, it is also important to integrate more systematically contextual and cultural adaptations to preventative approaches targeting social-emotional development to prevent violence and nurture mental health (Malti, Noam, et al., 2016).

The review of the extant research literature suggests that an implementation of this preventative approach requires an in-depth understanding of child social-emotional development and the respective developmental needs of every child. Thus, implementing policies that can provide access to education about child social-emotional development to caregivers, practitioners, and clinicians (and possibly the use of social-emotional assessment tools to assist in this process) is needed to inform practices. Policies that facilitate this process can help ensure that approaches to prevent violence at the population level are implemented in a meaningful and sustainable way, and nurture mental health in every child.

In conclusion, this policy report discussed the literature on interpersonal violence in childhood and adolescence with a focus on social-emotional processes that have been shown to be associated with experiences of violence, and which for this reason have been used effectively in programs to prevent and treat experiences of violence in childhood and adolescence. While it was beyond the scope of the report to provide a comprehensive review of this literature, it still offered policy-relevant implications regarding the commitment to facilitate educational and social measures to protect children from violence through the promotion of social-emotional protective factors. This commitment translates into the adoption of standards indicating which capacities every child should be able to demonstrate at different ages and within ages, and possibly the adoption of assessments in some settings. While this commitment is essential, research-based information needs to be more systematically used in policy to prevent child and youth violence and victimization through addressing the social-emotional processes that work as protective factors. It is clear that developmental research has amassed a rich amount of data about the origins, trajectories, and developmental correlates of violence in childhood. This knowledge is helpful in informing contemporary approaches to early detection of violence risk, as well as the refinement of research-informed practices and policies to prevent and reduce interpersonal violence in children, both as perpetrators and victims.

For policy, this means that the necessary resources for research are needed to identify *precisely how* the existing knowledge can be translated into practices that reach every child.

Moving forward, it will also be important to generate an in-depth understanding of how social-emotional protective processes and mechanisms can be systematically used to prevent and buffer violence risk across development and context. This requires the consideration of developmental tailoring and timing (i.e., if some processes are especially salient during particular developmental periods), the identification of mechanistic processes, and commonalities and specifics of environments (e.g., effects of the combined social and economic stresses of the pandemic on families across communities or nations). It is also realistic to expect that interdisciplinary approaches can do better justice to a phenomenon that is rooted in the complex interplay of various emotional, cognitive, social, and physical processes and the larger social, economic, and political realities. Practices and systems of care need to consider ways to integrate knowledge on child social-emotional development and, if appropriate, assessments in meaningful ways to make them as sensitive to developmental processes as possible, which allows for a better focus on children's diverse needs, and to coordinate between settings and a collaborative system of care (Dodge, 2018; Johnson et al., 2018).

In summary, this report shows that violence in children is a prevailing concern. Developmental theorizing has come a long way, and much more is known about pathways, social-emotional processes in violence by and against children, and effective practices that prevent violence and nurture mental health. More needs to be known about the mechanistic processes that ameliorate negative pathways, how this knowledge can be used in efforts to assess violence risk and developmental needs in children, and how this information can inform collaborative efforts to prevent violence at the population level. Ultimately, this may require to go beyond programs to consider how to raise caring and courageous children and how to create environments that are less susceptible to violence (Malti & Averdijk, 2017; Staub, 2015).

Violence and victimization continue to be devastating problems among children and adolescents around the world. Over the past decades, research has contributed substantially to our understanding of their origins, trajectories, antecedents and pathways, and long-term consequences. Much progress has also been made to reduce its emergence, effects, and negative consequences affiliated with their occurrence. Yet, the incidence rates remain high, and we still lack a complete understanding of how to detect violence risk and associated developmental needs and protective factors that may not only help explain why some children engage in, and/or are target of, this behavior while others are not, but also help to identify those processes as early as possible. Lastly, we need to develop ways to better address social-emotional protective factors early and effectively, and to create the necessary strong partnerships across settings to prevent violence by nurturing strengths in a developmentally and contextually sensitive manner.

Philosopher Baruch Spinoza (1670/2004) once said, "Peace is not an absence of war, it is a virtue, a state of mind, a disposition for benevolence, confidence, justice." To this end, any sustainable approach to the prevention of violence may require us to adopt a humanistic outlook and focus on the conditions that create kind and responsible individuals that care equally about self and others.

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Author Bios

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