

Violence against children in early childhood and its consequences: an integrative review

Violência contra crianças na primeira infância e suas consequências: revisão integrativa

Violencia contra niños durante la primera infancia y sus consecuencias: revisión integradora

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ABSTRACT

Objective: to identify the types and nature of violence affecting children during early childhood and the consequences for this population segment. **Method:** an integrative review using the descriptors “Family Violence,” “Domestic Violence,” “Child,” and related terms, with searches conducted in the CINAHL, Embase, LILACS, PubMed, Scopus, and Web of Science databases and portals, was conducted in February 2024. **Results:** among the 12 included articles, the most prevalent type of violence affecting children during early childhood was intrafamilial interpersonal violence, which can be psychological, physical, neglect-related, or sexual in nature. The most frequent consequences are related to children’s socialization. **Conclusion:** based on the types of violence identified, parenting emerges as the primary preventive strategy, highlighting the need to intensify efforts to promote positive parenting within public policies focused on child and family care.

Descriptors: Pediatrics; Child; Parents; Family; Child Abuse.

RESUMO

Objetivo: identificar os tipos e as naturezas das violências que acometem as crianças durante a primeira infância e as consequências que acarretam a este segmento populacional. **Método:** revisão integrativa, com uso dos descritores, “Family Violence”, “Domestic Violence”, “Child” e correlatos, com busca em bases e portais de dados CINAHL, Embase, LILACS, Pubmed, Scopus e Web of Science, realizada em fevereiro de 2024. **Resultados:** entre 12 artigos incluídos, o tipo de violência que mais acomete as crianças durante a primeira infância é a interpessoal intrafamiliar, podendo ser de natureza psicológica, física, de negligência e sexual. As consequências mais frequentes relacionam-se à socialização da criança. **Conclusão:** a partir dos tipos de violências identificados, a parentalidade se mostra como a principal estratégia preventiva, apontando para a necessidade de se trabalhar mais intensamente as ações de promoção da parentalidade positiva no âmbito das políticas públicas de atenção à criança e à família.

Descritores: Pediatria; Criança; Pais; Família; Maus-Tratos Infantis.

RESUMEN

Objetivo: identificar los tipos y las naturalezas de las violencias que afectan a los niños durante la primera infancia y las consecuencias que conllevan para este segmento poblacional. **Método:** revisión integradora, con uso de los descriptores, “Family Violence”, “Domestic Violence”, “Child” y correlatos, con búsqueda en bases y portales de datos CINAHL, Embase, LILACS, Pubmed, Scopus y Web of Science, realizada en febrero de 2024. **Resultados:** entre 12 artículos incluidos, el tipo de violencia que más afecta a los niños durante la primera infancia es la interpersonal intrafamiliar, que puede ser de carácter psicológico, físico, de negligencia y sexual. Las consecuencias más frecuentes están vinculadas a la socialización del niño. **Conclusión:** Con base en los tipos de violencias identificados, la parentalidad se muestra como la principal estrategia preventiva, apuntando a la necesidad de abordar con mayor profundidad las acciones de promoción de la parentalidad positiva en el ámbito de las políticas públicas de atención al niño y a la familia.

Descriptores: Pediatría; Niño; Padres; Familia; Maltrato a los Niños.

INTRODUCTION

Violence is a complex and multifactorial process, whose concept, according to the World Health Organization (WHO), refers to the intentional use of physical force against oneself or others, or against a group or community, which may potentially or actually result in injury, psychological harm, disability, or developmental deprivation, and even death¹.

Every year, around the world, approximately 50% of children and adolescents between two and 17 years of age experience violence. When considering early childhood, the period between zero and six years of age, 300 million children per year suffer from intrafamily violence¹. In the Brazilian context, 28.4% of the affected children are in the age group from zero to four years^{2,3}. In 2021, 30,604 reports of human rights violations against children in early childhood were recorded. In the first half of 2022 alone, there were 25,377 cases in the age group from zero to six years⁴.

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Violence can be classified according to its typology and nature. Regarding the types, there are self-inflicted violence, which refers to self-harm and self-mutilation; interpersonal violence, which is subdivided into intrafamily violence, occurring among family members and primarily directed toward those with greater vulnerability, such as children, and community violence, which occurs in social settings, including violence in institutions such as schools; and collective violence, which includes structural violence, generated by political and economic processes that perpetuate social inequalities that, in the case of children, make them more vulnerable in terms of growth and development^{5,6}.

Regarding its nature, violence can be classified as: physical abuse and maltreatment, characterized by the use of force to cause pain and injury; psychological violence, consisting of verbal and gestural aggression to reject and humiliate the victim; sexual violence, defined as erotic, pornographic, and sexual practices; and neglect, which involves the omission or refusal to provide necessary care to those who need attention and/or assistance^{5,6}.

In 2015, the United Nations (UN) established the 2030 Agenda, containing the 17 Sustainable Development Goals (SDGs) adopted by 193 countries, including Brazil. Regarding the violence process, Goal 16, entitled “Peace, justice, and strong institutions,” aims to significantly reduce all forms of violence, decrease mortality rates related to it, and end abuse, exploitation, trafficking, and all forms of violence against children⁷.

From this perspective, the present study is justified by the need to deepen the body of knowledge regarding violence against children, particularly related to the typology, nature of this process, and its consequences, focusing on the early childhood age group (0 - 6 years). The study is supported by the vulnerability of this population segment to situations of violence, especially due to the age-related difficulties in understanding and communicating the events that occurred, factors that contribute to the underreporting of violence cases, which, in turn, leads to the epidemiological underreporting of violence, rendering victimized children invisible, as uncounted and anonymous³.

Furthermore, violence is considered one of the main risk factors for impairing a child’s full development, especially in early childhood when physical, cognitive, and social growth and development occur most actively and rapidly, therefore justifying the need for confronting and preventing this process³.

This study aimed to identify the types and nature of violence affecting children during early childhood and the consequences this phenomenon has for this population segment.

METHOD

This is an integrative literature review, supported by a five-step method: (1) problem identification, (2) literature search, (3) data evaluation, (4) result analysis, and (5) review presentation. To ensure methodological rigor, the recommendations of the PRISMA extension for scoping reviews (PRISMA-ScR) were applied from the conception and development of the study^{8,9}.

For the first step, the PICo acronym was used, as follows: P (population) - children in early childhood (0 to 6 years of age); I (phenomenon of interest) - the types and nature of violence against children in early childhood (0 to 6 years of age) and the consequences these entail; and Co (context) - the different life contexts and healthcare settings for children. The determination of the typology and nature of violence against children followed the theoretical framework outlined in the introduction of this review⁵. Accordingly, the following guiding question was structured: *What are the types and nature of violence affecting children in early childhood (0 to 6 years of age), and what are the consequences they entail?*

The literature search, corresponding to the second step of the method, was conducted on February 27, 2024, seeking scientific publications from the last three years (2021 to 2023). The time frame is justified by the creation and implementation of the “Child Friendly Cities” initiative, announced in 2021 by the United Nations Children’s Fund (UNICEF), aiming to promote excellent services for early childhood, including training healthcare teams for the identification, reporting, and referral of cases of violence¹⁰.

The search was conducted using specific search strategies for each database and data portal, structured with the support of a librarian working in the health sciences field, who has experience in review studies. The strategies consisted of Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), interspersed with Boolean operators AND and OR. The databases used were: Cumulative Index to Nursing and Allied Health Literature (CINAHL); Embase; Latin American and the Caribbean Literature on Health Sciences (LILACS); SciVerse Scopus, and Web of Science. Additionally, the US National Library of Medicine portal (MEDLINE/PubMed) was used.

The inclusion criteria were: primary research addressing violence in early childhood, against children from zero to six years of age and/or their parents and caregivers, studies available in full text, and published between 2021 and 2023. The exclusion criteria were secondary studies and research in which violence was reported by adults and/or adolescents as a past experience. It should be noted that studies in any language were considered, and when necessary, the Google Translate® computational translation tool was used to understand the context and findings of the research.

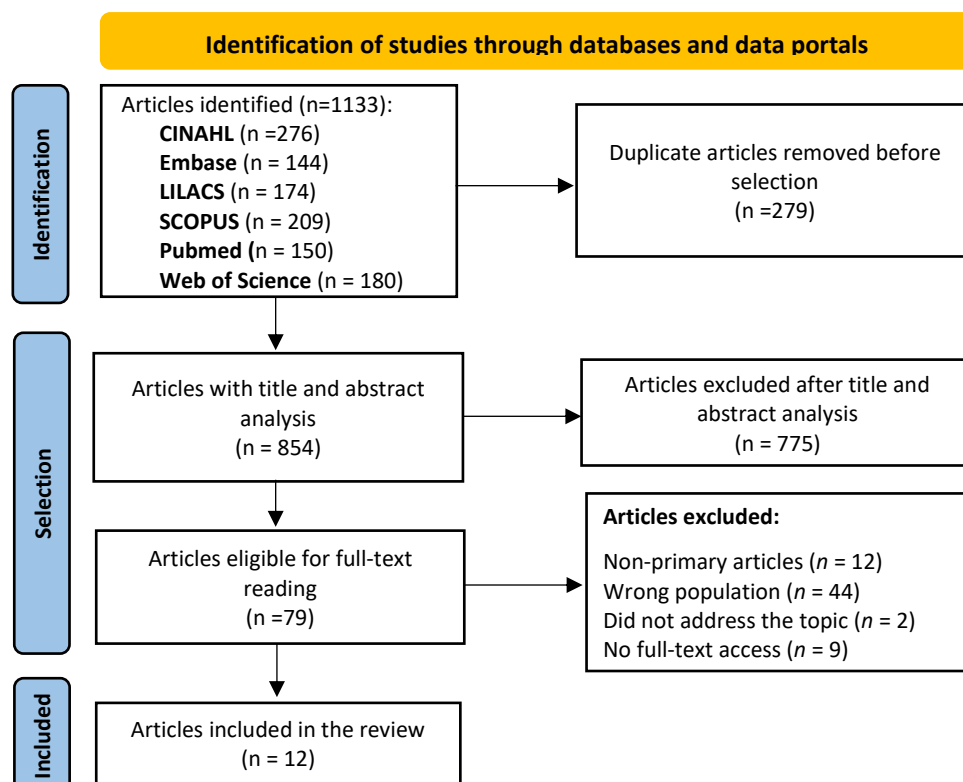
With the eligibility criteria defined, the selection of studies was carried out by two independent reviewers. First, a screening was performed based on the title and abstract, followed by full-text reading of the selected studies. In cases of discrepancies between the reviewers, a third reviewer was consulted. To manage and screen publications, the Rayyan® platform was used to maintain methodological rigor, with the double-blind tool enabled.

Following the third step of the integrative review, after the selection and inclusion of studies, data analysis was conducted using four Critical Appraisal checklists of the JBI®, which assess the methodological quality of studies according to the applied methods, as follows: case-control study (score 0-10), analytical cross-sectional study (score 0-8), cohort study (score 0-11), and randomized clinical trial (score 0-13). The items in the instruments were answered with “Yes” or “No” by the reviewers, generating scores.

The fourth step, analysis of the results, involved constructing an analytical organizational framework composed of the following variables of interest: article identification (ID), accompanied by a sequential alphanumeric code (A1 to A12), journal name, journal impact factor, authors, year of publication, the country in which the study was conducted, article title, method, sample, type and nature of violence, consequences of violence in children in early childhood, JBI® score, and level of evidence. After organizing the variables in the framework, a map was created with the categories and subcategories of the consequences of violence for children in early childhood, followed by a synthesis and an analysis of the main results. This constituted the fifth and final step of the integrative review.

RESULTS

From the search conducted, 150 studies emerged, with a final sample consisting of 12 primary articles¹¹⁻²², as presented in Figure 1.



Adapted from: PRISMA (2020)⁹

Figure 1: Flowchart of the selection of primary articles included in the sample of the integrative review. Curitiba, PR, Brazil, 2024.

The databases which indexed the articles were: MEDLINE/PubMed^{11,13-16,21} ($n = 6$); CINAHL^{15,17,19} ($n = 3$); Scopus¹⁸ ($n = 1$); Embase²⁰ ($n = 1$); and LILACS²² ($n = 1$). The methodological quality of the included articles was measured through a critical analysis using the JBI® Critical Appraisal Checklist, and the studies were classified as follows: “Excellent”^{12,14,17,18} ($n = 4$); “Very good”^{11,16,19,20,22} ($n = 5$); and “Good”^{13,15,21} ($n = 3$).

The continents of the authors of the studies were: North America^{11,15-18,21} ($n = 6$); South America^{12,14,22} ($n = 3$); Asia^{13,19} ($n = 2$); and Europe²⁰ ($n = 1$). The predominant language of these studies was English¹¹⁻²¹, present in eleven studies in the sample, with only one written in Spanish²².

Regarding the researchers’ fields of knowledge, four disciplines were represented, with psychology being the most prevalent, with five articles^{14-16,21,22}; followed by medicine, with four articles^{11,12,18,19}; social work, with three articles^{17,20,22}; and education, with two articles^{13,18}.

It can be highlighted that one study conducted with an adult and/or adolescent population detailed the age at which victimizations occurred during childhood; however, the full text of this study was not available. Figure 2 presents a detailed account of the studies, and the types of violence identified.

ID	Journal / I. F Authors Year/Country	Method / Sample	Type/Nature of Violence Consequences of Violence in Children in Early Childhood	Score JBI®/ E. L.
A1 ¹¹ 2021	<i>Dev. Psychobiol.</i> / 3.038/ Goldstein, et al./ USA	Case-control study / 21 children aged 4 to 6 years exposed to violence and 30 unexposed.	Intrafamilial Violence / Nature not specified. Temperamental withdrawal, negative emotionality, and mood and anxiety psychopathology. Blunted response to affective stimuli. Early life risk.	8/10 3.d
A2 ¹² 2021	<i>Am J Prev Med.</i> / 5.5/ Rocha, et al./ Brazil	Cross-sectional study / 3,566 children aged 0 to 5.5 years.	Intrafamilial Violence / Physical, psychological, and neglect. Lower communication and fine and gross motor coordination. Lower scores in socialization domains.	7/8 4.b
A3 ¹³ 2021	<i>Int. J. Psychol.</i> / 3.2/ Ziv, et al./ Israel	Cohort study / 216 children aged 4 to 6 years and their mothers.	Structural Violence / Political and Intrafamilial Violence / Nature not specified. Increased social maladjustment, behavioral problems, and learning difficulties.	8/11 3.c
A4 ¹⁴ 2021	<i>J. Interpers. Violence</i> / 2.5/ Skar, et al./ Colombia	Randomized clinical trial / 176 parents of children aged 3 to 4 years.	Intrafamilial Violence / Physical and Psychological. Structural Violence / Political. Reduced learning, growth, and nutritional quality. Increased likelihood of becoming future perpetrators.	12/13 1.c
A5 ¹⁵ 2021	<i>Child Maltreat.</i> / 5.1/ Pu, et al./ USA	Cohort study / 299 mothers and 85 fathers, of children aged 18 months to 4 years.	Intrafamilial Violence / Nature not specified. Behavioral problems, difficulty internalizing and externalizing problems over time, and emotional dysregulation.	8/11 3.c
A6 ¹⁶ 2021	<i>Int. J. Psychol.</i> / 3.2/ Edler et al./ USA	Cross-sectional study / 153 abusive mothers and 78 non-abusive mothers and their children aged 3 to 6 years.	Intrafamilial Violence / Psychological and neglect and Structural Violence / Political. Developmental deficits, language difficulties and delays, and cognitive and socioemotional development deficits.	6/8 4.b
A7 ¹⁷ 2021	<i>J. Pediatr.</i> / 5.1/ Ma, et al./ USA	Cohort study with 2,380 families with children aged 3 and 5 years.	Intrafamilial Violence / Physical. Behavioral problems, with the use of aggression as a long-term conflict resolution strategy, and internalization of problems and feelings, with difficulties in psycho-emotional management.	10/11 3.c
A8 ¹⁸ 2022	<i>Child. Health Care.</i> / 0.9/ Karaca, et al./ USA	Case-control study / 56 children with ADHD and 65 children without (aged 5 to 6 years).	Intrafamilial Violence / Psychological. Decreased appetite and behavioral problems. Increased prevalence of ADHD.	10/10 3.d
A9 ¹⁹ 2022	<i>Child Abuse Rev.</i> / 1.6/ Fatemi, et al./ Iran	Cross-sectional study with 5,142 children aged 3 to 6 years.	Intrafamilial Violence / Physical, psychological, and neglect. Higher prevalence of mental disorders, social and behavioral disturbances, increased suicide attempts, and malnutrition.	6/8 4.b
A10 ²⁰ 2022	<i>Children</i> / 2.6/ Ivana Oleck/ Czech Republic	Cross-sectional study / data on crimes ($n = 512$) and autopsies ($n = 52$) with children aged 0 to 5 years.	Intrafamilial Violence / Physical, psychological, and neglect. Increased morbidity and mortality. Children more prone to impaired social, psychological, and neurobiological functions.	6/8 4.b
A11 ²¹ 2022	<i>Fam. Process</i> / 3.9/ Lee, et al./ USA	Cohort study with 128 parents of children aged 1 to 5 years.	Intrafamilial Violence / Physical and psychological. Harmful socioemotional effects and deficits in prosocial behavior.	8/11 3.c
A12 ²² 2022	<i>Rev Colomb Cienc Soc.</i> / 0.6/ Millán, et al./ Colombia	Cross-sectional study / 308 mothers and caregivers of children aged 0 to 5 years.	Intrafamilial Violence / Physical, psychological, and sexual. Children tend to repeat parental behavior, which, in the long term, affects child development.	6/8 4.b

Legend: ID = Identification. I. F. = Impact factor. E. L. = Evidence level.

Figure 2: Studies included according to their identification, journal of publication, country, year of publication, method / sample, type, nature of violence, and consequences for early childhood children and JBI® score. Curitiba, PR, Brazil, 2024.

The types of violence identified were predominantly interpersonal, intrafamilial¹¹⁻²² ($n = 12$; 100%), which could be of a psychological^{12,14,16,18-22} ($n = 8$; 66.6%), physical^{12,14,17,19-22} ($n = 7$; 58.3%), neglect^{12,16,17-20} ($n = 4$; 33.3%), or sexual nature²² ($n = 1$; 8.3%). Less frequently, collective, structural violence of a political nature^{13-14,16} ($n = 3$; 25%) was detected, with three publications not specifying the nature of the violence studied^{11,13,15}.

Regarding the consequences of violence for children during early childhood, based on the articles collected, it was possible to organize them into four major categories, numbered one to four, placed at the center of the diagram. In addition, the four categories included eight subcategories, referring to the specificity of the consequences of violence for children in early childhood, coded at the edges of the diagram presented, with letters A to H and the alphanumeric code corresponding to the articles that make up each subcategory (Figure 3).

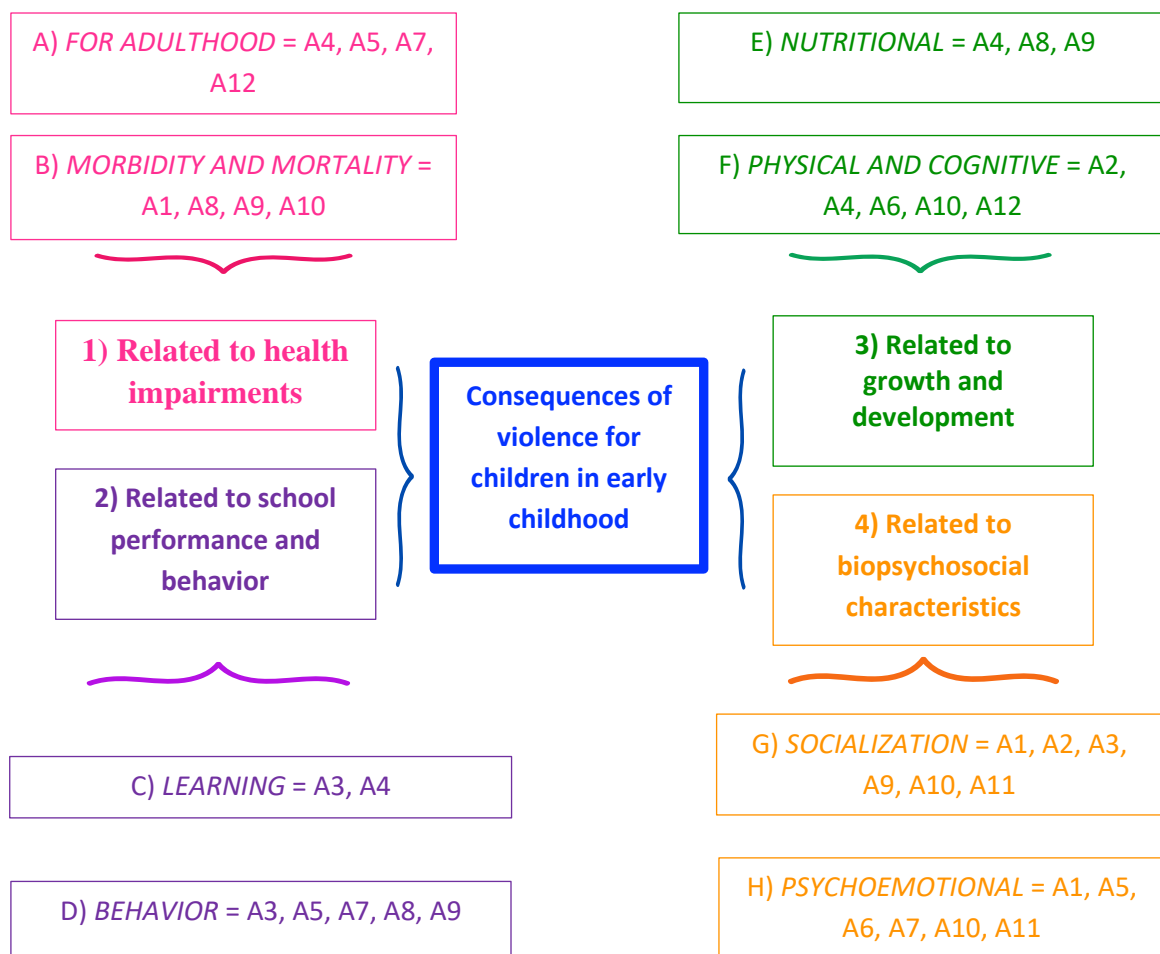


Figure 3: Diagram of the categorization of the studies included in the sample of this integrative review. Curitiba, PR, Brazil, 2024.

The first category was named (1) related to health damages, consisting of the subcategories (1): A) morbidity and mortality ($n = 4$)^{11,18-20} and B) consequences for adult life ($n = 4$)^{14,15,17,22}. The second category was named (2) related to school and behavioral performance, referring to school and behavioral performance - (2): C) learning ($n = 4$)¹¹⁻¹⁴ and D) behavior ($n = 5$)^{13,15,17-19}.

The third category, with consequences (3) related to growth and development, includes aspects (3): E) nutritional ($n = 3$)^{14,18,19} and F) physical and cognitive ($n = 5$)^{12,14,16,20,22}. The fourth and final category, with repercussions (4) related to biopsychosocial characteristics, included (4): G) socialization ($n = 6$)^{11-13,19-21} and H) psychoemotional ($n = 5$)^{11,15,16,20,21}.

The settings of the studies in analysis were domestic violence shelters^{11,13,14,22} ($n = 4$), community environments^{11-17,19-21} ($n = 10$), schools¹³ ($n = 1$), hospitals^{15,17,18} ($n = 3$), outpatient settings¹⁸ ($n = 1$), and home settings^{20,21} ($n = 2$).

Positive parenting was presented in eleven articles¹²⁻²² as a protective and preventive measure in relation to violence against children in early childhood.

DISCUSSION

The type and nature of violence against children in early childhood predominantly involved intrafamilial interpersonal violence¹¹⁻²² and psychological violence^{12,14,16,18-22}. Intrafamilial violence is the most prevalent form affecting children in early childhood, with boys being the primary victims, while parents are the main perpetrators, and the domestic environment serves as the primary setting for maltreatment³. Regarding psychological violence, a study conducted with 44 Chinese adults who experienced psychological violence during childhood indicated that experiences of psychological maltreatment are associated with negative mental health outcomes, including anxiety, depression, and aggressive behavior in the short, medium, and long term²³.

This study enabled the categorization of the main consequences of violence for children during early childhood, which were related to health damage, school and behavioral performance, growth and development, and biopsychosocial characteristics. The first category that emerged was (1) consequences related to *health damage*, specifically, the consequences for adult life^{14,15,17,22} and morbidity and mortality^{11,18-20}.

Child violence, especially during early childhood, leads to various consequences in adulthood, such as prolonged psychological disorders (e.g., anxiety, depression), relationship difficulties, body image disorders, self-harm, eating disorders, and challenges in parenting²⁴. Findings from a study with 999 Chinese university students showed that individuals who experienced maltreatment in childhood had reduced medical follow-up during this stage, resulting in greater susceptibility to morbidity and mortality, with an increased risk of experiencing psychological distress, such as depression, in adulthood²⁵.

In addition to causing long-term consequences, including those that persist into adulthood, child abuse is also one of the main causes of morbidity and mortality among children, with most deaths linked to physical abuse in young children under three years of age, specifically abusive head trauma (AHT). Infants have the highest rates of AHT, with 38 cases per 100,000 children in the first year of life, and an estimated 25% of these cases being fatal²⁶.

The second category concerns the consequences related to *school and behavioral performance*, subdivided into learning¹¹⁻¹⁴ and behavior^{13,15,17-19}. A study conducted in western Kenya reported that high levels of exposure to intrafamilial violence in early childhood are associated with behavioral and learning difficulties in both the short and long term, such as challenges in formal and informal education, excessive externalization of problems, the use of violence to resolve conflicts, and behaviors that are inappropriate for their age²⁷.

More specifically, regarding learning, children who experience violence are more likely to repeat a grade from the very start of kindergarten, have higher rates of school absenteeism, and are more likely to have their families contacted by the school due to behavioral issues²⁸. The increase in behavioral problems during early childhood is significantly associated with severe and aggressive parenting and high maternal neuroticism. Child maltreatment has a negative association with internalizing and externalizing behavioral problems, and even when these acts of aggression do not reach the level of abuse, they can still harm the child's behavior and overall development, which remains in an active state of physical and psychological maturation²⁹.

The third category that emerged was related to *growth and development*, subdivided into nutritional^{14,18,19} and physical and cognitive aspects^{12,14,16,20,22}. Regarding nutritional consequences, malnutrition was one of the observed effects. In a study involving 117 abused children, 41% of them exhibited wasting (loss of muscle mass and fat), and 25% showed growth retardation, with children under five years of age being the most affected³⁰.

The neurobiological growth and development of maltreated children show cognitive vulnerability, with a reduced capacity to transmit information between brain regions³¹. For instance, maltreatment during a child's developmental cycle may cause hypoactivity in the frontal lobe, significantly affecting executive function,

attention, and the integration of cognitive, memory, emotional, and somatosensory processes, particularly in early childhood, when physical, cognitive, and social development is highly active³².

The fourth category pertains to *biopsychosocial characteristics*, subdivided into socialization^{11-13,19-21} and psycho-emotional aspects^{11,15,16,20,21}. Socialization in children who experience maltreatment is poorer compared to their peers who are not exposed to violence. Maltreated children often exhibit antisocial behavior, communication difficulties, and challenges interacting with others³³. Additionally, they may demonstrate aggressive behavior toward their parents when abuse levels are high and show less emotional connection and social interaction when exposed to significant neglect³⁴.

Regarding psycho-emotional consequences, authors have emphasized that child maltreatment triggers an extreme state of emotional intensity, which affects linear thinking, interpreting and dealing with feelings, and verbal skills³⁰. This is largely attributed to amygdala hypertrophy resulting from early exposure to toxic stress caused by violence. This hyperresponsive and persistent state can lead to short-, medium-, and long-term emotional issues. Children with these experiences tend to more easily recognize threatening stimuli, remaining in a state of hypervigilance and frequently exhibiting anxiety symptoms. This exposure can also result in maladaptive emotional regulation strategies³⁵.

In this context, positive parenting, recognized as a child protection mechanism, emerged as a key strategy for preventing intrafamily violence in many studies analyzed in this review. Positive parenting refers to the quality of the parent-child relationship, including aspects such as closeness, understanding, trust, shared decision-making, and care. It involves warmth, availability, and proximity, and plays a critical role in childhood development by preventing and mitigating the adverse consequences of violence³⁶.

The studies analyzed revealed a lack of research specifically addressing early childhood, despite this being the most affected age group, principally concerning intrafamily violence. Future primary studies are recommended to focus on violence against children in early childhood, particularly intrafamily violence, by promoting positive parenting, which the authors in this review consider the primary preventive and protective measure against violence.

In conclusion, the objective of this integrative review was achieved by generating knowledge and reinforcing the healthcare field and related areas regarding the types, nature, and consequences of violence predominantly affecting this population, based on the studies included in the sample. Additionally, the study highlights positive parenting as the main preventive and protective strategy against violence toward children, emphasizing the need for public policies, technologies, and interventions that promote positive parenting.

Study limitations

This study was strictly limited to synthesizing the selected body of literature using a rigorous method and extracting sufficient and clear information to address the research question. Identified limitations include challenges in accurately defining the age range of the studied population, the scarcity of research conducted with Brazilian populations and published in Brazil, and the lack of studies developed by nurses.

CONCLUSION

It was found that the primary type of violence against children in early childhood is intrafamily violence, primarily of a psychological nature. Among the main consequences for children subjected to maltreatment is impaired socialization, as these children frequently exhibit antisocial behavior and face communication and interaction difficulties.

Of the 12 articles included, nine were classified as having very good to excellent methodological quality, while three were considered good, according to the applied critical analysis instrument.

This review contributes to the knowledge of fundamental parameters and dimensions, such as the types, nature, and consequences of violence. It provides insights to improve the identification, management, and prevention of violence, benefiting both families and healthcare providers, as well as public agencies responsible for safeguarding children's integrity and quality of life, as outlined in child protection policies. The study identifies a significant research gap, particularly concerning early childhood.

Recognizing the magnitude and severity of this issue aims to address the persistent barriers to tackling violence in early childhood and the continued neglect of children's health and developmental needs, which renders them invisible to society and jeopardizes their future well-being.

This study contributes to the field of surveillance and reporting of health issues, as well as to health promotion and violence prevention, by presenting and analyzing the types and nature of violence affecting children from zero to six years of age. It underscores the importance of positive parenting as a crucial preventive strategy that warrants greater attention within public policies across all countries through initiatives that promote, support, and educate the population about positive parenting practices.

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Use of artificial intelligence tools

The authors declare that no artificial intelligence tools were used in the composition of the manuscript "Violence against children in early childhood and its consequences: an integrative review".