2015 Theme Issue on Trauma Associated With Violence and Human Rights Abuses
Call for Papers

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In August 2015, JAMA will publish a theme issue on violence and human rights with an emphasis on the causes, consequences, and management of trauma. Violence is an important cause of physical and emotional trauma, and the scope of trauma care is broad, including care for survivors of unintentional injuries as well as injuries resulting from many forms of violence. Injuries and violence cause 5.8 million deaths each year worldwide, accounting for about 10% of the world’s deaths, more than the number of deaths that result from malaria, tuberculosis, and AIDS combined.1,2 The primary causes of these 5.8 million deaths are road traffic crashes, suicide, and homicide, followed by falls, drowning, poisoning, burns, and war.3 In the United States, data from the Global Burden of Disease 2010 Study indicate the following among the leading diseases and injuries contributing to premature mortality: road injury (fifth leading cause), self-harm (sixth), and interpersonal violence (12th).3 For the 2015 JAMA theme issue, we are soliciting papers on trauma resulting from unintentional and intentional injury, from interpersonal and community-levels of violence, and from mass conflict, war, displacement, and natural disasters.

JAMA has a long history of publishing on the health effects of trauma in the broadest of contexts. Indeed, the first issue of JAMA in 1883 included articles on traumatic injuries—displacement of the heart from violent unintentional injury4 and long-term brain atrophy in a soldier and others following amputation of limbs.5 In the late 19th and early 20th centuries, JAMA published articles about what were then considered new concerns about trauma—railroad injuries, abdominal contusions, head injuries, and trauma as a cause of “nervous diseases.”6-9 Among 100 landmark articles republished to commemorate JAMA’s centennial were 2 important articles related to trauma: “A Clinical Syndrome Following Exposure to Atomic Bomb Explosions,” published in 1946,10 and “Coronary Disease Among United States Soldiers Killed in Action in Korea,” published in 1953.11 Narrowing the focus in the 1980s, JAMA began to publish annual theme issues dedicated to the trauma and health effects of nuclear radiation and war. Recognizing the wider contexts of the health effects of war and violence of all types, these theme issues were then broadened into what have become the JAMA theme issues on violence and human rights.

Recent JAMA theme issues on violence and human rights have addressed the antecedents and complications of trauma, for example, in articles reporting new research on traumatic brain injury,12 lessons learned from combat casualty care that may be applicable to the care of civilians,13 mental health services after disasters,14-16 and the care of survivors of intimate partner violence17 and individuals experiencing trauma-related acute stress, PTSD, or bereavement.18-20 Previous JAMA theme issues have also addressed the implications of traumatic events in the evolving context of human rights violations such as that reported in articles on refugee health in urban environments,21 the clinical management of refugees who have experienced trauma,22 and sexual violence as a weapon of war.23

The World Health Organization in collaboration with the International Association for Trauma Surgery and Intensive Care and the International Society of Surgery has developed guidelines for optimal care of trauma-injured patients at various types of health care facilities throughout the world, from well-resourced tertiary care centers to small hospitals and rural health posts in low- and middle-income countries.24-26 Although these guidelines are now 6 to 10 years old, recent resolutions to strengthen the roles of health systems to address interpersonal violence and improve road safety may lead to evidence-based updates in those areas.27 In the United States, the Committee on Trauma of the American College of Surgeons has conceptualized “inclusive” trauma care systems as having key roles in disaster planning and management, the prevention of traumatic injuries, and the recovery of trauma survivors in the community, along with the traditional focus on hospital and prehospital care.28 A comprehensive program of research is required of level I trauma centers and is considered essential for the optimal clinical management of severely injured patients.28

Because research is integral to the improvement of trauma care, we invite manuscripts reporting on studies of trauma from all causes. Authors may submit manuscripts addressing any topic related to trauma, injury, violence, war, civil conflict, disaster, and human rights abuses. We are particularly interested in manuscripts reporting on studies of interventions to address the effects of trauma, new modes of management and treatment, and optimal systems of care in a variety of settings. Randomized clinical trials of preventive, therapeutic, or rehabilitative interventions are of primary interest, but we will also consider reports of observational studies and systematic reviews that address new and
important findings as well as scholarly Viewpoints that address timely topics on clinical management, research, and policy related to trauma, violence, or human rights. Manuscripts received by March 15, 2015, will have the best chance of consideration for publication in this theme issue. Submitted manuscripts will undergo JAMA’s usual rigorous editorial evaluation and peer review. Please follow JAMA’s instructions for authors for manuscript preparation and submission. We look forward to receiving manuscripts and inquiries about prospective articles for this theme issue.

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REFERENCES