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# Prevention and intervention programs for child abuse and neglect in low- and middle-income countries: an evidence and gap map

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## **Prevention and intervention programs for child abuse and neglect in low- and middle-income countries: an evidence and gap map**

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The term child abuse (Kristalyn, SP, 2017) covers a wide range of mental and physical injuries done to a minor. Experts generally assign a set of experiences to this category:

- Physical abuse: Physically hurt or injured, such as bruising or broken bones
- Sexual abuse: Being subjected to a sexual experience or exploited in a sexual manner by someone older
- Emotional/psychological abuse: Undergoing emotional attacks, such as verbal abuse or degradation

Child neglect (James, M. Gaudin, Jr.1993 April) is a form of child abuse and is a deficit in meeting a child's basic needs, including the failure to provide adequate health care, supervision, clothing, nutrition, housing as well as failing to meet their physical, emotional, social, educational or safety needs. Other forms of abuse can be more passive, such as in the case of physical neglect where the child is denied basic necessities, like food or water. There is also emotional neglect, where a child's emotional needs are ignored. No form of abuse is considered more severe than another; abuse can have long lasting impact for the person and can shape their mental state.

It is a moral responsibility of nations and the civil society to foster effective ways to strengthen and preserve families by keeping children safe. A number of strategies are mentioned in the literature to help communities prioritize prevention activities based on the best available evidence (Besharov & Call, 2016; Dunne, Craig, Connolly, & Winter, 2016; McCalman et al., 2016). These strategies range from a focus on individuals, families, and relationships, to broader community and societal change. These also include strengthening economic support to families, changing social norms to support parents and positive parenting, providing quality care and education early in life, enhancing parenting skills to promote healthy child development, and intervening to lessen harms and prevent future risks.

The issues of child abuse and neglect are compounded in low and middle-income countries due to inadequate housing, nutrition, education and other basic necessities for a substantial proportion of the child population. Lack of proper implementation of child protection laws/acts makes street children/poor children vulnerable for abuse and neglect not only parental but also societal.

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### **Objective**

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The objective of this proposed evidence and gap map (EGM) is to present the evidence of prevention and intervention programs for child and adolescent abuse and neglect in low and middle-income countries (LMICs). Additionally, the EGM will identify and describe the

prevention and intervention programs implemented for addressing child abuse and neglect in LMICs. Where available, the EGM will also help in identifying management or clinical practice guidelines for the protection of children affected by abuse and neglect in these countries, and if possible, assess their effectiveness and reach. The product of this study will be a resource tool for policy guidance for such vulnerable populations as it would produce research-based evidence.

The guiding research question for this EGM is:

What is the prevalence of evidence on the effectiveness of interventions aiming to:

- Prevent the occurrence of maltreatment in children at risk in LMICs?
- Prevent the recurrence of maltreatment in children exposed to abuse and neglect in LMICs?
- Reduce the harm to children's wellbeing due to actual abuse or neglect?

In light of the United Nation's Sustainable Development Goals, the child health agenda in India has moved on from 'child survival' to better 'quality of survival', at the highest policy level. The Government of India recently launched the Rashtriya Bal Swasthya Karyakram (RBSK) initiative to underscore the significance of improving the quality of child survival, and focus on interventions that target optimal neurodevelopment in children. However, social pediatrics issues such as child abuse and neglect have not yet been given adequate attention under health and social programs.

The output of the project will be an evidence and gap map that will specify the existing evidence and also highlight the gaps, thereby identifying the need for primary research and systematic reviews in this important area.

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### **Existing evidence and gap maps**

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There are some existing evidence and gap maps in the literature; however, their scope is different since they refer to populations living in high income countries (HICs). Although there is sufficient literature on child abuse and neglect focussing on LMICs, we have not found an EGM addressing prevention and intervention programs for child abuse and neglect in LMICs. Recently, a similar title was registered in the Campbell Library for an EGM with a focus on child abuse and neglect in HICs (Kornør H, John D, Axelsdottir SB, Biedilae S, Albers B, 2018). In their title registration, the authors have listed four EGMs covering outcomes ranging from depression, suicidal and self-harming behaviours, psychosis, sexual and reproductive health, and access to education. The age groups covered are adolescents and school-aged children. The authors state that none of the EGMs specifically target child maltreatment and children younger than 6 years of age.

We believe that the nature of child abuse and neglect differs between high income and low and middle-income countries, since the context and the social paradigm are very different. Consequently, this would result in possible variability in magnitude and the scope of possible

interventions and their effects. Therefore, it is justifiable to conduct an EGM with a primary focus on low and middle-income countries, which is the aim of the present project.

In a preliminary search we found a citation for an evidence map including ‘mapping the evidence’ in its title, which examines the existing evidence-base to document the coverage, patterns and gaps in existing research on the abuse of children with disabilities in East Africa. (Winters N, Langer L, Geniets A, 2017). The article focuses on mapping the evidence using systematic review methodology of searching several databases and grey literature, and data extraction from 41 studies. The study highlights significant gaps in the available evidence base in this area and the lack of research on sexual abuse of children with disabilities was also highlighted.

In the present EGM we propose to map evidence on child abuse and neglect overall, without limiting it to children with disabilities, using the framework of interventions and outcomes.

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## **Population**

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The population for this study will be children and adolescents, aged 0-12 years, living in low and middle-income countries, who have been subjected to or are at risk of abuse or neglect.

The WHO Consultation on Child Abuse Prevention in 1999 defined child abuse and maltreatment as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (WHO, 1999). Based on WHO classifications, four types of child abuse are defined: physical abuse, sexual abuse, emotional abuse, and neglect. Physical abuse of a child is defined as those acts of commission by a caregiver that cause actual physical harm or have the potential for harm. Sexual abuse is defined as those acts where a caregiver uses a child for sexual gratification thus having an adverse effect on the emotional health and development of a child. Where the parent is in a position to support, ‘neglect’ refers to the failure of a parent to provide for the development of the child in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions, In LMICs, studies have shown prevalence of all forms of child abuse to be extremely high (Ministry of Women and Child Development, Government of India, 2007); however there is lack of reporting towards child sexual abuse in countries such as India (Human Rights Watch, 2013).

Studies that include children aged 13 years or above will only be included if data for age group 0-12 years is reported separately.

The EGM will include any intervention aiming to help children that have experienced, or are identified as being at risk of, abuse or neglect (by study authors). The interventions will aim to prevent the occurrence or recurrence of abuse or neglect or have implementation

programs to reduce the adverse consequences of abuse or neglect. The interventions may be targeted at the affected child and/or parent or caregiver individually, or in dyads or groups.

Prevention strategies could include legislative approaches to reduce corporal punishment, early childhood home visitation, behavioural parent training programs, reporting of child abuse and improved inclusion in programs aimed at preventing child abuse and neglect.

Prevention strategies could also include treatment to lessen harms of abuse and neglect exposure, treatment to prevent or reduce problem behaviour and later involvement in violence, and parenting skill and family relationship approaches that are therapeutic/psychological in nature.

Government initiatives to manage and curb commercial exploitation of children in LMICs could include national, regional and state level of efforts (e.g. legal reforms and law enforcements). These being universal in nature will not be the scope of the proposed EGM.

In addition, there could be different interventional strategies for children in orphanages, juvenile homes, street children, children of incarcerated parents, children living with step-parents, and vulnerable children such as those with the physical challenges of HIV infection etc. These interventions may be delivered by child welfare or protective services in various settings (e.g. child's home, child welfare centre, foster homes), or by any type of service provider (such as government, non-governmental agency or school, including sports). The government, multilateral organisations (e.g. UNICEF) and funding organisations (e.g. Save the Children) provide technical and financial assistance to the design and pilot testing of intervention activities that focus on prevention, withdrawal, rehabilitation and reintegration, of such children.

We will not include universal prevention strategies.

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## **Dimensions**

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The EGM will be presented as per EGM convention: interventions (rows) and outcomes (columns). The interventions will be sub-grouped as primary, secondary and tertiary preventive and/or management strategies. Other dimensions to be considered:

- Age groups (children 0-2, 3-5, 6-11)
- Systematic review quality (low, moderate, high)
- Type of primary study (RCT, non-RCT)
- Status of study (completed, ongoing)
- Intervention target groups (individual/groups of children, individual/groups of parents/carers, child-parent/carer dyads, individual/groups of service providers).

In the hard copy of the EGM, multiple 2x2 representations of the EGM will be reported. A copy of the coding form will be included as an annex to the EGM report.

In the online version, the additional dimensions will be possible to use as a filter. The online version will include references to included studies and brief summaries of each study based on the abstract (for primary studies) or plain language summary (for systematic reviews) provided for it.

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## **Outcomes**

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The EGM will summarise the evidence in the following outcome domains:

1. Safety: Protection from maltreatment
2. Physical health and development: Childhood medical and physiological developmental outcomes
3. Mental health: Cognitive and psychological outcomes (self-destructive behaviour, depression/suicide attempts)
4. Educational: School enrolment, educational/intellectual outcomes, psychological outcomes (self-destructive behaviour, depression/suicide attempts)
5. Behavioural: Delinquency, social relationships and networks, familial relationships
6. Cultural and spiritual identity: Participation in social functions, cultural activities, where desirable
7. Rehabilitation: Mainstreaming of commercially exploited children.

If included studies report costs related to the delivery of tested interventions, their cost-effectiveness or cost-benefits, these will be reported as well.

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## **Study designs**

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The EGM will include randomised controlled trials (RCTs), non-randomised controlled trials, and systematic reviews of effects of interventions.

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## Evidence and gap map authors

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## Roles and responsibilities

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- **Content expertise:**

Dr. Anju Sinha is a program officer in Child Health at the ICMR, New Delhi. She would be assisted in the content by a project Advisory Committee constituted for this project.

- **Systematic review method expertise:**

All authors are experienced systematic reviewers, which means they are proficient in carrying out the various processes in an EGM, such as eligibility screening, quality assessment and coding. The team will receive targeted support on an as-needed-basis from the project Advisory Group Chair Dr. Ajay Khera, Deputy Commissioner, Mother and Child Health, Ministry of Health and Family Welfare (MOHFW), Government of India.

The author team will be supported by Mr. Denny John who works as Evidence Synthesis Specialist, Campbell Collaboration, New Delhi, and is working on methods for systematic reviews of economic analyses of social programs, and works closely with Ministry of Health, Government of India, NGOs, and researchers, on evidence-informed practice and policy. He has over 6years' experience in evidence synthesis including skills in using GRADE, AMSTAR, Cochrane Risk of Bias, Ottawa Newcastle Quality Assessment Score, CASP, PRISMA, and CHEERS for review of economic evaluation studies. Mr. John will also lead the component specific to the costs of interventions including cost effectiveness and cost-benefit analyses.

- ***EGM methods expertise:***

Denny John has EGM expertise and will provide support to the team.

- ***Information retrieval expertise:***

Denny John has information retrieval expertise and will provide search strategy support to the team.

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## **Funding**

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The EGM will be self-funded.

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## **Potential conflicts of interest**

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No conflicts of interest.

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### **Preliminary timeframe**

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- Date you plan to submit a draft protocol: July 2018
- Date you plan to submit a draft review: December 2018