Gaps in data and research – a global impression

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CSA Global Burden of Disease Analysis

Expert Consultation on Strengthening Data and Research to Protect Children from Violence

Saetra Bruk, Sweden, 19-21 June 2012

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The public health approach

1. Define & describe
   Data on the nature, magnitude, and consequences

2. Identify risk
   Data on risk and protective factors and causes

3. Scaling up and cost-effectiveness
   Data on effectiveness and cost-effectiveness

4. Developing and evaluating interventions
   Data on effectiveness

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Aim: survey availability of, and identify gaps in, data and research and assess quality according to:

- 4 steps of PH approach
- country income levels
1: Data on nature, magnitude, consequences

1. Define & describe
   Data on the nature, magnitude, and consequences

2. Identify risk
   Data on risk and protective factors and causes?

3. Develop and evaluate interventions
   Data on effectiveness

4. Scaling up and cost-effectiveness
   Data on effectiveness and cost-effectiveness
1: Nature

- Consensus – lack of consistency in and limited coverage of definitions and instruments

- Article 19 of the CRC – violence = all forms of physical or mental violence, injury and abuse, maltreatment or exploitation

- WHO – child maltreatment: physical, sexual, emotional abuse and neglect

- NatSCEV: conventional crime, child maltreatment, peer and sibling violence, sexual victimization, witnessing and indirect victimization, exposure to family violence, exposure to family violence, school violence, threat, internet victimization

- Bullying, dating violence, child labour, children in armed conflict, forced marriage, harmful traditional practices?

Need for broader coverage & more consistency in definitions & measurement instruments
### 1: Magnitude

<table>
<thead>
<tr>
<th>Source of data</th>
<th>Coverage of different types of VAC</th>
<th>Quality</th>
<th>HIC</th>
<th>LMIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic reviews</td>
<td>Poor</td>
<td>Mostly on CSA</td>
<td>Average</td>
<td>Many</td>
</tr>
<tr>
<td>Population-based surveys (incidence, prevalence)</td>
<td>Many</td>
<td>Average</td>
<td>CSA, CPA, violence by peers; ACE; Disciplinary practices at home; Violence and bullying in schools</td>
<td>Average</td>
</tr>
</tbody>
</table>

**Great deal of uncertainty around estimates of comparability**

**More studies from LMIC required**

**Issue of uncertainty of VAC**

CP service or agency-based data of limited use: in HIC 5-10% cases come to attention of authorities; in Hong-Kong, 0.3%; in LMIC??

**Gaps in data and research & GBD CSA estimates**
## 1: Consequences

<table>
<thead>
<tr>
<th>Source of data</th>
<th>Coverage of different types of VAC and consequences</th>
<th>Quality</th>
<th>HIC</th>
<th>LMIC</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic reviews, including meta-analyses</td>
<td>Few Poor OK for CSA Only one in press on non-CSA</td>
<td>Average</td>
<td>Many</td>
<td>A few</td>
<td>ACE studies in USA and elsewhere</td>
</tr>
<tr>
<td>Individual studies on consequences</td>
<td>Many</td>
<td>Average</td>
<td>Many</td>
<td>A few</td>
<td>Upcoming GBD estimates</td>
</tr>
</tbody>
</table>

Chronic diseases (?)
Little data from LMIC
2: Risk and protective factors

1. Define & describe
   Data on the nature, magnitude, and consequences

2. Identify risk
   Data on risk and protective factors and causes?

3. Develop and evaluate interventions
   Data on effectiveness

4. Scaling up and cost-effectiveness
   Data on effectiveness and cost-effectiveness
## 1: Risk and protective factors and causes

<table>
<thead>
<tr>
<th>Source of data</th>
<th>Coverage of different types of VAC and r/fs</th>
<th>Quality</th>
<th>HIC</th>
<th>LMIC</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic reviews, including meta-analyses, Some</td>
<td>Average OK for CPA, CSA, and N; Poor for CEA; Community and societal level neglected</td>
<td>Average</td>
<td>Some</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Stith et al., 2009 (CPA &amp; N, 155 studies, 39 risk factors); Whitaker et al., 2008 (CSA, 89 studies)</td>
</tr>
</tbody>
</table>

**Protected factors neglected**

Little data from LMIC

Too few prospective studies
3: Evaluation of interventions

1. Define & describe
Data on the nature, magnitude, distribution, and consequences

2. Identify risk
Data on risk and protective factors and causes?

3. Develop and evaluate interventions
Data on effectiveness

4. Scaling up and cost-effectiveness
Data on effectiveness and cost-effectiveness
### Evaluation of the effectiveness of prevention programmes

<table>
<thead>
<tr>
<th>Source of data</th>
<th>Coverage of different types of VAC and types of programmes</th>
<th>Quality</th>
<th>HIC</th>
<th>LMIC</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic reviews, including meta-analyses Many</td>
<td>Average Many of CPA, CN, bullying A few on CSA Very few on CEA Many on HV, parenting, CSA prevention programmes.</td>
<td>Average</td>
<td>Some</td>
<td>Few</td>
<td>Barlow et al., 2006 (SR of R) Mikton and Butchart, 2009 (SR of R) MacMillan et al., 2009 Bilukha et al, 2005 (HV, 22 studies on CM) Zwi et al., 2007 (CSA, 15 RCTs)</td>
</tr>
<tr>
<td>Individual studies evaluating effectiveness Many</td>
<td>Many of CPA, CN, bullying A few on CSA Very few on CEA Many on HV, parenting, CSA prevention programmes.</td>
<td>Average</td>
<td>Too few RCTs; Validity of outcome measures poor.</td>
<td>Some</td>
<td>Few</td>
</tr>
</tbody>
</table>

Only two programmes proven to work in HIC – NFP & Triple P. Almost no evidence from LMIC, but Children and Violence Evaluation Challenge Fund.
1: Scaling up and evaluating cost effectiveness

1. Define & describe
   Data on the nature, magnitude, and consequences

2. Identify risk
   Data on risk and protective factors and causes?

3. Develop and evaluate interventions
   Data on effectiveness

4. Scaling up and cost-effectiveness
   Data on effectiveness and cost-effectiveness
4: Scaling up and evaluating cost-effectiveness

- No ex-s outside HIC and few in HIC – no evaluations
  - NFP in USA - The Home Visiting Program - US$ 1.5 Billion over five years
  - Triple P: Scaled up in Alberta, Ireland, Glasgow, Australia, etc.

- Cost-effectiveness
  - Few studies have looked at VAC programmes specifically
  - Most have looked at benefits of early childhood interventions
    - NFP: $2.88 return for every $1 invested
    - High Scope Perry pre-school project: $17 return for $1 invested
Summary of major gaps in data and research

- Step 1: nature, magnitude, consequences
  - Coverage and consistency in definitions, consequences from LMIC

- Step 2: risk and protective factors
  - Community and societal risk factors, LMIC

- Step 3: effectiveness of interventions
  - Major gap: Only 2 prevention programmes proven to work
  - Outcome evaluation rare in LMIC

- Step 4: scaling up and cost-effectiveness
  - No data on effectiveness of scaled up programmes
  - Little data on cost-effectiveness of VAC prevention programmes

No cause for despair

Evidence-based prevention of VAC is a young field ~ 25 years

Rapid progress
Childhood Sexual Abuse
Global Burden of Disease Analysis

- London School of Hygiene and Tropical Medicine & WHO’s Dept. of Reproductive Health and Research
- GBD project: assesses the burden of disease consistently across all diseases and regions.
- Separate analyses for men/women and for non-contact, contact, intercourse, or any CSA
CSA global burden analysis: Objectives and process

- Aim: to estimate the burden of disease resulting from childhood sexual abuse using a 2 step process:
  1. By calculating global and regional prevalence:
     - Population-based surveys (UNICEF, WHO, DHS, etc.)
     - Adolescent Health Surveys (adolescents in school)
     - Other national/regional health surveys
     - Crime Victimisation surveys
  2. By calculating the magnitude of the association between CSA and a range of physical and mental health outcomes:
     - Systematic reviews of published and grey literature
     - Searches of 28 databases identifying studies where effect estimates could be calculated

Should address some of the gaps released later this year
Problems identified in the process

- Need ethical and safety standards similar to those developed for research on violence against women (WHO ethical and safety standards)
- Need for recognition of links with other forms of violence victimization and perpetration
- When doing research, need to not lose sight of the rights and experiences of individuals who have been victimized
Thank you!


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