

Gaps in data and research – a global impression & CSA Global Burden of Disease Analysis

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

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**World Health
Organization**



GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE

**MILLIONS OF CHILDREN SUFFER ABUSE
AND NEGLECT AT THE HANDS OF THEIR
PARENTS AND OTHER CAREGIVERS.**

www.who.int/violence_injury_prevention

The public health approach

- Science-based
- Primary prevention
- Interdisciplinary
- Intersectoral

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

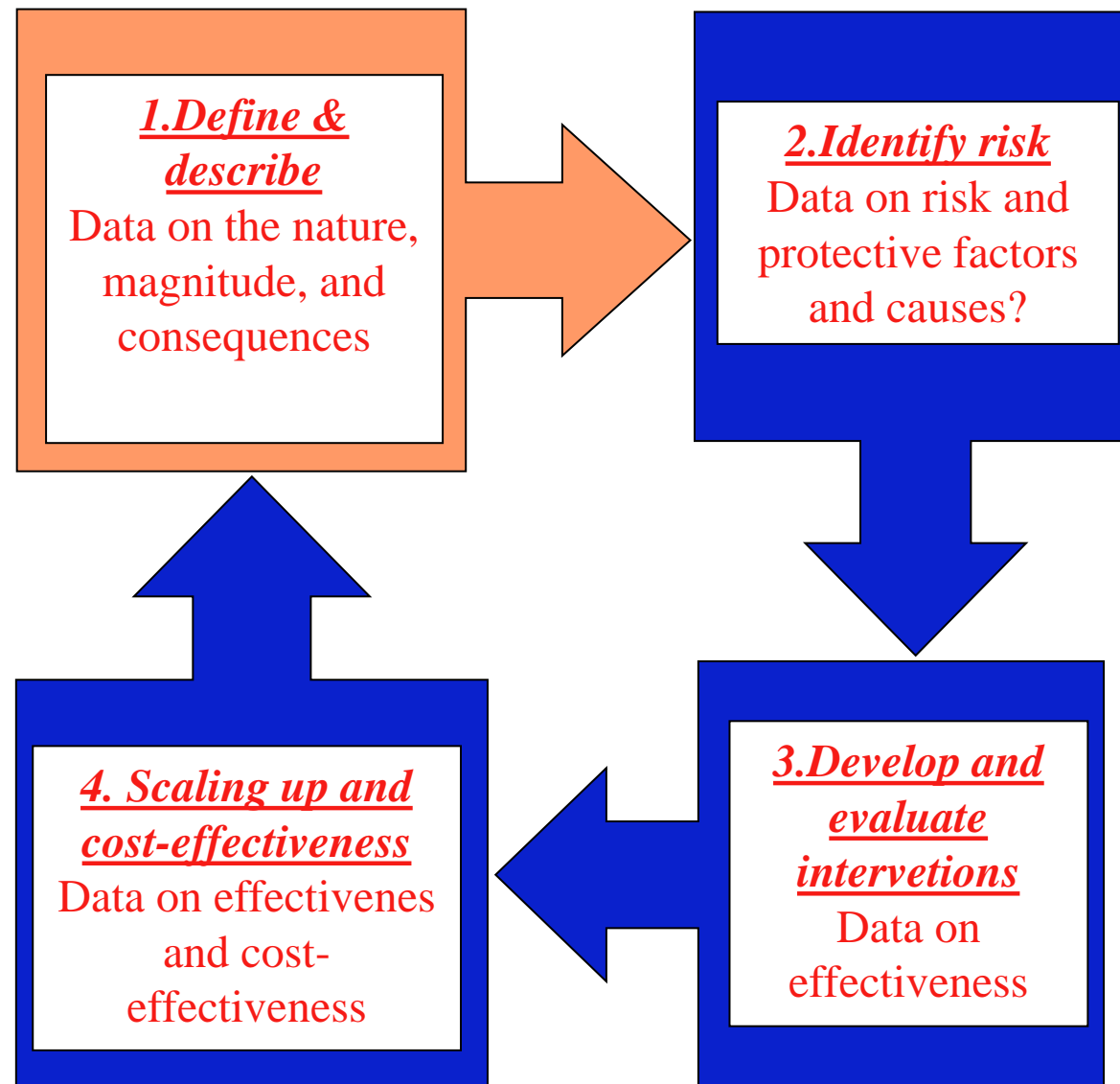
- 4 steps of PH approach
- country income levels

Effectiveness
Data on
effectiveness and
cost-effectiveness

3. Develop and
evaluate
interventions
Data on
effectiveness



1: Data on nature, magnitude, consequences



1: Nature

- Consensus – lack of consistency in and limited coverage of definitions and instruments
- Article 19 of the CRC - violence, violence, injury and abuse, maltreatment or exploitation
- WHO – child sexual abuse and
- Neglect, maltreatment, peer and sibling violence, witnessing and indirect victimization, exposure to community violence, exposure to family violence, school violence, 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

Source of data	Coverage of different types of VAC	Quality	HIC	LMIC
Systematic reviews, including meta-analyses Some	Poor Mostly on CSA	Average		

Great deal of uncertainty around estimates of VAC

Issue of comparability

More studies from LMIC required

Prevalence
 - ACE studies;
 - GSHS (75 countries);
 - HBSC (43 countries);
 - MICS/DHS (35 countries)

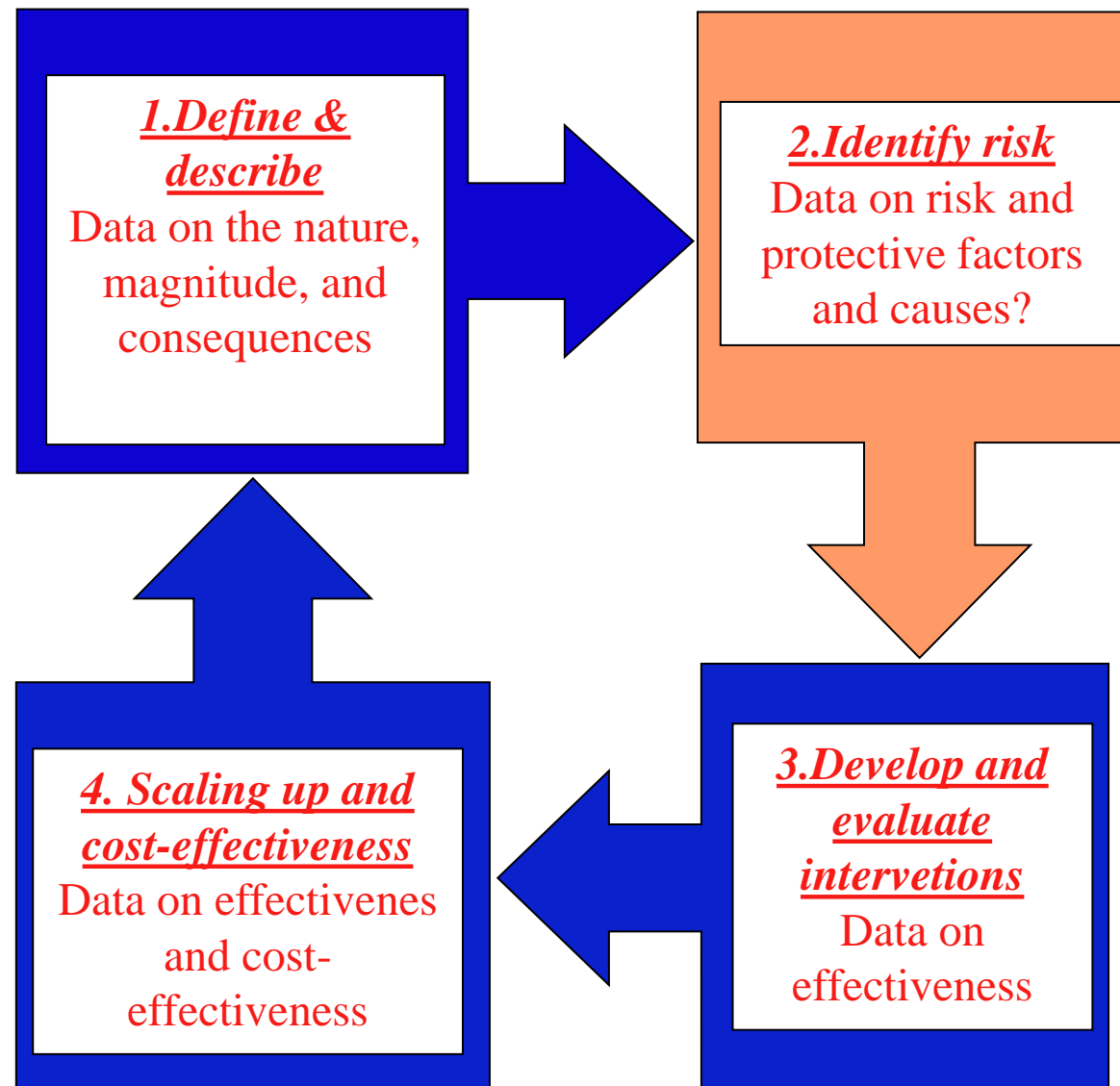
CP serv agency-based data of limited use: in HIC 5-10% cases come to attention of authorities; in Hong-Kong, 0.3%; in LMIC??

1: Consequences

Source of data	Coverage of different types of VAC and consequences	Quality	HIC	LMIC	Examples
Systematic reviews, including meta-analyses Few	Poor OK for CSA Only one in press on non-CSA	Average	Many	A few	8 (CSA); SA); non-CSA, 67 (press) in East Asia and (all forms of CM); upcoming GBD estimates
Individual studies on consequences Many	Average	Average	Many	A few	ACE studies in USA and elsewhere

Chronic diseases (?)
Little data from LMIC

2: Risk and protective factors

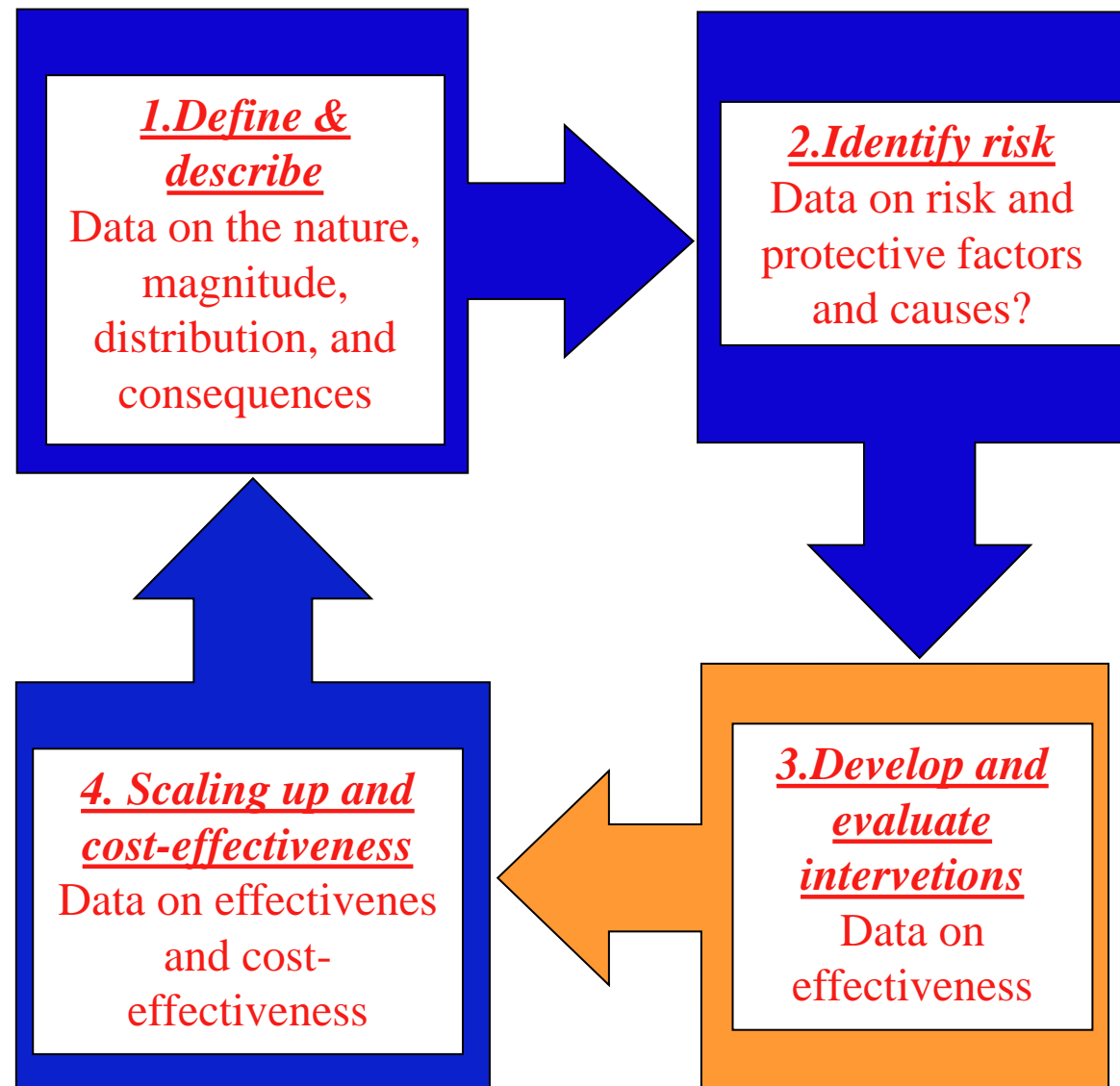


1: Risk and protective factors and causes

Source of data	Coverage of different types of VAC and r/fs	Quality	HIC	LMIC	Example
Systematic reviews, including meta-analyses Some	Average OK for CPA, CSA, and N; Poor for CEA; Community and societal	Average	Some		ies,
ca Ma		prospective studies (causes)			Stith et al, 2009 – 155 studies

Protective factors neglected
Little data from LMIC
Too few prospective studies

3: Evaluation of interventions



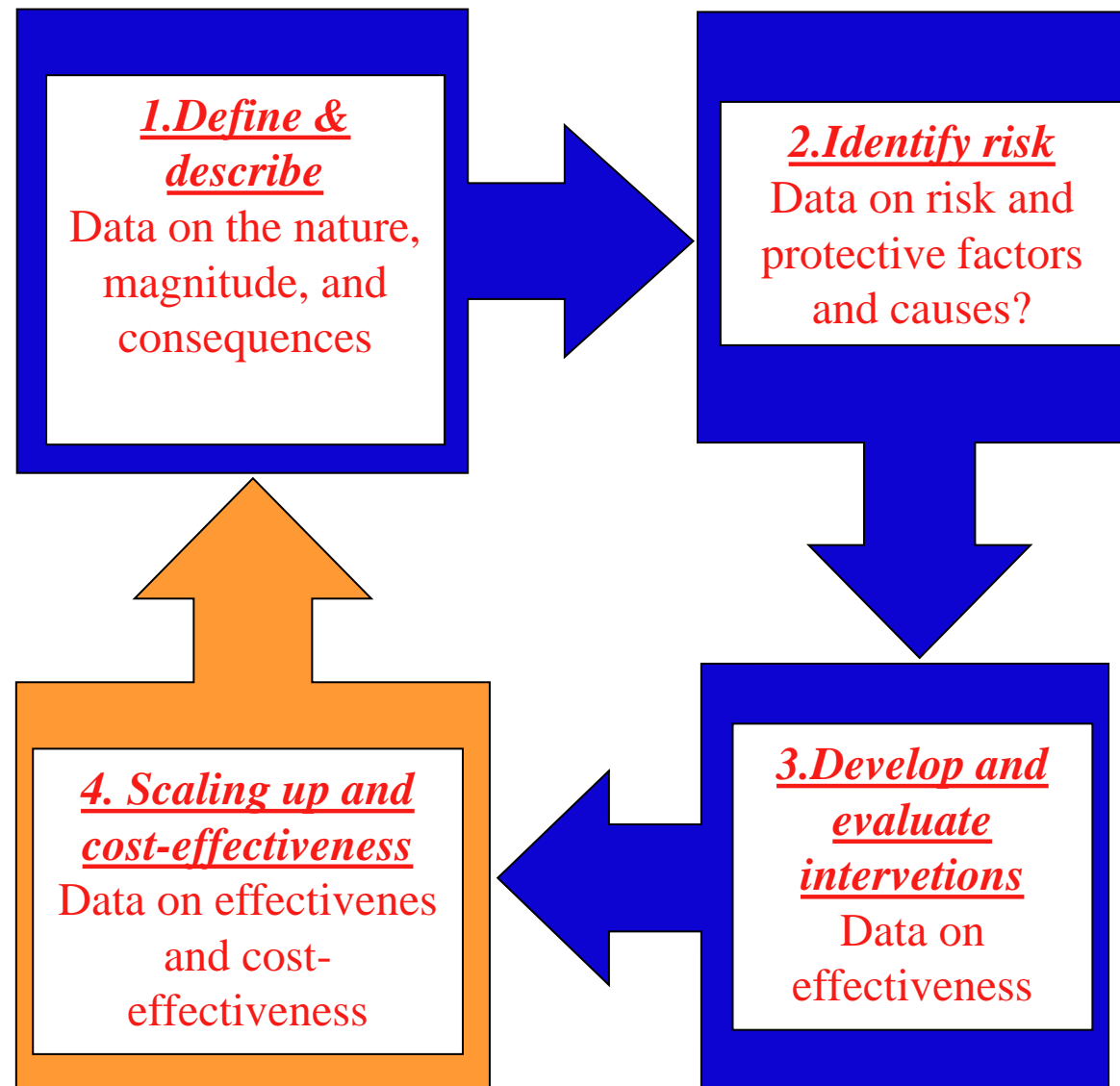
3: Evaluation of the effectiveness of prevention programmes

Source of data	Coverage of different types of VAC and types of programmes	Quality	HIC	LMIC	Examples
Systematic reviews, including meta-analyses Many	Average Many of CPA, CN, bullying A few on CSA Very few on CEA Many on HV, parenting	Average	Some	Few	
Individual studies					

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



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 and consequences from LMICs

- Step 2: risk factors

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- Step 3: effectiveness

- ☐ Effectiveness of scaled up programmes

- ☐ Little data on cost-effectiveness 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 (LUS)
- Adolescent Health Surveys
- Other national surveys

Should address some of the gaps

Results: released later this year

2. Magnitude of the association between CSA and physical and mental health outcomes

Systematic reviews of published and grey literature

- Searches of 28 databases identifying studies where effect estimates could be calculated



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!



http://www.who.int/violence_injury_prevention/violence/en/



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