BRIEFING PAPER

Preventing child abuse and interpersonal violence in low- and middle-income countries

Estimates suggest that up to 40 million children under age 14 experience abuse or neglect each year around the world.[1-3] In a study of 12,000 mothers in five developing countries, as many as half reported hitting a child with an object, spanking, slapping, pinching, shaking or otherwise harshly physically disciplining.[4-5] In South Africa, there is evidence that "violence against children is ubiquitous. Beatings take place daily or every week. Sticks, belts, or other weapons are used and injury is common."[6] These figures are likely to be gross underestimates of the reality.

Parenting and child maltreatment

While many factors are known to increase the risk that a child will be maltreated, substantial research points to negative, poor or harsh parenting as major risk factors for maltreatment. Conversely – even in high-risk situations – positive parent–child relationships and a sensitive, responsive and consistent style of parenting, particularly in early childhood, can play protective roles in child development.[7] Parenting factors can buffer and mediate the effects of wider family and community factors on children's development, particularly conduct disorder.[8-11]

In short, parenting interventions are an important and potentially fundamental approach to the prevention of child maltreatment and promotion of safe, nurturing, non-violent home settings, both in the immediate family and in the next generation.[12]

About parenting interventions

Parenting interventions are the most common form of preventive intervention for addressing child maltreatment in the home. They include a broad range of programmes aimed at many different outcomes, some of which may influence risks of maltreatment or harsh parenting more than others (e.g., pre-/post-natal home visiting programmes, safety training for parents to reduce unintentional injury, interventions which address specific health conditions, interventions to reduce child conduct problems). These may be delivered to individual parents, groups of parents or parents along with their children, at home or in health or community settings.

Even parenting interventions which do not measure explicit maltreatment-related outcomes (such as police reports of abuse) are highly relevant in efforts to reduce child

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maltreatment. Responsiveness to child needs, strength of the parent–child bond, use of more appropriate or positive disciplinary strategies, or reduction in child misconduct are all valid proxy measures for assessing the effects of interventions on the incidence or likelihood of maltreatment.

There are parenting interventions with very strong evidence of effect for improving parenting practices and reducing risk factors for maltreatment. These have been extensively tested among diverse populations in high-income countries over the past several decades, but far fewer rigorous studies have been reported in low- or middle-income countries.

Results of the systematic review

This review included randomized controlled trials identified through electronic databases, searching of grey literature and contacts with experts. Twelve studies fit the search criteria, which included 1,580 parents in nine countries (Table 1).

All studies reported positive results of interventions for improving parenting practices based on a range of measures, half of which were self-report measures (which can introduce significant bias) and half of which were observational (which is a more reliable method). Overall, the reliability and validity of results for most studies was unclear due to

Table 1. Population characteristics of parenting interventions

Study	Country	Participants			Sample size (n)
		Parent/Carer	Child age	Socioeconomic status	
Aracena, Krause et al. 2009 [13]	Chile	Pregnant women (3rd trimester)	0–12 months	Extremely poor neighbourhoods	104
Cooper, Tomlinson et al. 2009 [14]	South Africa	Pregnant women (3rd trimester)	0–6 months	Live in shacks, in settlements characterised by very high unemployment and poverty	449
Jin, Sun et al. 2007 [15]	China	Mothers	0–2 years	Most live below poverty line	100
Kagitcibasi, Sunar et al. 2001 [16]	Turkey	Mothers	3–5 years	Squatter housing in urban shantytown; low income	280
Klein and Rye 2004 [17]	Ethiopia	Families	1–3 years	Congested urban slums, overcrowded households and poor sanitation; some live at subsistence levels	96
Magwaza and Edwards 1991 [18]	South Africa	Mothers	mean = 4.5 years	Disadvantaged	90
Oveisi, Ardabili et al. 2010 [19]	Iran	Mothers	2–6 years	Most fathers were employed	272
Powell and Grantham-McGregor 1989 [20]	Jamaica	Mothers	16–30 months	Below-average housing conditions (e.g., poor sanitation and overcrowding)	58
Rahman, Iqbal et al. 2009 [21]	Pakistan	Pregnant women (3rd trimester)	0–3 months	Many live on income from subsistence farming	334
Teferra and Tekle 1996 [22]	Ethiopia	Families	6 months – 3 years	Congested urban slums, overcrowded households and poor sanitation; some live at subsistence levels	30
Van Wyk, Eloff et al. 1983 [23]	South Africa	Mothers	8–12 years	Advantaged	26
Wendland-Carro, Piccinini et al. 1999 [24]	Brazil	New mothers	2–3 days	'Low' or 'median' housing conditions	38

significant or unclear risks of bias. The two largest and highest-quality studies – from South Africa[14] and Pakistan[21] – suggest that parenting interventions in some low- and middle-income countries can improve parent–child relationships and reduce negative parenting practices, both of which are protective factors against child maltreatment. These high-quality studies are models for intervention design and evaluation in low-resource settings. For example, they suggest that it is feasible to:

- use non-professional local staff to deliver interventions to parents;
- deliver interventions through home visits; and,
- add interventions to routine health services for pregnant women and new mothers.

All of these factors are of particular relevance in low-resource settings, where professional staffing may not be feasible or affordable at scale; health facilities may be inaccessible for many people, particularly in rural areas or in countries with weak health systems; and use of existing service delivery mechanisms (e.g., home visits) is more cost-effective and may be more familiar or acceptable to local populations.

Results of the systematic review

There is increasing interest in and research on the effectiveness of transporting interventions from one culture or country to another, and a growing body of evidence on transporting interventions with an established evidence base from one high-income country to another. Some trials have reported successful 'transportation' of well-tested parenting interventions,[25-29] while others have had more disappointing results.[30]

Many of the studies included in this review implemented interventions which were transported from one country to another. However, in general, these interventions did not have a high-quality evidence base (i.e., proven efficacy through randomized controlled trials) in the countries in which they were originally developed. Therefore these trials provide limited information about the potential for transporting efficacious interventions between countries, which is an area in need of more research.

In general, the decision to invest resources in adapting a parenting intervention must pay close attention to the fidelity–adaptation balance: maintaining the 'active ingredients' of the original intervention while adapting it to improve acceptability, feasibility and effectiveness (e.g., Backer[31]). Pilot testing of adapted components, and well-designed measurement and evaluation processes are crucial, while additional measures of fidelity or a 're-certification' process may help to ensure adherence to existing principles of the intervention as it is adapted.[31-32]

Variations in parenting across cultures and contexts[33-36] make the process of adaptation particularly challenging. Ethnographic and other forms of qualitative research on family dynamics, behaviour and psychology can help to illuminate the risk and protective factors related to child maltreatment or parenting more generally in a culture or context, as a basis for adaptation. At the same time, there is a need for careful consideration of the weight given to such cultural and contextual variations, in light of studies showing that, in some situations and with certain activities, parenting across cultures can be more similar than different.[35, 37-40]

In assessing the potential for adaptation of interventions, the following issues are of particular importance:

- prevalence of orphan-hood
- gender inequity
- gender-based violence
- migration
- differences in family structures and dynamics (e.g., extended families and living with non-biological carers)
- language and literacy variations
- Poverty and other social and structural pressures
- Practical issues such as lack of water or electricity, lack of a formal meeting place or space, inadequate transport links to get to intervention sites, and safety issues in areas of high crime or violence.

Parenting interventions in the context of HIV and AIDS

Of particular importance in some low- and middle-income country settings is the influence of HIV and AIDS. There is limited research on their effects on the ability to parent and the implementation and effectiveness of parenting interventions. High rates of depression among HIV-positive pregnant women and mothers (e.g., Rochat, Brandt[41-42]) could complicate recruitment of parents to take part in interventions, and may have implications for intervention effectiveness as parenting itself is known to be strongly influenced by parental mental health. Alternatively, it is worth noting that parenting interventions in high-income countries have been shown to improve parental depression,[43] and to show greater benefits for children of depressed or most-disadvantage parents.[44-46]

Parenting an HIV-positive child may also be more challenging than parenting a healthy child, as it is often accompanied by the stress of frequent opportunistic infections, the demands of treatment regimes, and fears of child morbidity and mortality. Thus, HIV and AIDS pose problems not only in terms of recruitment and maintenance of parents in interventions, but also with regard to parent stressors. Existing parenting interventions which are adapted for use in areas with high HIV/AIDS prevalence are likely to need additional or specialised components or modifications.

Parenting interventions, gender and preventing future violence

There is a large body of evidence associating child maltreatment and harsh parenting – even mild forms of abuse – with later violent behaviour and perpetration of violent crimes, including interpersonal and intimate partner violence.[47-48] Correlational studies have shown that males convicted of violence are more likely to have had parents with authoritarian attitudes about child-rearing and who used harsh discipline.[48] The prospective study of partner violence by Capaldi and Clark[49] shows that childhood conduct disorder and poor parenting were the strongest early predictors of boys' partner violence when they reached young adulthood. And there is strong, direct evidence of the general association between conduct disorder, such as aggression, and the risk of abusive, violent or criminal behaviour later in life.[49-51] However, most of this research has been done in the United States and other high-income countries, and much more is needed in LMICs. There is also evidence that positive parenting can buffer the effects of community violence or other negative influences. For example, a study of the effects of community violence on children in South Africa suggests the important role parents could play in counteracting the effects of exposure to violence by introducing effective coping mechanisms before children experience violence.[52]

While the developmental pathways linking parenting and future behaviour of children are clear, there is a paucity of data or evidence on the role of parental gender socialisation in this process. More specifically, the role of gender socialisation in parenting and child/adult aggression remains relatively unclear and studies are characterised by conflicting data (e.g., Webster-Stratton, Fang[53-54]). To date, there have been no rigorous parenting intervention studies identified in the literature which include gender socialization as a major component or theoretical construct, and which measure effects on child behaviour.

Recommendations

Fund more rigorous research and enable thorough reporting of results

Policymakers and international development donors should encourage and fund more and more rigorously evaluated parent training interventions in LMICs, especially in low-income countries.

Emphasis should be placed on: good evaluation design and thorough reporting of randomisation, allocation concealment, blinding and treatment of missing outcome data; use of standardised, comparable outcome measures; instruments validated for use with the study population, and preferably those which use direct observation rather than self-report. (These should be prioritised by researchers or implementers, and encouraged by funding organisations or donors.)

Test interventions which are adapted from other settings

Policymakers, donors and researchers should take into account the promising body of work on adaptability and effectiveness of parenting interventions across cultural groups within HICs and successful implementation of these programmes outside of trials in LMICs, as a basis for supporting further research into adaptation.

Researchers should also ensure that trials of adapted parenting interventions include qualitative research and/or pilot testing focused, for example, on the following:

- use of low-literacy intervention components;
- testing with single-parent families,

  non-nuclear/extended families, grandparents or foster parents;
- safety measures in areas of high crime or violence;
- effectiveness of intervention componenets among HIV/AIDS-affected populations.

Researchers should consider integrating gender socialisation components or outcome measures into parent training interventions and trials, with particular focus on boys' socialisation and behaviour over time.

Increase affordability of evidence-based interventions

Cost-effectiveness is a key issue in terms of choosing which intervention to implement, and whether to adapt an existing intervention or create an original or indigenous programme. The cost of some of the most rigorously tested, manualized parenting interventions (e.g., Sanders, Webster-Stratton[55,40]) could be a barrier to adoption of evidence-based parenting interventions by governments and non-governmental organizations.

Thus, developers of parenting interventions, donors and other stakeholders should consider making fee waivers or reduced fees available to governmental and non-governmental organisations in LMICs.

References

1. Butchart A. Preventing child maltreatment: a guide to taking action and generating evidence. Geneva: World Health Organization and International Society for Prevention of Child Abuse and Neglect2006.
2. WHO. World Report on Child Injury Prevention. Geneva: WHO and UNICEF2008.
3. ISPCAN. World Perspectives on Child Abuse, Sixth Edition: International Society for Prevention of Child Abuse and Neglect (ISPCAN)2008.
4. Krug E, et al. World report on violence and health. Geneva: World Health Organization2002.
5. Sadowski LS, Hunter WM, Bangdiwala SI, Muñoz SR. The world studies of abuse in the family environment (WorldSAFE): a model of a multi-national study of family violence. Injury Control and Safety Promotion. 2004;11(2):81 - 90.
6. Seedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K. Violence and injuries in South Africa: prioritising an agenda for prevention. Lancet. 2009;374(9694):1011-22.
7. Gardner F, Sonuga-Barke E, Sayal K. Parents anticipating misbehaviour: An observational study of strategies parents use to prevent conflict with behaviour problem children. Journal of Child Psychology and Psychiatry. 1999;40(8):1185-96.
8. Carlo G, Raffaelli M, Laible DJ, Meyer KA. Why are Girls Less Physically Aggressive than Boys? Personality and Parenting Mediators of Physical Aggression. Sex Roles. [10.1023/A:1018856601513]. 1999;40(9):711-29.
9. Bank L, Marion SF, Patterson GR, Fetrow RA. Parenting Practices of Single Mothers: Mediators of Negative Contextual Factors. Journal of Marriage and Family. 1993;55(2):371-84.
10. Conger R, Ge X, Elder GJ, Lorenz F, Simons R. Economic stress, coercive family process, and developmental problems of adolescents. Child Dev. 1994 Apr;65(2 Spec No):541-61.
11. Costello E, Compton S, Keeler G, Angold A. Relationships between poverty and psychopathology: a natural experiment. JAMA. 2003 Oct 15;290(15):2023-9.
12. Mercy JA, Butchart A, Rosenberg ML, Dahlberg L, Harvey A. Preventing violence in developing countries: a framework for action. International Journal of Injury Control and Safety Promotion. 2008;15(4):197 - 208.
13. Aracena M, Krause M, Perez C, Mendez MJ, Salvatierra L, Soto M, et al. A cost-effectiveness evaluation of a home visit program for adolescent mothers. Journal of Health Psychology. 2009 Oct;14(7):878-87.
14. Cooper PJ, Tomlinson M, Swartz L, Landman M, Molteno C, Stein A, et al. Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: randomised controlled trial. BMJ. 2009;338:b974.
15. Jin X, Sun Y, Jiang F, Ma J, Morgan C, Shen X. "Care for Development" intervention in rural China: a prospective follow-up study. Journal of Developmental & Behavioral Pediatrics. 2007 Jun;28(3):213-8.
16. Kagitcibasi C, Sunar D, Bekman S. Long-term effects of early intervention: Turkish low-income mothers and children. Applied Developmental Psychology. 2001;22:333-61.
17. Klein PS, Rye H. Interaction-oriented Early Intervention in Ethiopia: The MISC Approach. Infants & Young Children. 2004;17(4):340-54.
18. Magwaza A, Edwards S. An evaluation of an integrated parent-effectiveness training and children's enrichment programme for disadvantaged families. South African Journal of Psychology. 1991 Mar;21(1):21-5.
19. Oveisi S, Ardabili HE, Dadds MR, Majdzadeh R, Mohammadkhani P, Rad JA, et al. Primary prevention of parent-child conflict and abuse in Iranian mothers: A randomized-controlled trial. Child Abuse and Neglect. 2010 March;34(3):206-13.
20. Powell C, Grantham-McGregor S. Home visiting of varying frequency and child development. Pediatrics. 1989;84(1):157-64.
21. Rahman A, Iqbal Z, Roberts C, Husain N. Cluster randomized trial of a parent-based intervention to support early development of children in a low-income country. Child: Care, Health & Development. 2009 Jan;35(1):56-62.
22. Teferra T, Tekle L. Mediational intervention for sensitizing caregivers: Ethiopia. In: Klein P, editor. Early intervention: Cross-cultural experiences with a mediational approach. New York: Garland; 1996. p. 95-112.
23. Van Wyk J, Eloff M, Heyns P. The evaluation of an integrated parent-training program. The Journal of Social Psychology. 1983 Dec;121(2):273-81.
24. Wendland-Carro J, Piccinini CA, Millar WS. The role of an early intervention on enhancing the quality of mother-infant interaction. Child Development. 1999 May-Jun;70(3):713-21.
25. Gardner F, Burton J, Klimes I. Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change. J Child Psychol Psychiatry. 2006;47(11):1123-32.
26. Leung C, Sanders MR, Leung S, Mak R, Lau J. An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. Family Process. 2003;42(4):531-44.
27. Prinz R, Sanders M, Shapiro C, Whitaker D, Lutzker J. Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial. Prevention Science. [10.1007/s11121-009-0123-3]. 2009;10(1):1-12.
28. Larsson B, Fossum S, Clifford G, Drugli MB, Handegard BH, Morch WT. Treatment of oppositional defiant and conduct problems in young Norwegian children : results of a randomized controlled trial. Eur Child Adolesc Psychiatry. 2009;18(1):42-52. Epub 2008 Jun 18.
29. Reid J, Webster-Stratton C, Hammond M. Follow-Up of Children Who Received The Incredible Years Intervention for Oppositional Defiant Disorder: Maintenance and Prediction of 2-Year Outcome. Behavior Therapy. 2003;34:471-91.

30. Sundell K, Hansson K, Löfholm CA, Olsson T, Gustle L-H, Kadesjö C. The transportability of multisystemic therapy to Sweden: Short-term results from a randomized trial of conduct-disordered youths. Journal of Family Psychology. 2008;22(4):550-60.
31. Backer TE. Finding the balance - Program fidelity and adaptation in substance abuse prevention: A state-of-the-art review. Rockville, MD: Center for Substance Abuse Prevention2001.
32. O'Connor C, Small SA, Cooney SM. Program fidelity and adaptation: Meeting local needs without compromising program effectiveness. Madison, WI: University of Wisconsin-Madison/Extension; 2007.
33. Djeddah C, Facchin P, Ranzato C, Romer C. Child abuse: current problems and key public health challenges. Social Science & Medicine. [doi: DOI: 10.1016/S0277-9536(00)00070-8]. 2000;51(6):905-15.
34. Keller H, Lamm B, Abels M, Yovsi R, Borke J, Jensen H, et al. Cultural Models, Socialization Goals, and Parenting Ethnotheories: A Multicultural Analysis. Journal of Cross-Cultural Psychology. 2006 March 1, 2006;37(2):155-72.
35. Albert I, Trommsdorff G, Mishra R. Parenting and adolescent attachment in India and Germany. In: Zheng G, editor. Perspectives and progress in contemporary cross-cultural psychology. Beijing: China Light Industry; 2007. p. 97-108.
36. Mikton CB, Alexander. Child maltreatment prevention: a systematic review of reviews. Bull World Health Organ. 2009;87:353–61.
37. Bradford K, Barber BK, Olsen JA, Maughan SL, Erickson LD, Ward D, et al. A Multi-National Study of Interparental Conflict, Parenting, and Adolescent Functioning -- South Africa, Bangladesh, China, India, Bosnia, Germany, Palestine, Colombia, and theUnited States. Marriage & Family Review. 2004;35(3):107 - 37.
38. Pinderhughes EE, Hurley S. Disentangling Ethnic and Contextual Influences Among Parents Raising Youth in High-Risk Communities. Applied Developmental Science. [Article]. 2008;12(4):211-9.
39. Reid M, Webster-Stratton C, Beauchaine T. Parent Training in Head Start: A Comparison of Program Response Among African American, Asian American, Caucasian, and Hispanic Mothers. Prevention Science. 2001;2(4).
40. Webster-Stratton C. Training interpreters to deliver the Incredible Years Parent Program: A cross cultural collaboration. 2006.
41. Rochat TJ, Richter LM, Doll HA, Buthelezi NP, Tomkins A, Stein A. Depression Among Pregnant Rural South African Women Undergoing HIV Testing. JAMA. 2006 March 22, 2006;295(12):1376-8.
42. Brandt R. The mental health of people living with HIV/AIDS in Africa: a systematic review. Afr J Aids Res. 2010;8:123-33.
43. Barlow J, Coren E, Stewart-Brown S. Parent-training programmes for improving maternal psychosocial health. Cochrane Database of Systematic Reviews [serial on the Internet]. 2003; (4): Available from: http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD002020/frame.html.
44. Gardner F, Hutchings J, Bywater T, Whitaker C. Who benefits and how does it work? Moderators and mediators of outcomes in a randomised trial of parenting interventions in multiple 'Sure Start' services. Journal of Clinical Child and Adolescent Psychology. 2010;39:568-80.
45. Gardner F, Connell A, Trentacosta C, Shaw D, Dishion T, Wilson M. Moderators of family intervention effects on early conduct problems. Journal of Consulting and Clinical Psychology. 2009;77:543-53.
46. Shaw D, Dishion T, Connell A, Wilson M, Gardner F. Improvements in maternal depression as a mediator of intervention effects on early child problem behavior. Development and Psychopathology. 2009;21:417-39.
47. Herrenkohl T, Herrenkohl R. Examining the Overlap and Prediction of Multiple Forms of Child Maltreatment, Stressors, and Socioeconomic Status: A Longitudinal Analysis of Youth Outcomes. Journal of Family Violence. [10.1007/s10896-007-9107-x]. 2007;22(7):553-62.
48. Maas C, Herrenkohl TI, Sousa C. Review of Research On Child Maltreatment and Violence in Youth. Trauma Violence Abuse. 2008 January 1, 2008;9(1):56-67.
49. Capaldi D, Clark S. Prospective family predictors of aggression toward female partners for at-risk young men. Dev Psychol. 1998 Nov;34(6):1175-88.
50. Moffitt TE, Caspi A, Harrington H, Milne BJ. Males on the life-course-persistent and adolescence-limited antisocial pathways: follow-up at age 26 years. Development & Psychopathology. 2002;14(1):179-207.
51. Farrington DP, Welsh B. Saving children from a life of crime: Early risk factors and effective interventions. Oxford: Oxford University Press.; 2007.
52. Shields N, Nadasen K, Pierce L. The effects of community violence on children in Cape Town, South Africa. Child Abuse and Neglect. 2008 May;32(5):589-601.
53. Fang X, Corso PS. Child Maltreatment, Youth Violence, and Intimate Partner Violence: Developmental Relationships. American Journal of Preventive Medicine. [doi: DOI: 10.1016/j.amepre.2007.06.003]. 2007;33(4):281-90.
54. Webster-Stratton C. Early onset conduct problems: Does gender make a difference? Journal of Consulting and Clinical Psychology. [doi:10.1037/0022-006X.64.3.540]. 1996;64(3):540-51.
55. Sanders M, Turner K, Markie-Dadds C. The development and dissemination of the Triple P -- Positive Parenting Program: A multilevel, evidence-based system of parneting and family support. Prevention Science. 2002 September 2002;3(3):173-89.

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