SVRI Research Seminar

Parenting, Gender Socialisation and the Prevention of Child Abuse and Neglect in Low- and Middle-income Countries

23 September 2010, Hilton Trafalgar Hotel, London, United Kingdom

Report
Acknowledgements

Through the participation of practitioners, researchers, advocates, funders and others, this workshop will assist in ensuring that the papers commissioned by the SVRI to explore and identify promising practices for the prevention of child sexual abuse and ultimately sexual violence in resource poor settings will be rooted in both evidence and practice. This is fundamental to the vision of the SVRI. We would sincerely like to thank the Oak Foundation for their prophetic support that has enabled us to facilitate such an important process before finalising the reviews. Thanks also go to the MRC and the Global Forum for Health Research for their ongoing and unwavering support to the SVRI, as well as to the SVRI Coordinating Group for their continual strategic guidance and investment in all our work, particularly this process. A special thank you goes to Scott Norel-Wilson, Sabrina Ciserchia and Lori Thicke at Translators without Borders for translating our workshop invitations into Spanish and French. We would also like to thank all the presenters for their thought provoking and professional presentations – thank you. And finally, and most importantly, thank you to all the participants for taking time out, on a wet London evening to participate and contribute to this process. We hope that through this event and others like it, we will strengthen and support improved responses to and prevention of sexual violence globally.
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Research Seminar - Background

Physical and emotional neglect and abuse and sexual abuse of children are both immediately harmful and increasingly understood as risk factors for further sexual victimization and sexual violence perpetration. Parenting and the home setting influence the risk of abuse in childhood, and may buffer or mediate the effects of family and community factors on children’s development. Interventions to strengthen parenting are an important approach to the prevention of child maltreatment and promotion of safe, nurturing, non-violent home settings – both in the immediate family and for the next generation of young men and women. A number of interventions have been shown to reduce harsh parenting, prevent or reduce child maltreatment and improve child outcomes. The focus of this seminar was to contribute to a process of synthesising current knowledge on effective parenting interventions and their potential use in low and middle income countries and in sexual violence prevention.

The SVRI has commissioned desk reviews on parenting interventions to prevent child neglect and abuse and promote more equitable gender re-socialisation of children. This work has been supported by the Oak Foundation. A preliminary step in this process was the hosting of seminar to present early findings of some of these reviews by researchers from the Department of Social Policy and Social Work, University of Oxford and Department of Public Health, University of Illinois. This was held on Thursday, 23 September 2010, at the Trafalgar Hotel, London, UK. The aim of this workshop was to discuss initial findings of these reviews and the implications for implementing child abuse and neglect prevention programmes in resource poor settings. We also invited researchers working in resource poor settings to provide insight into vulnerability and protective factors for child sexual abuse in India and Sub-Saharan Africa respectively. The following report summarises the presentations and some of the discussions at this workshop.
Parenting and Gender Socialisation

Interventions to strengthen biological and/or social parenting and the home setting to prevent sexual abuse of children and to influence the gender socialization of boys
By Prof Laura McCloskey and Jill Bowers, University of Illinois, USA, Urbana Champaign

Across the globe professionals and non-professionals are increasingly recognizing the impact of parenting and its role in the prevention of childhood sexual abuse. This presentation provided an overview of interventions and primary prevention aimed at strengthening biological and social parenting for child abuse and neglect and sexual assault.

Early exposure to domestic violence can have a devastating impact on young children, and result in a cycle of abuse that persists across generations. This cycle of abuse can be diagrammatically represented:

Understanding the impact of the child’s environment on his/her development, makes prevention programs that target violence across the life course, from infancy to young adulthood, more efficient and effective.

As a starting point for primary prevention, the presenters looked at programming that addresses dating violence and sexual assault. Dating violence programs in the United States and Canada generally target middle and high school populations while sexual assault programs often target young adults on university campuses. In the U.S and Canada, program facilitators may include school teachers, social service professionals and peer educators. Of the programs which target adolescents, curricula are generally co-educational although some classrooms/settings are sex-segregated. While several programs have been
identified for dating violence prevention, four were discussed in brief for the purpose of this presentation:

- **Safe Dates** (V. A. Foshee, K. E. Bauman, S. T. Ennett, G. F. Linder, T. Benefield, and C. Suchindran): **Safe Dates** is a curriculum based programme, which focuses on the primary and secondary prevention of dating violence among adolescents. The programme aims to change norms and attitudes toward dating violence through addressing personal safety and injury prevention, conflict management skills, help seeking and gender stereotyping. Activities include theatre production, poster contests and a 10-session curriculum. The intervention also extends to communities where special services have been set up for adolescents who have experienced dating violence or are in violent relationships. **Safe Dates** evaluations have revealed some effectiveness over time; the program was evaluated by Foshee and colleagues in 1996, 1998, 2000 and 2004. Overall, adolescents in the treatment group were less supportive of dating violence norms, used more constructive communication skills, and engaged in less gender stereotyping after treatment. For more information on Safe Dates, please visit: http://www.hazelden.org/web/public/safedates.page

- **Youth Relationships Project** (D.A. Wolfe, C. Wekerle, K. Scott, A. Straatman, C. Grasley & D. Reitzel-Jaffe): The **Youth Relationships Project** (YRP) was developed in Canada to promote healthy and non-abusive relationships among adolescents (14-16 years old), through skill based (e.g., building healthy relationship skills) and social action approaches (e.g., a hypothetical scenario related to dating violence was given to groups of participants, and they were asked to approach various social service agencies for help and information). Growth curve analyses revealed that perpetrators and victims in treatment and control groups reported decreases in several indicators (e.g., frequency and severity of abuse and emotional distress symptoms) over time, yet prevention program participants experienced faster or greater decline rates. Gender differences were detected, and it appears that the overall effect of this program is stronger for girls than boys. For more information on this programme, visit: http://www.eurowrc.org/05.education/education_en/28.edu_en.htm

- **The Fourth R** is another primary prevention curriculum included in this report. **The Fourth R** is an extension out of the Youth Relationships Project, adapting YRP for use with all youth, regardless of risk.
Fourth R was designed to educate and make adolescents (14-16 year olds) aware of issues associated with violent relationships. A social-cognitive path model is used as an approach to this intervention, which is school-based and targets a general population of adolescents (versus one that targets at-risk youth), uses teachers as facilitators, and addresses risk behaviours, such as bullying, unsafe sexual behaviour, and substance use. More information will be included in the final report. See http://www.youthrelationships.org/about_fourth_r.html for more information.


The programs described have all been evaluated with either longitudinal or randomised control trial (RCT) designs or both. In analysing sexual violence Interventions, three best practice examples were cited:

- **The Bystander Approach** (Banyard, Moynihan & Plante): This community of responsibility model addresses prevention by teaching men and women bystanders to intervene safely in cases of sexual violence. The program goals are to give community members’ specific roles and improving the community’s knowledge, attitudes and behaviour related to sexual violence. This may include interrupting a situation of rape, speaking out against harmful social norms and providing support to sexual violence survivors. This program targets specific communities (i.e., college campuses) and has proven to be effective in working with boys. For more information on the Bystander Approach, the following article is available online at: http://www.ncdsv.org/images/Sex%20Violence%20Prevention%20through%20Bystander%20Education.pdf

- **The Virtual Date** (C Pacifici, M Stoolmiller & C Nelson): This programme focuses on challenging teenagers’ attitudes toward coercive sexual behaviours and dealing with behaviours through effective communication strategies. One of the main elements of this programme includes a coeducational multi-media curriculum to identify attitudes in order to address unwanted sexual advances. This program has shown to improve attitudes of adolescents who initially showed negative attitudes toward coercive and unwanted sexual advances, (Pacifici, Stoolmiller, & Nelson, 2001).
• **Hope to Help a Sexual Assault Survivor: What Can Men Do (J.D Foubert):** This program is often referred to as ‘The Men’s Program’ and works in a peer educational context with men to build victim empathy and defining rape in ways to dispel rape myths and create sensitivity on the topic. The programme addresses societal norms that condone rape and follow up studies focused on reflections on accounting for change in attitudes. More information on the Men’s Program can be found at: [http://okstate.academia.edu/documents/0035/1083/VAW295125_Foubert.pdf](http://okstate.academia.edu/documents/0035/1083/VAW295125_Foubert.pdf).

The programs discussed which focus on sexual violence have all been evaluated and used RCT as a primary method to evaluate findings. In looking at both the dating violence and sexual violence intervention programs, some short term changes have been found in attitudes, knowledge and behaviour. Although positive intervention effects have been found, the programs’ focus on individual development and interpersonal strengths is weak. The programs also showed gender differences in their effectiveness.

**Aggression and behavioural interventions with children**

Prevention programmes for aggression or other behavioural problems resulting from child abuse or exposure to domestic violence at an early age were then discussed.

**Secondary prevention**

The secondary prevention programmes identified in this presentation deal with child abuse and exposure to domestic violence. The following table outlines the Secondary Prevention Programmes¹ that focus on:

- Infant Parent Psychotherapy / Psycho-educational Parenting Interventions (Cicchetti, Rogosch & Toth, 2006); and,

¹ A key gap in this current presentation is the absence of Triple P. This programme will however be included in the final version of the review. For more information on Triple P please visit: [http://www.triplep.net/](http://www.triplep.net/)
<table>
<thead>
<tr>
<th></th>
<th>IPP/PPI</th>
<th>PCIT</th>
</tr>
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<tbody>
<tr>
<td><strong>Target Population</strong></td>
<td>Mother-infant pairs Abuse reports</td>
<td>Mother-child pairs Abuse reports</td>
</tr>
<tr>
<td><strong>Programme Features</strong></td>
<td>1. Psychotherapy</td>
<td>1. Behavioural training of parents</td>
</tr>
<tr>
<td></td>
<td>2. Parent psycho-education</td>
<td></td>
</tr>
<tr>
<td><strong>Programme Length</strong></td>
<td>2 years</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>Design</strong></td>
<td>Randomised Control Trial</td>
<td>Randomised Control Trial</td>
</tr>
<tr>
<td><strong>Longitudinal</strong></td>
<td>Until children reach 26 years of age</td>
<td>Post-intervention 1 year</td>
</tr>
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</table>

The study by Cicchetti et al. 2006 is entirely geared towards attachment theory and working through attachment issues in therapy with mothers who have been identified by protection services. The programme is purely therapeutic whereas the PPI programme focuses more on psycho-educational training, in other words teaching mothers about parenting. Both these programmes have proved to be very promising and have impressive longitudinal measurement outcomes.

The Parent-Child Interaction Therapy model focuses on behavioural training of parents. Within this programme parents undergo training to encourage the development of a caring and trusting relationship with their child and to promote positive social behaviours in child. Mothers who have gone through this programme show increased responsiveness towards their children after only three to four sessions whilst positive changes have also been seen in the child. At baseline, the children presented with behavioural problems which gradually improved with therapy.

**Primary Prevention**

The presentation then shifted focus to **Primary Prevention** programmes, which in the United States and Canada mostly take the form of home-visiting programmes. In developing home-based prevention programmes, certain risk factors have been identified for maternal child abuse which will serve as areas of intervention i.e.

- Parenting beliefs
- Social isolation
- Low attachment to social institutions (e.g. health care, religious, civic)
- Spouse abuse, poor extended family ties
- Post-partum depression, mental health problems, drug and alcohol abuse
Many home-visiting programmes in the United States have been rigorously evaluated and three programmes were discussed:

- **Infant Health and Development Project (IHDP) (McCormick; Brooks-Gunn, Buka, J Goldman, Yu, Salganik, Scott, Bennett, Kay, Bernbaum, Bauer, Martin, Woods, Martin, Casey, 2006):** This programme was partly launched by Marie McCormick, to measure the impact of three years of regular home counselling for mothers on how to improve and enhance an infant’s development. The programme focused mainly on low birth weight of infants, but in addition to this, the families within this programme were also from low-income backgrounds. For this reason, the programme took into account the risk for neglect and abuse and indicators were developed for this. The programme featured one year of home visiting and two years of free enriched day care for infants. The study was a randomised controlled trial and followed up with the children until the age of 18 years.

- **Healthy Start Hawaii (Duggan et al 2004):** The Healthy Start programme was designed for families who are at risk for maltreatment and abuse in order to enhance child health and development. The home-visits were carried out by para-professionals who would model positive parent-child interactions and provide access to social services and parenting education. The programme ran over two years and a randomised control trial was used to test effectiveness. The programme was longitudinal in nature and followed up with children until the age of two years.

- **Nurse-Family Partnership (NFP) (Olds, 2006):** The Nurse-Family Partnership is a home visiting programme developed by David Olds who has run different permutations of the programme for over 20 years. The programme sends nurses instead of para-professionals to homes. In a recent study Olds compared outcomes of nurse vs para-professional outcomes which have shown that child abuse rates were lower where nurses formed part of the intervention. It has also shown that in the 15 year follow up, there were fewer convictions of children in the homes where nurses have intervened. The programme evaluation is randomised control trial based and has a longitudinal measurement of 15 years.
Conclusions

This review shows the potential of interventions across the lifespan and the different entry points moving from primary to secondary prevention.

References


Program Among Latino Teens: A Randomized Controlled Effectiveness Trial, *Journal of Adolescent Health*, 39(1).


Child Sexual Exploitation in Sub-Saharan Africa

Vulnerability and Protective Factors in Relation to Child Sexual Exploitation
By Ms Carol Bower, LINALI Independent Consultancy, South Africa

This presentation detailed the findings of a regional literature on child sexual abuse in Sub-Saharan Africa recently completed by Carol. Carol began the presentation by providing participants with a background to the literature review and the methodology used, along with the aims and objectives of the review.

The review was commissioned by the East, Central and Southern Health Community, with support from the USAID funded Africa’s Health in 2010 project to:

- better understand the spectrum of Child Sexual Abuse (CSA) in Sub-Saharan Africa (SSA), and its determinants, and consequences;
- determine the magnitude;
- identify existing policy and programme response;
- identify gaps in the literature; and,
- make recommendations for a comprehensive inter-sector programmatic response.

Methodology

Multiple methods were used to undertake the review, including the establishment of a core group of technical advisors and a technical working group, requesting information from a wide range of listservs, electronic data base searches, and on-line searches. Both peer-reviewed and ‘gray’ literature in both English and French were included, and in excess of 300 documents were reviewed. Forty-seven countries in SSA were covered.
Limitations

Limitations of the review included the varying definitions in use; the use of interchangeable terminology; methodological differences between studies, for example, variability in prevalence estimates; differing samples, for example large surveys, clinical samples, and anecdotal information; and limited information on some forms of CSA, for example, sexual abuse of boys. Finally a regional bias was noted with a number of studies being done in South Africa, and overall, Southern and East Africa being generally better represented in the literature that other regions.

Key Findings

Prevalence and Incidence

High rates of all forms of CSA were found across the region. Sexual harassment was found to be a problem, in both primary and secondary schools, with rates between 16% and 60% being reported (Mugawe & Powell, 2006). Boys were also found to be vulnerable (Meursing, Vos, Coutinho, et. al. 1995; Ruto, 2009).

The incidence of rape was high and prevalent across the region. The prevalence of rape was reported at between 5% and over 60% (Moore, Awusabo-Asar, Madise, John-Langba & Kumi-Kyereme 2007; Ndonko, Bikoe, Eppel, & Ngamby, 2009; Menick, 2009a; Stavropoulos, 2006; Madus 2001). Levels of rape in situations of conflict were found to be particularly high (Pereda, Guilera, Forns & Gómez-Beníto, 2009).

Data on exploitation, prostitution, and trafficking of children, is limited and patchy, and based mostly on children identified and repatriated (IOM, 2003). High rates are reported across the region, with children also being used in the production of pornography (Fall, 2003). Both girls and boys were found to be vulnerable to exploitation (Mengue 2006).
Impact of CSA

Child Sexual Abuse denies children exercise of their fundamental human rights (Mugawe and Powell, 2006). It undermines individual, national and global development goals, results in a multitude of health complications, social and behavioural problems and has severe short, medium and long-term psychological consequences. CSA perpetuates the cycle of violence, and is associated with high socio-economic costs. It has been found to result in poor school performance and impede completing education (Bernard, 2006). The abused child can be rejected by family and society. CSA can result in family disharmony, as well as poor parenting and abusive behaviour in later life (Neelofur-Kahn, 2007):

- **Physical consequences** of CSA include HIV infection and STIs, more severe genital injury (Clark, Bruce & Dude, 2006), unwanted pregnancy and unsafe abortion (Mugawe and Powell, 2006), negative reproductive health consequences (such as pregnancy-induced hypertension, anaemia, infections (including malaria and HIV), premature labour and delivery, low birth-weight, peri-natal and infant mortality, maternal mortality, and obstructed and prolonged labour (Neelofur-Kahn, 2007).

- **Mental health consequences** reported in the literature include debilitating fears and anxieties (Stavropoulos, 2006) regressive behaviours, nightmares, and withdrawal; depression, anger and hostility, self-injurious behaviours and low self-esteem. Some evidence has been found that CSA may result in severe psychiatric disorder. These negative effects have been found to be life-long, with boys displaying the same range of negative consequences as girls.

CSA can lead to changes in the way girls view their bodies (Castle & Diallo, 2008) with girls seeing their bodies as bargaining tools, often resulting in inappropriate sexual behaviour (Killian & Brakarsh, 2004). Finally, one study found that CSA has serious negative emotional and psychosomatic consequences for the child’s caregiver (Matthews, 2009).

Perpetrators

Perpetrators identified in the literature included fathers, the mother’s male partner, other children, strangers, neighbours, teachers and relatives (Kariuki, 2004).
Where are Children Most at Risk?

Environments in which children are at risk included the home, school, the route to and from school, the immediate neighbourhood, the homes of other people, and public places (Kariuki, 2004).

Other environments in which children were found to be at greater risk included alternate care settings (Skinner, Tsheko, Mtero-Munyati, et. al. 2006, prison (Ghanotakis, Bruins, Peacock, et. al. 2007) and work places (ANPPCAN Uganda, 2007). Care arrangements are particularly important in exacerbating vulnerability, particularly in the wake of the HIV pandemic and rise in orphanhood (Csáky 2009).

Poverty and situations characterised by high levels of violence (including domestic violence) were found to render children more vulnerable to CSA (Mugawe and Powell, 2006). Cultural constructions of gender and power and perceptions of male sexuality as insatiable were found to play an important role (Barker, 2000). Furthermore, the requirement that children respect their elders and be obedient coupled with a perception of children as legitimate targets for sex were found to deepen vulnerability (Clarfelt & Dwanda-Henda, 2010).

Protective Factors

Protective factors, it was found, included a holistic and coordinated response, as vulnerability to other forms of abuse exacerbates vulnerability to CSA (WHO AFRO, 2004). Children are best protected from CSA when ‘the system’ is protective of all children.

The WHO-AFRO strategy for protection from CSA includes advocacy, law enforcement, the development of standardised protocols for clinical care and management, a multidisciplinary and coordinated response, rehabilitation of CSA survivors, and community-based surveillance, support and reporting (AHO AFRO, 2004).

The African Child Policy Forum noted that the countries that are most protective of children ratify international treaties; institute appropriate laws to protect children; ensure adequate budgetary commitments to child-related services; have a juvenile justice system; provide free basic education and have effective plans of action and coordinating structures in place (African Child Policy Forum, 2008).
Finally, the importance of working with boys and men was stressed (Mehta & Bartel, 2008) as was the training and capacity-building of service providers (Bower, 2010) and adequate resourcing of services (Budlender & Proudlock, 2009) in preventing and protecting children from sexual abuse.

**Promising Regional Practices**

Promising regional practice found include:

- **Kenya**: The Kenyan “Be a champion for children campaign” highlighted by the UNVAC is a good example of attempts to deal with CSA in the home (Pinheiro, 2006). Launched in 2006, this is a partnership between UNICEF and Kenyan NGOs, and calls upon families, schools, faith-based organisations, the private sector, the mass media and all other elements of Kenyan society to collaborate (with financial and other support) in efforts to ensure that every home, school and community in the nation is committed to stopping violence against children. The campaign raised funds to support a number of activities including:
  - A core package of child protection services for the most vulnerable communities.
  - Hotlines where both children and adult victims of violence can call for help.
  - Safe houses for those who need to escape violence in their homes.
  - Training for counsellors to help victims and also to help families and other perpetrators of violence break their patterns of violent behaviour.
  - Training for teachers, health workers and police in how to reduce violence and intervene when it occurs.
  - School-based programmes and youth programmes to reduce violence.
  - Publicity and awareness-raising.

- **South Africa**: RAPCAN’s The Healers Project: The HEALERS Project, involves a tool to assist a therapeutic process for children between the ages of 4-18 who have experienced sexual abuse. For more information visit: [www.rapcan.org.za](http://www.rapcan.org.za)

• **Kenya:** The CRADLE Children’s Foundation is a non-profit making and non-governmental organisation committed to the protection, promotion and enhancement of the rights of the child through court representation, advocacy and law reform. The Cradle offers the following services to children who have been abused:
  o Represent children in court or watching brief.
  o Refer children to relevant services provided by other organizations.
  o Participate in child rights awareness campaigns.
  o For outstanding commitment to children, the pro-bono lawyer of the year award was initiated in 2002 to recognize outstanding pro-bono work for children’s rights.

More details online at: [http://www.thecradle.or.ke/](http://www.thecradle.or.ke/)

• **In several countries: Stepping Stones programme:** Stepping Stones is a training package in gender, HIV, communication and relationship skills. It is also sometimes described as a life-skills training package, covering many aspects of our lives, including why we behave in the ways we do, how gender, generation and other issues influence this, and ways in which we can change our behaviour, if we want to. Given the significant negative impact on vulnerability to CSA of stereotypic gender roles and behaviours, and the challenges of parenting, training such as this with its holistic approach and emphasis on communication can contribute to changing attitudes and behaviour (Jewkes, Nduna, Levin, et. al. 2008).

• **14 countries in SSA:** According to the website of Child Helplines International, 14 countries in SSA have established helplines – Botswana, Côte d’Ivoire, Guinea, Kenya, Lesotho, Malawi, Namibia, Nigeria, Senegal, South Africa, Swaziland, Togo, Uganda and Zimbabwe. In addition, child helplines are being established in Ethiopia, Mozambique and Zambia. See [www.childhelplineinternational.org](http://www.childhelplineinternational.org)

**Implications for policy**

The literature reviewed highlights the important of policy being broad-based and coordinated, at the levels of both prevention and response and adequately resourced.

• **Service provision:** Provision of services for victims of CSA should include response teams, early identification and child-friendly reporting systems, and targeted services should be designed specifically for the needs of children. These should be accessible and properly supervised.
• **Criminal justice system:** The criminal justice system should be sensitive and responses to children’s needs, prosecute effectively ensuring no impunity for perpetrators, and train personnel specifically in dealing with traumatised children.

• **Schools:** In *schools*, the professionalism of teachers should be improved, sexual relations with pupils should be prohibited, codes of conduct and sanctions on sexual relationships should be prominently displayed, the number of female teachers should be increased, and conditions of service should be improved.

**Future research on CSA in SSA**

Future research on CSA in SSA should attempt to address the following:

• A better understanding of the gendered nature of CSA, and links to the social construction of power.
• A better understanding of the linkages to intimate partner violence.
• A better understanding of why CSA is (a) high frequency and (b) so deeply stigmatised.
• The costs of failing to prevent CSA
• Variables which require deeper understanding include:
  o place of residence
  o rural or urban setting
  o level of education
  o child birth order
  o family structure
  o parents’ income
  o degree of social cohesion
  o role of traditional systems of sexual control

**References**


Prevention of Child Abuse and Neglect

Parenting and the Prevention of Child Maltreatment in Low- and Middle-Income Countries
Ms Wendy Knerr (presenter), Professor Frances Gardner, Dr Lucie Cluver
Dept of Social Policy and Social Work, University of Oxford, United Kingdom

This presentation began with the question: Why should we focus on parenting? Parenting is the primary pathway to child development; the parent-child relationship has been found to be a critical factor in the incidence of child maltreatment; and poor parenting is a key risk factor associated with children’s future violent behaviour. Moreover, parents / primary caregivers are the most frequent perpetrators of child abuse. Conversely, parenting factors can act as buffers or mediators of wider family and community factors. Even in the most high risk situations, positive parent-child relationships have been found to have a protective effect.

However, the line between appropriate / acceptable parenting practices and harsh / abusive discipline is often blurred. This blurring makes child abuse and neglect difficult to define and monitor. At which point do parenting practices become harmful? And how does the context influence our decisions? Trying to reach a polarised definition of good versus bad parenting is complex. Parenting practices should be understood using a continuum of culturally defined and accepted childrearing practices i.e.

Not surprisingly, prevalence and incidence data is limited. The existing data on explicit child maltreatment outcomes is mostly unreliable; hence it is instrumental to focus on the quality of parent – child relationships and parenting practices as proxies for harsh or abusive parenting.

What is the Evidence for Intervening with Parents?

Existing evidence to support the positive impact of parenting interventions on parenting behaviours primarily comes from high-income countries. Two key parenting interventions that have been thoroughly evaluated in multiple randomised controlled trials, in many countries and services settings, are Triple P and the Incredible Years.
- **Triple P** is a parenting and family support strategy that aims to prevent and treat behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. The system was developed by Professor Matt Sanders, University of Queensland. Triple P is the only rigorously tested primary intervention that has shown to be effective in preventing child maltreatment. For more information visit: http://www19.triplep.net/?pid=29

- **The Incredible Years** was developed by Professor Carolyn Webster-Stratton, Parenting Clinic, University of Washington. It includes versions for group parent training, teacher training, and child-based social emotional skills. There are separate training programs, intervention manuals and DVDs for each, for therapists, teachers and group leaders. Randomised trials have shown the intervention to be effective at promoting positive parenting skills, children’s social competence, emotional regulation and problem solving skills and reducing child problem behaviour. In the longer term, the goal is to reduce the development of depression, school drop-out, violence, drug abuse and delinquency in later years. The Incredible Years has been tested in a range of settings and countries, for both prevention and treatment of parenting and child emotional and behavioural problems, over the past 30 years. For more information go to: http://www.incredibleyears.com/

These and other intervention studies show that improving parenting skill and parent child interaction are important levers for reducing child maltreatment.
Focus of the Current Review

The current review aims to:

- systematically investigate the effectiveness of parenting interventions in Low and Middle Income Countries for:
  o reducing negative, harsh parenting
  o increasing positive parenting practices, attitudes and knowledge
  o improving parent-child relationships; and to,
- review interventions to prevent physical and psychological abuse and neglect.

Methodology

The review follows guidelines recommended in the Cochrane Handbook for Systematic Reviews of Interventions (http://www.cochrane-handbook.org/). A summary of the methodology is provided in the following table:

<table>
<thead>
<tr>
<th>Population</th>
<th>Parents or other primary carers of children aged 0–18 years</th>
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<tbody>
<tr>
<td>Intervention</td>
<td>Parenting for reducing negative or harsh parenting, increasing positive parenting strategies and improving parent–child relationships</td>
</tr>
<tr>
<td>Comparator</td>
<td>No intervention, services as usual or alternative services</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Parent–child interaction; parenting skill, behaviour, attitudes or knowledge; harsh, abusive or dysfunctional parenting; child abuse or neglect</td>
</tr>
<tr>
<td>Context</td>
<td>Low- and middle-income countries</td>
</tr>
<tr>
<td>Design</td>
<td>Randomised and quasi-randomised controlled trials</td>
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Studies which meet these criteria are critically appraised based on a number of quality markers. Due to the high heterogeneity among the included studies, conclusions will be based on a narrative synthesis which balances study results with quality.

The review will also provide an overview of the broad issue of child abuse and neglect and the types of parent- or primary carer-focused interventions which either explicitly or implicitly aim to prevent them. And it will provide information about interventions with a strong evidence base in high-income countries; and discussion about the ‘active ingredients’ of evidence-based parenting interventions that have been shown to prevent or reduce abuse and neglect. Aspects of the cultural adaptation of parenting interventions will also be addressed.
Results

Twelve studies have been identified and included in the review, involving 1580 parents in nine countries. Nine studies were from middle-income countries (Brazil, Chile, China, Iran, Jamaica, Pakistan, Turkey and South Africa); and two studies were from a low-income country (Ethiopia).

Intervention Characteristics

In terms of the mode of delivery used in the interventions reviewed, 6 involved home-visiting; 2 were group-based; two combined group/home and two were clinic-based. Of the all the goals the interventions were aiming to achieve, nine focused on child development (physiological, cognitive or educational), four aimed to improve parent–child interaction and two looked to reduce parent–child conflict or abuse. Some of the common components across all the interventions included:

- individual counselling or group discussion
- role play
- videotape modelling of positive parenting behaviours
- educational materials modelling positive behaviours
- structured or guided play
- provision/creation and use of toys or play objects

Outcomes Measured and Study Effects

The studies reviewed measured 19 different outcomes, 10 of which are relevant to this review. These 10 outcome measures can be classified under three broad headings:

- Parent–child interaction, including parent sensitivity; maternal intrusiveness; parent–child communication; and parent–child interaction/orientation;
- Negative, harsh or abusive parenting, looking at official reports of child abuse; dysfunctional parenting practices; level of abusive child training and parents’ perceptions of child behaviour and use of harsh discipline (spanking, beating); and,
- Parent attitude or knowledge, including family function and family/parent knowledge, attitudes or practice regarding child development

All twelve studies were randomised trials and all studies reported results favouring the intervention group on a range of parenting measures, including: parent–child relationships; parent attitudes and knowledge and reductions in negative, harsh or abusive parenting. These findings indicate that parenting interventions hold some promise for improving parenting practices and reducing risk factors for child maltreatment in lower-resource settings. However, this needs to be balanced against the risk of study bias and methodological quality.
Quality of the Evidence

Wide variation in methodological quality was found in most studies, with limited reporting about:

- power calculation
- sequence generation
- allocation concealment
- incomplete outcome data
- baseline demographic data
- reliability and validity of instruments

Three of the twelve included studies, however, were evaluated as being at low risk for bias based on available information. Two of these were suggested as models of good practice: one study from South Africa (Cooper, Tomlinson et al., 2009) and another from Pakistan (Rahman, Iqbal et al., 2009).

Research and Practice: Implications

In terms of practice, the evidence suggests parent training in some low- and middle-income countries can improve parent–child relationships and reduce negative parenting practices. Furthermore, the two highest quality studies suggest there is evidence to support the feasibility of using non-professional local staff; service delivery through home visits and adding interventions to routine health services.

More research on the following is needed to guide and inform future work:

- better evaluated interventions in low-income countries;
- better and more complete reporting;
- standardised outcome measures;
- instruments validated for use with study population;
- studies of parents with children 6+ years old; and,
- studies employing lay persons to deliver the interventions.

Cultural Adaptation of Parenting Interventions

A number of examples from around the world where parenting interventions from developed country settings have been adapted for implementation to less well resourced locations were highlighted. Drawing from these examples, further highlighted were areas for consideration when adapting and developing an intervention for low-resource settings, including:
- Fidelity/adaptation balance: is adapting an existing intervention the most effective approach, or is it better to create an indigenous intervention?
- Cultural/ethnic differences in parenting, child behaviour/expectations
- The need to ensure materials and training account for vast differences in literacy and languages/dialects
- Diverse family structures
- Poverty and other family pressures
- HIV/AIDS
- Violence/safety
- Community buy-in

In particular, the review found that well-evaluated parenting interventions with strong evidence of effectiveness, such as the Incredible Years and Triple P, have yet to be formally trialled in low-income countries. Such trials are needed, as these interventions show much promise in terms of their applicability across cultures and countries (e.g., Leung, Sanders, et al. (2003)).

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Child Abuse and Neglect - India

Child Care, Neglect and Abuse: Scenario from India,
By Sandhya Barge and P. Ramesh, Centre for Operations Research and Training

India is home to almost 19 percent of the world's children. As per 2001 Census, 440 million people in the country are aged below eighteen years and constitute 42 percent of India's total population i.e. four out of every ten persons. While various developmental initiatives have been taken, child protection has remained largely unaddressed. It has been realized that for overall progress it is imperative to address issues like child abuse and neglect, female foeticide and infanticide, girl child discrimination, child marriage and trafficking of children. Among these, Child Sexual Abuse (CSA), although not a new phenomena, efforts are now being made to address this. This has also been identified as a priority issue as a Right of the Child under the Convention of Child Rights in India.

Through secondary review, this paper makes an attempt to understand the context of Child Sexual Abuse in India, its extent, government policy and existing programmes. Literature addressing this included published documents, news items and unpublished reports. A universal definition of child abuse in the Indian context does not exist and therefore it largely follows WHO definition. This has been classified into four major categories including physical abuse, sexual abuse, neglect and emotional abuse.

Child Abuse in India

India is immensely diverse country. India’s States encompass diverse natural environments, economic resources, social ethnicities and practices, varying levels of education, gender differences, child labour, poverty and local governances. In other words, it encompasses many 'countries' with unique social and economic characteristics that affect the protection and vulnerability of its children. Further, the myriad complexities of caste, class and ethnicity have not been understood in terms of abuse and exploitation. Generalizing the emerging factors therefore becomes difficult, as it is possible that the social and economic transition influences child abuse. Most of the data on sexual abuse are not disaggregated by sex, or address only girls and women. The differing degrees of child protection and vulnerability in various parts of India shape the forms of child sexual abuse and exploitation for the country as a whole.
Magnitude of the Problem

Sexual abuse of children in India is still largely unreported and undocumented and thus no reliable data exists on the number of sexually abused children. In many cases young victims, out of shame, or fear of banishment and reprisal, do not disclose the crime. In cases where sexual abuse is exposed, it is often not recorded as an agreement is made between the victim’s parents and the offender without the involvement of officials. Research on the sexual abuse of children is rare. The only source of data presently available was with the National Crime Records Bureau (NCRB). Although this data was useful, it constituted a miniscule of the total crimes/violence committed against children. The reason for this is that very often crimes against children are either not reported or cognizance is not taken and also that some crimes against children are not covered under existing legislations. Though gaps in information were at all levels, child abuse being an issue shrouded in secrecy, emerged as the most burning issue.

Data on offences against children reported by the National Crime Records Bureau (NCRB) is the only authentic source to estimate the number of children in abusive situations. It is important to note here that NCRB data is only indicative in nature as it is based on the reported cases. It is also an accepted fact that the majority of cases of child abuse go un-reported. Following table, as per the NCRB data indicates an increase in number of crimes against children between 2002 and 2005. Incidence of rape and kidnapping and abduction of children has risen (Ministry of Women and Child Development 2007: 8).

<table>
<thead>
<tr>
<th>Reported incidence of crimes committed against children in India, 2002–2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of crimes committed against children</td>
</tr>
<tr>
<td>Rape</td>
</tr>
<tr>
<td>Kidnapping &amp; abduction</td>
</tr>
<tr>
<td>Procurement of minor girls</td>
</tr>
<tr>
<td>Selling/buying of girls for prostitution</td>
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<tr>
<td>Abetment of suicide</td>
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<td>Exposure and abandonment</td>
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<tr>
<td>Infanticide</td>
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<tr>
<td>Foeticide</td>
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<tr>
<td>Child marriage</td>
</tr>
<tr>
<td>TOTAL</td>
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</tbody>
</table>

Thus in India the problem of child abuse has not received enough attention. There have been few and sporadic efforts to understand and address the problem. However, child abuse is prevalent in India as in many other countries and there is a need to understand its dimensions and complexities. Evidence of child abuse from different situations reviewed from both primary and secondary sources has been presented below.

**Research Evidence from Secondary Data**

Ministry of Women and Child Development initiated a National Study on Child Abuse (MoW&CD 2007) to understand the extent and magnitude of the problem and to develop a comprehensive understanding of the phenomenon of child abuse, with a view to facilitate the formulation of appropriate policies and programmes meant to effectively curb and control the problem of child abuse in India. The National Study on Child Abuse is one of the largest empirical in-country studies of its kind in the world. This study also complements the 2006 UN Secretary General's Global Study on Violence against Children. This study covered 12447 children, 2324 young adults and 2449 stakeholders among five groups (children in a family environment, children in school, children at work, children on the street and children in institutions) across 13 states of India (MoW&CD, 2007). Major findings from the study are as follows:

**Sexual Abuse**
1. More than half (53 percent) of children reported having faced one or more forms of sexual abuse.
2. More than one-fifth (22 percent) children reported facing severe forms of sexual abuse and 51 percent other forms of sexual abuse.
3. Out of the child respondents, 5.7 percent reported being sexually assaulted.
4. Children on street, children at work and children in institutional care reported the highest incidence of sexual assault.
5. Fifty percent abuses are persons known to the child or in a position of trust and responsibility.
6. Children in Assam, Andhra Pradesh, Bihar and Delhi reported the highest percentage sexual abuse and assault among both boys and girls.
7. Most children did not report the matter to anyone.

**Physical Abuse**
1. Two out of every three children (69 percent) were physically abused and among them 55 percent were boys.
2. Over 50 percent children in all the 13 sample states were being subjected to one or the other form of physical abuse.
3. Out of those children physically abused in family situations, 89 percent were physically abused by parents.
4. Two out of three (65 percent) school going children reported facing corporal punishment i.e. victims of corporal punishment.
5. More than three-fifths (62 percent) of the corporal punishment was in Government and municipal school.
6. Half of children worked all seven days in a week.
7. States of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported higher rates of abuse in all forms as compared to other states.
8. Most children did not report the matter to anyone.

Emotional Abuse and Girl Child Neglect
1. Every second child reported facing emotional abuse.
2. Equal percentage of both girls and boys reported facing emotional abuse.
3. In 83 percent of the cases parents were the abusers.
4. Nearly half (48 percent) of girls wished they were boys.

From this study it has been very clearly emerged that across different kinds of abuse, it is young children, in the 5-12 year group, who are most at risk of abuse and exploitation.

Research Evidence from Primary Data

Delhi-based Sakshi Violation Intervention Centre (1997) conducted a study among 350 schoolchildren. From the results it emerged that 63 per cent of the girl respondents had been sexually abused by a family member; 25 per cent raped, and over 30 per cent sexually abused by a male friend of the family, father or grandfather. A study by Tata Institute of Social Sciences, Mumbai in 1999 revealed that 58 of the 150 girls interviewed had been raped before they were 10 years old.

Recovering and Healing from Incest (RAHI) Foundation, a Delhi-based organisation which provides support to victims of sexual abuse, reports that of the 1,000 upper and higher-middle class college students interviewed, 76 per cent had been abused as children, 31 percent by someone known to the family and 40 per cent by a family member, and 50 per cent of them before the age of 12 (Virani, 2000).

Data for sexual abuse by gender among boys in India is available from micro-studies scattered throughout the country, but there are no verifiable quantitative evidence available to give an overall scenario on the sexual abuse of boys in India. National Institute of Mental Health and Neurosciences (NIMHANS)' study by Dr Shekhar Sheshadri (2007) found that among 146 boys, 15 per cent had been abused by uncles, male cousins, family friends and neighbours as children, while another 8 per cent reported sexual experiences with older women from the age of 12 onwards.

Literature indicates that boys are equally affected by sexual abuse. It is mentioned that it is worse for them when men abuse them sexually. Many
sexually abused boys develop the fear that they are homosexuals themselves or have been infected and have to become homosexuals. Further, Indian families do not protect boys as much as they do girls. This may also be responsible for over 90 per cent of sexual abusers being men.

**Migration:** Varying levels of family poverty among other factors influence migration of boys. Study conducted among migrant boys, in Goa and Kerala found that migrating boys end up being sexually exploited through prostitution by travelling sex offenders. Sexual abuse of boys in school settings, particularly in residential schools, by teachers, school attendants and peers, has been noted.

**Prostitution:** A study of boys working in prostitution in Hyderabad noted that most of the children were first sexually abused between ages 10 and 13. One half of the boys were illiterate. They had left home primarily because of physical abuse, poverty, alcoholism of the father or breakdown of the family due to the death of a parent. Nearly half said that they had bad relationships with their family. On leaving home, these boys have entered into odd jobs in the city like rag-picking, day labour, hotel service and tea vending. In these labour situations they suffered sexual abuse, which led them to enter prostitution. Boys from this study were mostly working in prostitution for women clients, and were initiated into this activity at ages 15 to 16.

Some of the associated factors for this behavior primarily included peer pressure, exploitation by women, men, to support family members and the need to sustain their own livelihoods.

Data collected from children of the street in Mumbai and New Delhi indicates that up to 40 per cent of these children have experienced domestic violence, and 25 per cent have suffered physical abuse in the home. Data on the prevalence of sexual abuse of these children are lacking.

**Street children:** In a study conducted among the 228 street children of Vadodara, a detail probing was made to assess sexual harassment among them. Four children (one female and three males) reported sexual harassment during 3 months period prior to the survey. The female, aged 17 years who worked as a contract worker with caterers was forced by her sexual partner, while the males were reportedly forced by sexual partner, friends, and by their married sexual
partner. Such incidence of coerced sexual relations happened multiple times (2 to 3 times during 3 months) with the street children at various places including footpath, lonely places, on train, in yard, or in parks. Further probing revealed that only in one case (male) an individual forced the person, while in the remaining three cases it was a group activity. Street children were requested to comment upon if sexual coercion or harassment is a common feature, or rarely found among them. Around eight percent acknowledged that sexual coercion was a very common or common feature among the street children.

**Children in tourist destinations:** Tourist destinations are yet other sites where sexual exploitation of children has been observed. A study conducted in tourist destinations of the east coast of the country (including Mamallapuram in Tamil Nadu, Puri in Orissa and Digha in West Bengal) noted that the primary offenders were local tourists, often from the same state. Children ranged from the age of 8 to 18 years. Majority of these children came from families affected by poverty, absence of primary caregivers and debt bondage. Children mainly belonged to fishing communities, which had recently faced difficulties due to reduction of the fishing industry.

Yet another study conducted in 2003 in Goa and Kerala which looked into exploitation by male foreign tourists, revealed that majority of the children were from impoverished fishing communities. Boys were employed in restaurants, hotels and tourist shops near the beach and conducted prostitution as an adjunct. Many acted as tourist ‘guides’. Majority of the study sample were under 12 years of age. Exploiters included foreign tourists, long-term foreign residents, local men, migrant workers and seamen. Another study has noted that even Indian tourist exploit children.

Literature also mentions of exploitation of boys trafficked for forced and bonded labour in agriculture, domestic service, begging and work in brick kilns, embroidery factories, rice mills and other small-scale industries. Given the vast range of the country, it is not possible to estimate the scope of trafficking in any sector, but given their situation they are known to be vulnerable to sexual abuse and exploitation. According to the report on ‘**Trafficking in Women and Children in India**’, published in 2005, around 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced. India, being a major source and destination country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution (Sen & Nair 2005).
are no reliable estimates of the number of children being sexually exploited through prostitution. This has been difficult, because of the hidden nature of the activity and the thin line between non-commercial sexual abuse and sexual exploitation.

**New forms of exploitation:** In recent times, new forms of exploitation that have emerged include sexual exploitation in both making pornography and its ready availability through photographs and videos in internet cafe and chat rooms. Internet facility which is widely used has been used by its abusers to reach and abuse children sexually. It’s explosion has made the children a viable victim to the cyber crime. According to the Mumbai Police, children are most susceptible to sexual abuse through the Internet. "Parents encourage children to use the computer and the Internet from an early age and then find it difficult to keep a check on their child's Internet usage," says an official from the Cyber Cell of the Mumbai Police. Paedophiles lure the children by distributing pornographic material, then they try to meet them for sex or to take their nude photographs including their engagement in sexual positions. Sometimes Paedophiles contact children in the chat rooms posing as teenagers or a child of similar age, then they start becoming friendlier with them and win their confidence. Then slowly paedophiles start sexual chat to help children shed their inhibitions about sex and then call them out for personal interaction. Then, starts actual exploitation of the children by offering them some money or falsely promising them good opportunities in life. The paedophiles then sexually exploit the children either by using them as sexual objects or by taking their pornographic pictures in order to sell those over the internet.

**Contributing Factors: Why does CSA persists**

An earlier section of this literature search indicated varying contributing factors for child sexual abuse. Children are the most vulnerable section of society, both emotionally and physically. They are conditioned to trust the people they see around them at home and school, and are easily molded with what's suggested to them. This relationship of trust is what incestuous sexual abusers count on. They use their position within the household to gain access to the children, and then count on the familial relationship-and the fear that they manage to drill into the child's head-to keep their misdeeds a secret. Concept of family and its binding continues to hold its root in the country.

A recent report by the Delhi-based Voluntary Health Association of India mentions that over 85 per cent of the offenders are those whom the children know and trust. Invariably, the familiarity and the trust they enjoy with the children - usually built over time - make them abuse the power over the children. In a study on CSA done by Tulir, a Chennai based NGO, among 2,211 schoolchildren in Chennai last year, blackmail was found to be the most popular tool used by abusers.
Radhika Chandiramani, coordinator of the Delhi-based TARSHI, an organisation that deals with reproductive and sexual health issues says: "In India, children are expected to respect and obey adults. This is a major problem that perpetuates child sexual abuse." As Radhika points out, the children, taught to obey adults implicitly are abused only by adults and that too, from within the family. "How can the child say 'no'?” she asks. "Yes" has no meaning when the child has no option to say "no". Yet, every child that is abused suffers from guilt and shame throughout his/her life.

According to Dr Preethi, no child is safe; every child is vulnerable to sexual abuse. In her documentary "The Children We Sacrifice" sexually abused children are called the victims of a culture that prioritises family harmony, honour and duty more than individual trauma and pain. The "silence about sex" culture forbids parents from talking to their children about sexuality, and frowns upon any non-sexual intimate relationship with the opposite gender. These factors contribute to a high rate of child sexual abuse in India.

Who Are the Perpetrators?

The offenders generally fall into two broad categories - paedophiles or fixated persons, and regressed individuals. While the first category plans the incident well and is more dangerous, the latter, which is more common in India, comes mostly from within the family. According to Lois, while sex abusers in general are clever, intelligent and manipulative, paedophiles are even more so - they fix their target and plan and execute the act meticulously. The regressed offenders usually abuse children to relieve the stress they are unable to cope with. Hence the victims of the regressed are usually children from within the family who are accessible and over whom they can exert power. Paedophiles, on an average, have 300 victims in their lifetime - though some are documented to have had over 1,000 - and the regressed five to seven victims. Anita Ratnam of the Bangalore-based Samvada, which supports victims of sexual abuse, says that sexual abuse episodes are the results of opportunistic and calculated situation. If caught, most perpetrators say they did not intend to hurt the child. CSA is not affection it is planned and systematic, and aimed at manipulating and taking advantage of a child's trust.

Response to Sexual Abuse

- **Response to Sexual Abuse – NGOs**

Throughout India, NGOs conduct advocacy and awareness-raising activities related to sexual abuse and exploitation of boys with governments, parents, teachers and children. Some of the NGOs and examples of their activities are as follows:

- Prerana, an NGO in Mumbai, conducts programmes for adolescent boys on physical and sexual violence, sexual abuse, reproductive health and
gender issues using a training manual titled ‘Choose a Future: Issues and Options for Adolescent Boys’. Originally developed for adolescent girls by the Center for Development and Population Activities, the manual was adapted to the Indian context through support from the United Nations Population Fund.

- Childline India Foundation in Mumbai, in collaboration with Child Helpline International, practices community-based outreach, holding monthly open houses at railway stations, markets and bus terminals where children can express their problems, access services and engage in creative awareness-raising activities such as puppetry and street plays.

- Bal Mazdoor Union (Child Workers’ Union), supported by the NGO Butterflies in Delhi, holds regular meetings about child rights issues with working children and children living on the street. The sessions address sexual abuse issues, and children discuss strategies for taking collective action in their communities to resist abuse.

- The Sangath Centre for Child Development and Family Guidance in Goa works on child development and family behavioural and mental health. It works extensively on child sexual abuse cases, with a focus on child sexual exploitation through travel and tourism. The centre also conducts workshops on childhood and sexuality for parents, teachers and other caregivers.

- The Socio-Legal Aid Research and Training Centre in Kolkata conducts education programmes for boys aged 10 to 16 on sexual abuse and exploitation, HIV/AIDS and sexual health. The Centre for the Prevention and Healing of Child Sexual Abuse in Chennai conducts awareness programmes with schools and working children on sexual abuse. The organization has developed a personal safety education manual that empowers children to take part in their own protection by giving them age-appropriate information and teaching life skills. In India, the bulk of open-access night shelters and drop-in services for boys are operated by NGOs. The quality of care varies widely.

- The NGO, NetSafety has established a website to educate parents on the impact of online pornography on children. It provides tips on how to prevent children’s access to pornography. It also publishes email addresses of police in Delhi, Chandigarh and other cities so parents may contact police if their children are solicited over the Internet.
• Response to sexual abuse – Institutions

• The National Institute of Mental Health and Neuroscience (NIMHNS) in Bangalore provides psychiatric care for girls, boys and adults who have been sexually abused. It conducts training, counselling and awareness and prevention programmes on child sexual abuse, as well as gender sensitization and masculinity programmes. On the other hand, the Centre for the Prevention and Healing of Child Sexual Abuse in Chennai also provides counselling and therapy to survivors of child sexual abuse.

• Saarthak, a counselling centre aligned with the Department of Psychiatry and Psychotherapy at Indraprastha Apollo Hospitals in Delhi, provides counselling to adult male survivors of sexual abuse. Saarthak has developed comprehensive training manuals on counselling and psychosocial care. The Ministry of Women and Child Development, in collaboration with the National Institute of Public Co-operation and Child Development and UNICEF, has developed the Manual on Counselling Services for Child Survivors of Trafficking. However, few counselling training programmes are designed to address the needs of boys, and few professionally trained counselors are available to boys at the street level.

• Media: On the other hand media often present incidents of sexual abuse and exploitation in a sensational manner. In addition, some media have abused children’s rights to privacy and confidentiality by revealing identities of the victims. The fair and objective presentation of sexual abuse and exploitation in the media is a primary concern of government and local organizations. In addition, there are several organisations in India working with child rights, but only a few like Tulir, a Chennai-based NGO who has been doing pioneering work on the issue of sexual abuse of children.

• Response to Sexual Abuse – Indian legislation

The Constitution of India recognizes the vulnerable position of children and accordingly makes provision (in Articles 14, 15, 15(3), 19(1) (a), 21, 21(A), 23, 24, 39(e) 39(f)) for their right to protection (see Annexure 1 for details). Apart from this, India is signatory for the three international conventions, to protection of Child Rights these includes, (i). Convention on the Rights of the Child (CRC); (ii). Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); and (iii). SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution.

However, it must be noted that in Indian legislation ‘Sexual abuse’ per se is not defined. The legislation does not directly address child sexual abuse. Cases of child sexual abuse are addressed under adult laws. The legislation of India addresses some, though not all, forms of sexual abuse
through diverse provisions, most of which are found in the Indian Penal Code 1860. Many of these provisions exclude boys. Regarding procurement of a child for sexual intercourse, the IPC outlaws forcing or seducing a minor girl (under 18) into 'illicit intercourse', but it does not protect boys. While the IPC provides stringent measures to protect girl rape victims, its protections for boy victims are insufficient.

Further, there is no legal acknowledgement that parents and siblings can be perpetrators, nor any specific legislation forbidding incest in India. Only Andhra Pradesh, by a state amendment, has made the offence cognisable, non-bailable and to be tried by a court of session stipulating a minimum punishment of seven years' imprisonment and a fine.

With sexual abuse of children becoming increasingly associated with tourism, Goa too has formed a model law and proposed the establishment of a children's court. The Goa Children Act 2003 has made abuse a non-bailable offence under Section 2 (a) of the Criminal Procedure Code, 1973. The fines and jail terms are also severe-Rs 100 thousands with imprisonment between one and three years for sexual assault and incest, and Rs 200 thousands with 7-10 years in jail in case of a grave sexual assault.

The Law Commission of India has reviewed the laws related to child sexual abuse and recommended amendments to the Indian Penal Code in its 172nd report. An offence Against Children (Prevention) Bill is under preparation jointly by government, NGOs, legal experts and social workers. This bill would recommend punishment for unlawful sexual contact, noncontact sexual offences with a child, sexual harassment and intimidation.

Another factor that needs to change is the legal attitude towards child abuse. Besides the fact that even the definition of a child is hazy-the Indian Penal Code (IPC) considers a 16-year-old a minor while the Child Labour Abolition Act describes a child as 14 and below-the definition of rape under Section 376 is so laboured that it almost precludes a child who has been abused or molested. Only 'penetration' counts. There is no specific law to cover abusive parents or teachers. Most forms of abuse are sought to be covered under Section 354 of the IPC as a violation of modesty, a cognisable, but bailable offence.
• **Response to Sexual Abuse – Programmes**

Programmes of widely varying scope and effectiveness do exist to address the sexual abuse and exploitation of boys. Through networking among NGOs in different parts of the country efforts are being made to reach out to vulnerable children. For example, governments and NGOs in both Tamil Nadu and West Bengal have initiated numerous outreach activities to provide boys living on the street with safe night shelter, but due to language differences, lack of networking and limited resources for visits, they have negligible contact and sharing of experiences. Thus many activities operate in local isolation, and a comprehensive assessment of programme responses to the sexual abuse and exploitation needs to be undertaken.

The Ministry of Women and Child Development has initiated the Integrated Child Protection Scheme, which seeks to apply a holistic methodology to address a broad spectrum of protection concerns for both boys and girls. Yet to be mobilized in most of India, the scheme establishes state and district child protection units whose purpose is to mobilize and support village-level protection services. When implemented, it has the potential to address many of the issues that contribute to the sexual abuse and exploitation of both boys and girls. The scheme envisions providing family intervention activities and emergency outreach services that could reduce the separation of children from their families and increase reintegration of children with their families after withdrawal from exploitation.

• **Response to Sexual Abuse – Policy:**

India has no specific plans of action or other policy documents that directly addresses child sexual abuse. However, it is addressed in policy documents on child protection and trafficking in persons. In 1998, the Committee on Prostitution, Child Prostitutes and Children of Prostitutes under the Department (now Ministry) of Women and Child Development issued a Report and Plan of Action to Combat Trafficking and Commercial Sexual Exploitation of Women and Children (RPOA). However, this did not address issues related to sexual exploitation of boys in its discussion of ‘modes of initiation into sexual exploitation’, ‘extent and magnitude of trafficking and sexual exploitation’ and ‘situation of women and child victims’, or in its recommendations. Neither did it address the linkages of sexual abuse in the home, community and school with vulnerability to sexual exploitation. Although the document generally referred to ‘children’, in many sections girls and not boys were specifically noted for intervention.

Subsequently in 2006, the Central Advisory Committee drafted the Integrated Plan of Action to Prevent and Combat Human Trafficking, with
Special Focus on Children and Women (IPOA). The IPOA is more a set of guidelines than a plan of action, providing general recommendations for action as well as delineating the roles of government and private sector stakeholders. As with the RPOA, the document conflates ‘trafficking for sexual exploitation’ with ‘sexual exploitation’ as such. Thus it does not address key issues relevant to the sexual exploitation of boys, including separation from family, and the linkages between sexual exploitation and abuse in the family, community and workplace.

The IPOA, like the RPOA, is focused on female prostitution, and while including ‘streetbased’ along with ‘brothel-based’ prostitution, it identifies female arenas of non-brothel based prostitution, such as “massage parlours, escort services, party hostesses, attendants, companions, etc.” Prevention, protection, rescue and rehabilitation activities do not address the more informal activities of prostitution by boys, including the linkages with street living and labour in the hotel and tourism sector. Welfare schemes, education and vocational training, awareness activities and other initiatives to create protective environments are primarily focused on women and girls.

The National Plan of Action for Children 2005 (NPAC) is more comprehensive in addressing the scope of child sexual abuse and exploitation, and it is less discriminatory against boys. However, the NPAC has limited goals, objectives and strategies to address child pornography and no mention of the sexual exploitation inherent in the production of pornography using children. The NPAC is intended to be administered through state plans of action. However, although some states, including Maharashtra, have developed state action plan to address trafficking, action plans to address child sexual abuse have not been formed in any state.

Summary

The above discussion indicates that empirical evidence is largely available for sexual and physical abuse and not for neglect and emotional abuse. Sexual abuse among children has been reported across varied kind of situations. This includes within the family and neighbourhood, within the society at the place of work as well as the place of socialization, among street children, work specific like tourist site, religious sites etc. In turn the perpetrators are both from within the family, society, work place etc. Literature is available to some extent on children and the degree of abuse experienced by them. But, the perpetrators are mentioned mainly in terms of who they are. Barring some literature which brings out the psychological implication on the child, not much is really available.

Given the scenario, to address the issue a holistic approach needs to be adopted. Conscious commitment to address this issue supported by effective intervention strategies with linkages between the public and private needs to be established.
Efforts will have to be multi-pronged through various strategies like advocacy, creating awareness, enhancing knowledge, involvement of UNICEF, Human Rights Commission etc. especially in place like India with diverse cultural and social norms. More empirical evidence would facilitate this linkage.

Finally, all children have the right to live in safety and dignity in a protective and nurturing environment, both at home and in the community. This is possible by creating awareness of their rights, especially their right to protection, in parents and other stakeholders, putting in place laws to punish those who abuse and exploit children and taking appropriate action to strengthen accountability on the part of government and nongovernment agencies and the civil society.

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Savita Malhotra and Parthasarathy Biswas. Child Sexual Abuse in Clinical Practice: Identification and Management. Department of Psychiatry Postgraduate Institute of Medical Education and Research Chandigarh, INDIA. Review Article Jiacam Vol. 1, No. 2, Article 6


Discussion

Experiences from the Field:

Participants were asked to share their work on parenting interventions and how the workshop relates to their own work. Experiences shared came from Tanzania, Zimbabwe and South Africa. A summary of some of the work shared is provided below:

- **Mema Kwa Jamii (MkJ), Tanzania:** Danny Wight told participants about his community based project which dealt with the challenges that parents face in current times compared to the past. His project is based on positive parenting and runs over five sessions with parents of children 10 – 14 years old. The project is run in Tanzania and is called Mema Kwa Jamii (MkJ) (‘Good Things For Communities’). The programme promotes positive socio-cultural norms and behaviours around reproductive and sexual health. It aims to: raise awareness of ASRH issues; address gendered power relations; change negative sexual and gender norms; provide parenting skills and knowledge; and strengthen community efficacy to influence children’s futures. The programme includes practical exercises for parents with their children and deals with risks that children may face. The programme is delivered by opinion leaders to their own peer groups and in this way has a community effect. The curriculum draws on various other programmes such as Families Matter, MEMA kwa Vijana and Stepping Stones, and WHO (2007a; 2007b) reviews of parenting processes and interventions. The programme has been trialled in three other contrasting villages and is currently being piloted in a remote rural setting.

- **Childline, South Africa:** Joan van Niekerk described a parenting programme being implemented by Childline in South Durban in South Africa. This is an area marked by high levels of gang violence and crime. The parenting programme being run here, takes place over five sessions but currently many difficulties are being experienced with caregivers and parents sustainability in terms of completing the programme. The parents and caregivers come from a low socio-economic background which makes attendance complex and a much longer term will be needed before an evaluation of the programme will be completed.

- **Orphans and Vulnerable Children Project, Zimbabwe:** Laura Robertson described her project in Zimbabwe which focuses on orphans and vulnerable children (OVC) affected by HIV/AIDS. Her project evaluates whether a cash transfer scheme (conditional and unconditional) can improve health and social outcomes amongst OVC living in vulnerable households in Zimbabwe. Parenting skills of those who take care of orphans forms a condition of obtaining the loan. This project has shown value in creating indigenous programmes and consulting
with parents to focus on the relevant information to parents in resource-poor settings.

**Key Issues:**

Key issues highlighted in the question and discussions at the seminar included:

**Complexities of Comparing Studies across Settings:**
When reflecting on intervention impact it is important to understand the level of service provision to the control arm. In countries with reasonably extensive social services this will be greater than in those with very poor (or no) such services and it may result in an apparent lesser impact of interventions in better resourced settings.

**Developing Different Approaches for Visiting Programmes?:** Home visiting programmes have proliferated in the United States, Canada and the UK, even though the evidence of their effect is relatively limited. The possibility of targeting at risk parents – such as mothers experiencing domestic violence – was discussed and it was suggested that there was some evidence that this would result in a greater likelihood of reducing cases of child abuse and neglect.

**Importance of Bringing Researchers, Health Advocates and Practitioners Together:** Research should be guided by the challenges on the ground, and researchers and practitioners need to be encouraged to learn from each other so that the knowledge generated from these multi-disciplinary learning exchanges informs and influences practice. In research and practice different languages are used and these need to be unpacked to utilise resources effectively. By translating research into action we can provide each field with mutual support. Better communication is needed and that both researchers and practitioners should pay attention to this. It was mentioned that DFID has brought together the different sectors to discuss working together and a similar model may be worth looking at to get this process started.
Timing for Evaluation: It was noted that programmes often get evaluated too early. Evaluation of prevention programmes need to be part of a long term strategy.

Mothers or Parents?: It was noted that all interventions mentioned during this workshop have focused almost exclusively on mothers. The role of fathers as parents is critical. In South Africa, there is a huge problem with fathers absenting themselves socially and financially from their children’s lives and parenting programmes need to see to redress by encouraging positive and active fathering rather than replicating the care gender stereotypes.

Positive parenting – Western and indigenous models: Evaluated parenting programmes are almost exclusively Western in design. We also need to get a better understanding of prevention based on non-Western models, including indigenous non-violent child discipline practices and models for promoting child safety. A broader research agenda to better understand these and their relevance for parenting programmes is needed. Professionals need to think about how we can tap into all the resources out there, to develop and test over multiple settings.

In conclusion, looking at the projects done in different countries and the issues raised from these, it is important to think through a comprehensive prevention agenda, what the agenda should look like and what it should achieve. Professionals working in this area should not lose contact with ground lines and should ensure that there is a continuing revisiting of the agenda for prevention.
## List of Participants

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Annexure

Article 14: The State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India;
Article 15: The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them;
Article 15 (3): Nothing in this article shall prevent the State from making any special provision for women and children;
Article 19(1) (a): All citizens shall have the right (a) to freedom of speech and expression;
Article 21: Protection of life and personal liberty-No person shall be deprived of his life or personal liberty except according to procedure established by law;
Article 21A: Free and compulsory education for all children of the age of 6 to 14 years;
Article 23: Prohibition of traffic in human beings and forced labour-(1) Traffic in human beings and beggars and other similar forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with law;
Article 24: Prohibition of employment of children in factories, etc. -No child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment;
Article 39: The state shall, in particular, direct its policy towards securing:
  (e) that the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter vocations unsuited to their age or strength;
  (f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

International Conventions and Declarations

*Convention on the Rights of the Child (CRC)* adopted by the UN General Assembly in 1989, is the widely accepted UN instrument ratified by most of the developed as well as developing countries, including India. The Convention prescribes standards to be adhered to by all State parties in securing the best interest of the child and outlines the fundamental rights of children, including the right to be protected from economic exploitation and harmful work, from all forms of sexual exploitation and abuse and from physical or mental violence, as well as ensuring that children will not be separated from their families against their will.

*Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)* is also applicable to girls under 18 years of age. Article 16.2 of the Convention lays special emphasis on the prevention of child marriages and states that the betrothal and marriage of a child shall have no legal effect and
that legislative action shall be taken by States to specify a minimum age for marriage.

*SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution* emphasizes that the evil of trafficking in women and children for the purpose of prostitution is incompatible with the dignity and honour of human beings and is a violation of basic human rights of women and children.