Child maltreatment at home: Prevalence among orphans and vulnerable children in KwaZulu-Natal, South Africa

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Key Findings

Maltreatment was widespread: nearly half the OVC sample experienced physical or emotional maltreatment from adults in their home.

Maltreatment was more common in homes where an adult was chronically ill or the child's parent was present.

Maltreatment may be partially mediated by caregiver mental health and poor family functioning.

Potential consequences of maltreatment include depression and behavioral problems.

Introduction

Reliable global estimates of child maltreatment are non-existent and available data represent only a small proportion of the true magnitude of the problem [1]. South Africa likewise lacks a national surveillance system to monitor incidence of child abuse [2] and has only a few large scale studies investigating this phenomenon [3]. Nonetheless, available data suggests that a staggering number of South African children face maltreatment including severe corporal punishment and sexual abuse [3]. Rates of emotional maltreatment are even harder to discern, but of equal importance as a social problem [4].

Child maltreatment has serious immediate and long-term consequences for children's healthy development. Maltreated children may experience a myriad of adverse emotional, cognitive, academic, and social impacts in childhood and suffer from long term effects on adult functioning and mental health [4, 5]. A recent study in South Africa also found that children who experience emotional abuse and physical punishment are more likely to contract HIV in adulthood [6].

WHAT CONSTITUTES CHILD MALTREATMENT?

This study adopts the definitions of maltreatment suggested by the World Health Organization[1]:

Physical maltreatment of a child is defined as those acts commissioned by a caregiver that cause actual physical harm or have the potential for harm.

Emotional maltreatment includes the failure of a caregiver to provide an appropriate and supportive environment, and includes acts that have an adverse effect on the emotional health and development of a child.

Evidence suggests that maltreatment may be of particular concern for orphans and vulnerable children (OVC). Population-based research from Soweto, a large urban township in South Africa, documented that orphaned children and those living with an HIV positive caregiver were more likely than other children to experience abuse from adults in their household [7]. Further, non-parental caregivers have been found to harbor resentment and discriminatory attitudes towards the orphaned children under their

care [8, 9], which may place these children at higher risk of maltreatment. Finally, stress and social isolation among caregivers has been linked to child abuse [e.g., 10, 11]. The high caregiving burdens and HIV-associated stigma that caregivers in OVC households face thus may predispose OVC to maltreatment.

This study concentrates on the physical and emotional maltreatment of OVC by adults living in their households. While OVC programs have begun to prioritize child protection interventions, little is known about the prevalence of child maltreatment among OVC in South Africa or what factors place children at higher risk. This information can enhance the prioritization and effective implementation of interventions in this area.

The study detailed here is part of the Enhancing Strategic Information project (ESI), funded by the United States Agency for International Development (USAID) in Southern Africa. ESI supports the availability of high quality health systems information that contributes to sustainable policy planning and programmatic decision-making. Tulane University School of Public Health and Tropical Medicine works in partnership with the prime ESI funding recipient, John Snow Incorporated, to produce knowledge that will improve existing practices and guide future investment in OVC programming.

Study Methods and Sample

The findings presented here are drawn from the baseline assessment of a longitudinal study designed to assess the efficacy of a range of interventions for OVC. The study sample includes children newly enrolled in OVC programs operating within predominately rural areas in 7 districts of KwaZulu-Natal province. Baseline surveys were administered to 1782 children ages 10-17 and their primary caregivers between April and June 2010. One-third of the children in the sample resided with a parent and nearly all (97%) were cared for by an immediate family member - typically a grandparent (40%) or surviving mother (25%). Further details on the study aims, methodology and baseline sample characteristics are available elsewhere [12] .

The study included measures of children's physical and verbal maltreatment by adults, including punching or disciplining with an object as well as name calling and threats. Children, interviewed in private, were asked to report the frequency of such occurrences within the twelve months preceding the survey, using a standardized set of responses ranging from "not at all" to "a lot." The study did not include data on maltreatment by non-household members or on other types of maltreatment, such as sexual violence and neglect. Interviewers and fieldwork supervisors referred potentially actionable reports of abuse to staff members at local implementing partner organizations for follow-up, applying a process approved by institutional review boards in both South Africa and the United States. In addition, every interviewee was provided with a contact list of local social service providers, including a national child abuse hotline.

Descriptive analyses were performed on the baseline data to assess the extent of physical and emotional maltreatment among children in the sample. To measure prevalence, frequency responses for each indicator of maltreatment were dichotomized (no ="not at all"; yes = "a little," "some," or "a lot"). Multivariate regression analyses were applied to identify underlying factors associated with child maltreatment, including a combined outcome of both physical and emotional maltreatment as well as these outcomes separately. Each model controlled for characteristics at the level of the household (poverty, neighborhood, number of children, illness of household member), caregiver (gender, age, education, marital status, chronic illness), and child (gender, age, orphan status, living with a parent). Unless otherwise indicated, all results reported as significant were statistically significant at $p<0.05$ in multivariate models controlling for all of these factors. For notable significant relationships, the unadjusted percentages of reported maltreatment for those with and without the characteristic of interest are presented. Using additional covariates, two further models were analyzed; one model examined associations between caregiver psychosocial wellbeing and child maltreatment and the other assessed relationships between child mental health outcomes and maltreatment.

Key Findings

Nearly half of all children reported experiencing maltreatment from adults in their home

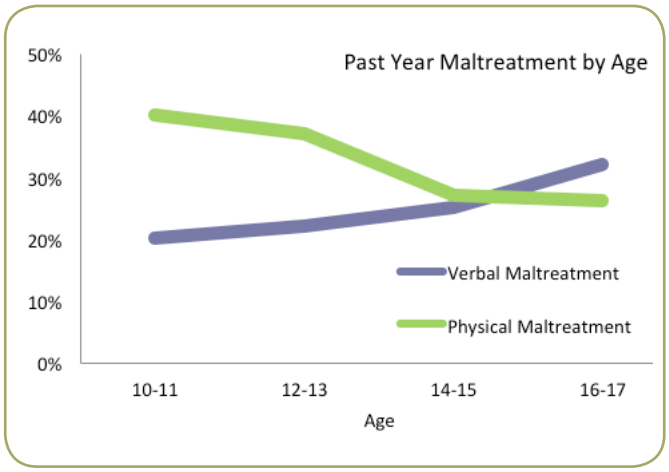
Nearly half (43%) of OVC sampled reported experiencing some form of maltreatment from an adult in their household in the 12 months preceding interview. Children most commonly reported being disciplined with hard objects (31%); a smaller but still notable number reported having been slapped or punched by an adult (13%). One in four children experienced verbal maltreatment, such as name calling or threats of being expelled from the home. While analyses considered anything other than "not at all" as affirmative of maltreatment, it is notable that as many as 21% of children in the sample reported more frequent maltreatment: 14% reported experiencing at least one form of maltreatment "some" and another 7% reported experiencing at least one form "a lot."

Multivariate analyses revealed that girls were slightly but significantly more likely than boys to report having experienced maltreatment (46% vs. 41%; Adjusted OR: 1.20; $p<0.05$); subsequent models illustrate that this effect was due principally to the increased likelihood of girls to experience verbal maltreatment, rather than physical maltreatment. Age was also an important factor underlying maltreatment risk (see Figure 1). Physical maltreatment was more common among younger children (peaking at around 40% for 10-11 year olds), whereas verbal maltreatment was more common among older children (peaking at 32% for 16-17 year olds).

Table 1. Prevalence of child reported maltreatment from adults in their household in the years preceding the survey

Any Physical Maltreatment	32%
Disciplined with stick, belt, etc.	31%
Slapped, punched, hit	13%
Any Verbal Maltreatment	25%
Threatened by being called names, such as dumb or lazy	22%
Threatened to be kicked out of home	9%
Any Maltreatment	43%

Figure 1. Maltreatment in the year preceding the survey by age at interview



Maltreatment was more common in homes where an adult was chronically ill or the child's parent was present

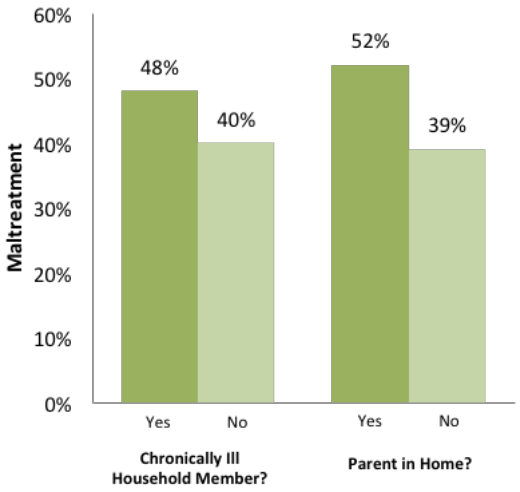
OVC commonly live with and frequently provide care to chronically ill parents, caregivers or other family members; 44% of children in the sample were living with an adult who had been chronically ill for at least three of the past twelve months. The emotional, physical and financial burden of illness and related caregiving may create greater stress within the household. Indeed, children living with an ill household member were more likely than other children in the sample to report being maltreated by an adult in their household (see Figure 2). This relationship persisted after controlling for important background variables in the multivariate regression model - children living in households with an ill adult were one-third more likely to experience maltreatment (Adjusted OR: 1.32; p<0.01).

Disparities in maltreatment were even more evident when parental presence in the home was considered (see Figure 2). About one-third (33%) of children in the sample reported living with their mother, father, or both parents, and these children were far more likely to report maltreatment than were children without a parent in the home (i.e., foster children). In the fully adjusted model, parental presence almost doubled the risk of maltreatment (Adjusted OR 1.77, p<0.001).

Other factors associated with maltreatment include the education level of the child's primary caregiver and type of neighborhood in which the child resided. Children under the care of an adult who had received any formal education were more likely than those whose caregivers had never attended school to report maltreatment (45% vs. 39%). This relationship persisted in the fully adjusted model (Adjusted OR 1.40, p<0.001); however, further modeling revealed the relationship to be driven primarily by verbal maltreatment. Maltreatment was also more likely to occur among children living in semi-urban areas compared to rural areas (62% versus 42% respectively; Adjusted OR 2.46, p<0.001). However, very few children in the sample (8%) lived in semi-urban areas.

In the adjusted model, no other factors were significantly associated with maltreatment, including caregiver gender, age or marital status; the number of children in the household; or household poverty.

Figure 2. Past year maltreatment by presence of a chronically ill household member and presence of a parent in the home



Poor caregiver mental health and family functioning were associated with a greater likelihood of maltreatment

A second set of analytical models explored whether two psychosocial factors reported by the child's primary caregiver – caregiver mental health and family functioning - were linked to maltreatment.

Caregiver mental health was measured using the negative feelings subscale of the WHO Quality of Life instrument [13] examining the frequency of sadness, depression, and worry in the past 4 weeks. Children whose caregivers reported higher levels of negative feelings were more likely to report maltreatment (Adjusted OR 1.20, p=0.01).

Family functioning was measured using the Family Assessment Device [14]. About one-third (30%) of the sample had scores above a 2-point cut-off point on a 4-point scale, which is considered indicative of poor family functioning [15]. Over half (54%) of children from poorly functioning families reported maltreatment; by contrast, only 39% of children from better-functioning families did. Even after adjustment for background factors, children residing in homes with poor family functioning were about 50% more likely than other children to suffer maltreatment (Adjusted OR 1.49, p=0.001).

Importantly, when caregiver psychosocial factors and family functioning were added to the original model, the strength of the association between living with a chronically ill household member and having experienced maltreatment was reduced and lost significance (Adjusted OR = 1.16, p=0.20). This suggests that caregiver mental health and family functioning may partially explain the relationship between having an ill household member and risk of maltreatment. In other words, chronic illness may contribute to mental health issues and family dysfunction; as a result of these difficult situations, caregivers may be more likely to maltreat children.

Depression and behavioral problems were more likely among children who experienced maltreatment

Research has shown a clear link between childhood abuse and the development of severe psychological problems and high risk behaviors [6, 16]. In our study, OVC completed a brief version of the Center for Epidemiological Studies Depression Scale for Children [17, 18]; scores over 10 were treated as indicative of depressive symptoms. Data on children's behavioral difficulties – including emotional, conduct, hyperactivity/inattention, and peer relationship problems - were collected from the caregiver using the Strengths and Difficulties Questionnaire [19]. Both depressive symptomology and behavioral problems were more common among children who had experienced maltreatment; these associations persisted in fully adjusted models (Adjusted OR = 1.87,p<0.001; OR=1.59,p<0.001 depression and behavioral problems respectively). The cross-sectional nature of the dataset precludes knowing whether these problems were a cause or a consequence of maltreatment, but follow-up data collection may permit such analyses.

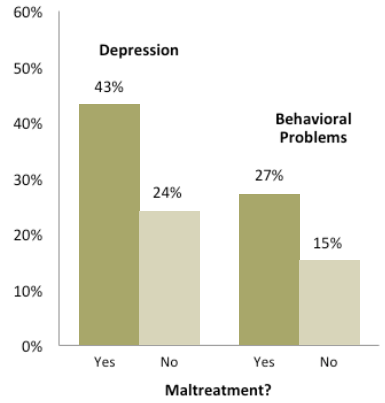


Figure 3. Prevalence of depression and of behavioral problems by maltreatment in past year

Programmatic Implications

Greater focus and training on positive child-rearing practices

One way to combat child maltreatment is to educate parents and caregivers on alternative forms of child-rearing, child development, and coping mechanisms. Specifically, programmers can educate caregivers on the potential negative consequences of insults and aggressive discipline; promote healthier ways of disciplining children; and emphasize that positive reinforcement and expressions of warmth positively influence children's behavior. Improving caregivers' behavioral management skills, including teaching techniques for stress and anger management, may help reduce potentially harmful reactive responses towards children. Education on child development issues may also increase parents' and caregivers' empathy and curb frustration. They may further benefit from increased understanding of what children can cognitively and physically achieve at specific ages, and the normal range of children's emotional and behavioral responses to parental loss or illness. Single-session training opportunities are likely insufficient; skills-transfer is best delivered on an on-going basis perhaps during home visits or through continual caregiver-focused activities at a program center. To facilitate instruction, home visitors and other OVC program staff would also benefit from periodic specialized training on these issues.

Provide caregivers with opportunities for social and emotional support

Factors found to be associated with child maltreatment in this study—poor caregiver mental health and family dysfunction—are amenable to change. Enabling caregivers to receive social and emotional support can enhance their quality of life and family dynamics as well as their parenting practices. Among caregivers enduring great stress—as is the case of AIDS affected households—higher levels of social support have been associated with more positive interactions with children and less frequent use of punitive discipline [20-22]. Caregiver support groups may be one solution, affording opportunities for emotional support, problem solving assistance and improved self-esteem that can boost capacity to attend to children's needs, and ultimately reduce child maltreatment. Support for this recommendation comes

from a 2007 study from Kenya; the researchers found that OVC whose caregivers took part in support groups reported less abuse from adults in their household than did children of non-participants [23]. Correspondingly, intensive home visiting programs that place significant emphasis on providing support to children's parents or caregivers have also demonstrated success in reducing child maltreatment [24, 25]. Indeed, efforts to support OVC caregivers can translate into positive effects for the children under their care.

Challenge social norms that consider child maltreatment acceptable

> **"You don't build a family through a stick."**
> **Traditional Zulu saying [28]**

Community dialogues and sensitization activities may help to shift norms concerning acceptable parenting practices. Most caregivers, regardless of culture, do not condone harming children; however, they may not fully understand the potential harm of certain practices, especially common ones. Children themselves may be a strong effective voice in delivering such social education. For instance, youth in Kenya have produced community dramas to illustrate their feelings about and potential consequences of abusive behavior by their caregivers [1]. Increasing community awareness of national and international perspectives pertaining to child rights may also be constructive. Such discussion may be centered on South Africa's 1996 ban on corporal punishment in schools and its rationale, key policy frameworks, and the recent legal precedent in Kenya that forbids even parents from utilizing corporal punishment [26, 27]. A locally produced report also provides useful culturally relevant arguments opposing the use of corporal punishment [28]. South Africa's annual National Child Protection Week, held the last week of May, poses a useful opportunity for community engagement on these issues[29]. However, uptake of the Week's central message —Caring Communities Protect Children—will be more likely if the message is effectively integrated within related activities throughout the year. It is also important to consider that some practices may be deeply ingrained as acceptable, thus even program-affiliated OVC care providers could equally benefit from sensitization; their adoption of more positive child rearing practices can support the effective promotion of the same within the families they serve.

Develop linkages with existing child protection programs and service providers

Many of the programmatic implications highlighted would require additional training and newly acquired skill sets for effective implementation. Existing local service providers with concentrated expertise and experience pertaining to child protection issues are an optimal supplier of such resources. OVC programmers could also benefit from collaborations with these service providers to promote a more qualified, timely and cost-effective response. Specialized service providers further afford access to other higher level of interventions and are best equipped to devise case management strategies for serious cases of maltreatment.

Nearly 10% of the sample reported experiencing physical or verbal maltreatment "a lot." While any level of maltreatment merits attention to promote better care and prevent undesirable child outcomes, the experiences of some children may warrant more decisive action, including removal of the child for his/her own protection. Home visitors can be taught to enact standard monitoring systems to identify children who have been seriously maltreated. Response strategies, however, must be comprehensive; reporting without immediate attention may result in more harm to the child [3]. Instead, OVC service providers should establish and implement linkages with child protection service agencies that can adequately investigate and follow-up on reports of suspected child maltreatment. Of equal importance is the establishment of service relationships with organizations that provide professional counseling for children who have experienced abuse.

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