

# Developing & testing evidence-based child abuse prevention programs for AIDS-affected families in LMIC

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**July 2014, Melbourne**

Lucie Cluver, Cathy Ward, Frances Gardner, Judy Hutchings, Chris Mikton, Jamie Lachman, Franziska Meinck, Jenny Doubt, Tshiamo Peterson, Mark Boyes and a brilliant team

# Research, policy and clinical practice working together

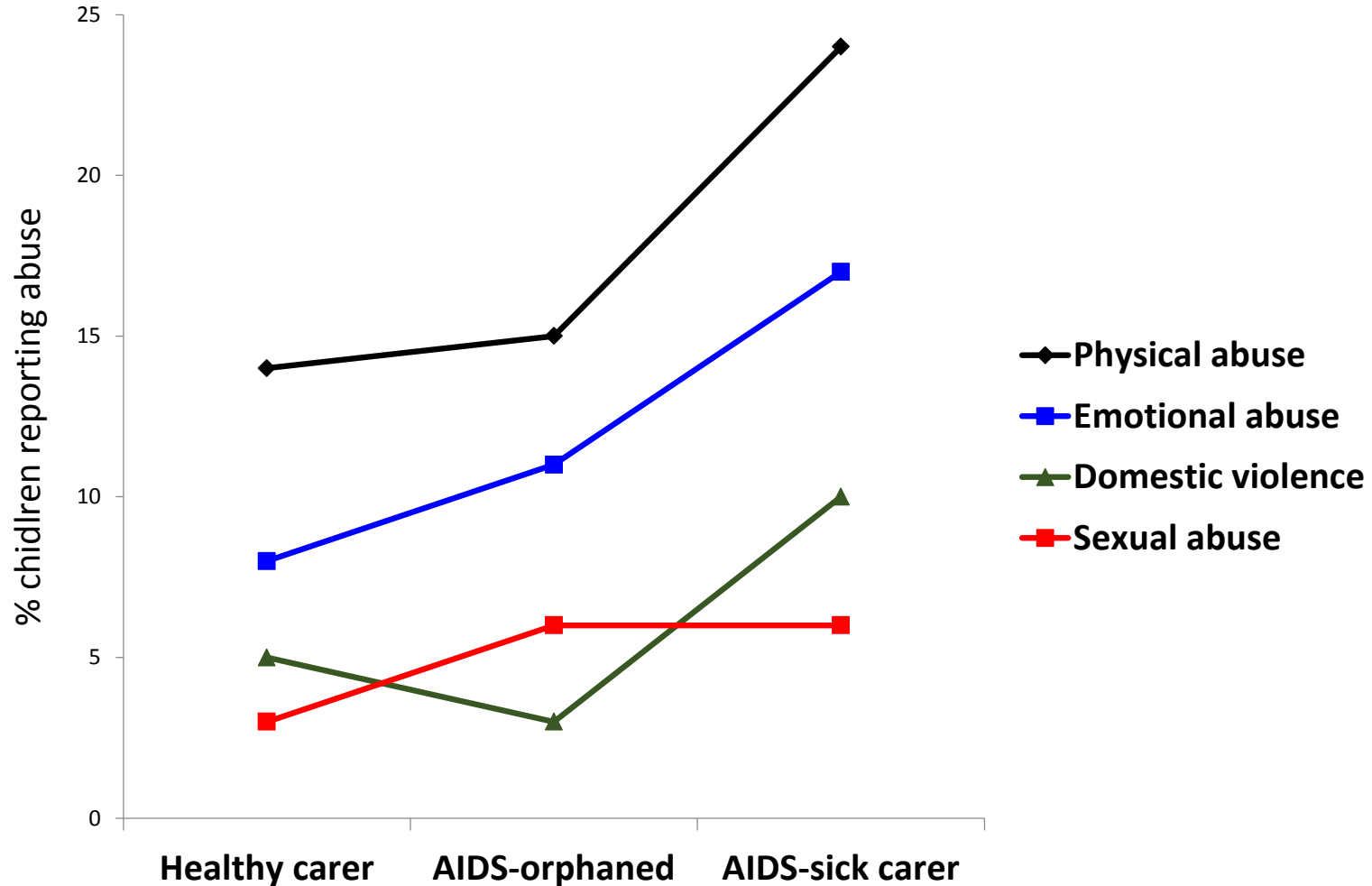


# Parental AIDS predicts child abuse (n=6002, South Africa)

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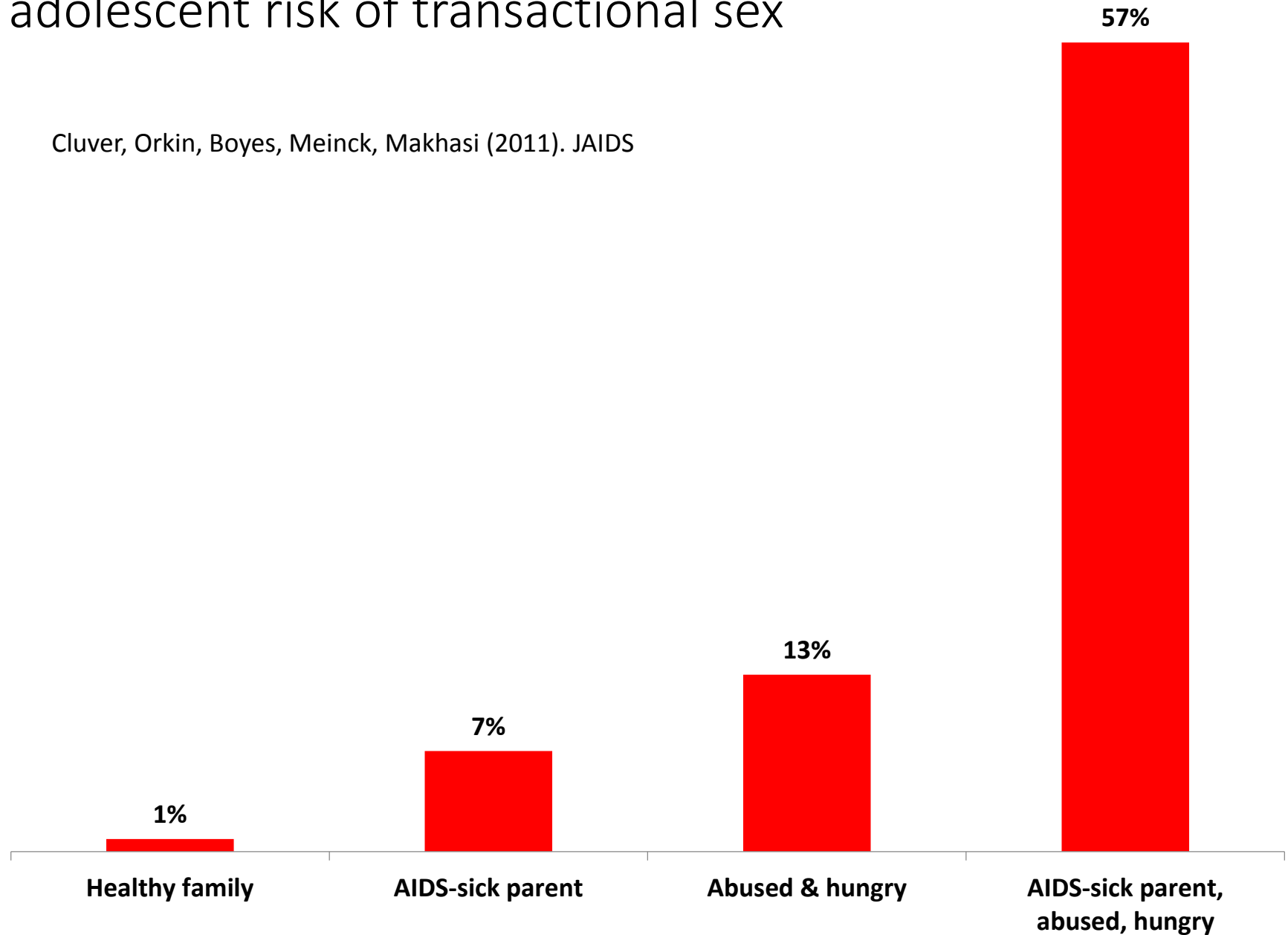
Cluver, L (2011) *Nature*, 474 27-29.

Also: Meinck et al (2013) *Child Abuse Review*



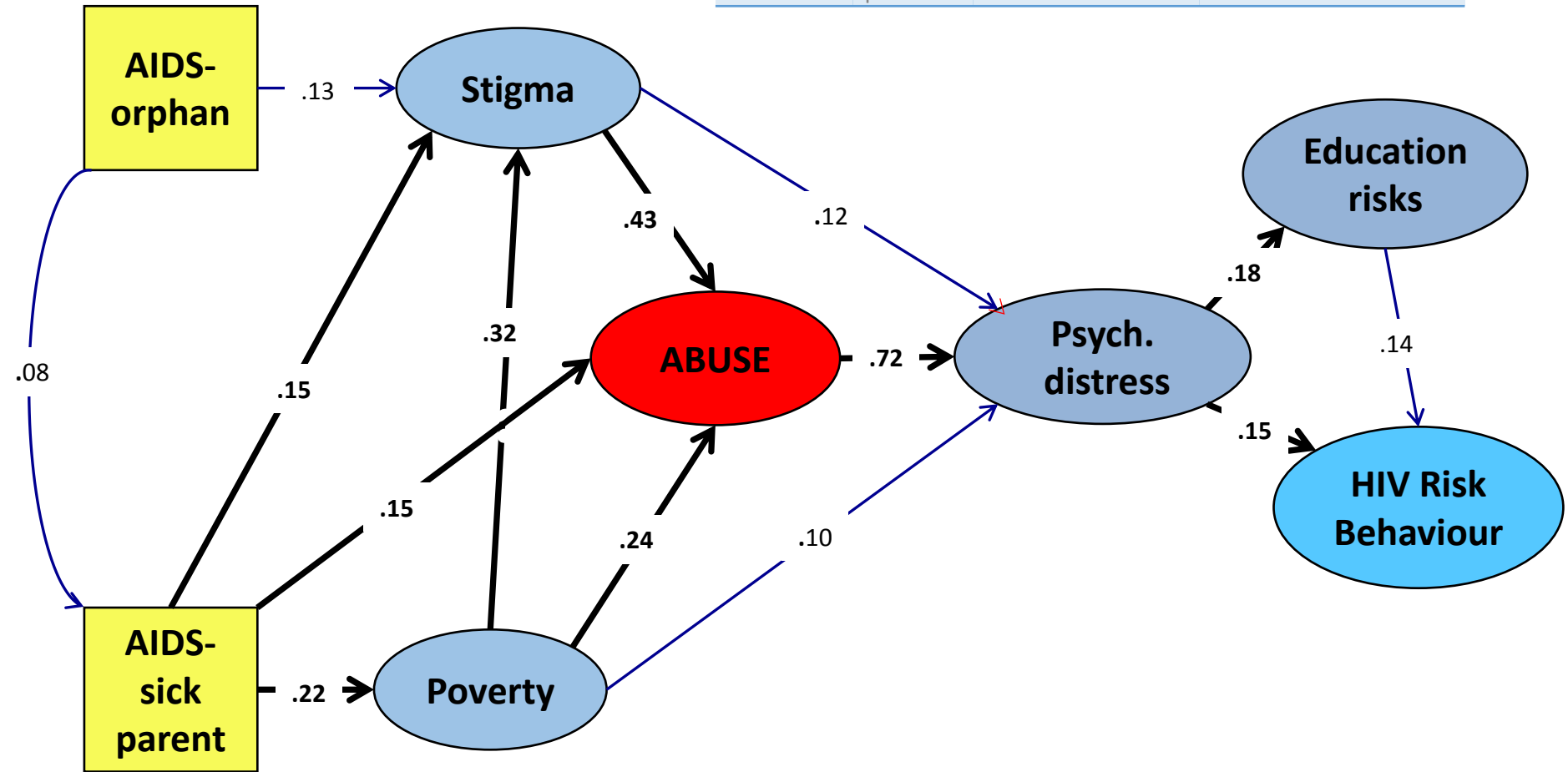
# Effects of abuse, poverty & parental AIDS on female adolescent risk of transactional sex

Cluver, Orkin, Boyes, Meinck, Makhasi (2011). JAIDS



# Pathways to HIV-risk

mean $\chi^2(679)$	Bollen-Stine $p=.001$	mean $\chi^2/df$	RMSEA	SRMR	CFI	TLI
640.06		1.57	.032	.044	.939	.930



# Child abuse prevention: the evidence

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- Systematic review of reviews: parenting programs best evidence (Mikton & Burchardt 2009)
  - Good effect sizes in HIC trials (Barlow, 2006)
  - Group-based programs = cheaper
  - Problem: high costs of established programs
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- Initial evidence of transportability to LMIC, mainly with younger children (Knerr et al, 2013)
  - Better evidence for children than teens (Sherr et al, ICDP 2011)
  - May be most valuable for families with HIV (Richter, 2013)
  - Integrate with wider structural support (Richter, 2013)

# Development advice and support

UNICEF HQ's Theresa Kilbane, Patricia Lim Ah Ken and the Child Protection team; the International Rescue Committee's Laura Boone; Amanda Sim; PEPFAR-USAID's Gretchen Bachman, Dr Nicole Behnam; Dr Janet Shriberg; Clowns Without Borders South Africa's Jamie Lachman, Hannah Mangenda; Sibongile Tsoanyane; UNICEF South Africa's Heidi Loening, George Laryea-Adjei, Patrizia Benvenuti, Seamus Mac Roibin, Andries Viviers and the Child Protection and Social Protection teams; UNICEF ESARO's Denise Stuckenbruck and Maud Droogleever Fortuyn; UNICEF Innocenti's Jasmina Byrne; the National Association of Child and Youth Care Workers (NACCW)'s Zeni Thumbadoo, Donald Nghonyama and the Isibindi team; The WHO Violence Prevention Unit Dr Chris Mikton, Dr Alex Burchardt; Professor Mark Tomlinson; Professor Judy Hutchings; Professor Frances Gardner; Professor Geri Donenberg; Professor Mary Jane Rotheram-Borus; Dr Danuta Kasprzyk; Dr Daniel Montano; Professor Theresa Betancourt; Professor Asher Ben Arieh; Professor Larry Aber; Professor Lorraine Sherr; Dr Ashraf Grimwood; Professor Howard Dubowitz; Dr Diane de Panfilis; Professor Manuel Eisner, Dr Karen Devries, Dr Daniel Michelson, Professor Joe Murray, The South African National Department of Social Development's Deputy Director-General Conny Nxumalo, Thabani Buthelezi, Dr Malega Kganakga

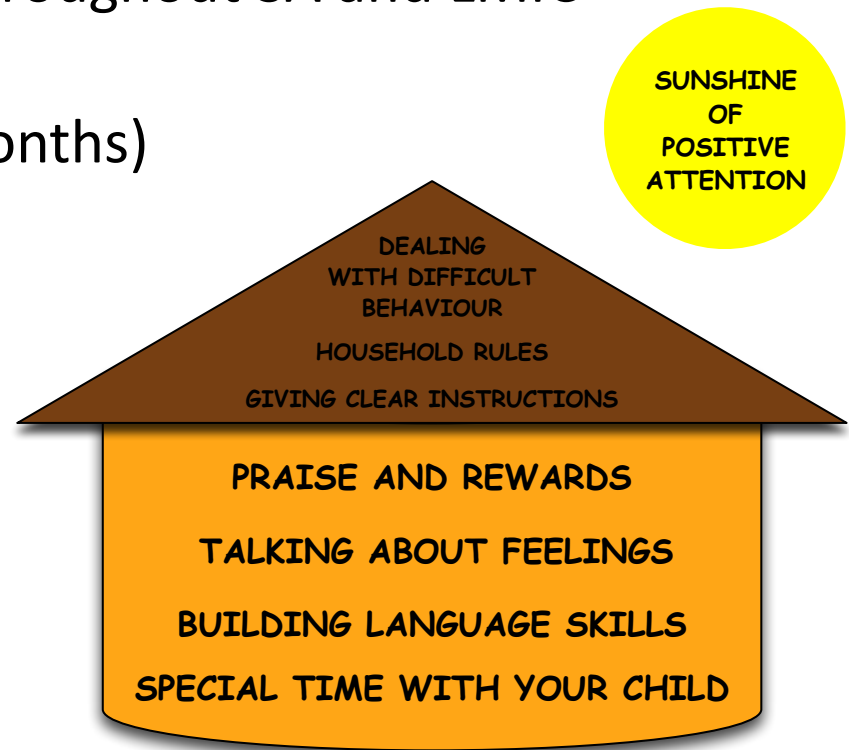
and the Children's and HIV/AIDS directorates; the National Department of Basic Education's Gugu Ndebele, Likho Bottoman and the Social Inclusion Unit; The Eastern Cape Buffalo City Metro District Department of Social Development Mr Mtutuzeli Njungwini; Professor Claude Mellins; Professor Arvin Bhana and Professor Inge Petersen; Stuart Kean; REPSSI's Noreen Huni and Lynette Mukedunye; The Keiskamma Trust; Professor Lorraine Sherr; Dr Tamsen Rochat; Professor Rachel Jewkes and Dr Anik Gevers; Dr Franziska Meinck, Dr Lucy Steinitz and Lucy Hillier, Professor Lynne Murray, Professor Peter Cooper. Special thanks to Jamie McLaren Lachman, Tshiamo Petersen, Dr Mark Boyes, Dr Franziska Meinck,,Dr. Lauren Kaplan and Dr. Jenny Doubt.



# Parenting for Lifelong Health

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- Non-professional staff, no materials needed
- Free: Creative Commons
- WHO and UNICEF: scale-up throughout SA and LMIC
- Thula Sana (pregnancy – 6 months)
- Book sharing (toddlers)
- Sinovuyo Kids (ages 2-9)
- Sinovuyo Teen (ages 10-17)
- Group work,
- collaborative problem-solving
- Home practice, role-playing
- Evidence-based core principles

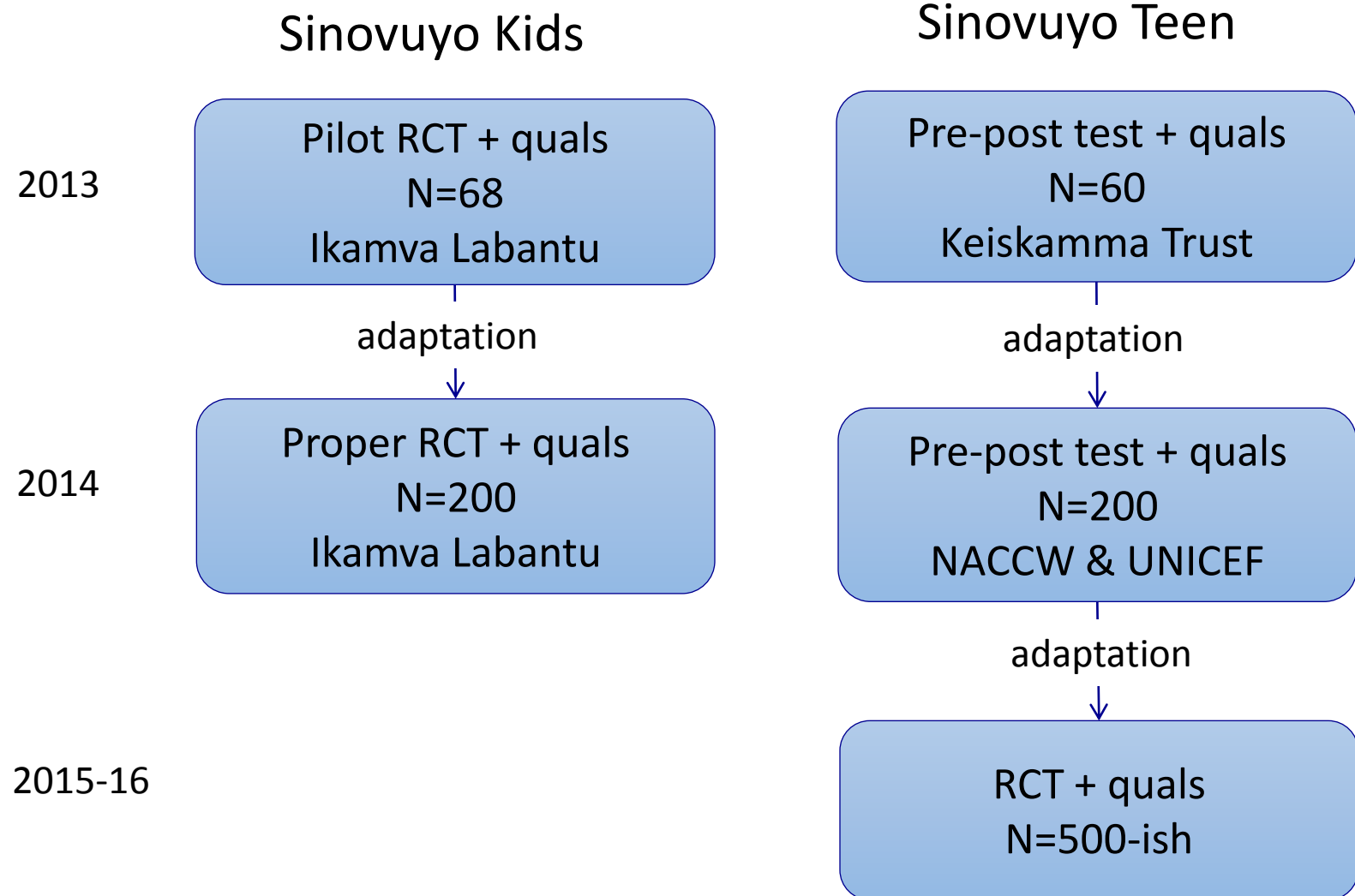


Building a Rondavel of Support



# Testing, testing... pre-posts, RCTs

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# Initial results

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<b>Sinovuyo Teens</b>	<b>Caregiver report</b>	<b>Child/teen report</b>
Reduced child abuse	$p=.006, t=3.43$	$p=.024, t=2.39$
Reduced rule-breaking/aggression	$p=.003, t=3.21$	$p=.005, t=3.07$
Reduced poor supervision	$p=.001, t=3.86$	$p=.006, t=2.98$
Reduced gender violence acceptability	$p=.002, t=3.39$	$p=.038, t=2.18$
Increased involved parenting	$p<.001, t=-4.91$	$p=.012, t=-2.69$
Increased positive parenting	$p=.004, t=-3.17$	$p=.025, t=-2.48$
Increased caregiver social support	$p=.001, t=-3.69$	
Increased teen social support		$p<.001, t=-5.19$
No changes: parent-child communication, non-violent discipline inconsistent discipline		
<b>Sinovuyo Kids</b>		
Increased positive parenting	$f=8.93, p=.004, \text{Cohen's } d=0.74$	
No other changes: sample size? Or need to make adaptations		

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# Feasibility

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- High attendance rates (>75%)
  - High participant satisfaction
  - Good programme fidelity by lay workers
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- Qualitative findings: need to simplify and reinforce skills-building
  - Qualitative findings: add in economic strengthening?



# Thoughts...

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- Potentially effective
- Strong community support
- Support for staff needed
- Local politics
- Slower skills-building
- Male caregivers?



- Partnerships with NGOs essential for scale-up
- More programmes? Different options?
- Should we be focusing only on younger children?
- Is this 'both naïve and arrogant'? Or essential?

# Thank you

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welcome trust



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