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Child Abuse & Neglect



Research article

The burden of child maltreatment in the East Asia and Pacific region[☆]



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ABSTRACT

This study estimated the health and economic burden of child maltreatment in the East Asia and Pacific region, addressing a significant gap in the current evidence base. Systematic reviews and meta-analyses were conducted to estimate the prevalence of child physical abuse, sexual abuse, emotional abuse, neglect, and witnessing parental violence. Population Attributable Fractions were calculated and Disability-Adjusted Life Years (DALYs) lost from physical and mental health outcomes and health risk behaviors attributable to child maltreatment were estimated using the most recent comparable Global Burden of Disease data. DALY losses were converted into monetary value by assuming that one DALY is equal to the sub-region's per capita GDP. The estimated economic value of DALYs lost to violence against children as a percentage of GDP ranged from 1.24% to 3.46% across sub-regions defined by the World Health Organization. The estimated economic value of DALYs (in constant 2000 US\$) lost to child maltreatment in the EAP region totaled US \$151 billion, accounting for 1.88% of the region's GDP. Updated to 2012 dollars, the estimated economic burden totaled US \$194 billion. In sensitivity analysis, the aggregate costs as a percentage of GDP range from 1.36% to 2.52%. The economic burden of child maltreatment in the East Asia and Pacific region is substantial, indicating the importance of preventing and responding to child maltreatment in this region. More comprehensive research into the impact of multiple types of childhood adversity on a wider range of putative health outcomes is needed to guide policy and programs for child protection in the region, and globally.

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Introduction

Child maltreatment has been shown to be widely prevalent across the globe (Gilbert et al., 2009; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Pinheiro, 2006). Child maltreatment can have lifelong economic consequences resulting directly or indirectly from associated behavioral problems, mental and physical health conditions, increased risk for violent behaviors, disability from physical injury, reduced health-related quality of life, lower levels of educational achievement and impaired capacity of adults to generate income (Fang, Brown, Florence, & Mercy, 2012; Gilbert et al., 2009). Several review studies have shown that individuals who suffer abuse or neglect as children are more likely to be depressed (Centers for Disease Control and Prevention (CDC), 2006; Cong et al., 2012), to experience other types of mental ill-health (Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Maniglio, 2009), to have suicide ideation and engage in more self-injurious behaviors (Arnow, 2004; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Nelson et al., 2002), to experience more negative health symptoms and problems including chronic diseases and persistent genito-urinary symptoms (both medically explained and unexplained) (CDC, 2006; Molnar, Buka, & Kessler, 2011), and to engage in more health-risk behaviors than their non-abused counterparts (Arnow, 2004; Maas, Herrenkohl, & Sousa, 2008; Maniglio, 2009). Reviews also show that the more severe and frequent the abuse, the stronger the association with poor outcomes across the lifespan (Fry, McCoy, & Swales, 2012).

Reviews by the World Health Organization (WHO) and others have found that the adverse health outcomes resulting from child abuse form a significant portion of the Global Burden of Disease (Gilbert et al., 2009; Krug et al., 2002) with significant economic costs to society (Pinheiro, 2006). Emerging evidence shows that the East Asian region has one of the highest estimated burdens of disease from child sexual abuse relative to other regions globally (Andrews, Corry, Slade, Issakidis, & Swanston, 2004). Given the high prevalence of child maltreatment and the many negative short- and long-term consequences of child maltreatment, the economic costs are likely to be substantial.

Estimating the economic burden of child maltreatment is important for several reasons, including: increasing awareness of the severity of maltreatment, assisting policy makers and government officials in prioritizing funding and developing preventive services and other programs, placing the problem in the context of other public health and social welfare concerns, and providing data for economic evaluations of interventions to reduce or prevent child maltreatment.

Although the past decade has seen considerable growth in international analysis of the prevalence and consequences of child maltreatment, few estimates of the total economic burden – the minimum direct and indirect costs – have been done internationally. Estimates have been published for a handful of countries, such as the U.S. (Fang et al., 2012), Australia (Taylor et al., 2008) and China (Fang et al., 2015), but are not yet available in most developing countries and for most regions of the world, including the East Asia and Pacific (EAP) region.

To inform policies and programs for the prevention of child maltreatment in the EAP region, the authors developed a regional costing model to estimate the burden of child maltreatment. We assembled summative estimates of lifetime prevalence, calculated the magnitude of associations with poor mental and physical health and health-risk behaviors, and thereby estimated (at least to the lower bound) the economic burden, separately for five major types of child maltreatment: physical abuse, sexual abuse, emotional abuse, neglect, and witnessing parental violence. Fig. 1 illustrates the steps of estimating the burden of child maltreatment.

Methods

Systematic Review of Prevalence and Consequences

A systematic review was conducted to identify studies reporting on the prevalence, incidence, and consequences of child maltreatment in the region (Fry et al., 2012; UNICEF, 2012). Definitions of child maltreatment used in the study are presented in Table 1. Studies were included if they were: (a) primary research on the prevalence, incidence, and consequences of child maltreatment in the EAP region in any setting, (b) published between 2000 and November 2010, (c) peer-reviewed and non-peer-reviewed journal articles, presentations, dissertations, or research reports, (d) geographic focus in EAP region encompassing the following countries and territories: Brunei Darussaleem, Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Fiji, Indonesia, Japan, Kiribati, Republic of Korea, Lao People's Democratic Republic, Malaysia, Republic of the Marshall Islands, Federated States of Micronesia, Mongolia, Myanmar, Nauru, Niue, Commonwealth of Northern Mariana Islands, Republic of Palau, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu, and Viet Nam, (e) published in English or any of the languages of the countries in the EAP region, and (f) included self-reported or parent-reported lifetime prevalence of child maltreatment.

Studies of possible consequences were included if: (a) they were primary research studies that explored the relationship between one of the types of child maltreatment and outcomes in any of the following areas: employment, education, mental health, physical health and health behaviors, aggression, violence, criminality, exposure to further violence and service use, following the categories used in an international systematic review (Gilbert et al., 2009); (b) they included odds ratio (OR) or relative risk (RR) calculations disaggregated by type of maltreatment; (c) populations were not sampled on the basis of the presence of the specified outcome since these cannot be used to calculate an RR for that outcome; and (d) they were retrospective or prospective observational studies. The details of the search strategy, search terms used, excluded articles, a full description of all child maltreatment studies by country and data extraction can be found elsewhere (UNICEF, 2012).

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