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CHILD PROTECTION'S CONTRIBUTION TO AN AIDS-FREE GENERATION

Comprehensive Care: Linking Evidence to Action

Child protection violations increase HIV risk, and children affected by HIV are at greater risk of maltreatment

PEPFAR'S OBJECTIVES

PEPFAR promotes a comprehensive, multi-sectoral approach to HIV prevention, identification, care, treatment and support. A key PEPFAR goal is to "integrate and coordinate HIV programs with broader global health and development programs to maximize impact on health systems." A related objective is to ensure that policies address larger structural conditions such as gender-based violence or stigma that contribute to the spread of HIV and/or poor treatment outcomes for HIV-affected people.

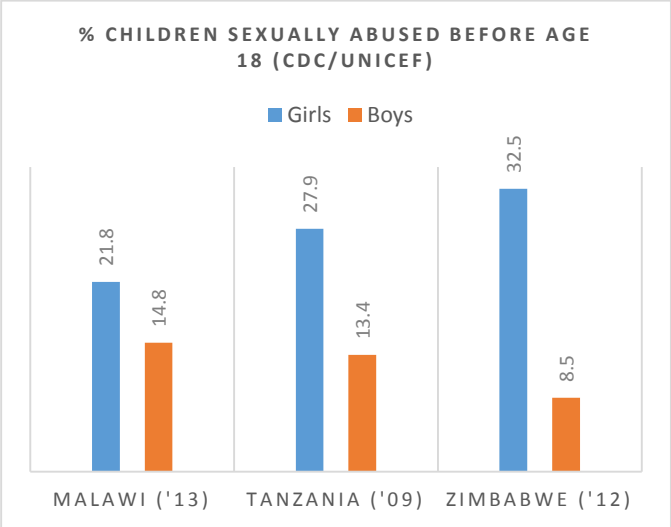
CHILD PROTECTION AND HIV

There is a growing evidence base that illustrates how (i) certain child protection violations increase the risk of acquiring HIV; and (ii) children who have HIV, who have a parent or guardian with HIV, or who have been orphaned as a result of HIV are at increased risk of violence, abuse, neglect, exploitation and stigma and acquiring HIV themselves. Maltreatment is often linked to the adoption of risky behaviors, such as injecting drugs and early sexual initiation or sex work, both of which contribute to higher HIV risk. Child protection and HIV actors must work together to address these issues.

CHILD PROTECTION VIOLATIONS SIGNIFICANTLY INCREASE HIV RISK

It is estimated that 120 million girls under age 20, or about 1 in 10, have been subjected to forced sexual intercourse or other forced sexual acts, and that millions of girls and boys are exploited in prostitution and pornography (UNICEF, 2014). Recent violence against children surveys by the U.S. Centers for Disease Control, UNICEF, Together for Girls and country partners show roughly 1 in 3 girls in Swaziland, Tanzania and Zimbabwe are sexually abused by the age of 18, as are roughly 1 in 10 boys.

A study in South Africa, Tanzania and Zimbabwe found between 6 and 29% of young adult men and women are abused in childhood. Abuse was linked to higher risk of HIV infection, through increased risk of early sexual debut, alcohol and drug use (roughly 1.5 to 3 times greater risk) and violence (2 to 3 times greater risk of recent forced sex or being hurt by a partner) (Richter et. al., 2014). Children who are orphaned or caregivers to an AIDS-sick person have higher rates of increased unsafe sexual activity, transactional sex and/or sexual abuse, increasing their HIV risk. Those orphaned are significantly more likely as non-orphans to have HIV (Birdthistle, 2008). Evidence also suggests that neglect, abuse and violence in the home severely limit the ability of children living with HIV to access appropriate HIV testing, treatment and ongoing support.



CUMULATIVE RISKS DO THE GREATEST HARM

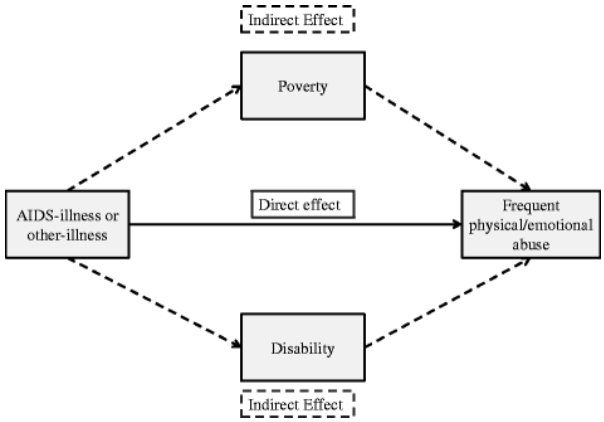
The evidence from studies across all continents, age groups and HIV and protection contexts is that **it is not so much the individual acts of violence or abuse that harm but the cumulative risks experienced by children and families that do the greatest harm.**

Cumulative risk is when children face multiple stresses at the same time or when the risks continue over time. Cumulative, multiple and chronic exposure to risks such as HIV, abuse, violence, exploitation and neglect undermines the resilience of a child, family or community to deal with trauma and shock. For example, in South Africa, food insecurity, HIV stigma and bullying all independently increase the risk of psychosocial disorder, but when children experienced food insecurity *and* stigma together the likelihood of disorder rises from 19% to 83%. When bullying *and* AIDS orphanhood status were combined, the likelihood of disorder rose from 12% to 76%. (Cluver and Orkin, 2009)

CHILDREN AFFECTED BY HIV ARE AT GREATER RISK OF ABUSE

Global evidence shows (a) children orphaned by or living with HIV-positive caregivers are at higher risk of physical and emotional abuse than their peers; and (b) HIV-affected children face greater stigma, bullying and emotional abuse.(Cluver et. al., 2013) Interventions that focus on building up individual, family and community resilience and supporting existing protective factors show that it is possible to stop the vicious cycle of escalating risk and harm.

EFFECTS OF HOUSEHOLD CHRONIC ILLNESS ON ABUSE



Source: Meinck, F., Cluver, L. and Boyes, M. (2015). Household illness, poverty and physical and emotional child abuse vitimisation: findings from South Africa's first prospective cohort study. BMC Public Health 15:444.

4CHILDREN: *COMPREHENSIVE* CARE

To achieve an AIDS-free generation, children must be protected from abuse, violence, exploitation and neglect. Coordinating Comprehensive Care for Children (4Children) is a five-year, USAID-funded project designed to improve health and wellbeing outcomes for OVC affected by HIV and AIDS and other adversities. 4Children draws on global evidence, which illustrates that HIV and other adversities are best prevented and addressed when families and children have access to both high quality health and social welfare services. 4Children helps countries to identify practical and appropriate policies, programs and services that reduce the risk of HIV and maltreatment and promote child well-being. It promotes approaches that address the unique needs of each child and family, including strengthening front line social service workforce and case management systems. More information on 4Children can be found by clicking here.

RESPONDING TO HIV AND CHILD PROTECTION RISKS

A new publication highlights specific approaches that can be promoted in countries, drawing on experience from Nigeria, Zambia and Zimbabwe. See Siân Long and Kelley Bunkers, *Prevent and protect: Linking the HIV and child protection response to keep children safe, healthy and resilient (March 2015). The publication can be accessed by clicking here and a companion 2013 volume summarizing the issues, evidence and approaches by clicking here.*

The contents of this brief are the responsibility of Maestral International. For further information on this brief (including cited references), please contact: Nicole Williams, External Relations Officer, Maestral International (nwilliams@maestral.org