



INVISIBLE GIRLS

Child Domestic Work, Violence, and Health Outcomes: A Rapid Systematic Review



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Global estimates suggest that that approximately 17.2 million children work as domestic workers, of whom over half (11.2 million) are aged between 5 to 14 years and 67% are girls (Pocock N.S., 2019). In many contexts, domestic work is perceived to be a safe and beneficial option for children to escape poverty, avoid more hazardous work and improve their life prospects (Blagbrough J, et al, 2017). However, hidden behind closed doors in private households, most child domestic workers are denied the protection of national labor laws and legislation (Save the Children, 2006) and can suffer various forms of abuse.

Children engaged in child labor, including child domestic workers, may be particularly vulnerable to violence, exploitation, and neglect (Unicef, 2021). Additionally, child domestic work can pose numerous work-related hazards, especially when children lack the training, experience, and physical and mental capacities to carry out tasks that are not age appropriate. Further, it is not uncommon for child domestic workers to experience deprivation or neglect, such as poor nutrition, which can be especially harmful during child growth periods (Unicef, 1999). Young workers are rarely able to assert their rights and may be subjected to harsh methods of discipline (corporal punishment, shouting, deprivation of food etc.) for perceived misbehavior or poor performance (Gamlin J et al, 2015; Hesketh TM et al, 2012)

Original article: Thi AM, Zimmerman C, Pocock NS, Chan CW, Ranganathan M. Child Domestic Work, Violence, and Health Outcomes: A Rapid Systematic Review. *Int J Environ Res Public Health*. 2021 Dec 31;19(1):427. doi: 10.3390/ijerph19010427. PMID: 35010705; PMCID: PMC8744913.

[<https://www.mdpi.com/1660-4601/19/1/427>]

Psychological distress, trauma, and subsequent mental health problems are not uncommon among child domestic workers, often related to isolation and the absence of affection and age-appropriate care, and discriminatory treatment by host household members (Blagbrough J, et al, 2017). These marginalizing experiences are often compounded by feelings of bereavement due to family separation and loss of affection (Save the Children, 2006).

Evidence from around the world indicates that exposure to adverse childhood experiences (ACEs) hinders children's development and wellbeing and can often have lifelong effects (Hills S et al, 2016; Anda RF, et al, 2010), including a range of illnesses (e.g., heart disease, lung cancer, sexually transmitted infections), mental health symptoms (e.g., depression, anxiety), and social problems (relationship problems, poor job performance, revictimization or perpetrators) (Hills S et al, 2016; Anda RF, et al, 2010). Despite the global prevalence of child domestic work and the related risks, to date, there has been little systematic analysis of evidence to point to young people's health and protection needs or inform intervention models.

Child domestic work can offer benefits and pose risks of neglect, deprivation and abuse.

Methods

Our systematic review aimed to describe violence and health outcomes among child domestic workers. We searched six electronic databases: MEDLINE, EMBASE, Global Health, Econlit, Web of Science, and the International Bibliography of the Social Sciences, in addition to the most relevant websites for relevant grey literature: Studies were included if they: (1) reported any type of physical, sexual, and emotional/psychological violence and/or work-related disease/injuries of child domestic workers (<18 years); (2) described a subgroup analysis or disaggregated data for child domestic workers; (3) were conducted in LMICs and selective HICs, as mentioned above; and (4) were published in English between 1990 and 2019.

The overall study quality was appraised using the Joanna Briggs critical appraisal tools (CAT) for the relevant study design. We also assessed the quality of the measurement tools used to capture violence and health outcomes using a measurement quality appraisal tool (QAT) developed in a previous study (Doherty S, et al, 2016). For the overall quality appraisal, studies

were scored as follows: 0–50% Poor, 51–75% Moderate, 76–100% Good. The measurement tool quality was rated as follows: 0–3 “poor”, 4–5 “moderate”, and 6–7 “good” quality.

Different types of abuse and violence were grouped into physical, emotional, and sexual violence when studies did not report individual act of violence separately. Violence prevalence was defined as the proportion of child domestic workers who experienced any form of violence (physical, sexual, emotional). When acts of abuse were reported in the study (e.g., 8.9% slapped/beaten with bare hands, 2.4% beaten with objects), the abuse type with highest percentage was used (‘slapped/beaten with bare hands’ was taken for physical violence) (National Institute of Statistics Cambodia, ILO, 2004).

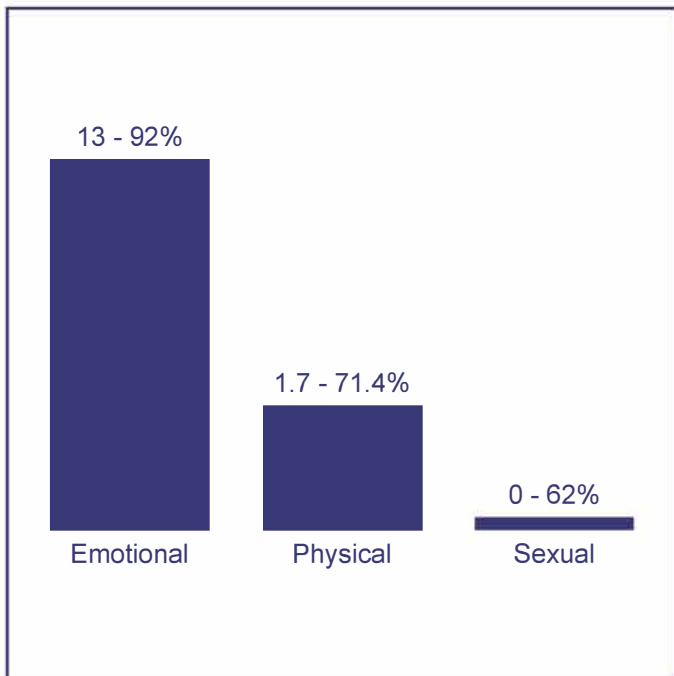
After removing duplicates, we identified 6573 records. After the study titles and abstracts had been screened, 211 studies were selected for a full-text review. Finally, a total of 17 full studies based on 16 studies and articles were included in the review.

Findings

Ultimately, we identified 17 studies conducted in low- and middle-income countries that offered evidence on the nature of adverse events (specifically violence) and health outcomes among child domestic workers (Ryan R, 2021).

Our analysis estimated the median reported rates of violence among child domestic workers aged 5–17-year-olds to be 56.2% (emotional; range: 13–92%), 18.9% (physical; range: 1.7–71.4%), and 2.2% (sexual; range: 0–62%). Both boys and girls reported emotional abuse and sexual violence. Across the studies, between 7% and 68% of CDWs reported work-related illness and injuries, and one-third to half had received no medical treatment. On average, children worked between 9 and 15 h per day with no rest days.

Across the 17 studies, emotional violence, including verbal abuse, was most frequently reported (over 50%) compared with other forms of violence, and this also varied by region—over 50% in Asia and North and South America and 92% in Africa. These figures align with



estimates by the World Health Organization (WHO) that psychological abuse is the most prevalent form of maltreatment in a child’s lifetime (World Health Organization, 2021).

This review also confirms that accidents due to poor working conditions are common. Child domestic workers reported injuries from cuts (International Labour Organization, 2006), slashes, electrical shocks, falling from stairs, and sore fingers and toes from detergent use (National Institute of Statistics, Cambodia, 2004). Young workers may be particularly prone to accidents because of their limited ability to assess dangers and threats (International Labour Organization, 2007). Mental and physical exhaustion resulting from overwork, occupational stressors may also increase risks of injury (International Labour Organization, 2011). Evidence indicates that night work, heavy work, and exposure to physical hazards increase the likelihood of workplace injury in working children by 40% (International Organization, 2011). Evidence indicates that young workers have higher rates of occupational injury, illness, and fatality compared with adult workers (International Labour Organization, 2011). Our review also found that child domestic workers suffer from malnutrition, gastrointestinal infection, anemia, stunting (Banerjee S, 2008; Zainab S, 2016), vitamin deficiencies, skin disease, musculoskeletal problems (International Labour Organization, 2006; Fassa AG, 2005), and respiratory problems (International Labour Organization, 2006; Banerjee S, et al., 2008). Child domestic workers also have poor access to care and may not receive the required medical treatment or rest, which generally depends on employers’ permission and financial support.

Implications and Conclusions

This rapid systematic review provides a narrative synthesis of the violence, health outcomes, and working conditions of child domestic workers. Our review only identified seventeen studies, which highlights the limited work that has been conducted on abuses and health risks among children in domestic work.

Among the most important findings of our review is the diversity of children's exposure to violence by setting. Levels of violence can differ dramatically between countries and locations. On average, approximately one in five child domestic workers suffered physical violence but some studies indicated three-quarters were physically abused. Further, studies indicated that in some locations, up to two-thirds of children in domestic work were sexually abused, while in others, none of the youth reported sexual abuse.

Importantly, studies highlight the prevalence of reported emotional abuse and emphasise the substantial influence on children's mental health. Research repeatedly confirmed that the absence of caregiving, including emotional support, compounded by psychologically abusive treatment by the main adults in a child's life (i.e., host families), can lead to long-lasting damage to a child's healthy development and well-being. Other adverse experiences, such as restricted freedoms, long-term separation, and parental loss, can exacerbate psychological damage and prevent healthy social growth.

Verbal abuse can be particularly damaging, especially for children's emotional growth (Yun J, et al, 2019; Teicher MH, et al, 2006). Verbal abuse affects brain development and has been associated with diverse personality and behavioral disorders and produces long-lasting consequences. Children also suffer from neglect and absence of caregiving. There can be little doubt that during a child's development, emotionally abusive treatment or severe

Child domestic workers' exposure to violence varies substantially by country and context.

neglect by the main adults in a child's life will cause long-lasting damage to a child's healthy psychological growth and well-being, including feelings of self-confidence.

Additionally, children in domestic work may have little opportunity to develop social skills, as they often have highly restricted freedom, not least freedom of movement and to socialize with peers, which according to the WHO, are considered forms of emotional or psychological violence (World Health Organization, 2006). In most research, these various restrictions are not often included in estimates of emotional abuse and its effects.

Findings also indicated harmful working conditions, not least, very long working hours. The child domestic workers surveyed in many studies from Asia and Africa worked more than nine hours per day with no rest days. Results indicated that those who worked long hours with fewer breaks had poorer psycho-social well-being and a higher incidence of injuries in India and Brazil (Hesketh TM et al, 2012; Degraff DS, et al, 2016). Findings also showed that working over 60 hours per week increased the risk of mental health problems and cardiovascular diseases (International Labour Organization, 2007; Humblet M and L Hult, 2015). Although specific evidence and recommendations for children are lacking, age-specific work hours and regular rests are particularly important for children, not least because, biologically, they need longer sleep hours and adequate rest and are prone to fatigue (International Labour Organization, 2007; Pocock et al, 2021).

Unfortunately, there appear to be few interventions targeted to support child domestic workers, as previous work suggests that it is not unusual for child domestic workers to be excluded from mainstream child protection, education services and other forms of support, despite their vulnerability to maltreatment in employing households (Kyegombe N et al, 2021).

Perhaps the most important implication of our findings is that child domestic work conditions vary substantially by context, which demonstrates that it is possible to foster circumstances that are safe for young workers. However, because of the often-hidden nature of child domestic work, future initiatives will need to be specifically designed to reach children in private households. Young workers will also benefit from strategies to change social norms and behaviours by host families to improve how children in domestic work are valued and treated.

This review has some limitations, including our ability to draw conclusions on how violence rates might differ by sex, as most studies did not collect sex-disaggregated data, because females generally dominate the domestic work sector (Oelz M, 2015) and are at a higher risk of experiencing sexual violence than males (Gilbert L, et al, 2018; Stoltenborgh M, et al, 2011; Unicef, 2014). As with many studies using self-reported violence measures, children may be scared to report honestly about abuses, especially sexual abuse, due to fear or shame. Importantly, median violence estimates are likely to be underestimated due to heterogenous data on child abuse and violence, different

sampling strategies and violence measures and varying contexts. Given that the studies in our review are cross-sectional studies, we are unable to establish causality. For instance, any significant association between behaviour and mental health problems and child domestic work were not observed although both conditions were more common in working children in two studies (Alem A, et al, 2006; Benvengnú LA et al, 2005).

Ultimately, given the paucity of evidence on the effects of current policies or laws to protect children in domestic work and the widespread reliance on child domestic work as a poverty alleviation strategy for many households, well-targeted behavioral change interventions are clearly urgently needed to foster greater protection for youth working in private households. Future interventions will require context-specific understanding of children's circumstances and their needs. Changes in practice may also depend on strategies to shift the harmful norms, reduce social tolerance of abuse and exploitation and children's engagement in hazardous tasks. Further, interventions will have to be designed carefully, accounting for engagement with employers, to promote opportunities for children in domestic work to participate in educational or skills-building programs that will prepare them to take up viable future livelihood opportunities. These types of interventions may make it possible for child domestic work to be a safe and perhaps beneficial opportunity for disadvantaged youth — at least until harmful child domestic work can be eliminated and children can enjoy a childhood that is centered around their healthy development.

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