

## Interventions to Reduce Violence against Children in Low- and Middle-income Countries

### Evidence and Gap Map Research Brief 1 | Overview of findings

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#### ABOUT THE EVIDENCE AND GAP MAP

An Evidence and Gap Map (EGM) is a presentation of the available and relevant evidence on a topic. EGMs visualise what we know (and do not know) via a graphical display of areas with strong, weak, or no evidence.

This EGM provides an overview of interventions to reduce violence against children (VAC) in low- and middle-income countries (LMICs). It represents a first step towards developing an evidence architecture to inform policy, programme, and investment strategies to prevent VAC.

The EGM includes studies on all types of VAC: physical, sexual, and emotional. It includes studies on specific forms of VAC: corporal punishment, peer violence, intimate partner violence. A fourth category of 'unclassified' studies included research that addressed multiple or unspecified forms of violence.

The intervention-outcome framework of this EGM is based on the INSPIRE framework (WHO, 2016) which outlines seven evidence-based strategies to end VAC:

- implementation and enforcement of laws
- norms and values
- safe environments
- parent and caregiver support
- income and economic strengthening
- response and support services
- education and life skills

Evidence on strategies was further analysed to map to the following outcomes:

- direct impact on violence
- norms and values
- economic and social factors
- safety and risk factors for other harms
- health
- education
- availability of information on cost-analysis.

The evidence search included impact evaluations and systematic reviews published between 2000-2019, which assessed the effectiveness of interventions to reduce interpersonal VAC in LMICs ([World Bank, 2018](#)). The search included both academic and grey literature. A critical appraisal of all studies was carried out using standardized tools.

Using established inclusion criteria, a systematic search was conducted of English language publications available in academic and other databases online. 152 studies were identified, including 55 systematic reviews and 97 impact evaluations.

A second phase is underway to update the evidence base through a review of available studies in Arabic, Chinese, French, Portuguese and Spanish.

The production of evidence on interventions for reducing violence against children (VAC) has steadily increased over the years. Yet, gaps exist that need to be addressed when it comes to research investment priorities and future studies.

This brief summarises the key findings from the [Evidence and Gap Map](#) (EGM). All technical details can be reviewed in [the main report](#).

## WHERE ARE THE EVIDENCE GAPS?

### By INSPIRE category:

- Most represented: Education and life skills
- Least represented: Laws, crime and justice and Safe environments

### By type of violence:

- Most reported: Impact on physical violence
- Least reported: Sexual violence

### By form of violence:

- Most addressed: Unclassified (multiple, unspecified form of violence), followed by intimate partner violence
- Least addressed: Peer violence

### By outcomes:

- Most reported: Direct impact on violence, norms and values
- Least reported: Economic and social outcomes, cost-analysis, including cost-effectiveness

### By intervention target group:

- Most covered: Adolescents
- Least covered: Urban populations, children with disabilities, ethnic minorities

### By geographic distribution

- Most represented: sub-Saharan Africa
- Least represented: Middle East and North Africa

Overall, the EGM found uneven distribution of studies across and within regions. More studies focusing on low-income and conflict-affected settings, including cost-analysis are needed. Studies focusing on interventions linked to specific forms of violence, rather than multiple or unspecified forms of violence, could strengthen the understanding of factors that support effectiveness. They could also help address specific gaps in the evidence base.

The roots of interpersonal violence are complex, the global scale is significant, and the consequences of such violence are enduring for children, families, communities, and societies. VAC results from the interplay of multiple risk factors spanning the course of a child's life, including their age and gender; and can lead to outcomes that last into adulthood. There is no single explanation for why some individuals behave violently toward others or why violence is more prevalent in some communities than in others.

Strengthening understanding of risk, protective, and underlying structural factors, as well as effective interventions, is essential for the development of evidence-informed policies and programmes grounded in sound theories of change. To this end, agreeing on operational definitions and methods can improve the quality of research, as well as the comparability and generalizability (i.e. wider applicability) of findings to support scaling up and adaptation across contexts. Additionally, reporting on the application of ethical standards should be made mandatory as part of funding applications and the publication of findings. This is important to promote the safety of respondents and research teams, as well as the quality of the data. The development of a tailored tool for the ethical appraisal of research on violence would be a valuable contribution.

## 1. BACKGROUND TO THE EGM

More than 1 billion children—over half the children in the world—report having experienced some form of violence in a previous year ([Hillis, Mercy, Amobi, & Kress, 2016](#)). VAC includes all forms of violence experienced by children aged 18 years and under, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers ([WHO, 2018](#)). As defined by UNICEF, violence includes “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse” ([article 19, paragraph 1, of the Convention., 1989](#)).

Violence can negatively affect physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings ([WHO, 2017](#)). VAC is associated with poor educational outcomes, economic

and food insecurity, parental unemployment, inadequate housing and other basic necessities for children and families in low- and middle-income countries (LMICs) ([Peterman, Neijhoft, Cook, & Palermo, 2017](#)). The global costs related to physical, psychological, and sexual VAC have been estimated to be between 3 per cent and 8 per cent of global GDP ([Pereznieto, Montes, Routier, & Langston, 2014](#)).

Global actors have recognised the enormous scale and impact of VAC and have advocated for greater investment in violence prevention and response. A technical package supporting seven evidence-informed strategies to end VAC ([INSPIRE](#), developed by WHO, UNICEF, and eight other international partners) has been widely adopted as an essential tool to support national investments and actions towards realizing this commitment. The [Global Partnership to End Violence against Children](#) serves as an international platform aimed at 'ending violence against children in every country, every community, and every family' ([Know Violence in Childhood, 2017](#)). It advocates widely for the use of INSPIRE to accelerate violence prevention. These developments, along with significant global commitments articulated in the Sustainable Development Goals, have provided greater impetus for global, regional, and national actions to end violence.

Although considerable research on VAC in high-income countries is available, the same is not true for LMICs. Mapping of available evidence, especially evidence on the effectiveness of interventions to reduce VAC, is a priority in LMICs ([UNICEF research brief goal area 3, 2018](#)). While this brief focuses on available evidence in English, a follow up phase is planned to cover five further languages: Arabic; Chinese; French; Spanish; and Portuguese.

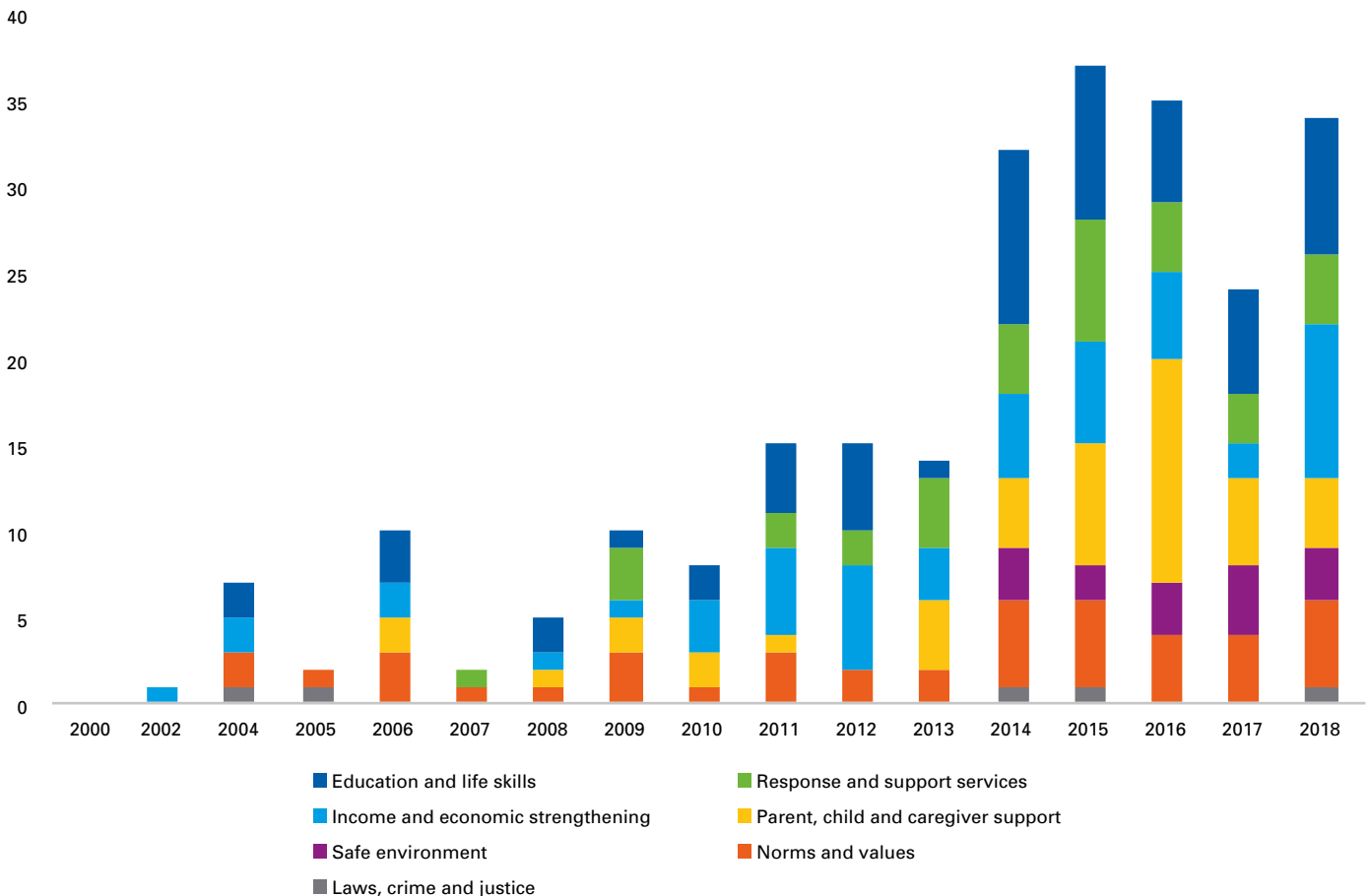
## 2. MAIN FINDINGS

Figure 1 below shows the number of studies that evaluated the effects of interventions for reducing VAC (categorized as per the INSPIRE framework and published each year between 2000 and 2019).

The number of studies on VAC was low in the late 1990s and early 2000s. Since 2006, there has been a steady, if fluctuating, increase in the number of published studies, with a discernible spike since 2014.

The current EGM builds on this evidence base. One hundred and fifty-two studies were identified for inclusion in the EGM, of these, 55 are systematic reviews and 97 are impact evaluations.

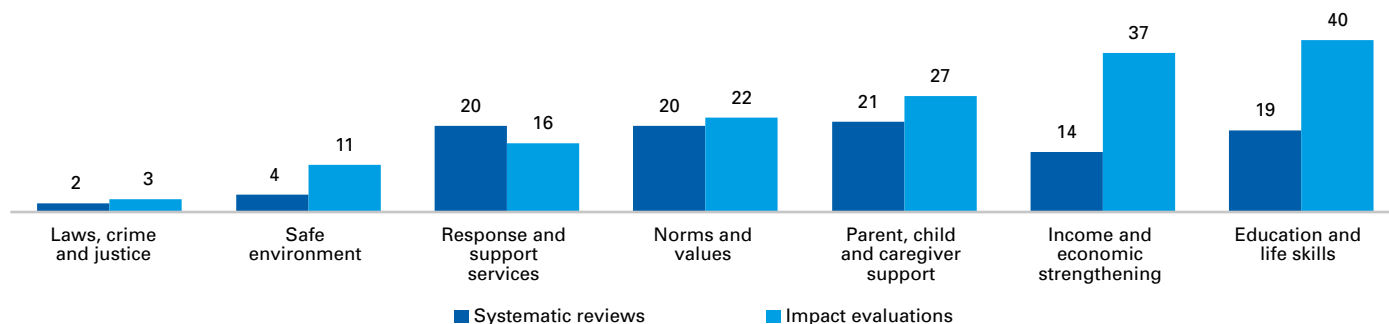
**Figure 1: Trends in publication of studies on VAC by intervention (2000-2018)**



### a. Distribution of studies by INSPIRE category

The most common were studies on: education and life skills (59); income and economic strengthening (52); parent, child, and care giver support (48); and norms and values (42). Meanwhile, studies on safe environment (15) and laws, crime, and justice (5) were the least represented.

Figure 2: Distribution of studies by INSPIRE category

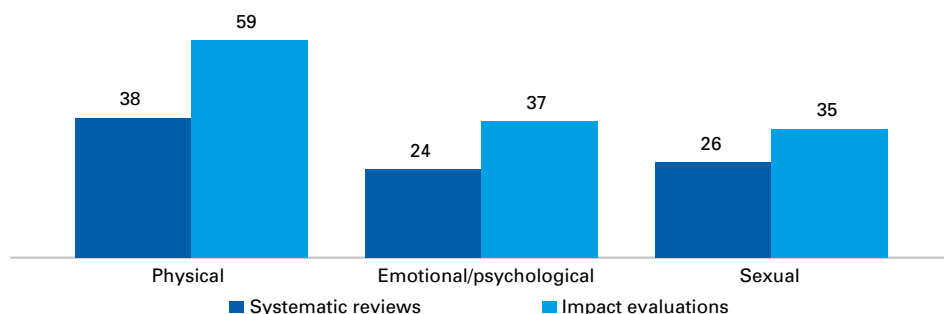


Note: The number of studies shown in each figure refers to the total number of studies falling under each category presented. Individual studies may be classified under multiple categories. For instance, if a study examines the impacts of multiple interventions, that study would add to the count for each intervention studied in that paper. The sum of studies for each figure may therefore be greater or lesser than the number of unique studies associated with that figure.

### b. Types of violence addressed in the studies

Studies addressing the impacts of physical violence are most reported (98) followed by emotional (61) and sexual violence (32).

Figure 3: Distribution of studies by types of violence addressed

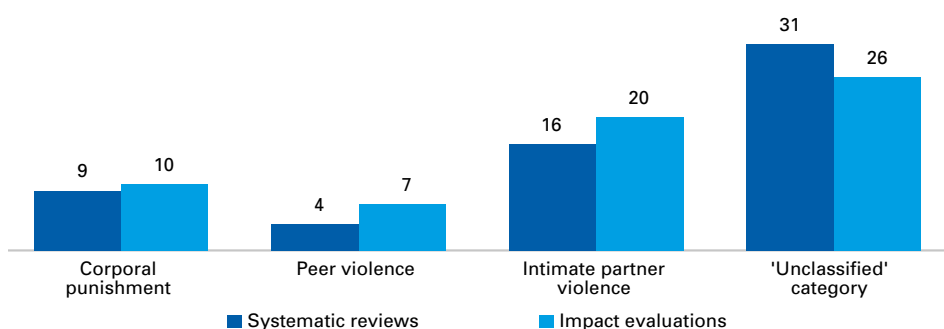


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### c. Forms of violence addressed in the studies

There are striking inconsistencies around reporting on diverse forms of VAC. This is because most studies could not be specifically classified by form of violence and had to be reported under the 'unclassified' category. Thirty-six studies cover intimate partner violence, followed by 19 studies on corporal punishment. Peer violence had the fewest number of studies (11).

Figure 4: Distribution of studies by forms of violence addressed



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### d. Outcomes addressed in studies

‘Impacts on violence’ is the most common outcome addressed as would be expected from studies focused on violence prevention. ‘Norms and values’ represented the next most common outcome studied. Only two studies reported cost-analysis, highlighting a lack of information on programme costs as an important evidence gap. There is a lack of studies on ‘Economic and social outcomes’, such as social inclusion and gender equity, social discrimination, and poverty.

**Figure 5: Aggregate EGM, indicating most populated and least populated cells of the Map**

	Outcomes						
	Violence	Norms and values	Health	Safety and risk factor for harms	Economic and social	Cost-analysis	Education
<b>INSPIRE Strategies</b>							
Laws, crime and justice	5	4	2	2	1	0	0
Norms and values	41	24	13	19	4	0	10
Safe environment	13	7	4	10	2	0	4
Parent, child and caregiver support	48	26	20	11	8	0	5
Income and economic strengthening	46	20	17	36	18	2	30
Response and support services	36	8	16	12	0	0	2
Education and life skills	57	33	23	23	7	1	19

\*Blue indicates concentration of evidence and Red indicates gaps in evidence base

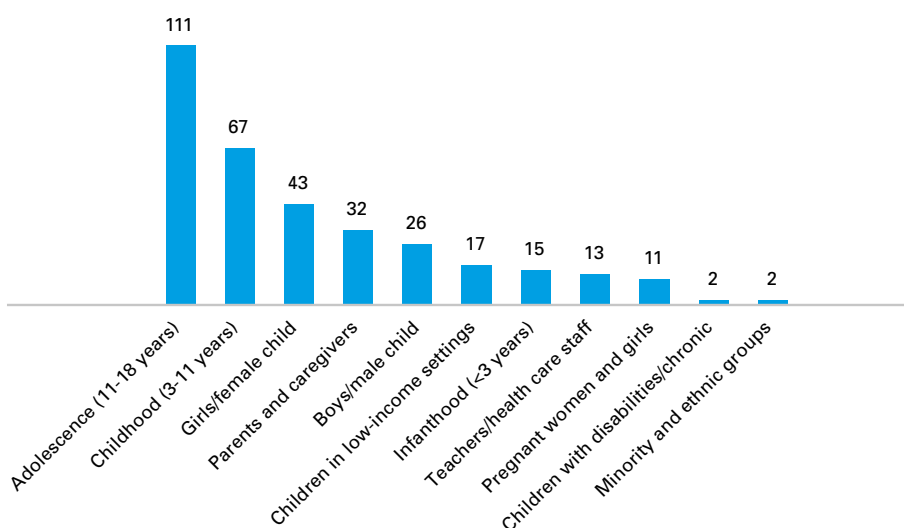
### e. Intervention target group

A majority of studies (111) addressed interventions for adolescents (10-18 years). This was followed by studies (67) focused on childhood (3-10 years) girl/female child (43), parents/caregivers (47), and boys/male child (21).

Studies assessing the impact of interventions on infants (children less than three years of age) are sparse. There is a limited number of studies with children in low-income, compared to middle-income settings.

There are striking gaps in evidence on key vulnerable populations. Only one study each was identified targeting children with disabilities, children with chronic illnesses, and those who belong to minority and ethnic groups

**Figure 6: Distribution of studies by intervention target group**

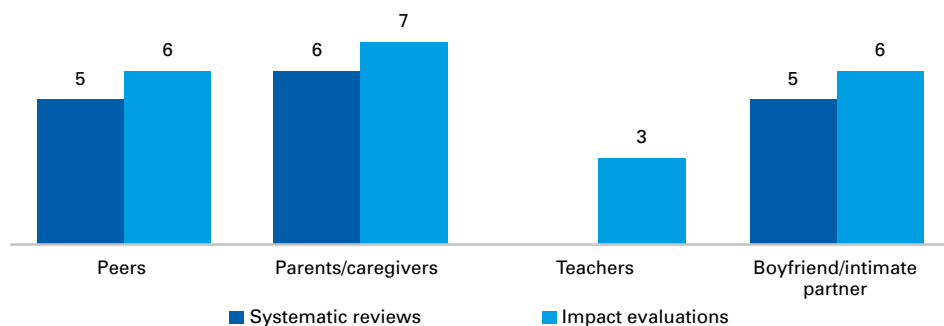


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### f. Perpetration of violence

Few studies assessing the impact of interventions on violence perpetration were found. These included studies on parents/caregivers (13), romantic and intimate partners (11), peers (9), and teachers (4) as perpetrators.

**Figure 7: Distribution of studies linked to perpetration of violence**



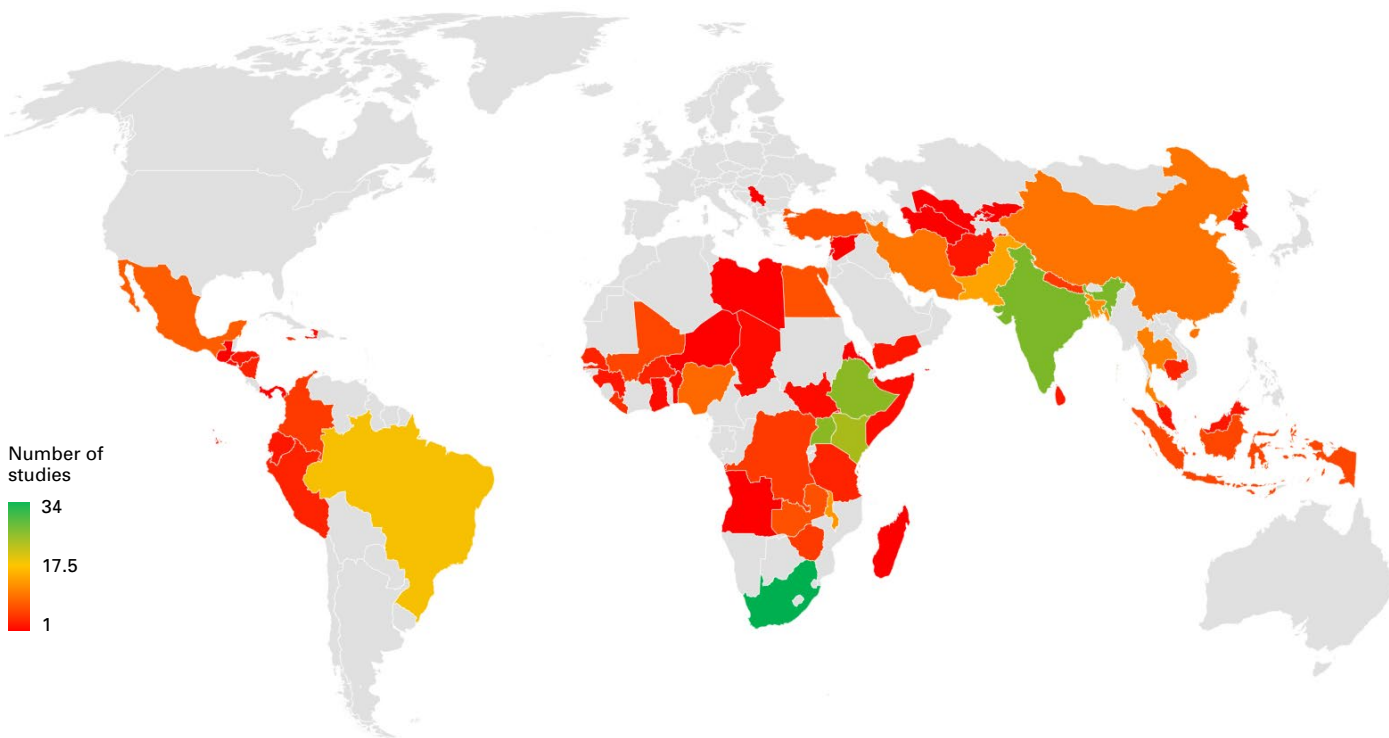
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### g. Geographic distribution of evidence

The distribution of impact evaluations is uneven across regions. Sub-Saharan Africa has the highest concentration (59), followed by South Asia (13), Latin America and the Caribbean (11), East Asia and Pacific (8), Middle East and North Africa (4), and Europe and Central Asia (3). This pattern continues for systematic reviews, with a concentration in sub-Saharan Africa (36), South Asia (27), East Asia and Pacific (28), and Latin America and Caribbean (24)

Within regions, the distribution is further concentrated in a few countries. For example, within sub-Saharan Africa, South Africa (34) is the country with the highest number of studies, followed by Uganda (25) and Ethiopia (25). In South Asia, India has the highest number of studies (26).

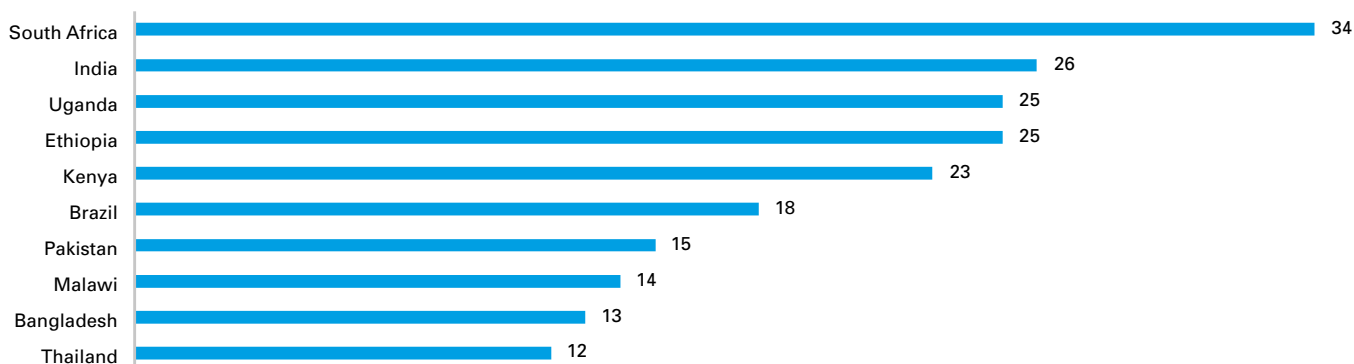
**Figure 8: Geographic heat map of impact evaluations and systematic reviews**



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 Map generated by Ashrita Saran, Campbell South Asia

Note: The designations employed in this publication and the presentation of the material do not imply on the part of the United Nations Children’s Fund (UNICEF) the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers. This map is stylized and not to scale.

**Figure 9: Countries with the highest number of impact evaluations and systematic reviews**



**h. Confidence in study findings**

Studies were assessed for the level of confidence that could be placed in their findings using a 16-item checklist for the quality appraisal of systematic reviews and a six-criteria checklist for the assessment of quantitative impact evaluations. These checklists provide a broad assessment of weaknesses in methodologies used to conduct and report the findings on systematic reviews and impact evaluations.

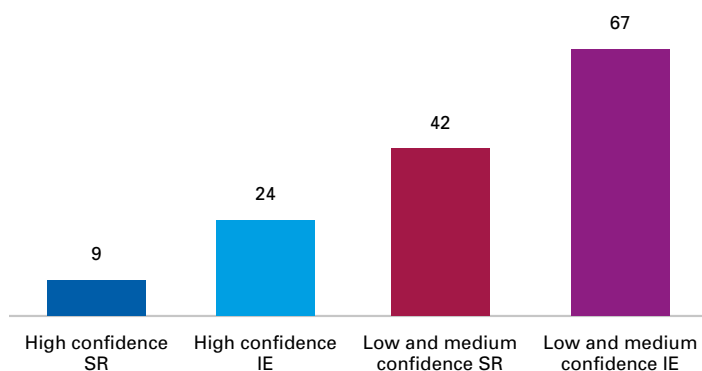
Most of the impact evaluations and systematic reviews identified had methodological limitations. They were found to reflect low and medium confidence in study findings.

Only 9 systematic reviews are of high confidence, 25 of medium confidence, and 18 of low confidence.

This means that 83 per cent are either of low- or medium-confidence. A similar picture emerges for impact evaluations, where only 30 of the 97 included were rated as high confidence. Seventy per cent were rated as low- or medium-confidence (47 and 20 respectively).

There is an urgent need for studies to be better designed and implemented, and their findings to be better reported.

**Figure 10: Distribution of studies by study quality\***

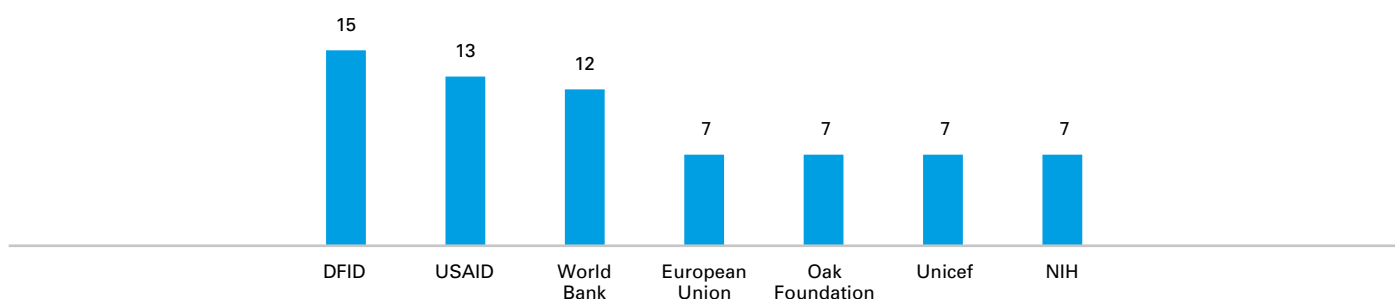


\*Ongoing studies are not critically appraised for study quality and hence not shown here

**i. Funding bodies**

More than 90 agencies funded the 152 studies included in the EGM. The top seven funding agencies were: Department for International Development (now Foreign and Commonwealth Development Office or FCDO) (15 studies); USAID; World Bank; UNICEF; Oak Foundation; European Union; and National Institutes of Health. Most of the funding agencies were international and non-profit organisations.

**Figure 11: Top seven funding agencies of VAC impact evaluations and systematic reviews**



### 3. IMPLICATIONS OF THE FINDINGS

Funders, policymakers, practitioners, and research communities can use the EGM to strengthen evidence-informed strategies to end VAC:

1. **Identify and address gaps:** This EGM should form the basis for identifying evidence gaps related to key intervention areas and forms of violence so that investments in new research can be better targeted geographically, thematically, and for particular vulnerable populations. Similar findings were noted in UNICEF Innocenti's [MegaMap on Child Well-being Interventions in LMICs](#), produced with Campbell Collaboration.
2. **Strengthen investment in research:** This EGM can be used to better target investments to strengthen research quality and design to address evidence gaps at three levels:
  - a. more and better-quality primary research;
  - b. more high-quality and mixed-method impact evaluations to better understand what works, what doesn't, factors that determine effective implementation, and what can be generalized and adapted to other contexts, and;
  - c. more evidence synthesis, such as systematic reviews, to compare findings across multiple studies and identify remaining gaps.
3. **Improve the quality of research:** The EGM quality appraisal highlights the importance of adhering to standardized international checklists for study design, ensuring rigorous ethical protocols, engaging with experienced VAC researchers, and building on lessons learned about safety, ethical, and methodological standards.
4. **Use evidence to strengthen strategic and programmatic investments:** The Map is a starting point, guiding people to the available evidence. Further analysis and deliberations with stakeholders across and within regions are required to ensure that the evidence is used to inform strategy and efforts to scale up programmes, based on context-specific considerations and conditions.

### 4. HOW THE EGM CAN BE USED BY STAKEHOLDERS

- The Map helps stakeholders across funding organizations, international, regional, and national government organisations, practitioners, and researchers to access studies documenting evidence-informed programmes and practices that can contribute to achieving the prevention of VAC across sectors.
- Notable gaps remain in the evidence base across geographical context and related to vulnerable groups of children. Consultation exercises to identify priority evidence needs should be carried out, working with stakeholders to fill those gaps by producing more primary studies, including impact evaluations for key interventions across the INSPIRE categories.
- Where available evidence is of low quality, researchers should work with other stakeholders to strengthen the quality of research through appropriate technical guidance and capacity strengthening. Deeper engagement with researchers and practitioners engaged in designing and implementing violence prevention across national contexts will also help provide greater learning and context to complement studies, especially around implementation and institutional factors.
- The value of an EGM is to supplement other forms of primary and secondary research and to regularly take stock of the availability of evidence, research quality, and adherence to ethical standards. Funders and research organisations should invest in updating EGMs to track the production of evidence in areas of interest.

#### About this UNICEF research brief

Funding was provided by UNICEF's Office of Research-Innocenti. The research was undertaken by Campbell Collaboration. Comments may be sent to [info@campbellcollaboration.org](mailto:info@campbellcollaboration.org), copying [research@unicef.org](mailto:research@unicef.org).

Explore the EGM. Read the [full report](#). Read the [study protocol](#). Access all UNICEF Innocenti [evidence and gap maps and other evidence synthesis products](#).