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Evidence and Gap Map Research Brief

UNICEF STRATEGIC PLAN 2018–2021 GOAL AREA 3: EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION

What this research brief is about

This research brief is one of a series of five briefs which provide an overview of available evidence shown in the Campbell Collaboration-UNICEF Mega-Map of the effectiveness of interventions to improve child welfare in low- and middle-income countries. These briefs summarize evidence as mapped against the five goal areas of UNICEF's 2018–2021 Strategic Plan, although it is anticipated that they will also be useful for others working in the child well-being space.

The Campbell-UNICEF Child Welfare Mega-Map maps evidence synthesis studies – evidence and gap maps and systematic reviews – which report on the effectiveness of interventions to improve child welfare. The evidence is structured by intervention categories, such as education, nutrition and rights, and outcome domains, such as school attendance and learning outcomes or healthy development.

Systematic reviews help establish which programmes are effective, for who, and in what circumstances. Evidence maps guide users to the evidence from systematic reviews and impact evaluations. The Mega-Map is an evidence and gap map of 302 systematic reviews and 16 evidence and gap maps, organized into six intervention categories and six outcome domains.

The map shows evidence syntheses which summarize evidence from around the world. It does not show individual impact evaluations. The map shows what evidence syntheses are available and the quality of the included studies, not what the evidence says.

This brief provides an overview of the available evidence related to interventions to ensure every child is protected from violence and exploitation.

The purpose of this research brief is to identify

- Areas in which there is ample evidence to guide policy and practice, and so to encourage policy makers and practitioners to use the map as a way to access rigorous studies of effectiveness

- Gaps in the evidence base, and so encourage research commissioners to commission studies to fill these evidence gaps.

What interventions are included for child protection?

The UNICEF Strategic Goal that every child is protected from violence and exploitation is touched on in three Sustainable Development Goals (SDGs): (i) SDG 5: Achieve gender equality and empower all women and girls; (ii) SDG 8: Promote inclusive and sustainable economic growth, employment and decent work for all; and (iii) SDG 16: Promote just, peaceful and inclusive societies.

Interventions to prevent violence against and exploitation of children fall into two intervention category areas of the Mega-Map:

- Social work and social welfare

- Governance

The relevant studies under governance also appear under social work and social welfare. As such, we provide an overview of those studies here.

Social work and social welfare has five relevant subcategories:

- Birth registration or notification (1 study protocol)

- Child trafficking prevention (1 study and 1 study protocol)

- Interventions for child abuse (7 studies and 1 study protocol)

- Gender based violence (17 studies and 2 study protocols)

- Child protection services (10 studies and 3 study protocols)

The number of studies and study quality is shown in Figure 1. See the endnote for an explanation of how study quality is assessed.

For example, for birth registration there is just one study (a fairly broad review of maternal and child health in emergency settings), but as only the protocol is published it is shown as ongoing. Even if birth registration is covered in the review when published, it will remain an area poorly served by rigorous evidence synthesis.

Figure 1: Number of studies on social welfare interventions by study quality
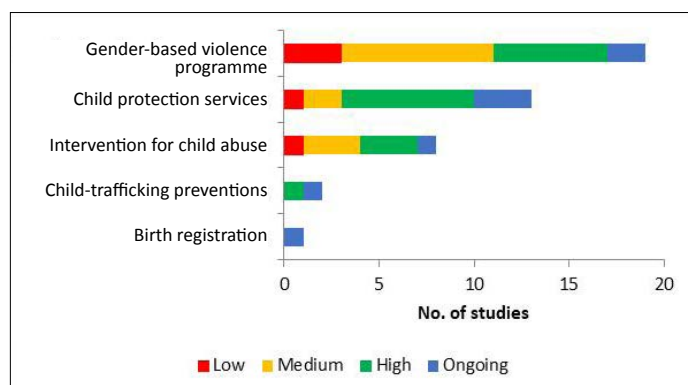
The largest concentration of studies is for gender-based violence, also termed violence against women and girls (VAWG). Two reviews address gender-based violence in humanitarian settings: Spangaro (2013) What is the evidence of the impact of initiatives to reduce risk and incidence of sexual violence in conflict and post-conflict zones and other humanitarian crises in lower- and middle-income countries? and Noble (2017) A Systematic Review of Approaches to Reduce Gender-Based Violence and Support the Empowerment of Adolescent Girls in Humanitarian Settings.

A large subset of these studies cover intimate partner violence (IPV), e.g. de Koker (2014) A systematic review of interventions for preventing adolescent intimate partner violence and Lundgren (2014) Addressing intimate partner violence and sexual violence among adolescents. There is also an evidence and gap map produced by 3ie on, IPV (Picon 2017). This map identified 45 completed impact evaluations of interventions to reduce IPV in LMICs and 28 ongoing studies. As this area is growing rapidly, a new LMIC-focused systematic review on IPV would usefully summarize this body of knowledge.

There is one review specifically on trafficking for sexual exploitation (van der Laar 2011), which is what is called an 'empty review' – that is, it found no impact evaluations to include. Just one other review – on protecting separated children in humanitarian settings – addresses trafficking *(see Box 1).*

Box 1: *What do we know about the effectiveness of interventions to prevent child trafficking?*

There is just one review explicitly on trafficking (van der Laan 2011) and that is an empty review – no studies were found assessing the impact of anti-trafficking interventions. This review is now quite old so an update would be useful in case studies have been undertaken since then.

Some reviews assess interventions for children vulnerable to trafficking, such as street-connected children, but have nothing to say directly about trafficking (e.g. Coren 2014).

One review of child protection for separated children does explicitly address this issue (Williamson 2017). The review summarized evidence from 14 studies of 17 Family Tracing and Reunification (FTR) Programmes. Reunification rates are generally around 50 per cent, ranging from 35 per cent in Ethiopia to 89 per cent in Jordan. However, these are outcome monitoring data. It is very likely that some reunification would happen in the absence of the programmes, so actual impact is overstated. The review notes that FTR is often male-focused, giving rise to the phenomenon of 'lost girls'. It is implied that these girls may have been trafficked or otherwise sexually exploited. However, the review does not provide information on interventions to counter this situation.

Overall, it can be concluded that there is no rigorous evidence of effective programmes to combat child trafficking.

Many of the reviews of child abuse are global reviews, meaning that much of the evidence may not come from developing countries. These include reviews on training or procedural approaches for health workers to identify children at risk of abuse (Carter 2006), anti-bullying programmes (Balaya 2008), and parenting programmes (Barlow 2006).

Child abuse also includes female genital mutilation (FGM). Reducing FGM is the focus of two reviews: Balfour (2016) Interventions for healthcare providers to improve treatment and prevention of female genital mutilation and Berg (2013) Interventions to reduce the prevalence of female genital mutilation/cutting in African countries. There is also a review on mental health interventions for victims of FGM: Adelufosi (2017) Cognitive behavioral therapy for post-traumatic stress disorder, depression, or anxiety disorders in women and girls living with female genital mutilation.

A broader range of programmes are covered in reviews of child protection services, such as comparing kinship care and fostering (Winokur 2014), policing interventions for school safety (Petrosino 2014), and community based programmes to reduce youth violence. Child protection also includes programmes to reduce child labour, which have been subject to one review: Paruzzolo (2009) The impact of programs relating to child labor prevention and children's protection, though child labour is an outcome measured in many more studies (see below).

What outcomes are reported?

The evidence and gapmap also shows studies according to the outcomes they report, which fall under the two outcome domains 'safety' and 'risk factor reduction'.

Table 1 shows the number of studies for each outcome subdomain, classified by the relevant SDG. There are only a small number of studies for most outcomes including child marriage and FGM prevalence. There are a moderate number of studies related to child abuse and neglect and physical violence. Although trafficking is included in the latter, there are no studies covering trafficking specifically. Figure 2 provides an overview of outcomes by study quality.

Figure 2: Number of studies on safety outcomes by study quality
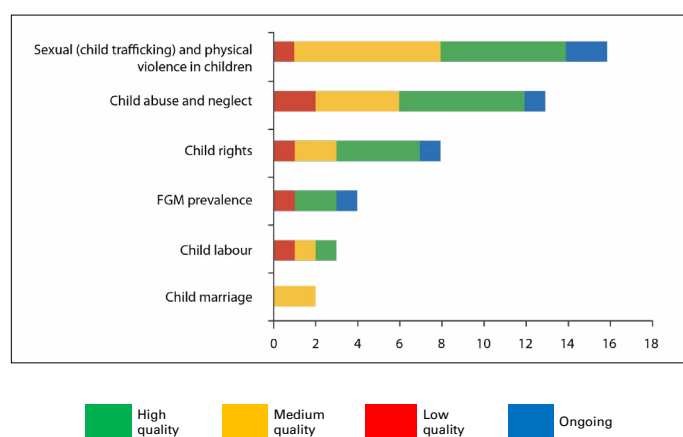
Where is the evidence from?

Systematic reviews are often global in scope. We included in the map all reviews for which studies from developing countries were eligible for inclusion, whether or not there were actually any studies from developing countries included. The screening process did not include a check as to whether the review actually included studies from developing countries.

Table 1 Number of studies by outcome domain, classified by SDG			
Goal Area 3: Every Child is Protected from Violence and Exploitation	**Sustainable Development Goal**		
	5: Achieve gender equality and empower all women and girls	8: Promote inclusive and sustainable economic growth, employment and decent work for all	16: Promote just, peaceful and inclusive societies
Safety	Child marriage (2) FGM prevalence (4)	Child labour (3)	Child abuse and neglect (13) Trafficking and physical violence (16) Child rights (8)
Risk factor reduction			Childhood injuries (2)

So for some studies, such as Barlow's study of parenting programmes to reduce child abuse, all seven included studies are from developed countries.

However, some reviews focus on developing countries, either as whole or specific regions. An example of a review restricted to developing countries is Coren (2014) Services for street-connected children and young people in low and middle-income countries. An example of a review addressing a specific region is Berg (2013) Interventions to reduce the prevalence of female genital mutilation/cutting in African countries.

Where are the evidence gaps?

Child protection is of growing importance on the development agenda. The Mega-Map shows that it is much less well served in terms of evidence synthesis than the 'traditional areas' of health and education.

The most striking gaps are as follows:

- Social work practice in developing countries in general is an under-researched area for analysis of effectiveness

- There is a lack of studies on trafficking

- There are some but not many reviews related to early marriage and FGM

- There are few reviews assessing programmes to address child labour

- There are no published studies of the impact of birth registration.

Given the interest in these areas– which does mean that that primary studies are being conducted in at least some of these areas, such as VAWG– it is important to update existing reviews.

Implications of findings

There are few evidence synthesis studies related to interventions and outcomes for protecting children from violence and exploitation. As the evidence base appears small, it is a priority to build that evidence base to inform policy and practice.

Since this is a map of evidence synthesis studies, the lack of evidence synthesis does not mean there are not primary studies. In areas in which there is a reasonable amount of evidence synthesis already, such as child abuse, it is recommended that an evidence and gapmap

be constructed to gain an idea of the extent of the developing country literature, and also to develop a taxonomy of approaches relevant in these contexts.

Where there are fewer studies or where studies are dated, it is recommended to update these reviews, applying meta-analysis where appropriate. Examples include FGM, early marriage and child labour

How can the map be used by UNICEF?

The map can help UNICEF staff and partners identify evidence-based programmes and practice to help achieve the agency's strategic goals.

Whilst the evidence base is comparably thin in this area, there are reviews on interventions of great interest to UNICEF, such as Family Tracing and Reconnection programmes. The map can help UNICEF staff and partners to identify relevant evidence for their work.

However, there are important areas where the evidence base is thin – such as FGM and early marriage – or non-existent, such as child trafficking. Thus, for UNICEF, and other agencies adopting an evidence-based approach, to become truly evidence based, there is a need for substantial, strategic investments to generate evidence of what works.

Endnote: How we assessed the quality of reviews

For systematic reviews we scored each study using the 16 item checklist called AMSTAR 2 ('Assessing the Methodological Quality of Systematic Reviews' version 2; Shea et al. 2017). The 16 items cover: (1) PICOS in inclusion criteria, (2) ex ante protocol, (3) rationale for included study designs, (4) comprehensive literature search, (5) duplicate screening, (6) duplicate data extraction, (7) list of excluded studies with justification, (8) adequate description of included studies, (9) adequate risk of bias assessment, (10) report sources of funding, (11) appropriate use of meta-analysis, (12) risk of bias assessment for meta-analysis, (13) allowance for risk of bias in discussing findings, (14) analysis of heterogeneity, (15) analysis of publication bias, and (16) report conflicts of interest.

Items 2, 4, 7, 9, 11, 13 and 15 are termed 'critical'. Study quality is rated high if there is no more than one non-critical weakness, and medium if there is no critical weakness but more than one non-critical weakness. Studies with one or more critical weaknesses are rated low quality.

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