
Interventions for reducing violence against children in low- and middle-income countries: an evidence and gap map

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Title of the EGM

Full name: Interventions for reducing violence against children in low- and middle-income countries (LMICs): an evidence and gap map

Short name: Child violence evidence and gap map

Child maltreatment is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (World Health Organisation, 1999). The map will cover the interventions to reduce violence against children, excluding neglect, in low and middle income countries (LMICs). A separate map is being produced on child neglect (Sinha et al., 2018).

World report on Violence and Health by World Health Organisation (WHO) categorizes violence into interpersonal violence, collective violence and self-directed violence as the three sub-types based on victim-perpetrator relationship. Interpersonal violence includes family, intimate partner and community violence whereas collective violence encompasses larger group of people such as social, political and economic violence ((Krug, Dahlberg, Mercy, Zwi & Lozano, 2002). Self-directed violence is not under the scope of this map.

LMICs are defined by World Bank as low income economies - those with a Gross National Income (GNI) less than \$995; lower middle-income economies – those with a GNI per capita between \$996 and \$3,895; and upper middle-income economies – those with a GNI per capita between \$3,896 and \$12,055 (2018).

Background

More than 1 billion children—half the children in the world—are victims of violence every year (Hillis et al., 2016). Violence against children includes all forms of violence under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers (World Health Organisation, 2018). Experiencing violence in childhood impacts lifelong health and well-being, but it is often preventable (World Health Organisation, 2018). Violence experienced by children is also of concern because of the serious intergenerational impacts on the wellbeing of children. Victims of violence during childhood increases the risk of becoming victims or perpetrators of violence during adulthood (World Health Organisation, 2007). Violence can negatively affect physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings (World Health Organisation, 2017).

Violence against children is associated with education, economic insecurity including food insecurity, unemployment, inadequate housing and other basic necessities for a significant

proportion of the child population in LMICs (Peterman, Neijhoft, Cook & Palermo, 2017). The global costs related to physical, psychological and sexual violence have been estimated to be between 3% and 8% of global GDP (Pereznieta, Montes, Langston & Routier, 2014). As part of the Post-2015 sustainable development goals (SDG) agenda, the United Nations (UN) issued a global call-to-action: to eliminate violence against children ("Sustainable Development Goals", 2017). In recognition to this 'Violence against children' was referenced in specific target (SDG 16.2) in the 2030 Agenda for Sustainable Development giving renewed impetus towards the realization of the right of every child to live free from fear, neglect, abuse and exploitation. Several other SDG targets address specific forms of violence such as eliminating violence against women and girls in public and private spheres (SDG 5.2), eliminating harm towards children such as child marriage and female genital mutilation (target 5.3), promotion of non-violent educational environment (SDG 4.7) and the eradication of child labor, including the recruitment and use of child soldiers (target 8.7). The SDG targets for wellbeing of children and adolescents are aimed at ending malnutrition and reducing stunting and wasting (SDG 2.2), access to adequate and equitable sanitation and hygiene (6.2) and universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children (SDG 11.7). The year 2019 also marks the 30th anniversary of the adoption of the UN Convention on the Rights of the Child (CRC), and hence it provides an important opportunity to gain a better understanding of the nature, extent and causes of violence against children. It also demands for a comprehensive picture of measures to strengthen the means of implementation and revitalize the global partnership for sustainable development, the collection of data and monitoring and accountability of the existing evidence are crucial.

The Global Partnership to End Violence against Children is a multi-donor international initiative launched in 2016 whose aim is 'ending violence against children in every country, every community and every family' ("End Violence", 2018). As part of the SDGs, the UN General Assembly has made a global commitment and the INSPIRE package is adopted as an essential tool in supporting country action towards realising this commitment.

In response to above there is an increased need to invest in generating sound evidence on the scale and nature of violence against children. Evidence and gap maps (EGMs) can contribute to achieving this by supporting the prioritization of global evidence synthesis needs and primary data collection.

This evidence and gap map will provide an overview of the existing systematic reviews and impact evaluations on the key outcome domains and interventions aimed at reducing violence against children in LMICs using an intervention-outcome framework. It will identify areas in which there are good bodies of synthesized knowledge to inform policy, and those areas in which there is little or no evidence synthesis.

The specific objectives of this map are to:

- i. Develop a clear framework of types of interventions and outcomes to provide an overview of available evidence on the interventions available for reducing violence against children in LMICs.

- ii. Map available systematic reviews and primary studies on the effectiveness of interventions to reduce violence against children in LMICs in this framework, with an overview provided in a summary report.
- iii. Provide database entries of included studies which summarize the intervention, context, study design and main findings.

Existing EGMs

The child welfare mega map (UNICEF Research Brief, 2018) was a basis for developing the present EGM. The mega map identified gaps in the area of violence against children in LMICs. The present EGM is an outcome of the findings of mega map which found, the evidence for protecting children from violence and exploitation is low in LMICs, nonetheless it is a priority area for policy and practice (UNICEF Research Brief, 2018).

There are two related ongoing maps. There is a map on child maltreatment and neglect which is restricted to high income countries (Kornør et al., 2017). A second map for LMICs focuses on child neglect (Sinha et al., 2018), whereas we will focus on violence against children (we elaborate on this distinction below). There is no existing EGM for violence against children in LMICs.

Suggested dimensions

The following are suggested dimensions for elaboration, depending on the scope of the EGM. In addition to intervention and outcomes, the following filters will be coded:

- (1) *Population sub-groups*: The age group is classified based on the WHO age criteria stated as follows: Infanthood (<3 years of age), Childhood (3-11 years), Adolescence (11-18 years).
- (2) *Sex*: Male, Female
- (3) *Context*: Very high prevalence settings • Pregnant women, orphans, juvenile offenders, children with disabilities, children belonging to ethnic minorities, child sex workers, child brides, isolated children/street children, children with HIV/AIDS
- (4) *Region*: East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, North America, South Asia, Western Central Africa, Eastern Central Africa
- (5) *Country*
- (6) *Economies*: Low-income economies, Lower-middle-income countries, Upper-middle-income countries, High-income economies
- (7) *Type of violence*:
 - A. Interpersonal violence-Family (intimate partner/community)
 - B. Collective violence- Social/political/economic (riot, conflict)
- (8) *Nature of violence*:
 - A. Physical

- B. Sexual
- C. Emotional/Psychological
- D. Polyvictimization

(9) *Conflict-affected regions*: This will be defined based on Department for International Development (DFID) list of conflict affected regions updated as per current year (2018/2019).

Intervention(s) or problem

The intervention outcome framework is based on the INSPIRE guidelines by WHO which states seven strategies to prevent violence against children viz. Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills. ("INSPIRE: Seven strategies for Ending Violence against Children", 2016). The strategies arose from a need of comprehensive and multi-sectoral strategies for violence against children and is intended to be implemented within and between countries in a coordinated manner.

INSPIRE guidelines form the basis of formation of intervention categories, while the subcategories are based on the intervention areas under it, definitions for which are given in Annex 1. It represents a select group of strategies based on the best available evidence to help countries and communities intensify their focus on the prevention programmes and services with the greatest potential to reduce violence against children.

Table 1 lists the intervention sub-categories. Examples of programme names are given in brackets. These are listed to aid with search and coding. They will not appear in the sub-category label in the map. The included interventions cover all main strategies to reduce violence against children outcomes.

The intervention categories included in our map are:

1. law, crime and justice system
2. norms and values
3. safe environment,
4. parent, child and caregiver support
5. income and economic strengthening
6. response and support services
7. education and skills,

Table 1: Intervention categories, sub-categories and examples

Main category	Sub-category	Examples
Laws, Crime and justice system	1. Laws	Laws banning or increasing legal consequences for perpetration of violent (corporal) punishment, Laws criminalizing or increasing legal consequences for perpetration of sexual abuse and exploitation of children, Laws preventing or reducing substance misuse (advertisement, prices, coupons), Laws limiting youth access to firearms and other weapons and engagement in conflict, Family law/Child protection legislations, Law on Violence against children, Law on media content regulation
	2. Crime and justice system	Treatment programmes and other safeguards for juvenile offenders in the criminal justice system/Gangs, Strengthening police and judicial systems for child protection, Increasing access to informal justice, including community based legal aid and paralegal programs, Adolescent intimate partner violence, Dating violence prevention
Norms and values	1. Community mobilization programmes	
	2. Bystander interventions	Interventions to empower bystanders to intervene and prevent violence
	3. Media campaigns including mass media and education	
Safe environments	1. Making existing environment safe	Reducing violence by addressing “hotspots”, Interrupting the spread of violence, Improving the built environment (safe homes, schools), Child protective services including safe orphanage/ homes for children without guardianship
	2. Creating Safe places	Shelters and crisis centres, School WASH and infrastructure
Parent, child and caregiver support	1. Parent-training and education - interventions that promote positive parenting practices	

	2. Maternal/Paternal mental health	
	3. Peer/relationship training	
Income and economic strengthening	1. Economic transfers	Conditional cash transfers, Unconditional cash transfers, Public works or cash-for-work, In-kind transfers (food, vouchers, assets), Subsidies (housing, education, utility) or tax incentives, School feeding/free school lunch
	2. Income generating or credit interventions	Group saving and loans (with and without additional components, e.g. gender equity training), Microfinance or credit (with and without additional components, e.g. gender norms training), Financial inclusion programs, Livelihood or agricultural productivity programs (including graduation programs), Skills training/vocational or entrepreneurship programs
	3. Broad-based social protection	Health and other insurance, Employer and labor force benefits (including unemployment benefits, maternity leave policies), Pensions and retirement benefits, Disability benefits
Response and support services	1. Counselling and therapeutic approaches	Specialized counselling and therapeutic services for victims of violence
	2. Screening and training	Reporting combined with interventions: Training the health professional/social workers/teachers to identify possible exposure or risk of exposure to violence
	3. Children in care	Includes alternative family care (foster or kinship care) or institutional care (orphanages, group homes, juvenile detention centres, or residential treatment centers) interventions involving social welfare services
	4. Media and communication	Awareness on access to services/reporting
Education and life skills	1. Gender transformative approaches	Including sexual and reproductive health education
	2. Life and social skills training	Violence prevention, Bullying prevention programs, self-defense, adolescent intimate partner violence, dating

Population

The primary population of interest for this map is children and adolescents from LMICs. Both males and females in the age group of less than 18 years will be included in the EGM. The age group is classified based on the WHO age criteria stated as follows: Infanthood (<3 years of age), Childhood (3-11 years), Adolescence (11-18 years).

Population sub-group of interest includes: Orphans, children with disabilities, children belonging to ethnic minorities, child sex workers, child brides, isolated children/street children, children with HIV/AIDS and children in conflict and humanitarian settings.

Outcomes

The eight main outcome categories are mentioned below and they are plotted against following indicators:

Table 2: Outcome categories and subcategories

Main category	Sub-category
Violence	<ol style="list-style-type: none">1. Sexual violence2. Physical violence3. Emotional/psychological violence (Financial abuse)
Norm, values, belief and attitude	<ol style="list-style-type: none">1. Belief on parenting practices2. Gender roles3. Delinquent, violent and other risk-taking behavior (including reoffending, recidivism rates)4. Empowerment
Health	<ol style="list-style-type: none">1. Substance abuse2. Child development and child mental health3. Maternal mental health4. Morbidity and mortality5. Sexual and reproductive health
Safety and risk factors	<ol style="list-style-type: none">1. Social isolation (homeless and street connected children)2. Female Genital Mutilation (FGM) and child marriage3. Child labour/trafficking4. Safe environment/spaces
Economic and social	<ol style="list-style-type: none">1. Poverty and food security2. Employment and labor force participation3. Savings and credit4. Broad-based social protection5. Social discrimination (caste, race, ethnicity)
Cost Analysis	<ol style="list-style-type: none">1. Cost-effectiveness

	2. Cost-benefit
Education	1. School enrolment & attendance 2. School performance 3. WASH & Infrastructure 4. Gender roles and life skills
Equity	

Study designs

The map will include studies of effectiveness, that is experimental and non-experimental impact evaluations with a design which controls for selection bias.

The following designs will be included: RCTs, natural experiments, regression discontinuity, propensity score matching, difference in difference, instrumental variables, and other matching design.

The map will also include systematic reviews which include studies from LMICs.

Stakeholder engagement

An advisory group was formed at the inception stage of this EGM. The advisory group members involved in the preparation of this EGM are experts working in the area of social and child welfare, health and wellbeing. Feedback from the group members was received and assimilated in the framework plan at the title registration stage. The stakeholders will be engaged at all stages of the EGM to review and comment on interventions, studies, outputs, map findings and provide advice on dissemination channels.

The advisory members for the EGM are as follows:

1. Dr. Karen Devries, Associate Professor in Social Epidemiology, LSHTM
2. Professor Lorraine Sherr, Head of Health Psychology Unit, Institute of Global Health, UCL
3. Professor J. (Julia) Sloth-Nielsen, Professor, Department of Public Law and Jurisprudence, University of the Western Cape and Professor of Children's Rights in the Developing World, University of Leiden
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Roles and responsibilities

- **Content expertise:**
Ramya Subrahmanian has an extensive experience in research, policy advocacy, training and teaching. She has experience in use of evidence across all of UNICEF's policy areas. In her previous capacity as Executive Director, Know Violence in Childhood, she oversaw the commissioning of over 45 new papers on violence prevention including systematic reviews on LMICs, as well as the publication of an updated annotated bibliography.
- **EGM methods expertise:**
Ashrita Saran and Howard White have previous experience in systematic review methodology, including searching, data collection, and theory-based synthesis, which means they are proficient in carrying out the various processes in an EGM, such as search, eligibility screening, quality assessment and coding. They have undertaken an overview of approaches to mapping in a range of organizations. Jill Adona is an experienced screener and coder who has previously worked on Campbell Collaboration research projects. Jill has attended training workshops on evidence synthesis provided by both 3ie and Campbell. Prachi Pundir has experience in systematic reviews and has previously worked on systematic reviews and meta-analysis with Public Health Evidence South Asia, Manipal and all authors are proficient in carrying out the various processes in an EGM, such as eligibility screening, quality assessment and coding.
- **Information retrieval expertise:**
Ashrita Saran, and Prachi Pundir have training in designing and implementing search strategies.

Funding

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Potential conflicts of interest

No conflict of interest.

Preliminary timeframe

1. Draft protocol: February 2019
2. Search and screening: February-March 2019
3. Draft EGM: April 2019
4. Report and briefs: April-May 2019

Annex 1

Definitions

Law, crime and justice system:

- A) **Laws:** The system of rules which a particular country or community recognizes as regulating the actions of its members and which it may enforce by the imposition of penalties.
- B) **Criminal justice system:** The system of law enforcement that is directly involved in apprehending, prosecuting, defending, sentencing, and punishing those who are suspected or convicted of criminal offenses

Norms and values: aims to alter the social expectations that define “appropriate” behaviour for women and men, such as norms that dictate men have the right to control women, and which make women and girls vulnerable to physical, emotional and sexual violence by men.

- A) **Community mobilization programmes:** Community mobilization engages all sectors of the population in a community wide effort to address a health, social, or environmental issue. It brings together policy makers and opinion leaders, local, state, and federal governments, professional groups, religious groups, businesses, and individual community members. Community mobilization empowers individuals and groups to take some kind of action to facilitate change.
- B) **Bystander interventions:** Bystander Intervention is a social science model that predicts the likelihood of individuals (or groups) willing to actively address a situation they deem problematic. A bystander is anyone who observes any situation.

Safe environments:

- A) **Child safe environments:** Child safe environments are safe and friendly settings where children feel respected, valued and encouraged to reach their full potential.
- B) **Creating safe spaces:** Child friendly spaces can be defined as places designed and operated in a participatory manner, where children affected by natural disasters or armed conflict can be provided with a safe environment, where integrated programming including play, recreation, education, health, and psychosocial support can be delivered and/or information about services/supports provided.
- C) **School WASH & Infrastructure:** WASH is the collective term for Water, Sanitation and Hygiene. Due to their interdependent nature, these three core issues are grouped together to represent a growing sector. While each a separate field of work, each is dependent on the presence of the other. Buildings, classrooms, laboratories, and equipment are education infrastructure.

Parent, child and caregiver support

- A) **Parent-training and education:** interventions that promote positive parenting practice
- B) **Maternal mental health:** Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or

his community. Maternal and paternal refers to the affected child/children's mother or father respectively.

- C) **Peer/relationship training:** Peer educators are typically the same age or slightly older than the group with whom they are working. Peer education is based on the reality that many people make changes not only based on what they know, but on the opinions and actions of their close, trusted peers. Peer educators can communicate and understand in a way that the best-intentioned adults can't, and can serve as role models for change.

Income and economic strengthening

- A) **Cash transfers:** Cash transfers of two types: Conditional and Unconditional cash transfers.

Conditional cash transfer programmes give money to households on the condition that they comply with certain pre-defined requirements. These conditions can include, for example, up-to-date vaccinations, regular visits to a health care facility, regular school attendance by children, and complying with health and nutrition promotion activities (e.g. attending education sessions, taking nutritional supplements, etc.). Conditional cash transfer programmes are aimed at reducing poverty as well as breaking the cycle of poverty for the next generation through the development of human capital.

Unconditional cash transfers includes universal basic income interventions, where every citizen receives an unconditional basic income

- B) **Income generating interventions:** Income Generation interventions attempt to address poverty, unemployment, and lack of economic opportunities to increase participants' ability to generate income and secure livelihoods.
- C) **Social Protection:** : Social protection and labor (SPL) generally fall into three main categories: 1. Social safety net (SSN)/social assistance (SA), Social insurance and Labor Market programs. Social safety net (SSN)/social assistance (SA) programs are noncontributory interventions that are designed to help individuals and households cope with chronic poverty, destitution, and vulnerability. Potential beneficiaries are not required to pay a premium (contribute) to access benefits. SSN/ SA programs target the poor and vulnerable.

Response and support services

- A) **Counselling and therapeutic approaches:** Counselling is a learning-oriented process, which occurs usually in an interactive relationship, with the aim of helping a person learn more about the self, and to use such understanding to enable the person to become an effective member of society.
- B) **Screening and training:** Screening and reporting combined with interventions. Training the health professional/social workers/teachers for violence against children.
- C) **Media and communication:** Media and communication encompasses several areas including health journalism, entertainment, education, interpersonal communication, media advocacy, organizational communication, risk and crisis communication, social communication and social marketing.

Education and life skills:

- A) **Sexual and reproductive health education:** Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice.
- B) **Life and social skills training:** are designed to help children and adolescents manage anger, resolve conflict and develop the necessary social skills to solve interpersonal problems without violence, and are usually implemented in school settings.