

Interventions to Reduce Violence against Children in Low- and Middle-income Countries Evidence and Gap Map Pillar 2: Norms and values

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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 includes 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 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. One hundred and fifty-two 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 Arabic, Chinese, French, Portuguese, and Spanish.

1. FOCUS OF THIS BRIEF

This brief is one of eight briefs produced to summarise the findings of the [Evidence and Gap Map](#) on interventions to reduce violence against children in low- and middle-income countries. This brief summarizes the available evidence for Pillar 2 of INSPIRE, ‘Norms and values’.

‘Norms and values’ is divided into the following three subcategories:

- ‘Community mobilisation programmes’, which includes community-wide interventions to raise awareness of child violence.
- ‘Bystander interventions’, which includes interventions to empower bystanders to intervene and prevent violence.
- ‘Media campaigns’, which includes mass media and education campaigns and edutainment highlighting the issue of child violence.

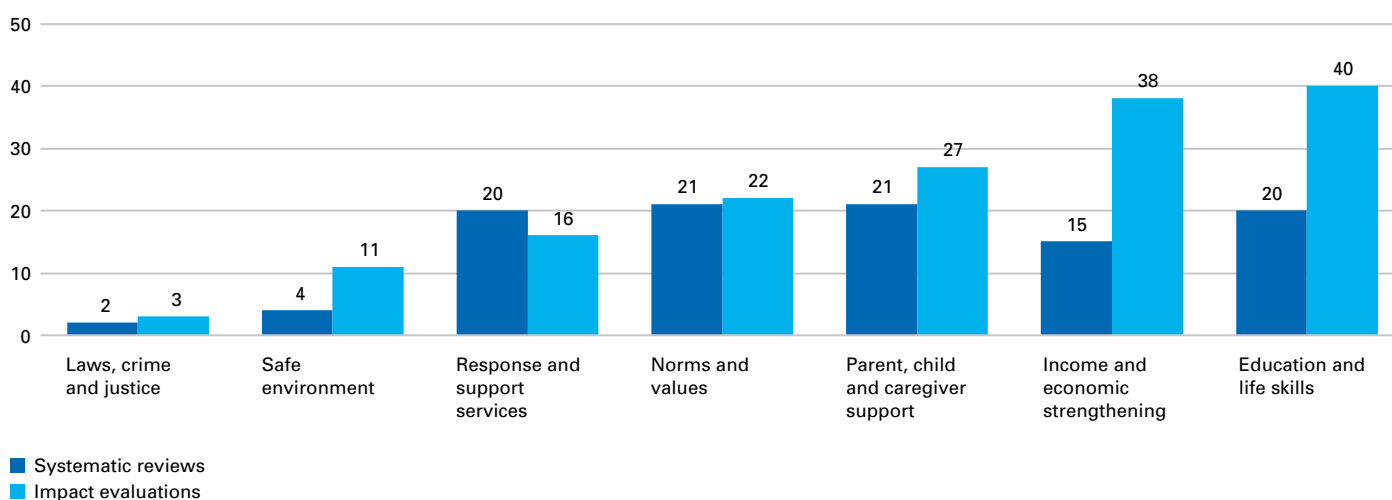
Details can be reviewed in the [main report](#).

2. MAIN FINDINGS

Distribution of studies by INSPIRE category

Studies on education and life skills (60), income and economic strengthening (53) were the most common, followed by parent, child and caregiver support (48), norms and values (43) response and support services (36) safe environment (15), and lastly studies on laws, crime, and justice (5).

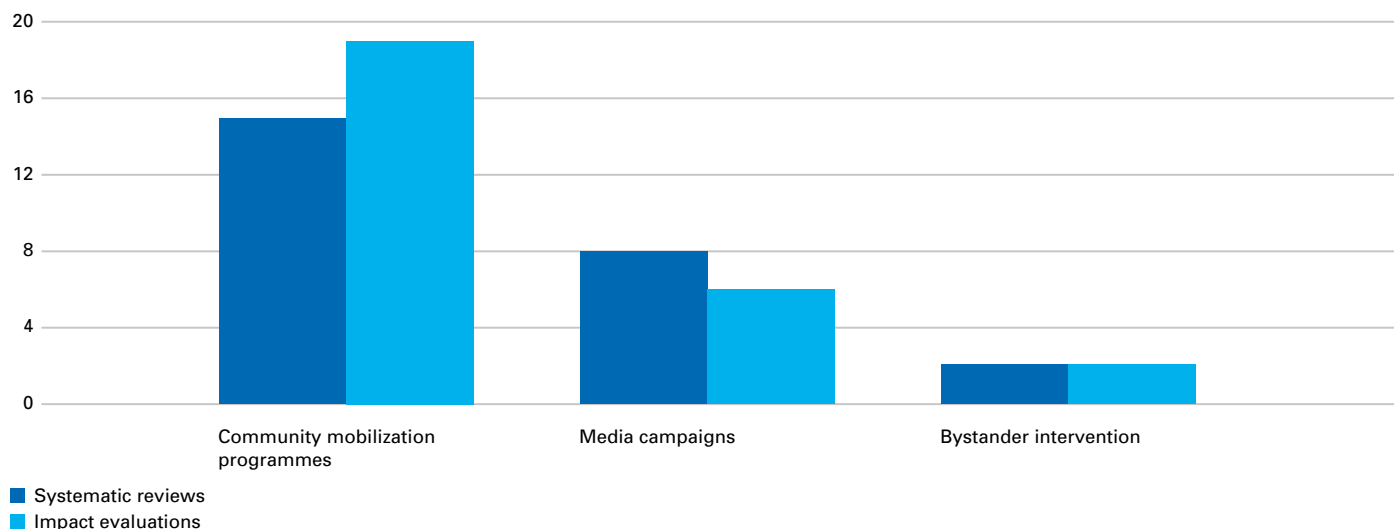
Figure 1: Distribution of studies by INSPIRE category



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.

Of the 43 studies identified in the category ‘Norms and values’, 21 are systematic reviews (SRs) and 22 are impact evaluations (IEs). Studies often report for more than one outcome, type or form of violence addressed. Studies on community mobilization programmes (34) were the most common. Evidence is relatively limited on media campaigns (14) and bystander interventions (4).

Figure 2: Distribution of studies by ‘Norms and values’ subcategories

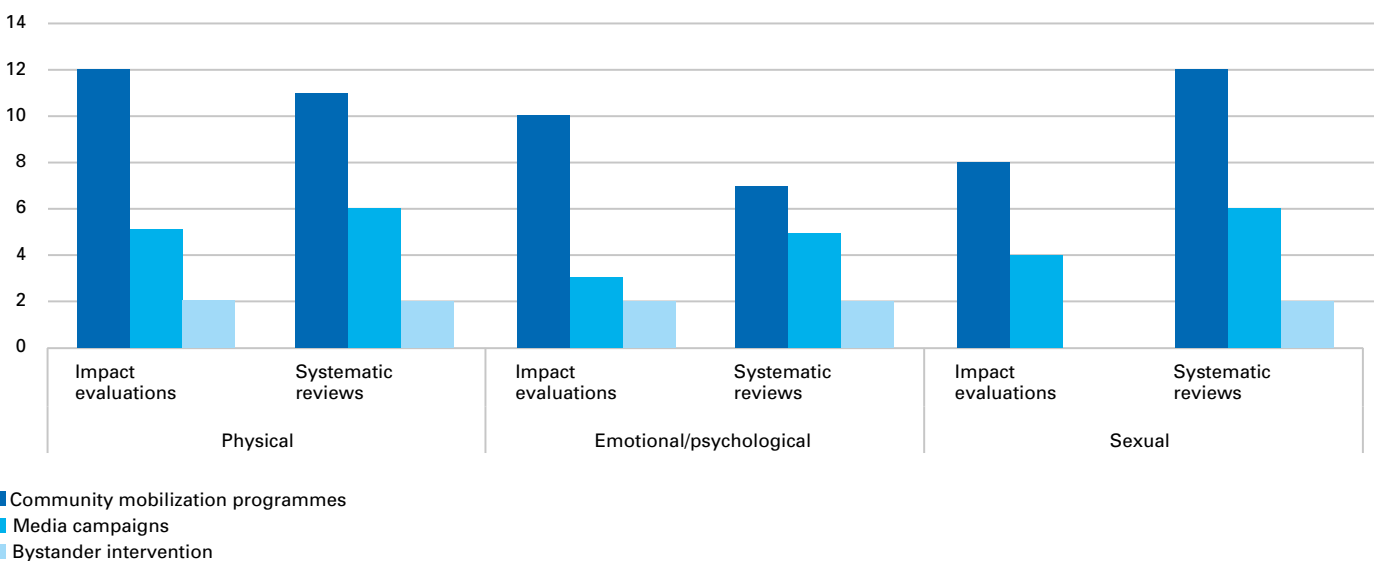


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Types of violence addressed in the studies

Figure 3 below illustrates the distribution of studies assessing the effectiveness of ‘Norms and values’ interventions in reducing physical, emotional/psychological, and sexual violence. Impact on physical violence was the most reported (38 studies; 19 IEs, 19 SRs), followed by sexual violence (32 studies; 12 IEs, 20 SRs) and emotional violence (29 studies; 15 IEs, 14 SRs).

Figure 3: Distribution of studies by types of violence addressed

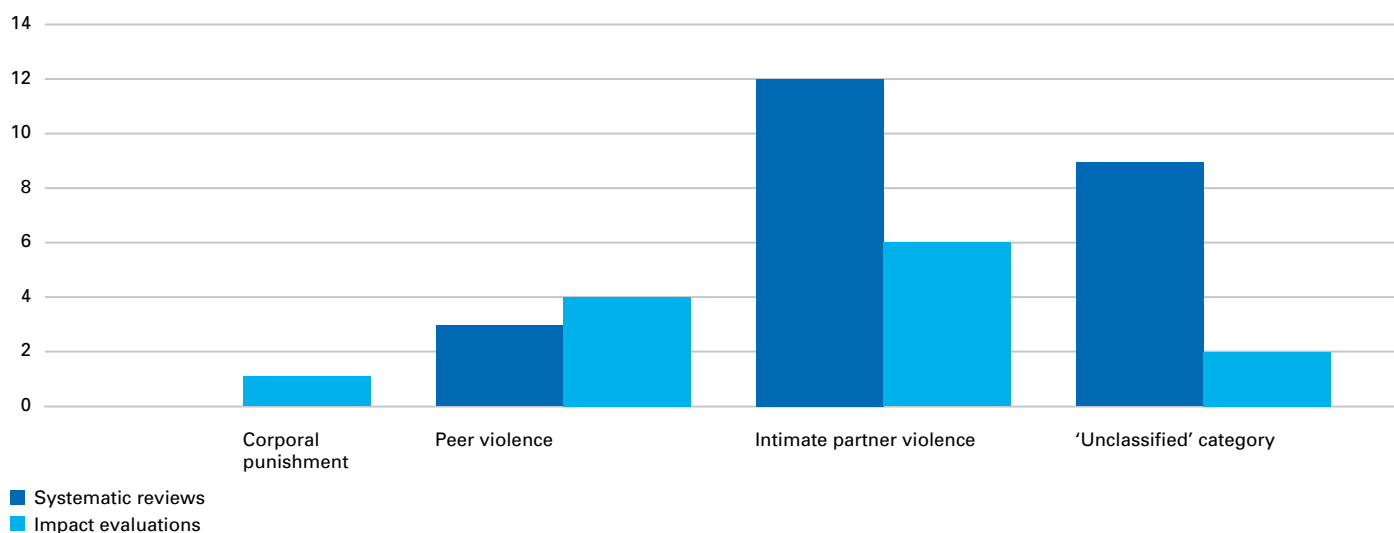


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Forms of violence addressed

Of the 43 studies identified, 18 studies focus on intimate partner violence (12 SRs, 6 IAs), followed by 7 studies on peer violence (3 SRs, 4 IAs) and 1 study on corporal punishment (1 IA). A portion of studies (11; 9 SRs, 2 IAs) could not be classified by form of violence highlighting the issue of inconsistencies around reporting diverse forms of VAC.

Figure 4: Distribution of studies by forms of violence



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Outcomes addressed in studies

Direct impact on violence against children (33), norms and values (18), and safety and risk factors for harms (18) were the most common outcomes studied under the 'Norms and values' intervention category. Few studies reported on economic and social outcomes such as social inclusion, gender equity, social discrimination and poverty. No studies assessed the economic cost of violence prevention interventions (cost-analysis).

Figure 5: Number of studies by 'Norms and values' intervention subcategories and outcome categories*

Subcategory \ Outcome	Violence	Norms and values	Health	Safety and risk factors for harms	Economic and social	Cost analysis	Education
Community mobilization programmes	33	18	10	18	3	0	7
Media campaigns	14	8	4	4	2	0	3
Bystander intervention	4	3	0	1	1	0	2

*Colour saturation denotes evidence concentration in that cell.

Intervention target group

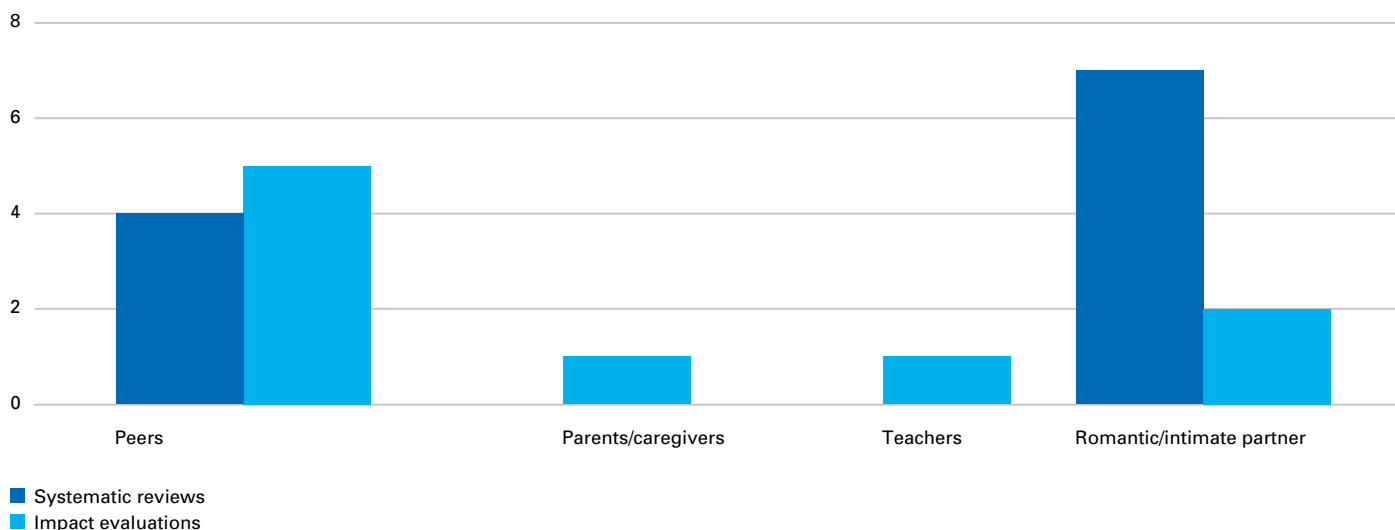
Most impact evaluations under this pillar address interventions for adolescents (20), girls/female child (8) and boys/male child (9). The number of studies addressing rural populations (7) was found to be more than urban (4).

There are evidence gaps with respect to key vulnerable populations. Studies targeting subgroups of children who may be at increased risk of VAC were not identified, including children with disabilities and those who belong to minority groups.

Perpetration of violence

Nine studies reported on interventions to address the perpetration of intimate partner violence by an intimate partner and a further nine studies reported on interventions to address perpetration by peers. One impact evaluation reported ‘Norms and values’ interventions for teachers and parent/caregivers as perpetrators of corporal punishment.

Figure 6: Distribution of studies by perpetrator of violence

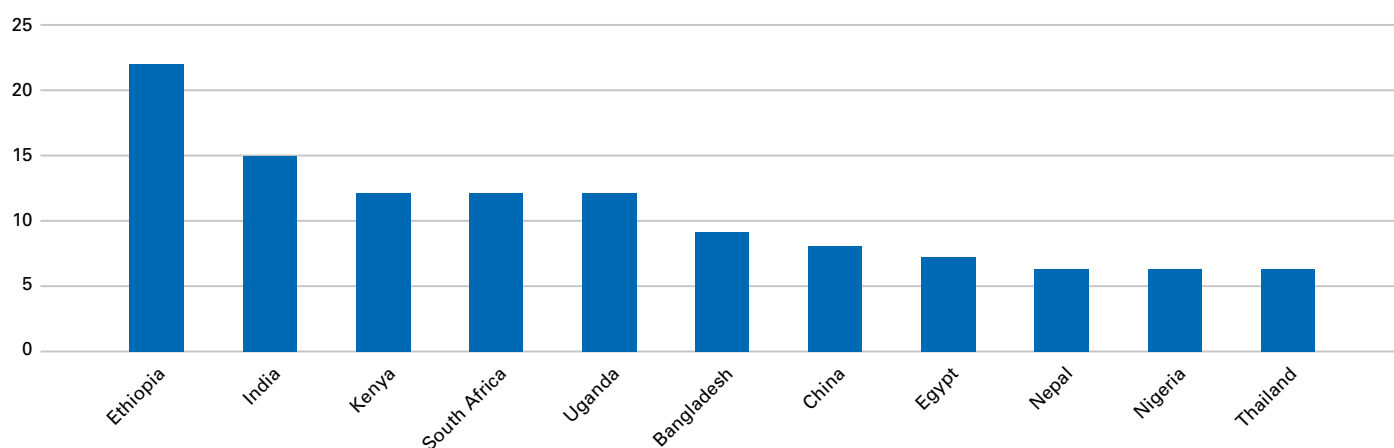


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Geographic distribution of evidence

Most studies assessing the impact of ‘Norms and values’ interventions were from sub-Saharan Africa (36) and South Asia (26), including studies from Ethiopia (22), India (15), and South Africa (12).

Figure 7: Countries with highest number of studies (countries with six or more studies are shown in the figure)

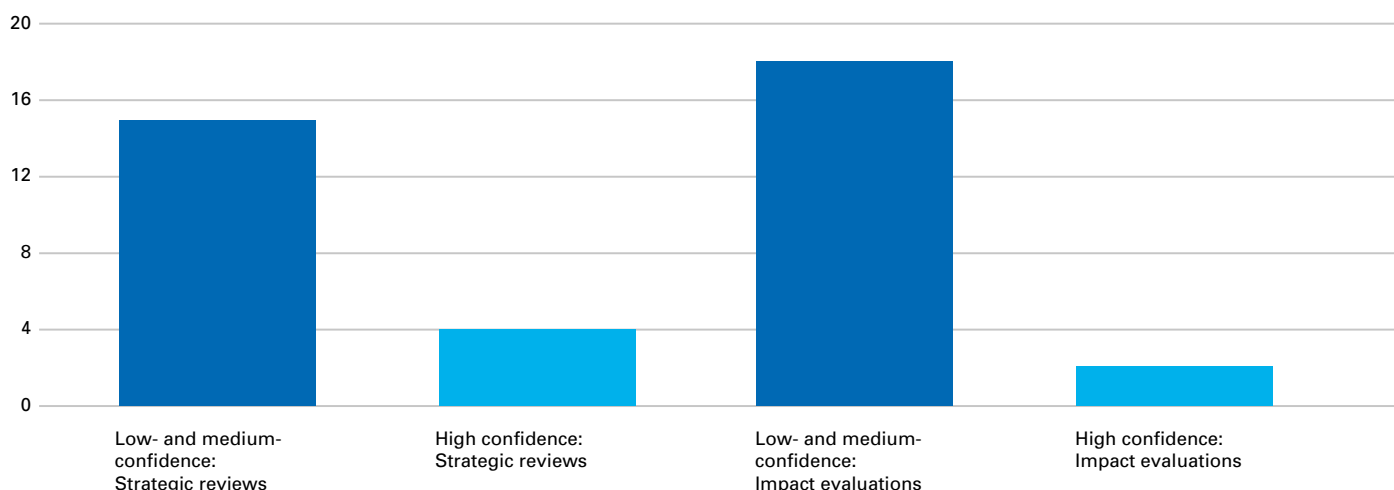


Confidence in study findings

The systematic reviews and impact evaluations were assessed for the level of confidence (low, medium, or high) that could be placed in their findings. The assessment utilized a 16-item checklist for quality appraisal of systematic reviews, and a six-criteria checklist for 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.

A substantial number of systematic reviews (15) and impact evaluations (18) identified had methodological limitations and were found to reflect low and medium confidence in study findings. This indicates urgent need for better designed, conducted and reported reviews and impact evaluations.

Figure 8: Distribution of studies, by study quality



3. SUMMARY OF EVIDENCE GAPS

- There are clear gaps in evidence related to the category ‘Norms and values’, particularly in relation to bystander interventions and media campaigns to address norms and attitudes on violence against children.
- The outcomes least studied for this category relate to education; economic and social outcomes (such as social discrimination); savings and credit; and safety and risk factors for harms (such as child marriage and child labour).
- None of the reviews or impact evaluations considered the programme costs of the interventions.
- There is a lack of high confidence systematic reviews and impact evaluations, suggesting a need to invest in improving the quality of research.
- There is a lack of evidence relating to vulnerable populations such as children from low-income settings, children with disabilities and those from marginalized communities.
- There is limited evidence on specific forms of violence, mainly corporal punishment, and few studies on addressing perpetration of violence by parents/caregivers and teachers.
- Evidence is concentrated for only select countries and there is a gap in evidence covering more than one region.

4. IMPLICATIONS OF THE FINDINGS

A coordinated coalition of funders, researchers, and policymakers can play a lead role in building the evidence architecture around preventing VAC by:

1. Ensuring more high-quality studies are funded and generated on ‘Norms and values’, including primary studies, based on technical guidance for quality evidence generation. High-quality research includes adherence to standardised 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.

2. Using the evidence in the map on ‘Norms and values’ interventions to identify subcategories, geographical areas and vulnerable groups where greater investment in mixed methods and primary research needs to be made.
3. Strengthening existing databases to support global coordination on available studies addressing the prevention and response to VAC, thereby supporting the use of evidence-informed programmes by governments and development agencies around the world.

5. HOW THE EGM CAN BE USED

- The Map helps funding organizations, international, regional and national government organizations, practitioners and researchers to identify evidence-informed programmes and practices to achieve strategic goals related to the prevention of VAC across sectors.
- Consultation exercises to identify priority evidence needs should be carried out, working with knowledge producers and users to fill identified gaps, either directly or indirectly.
- Where available evidence is limited or of low quality, researchers should work with other stakeholders to produce a series of impact evaluations and systematic reviews for key interventions in categories and sub-categories of violence prevention approaches. This would help better populate the Map.
- The value of an evidence and gap map is to supplement other forms of primary and secondary research to regularly take stock of availability of evidence and research quality and adherence to ethical standards. Funders and research organizations should invest in updating evidence and gap maps to track the production of evidence in specific areas of interest.

About this UNICEF Innocenti research brief

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