Interventions to Reduce Violence against Children in Low- and Middle-income Countries
Evidence and Gap Map
Pillar 3: Safe environments

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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 3 of INSPIRE, 'Safe environments'.

The category of 'Safe environments' is divided into the following two subcategories:

■ 'Making environments safe', which includes, reducing violence, by addressing "hot spots", interrupting the spread of violence improving the built environment (safe homes, schools), urban upgrading, zoning strategies to reduce violence, child protection services including safe orphanages/homes for children without guardianship.

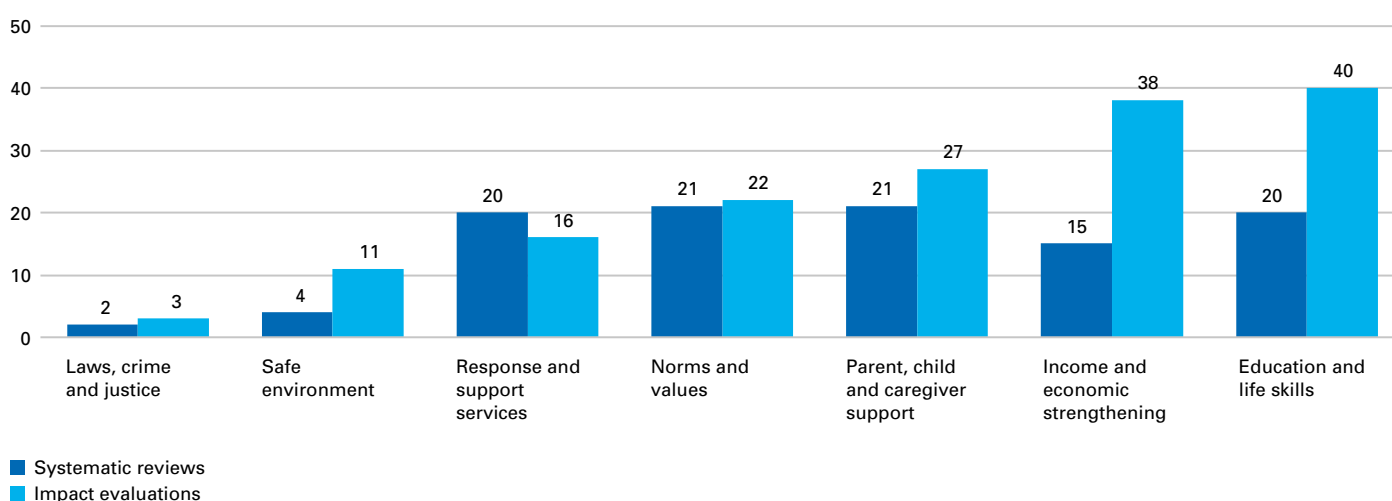■ 'Creating safe places', which includes schools and infrastructure.

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), parent, child and caregiver support (48), norms and values (43), and response and support services (36) were the most common, followed by studies on safe environments (15) and laws, crime, and justice (5).
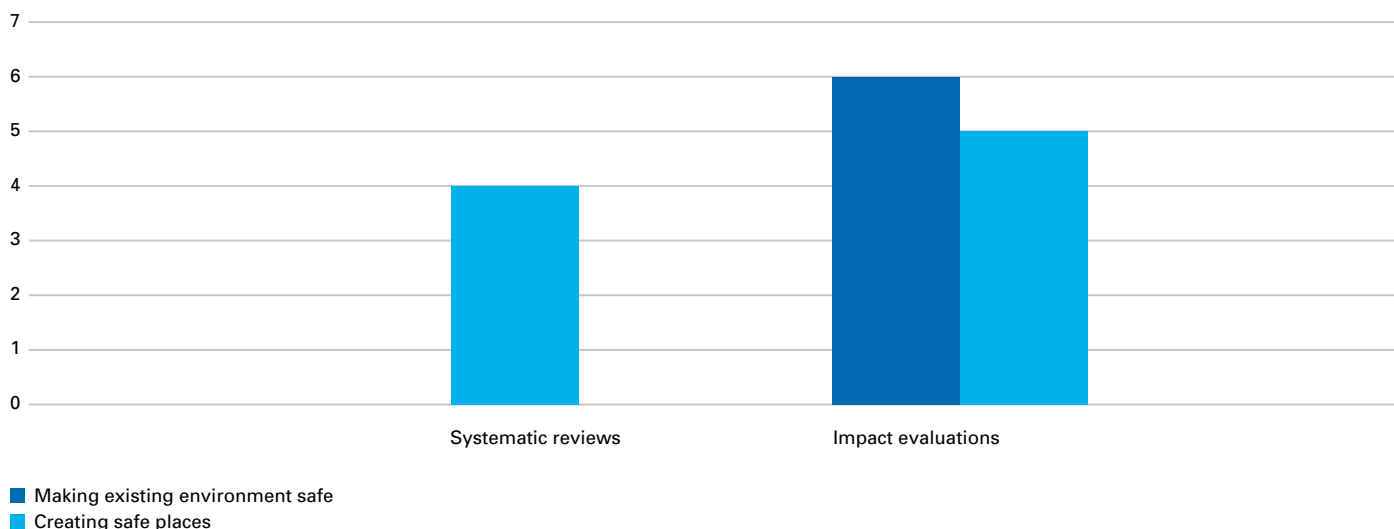
Figure 1: Distribution of studies by INSPIRE category

■ Systematic reviews
■ Impact evaluations

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 15 studies identified in the category 'Safe environments', four are systematic reviews (SRs) and 11 are impact evaluations (IEs). Studies often reported on more than one form or type of violence, or associated outcome. The four systematic reviews identified focused on creating safe places. A nearly equal number of impact evaluations was identified for both intervention subcategories, making existing environments safe (6), and creating safe places (5). There were no systematic reviews identified on making existing environments safe.

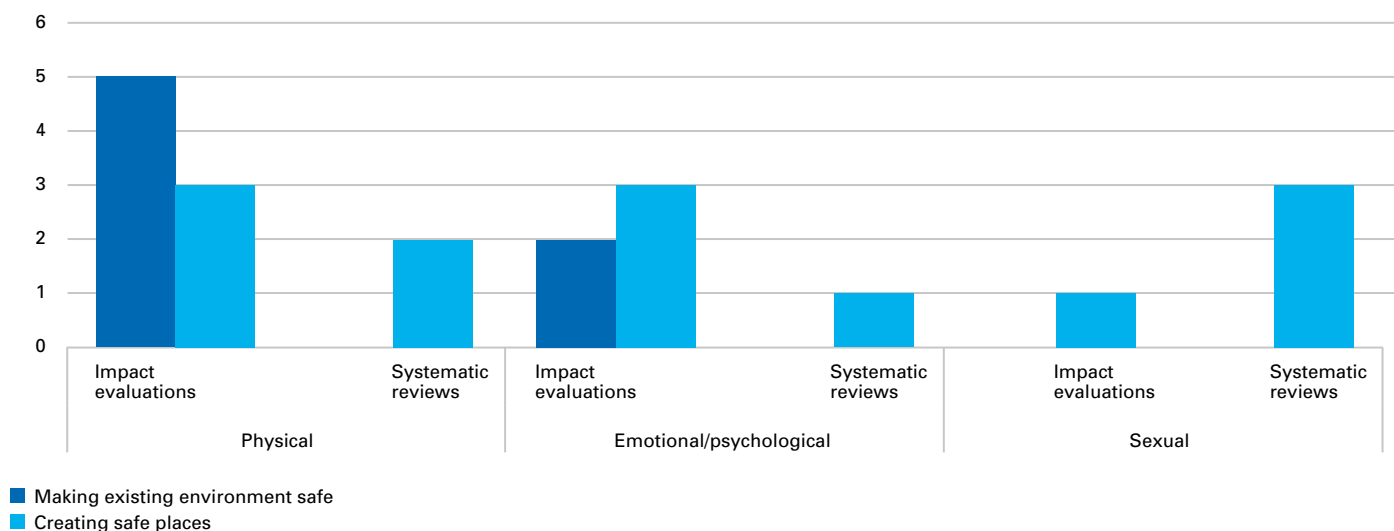## Figure 2: Distribution of studies by 'Safe environments' subcategories

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.

Types of violence addressed in the studies

Figure 3 below illustrates the distribution of studies assessing the effectiveness of 'Safe environments' interventions in reducing physical, emotional/psychological, and sexual violence. Impact on physical violence was the most reported (8 IEs, 2 SRs), followed by emotional and psychological violence (5 IEs, 1 SR) and sexual violence (1 IE, 3 SRs).

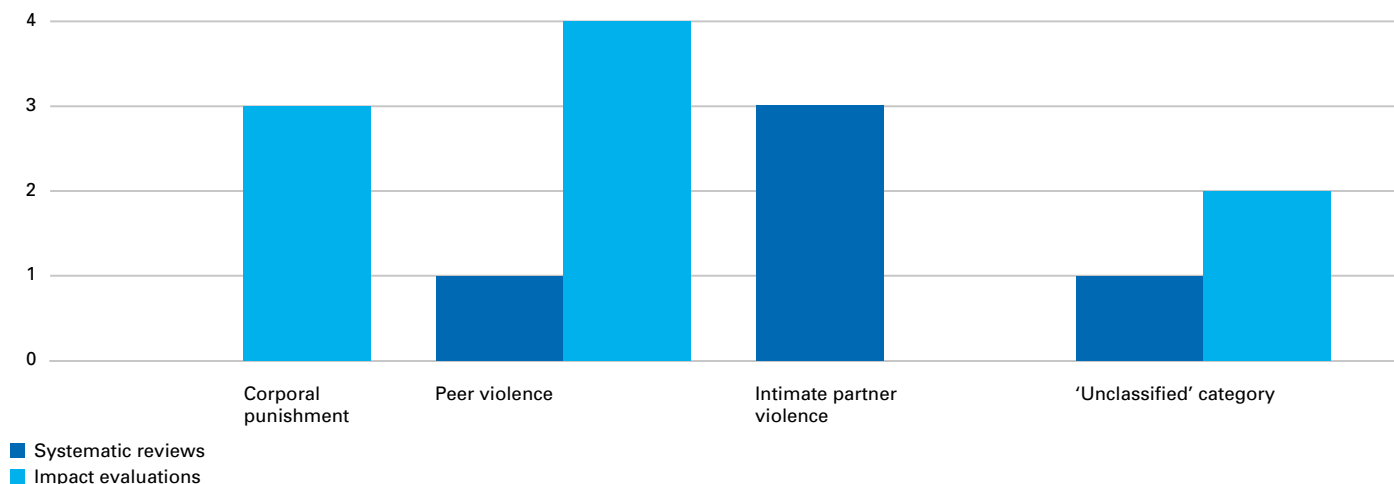## Figure 3: Distribution of studies by type of violence addressed by studies

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.

Forms of violence addressed in the studies

Of the 15 studies identified, 5 studies (1 SR, 4 IAs) focus on peer violence, followed by 3 studies each on corporal punishment (3 IAs), intimate partner violence (3 SRs) and corporal punishment (3 IAs). A portion of studies (3; 1 SR, 2 IAs) could not be classified form of violence highlighting the issue of inconsistencies around reporting diverse forms of VAC.

Figure 4: Distribution of studies by forms of violence

■ Systematic reviews
■ Impact evaluations

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

Outcomes addressed in studies

Direct impact on violence against children and impacts on safety and risk factors for harms, such as child labour and child marriage, were the most common outcomes studied under the 'Safe environments' intervention category. Only one study 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 'Safe environments' intervention subcategories and outcome categories*

Outcome \ Subcategory	Violence	Norms and values	Health	Safety and risk factors for harms	Economic and social	Cost analysis	Education
Making existing environment safe	5	3	1	4	1	0	2
Creating safe places	8	4	3	6	1	0	2

*Colour saturation denotes evidence concentration in that cell.

Intervention target groups studied

Most impact evaluations under this pillar address interventions for adolescents (8) and childhood (4). Only two impact evaluations explicitly report on interventions focused on girls.
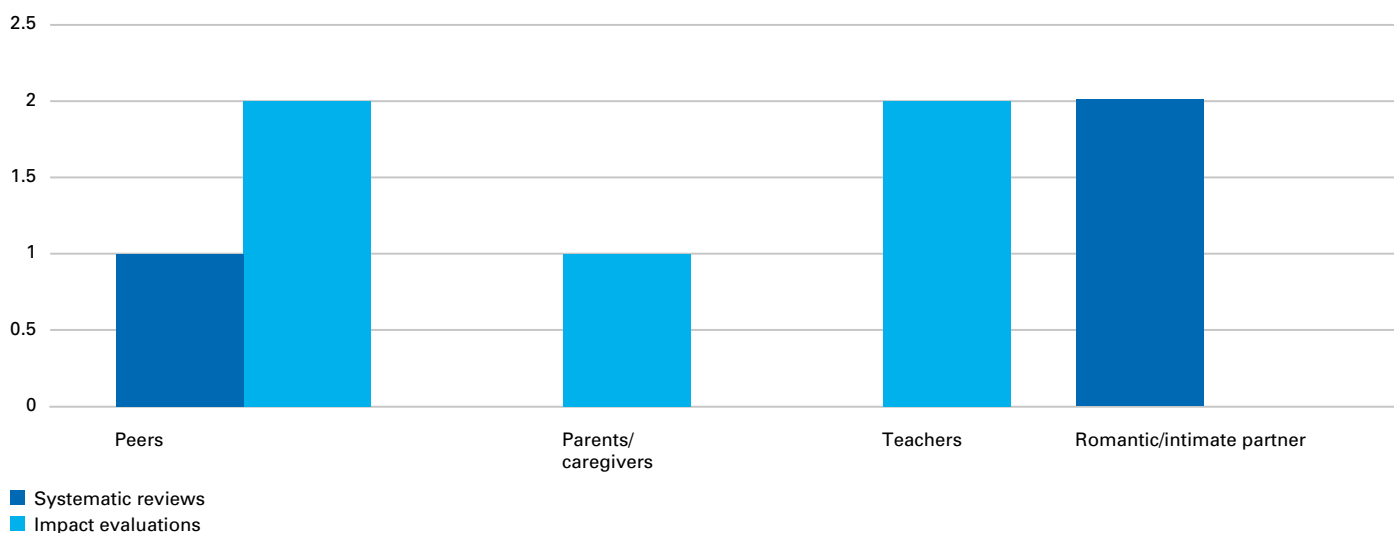
There are evidence gaps with respect to key vulnerable populations. Studies targeting subgroups of children who may be at increased risk of VAC were not identified, including children with disabilities and those who belong to minority groups.

Perpetration of violence

Few studies reported interventions addressing perpetration of violence as part of building safe environments for children. Two impact evaluations were identified that reported interventions for peers and teachers as perpetrators of peer violence and corporal punishment respectively.

Two systematic reviews identified interventions on intimate partners as perpetrators of intimate partner violence.

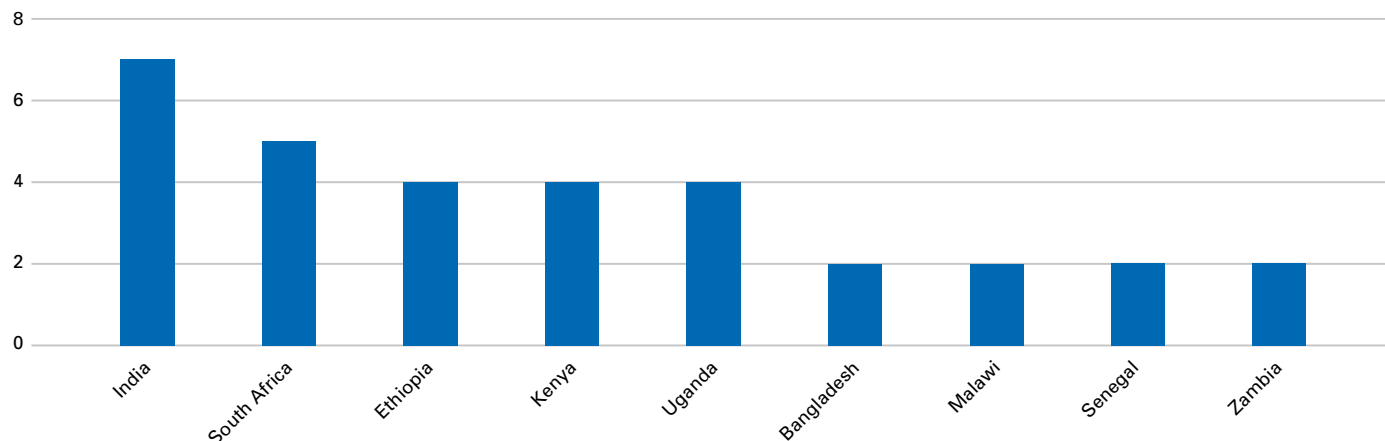### Figure 6: Distribution of studies by perpetrator of violence

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.

Geographic distribution of evidence

There are clear regional gaps in the evidence base. Most studies assessing the impact of 'Safe environments' were from South Asia (9) and sub-Saharan Africa (8).

Figure 7: Countries with highest number of studies

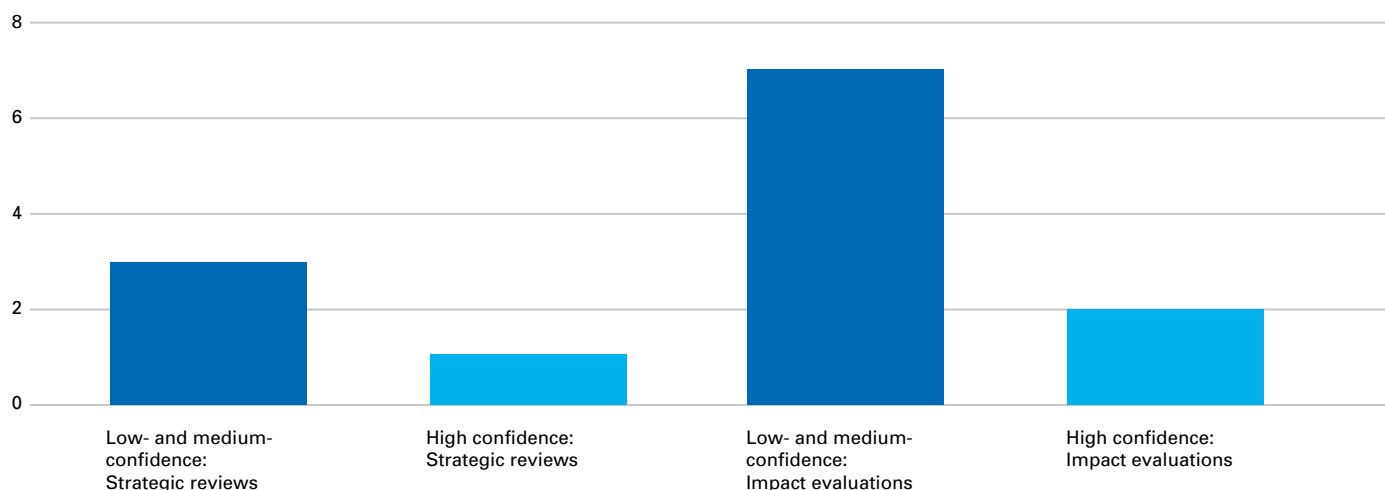## Confidence in study findings

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 (3) of systematic reviews and impact evaluations (7) had methodological limitations. This indicates the 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

■ Studies on 'Safe environments' are the second least represented category in the EGM.

■ No systematic reviews were identified on the topic of making existing environments safe, thus highlighting need for evidence synthesis in this subcategory. Additionally, there is limited evidence from impact evaluations and reviews in the subcategory 'creating safe spaces'.

■ The outcomes least studied for this category relate to: education; economic and social outcomes (such as social discrimination); savings and credits; 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.

■ There is limited evidence considering vulnerable populations such as children from low-income settings, children with disabilities and marginalised communities.

■ There is limited evidence on specific forms of violence, such as intimate partner violence, peer violence, and corporal punishment.

■ Evidence is concentrated for only a few 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 impact evaluations and systematic reviews are funded and generated on 'Safe environments'. This requires adherence 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.

2. Using the evidence in the map to identify sub-categories, geographical areas and vulnerable groups where greater investment in mixed-method 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 those 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.

For every child, answers