

Interventions to Reduce Violence against Children in Low- and Middle-income Countries Evidence and Gap Map Pillar 4: Parent, child and caregiver support

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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 summarize 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 4 of INSPIRE, ‘Parent and caregiver support’ – renamed in the EGM as ‘Parent, child and caregiver support’ – to include interventions targeted at children and adolescents.

‘Parent, child and caregiver support’ is divided into the following three subcategories:

- ‘Parent training and education’, which includes parent and child support groups, government agencies that coordinate/streamline all activities related to parenting and parent support, home visiting programmes, group parenting programmes, and integrated parenting programmes.
- ‘Maternal and paternal mental health’, which includes counselling and therapy for mental health support.
- ‘Peer relationship training’, which includes peer training and peer educators.

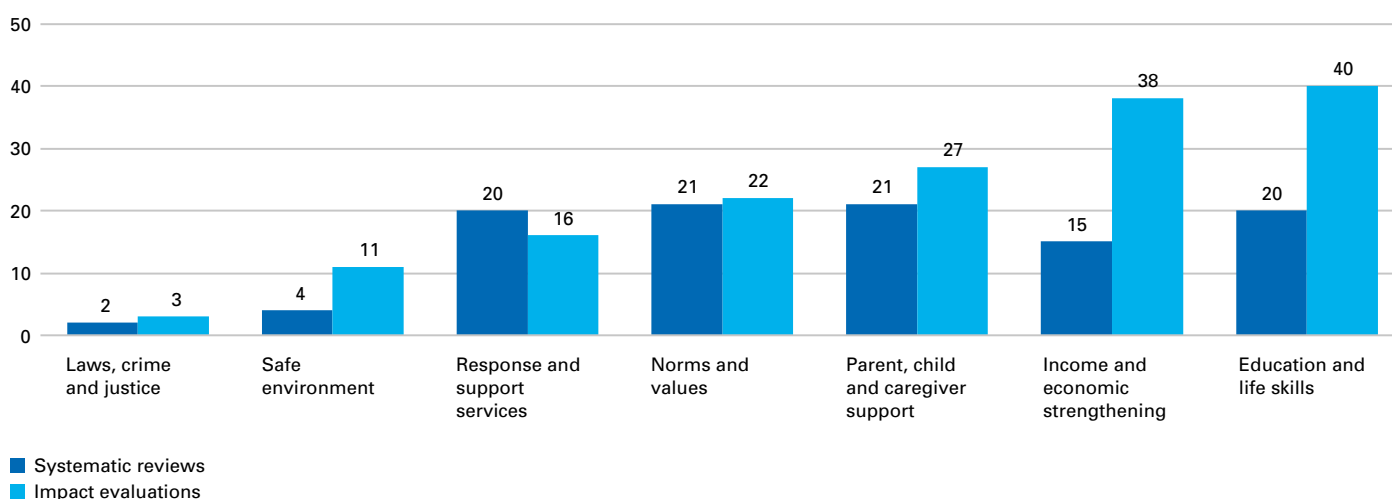
Details can be reviewed in the [main report](#).

2. MAIN FINDINGS

Distribution of studies by INSPIRE category

Studies on education and life skills (60) and on 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

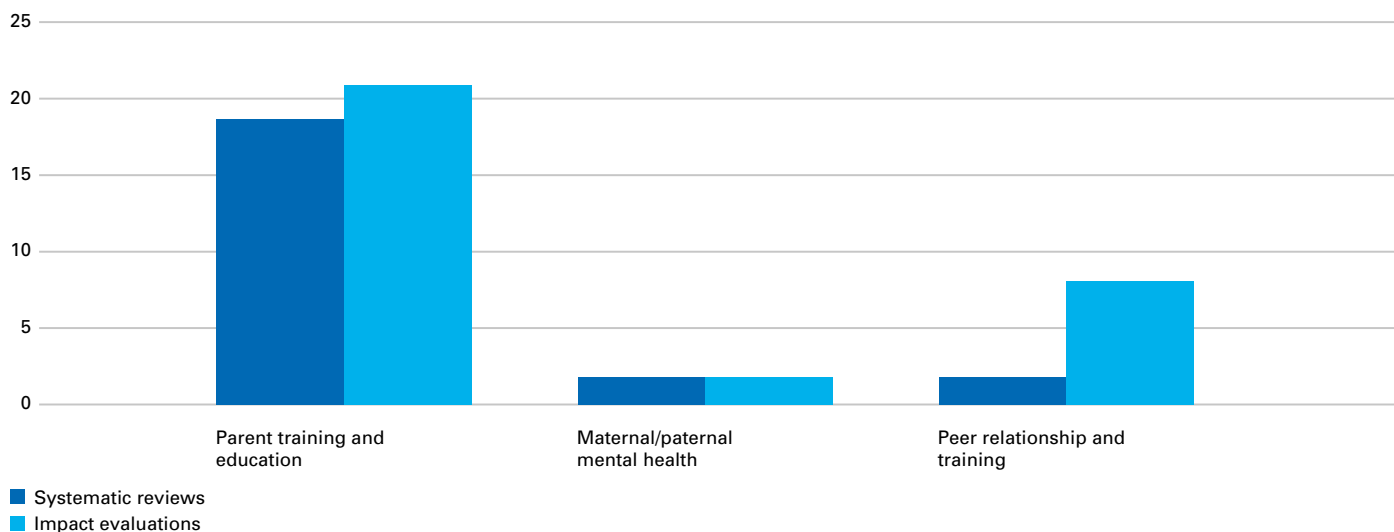


Note: The number of studies shown in each figure refers to the total number of studies falling under each category presented. Individual studies may be classified under multiple categories. For instance, if a study examines the impacts of multiple interventions, that study would add to the count for 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 48 studies identified in the category ‘Parent, child and caregiver support’, 21 are systematic reviews (SRs) and 27 are impact evaluations (IEs). Studies often reported on more than one form or type of violence or associated outcome.

In terms of the subcategories, a large number of studies cover parent training and education (39). Limited studies were identified on peer relationships and training (10) and on maternal/paternal mental health interventions (4).

Figure 2: Distribution of studies by ‘Parent, child and caregiver support’ subcategories

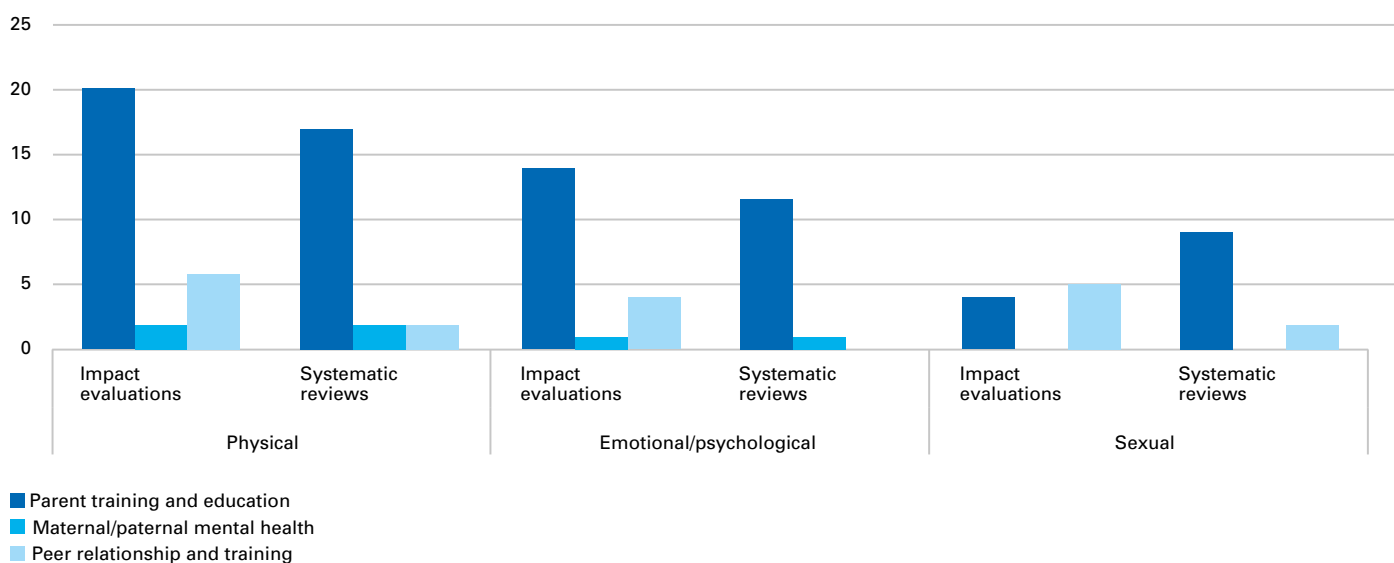


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Types of violence addressed in the studies

Figure 3 below illustrates the distribution of studies assessing the effectiveness of ‘Parent, child and caregiver support’ interventions in reducing physical, emotional/psychological, and sexual violence. Impact on physical violence was the most reported (28 IEs, 21 SRs), followed by emotional violence (19 IEs and 13 SRs), and sexual violence (9 IEs, 11 SRs).

Figure 3: Distribution of studies by type of violence

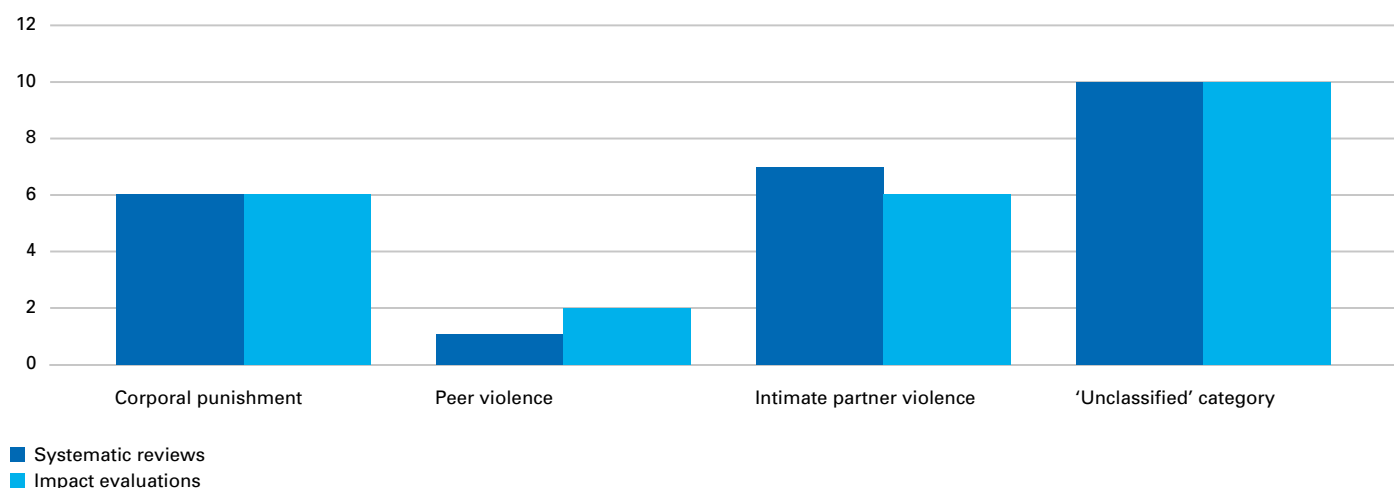


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Forms of violence addressed

Of the 48 studies identified, 13 studies focus on intimate partner violence (7 SRs, 6 IEs), followed by 12 studies on corporal punishment (6 SRs, 6 IEs), and 3 studies on peer violence (1 SR, 2 IEs). A portion of studies (20; 10 SRs, 10 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

Impacts on violence, norms and values were the most common outcome. Limited studies assessed economic and social outcomes, such as social inclusion and gender equity, social discrimination, and poverty. Lack of information on programme costs is an important evidence gap which needs to be addressed.

Figure 5: Number of studies by 'Parent, child and caregiver support' intervention subcategories and outcome categories*

| Subcategory \ Outcome | Violence | Norms and values | Health | Safety and risk factors for harms | Economic and social | Cost analysis | Education |
|---------------------------------|----------|------------------|--------|-----------------------------------|---------------------|---------------|-----------|
| Parent training and education | 39 | 22 | 14 | 9 | 6 | 0 | 5 |
| Maternal/paternal mental health | 4 | 1 | 4 | 1 | 0 | 0 | 0 |
| Peer relationship and training | 10 | 5 | 6 | 3 | 2 | 0 | 0 |

*Colour saturation denotes evidence concentration in that cell.

Intervention target group

Most impact evaluations under this pillar address interventions for parents (23), adolescents (19), children aged 10–18 (6), children aged 3–10 (6), and children in low-income settings (6).

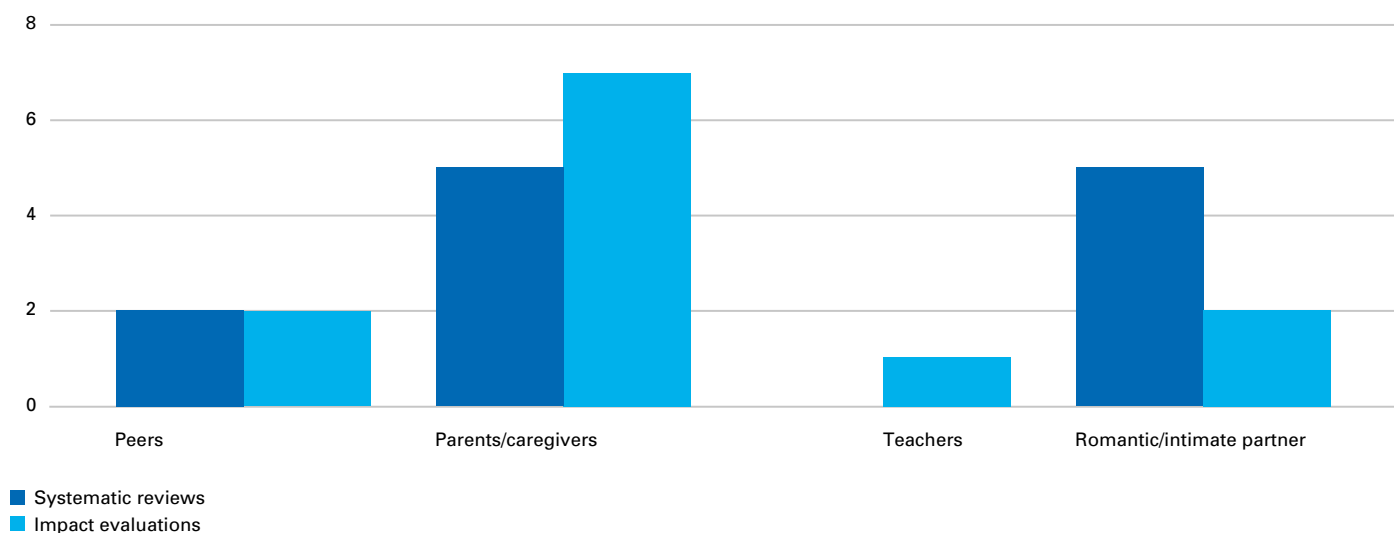
There are evidence gaps with respect to key vulnerable populations. Studies targeting subgroups of children who may be at increased risk of VAC were not identified, including children with disabilities and those who belong to minority groups.

Perpetration of violence

Seven impact evaluations were identified that reported interventions for parents/caregivers and one for teachers as perpetrators of corporal punishment. Two impact evaluations focused on peers as perpetrators and two on intimate partners, including boyfriends.

Five systematic reviews identified interventions for parents/caregivers as perpetrators of corporal punishment while two focused on peer perpetrated violence.

Figure 6: Distribution of studies by perpetrator of violence

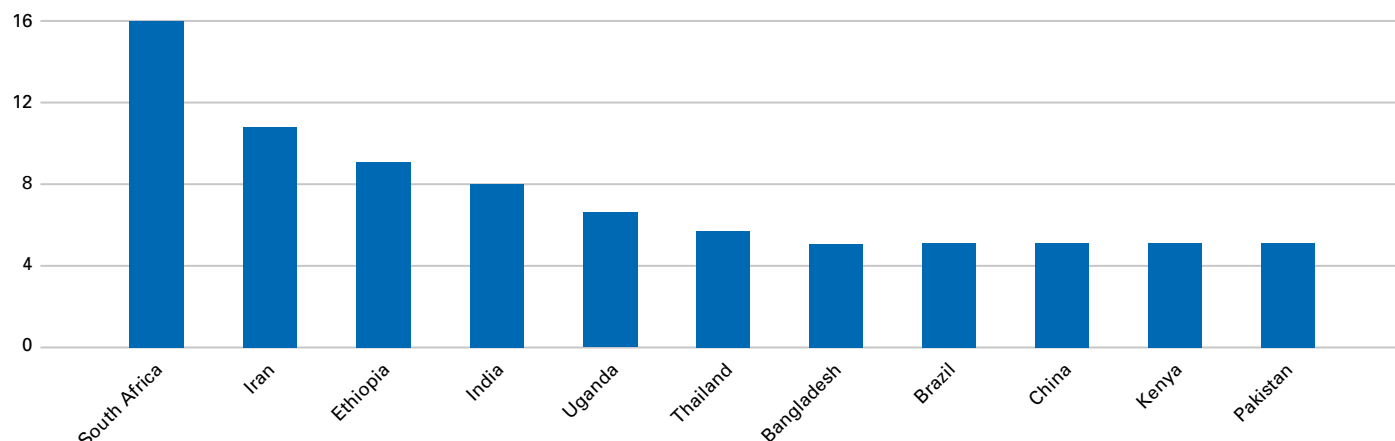


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Geographic distribution of evidence

Most studies assessing the impact of ‘Parent, child and caregiver support’ were from sub-Saharan Africa (32), including studies from South Africa (16), Ethiopia (9) and Uganda (7). East Asia and Pacific (21) was the next most concentrated with the highest number of studies from Thailand (6) and China (5).

Figure 7: Countries with highest number of studies (only countries with five or more studies are shown)

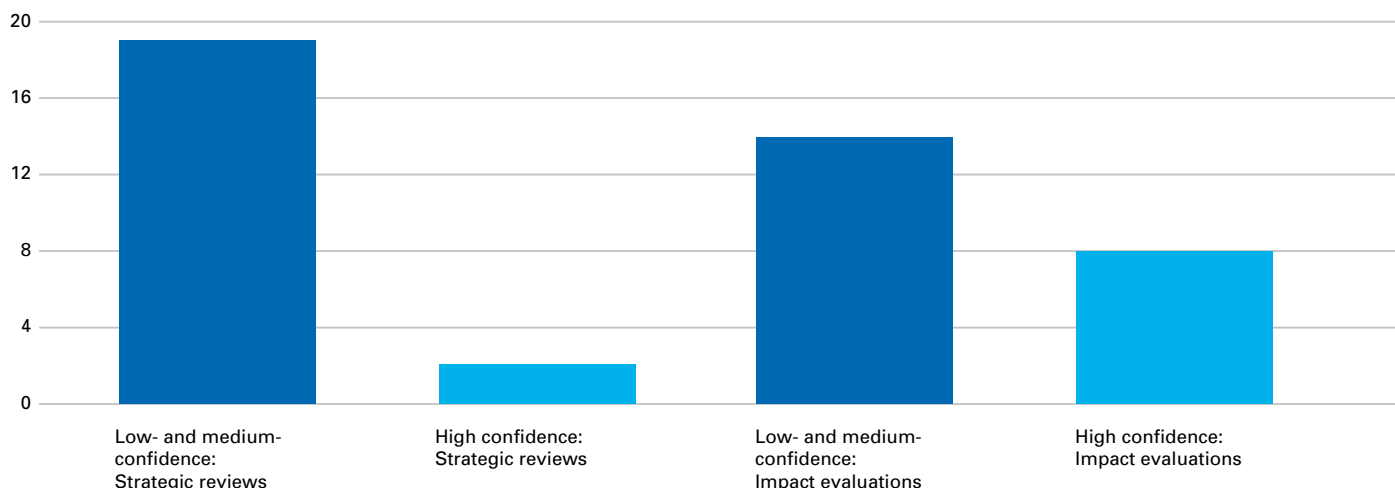


Confidence in study findings

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 significant number of systematic reviews (19) and impact evaluations (14) identified had methodological limitations. 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

- While studies on ‘Parent, child and caregiver support’ interventions are the third most represented category in the EGM, there are gaps in impact evaluations, where few or no studies have been conducted across some subcategories, and synthesis gaps, where high-confidence systematic reviews are lacking. Gaps exist on maternal and paternal mental health interventions, as well as on peer relationships and training.
- The outcomes least mentioned include: education; economic and social outcomes; and safety and risk factors for harms (such as child marriage and child labour).
- None of the reviews or impact evaluations considered programme costs of the interventions.
- There is a lack of high confidence systematic reviews and impact evaluations.
- There are limited studies considering 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, 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 ‘Parent, child and caregiver support’. High quality means 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 to identify sub-categories, 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 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.

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](#).