

## Interventions to Reduce Violence against Children in Low- and Middle-income Countries Evidence and Gap Map Pillar 5: Income and economic strengthening

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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 5 of INSPIRE, ‘Income and economic strengthening’.

‘Income and economic strengthening’ is divided into the following three subcategories:

- ‘Economic transfers’, which includes conditional cash transfers, unconditional cash transfers, public works or cash-for-work, and in-kind transfers (food, vouchers, assets).
- ‘Income generating or savings/credit interventions’, which includes group saving and loans, microfinance or credit, financial inclusion programmes, livelihood or agricultural productivity programmes, skills training/vocational or entrepreneurship programmes.
- ‘Broad-based social protection’, which includes health and other insurance, employer and labour force benefits, pensions and retirement benefits, and disability benefits.

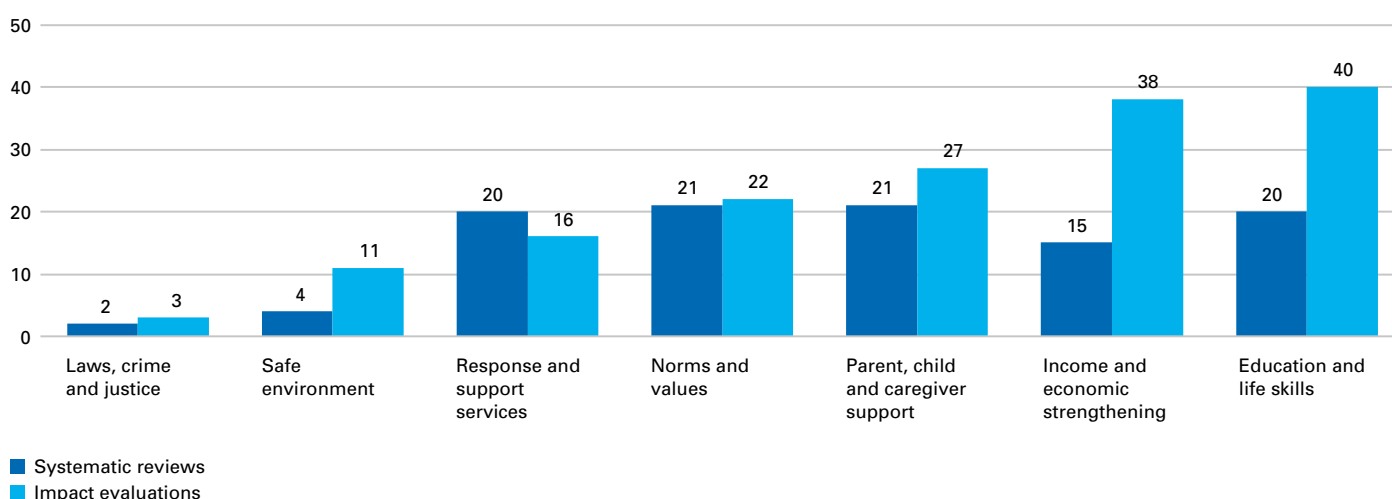
Details can be reviewed in the [main report](#).

## 2. MAIN FINDINGS

### Distribution of studies by INSPIRE category

Studies on education and life skills (60) and 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**

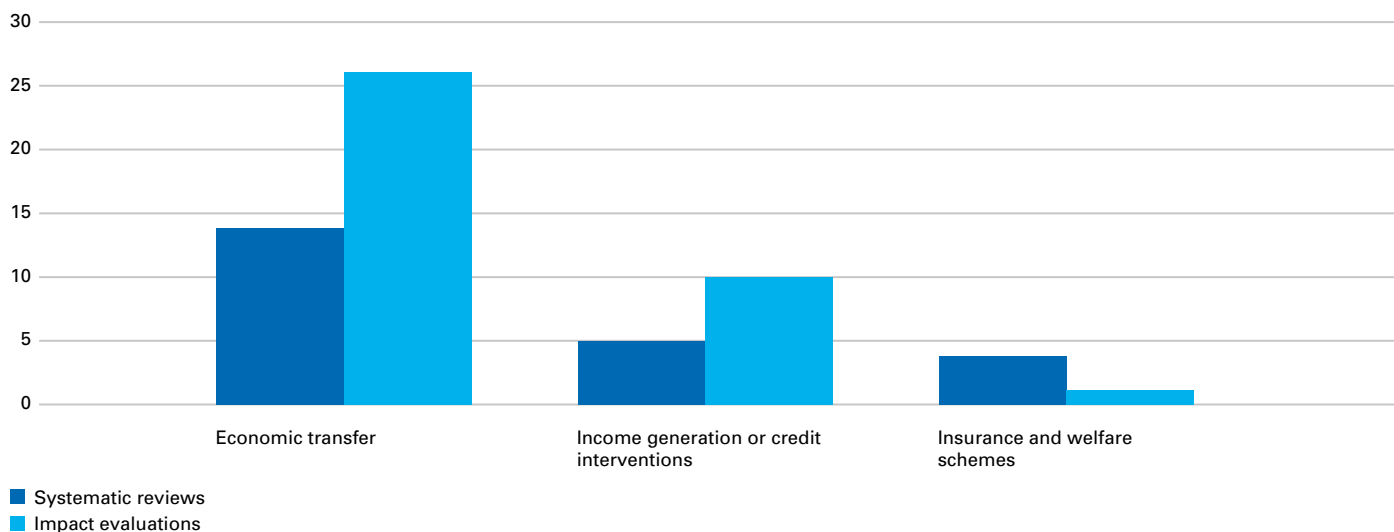


Note: The number of studies shown in each figure refers to the total number of studies falling under each category presented. Individual studies may be classified under multiple categories. For instance, if a study examines the impacts of multiple interventions, that study would add to the count for 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.

Studies on ‘Income and economic strengthening’ interventions are the second most concentrated category (53) in the EGM. Of the 53 studies identified in the category ‘Income and economic strengthening’, 15 are systematic reviews (SRs) and 38 are impact evaluations (IEs).

Studies often reported on more than one form or type of violence, or associated outcome. Studies on economic transfers, such as cash transfers, were the most common (40), followed by income generation or credit interventions (16), such as group savings and loans. Studies on insurance and welfare schemes (5) were the least common.

**Figure 2: Distribution of studies by ‘Income and economic strengthening’ subcategories**

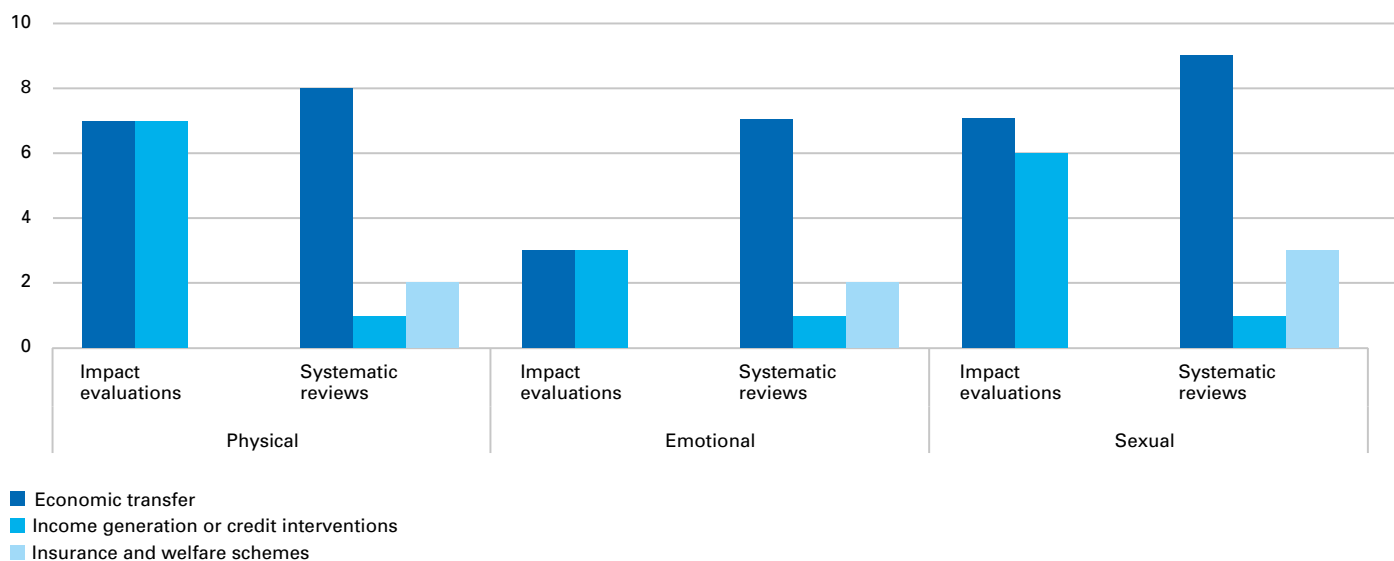


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### Types of violence addressed in the studies

Figure 3 below illustrates the distribution of studies assessing the effectiveness of ‘Income and economic strengthening’ interventions in reducing physical, emotional/psychological, and sexual violence. Impact on physical violence was the most reported (14 IEs and 11 SRs), followed by sexual violence (13 IEs and 13 SRs) and emotional violence (6 IEs and 10 SRs).

**Figure 3: Distribution of studies by type of violence addressed in the studies**

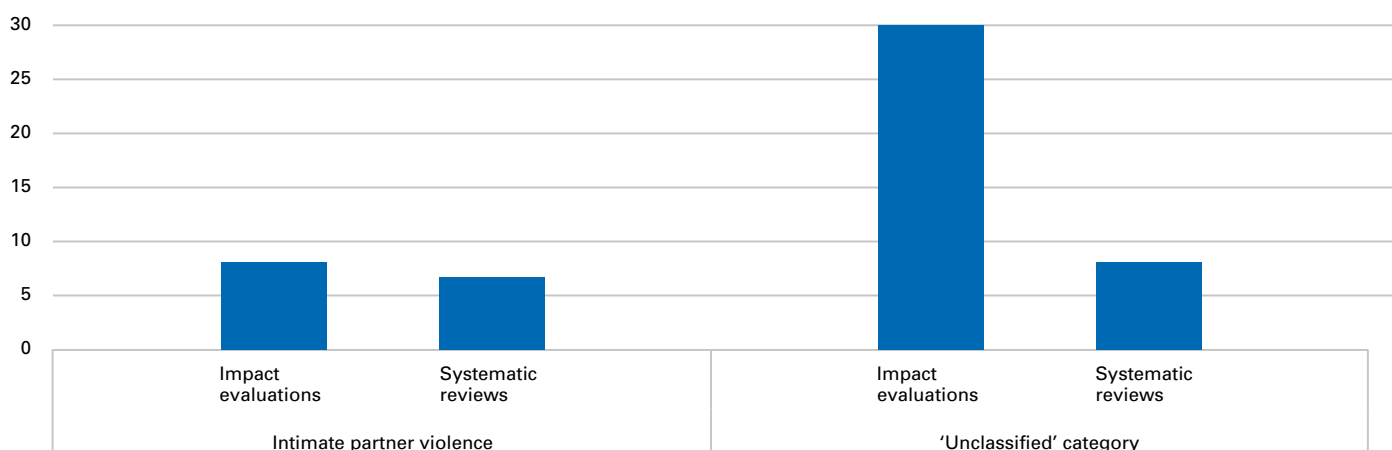


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### Forms of violence addressed in the studies

Of the 53 studies identified, 15 studies focus on intimate partner violence (7 SRs, 8 IAs). No studies on peer violence or corporal punishment were identified. A striking number of studies (38; 8 SRs, 30 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 addressed**



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

Impacts on violence, safety and risk factors for harms, such as child labour and child marriage, and safe environment outcomes were the most commonly studied outcomes. Limited studies assessed economic and social outcomes, such as social inclusion and gender equity, social discrimination, and poverty. Only two studies assessed the economic cost of violence prevention interventions (cost-analysis).

**Figure 5: Number of studies by 'Income and economic strengthening' intervention subcategories and outcome categories\*.**

Subcategory \ Outcome	Violence	Norms and values	Health	Safety and risk factors for harms	Economic and social	Cost analysis	Education
Economic transfer	34	13	13	31	11	0	27
Income generation or credit interventions	16	10	4	9	8	2	6
Insurance and welfare schemes	5	2	2	4	0	0	4

\*Colour saturation denotes evidence concentration in that cell.

### Intervention target group

Most impact evaluations under this pillar address interventions for adolescents (13), followed by girl/female child (5), teachers/ healthcare staff (4), and children in low-income settings (4). Most of the systematic reviews also assess the impact on adolescents (16), followed by childhood (11), girl/female child (6), and infants (3).

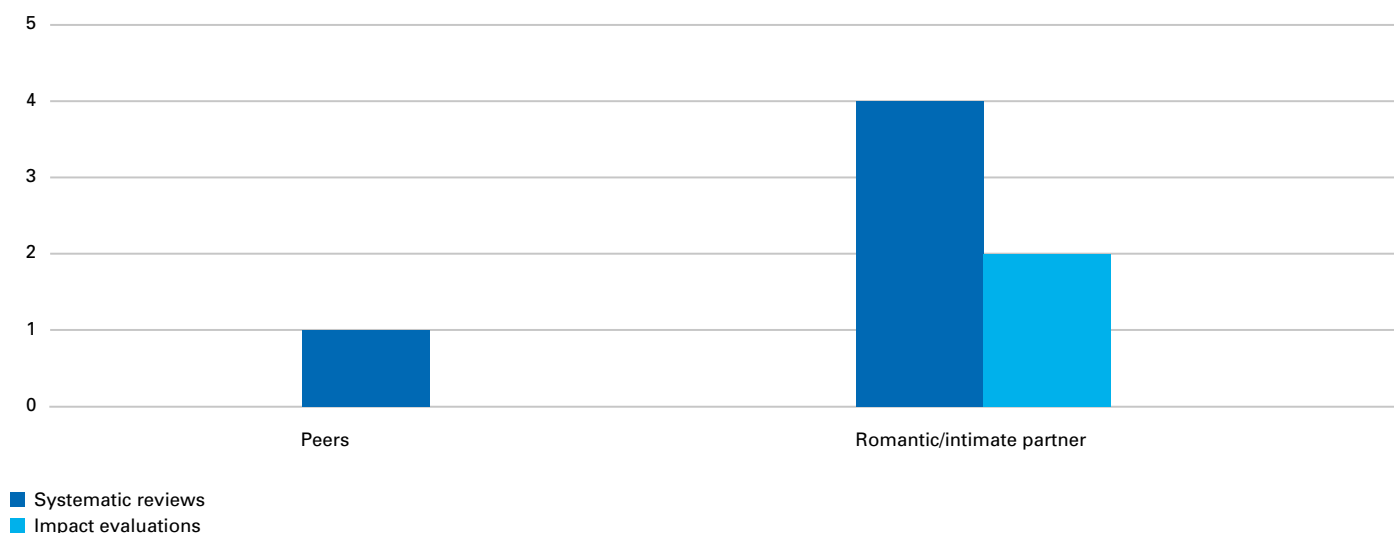
There are evidence gaps with respect to key vulnerable populations. Studies targeting subgroups of children who may be at increased risk of VAC were not identified, including children with disabilities and those who belong to minority groups.

### Perpetration of violence

Few studies were found in this category which assessed the impact of interventions on violence perpetration. Only two impact evaluations reported interventions for boyfriend/intimate partners as perpetrators of violence.

Four systematic reviews assessed interventions for intimate partners as perpetrators of violence and one on peers as perpetrators.

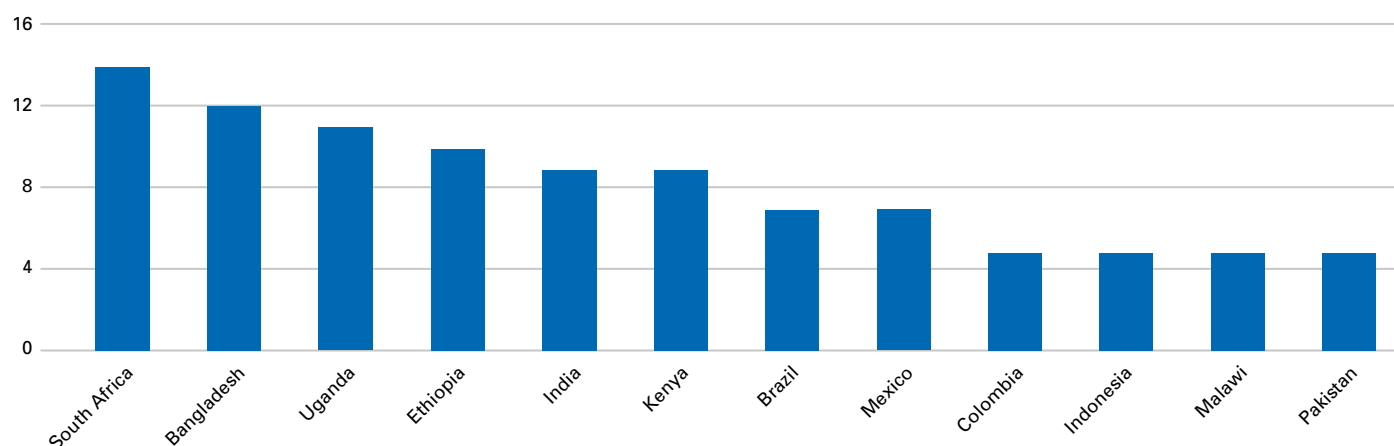
**Figure 6: Distribution of studies by perpetrator of violence**



### Geographic distribution of evidence

Most studies assessing the impact of income and economic strengthening were from sub-Saharan Africa (37), including South Africa (14), Uganda (11), Ethiopia (10), Kenya (9), and Malawi (5). Bangladesh (12) had the highest concentration of studies from South Asia, followed by India (9). Latin America and the Caribbean (22) was the third most concentrated region with the highest number of studies originating from Brazil and Mexico (7 each).

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

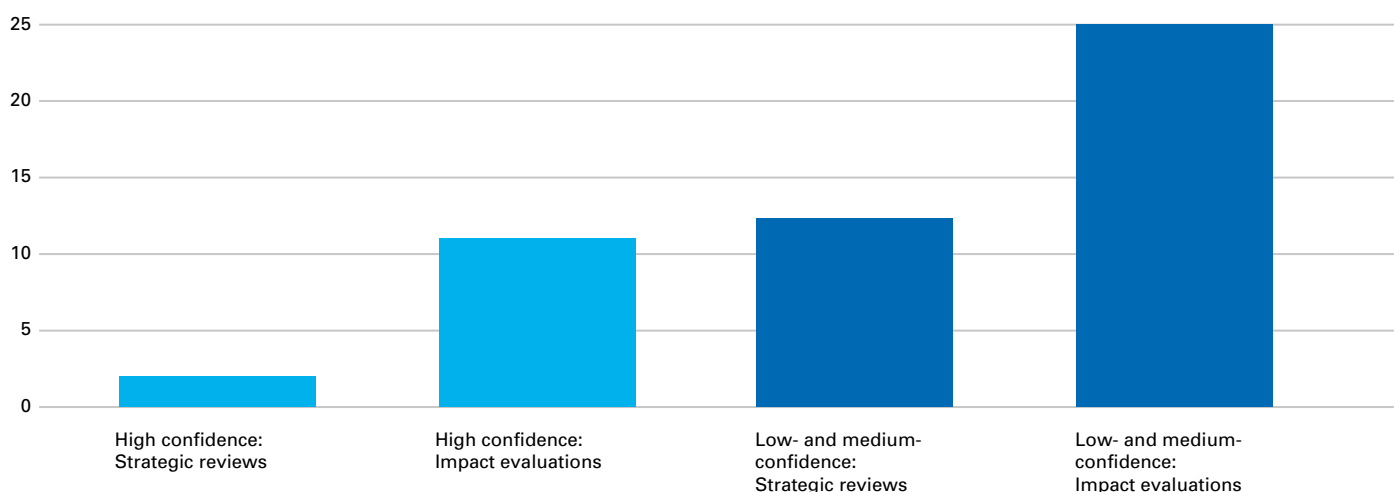


### Confidence in study findings

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.

Only four systematic reviews were assessed to be of high confidence. Fourteen of the 20 included systematic reviews are of low and medium confidence. A similar picture emerges for impact evaluations, where ten impact evaluations were identified to be of low confidence and only five were assessed to be of high confidence. This indicates an 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 ‘Income and economic strengthening’ interventions are the second most concentrated category in the EGM, gaps exist in relation to evidence on insurance and welfare scheme and income generation and credit interventions.
- Limited studies were identified on cost analysis and economic and social outcomes.
- There is a lack of high-confidence systematic reviews and impact evaluations.
- There is limited evidence targeting vulnerable populations such as children from low-income settings, children with disabilities and 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 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. High quality means adhering 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 themes, 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](#).