Interventions to Reduce Violence against Children in Low- and Middle-income Countries
Evidence and Gap Map
Pillar 6: Response and Support Services

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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.

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 6 of INSPIRE, 'Response and support services'.

'Response and support services' includes the following four subcategories:

■ 'Counselling and therapeutic approaches', which includes specialized counselling and therapeutic services for victims of violence

■ 'Screening and training', which includes reporting combined with interventions such as training health professionals/social workers/teachers to identify possible exposure or risk of exposure to violence.

■ 'Children in care', which includes alternative family care (foster or kinship care) or institutional care (orphanages, group homes, juvenile detention centres, or residential treatment centres), interventions involving social welfare services, shelter and crisis centres.

■ 'Media and communication', which includes awareness on access to services/reporting.

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
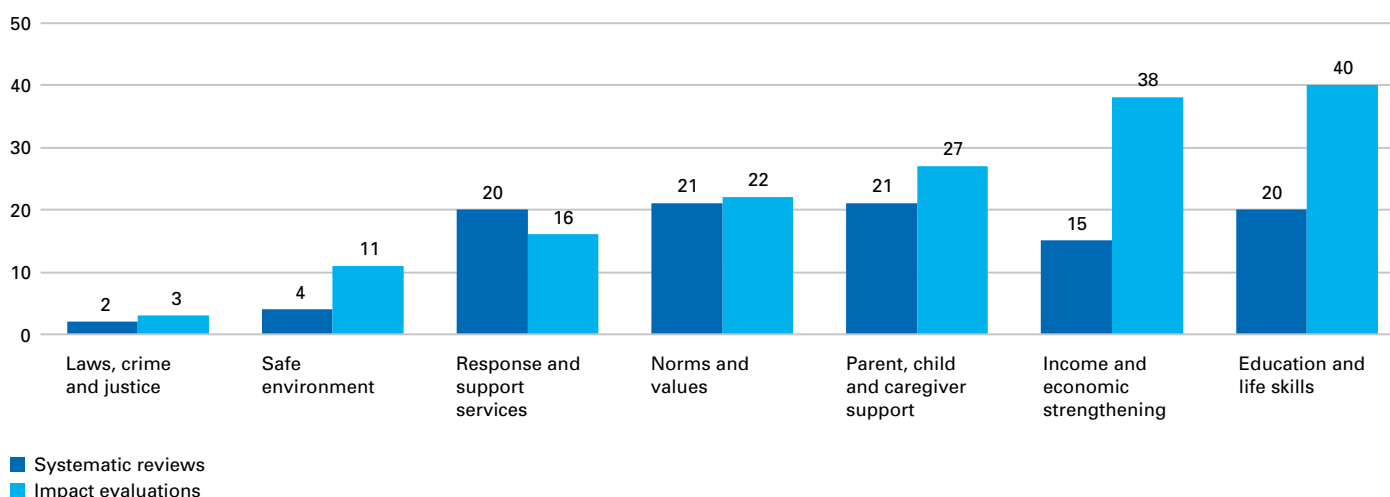
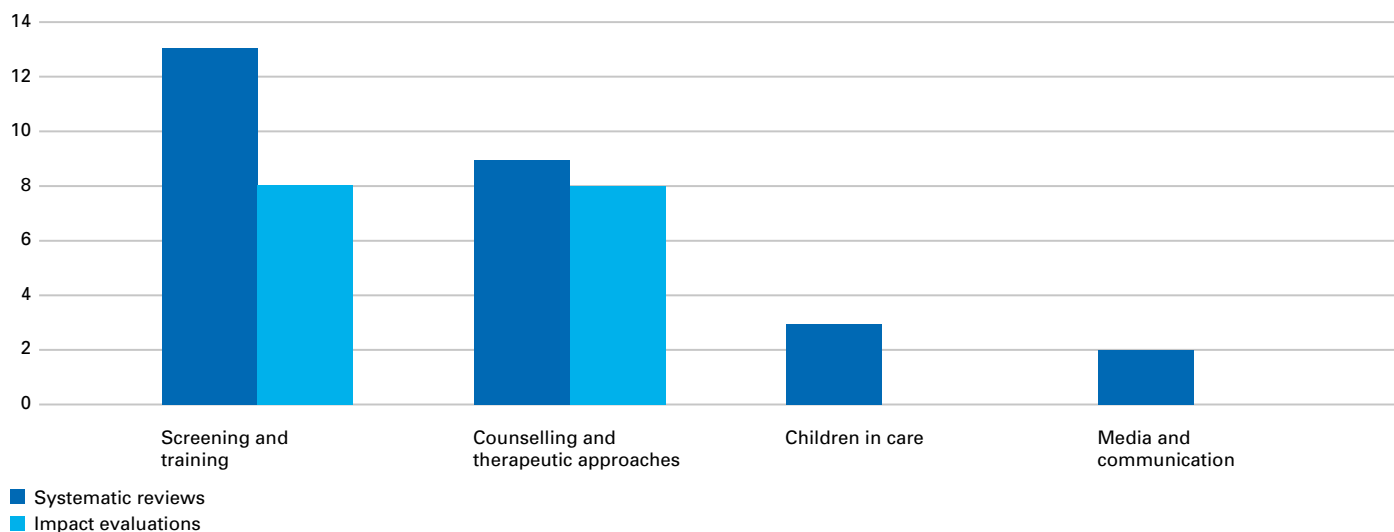**Legend:**
■ Systematic reviews
■ Impact evaluations

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 36 studies identified in the category 'Response and support services', 20 are systematic reviews (SRs) and 16 are impact evaluations (IEs). Studies often reported on more than one form or type of violence, or associated outcome.

Studies on screening and training were the most common (21) followed by studies on counselling and therapeutic approaches (17). Studies on children in care (3) and on media and communication were the least common (2). There were no impact evaluations related to the subcategory 'children in care'.

Figure 2: Distribution of studies by 'Response and support services' subcategories
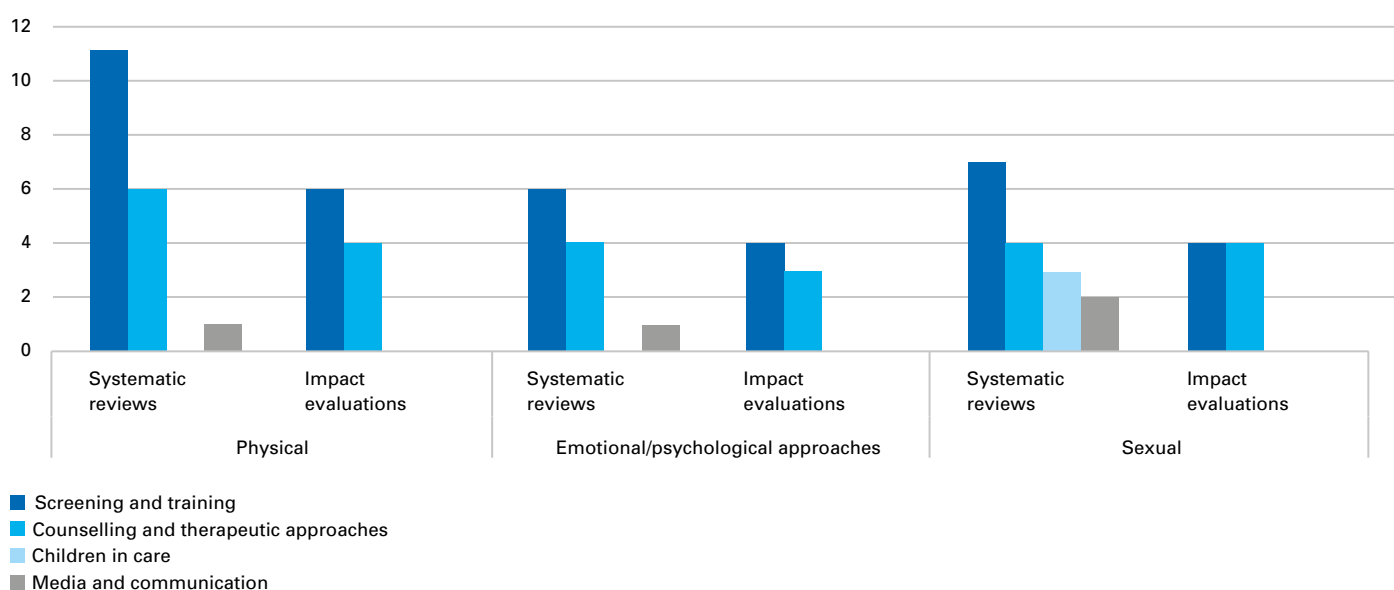

- ■ Systematic reviews
- ■ Impact evaluations

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Types of violence addressed in the studies

Figure 3 below illustrates the distribution of studies assessing the effectiveness of 'Response and support services' interventions in reducing physical, emotional/psychological, and sexual violence. Impact on physical violence was the most reported (10 IEs, 14 SRs), followed by sexual violence (8 IEs and 11 SRs) and emotional violence (7 IEs, 8 SRs).

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

- ■ Screening and training
- ■ Counselling and therapeutic approaches
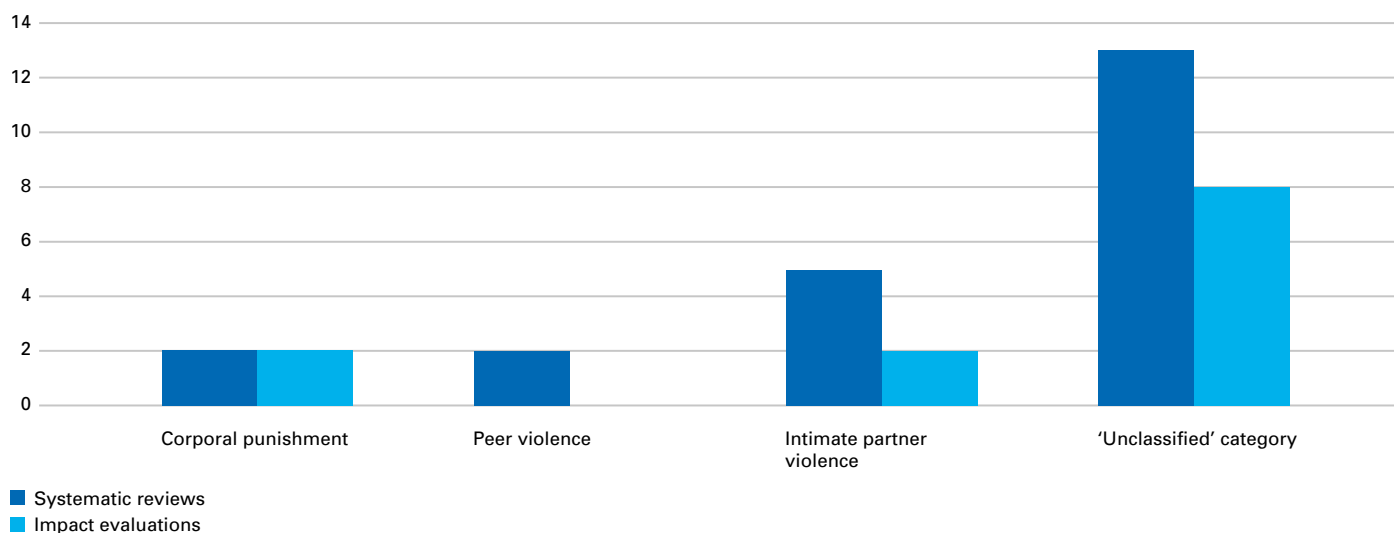- ■ Children in care
- ■ Media and communication

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 36 studies identified, 7 studies focus on intimate partner violence (5 SRs, 2 IEs), followed by 4 studies on corporal punishment (2 SRs, 2 IEs) and 2 studies on peer violence (2 SRs). A portion of studies (21; 13 SRs, 8 IEs) 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

■ 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

Impacts on violence and health outcomes were the most common outcomes studied under the 'Response and support services' intervention category. No studies assessed the economic cost of violence prevention interventions (cost-analysis) or economic and social outcomes such as social inclusion, gender equity, social discrimination and poverty.

Figure 5: Number of studies by 'Response and support services' intervention subcategories and outcome categories.*

Outcome / Subcategory	Violence	Norms and values	Health	Safety and risk factors for harms	Economic and social	Cost analysis	Education
Screening and training	21	5	6	9	0	0	1
Counselling and therapeutic approaches	17	3	12	3	0	0	0
Children in care	3	0	1	1	0	0	1
Media and communication	2	1	1	1	0	0	1

*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), girls and 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 that assessed the impact of interventions on violence perpetration in this category. Only two impact evaluations reported interventions for teachers as perpetrators of corporal punishment.

Five systematic reviews assessed interventions for intimate partners as perpetrators of violence, two on parents/ caregivers as perpetrators of corporal punishment, and one on peers as perpetrators of violence.

Figure 6: Distribution of studies by perpetrator of violence
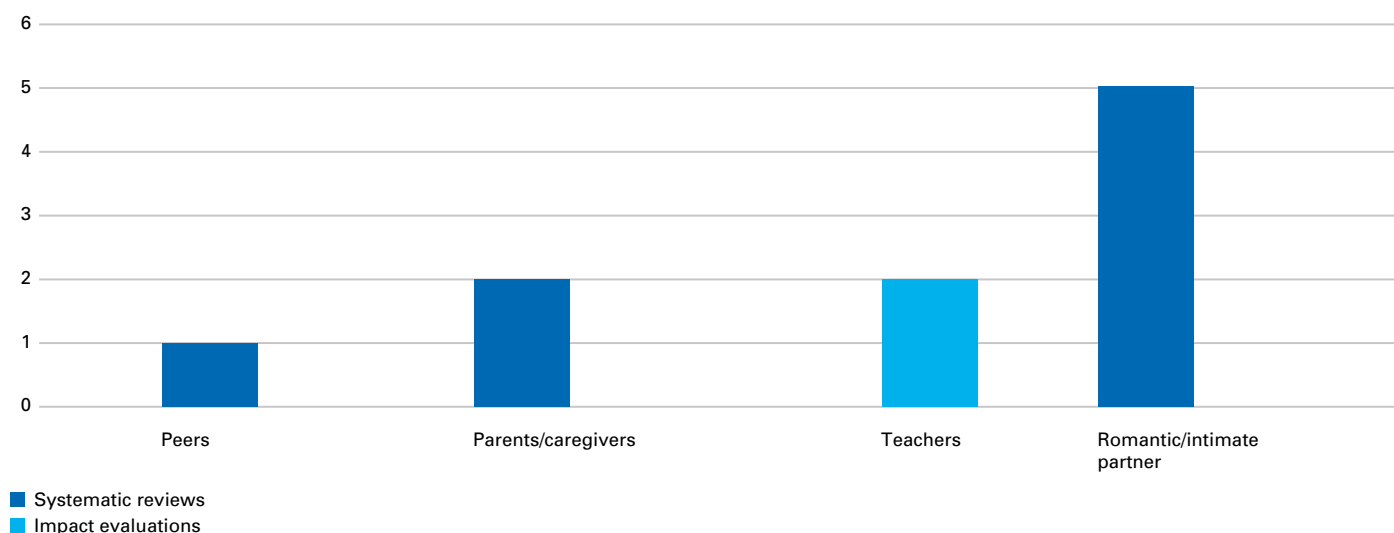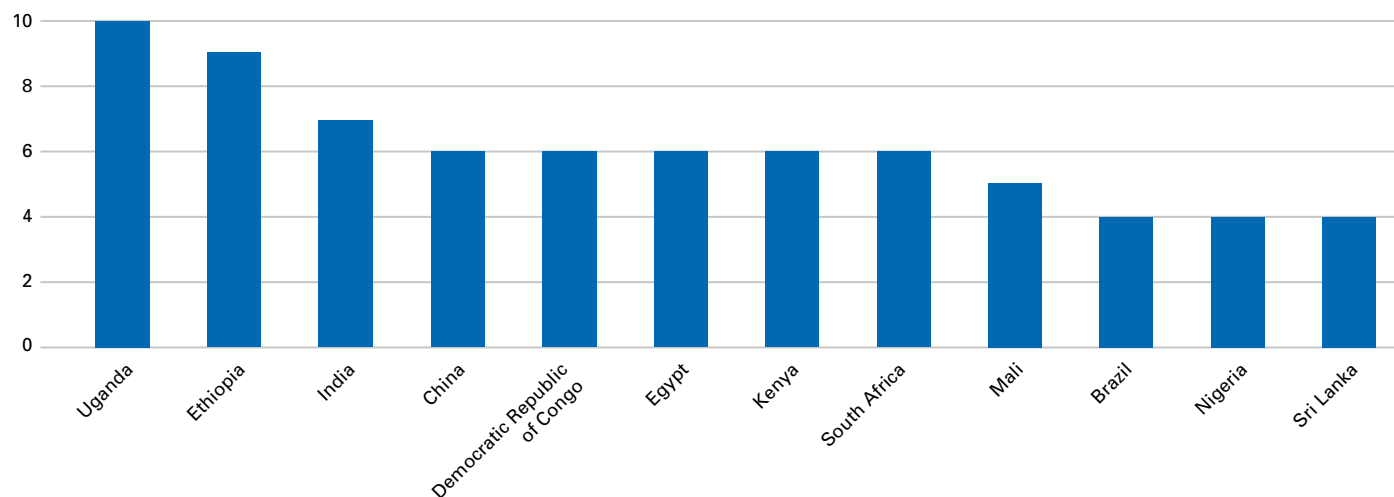
Systematic reviews
Impact evaluations

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.

Geographic distribution of evidence

Most studies assessing the impact of response and support services were concentrated in sub-Saharan Africa including Uganda (10), Ethiopia (9), and South Africa (6). India (7) had the highest number of studies from South Asia (12), which is the third most concentrated region after East Asia and Pacific (15).

Figure 7: Distribution of studies by countries (only countries that have four 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 and 14 of the 20 included systematic reviews are of low and medium confidence. A similar picture emerges for impact evaluations, where 10 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
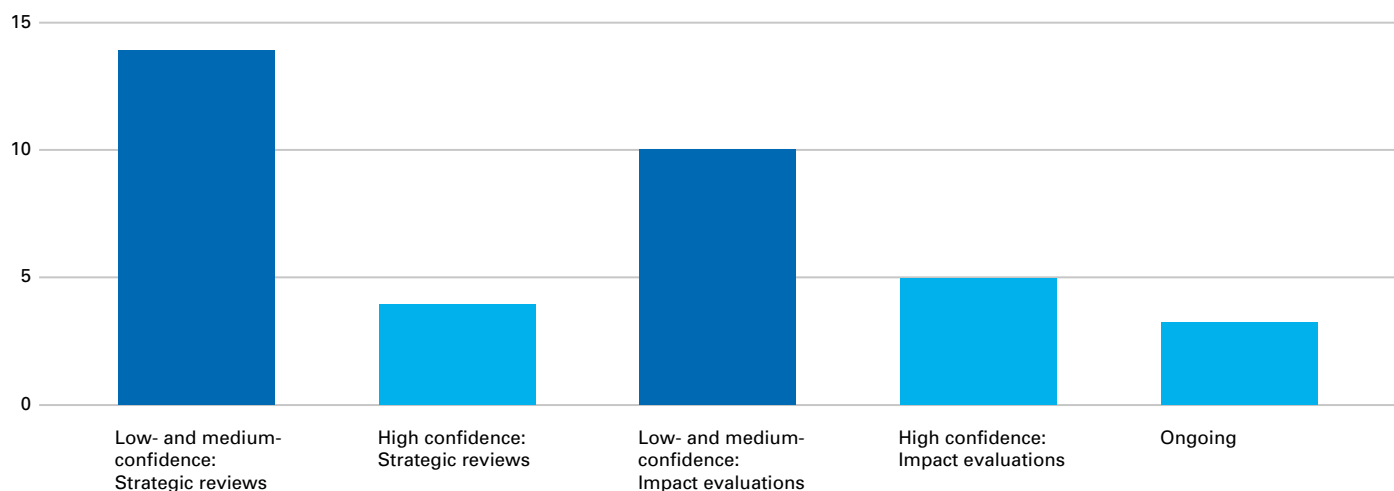
3. SUMMARY OF EVIDENCE GAPS

■ 'Response and support services' is the fifth most concentrated category in the EGM. There are several evidence gaps, particularly related to the effectiveness of interventions on children in care and interventions disseminating information on access to existing services through media and communication.

■ No studies were identified on cost analysis or economic and social outcomes.

■ There is limited evidence with high confidence systematic reviews and impact evaluations.

■ No evidence targeting vulnerable populations was identified.

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

■ No impact evaluations were identified assessing the impact of response and support services in multiple regions.

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 studies are funded and generated on 'Response and support services', including primary studies, based on technical guidance for quality evidence generation. High-quality research includes 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 on 'Response and support services' interventions 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 and to regularly take stock of the 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