

Making It Count: Strengthening data and evidence to prevent and respond to violence against children in East Asia and the Pacific

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Government leaders and representatives from 25 countries in East Asia and the Pacific, alongside researchers and practitioners from civil society, youth networks, academia and the private sector, came together for the Second Regional Conference on Strengthening Implementation of the INSPIRE Strategies During COVID-19 and Beyond hosted by the World Health Organization and UNICEF in November 2021. This brief summarizes key messages from the session 'Making it Count: Strengthening data and evidence to prevent and respond to violence against children'. It offers an overview of the data and evidence gaps on violence against children (VAC) in East Asia and the Pacific and calls for greater attention to generating, sharing and applying quality data and evidence to protect the safety of children within the region.

GLOBAL CONTEXT

Globally, 1 billion children, aged 2–17 years, have experienced violence or neglect in the past year.¹ The violence children experience cuts across forms, types and settings. Physical, sexual and psychological violence happens at home, in the classroom, online and on the streets in every country of the world. Girls and women, children with disabilities, children living through conflict or natural disasters and children on the move are those who face the greatest risk.

Data and evidence are essential in informing efforts to prevent and respond to violence against children.

VAC IN EAST ASIA AND THE PACIFIC

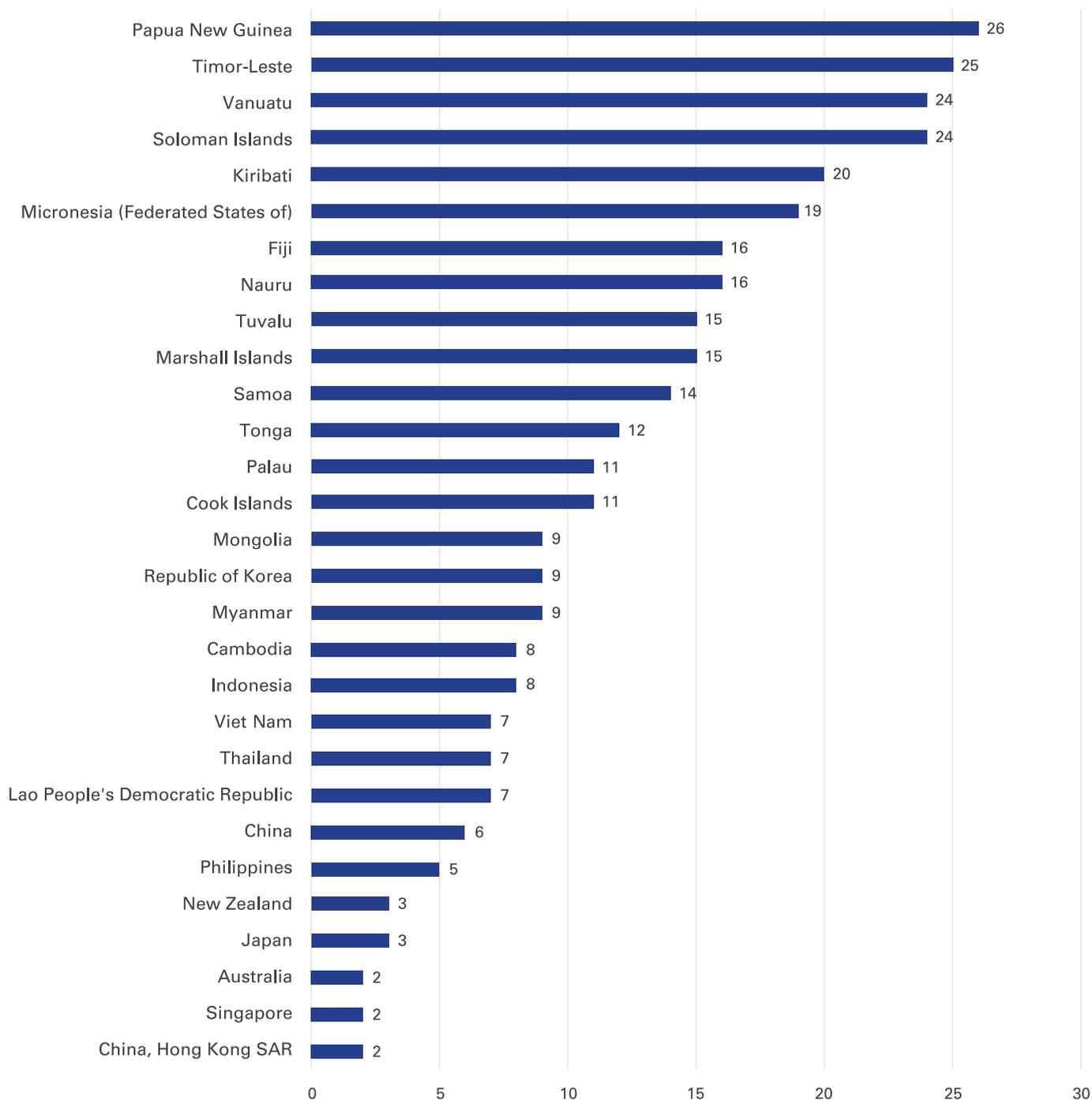
What are the available data telling us and what are the gaps?

Violence affecting girls, boys and women is present across the East Asia and Pacific region.

- The proportion of girls and women who report experiencing intimate partner violence in the previous 12 months, in 2018, ranges from 2% in Australia, Singapore and China, Hong Kong SAR to 26% in Papua New Guinea (Figure 1).
- Up to 7% of young women in the region report forced sexual intercourse and other forced sexual acts in childhood (Figure 2). There are no internationally comparable prevalence data on sexual violence for men in any country in the region.
- Apart from Mongolia, which is also the only country in the region to have prohibited physical discipline in all settings, in all other countries in the region most children experience violent discipline at home on a regular basis (Figure 3).
- Levels of child homicides remain relatively low in the region (Figure 4).

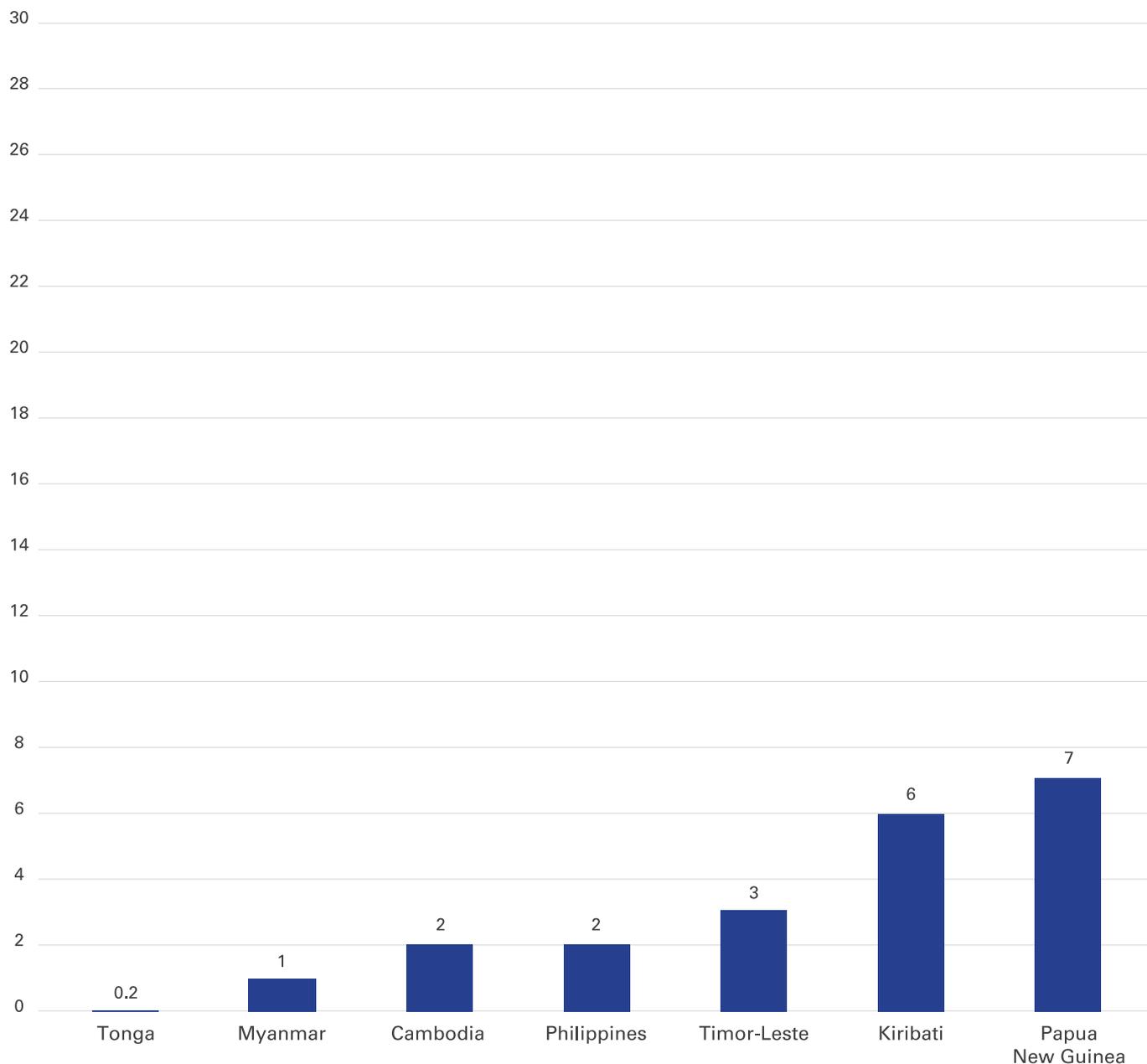
¹ Global prevalence of past-year violence against children: a systematic review and minimum estimates. Hillis S, Mercy J, Amobi A, Kress H. *Pediatrics* 2016; 137(3): e20154079. <http://pediatrics.aappublications.org/content/early/2016/01/25/peds.2015-4079>

Figure 1. Percentage of ever-partnered girls and women aged 15 years and older subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months (SDG 5.2.1)



Source: SDG global database, 2021, based on violence against women prevalence estimates, 2018, United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data.

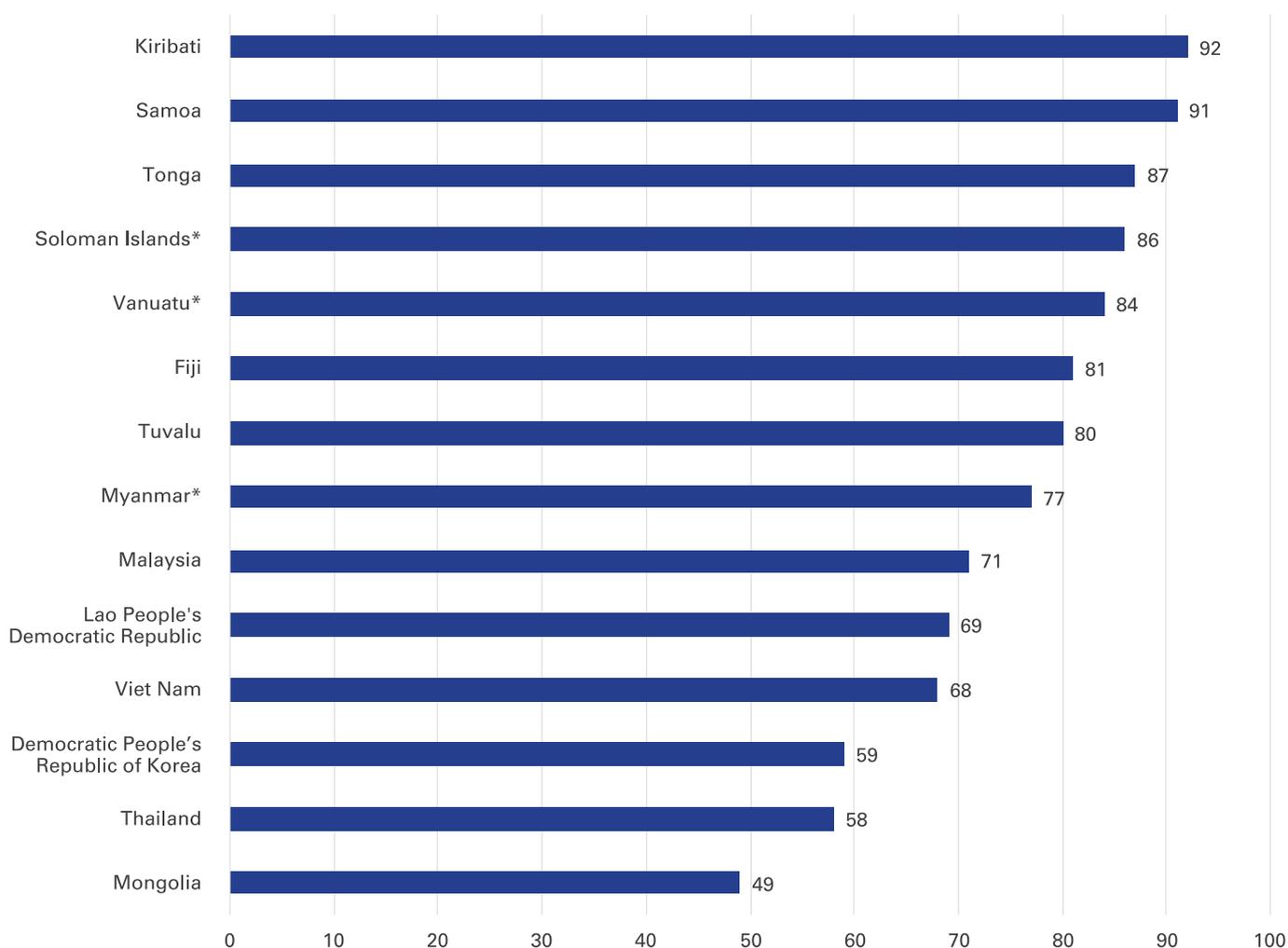
Figure 2. Percentage of young women aged 18–29 years who experienced sexual violence by age 18 (SDG 16.2.3)



Note: There are no internationally comparable prevalence data in the SDG database for men for any countries in the region.

Source: UNICEF global databases, 2021, based on Demographic and Health Survey (DHS) and Multiple Indicator Cluster Surveys (MICS), 2014–2019.

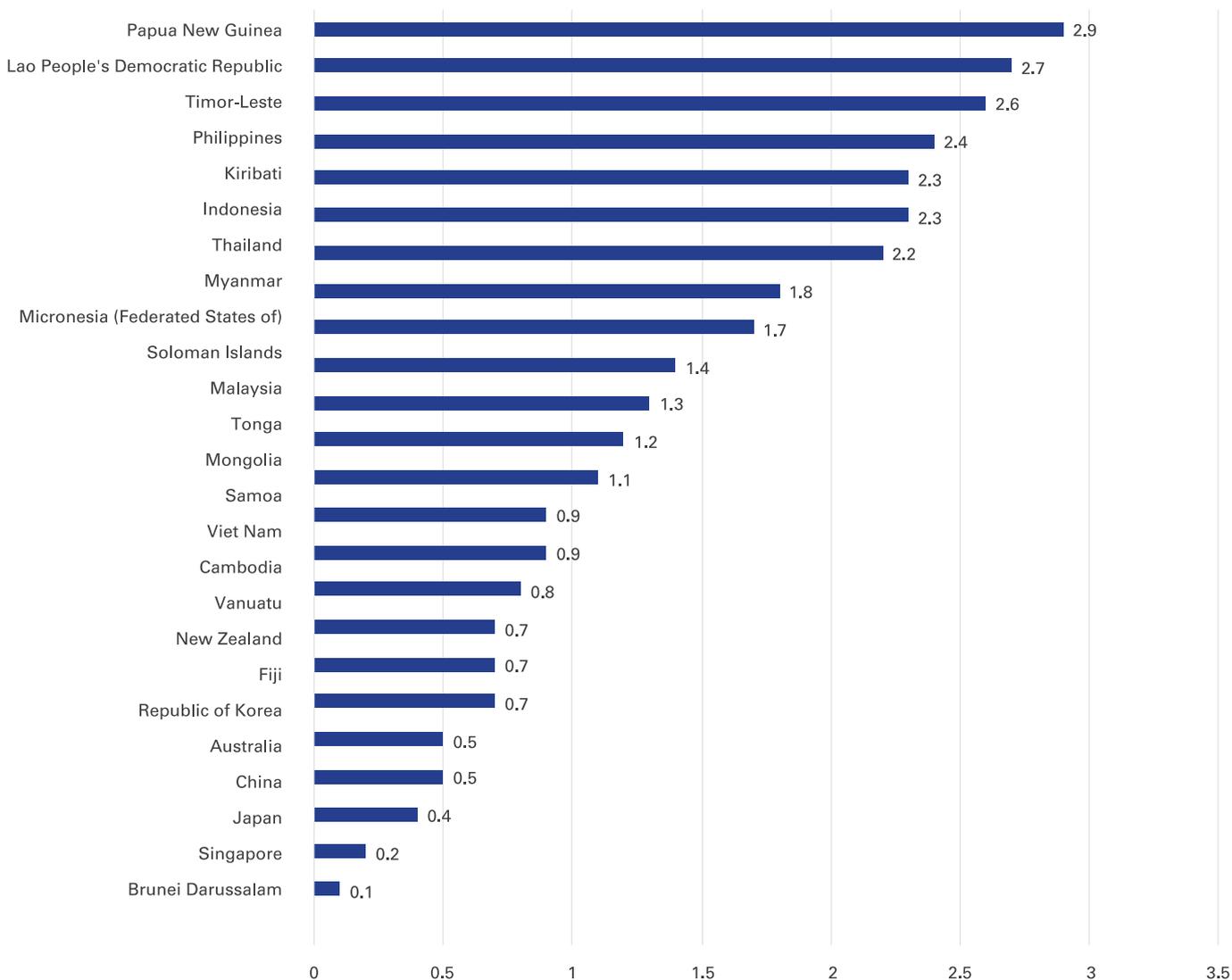
Figure 3. Percentage of children aged 1–14 years who experienced any violent discipline (physical punishment and/or psychological aggression) in the past month (SDG 16.2.1)



Note: The asterisks refer to countries with data on children aged 2–14 years. Data for Malaysia refer to children aged 1–4 years and the definition differs slightly from the standard.

Source: UNICEF global databases, 2021, based on MICS, DHS and other nationally representative sources, 2008–2021.

Figure 4. Mortality rate (per 100,000) due to homicide among children and adolescents aged 0–19 years, in 2019

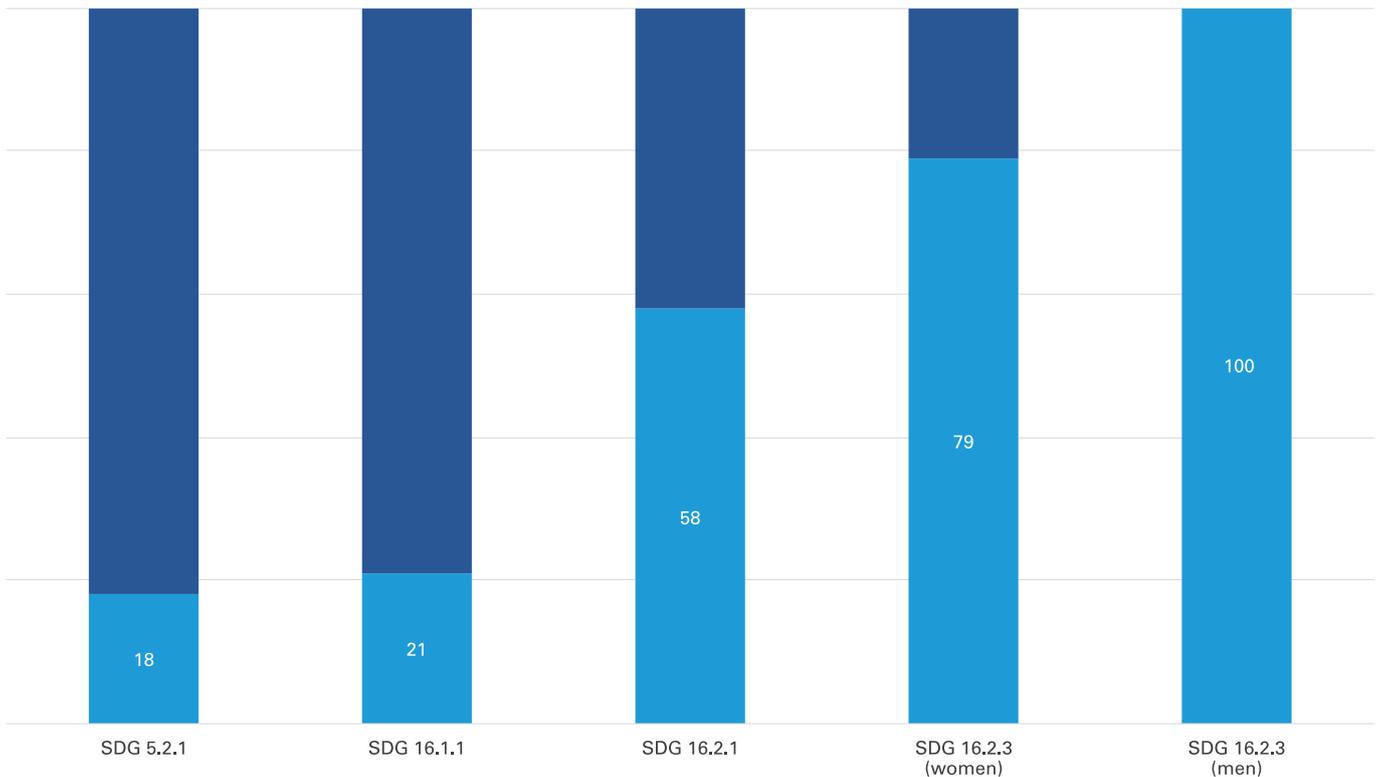


Note: There are no available data for the Cook Islands, the Marshall Islands, Nauru, Niue, Palau, Tokelau or Tuvalu since the population was below 90,000 in 2019.

Source: World Health Organization, Global Health Estimates 2020: Deaths by Cause, Age, Sex, by Country and by Region, 2000–2019, WHO, Geneva, 2020, recalculated by UNICEF.

Most countries in the region lack internationally comparable data on key SDG indicators related to violence against children.

Figure 5. Proportion of countries in East Asia and the Pacific without internationally comparable data on key SDG indicators related to violence against children, by indicator



The COVID-19 pandemic has exacerbated risks for children in the region.

A survey sent to UNICEF’s country offices gathered data on disruptions to VAC services between 1 May and 14 August 2020. In East Asia and the Pacific, 27 countries received the survey and 24 reported for a response rate of 89%. The survey results highlight the following:

- Four hundred and ninety-one million children live in the 10 countries in East Asia where violence prevention and response services have been disrupted by COVID-19.
- Case management and violence prevention programmes are among the most commonly disrupted services in East Asia.
- Slightly less than two thirds of countries (60%) in East Asia with VAC-related service disruptions reported that at least one service had been severely affected.
- Only one third of countries in East Asia reported that efforts to mitigate COVID-19 had been put in place.

What is the state of the evidence on interventions to prevent and respond to VAC in East Asia and the Pacific?

Figure 6. Number of intervention studies on VAC prevention and response by country in East Asia and the Pacific

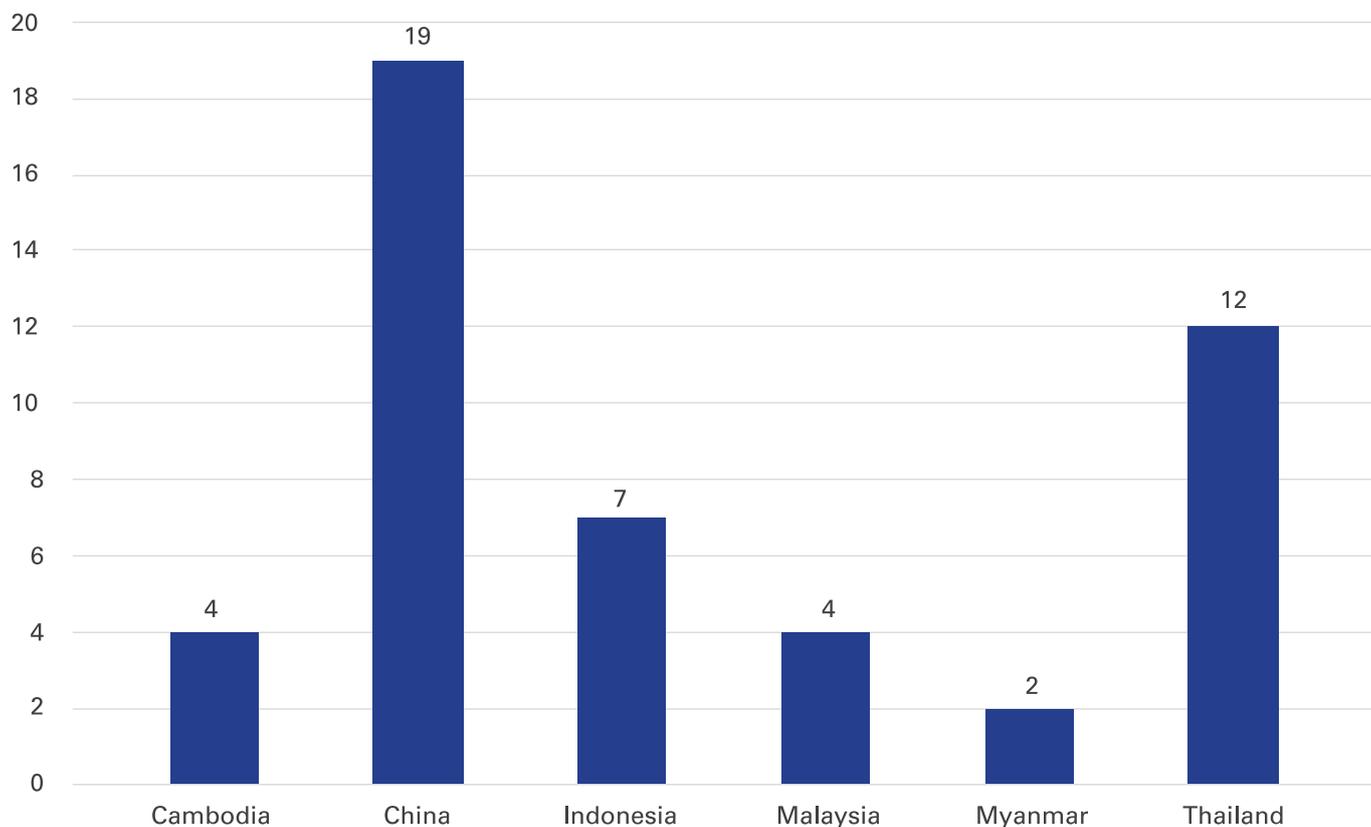
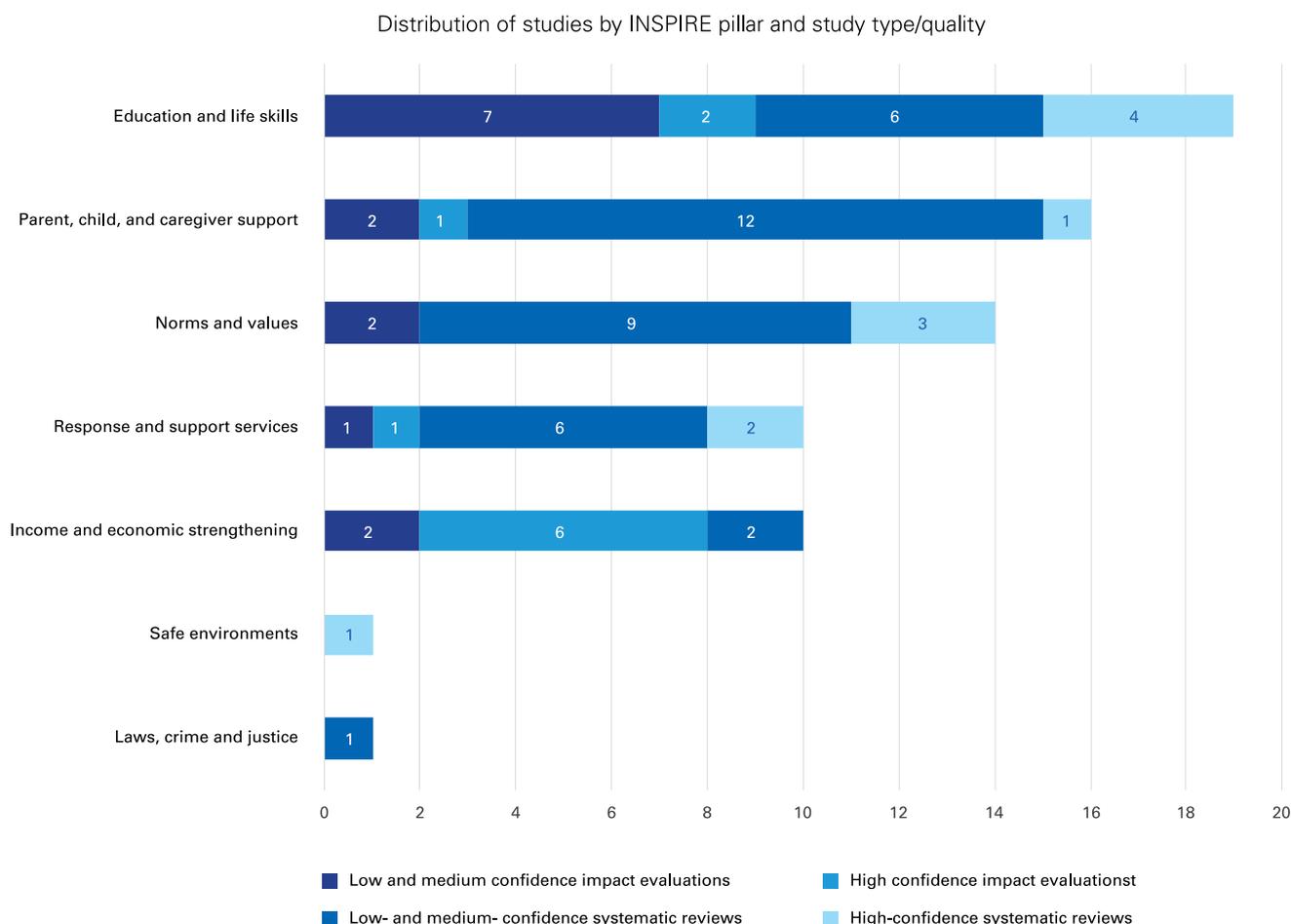


Figure 7. Distribution of studies by INSPIRE pillar and study type/quality



Evidence on interventions to prevent and respond to VAC in the region are limited

- The UNICEF Innocenti and Campbell Collaboration Evidence and Gap Map on Interventions to Prevent Violence Against Children identified a total of 48 intervention studies on East Asia and the Pacific.
- No intervention studies were identified from the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Timor-Leste or Viet Nam. Evidence was drawn largely from intervention studies in China followed by Thailand.

Most studies on interventions to prevent and respond to VAC have methodological limitations.

- Only four high-confidence impact evaluations were identified.
- Systematic reviews drew largely from studies in other regions, with just a few studies on East Asia and the Pacific.

Interventions on laws, crime, justice and safe environments are least represented.

- Most studies focus on education and life skills, followed by parent, child and caregiver support.

Interventions most often targeted children (3–11 years) and adolescents (11–18 years).

- No studies were identified that targeted teachers, health care staff or minority/ethnic groups.

Diving Deeper into the Evidence Base on Interventions in East Asia and the Pacific			
INSPIRE pillar	High-confidence impact evaluations		Findings
Parenting programmes	<p>Cognitive adjustment programmes for parents</p> <p>Thailand, Randomized control trial, 116 participants</p> <p>Intervention involved group education through discussion/value sharing/scenario analyses/educational videos and home visits that aimed to develop parental empathy, promote warm interactions with children and family, and learn effective discipline. One session per month for four months. Impact assessed using a two-group pre-test and post-test experimental design. (Sawasdipanich et al., 2010)</p>	+	<p>Improved parental attitudes towards child rearing compared to control.</p> <p>No effect on reducing child physical abuse.</p>
Education and life skills	<p>Early child sexual assault prevention education in Beijing</p> <p>China, Quasi-experimental, 150 participants</p> <p>Preschoolers received Body Safety Training curriculum (five sessions of 15–25 mins each, presented on consecutive days). Impact assessed using pre-test and post-test. (Wen-Jing Z et al., 2015)</p>	+	<p>After education on the prevention of sexual assault, children in intervention group had higher knowledge and skills in preventing sexual assault than those in the control group.</p>
Education and life skills	<p>Intervention study of elementary school psychological violence</p> <p>China, Randomized control trial, 3,843 participants</p> <p>Elementary school students in intervention group received comprehensive life skills education. Note: study is in Chinese, therefore details on intervention are not accessible. (Rong Z et al., 2015)</p>	↓	<p>The school psychological violence rate decreased from 79% to 67% after the intervention. The school psychological violence rate was lower in the intervention group than in the control group.</p>

PLUGGING THE DATA AND EVIDENCE GAPS IN EAST ASIA AND THE PACIFIC

Recommendations for Data

ADDRESS DATA GAPS

There is a need for rigorous data collection in the following areas: nature and magnitude of VAC, risk and protective factors, data on the availability and outreach of services to prevent and respond to violence, why and how certain violations occur, what works and what does not work for prevention and response, and data and information for the monitoring and evaluation of interventions.

GENERATE DATA AT REGULAR INTERVALS

Periodic surveillance of VAC nationally and regionally can show important trends in violence over time and can inform and help monitor the impacts of changes in policies or programmes.

USE DATA TO DESIGN, IMPLEMENT AND MONITOR INTERVENTIONS

Data should be used to improve interventions to prevent VAC, inform legislation and policies and strengthen child protection systems.

PUT IN PLACE PROVISIONS TO REGULATE DATA COLLECTION ON CHILDREN IN THE CHILD PROTECTION SYSTEM.

Legislation should stipulate the type of data that can be collected at national and local levels, definitions, how to transfer the data from operational sources to a centralized storage system, what the data may be used for, roles and responsibilities of different actors and coordination mechanisms.

INVEST IN THE DEVELOPMENT OF A NATIONAL DATA COLLECTION AND MONITORING SYSTEM

Data generation requires building a comprehensive, effective and sustainable data collection and monitoring system on VAC. Political commitment and targeted investment in a national data collection and monitoring system are necessary.

Recommendations for Evidence

IDENTIFY AND ADDRESS EVIDENCE GAPS

Across countries in East Asia and the Pacific, there is a lack of in-depth evidence on interventions to prevent and respond to VAC. Neglected geographies including the Lao People's Democratic Republic, Mongolia, Papua New Guinea, the Philippines, Timor-Leste or Viet Nam require greater programmatic and research attention. Additionally, the unique experiences of vulnerable groups considered to be at increased risk of negative child protection outcomes need to be considered when designing appropriate prevention and response measures. This includes children with disabilities, children in institutions, children who are street connected, and children from low-income and ethnic minorities.

IMPROVE THE QUALITY OF RESEARCH

Efforts should be made to improve the confidence of studies, including standardizing definitions of violence used, adhering to standardized international checklists for study design, conducting long-term follow-up surveys, and integrating research questions related to cost, sustainability and scalability to inform programming efforts. Ethical standards also need to be made a mandatory component of research studies alongside engagement with experienced VAC researchers and building on lessons learned about safety, ethical and methodological standards.

STRENGTHEN INVESTMENT IN RESEARCH

There is a need to invest in mixed-methods impact evaluations to better understand what works, what doesn't, factors that determine effective implementation and what can be generalized and adapted to other settings across East Asia and the Pacific. Additionally, it is key to invest in evidence synthesis such as systematic reviews to compare findings across multiple studies.

USE EVIDENCE TO STRENGTHEN STRATEGIC AND PROGRAMMATIC INVESTMENTS

Evidence and gap maps can help stakeholders – across funding organizations, international, regional, and national government organizations, practitioners and researchers – to access studies documenting evidence-informed programmes and practices that can contribute to achieving the prevention of VAC across sectors. Investments in updating evidence and gap maps can support the tracking of evidence production. The UNICEF Innocenti and Campbell Collaboration Evidence and Gap Map can be used to identify priority areas to supplement research.

for every child, answers

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