

Interventions to Reduce Violence against Children in Low- and Middle-income Countries Evidence and Gap Map Pillar 7: Education and life skills

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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 7 of INSPIRE, ‘Education and life skills’.

‘Education and life skills’ includes the following two subcategories:

- ‘Gender-transformative approaches’, which includes sexual and reproductive health education.
- ‘Life and social skills training’, which includes violence prevention, bullying prevention programmes, self-defence, and interventions to prevent abusive behaviour in adolescent peer relationships.

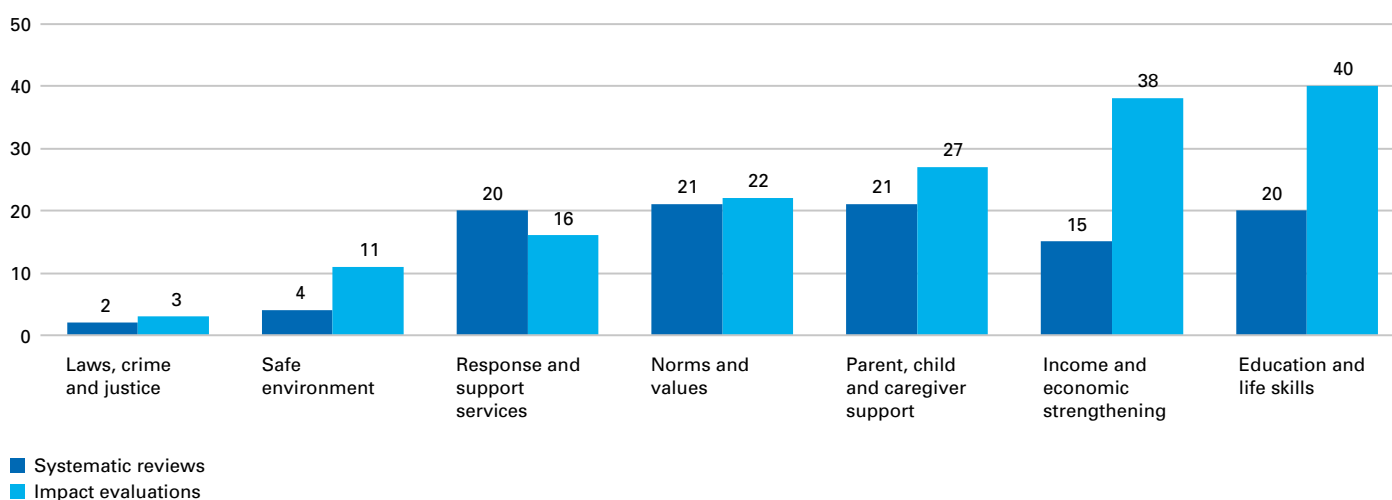
Details can be reviewed in the [main report](#).

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

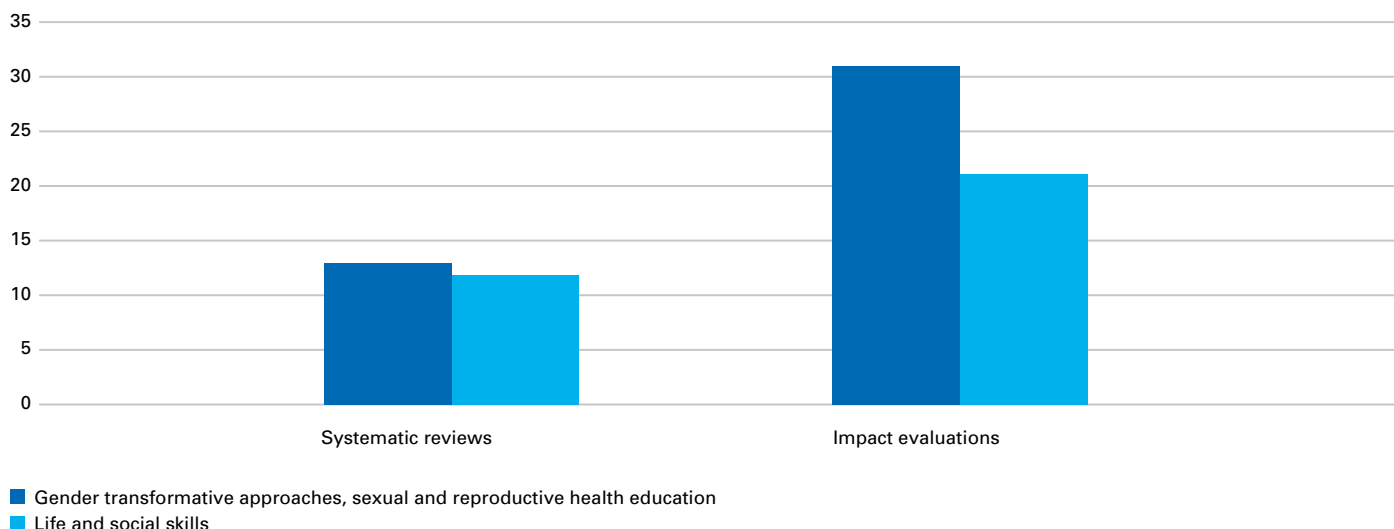


Note: The number of studies shown in each figure refers to the total number of studies falling under each category presented. Individual studies may be classified under multiple categories. For instance, if a study examines the impacts of multiple interventions, that study would add to the count for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

Of the 60 studies identified in the category ‘Education and life skills’, 20 are systematic reviews (SRs) and 40 are impact evaluations (IEs). Studies often reported on more than one form or type of violence, or associated outcome.

Studies on gender and transformative approaches and sexual and reproductive health education (44) were the most common. Studies on life and social skills (33) were slightly fewer.

Figure 2: Distribution of studies by ‘Education and life skills’ subcategories

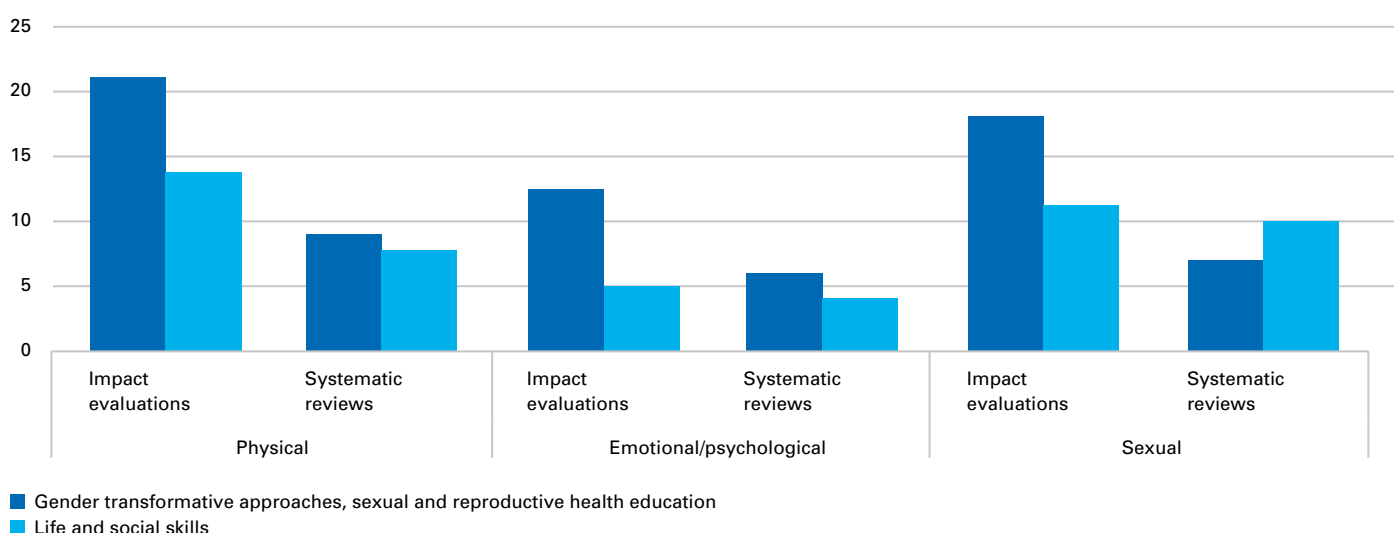


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Types of violence addressed in the studies

Figure 3 below illustrates the distribution of studies assessing the effectiveness of ‘Education and life skills’ interventions in reducing physical, emotional/psychological, and sexual violence. Impact on physical violence was the most reported (29 IEs, 13 SRs) followed by sexual violence (29 IEs, 17 SRs), and emotional violence (17 IEs, 10 SRs).

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

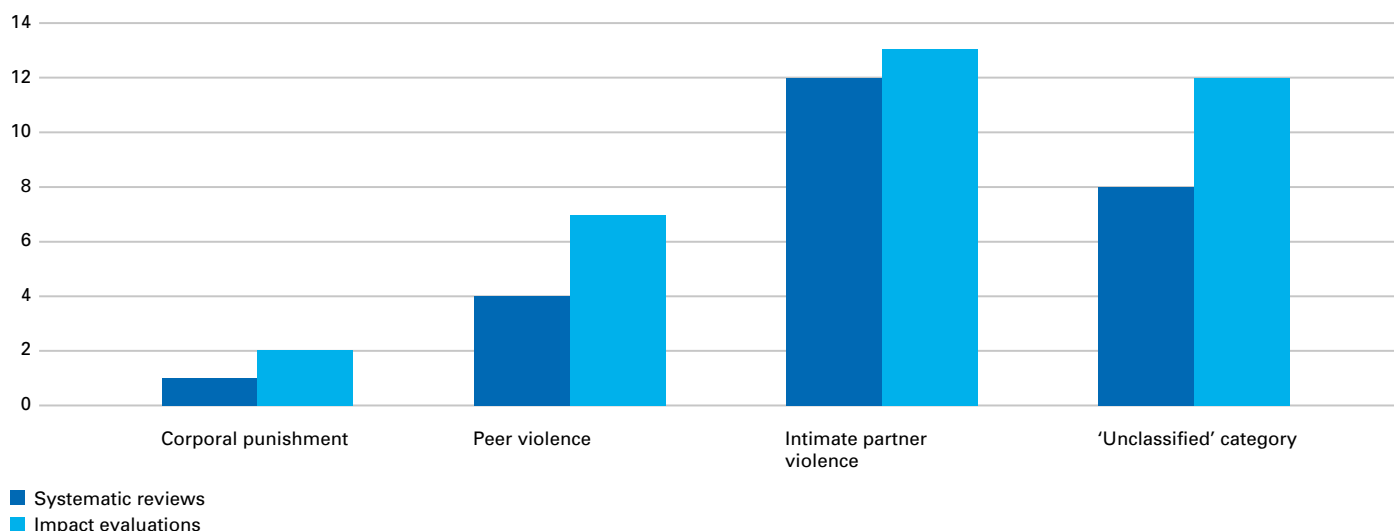


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Forms of violence addressed

Of the 60 studies identified, 25 studies focus on intimate partner violence (12 SRs, 13 IAs), followed by 11 studies on peer violence (4 SRs, 7 IAs) and 3 studies on corporal punishment (1 SR, and 2 IAs). A portion of studies (20; 8 SRs, 12 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 (74) and norms and values (44) were the most common outcomes studied under the 'Education and life skills' intervention category. Only one study assessed the economic cost of violence prevention interventions (cost-analysis). There is a lack of studies on economic and social outcomes, such as social inclusion and gender equity, social discrimination, and poverty.

Figure 5: Number of studies by 'Education and life skills' intervention subcategories and outcome categories.*

Subcategory \ Outcome	Violence	Norms and values	Health	Safety and risk factors for harms	Economic and social	Cost analysis	Education
Gender transformative approaches, sexual and reproductive health education	42	26	19	18	5	1	14
Life and social skills	32	18	11	12	6	0	12

*Colour saturation denotes evidence concentration in that cell.

Intervention target group

Most impact evaluations under this pillar address interventions for adolescents aged 10–18 (33), followed by children aged 3–10 (13), girls/female child (15), boys/male child (13). There were few impact evaluations targeting teachers/healthcare staff (4). Gaps were also identified in relation to children in low-income settings (4).

Most of the systematic reviews in this category assess the impact on adolescents aged 10–18 (16), followed by children aged 3–10 (11), girls and female child (6), and infants (3).

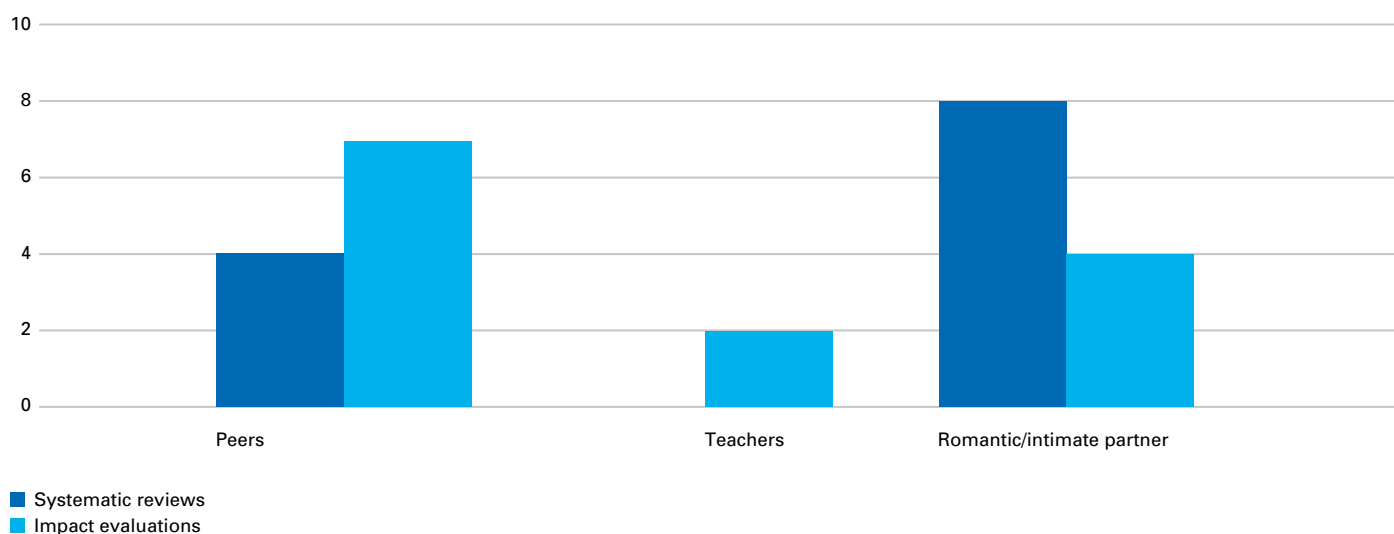
There are evidence gaps with respect to key vulnerable populations. Studies targeting subgroups of children who may be at increased risk of VAC were not identified, including children with disabilities and those who belong to minority groups.

Perpetration of violence

Few studies were found which assessed the impact of interventions on violence perpetration. Only two impact evaluations reported interventions for teachers as perpetrators of corporal punishment.

Eight systematic reviews assessed interventions for intimate partners as perpetrators of violence, and four on peers as perpetrators.

Figure 6: Distribution of studies by perpetration of violence

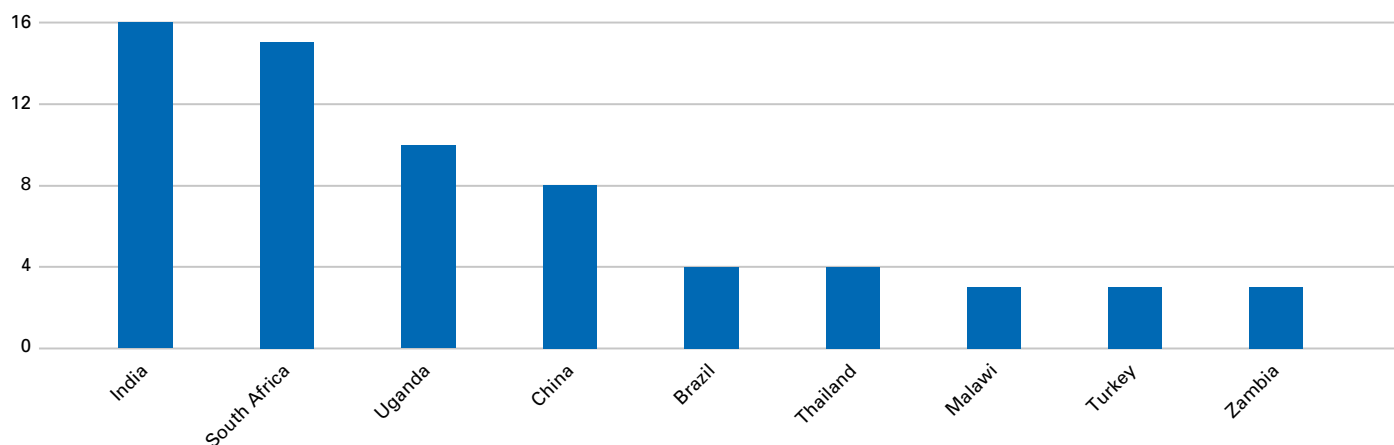


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Geographic distribution of evidence

Most studies assessing the impact of Education and life skills were from sub-Saharan Africa (44) including South Africa (15) and Uganda (10). India had the highest number of studies (16).

Figure 7: Distribution of studies by countries (only countries that have three or more studies are shown in the figure)

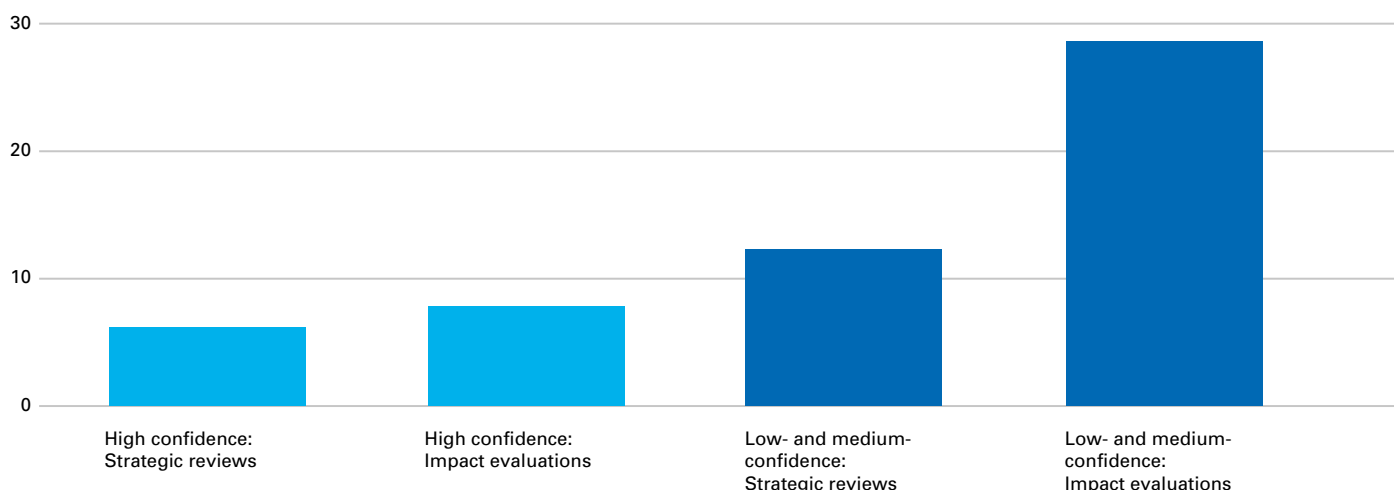


Confidence in study findings

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 six systematic reviews were assessed to be of high confidence and 12 are low and medium confidence. A similar picture emerges for impact evaluations, where 29 impact evaluations were identified to be of low confidence and only eight 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

- ‘Education and life skills’ is the most concentrated area of the EGM; however, there is less information on the economic and social outcomes and programme costs of this intervention category.
- There is limited evidence from 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 those from marginalized communities.
- There is limited evidence on specific forms of violence, such as intimate partner violence, peer violence, and corporal punishment, as well as interventions aimed at teachers as perpetrators of violence.

4. IMPLICATIONS OF THE FINDINGS

A coordinated coalition of funders, researchers and policymakers can play a leading role in building the evidence architecture around preventing VAC by:

1. Ensuring more high-quality systematic reviews and impact evaluation studies are funded and generated on ‘Education and life skills’, based on technical guidance so that quality evidence is generated. 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 ‘Education and life skills’ interventions to identify subcategories, 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 violence against children. This would support 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 to 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](#).