Innocenti Research Brief

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Evidence and Gap Map Research Brief

UNICEF STRATEGIC PLAN 2018–2021 GOAL AREA 3: EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION

What this research brief is about

This research brief is one of a series of six briefs, which provide an overview of available evidence shown in the Campbell-UNICEF Mega-Map of the effectiveness of interventions to improve child well-being in low- and middle- income countries (LMICs). Five of the six briefs summarize evidence as mapped against the five Goal Areas of UNICEF's Strategic Plan 2018–2021, although it is anticipated that they will also be useful for others working in the child well-being space. The sixth brief maps the COVID-19-relevant studies.

This brief provides an overview of the available evidence related to ensuring that every child is protected from violence and exploitation.

The purpose of the research brief is to:

■ Make potential users aware of the map and its contents

■ Identify areas in which there is ample evidence to guide policy and practice, and so encourage policymakers and practitioners to use the map as a way to access rigorous studies of effectiveness

■ Identify gaps in the evidence base, and so encourage research commissioners to commission studies to fill these evidence gaps.

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Box 1: What is the Campbell-UNICEF Child Well-being Mega-Map?

The Campbell-UNICEF Child Well-being Mega-Map maps evidence synthesis studies – evidence and gap maps and systematic reviews – here on in referenced simply as studies, which report studies of the effectiveness of interventions to improve child well-being. The evidence is structured by intervention categories, such as health and nutrition, and by outcome domains, such as morbidity.

Systematic reviews help establish which programmes are effective, for who, and in what circumstances. Evidence maps guide users to the evidence from systematic reviews and impact evaluations. The Mega-Map is an evidence and gap map (EGM) of 536 systematic reviews and 25 EGMs organized into six intervention categories and six outcome domains. This year's update has seen an increase of 52 systematic reviews on 2020.

The map shows only evidence syntheses that summarize evidence from around the world. It does not show the individual studies. The map shows what evidence syntheses are available, not what the evidence says.

https://www.campbellcollaboration.org/funding/global-funds/child-welfare-global-fund.html

What interventions are included for child education?

In the UNICEF Strategic Plan 2018–2021, strategic Goal Area 3, of every child is protected from violence and exploitation, is touched on in three Sustainable Development Goals (SDGs):

- SDG 5: Achieve gender equality and empower all women and girls
- SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Interventions to prevent violence against and exploitation of children fall into two intervention category areas of the Mega-Map:

- Social work and social welfare
- Governance

The relevant studies under governance also appear under social work and social welfare. As such, we provide an overview of those studies here.

Social work and social welfare has six relevant subcategories:

- Birth registration or notification (1 systematic review protocol)
- Child trafficking prevention (1 systematic review and 2 EGMs)
- Interventions for child abuse (15 systematic reviews and 5 EGMs)
- Gender-based violence (29 systematic reviews and 9 EGMs)
- Substance abuse prevention (5 systematic reviews and 1 EGM)
- Child protection services (15 systematic reviews and 5 EGMs)

The number of studies and study confidence is shown in Figure 1. See the Endnote for an explanation of how systematic review confidence is assessed.

For example, for birth registration there is just one synthesis study (a fairly broad review of maternal and child health in emergency settings) and because only the protocol is published, it is shown as ongoing. Even if birth registration is covered in the review when published, it will remain an area poorly served by rigorous evidence synthesis.

Figure 1: Number of studies for social welfare interventions by systematic review confidence
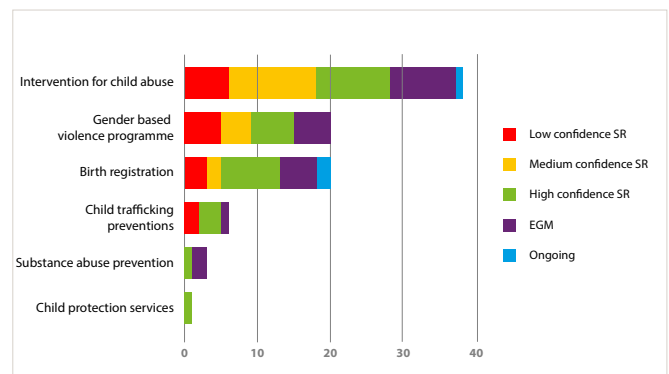
The largest concentration of studies is for gender-based violence, also termed violence against women and girls (VAWG). Two reviews address gender-based violence in humanitarian settings: Spangaro et al. (2013), What is the evidence of the impact of initiatives to reduce risk and incidence of sexual violence in conflict and post-conflict zones and other humanitarian crises in lower- and middle-income countries?; and Noble et al. (2017), State of the evidence: A systematic review of approaches to reduce gender-based violence and support the empowerment of adolescent girls in humanitarian settings.

A large subset of these reviews cover intimate partner violence (IPV)– for example, De Koker et al. (2014), A systematic review of interventions for preventing adolescent intimate partner violence; and Lundgren and Amin (2015), Addressing intimate partner violence and sexual violence among adolescents. There is also an evidence and gap map produced by the International Initiative for Impact Evaluation (3ie) on IPV (Dickens et al., 2019). This map identified 45 completed impact evaluations of interventions to reduce IPV in LMICs and 28 ongoing studies. As this area is growing rapidly, a new LMIC-focused systematic review on IPV would usefully summarize this body of knowledge.

There is one review specifically on trafficking for sexual exploitation (van der Laan, 2011), which is what is called an 'empty review' – that is, it found no impact evaluations to include. Just one other review – on protecting separated children in humanitarian settings – addresses trafficking (see Box 2).

Many of the reviews of child abuse are global reviews, meaning that much of the evidence may not come from developing countries. These include reviews on training or procedural approaches for health workers to identify children at risk of abuse (Carter et al., 2006), anti-bullying programmes (Blaya, 2008) and parenting programmes (Barlow et al., 2006).

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Box 2: What do we know about the effectiveness of interventions to prevent child trafficking?

There is just one review explicitly on trafficking (van der Laan et al., 2011) and that is an empty review – no studies were found assessing the impact of anti-trafficking interventions. That review is now quite old and case studies have been undertaken since then, so an update would be useful.

Some reviews assess interventions for children vulnerable to trafficking, such as street-connected children, but have nothing to say about trafficking directly (e.g. Coren et al., 2014).

One review of child protection for separated children does explicitly address this issue (Williamson et al., 2017). The review summarized evidence from 14 studies of 17 Family Tracing and Reunification (FTR) programmes. Reunification rates are generally around 50 per cent, ranging from 35 per cent in Ethiopia to 89 per cent in Jordan. However, these are outcome monitoring data. It is very likely that some reunification would happen in the absence of the programmes, so actual impact is overstated. The review notes that FTR is often male-focused, giving rise to the phenomenon of 'lost girls'. It is implied that these girls may have been trafficked or otherwise sexually exploited but the review does not provide information on interventions to counter this situation.

Overall, it can be concluded that there is no rigorous evidence of effective programmes to combat child trafficking.

Child abuse also includes female genital mutilation (FGM). Reducing FGM is the focus of two reviews: Balfour et al. (2016), Interventions for healthcare providers to improve treatment and prevention of female genital mutilation: A systematic review; and Berg and Denison (2012), Interventions to reduce the prevalence of female genital mutilation/cutting in African countries. There is also a review on mental health interventions for victims of FGM: Adelufosi et al. (2017), Cognitive behavioral therapy for post-traumatic stress disorder, depression, or anxiety disorders in women and girls living with female genital mutilation: A systematic review.

A broader range of programmes are covered in reviews of child protection services, such as comparing kinship care and fostering (Winokur et al., 2014), policing interventions for school safety (Petrosino et al., 2014), and community-based

programmes to reduce youth violence. Child protection also includes programmes to reduce child labour, which have been subject to one review – Paruzzolo (2009), The impact of programs relating to child labor prevention and children's protection – although child labour is an outcome measured in many more studies (see below).

PANDEMICS AND EPIDEMICS

We identified six studies with an explicit focus on response measures to pandemics and epidemics (such as COVID-19, SARS, MERS, H1N1, HIV/AIDS) or financial crises and natural disasters (such as major earthquakes, the global financial crisis, severe recession and the Indian Ocean tsunami), that fall under the Goal Area of every child is protected from violence and exploitation (e.g., UNICEF (2020), Evidence Gap Map: Pandemics, epidemics and outcomes on child protection and violence).

What outcomes are reported?

The evidence and gap map also shows studies according to the outcomes they report, which fall under two outcome domains – safety and risk factor reduction.

Table 1 shows the number of studies for each outcome subdomain, classified by the relevant SDG. There are only a small number of studies for most outcomes, such as child marriage and FGM prevalence. There are moderate numbers of studies related to child abuse and neglect and physical violence. Although trafficking is included in the latter, there are no studies covering trafficking specifically. Figure 2 provides an overview for safety outcomes by study quality.

Table 1: Number of studies by outcome domain, classified by SDG			
Goal Area 3: Every child is protected from violence and exploitation	**Sustainable Development Goal**		
	5: Gender Equality	**8: Decent Work and Economic Growth**	**16: Peace, Justice and Strong Institutions**
Safety	Child marriage (7) FGM prevalence (6)	Child labour (11)	Child abuse and neglect (38) Trafficking and physical violence (33) Child rights (10)
Risk factor reduction			Childhood injuries (6)

Figure 2: Number of studies for safety outcome categories by systematic review (SR) confidence
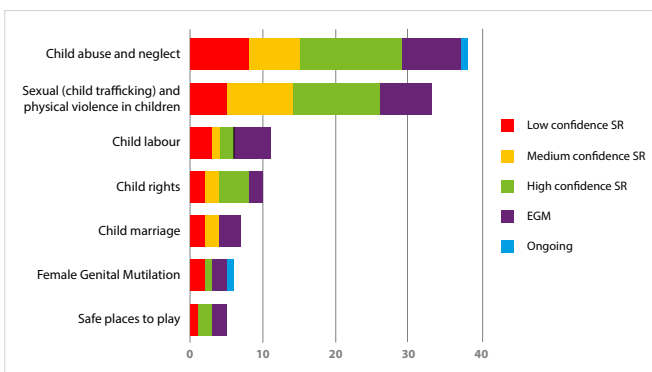

Where is the evidence from?

Systematic reviews are often global in scope. We included in the map all reviews for which studies from developing countries were eligible for inclusion whether or not there were actually any studies from developing countries included (see Figure 3). The screening process did not check whether the review included studies from developing countries.

So, for some reviews, such as Barlow et al. (2006), looking at parenting programmes to reduce child abuse, all included studies are from developed countries.

However, there are some reviews that focus on developing countries, either overall or on specific regions. An example of a review restricted to developing countries is Coren et al. (2014), Services for street-connected children and young people in low- and middle-income countries: A thematic synthesis; and an example for a specific region is Berg and Denison (2012), Interventions to reduce the prevalence of female genital mutilation/cutting in African countries.

Figure 3: Number of studies by World Bank region
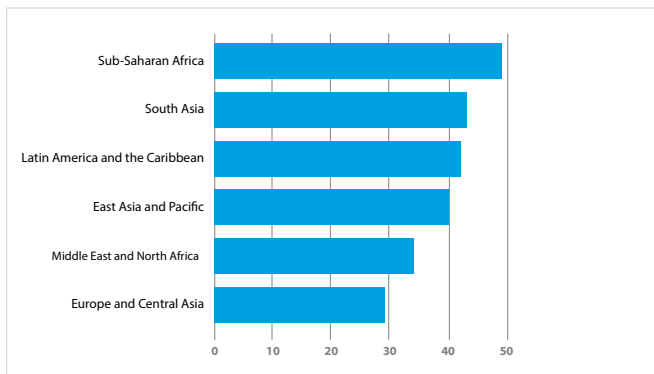
Where are the evidence gaps?

Child protection is of growing importance on the development agenda. The Mega-Map shows that it is much less well served in terms of evidence synthesis than the 'traditional areas' of health and education.

The most striking gaps are as follows:

- Social work practice in developing countries in general is an under-researched area for analysis of effectiveness.
- There is a lack of studies on trafficking.
- There are some but not many reviews related to early marriage and FGM.
- There are few reviews assessing programmes to address child labour.
- There is only one published studies of the impact of birth registration.

Given the interest in these areas – which does mean that primary studies are being conducted in at least some of these areas, such as VAWG – it is important to update existing reviews.

Implications of findings

There are few evidence synthesis studies related to interventions and outcomes for protecting children from violence and exploitation. As the evidence base appears small, it is the priority to build that evidence base to inform policy and practice.

Since this is a map of evidence synthesis studies, the lack of evidence synthesis does not mean that there are not any primary studies. In areas in which there is a reasonable amount of evidence synthesis already, such as child abuse, it is recommended that an evidence and gap map be constructed to gain an idea of the extent of the developing country literature, and also to develop a taxonomy of approaches relevant in these contexts.

Where there are fewer primary studies or where these are dated, it is recommended that these systematic reviews be updated, applying meta-analysis where appropriate. Examples include FGM, early marriage and child labour.

How can the map be used by UNICEF?

The map will help UNICEF staff and partners identify evidence-based programmes and practice to help achieve the agency's strategic goals.

While the evidence base is comparably thin in this area, there are reviews on interventions of great interest to UNICEF, such as family tracing and reconnection programmes. The map can help UNICEF staff and partners identify relevant evidence for their work.

However, there are important areas where the evidence base is thin – such as FGM and early marriage – or non-existent, such as child trafficking. Thus, for UNICEF and other agencies adopting an evidence-based approach, to become truly evidence-based there is a need for substantial, strategic investments to generate evidence of what works.

Endnote: Assessing the confidence of systematic reviews

For systematic reviews, we score each study using the 16-item checklist called AMSTAR 2 (Assessing the Methodological Quality of Systematic Reviews). The 16 items cover: (1) PICOS in inclusion criteria; (2) ex ante protocol; (3) rationale for included study designs; (4) comprehensive literature search; (5) duplicate screening; (6) duplicate data extraction; (7) list of excluded studies with justification; (8) adequate description of included studies; (9) adequate risk of bias assessment; (10) report sources of funding; (11) appropriate use of meta-analysis; (12) risk of bias assessment for meta-analysis; (13) allowance for risk of bias in discussing findings; (14) analysis of heterogeneity; (15) analysis of publication bias; and (16) report conflicts of interest.

Items 2, 4, 7, 9, 11, 13 and 15 are termed 'critical'. Study confidence is rated high if there is no more than one non-critical weakness, and medium if there are no critical weaknesses but more than one non-critical weakness. Studies with one or more critical weakness are rated low confidence.

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