

Mapping the Volume of Child Protection Activity Against the EGM Frame Caroline Fiennes, August 2020

As part of the work to use and build the evidence base in child protection ([see here](#)), Giving Evidence explored whether it is possible to map the volume of activity globally in child protection (CP) against the frame used in the child protection evidence and gap map (EGM). By ‘activity’ we mean activity by statutory agencies, health services, police, schools, residential care, and/or non-profits etc., and across prevention, disclosure, response and treatment. The goal here is to compare the effectiveness and ‘widespread-ness’ of various types of activity. This is in order to find areas where:

- There is considerable activity but little research: such areas are priorities for producing new research, in order that all that activity can be informed (and hopefully improved) by high-quality evidence. For example, perhaps lots of schools run safeguarding programmes but there is no evidence for them.
- There is activity and also research: such that we could usefully help practitioners to ensure that their work uses the available research. For example, the EGM found that there is (comparatively) lots of research about programmes in schools to teach children to distinguish good touches from bad touches, so any such programme can make use of that.

Headline finding: The scant data are mismatched to the EGM, and hence the analysis is not very useful(!)

There is very little data about the amount of activity in child protection – as distinct from data about prevalence and location of the problem. The sole relevant data that we could find are from the World Health Organisation *Global Status Report on Violence Prevention* report: it gives data on which countries run various types of laws and programmes against various types of violence, and how well enforced the laws are and how widely implemented the programmes are. There are a couple of major problems with using this report for our purposes. First, it is from 2014, so the data are now six years old. Second, its scope is significantly different to ours. For instance, it has nothing relating to many types of intervention included on the EGM, such as treatment, neglect, violence by teachers (rather, it regards teachers / schools as the solution), training adults including teachers and parents, changes in institutional practices such as hiring practices, and it has very little focus on physical abuse: most of it is about sexual abuse.

Consequently, we can give data about the widespread-ness of only very few (four) programmes which are studied in the EGM. They all work (more or less) and are all delivered to most of the world’s population.

In this report, we do give that data, but we think that it will be of limited use to funders for prioritising areas for additional research or funding.

As a reminder, the EGM studies all found that interventions either worked or had no effect (or both: some had positive effect on some outcomes and no effect on others). No programmes had adverse effects¹. That said, the effect sizes were quite small, and no intervention eradicated the problem.

¹ There are some apparent counterexamples, but none is very clear, and they may all be related to increased *reporting* rather than increased *incidence*. One is the *Bringing in The Bystander* programme (Edwards 2019). This aimed to prevent gender-based violence and sexual harassment. Students who got the intervention reported committing more violence against their dating partners than did students in the control group. This is probably because the programme sensitised them to what constitutes this type of violence, so they reported it more, rather than because they committed it more. Similarly, a study of the *Red Flag / Green Flag People* programme, which trains children to avoid abuse, found that six months after the programme, the intervention group children reported more abusive encounters than did children in the control group (who reported none). Again, this may be because the intervention encourages reporting behaviour, rather than increases actual abuses. A third is Taylor 2010, in which students who got the programme reported (themselves) committing more violence against their dating partners, though this might be because the

Scant relevant data

In short, ***there seems to be no data which precisely answer our question, i.e., hardly any data about activity in CP (i.e., how widespread particular programmes or approaches are)***. This lack of data about activity seems widely acknowledged. It seems unlikely (though not impossible) that such data do exist but Giving Evidence hasn't found them.

By contrast, we found much more data about prevalence of abuse / violence. But even that is rather patchy. The WHO 2014 report says that “fully 60% of countries do not have usable data on homicide... More than half of countries surveyed reported gathering data on intimate partner and sexual violence; however, less than half of countries reported conducting population-based surveys on other types of violence such as child maltreatment, youth violence and elder abuse.”

This lack of data about activity seems an important finding in itself. It's hard to corral an army against a major problem if we don't know where the army is or what it is doing or who is in it. Perhaps mapping activity will be important for improving work against child maltreatment.

Virtually ***the sole relevant data we could find are from the WHO report mentioned***, published in 2014. An update was planned for 2020 but “delayed indefinitely” because of the pandemic. We therefore used the 2014 report, though its scope and categories differ from ours, as does how its data are organised.

Scope of this report

The WHO report considers two types of intervention: laws and programmes: for example, respectively, laws against rape or corporal punishment, and programmes to prevent dating violence or against school bullying.

We identified the relevant laws and programmes in the WHO report. We then identify which of those intervention are examined by the studies on the EGM, i.e., the intervention in the WHO report for which we have evidence about effectiveness. For each law and programme, the WHO report indicates how widespread they are in each country (for laws, it indicates the extent to which they are enforced; and for programmes, it indicates the extent to which they are implemented). We combined this with population data to show the proportion of the world's population which are covered by the various types of laws and programmes.

This report details what we know about the effectiveness of the interventions for which we have indication of how widespread they are.

As mentioned, the scope and categories of the WHO report do not match those of the EGM, but we map its data about activity to the categories in the EGM as far as possible.

Conclusion and implications for funding activities

The mismatch of the data on effectiveness (from the EGM) and activity (from the WHO report) is such that this analysis does not seem helpful either for:

1. informing what funders funds. We do not find programmes which are particularly effective and particularly limited, where funders could fund scaling up, nor
2. informing advocacy / influencing work outside of funding. For instance, we do not find programmes which are particularly effective and particularly widespread, where funders could support the delivery entities to use the evidence; nor programmes which are ineffective but widespread, where funder could support the delivery entities to switch to more evidence work.

programme taught them that behaviours they had hitherto considered normal are in fact violent. For example, many students did not know that sex between minors is legally considered rape.

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Main finding: Interventions for which we have activity data and effectiveness information

There seem to be only four types of intervention which are both covered by the WHO report and examined by studies on the EGM, i.e., for which we have information about both effectiveness and how widespread they are. Using the WHO report's terms for those interventions, those intervention categories are:

- Training (children) to recognise / avoid sexual abuse situations
- Programmes in schools to prevent dating violence (i.e., a type of intimate partner violence, IPV)
- Programmes against sexual violence (child and adult): 'School and college populations'
- Child protection services

The following figure shows both what we know from the evidence about each programme, and how widespread it is²:

Figure 1: The effectiveness³ and coverage of each type of programme

Programme ⁴	The evidence	Evidence findings	Widespread-ness of the interventions ⁵		
			Larger scale	Limited	None
1: Training (children) to recognise / avoid sexual abuse situations	This is the most studied intervention type ⁶ on the EGM, in 49 studies. The studies are all from medium-high income countries: Europe, US, Canada, Australia, Central America, and East Asia. None is from South Asia, Africa or South America. The outcomes measured are knowledge gained and retained: none measured actual abuse.	These programmes work. (In the places where they have been tested. They work at increasing knowledge.)	46%	50%	5%
7a: Programmes against IPV: Dating violence prevention in schools	One such programme, <i>BITB-HSC</i> , was studied in one study (Edwards 2019).	Positive effects on knowledge and attitudes, but much less on bystander behaviour and interpersonal violence.	15%	65%	17%

² Meaning, proportion of the world's population which lives in countries where these programmes are run on a large scale, limited scale, etc.

³ Data from the EGM and Guidebook to the evidence about effectiveness of CP programmes

⁴ The numbers are here are from Giving Evidence's numbering system, which we needed to create simply to keep track of the data in the WHO report.

⁵ Data from Giving Evidence's analysis of the WHO data. Numbers may not add to 100% due to rounding errors.

⁶ Note that these programmes are not a single intervention: there are many variants of these programmes (of varying duration, for children of vary ages etc.), and hence we call them an 'intervention type'.

<p>7b / 8a: Programmes against sexual violence (child and adult): 'School and college populations'</p>	<p>Studied in three studies of which there are summaries, and one synthesis cell. One was about training teachers and childcare professionals, whereas the WHO definition is more geared to training children.</p>	<p>Mixed. One programme worked on some outcomes; on others, there were improvements but which faded after two months to a year; and no change on prevention talk or talking about safety. One is the worst-performing study for which we have a summary: everything either had no effect, or faded fast.</p>	<p>73%⁷</p>	<p>26%</p>	<p>1%</p>
<p>12e: Child protection services</p>	<p>One study, which is only partly about this. Cezero, in the Balearic Islands in Spain, was to increase detection, and lead to increase in referrals to the child protection services.</p>	<p>It did increase detection, and referrals to the child protection services</p>	<p>62%</p>	<p>37%</p>	<p>1%</p>

⁷ These are the figures for 7b: Social & cultural norm change. The numbers for programme 8a are similar: 64%; 27%; 7%.

Other findings

Mismatch between the WHO report and the EGM report

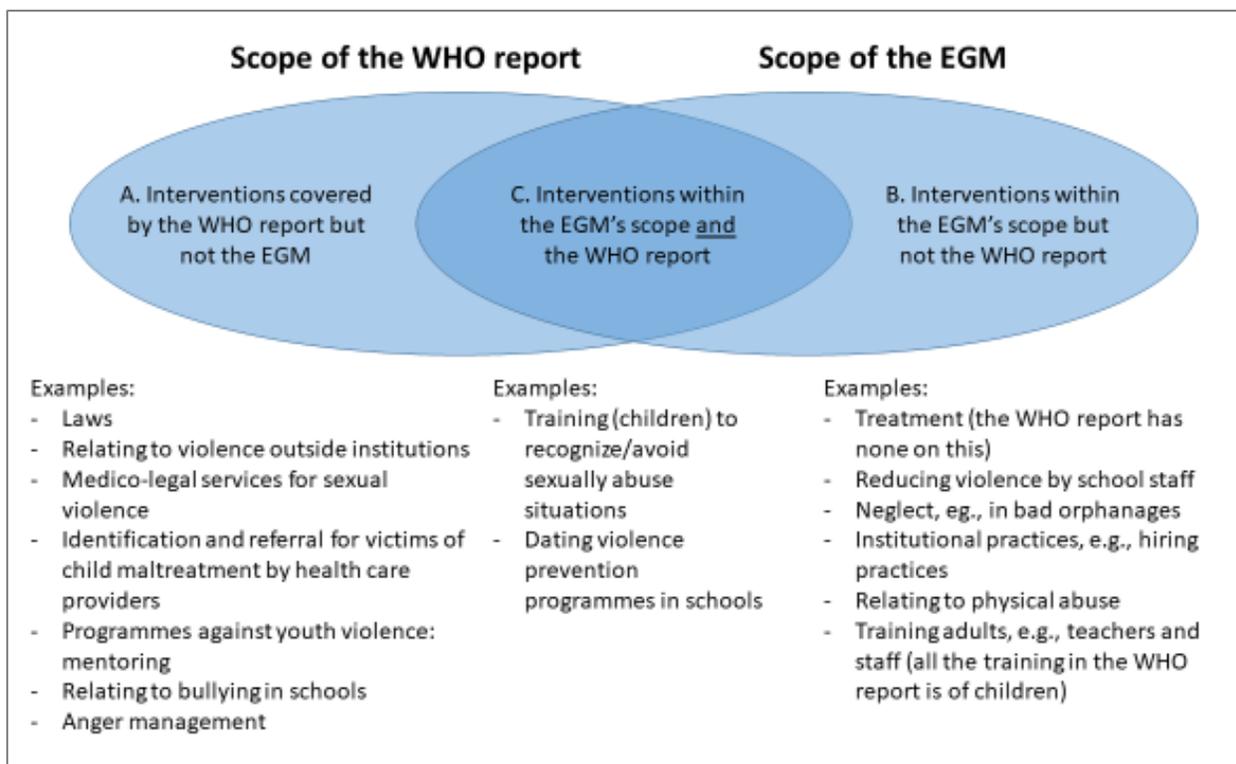
There are:

- a) some interventions covered by the WHO report which are not within the EGM’s scope,
- b) some interventions within the EGM’s scope but not covered by the WHO report,
- c) some interventions within the EGM’s scope and covered by the WHO report.

Clearly those of type (c) are the most useful for our purposes here.

The diagram below shows some examples of interventions of each type.

Figure 2: Scope of the WHO report vs the EGM



Scope of the WHO report

Before we dive into detail of the WHO report, please note what the included interventions cover and what they don't cover:

- **They're mainly about prevention.** There are a handful of fields about laws / programmes about encouraging disclosure/ detection, response (e.g., legal action against perpetrators) and treatment. The fields outside prevention are almost all in health. Noticeable omissions include: pursuing and prosecuting offenders (unless that comes under legal enforcement), therapy, interventions to encourage disclosure / detection, support for victims of anything other than sexual abuse.
- **They are all about interventions** - laws, programmes. The EGM has no information about the effectiveness of laws.
- **There are no data here about outcomes**, e.g., the intended outcomes of the interventions. Hence, though we can (sort of) match the interventions to the rows on the EGM, we cannot match them to the cells.
- **Most / many of the categories relate to sexual issues.** All the laws covered are about that, except laws about corporal punishment; and about half the programmes are about it.
- **The trainings included are all about training children / potential victim.** There is no training of potential perpetrators. And **the interventions in schools assume that schools / teachers are the solution**, rather than the problem. For instance, the WHO report includes after-school supervision as a violence-prevention measure (by keeping the children somewhere safe): clearly this is quite different than the findings of Devries and others in Uganda in relation to the *Good Schools Toolkit*, that violence by school staff is widespread and severe. So the WHO report has nothing to reduce corporal punishment in schools.

The situation further is complicated by the fact that:

- Some EGM categories and studies cover more than one area of the WHO data.
- Some individual studies on the EGM include some issues in the WHO report and some issues which are not. For example, the *Bringing in the Bystander* (high school) programme, studied in Edwards (2019) on the EGM, considers all forms of violence, including physical and sexual. The WHO report category about bystanders seems to relate only to rape and sexual assault. (This is category 8a in our numbering system.) Thus that one study is in both sections B and C of the diagram above.
- There seems to be some overlap in the WHO categories. For instance:
 - It has categories for “Programmes against sexual violence (child and adult): School and college populations”, and also “Training (children) to recognise / avoid sexually abuse situations”. (Categories 8a and 1 in our numbering). Clearly, a programme in school which is a training programme will be in both categories: and such programmes are the most-studied on the EGM.
 - It has ‘dating violence prevention’ (7a) and also ‘programmes to modify social expectations, such that men have the right to control women’ (7b) and programmes to ‘address gender normal and attitudes to sexual assault’ (8a). Clearly those issues and programmes could be intermingled.

- The EGM has studies examine various programmes which train adult caregivers (teachers, sports coaches, residential care workers, etc.), whereas the WHO report’s data on training: (i) seems to look at training children, (ii) only seems to have adult-trainings under sexual abuse, whereas some studies look at abuse more widely, and (iii) has school- and college-based programmes, but the EGM has some studies that work with other professionals, e.g., sports coaches, clergy.
- In any event, the findings of a study only relate to the time and place in which it was done: even if an intervention ‘worked’ in a few studies, we cannot be sure that it will work in all places or at all times. For instance, the most-studied interventions on the EGM are school-based programmes to prevent sexual abuse by training children to distinguish good touches vs bad touches etc. But, though being successful in dozens of studies, those interventions have never been tested in Africa, South America or South Asia. This report therefore needs to be treated carefully: we can only show the proportion of the world’s population covered by programmes, and the effectiveness of those programmes in the places and times that they were tested. We cannot guarantee that the programmes will have the same effects elsewhere.

The relevant content of data in the WHO report

a. The categories of violence and intervention in the WHO report

The report looks at violence as a whole: so includes:

- categories that are relevant to us, e.g., child protection services, and training in schools and colleges about avoiding date-rape, a ban on corporal punishment
- categories that are semi-relevant to us, e.g., laws on fire-arms in schools, existence of national 'action plans' against violence, after-school supervision since this gives students something to do and hence keeps them off the streets and out of harm’s way
- categories that are not relevant to our focus on child protection in institutions, such as about elder abuse, adult-on-adult violence, or "parenting education"

The organisation of the data in the WHO report is not aligned to our purposes.

There are some categories that are arguably relevant, e.g., facilitators / enablers of violence. The report talks about how “Violence of all types is strongly associated with social determinants such as weak governance; poor rule of law; cultural, social and gender norms; unemployment; income and gender inequality; rapid social change; and limited educational opportunities. Cross-cutting risk factors such as ease of access to firearms and other weapons and excessive alcohol use are also strongly associated with multiple types of violence. Together these factors create a social climate that is conducive to violence and in the absence of efforts to address them, sustained violence prevention gains are difficult to achieve. Any comprehensive violence prevention strategy must therefore identify ways to mitigate or provide a buffer against these risks, including through policy and other measures.”

We looked only at the categories that are most relevant to our interests.

The WHO data cover 133 countries. They are collected by country and presented by country. They are presented in PDF documents. As published, the WHO report has:

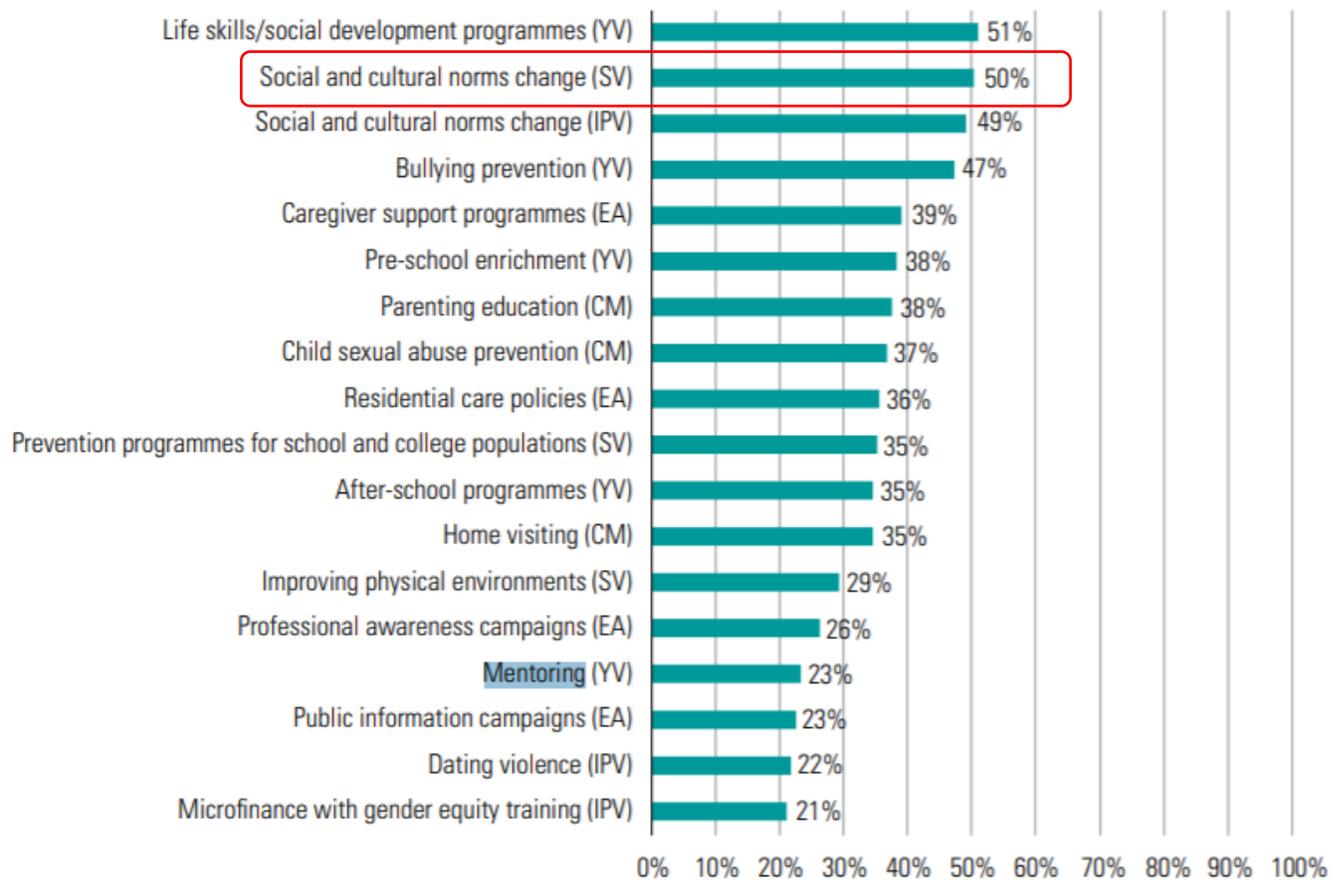
- A one-page summary for each country: the appendix has that for Austria (as a random example).

- A two-page summary of the global situation for ‘child maltreatment’– shown in the appendix.
- A table of all the data for each country. An excerpt is in the appendix.
- Some tables of the proportion of *countries* which have programmes – such as to prevent child sexual abuse such as in the graph below.

The WHO kindly sent us a spreadsheet of the data.

Figure 3: Data on prevalence of programmes, by proportion of countries which have them (WHO data)⁸

Figure 11: Proportion of countries reporting implementation of violence prevention programmes on a larger scale by type of programme (n = 133 reporting countries)^a



However, countries’ populations obviously differ widely and so counting *countries* with a particular programme is not that useful for us: more useful is the proportion of the world’s *population* which is covered by such programmes or laws. We converted the WHO data, which gives coverage by country, into data on coverage by population (by using the World Bank data on population by country⁹ⁱ). This tells us the number

⁸ YV = youth violence; IPV = intimate partner violence; CM = child maltreatment; SV = sexual violence, etc.

⁹ Note that the World Bank population data are for 2020, whereas the WHO data are for 2014. We thought it more useful to assume that in-country programmes had remained unchanged since 2014 and see how many of today’s people are covered by what, than to use historical population data to create a snapshot of life in 2014.

of people who live in countries which have a particular type of ban, how well enforced it is, or have a particular type of programme, and hence the gaps and concentrations in provision.

It was a considerable task to identify and extract from the WHO report the data relevant to our questions, and to organise them to be useable, and thereby find the relevant insights.

b. The relevant types of data in the WHO report

The WHO report contains data on two types of activity:

1. **Laws.** For each one, data are given on:
 - (i) Existence: yes, no and sometimes, ‘subnational’, e.g., if it is devolved to provinces, and
 - (ii) Enforcement. The answers can be:
 - 1 = “Enforced to a limited extent”: up to 40% effective
 - 2 = “Enforced to a large extent”: 40–79% effective
 - 3 = “Fully enforced”: 80% or more effective

As mentioned, the EGM does not look at laws, so we cannot use this information.

2. **Programmes:** These are prevention programmes and victim support programmes. Data are given for each on the extent of programme implementation. This is recorded in the spreadsheet as: none, limited, larger scale, or don’t know. {WHO’s report records the following, though it is not clear how this relates to the levels in its spreadsheet: (1) = The programme has been implemented once or a few isolated times. (2) = The programme has been implemented systematically on a larger scale (for example, across many schools or communities, or has reached more than 30% of the intended target population in the country).}

The report does not say who runs the programmes included: they could therefore probably be government, voluntary and/or private sector. In other words, if a funder considers its ‘domain’ to be non-profits, we cannot see how much activity is by them vs by governments.

On the definitions, these are given in the appendix. More information is given for some than for others. For some, no definition is given and for some, more than one is given – they don’t differ hugely but do differ a little. The definition is normally given in a different place than the data (and sometimes with a slightly different title), so it is not entirely clear what refers to what and we had to guess a bit.

It is therefore possible that we mis-matched the WHO data to the EGM categories and therefore to the evidence. (In normal circumstances, we could ask the WHO for more information, but this hardly seems reasonable during a pandemic, and with their funding now apparently cut.) The numbering was created by us for ease of organising and checking the data. Where we have them, definitions are in the appendix.

We categorised the activities as best we could against the categories of the EGM.

WHO data fields relevant to our EGM / work on institutional responses to child protection

The following fields from the WHO report seem relevant to the EGM. Some are (more or less) directly relevant: others are somewhat relevant. Note that the definitions of these laws / programmes are sometimes unclear. The definitions, where one is given in the WHO report, are in the appendix.

Figure 4: The relevant categories, for which we have data and included (the numbering system is ours)

1. Directly relevant categories (may have broader scope than ours, e.g., also adults, or outside institutions)		
	Prevention	
	1	Extent of 'training to recognise / avoid sexually abuse situations'
	2	Corporal punishment: existence and enforcement of laws
	3	Statutory rape: existence and enforcement of laws
	4	Extent of programmes against youth violence: mentoring
	5	Extent of programmes against youth violence: Life skills and social development training
	6	Extent of programmes against youth violence: School anti-bullying (our EGM did not look at bullying explicitly)
	7a	Extent of programmes against intimate partner violence (IPV): Dating violence prevention in schools
	7b	Extent of programmes against IPV: Social and cultural norms change
	8a	Extent of programmes against sexual violence (child and adult): 'School and college populations'
	8b	Extent of programmes against sexual violence: Physical environment changes (note that this includes work outside institutions, e.g., street design, and will benefit adults as well as children/ young people)
	8c	Extent of programmes against sexual violence: Social and cultural norms change
	9	Rape: existence and enforcement of laws
	10	'Contact sexual violence without rape': existence and enforcement of laws
	11	'Non-contact sexual violence': existence and enforcement of laws
	Disclosure / detection	
	12a	Extent of programmes on: 'Prenatal screening for child maltreatment and intimate partner risk' (this would be outside the EGM as is outside an institution)
	Disclosure / detection / (towards) treatment	
	12b	Identification and referral for victims of child maltreatment by health care providers

	12c	Identification and referral for victims of intimate partner and sexual violence by health care providers
Treatment / response		
	12d	Medico-legal services for sexual violence
Prevention / response		
	12e	Child protection services.
2. Semi-relevant categories (e.g., actions that institutions can take to reduce violence against children (VAC), but where the violence might not be in the institution)		
Prevention		
13	Programmes against youth violence: After-school supervision	
Disclosure / detection		
	13a	Extent of programmes on: 'Prenatal screening for child maltreatment and intimate partner risk' (this would be outside the EGM as is outside an institution)

Note that the categories in Figure 4 above **all relate to prevention**, except the following (the numbers can be ignored: they relate to labelling in our spreadsheet):

Disclosure / detection		
	12a	Extent of programmes on: 'Prenatal screening for child maltreatment and intimate partner risk'
Disclosure / detection / (towards) treatment		
	12b	Identification and referral (by health care providers) or victims of child maltreatment
	12c	Identification and referral (by health care providers) for victims of intimate partner and sexual violence
Treatment / response		
	12d	Medico-legal services for sexual violence
Prevention / response		
	12e	Child protection services.

Extent of enforcement / implementation of the relevant laws and programmes in the WHO report

Below is a summary table showing the relevant items studied by the WHO report, and, for each, the % of the world's population which are covered by various laws and programmes. The accompanying spreadsheet has the underlying data¹⁰. The definitions, where we have them, are in the appendix.

1. Laws: Existence and extent of enforcement

Proportion of the world's population in each situation (e.g., 8% of the world's population live in a country where there is no ban on corporal punishment, according to the WHO 2014 report). These laws all relate to prevention. The numbering is Giving Evidence's system and can be ignored.

Colour code:

= the majority

= results that seem interesting / important

Figure 5: Proportion of the Global Population Covered by Various Laws Against Violence

	2	3	9	10	11
	Corporal punishment	Statutory rape	Rape	'Contact sexual violence without rape'	'Non-contact sexual violence'
Existence of ban					
No	8%	1%	0%	4%	8%
Subnational	7%	0%	0%	0%	0%
Yes	83%	99%	99%	95%	91%
Blank / don't know	3%	0%	0%	1%	1%
Extent of enforcement of the ban (where there is one)					
Full	65%	81%	71%	71%	73%
Limited	20%	14%	8%	9%	12%
Not enforced	0%	*	0%	0%	1%
Partial	14%	5%	21%	20%	14%
No data	0%	0%	0%	0%	0%
Does the ban (where there is one) cover all settings?					
No	58%				
Yes	42%				

Notes:

Some columns do not add to 100% due to rounding errors.

Some of the 0% figures are non-zero, e.g., for statutory rape, the sub-national figure, shown as 0%, includes Australia.

* This field was not reported for this item.

Statutory rape (in some jurisdictions) means sex with a minor.

¹⁰ The spreadsheet also explains some details of the data. For instance, on the ban on corporal punishment, there is no answer given for Brazil (209m people). So we removed Brazil from the calculation of the world's population: the data on population in that field are the proportion of people covered by a ban, of those countries for which the WHO report says whether there is a ban.

2. Programmes: Extent of provision

Proportion of the world's population in each situation (e.g., 46% of the world's population live in a country where 'training to recognise / avoid sexually abuse situations' is delivered on a wide scale, according to the WHO 2014 report).

The programmes are sorted according to the proportion of the world's population which lives where each programme is implemented at 'larger scale'.

Figure 6: Proportion of the global population covered by various programmes against violence

Data organised by programme type:

		Larger scale	Limited	None	Don't know
1	'Training to recognise / avoid sexually abuse situations'	46%	50%	5%	0%
4	Programmes against youth violence: mentoring	59%	26%	15%	0%
5	Programmes against youth violence: Life skills and social development training	71%	25%	4%	0%
6	Programmes against youth violence: School anti-bullying (our EGM did not look at bullying explicitly)	77%	16%	7%	0%
Programmes against IPV and sexual violence					
7a	Programmes against IPV: Dating violence prevention in schools	15%	65%	17%	2%
7b	Programmes against IPV: Social and cultural norms change	73%	26%	1%	0%
8a	Programmes against sexual violence (child and adult): 'School and college populations'	64%	27%	7%	2%
8b	Programmes against sexual violence: Physical environment changes	64%	30%	6%	0%
8c	Programmes against sexual violence: Social and cultural norms change	80%	18%	2%	0%
Health programmes:					
12b	Identification and referral for victims of child maltreatment by health care providers	58%	37%	5%	1%
12c	Identification and referral for victims of intimate partner and sexual violence by health care providers	53%	42%	5%	0%
12d	Medico-legal services for sexual violence	62%	37%	1%	0%
12e	Child protection services.	62%	37%	1%	0%
Semi-relevant programmes:					
12a	Programmes on: 'Prenatal screening for child maltreatment and intimate partner risk'	26%	31%	38%	5%
13	Programmes against youth violence: After-school supervision	59%	13%	25%	2%

Data organised so that programmes which cover most people are listed first. The data here are the same as in Figure 6 above.

Figure 7: Extent of implementation of the programme

		Extent of implementation of the programme			
		Larger scale	Limited	None	Don't know
8c	Programmes against sexual violence: Social and cultural norms change	80%	18%	2%	0%
6	Programmes against youth violence: School anti-bullying (our EGM did not look at bullying explicitly)	77%	16%	7%	0%
7b	Programmes against IPV: Social and cultural norms change	73%	26%	1%	0%
5	Programmes against youth violence: Life skills and social development training	71%	25%	4%	0%
8b	Programmes against sexual violence: Physical environment changes	64%	30%	6%	0%
8a	Programmes against sexual violence (child and adult): 'School and college populations'	64%	27%	7%	2%
12d	Medico-legal services for sexual violence	62%	37%	1%	0%
12e	Child protection services.	62%	37%	1%	0%
13	Programmes against youth violence: After-school supervision	59%	13%	25%	2%
4	Programmes against youth violence: mentoring	59%	26%	15%	0%
12b	Identification and referral, by health care, providers for victims of child maltreatment	58%	37%	5%	1%
12c	Identification and referral, by health care providers, for victims of intimate partner and sexual violence	53%	42%	5%	0%
1	'Training to recognise / avoid sexually abuse situations'	46%	50%	5%	0%
12a	Programmes on: 'Prenatal screening for child maltreatment and intimate partner risk'	26%	31%	38%	5%
7a	Programmes against IPV: Dating violence prevention in schools	15%	65%	17%	2%

What these data show

- Of the laws studied, corporal punishment receives the least focus: laws against it cover fewer people than do laws for sexual violence, and corporal punishment laws are least enforced.
- Statutory rape is the law most enforced: the others seem rather weakly enforced.
- Of the programmes studied, there doesn't seem to be much pattern in their extent.
- The programme most studied in the EGM – training to recognise / avoid sexually abuse situations – is one of the least common programmes studied by the WHO report: less than half the world's population is in countries where such programmes are run on a large scale, and half are countries where they are run only a limited scale.

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Appendix 1: There is very little relevant data on activity in child protection

Most of the sources examined have nothing relevant. Appendices 8 and 9 show the sources, websites, documents and repositories examined, which all appear to have no relevant material, and notes what they do contain. (To point out the obvious, it is of course possible that a site or document does have relevant material but that we missed it.) Most of the documents have data about prevalence, reporting rates, studies of effectiveness of various types of intervention, studies of attitudes, recommendations of 'practical actions' or policies that organisations / nations / governments can take.

The DAC / OECD data about aid spending, for example, has categories which are too few and hence too large to be useful for our purpose here. 'Government and civil society' is a category with no further division; health only has one subdivision, which is 'basic health'. Activity on preventing or responding to violence could be under 'government and civil society' or health, possibly education, or 'other social infrastructure': it is totally unclear.

There is a UN "toolkit on mapping legal, health and social services responses to child maltreatment". Sadly, this is 'just' a toolkit, though it sounds like the surveys it is trying to inform would produce the kind of data that we need: it is about how to conduct surveys of such as those focused on community and government organisations involved with children. Its reference list has masses of prevalence studies, but nothing about the volume / location of response or other activities. It was published in 2014. Its author told us that, to his knowledge, it has not been used to create datasets of responses.

As one might expect, there is more data about health than anything else. For example, the Service Provision Assessment (SPA) survey is part of the Demographic and Health Surveys (DHS) funded by USAID in many countries. They are about health. The SPA provides a "comprehensive overview of a country's health service delivery". The country reports include information on the overall availability of various facility-based health services in a country and their readiness to provide those services. It's medical, so includes, for example, availability of basic surgery, contraceptives, vaccines, medicines, HIV testing services. It doesn't have anything about prevention of abuse / violence, encouraging disclosure, or legal responses. For example, the most recent Bangladesh report (2014: 276 pages) has zero uses of the words 'abuse' or 'violence'.

The SPA is available for only nine countries in the last 10 years.

There are data from ISPCAN (the International Society for the Prevention of Child Abuse and Neglect) about the legal position on child maltreatment (CM) in various countries: e.g., whether there are national laws, when they were introduced, and whether reporting is mandatory. This is not useful for our purposes here but is included because it might be useful elsewhere. An excerpt of its report is in Appendix 3.

Appendix 2: WHO Report: Definitions of some programmes

These definitions are from a narrative section in the report and the Glossaryⁱⁱ. Note that the definitions given in those two places sometimes differ. It is not always obvious how either of them maps to the data in the spreadsheet which WHO provided, but we have tried. The items are numbered here according to the numbering system used for manipulating the spreadsheet data (and which therefore appears in this document): we have matched them as best we can.

1. Child maltreatment prevention

Glossary definition: Child maltreatment is the abuse and neglect of children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Prevention covers:

- Programmes, e.g., home visiting, parenting education and parent-child support programmes; and
- Laws, e.g., against corporal punishment and child marriage (the former is Item 2 in the spreadsheet)

2. Training to recognise / avoid sexually abuse situations

Glossary definition: Child sexual abuse prevention programmes teach children about body ownership, the difference between good and bad touch, how to say “no” and how to disclose abuse to a trusted adult. They can increase children's knowledge of what to do if they encounter a potentially abusive situation.

3. Programmes against youth violence:

a. Youth violence prevention

Programmes (e.g., life skills training and mentoring programmes, bullying prevention, after-school supervision, pre-school enrichment) and laws (e.g., against weapons on school premises, prohibiting gang membership); The report defines youth violence as “violence involving people between the ages of 10–29 years”.

b. Mentoring

Mentoring programmes match a young person at high risk of antisocial behaviour or growing up in a single-parent family with a caring older person from outside the family. Mentoring can reduce illicit drug initiation, truancy and other risk factors for youth violence. (*Definition from the document text.*)

Glossary definition: Mentoring programmes assume that a warm and supportive relationship with a positive adult role model can help to protect children and adolescents against involvement in youth violence. Mentoring programmes typically match a young person – particularly one at high risk of antisocial behaviour or growing up in a single-parent family – with a caring older person from outside the family. Mentors may be older classmates, teachers, counsellors, police officers or other members of the community.

4. Life skills training

Life skills training programmes are designed to help older children and adolescents manage anger, resolve conflict and develop the necessary social skills to solve problems. Life skills training programmes can reduce adolescent violence by up to 29%. (*Definition from the document text.*)

Glossary definition: Social development / life skills training programmes are designed to help children and adolescents manage anger, resolve conflict and develop the necessary social skills to solve interpersonal problems without violence, and are usually implemented in school settings.

5. School anti-bullying

Bullying prevention programmes can involve anger management, social skills and assertiveness training for children involved in bullying; teaching peers active listening and problem solving skills to help those involved; and whole-school approaches such as developing an anti-bullying policy.

6. Intimate partner violence prevention

Glossary definition: Intimate partner violence is behaviour within an intimate relationship that causes physical, sexual or psychological harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Action to prevent it includes:

- Programmes e.g., school-based dating violence prevention programmes and programmes to change social and cultural norms that are supportive of violence; and
- laws (e.g., against rape in marriage, allowing for the removal of a violent spouse from the home).

7a. Dating violence prevention programmes in schools aim to develop healthy relationship skills and reduce attitudes that are accepting of violence.

Glossary definition: School-based dating violence prevention programmes typically aim to reach students aged 14–15 years, are often integrated into existing health and physical educational curricula and taught in sex-segregated classes. They have an underlying theme of healthy, non-violent relationship skills, and frequently involve using graduated practice with peers to develop positive strategies for dealing with pressures and the resolution of conflict without abuse or violence

7b. Social and cultural norm-change strategies aim to modify social expectations, such as the norm that men have the right to control women, which make women vulnerable to physical, emotional and sexual violence by men. Rigorous evaluations of social and cultural norm-change strategies are still needed to assess their impact; however, they remain an important strategy to inform and create cultural shifts in what is acceptable and unacceptable behaviour and in promoting norms supportive of healthy, nonviolent, and gender equitable relationships. (*Glossary definition.*)

8. Sexual violence prevention

Glossary definition: Sexual violence is:

- any sexual act or attempt to obtain a sexual act; or
- unwanted sexual comments or advances or acts to traffic that are directed against a person's sexuality using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home and at work. Three types of sexual violence are commonly distinguished:
- sexual violence involving intercourse (i.e., rape),
- contact sexual violence (for example, unwanted touching, but excluding intercourse), and
- non-contact sexual violence (for example, threatened sexual violence, exhibitionism and verbal sexual harassment).

Action to prevent it includes:

- programmes e.g., programmes for school and college populations and programmes to improve the physical environment, for instance by improving street lighting in public spaces and providing special carriages on trains (item 8b in the spreadsheet); and
- laws (e.g., against rape (item 3 in spreadsheet for statutory rape - in common law jurisdictions, nonforcible sexual activity in which one of the individuals is below the age of consent and item 9 in spreadsheet for rape in general), against contact (item 10 in spreadsheet) and non-contact sexual violence (item 11 in spreadsheet)).

8a. School- and college-based programmes are designed to raise awareness, address gender norms, bystander behaviours, and knowledge and attitudes about rape and sexual assault. Few programmes have been rigorously evaluated, suggesting a critical gap to fill. {The EGM has at least one bystander programme that has been evaluated.}

Glossary definition: Sexual violence prevention programmes for school and college populations involve college/university, high school and middle school populations, and usually include educational and awareness-raising exercises that focus on challenging rape myths; providing information on acquaintance and date rape; reviewing statistics on rape, and coaching in risk reduction and protective prevention skills.

8b. Physical environment changes include improving formal and informal surveillance, better lighting of public areas and interventions to encourage the use of public spaces. While promising, more research is needed to evaluate their specific effects on sexual violence.

Glossary definition: Physical environment improvement involves efforts to reduce the likelihood of sexual assault by, for instance, improving the safety of trains or buses through the provision of special seating areas and/or compartments for women and girls, and ensuring that streets and parking areas have adequate street lighting.

8c. Social and cultural norm-change aim to modify norms of male sexual entitlement, and can reduce attitudes and beliefs that are supportive of sexual violence

9. Health services for victims of violence (e.g., mental health services for victims of violence, child protection services (12e in the spreadsheet), adult protective services, medico-legal services for victims of sexual violence (12d in spreadsheet), and identification, referral and support for victims of child maltreatment (12b in the spreadsheet is identification and referral for victims of child maltreatment by health care providers) and violence against women (12c in the spreadsheet is identification and referral for victims of intimate partner and sexual violence by health care providers)).

(Note that there is not exact match in the glossary for item 12a: prenatal screening for child maltreatment and intimate partner risk)

12d. Medico-legal services, e.g., requiring that the state compensate victims of violence for their suffering.

Glossary definition: Medico-legal services for sexual violence victims provide immediate medical and psychosocial care and legal advice for victims, and collect medical and legal evidence to corroborate victim accounts and help identify perpetrators.

12e. Child protection services

Glossary definition: investigate cases of child maltreatment and identify, assess, and provide services to children and families in an effort to protect children and prevent further maltreatment, while wherever possible preserving the family. Such services are also sometimes known by other names, often attempting to reflect more family-centred (as opposed to child-centred) practices, such as “children and family services”, “child welfare services” or even “social services”

13. Programmes against youth violence: after-school supervision.

Glossary definition: extend adult supervision and aim to improve children’s academic achievement and school involvement by supporting their studies and offering recreational activities outside normal school hours.

Appendix 3: Legal position by country

ISPCAN (the International Society for the Prevention of Child Abuse and Neglect) has a reportⁱⁱⁱ which, among other things, catalogues the legal position on child maltreatment (CM) laws. This is not useful for our purposes here but is included because it might be useful. An excerpt is shown below.

Figure 8: Excerpt from the International Society for the Prevention of Child Abuse and Neglect report

	National Law ¹	Year Law Established ²	Government Agency ³	Official Count ⁴	Exclusions ⁵	Mandated Reporting ⁶	Year Mandate Established ⁷	Child Death Review ⁸	Legislative Backing ⁹
AFRICA									
Algeria	✓	1980-1989	✓	✓	✗	✓	After 2005	✓	✓
Burundi	✓	After 2000	✓	✓	✗	✓	After 2005	✗	
Ghana	✓	1990-2000	✓	✓	✓	✓	1990-2000	✗	
Kenya	✓	After 2000	✓			✓	2001-2005	✓	
Liberia	✓	After 2000	✓	✓	✗	✗		✗	
Mozambique	✓	After 2000	✓	✓	✗	✓	After 2005	✓	✓
Nigeria	✓	After 2000	✓	✓		✓	2001-2005	✓	✓
Rwanda	✓	After 2000	✓	✓	✗	✓	After 2005	✓	✓
Sierra Leone	✓	After 2000	✓	✓	✗	✓	After 2005	✗	
South Africa	✓	1990-2000	✓	✓	✓	✓	Before 1990	✓	✗
Togo	✓	After 2000	✓	✓		✓	2001-2005	✗	
Uganda	✓	1990-2000	✓	✓	✗	✗		✗	
Zambia	✓	After 2000	✓	✓	✗	✓	2001-2005	✗	
Zimbabwe	✓	After 2000	✓	✓	✗	✓	2001-2005	✗	
ASIA									
Bangladesh	✗		✗	✗	✓	✗		✗	
Hong Kong	✓	1990-2000	✓	✓	✗	✗		✓	✓
India	✓	After 2000	✓	✗		✓	After 2005	✓	✓
Indonesia				✓	✗	✓	2001-2005		

Appendix 4: Example relevant excerpts from WHO report

1. Extent of coverage across countries

For some aspects of interest, the report already gives the proportion of *countries* which have programmes. This table shows the proportion of countries which run programmes of various types on a large scale. (These are some of the data which we converted into proportions of populations, shown in Figures 5 and 6 above.)

Figure 9: Proportion of countries implementing programmes on larger scale

Table 5: Proportion of countries implementing different types of programmes on a larger scale, by type of programme and WHO region (n = 133 reporting countries)

	African Region	Region of the Americas	Eastern Mediterranean Region	European Region	South-East Asia Region	Western Pacific Region	All
Child maltreatment							
Home visiting	7%	52%	31%	51%	13%	30%	35%
Parenting education	11%	57%	44%	46%	13%	40%	38%
Child sexual abuse prevention	44%	62%	31%	29%	0%	35%	37%
Youth violence							
Pre-school enrichment	22%	67%	31%	54%	13%	15%	38%
Life skills/social development programmes	33%	71%	56%	63%	38%	30%	51%
Bullying prevention	30%	52%	69%	59%	25%	35%	47%
Mentoring	15%	29%	44%	27%	13%	10%	23%
After-school programmes	7%	43%	31%	59%	25%	20%	35%
Intimate partner violence							
Dating violence prevention programmes	22%	38%	0%	27%	13%	15%	22%
Microfinance with gender equity training	19%	33%	25%	12%	0%	35%	21%
Social and cultural norm-change programmes	41%	67%	56%	48%	25%	50%	49%
Sexual violence							
Prevention programmes for school and college populations	30%	52%	38%	37%	25%	25%	35%
Improving physical environments	15%	24%	50%	29%	25%	40%	29%
Social and cultural norm-change programmes	56%	62%	56%	42%	38%	50%	50%

2. Proportion of countries which have national plans against violence

The report shows the number and proportion of countries which have national plans for addressing violence (of all forms):

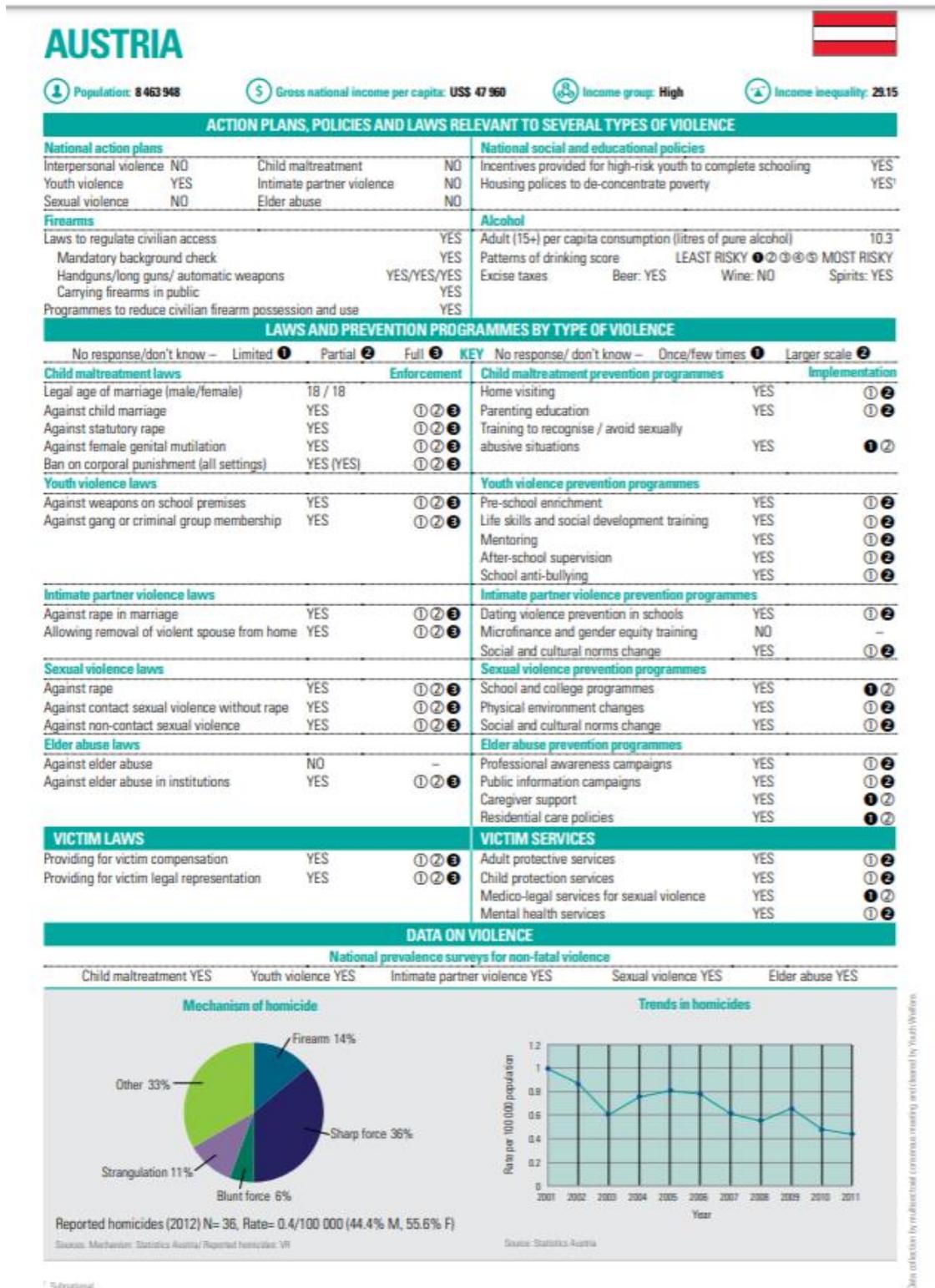
Figure 10: National action plans by type of violence and WHO Region

Table 4: National action plans by type of violence and WHO region (n = 133 reporting countries)

Type of violence	African region	Region of the Americas	Eastern Mediterranean Region	European Region	South-East Asia Region	Western Pacific Region	All countries
Armed violence	41%	62%	44%	32%	50%	25%	40%
Gang violence	30%	62%	44%	33%	38%	25%	37%
Youth violence	41%	71%	44%	63%	38%	45%	53%
Child maltreatment	56%	91%	69%	78%	88%	55%	71%
Intimate partner violence	63%	86%	44%	78%	75%	55%	68%
Sexual violence	70%	86%	38%	63%	75%	60%	65%
Elder abuse	33%	52%	50%	39%	50%	35%	41%
Plan covering all types	41%	76%	50%	46%	50%	50%	51%

3. Example one-page summary for a country: Austria

Figure 11: One-page summary: Austria



4. Two-page global summary for child maltreatment

Figure 12: Two-page summary example

At a glance

CHILD MALTREATMENT

Millions of children suffer abuse and neglect at the hands of their parents and other caregivers.

Child maltreatment is the abuse and neglect of children under 18 years of age. It includes all types of physical and/or emotional maltreatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Key facts:

- Nearly one in four adults reports having been physically abused as a child; 36% say they were emotionally abused as a child.
- 20% of women and 5–10% of men report having been sexually abused as children.
- Maltreatment can cause changes in the brain that increase the risk of behavioural, physical and mental health problems in adulthood.
- Being a victim of child maltreatment can increase the risk that a person will become a victim and/or perpetrator of other forms of violence in adolescence and adulthood.

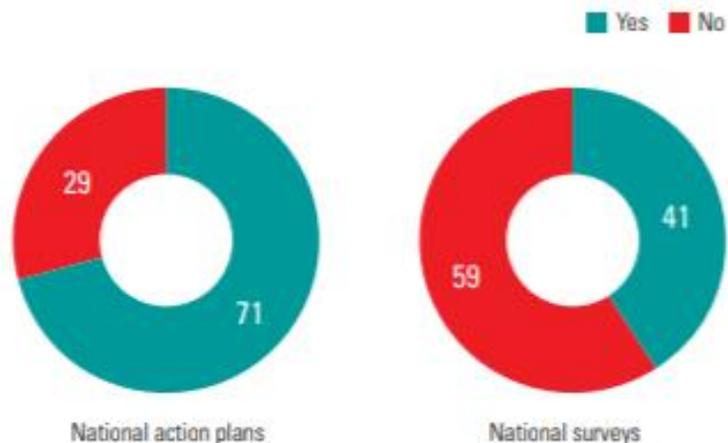
Findings from the survey

The majority of countries report having adopted national action plans to address child maltreatment. Many countries report that prevention programmes for child maltreatment are being implemented. However, only a minority of countries report implementing these measures at scale.

Prevention approaches

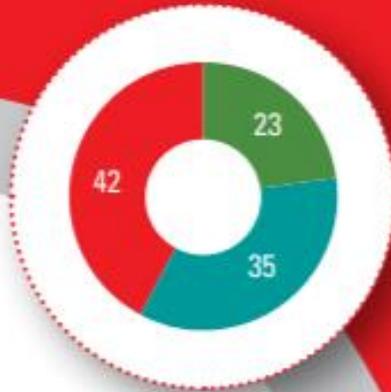
There are a number of evidence-based programmes designed to help strengthen early relationships and interactions between children and their caregivers, promote healthy development and prevent child maltreatment.

Proportion of countries with national action plans and surveys



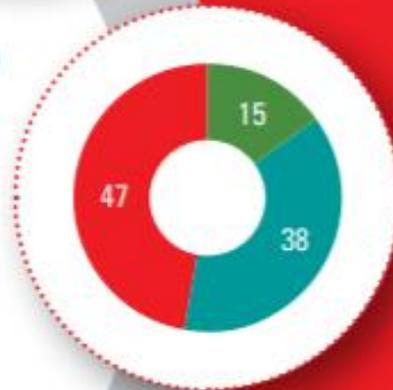
Proportion of countries that reported implementing a particular strategy

- **None**
(not implemented at all)
- **Limited**
(implemented once or a few times)
- **Larger scale**
(e.g. across many schools or communities or has reached 30% or more of the target population)



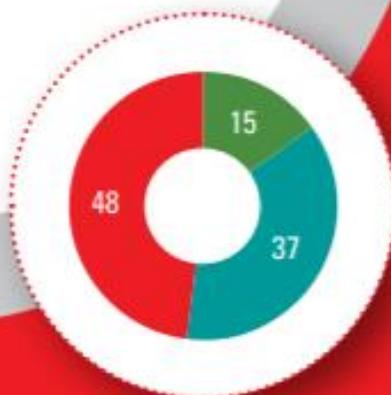
Home visiting

Home visiting programmes involve visits by nurses to parents and infants in their homes to provide support, education, and information. Some home visiting programmes can substantially reduce child maltreatment and associated outcomes such as injuries.



Parenting education

Parenting education programmes aim to improve child-rearing skills, increase knowledge of child development and encourage positive child management strategies. Parenting education programmes show great promise in preventing child maltreatment and promoting positive parenting and child behaviour.



Child sexual abuse avoidance training

Child sexual abuse prevention programmes teach children about body ownership, the difference between good and bad touch, how to say "no" and how to disclose abuse to a trusted adult. They can increase children's knowledge of what to do if they encounter a potentially abusive situation.

ⁱ <https://data.worldbank.org/indicator/sp.pop.totl> [accessed 11 May 2020]

ⁱⁱ Global status report on violence prevention 2014, p94 onwards.

ⁱⁱⁱ https://www.ispcan.org/wp-content/uploads/2018/10/World-Perspectives-on-Child-Abuse-2018_13th-Edition_Interactive.pdf

Appendix 5: Extract from WHO Report: Data table on child maltreatment

This extract covers only some of the programmes and laws included in the report: the ones to prevent child maltreatment. They are: home visiting; parenting education; training to recognise / avoid sexually abusive situations. Then laws against child maltreatment: ban on corporal punishment; laws against statutory rape; laws against child marriage; laws against female genital mutilation.

Figure 13: Child maltreatment prevention programmes

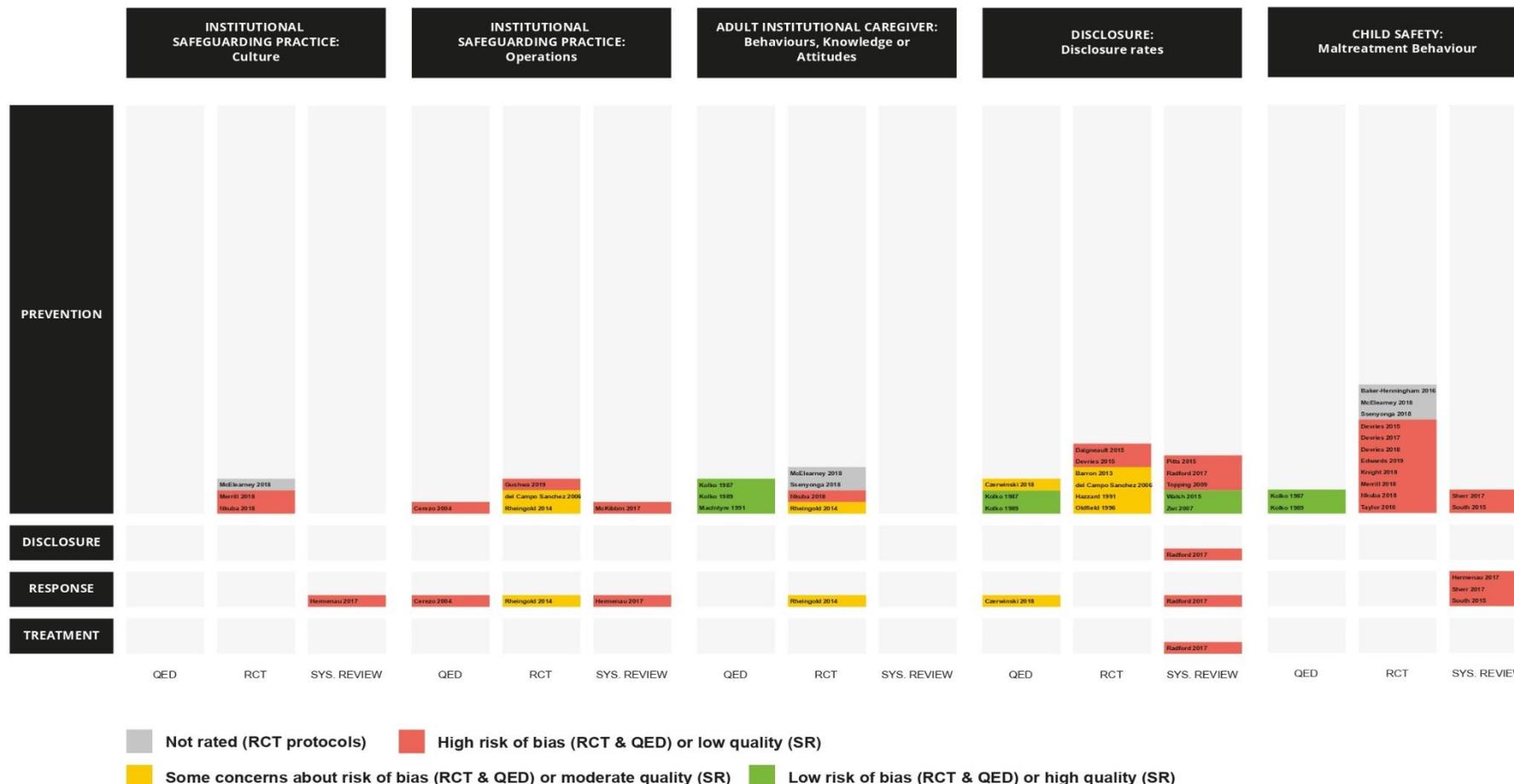
Table A6: Child maltreatment prevention programmes and laws

Country/area	PROGRAMMES TO PREVENT CHILD MALTREATMENT			LAWS AGAINST CHILD MALTREATMENT									
	Home visiting	Parenting education	Training to recognise/avoid sexually abusive situations	Ban on corporal punishment			Age limit statutory rape		Age limit child marriage		Against female genital mutilation		
				Existence	Enforced	Covers all settings	Enforced	Enforced	Existence	Enforced	Existence	Enforced	
Afghanistan	None	Don't know	None	Subnational	Limited	No	Yes	Partial	Yes	Limited	Yes	Limited	
Albania	Limited	Limited	Limited	Yes	Full	Yes	Yes	Full	Yes	Partial	No		
Algeria	Limited	Limited	Limited	Yes	Full	No	Yes	Full	Yes	Full	No		
Armenia	Limited	Limited	Limited	Yes	Limited	Yes	Yes	Partial	Yes	Full	Yes	Full	
Australia	Larger scale	Larger scale	Larger scale	Subnational	Limited	No	Subnational	Limited	Yes	Full	Subnational	Limited	
Austria	Larger scale	Larger scale	Limited	Yes	Full	Yes	Yes	Full	Yes	Full	Yes	Full	
Azerbaijan	None	None	None	Yes	Partial	No	Yes	Partial	Yes	Partial	No		
Bahrain	Larger scale	Larger scale	Larger scale	Yes	Partial	No	Yes	Full	Yes	Partial	No		
Bangladesh	Limited	Limited	Limited	Yes	Limited	No	Yes	Full	Yes	Limited	No	Not enforced	
Belarus	Larger scale	Larger scale	Larger scale	Yes	Full	Yes	Yes	Full	Yes	Full	Yes	Full	
Belgium	Larger scale	Limited	Larger scale	Subnational	Partial	No	Yes	Full	Yes	Full	Yes	Full	
Belize	Larger scale	Limited	Larger scale	Yes	Partial	No	Yes	Limited	Yes	Partial	No		
Benin	Limited	Limited	Larger scale	Yes	Full	Yes	Yes	Full	Yes	Full	Yes		
Bhutan	None	Limited	Limited	Yes	Partial	Yes	Yes	Full	Yes	Full	No		
Bolivia (Plurinational State of)	Limited	Limited	Limited	Yes	Limited	Yes	Yes	Limited	No	Full	No		
Botswana	None	None	None	No			Yes	Full	Yes	Full	Yes	Partial	
Brazil	Larger scale	None	Limited			No	Yes	Full	Yes	Full	Yes	Full	
Brunei Darussalam	None	None	None	No			Yes		No		No		
Bulgaria	Larger scale	Larger scale	Limited	Yes	Limited	Yes	Yes	Full	Yes	Partial	No		
Burkina Faso	None	Larger scale	Limited	Yes	Full	Yes	Yes	Full	Yes	Full	Yes	Full	
Burundi	None	None	None	Yes	Full	No	Yes	Full	Yes	Full	Yes	Full	
Cambodia	None	Limited	Larger scale	Yes	Not enforced	No	Yes	Partial	Yes	Partial	Yes	Limited	
Cameroon	Limited	Limited	Limited	Yes	Full	No	Yes	Full	Yes	Full	No		
Canada	Larger scale	Larger scale	Larger scale	Subnational	Full	No	Yes	Full	Subnational	Full	Yes	Full	
China	Limited	Larger scale	Larger scale	Yes	Full	Yes	Yes	Full	Yes	Full	No		
Colombia	None	Larger scale	Larger scale	Yes	Limited	Yes	No		No		No		
Cook Islands	Larger scale	Larger scale	Larger scale	No	Not enforced		Yes	Partial	No		No		
Costa Rica	None	Larger scale	Larger scale	Yes	Limited	Yes	Yes	Limited	Yes	Full	No		
Croatia	Larger scale	Larger scale	Larger scale	Yes	Partial	Yes	Yes	Full	Yes	Partial	Yes	Full	
Cuba	Larger scale	Larger scale	Larger scale	Yes	Full	Yes	Yes	Full	Yes	Full	Yes	Full	
Cyprus	None	Limited	Limited	Yes	Full	Yes	Yes	Full	Yes	Full	Yes	Full	
Czech Republic	Larger scale	Larger scale	Larger scale	Yes	Limited	No	Yes	Full	Yes	Full	Yes	Full	

Appendix 6: The Child Protection Evidence and Gap Map: visual version

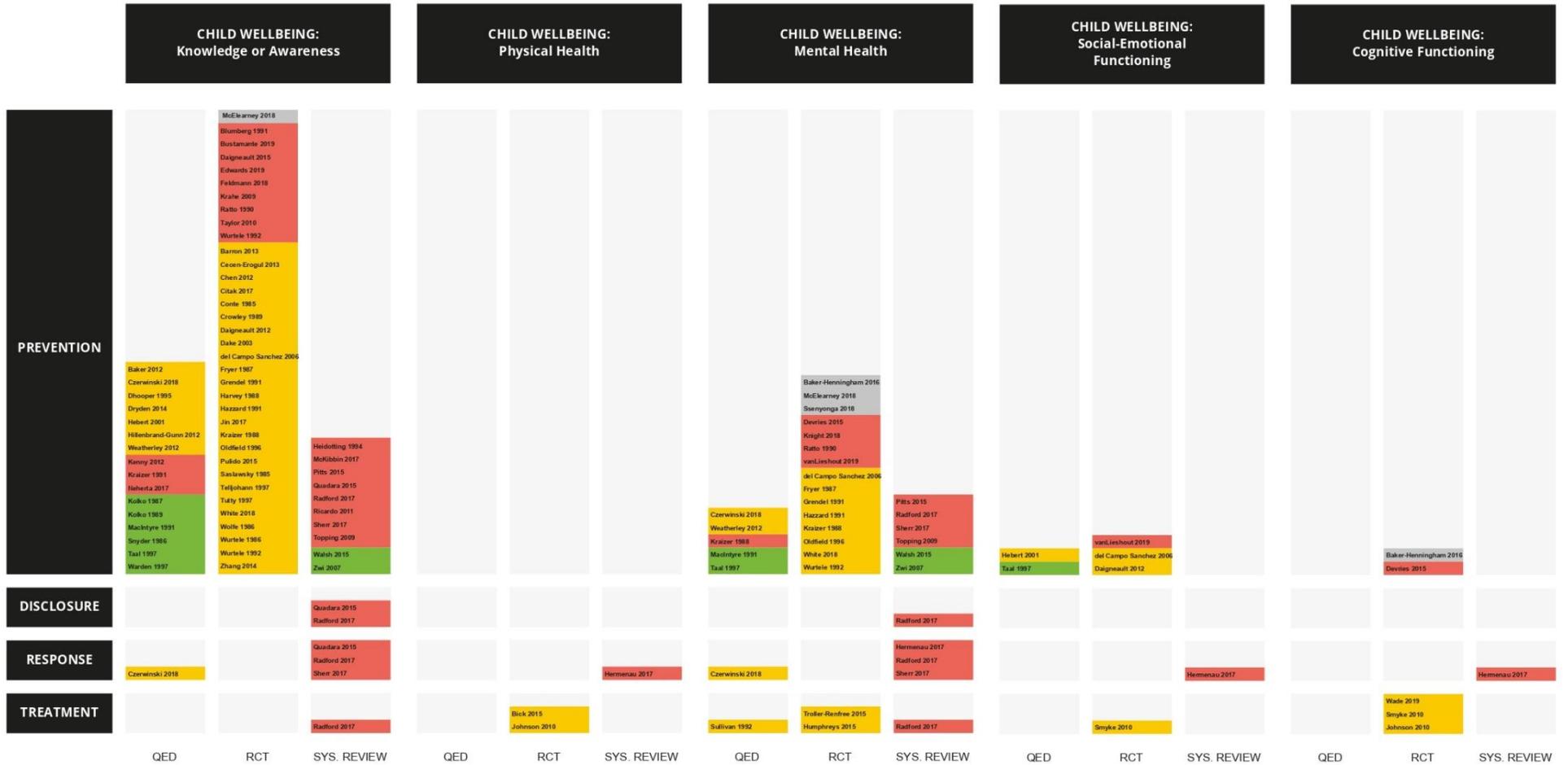
This EGM shows the studies which fit our criteria, and where the interventions and outcomes that they examine, i.e., it shows where there is evidence and where there isn't.

Evidence gap map of institutional responses to child maltreatment (Part 1 of 3)



NOTE: We also look for studies which looked for the following outcomes: institutional safeguarding practice (environment); adult perpetrator or offender (recidivism); child perpetrator or offender (desistance); child perpetrator or offender (recidivism); and parent caregiver (knowledge or awareness). We did not find any. Those outcomes would have been shown as columns on this map, and they would have been empty. In the interests of making this map readable, we have removed those columns from this graphic.

(2 of 3)



(3 of 3)

	ADULT PERPETRATOR OR OFFENDER: Desistance			ADULT PERPETRATOR OR OFFENDER: Maltreatment Behaviour			CHILD PERPETRATOR OR OFFENDER: Maltreatment Behaviour			PARENT CAREGIVER: Knowledge or Awareness		
PREVENTION												
DISCLOSURE												
RESPONSE												
TREATMENT												
	QED	RCT	SYS. REVIEW	QED	RCT	SYS. REVIEW	QED	RCT	SYS. REVIEW	QED	RCT	SYS. REVIEW

Baker-Henningham 2016

Edwards 2019

Taylor 2010

Kalko 1987
MacIntyre 1991

McElearney 2018
Merrill 2018
Wurtele 1992

Appendix 7: Method for identifying relevant data for this report

First, we asked various relevant experts. They are listed below, and all said that there is not much data on activity. This document is marked as 'private and confidential' to respect their privacy. They all suggested various documents and sources, all of which we reviewed.

- The Sexual Violence Research Initiative
- The Data, Evidence and Learning team at the Global Partnership to End Violence Against Children. They kindly put out a request to their network, which yielded some responses.
- UNICEF's Office of Research-Innocenti
- The Investors Forum working in violence against children.

Second, we looked at some 'obvious sources' such as the data published with the SDGs (in particular SDG 16.2, which is the one most relevant), the Demographic and Health Surveys (DHS), and the OECD's data about aid spending.

Third, we researched through some internet searches.

Fourth, we 'followed the trail'. For example, through internet searches we found UN "Toolkit on mapping legal, health and social services responses to child maltreatment". That sounded relevant, so we contacted its author to see whether it had been used (answer: apparently not), who made some other suggestions.

Some people whom we contacted did not reply. The Covid19 pandemic struck during our work, so some non-response is understandable.

This work was undertaken during January-May 2020.

Appendix 8: Sources examined which did not have relevant information

Reference links are in Appendix 9.

Name of report / site	Contents
1 DHS data (Demographic and Health Surveys)	Country-level data, funded by USAID in many LMICs, mainly about prevalence: indicators in the areas of population, health, and nutrition. Includes modules on malaria and HIV-AIDS.
Service Provision Assessment (SPA) survey - part of DHS	<p>The Service Provision Assessment (SPA) survey is a health facility assessment that provides a comprehensive overview of a country's health service delivery. They include information on the overall availability of different facility-based health services in a country and their readiness to provide those services.</p> <p>It's medical, so includes, for example, availability of basic surgery, contraceptives, vaccines, medicines, HIV testing services. Won't have anything about prevention of abuse/ v violence, encouraging disclosure, legal responses.</p> <p>For example, the most recent Bangladesh report (2014: 276 pages) has zero uses of the words 'abuse' or 'violence'.</p> <p>Available for only nine countries in the last 10 years (https://dhsprogram.com/What-We-Do/survey-search.cfm?pgtype=main&SrvyTp=type) -</p>
2 Pop Council's, Girl Centre Data Hub	The Demographic and Health Surveys program has conducted over 300 surveys in over 90 countries to produce nationally-representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. They cover child health and domestic violence but not abuse . Reports are published on health service provision, but do not cover abuse-related services .
3 National (US) Data Archive on Child Abuse and Neglect	<p>The NDACAN is a US archive of data, created for the purpose of tracking the volume and nature of child maltreatment reporting each year within the US. It promotes secondary analysis of child abuse and neglect data by providing researchers with high quality datasets, documentation and technical support, and encourages collaboration within the scientific community. It is based at Cornell University and receives US Government funding. It publishes some data relating to activity, such as the operation of programmes to improve child welfare by tackling substance abuse, or to prevent childhood malnutrition, but its main focus is US data. The 'agency file' data has 'all investigated reports of maltreatment to State child protective service agencies'.</p> <p>https://www.ndacan.acf.hhs.gov/datasets/dataset-details.cfm?ID=234</p>

4 CDC Violence against Children Surveys: Country Reports	Links to a series of country reports on the togetherforgirls website which cover the prevalence and nature of childhood violence, emotional violence and sexual abuse (incl first sexual experience, intimate partner violence, risky sexual behaviours & sometimes 'service-seeking behaviours'), their consequences, and associated social attitudes. They are intended to raise awareness of the issues and underpin more effective responses. Some have associated Government action plans, which provide a source on where there could be activity in-country, but in general they are high level, some have no plans, and some are old. Comments on some countries are below.
	We looked at some examples:
	Zambia report, 2018 includes a short section on 'sector specific responses' (p75). It is narrative (no quant data) but does highlight some gaps and needs (e.g., "It will also be necessary to promote comprehensive sexuality education (CSE) in homes, schools, churches"). It calls for stakeholder mapping, to gauge activity, i.e., does not have it. It talks about "low rates of service-seeking among victims of violence" and suggests creating more 'one-stop centers'. - found that teachers 'were the most common perpetrators of physical violence in childhood by any adult' and lists some policies designed to reduce this.
	The 2013 Cambodia report refers to general terms to existing programmes (p45 of https://www.togetherforgirls.org/wp-content/uploads/2017/09/2-VAC_Summary-Cambodia-English-web.pdf) and then makes recommendations on prevention, response, laws and policies, and monitoring and evaluation. Some data on 'service-seeking behaviour' but not on availability of services.
	In December 2017, the Cambodian Government published an action plan that followed the 2013 survey. On page 6 this refers to the team of consultants at CORAM Children's Legal Centre who facilitated the literature reviews and research, secondary data analysis and the theory of change on Violence Against Children in Cambodia, which is the basis of the Action Plan. On p17 this refers to a ToC on Violence Against Children in Cambodia was developed to support the Action Plan strategy based on a systematic review of relevant literature. The plan then sets out a large number of actions - some (Gov't governance) are not possible to match to the gap map. Some (information campaigns) match to more than one area - such as parent and caregiver knowledge and awareness. Doesn't look like a map of services.
	The 2007 Esatwini (former Swaziland) report prevalence of sexual activity, violence etc. and (briefly) knowledge of existence of services. It makes some high-level recommendations, including the development of a more specific plan. There are some specific actions listed at https://www.togetherforgirls.org/eswatini/ but nothing as systematic as the Cambodian approach. No activity data.

		Haiti survey (2014): prevalence of various types of abuse / violence, sexual activity, & service-seeking behaviour. No action plan.
		Lao survey (2018): prevalence of various types of abuse / violence, sexual activity, attitudes to various types of violence (e.g., spousal), disclosure behaviour & service-seeking behaviour. No action plan.
		Kenya (data from 2010 - so presumably now well out of date): prevalence of various types of abuse/ violence, sexual activity, attitudes to various types of violence (e.g., spousal), disclosure behaviour & service-seeking behaviour. No action plan.
5	UN Multi-Country Study on Men and Violence	This maintains access to the data from a 2013 study on men and violence in Asia and the Pacific, and factors associated with it. It gives some recommendations on potential programmes in response, but not matched to specific activity. The site also links to a set of further studies that seek to use the data to draw on factors linked to male violence.
6	The International Men and Gender Equality survey (IMAGES)	A household study of attitudes and practices linked to gender equality. It includes some information on public policy to promote gender equality (https://promundoglobal.org/resources/what-men-have-to-do-with-it-public-policies-to-promote-gender-equality/) which includes some country case studies. Some of those might provide useful pointers to in-country activity, but the emphasis is on engagement of men in tackling various challenges. There is a set of country-specific reports, which mainly present the survey results. Some (e.g., Azerbaijan, Brazil, DRC) also include recommendations for action - but not comments on progress on those or activity by others).
7	The Campbell / UNICEF Innocenti EGM on Violence Against Children in LMICs	Forthcoming. This looks at effectiveness of interventions. It therefore will not have data about activity.
8	WHO database of effectiveness studies about violence (prevention & response)	Repository of effectiveness studies. (Nice graphic). Covers prevention & response. Sexual violence, elder abuse, VAC, VAW, IPV, youth violence. No data on activity.
9	WHO Global Plan (2016)	Has report about child maltreatment. There was a 2016 "Global plan of action on strengthening the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children". That includes "Regularly publishing global status reports on country efforts to address violence against children".
		Global plan "offers a set of practical actions that Member States may take to strengthen health system and intersectoral actions to prevent and respond to interpersonal violence" - no data on activity.

10	OECD data	Does not have violence / abuse as one of its categories(!): it's under 'social and welfare'.
		Has a "Child Well-Being Portal: which gathers data and information from different sources on child well-being outcomes and policies". Has a lot about education, poverty, child labour etc. Couldn't see anything specifically about violence / abuse. Does have some about online abuse. For child outcomes & policies: social.contact@oecd.org
		OECD's database of its work on families has nothing with the word 'abuse' or 'violence' in its title (except IPV)
	DAC (OECD data on aid spend of countries & some foundations)	DAC data: the breakdown is (a) by donor country, not by where it is spent, and (b) the categories are few and hence large, too large to be of use to us here, e.g. 'Government and civil society', health (of which basic health is split out). Violence prevention / response might be under 'Government and civil society' or health, possibly education, or 'other social infrastructure'. There are some data by recipient (e.g., Table 30), but it is just total received by country: nothing about how it is used.
11	Foundation Center data	A pay-to-access dataset, of the Foundation Center data. Probably just giving by US foundations (not clear).
12	Better Care Network: Violence Against Children in All Care Settings: Africa Expert Consultation -Final Report (2017)	Report of a meeting of African experts, who convened to share lessons & learnings about child protection (neglect, abuse and exploitation in all care settings.) Aimed to progress and challenges in implementing the recommendations of the UN Study on Violence Against Children (2006) and of the Guidelines for the Alternative Care of Children (2009).
		Mainly not relevant, but does reference "Kathryn Leslie, Office of the SRSV-VAC: Ms. Leslie provided an overview of the efforts and developments that have taken place over the past several years regarding global and regional efforts to end VAC and promote the UN Guidelines for the Alternative Care of Children and the role of the SRSV. Examples of commitments made towards ending VAC were also cited from Latin America and the Caribbean Regional Consultation. Ms. Leslie's presentation is available here."
		Her presentation cites various national & regional (gov't) plans, e.g.,: - the Association of Southeast Asian Nations (ASEAN) and the Council of Europe (CoE) adopted new regional plans on violence against children aligned with the 2030 Agenda. - League of Arab States (LAS), the South Asia Initiative to End Violence against Children (SAIEVAC) and the High-level Authorities on Human Rights of the Southern Common Market (MERCOSUR),

		AU 2063 + Children's Agenda 2040 {srsrg.violenceagainstchildren.org}
13	WHO: World report on violence and health (2002-!)	"comprehensive review of the problem of violence on a global scale – what it is, whom it affects and what can be done about it." - no data on activity. Has some recommendations about 'what can be done', incl. strengthening data-gathering.
14	ISPCAN (Int'l society for the prevention of child abuse & neglect)	"brings together the range of professionals that work toward the prevention and treatment of child abuse, neglect, and exploitation". Runs a free-to-members journal.
15	The Collaborating Centre for Violence Prevention at Liverpool John Moores University.	Has a database of effectiveness studies:
16	UN TOOLKIT ON MAPPING LEGAL, HEALTH AND SOCIAL SERVICES RESPONSES TO CHILD MALTREATMENT (2014)	Sadly, is 'just' a toolkit on how to conduct surveys of such as community and government organizations involved with children. Its reference list has masses of prevalence studies, but nothing about the volume / location of response or other activity. (Also, definitions, sampling strategies etc.)
		Says that "studies of this kind have not been conducted regularly because knowledge on how to conduct them is still developing." - hence creating the toolkit
		The references cite a few hopeful-looking studies, but I read them and they're not. e.g. :
		A few countries, such as the Netherlands, New Zealand, and the USA, have collected data on how their service agencies are responding to child maltreatment, mainly using two distinct data collection strategies: professional surveys and/or administrative data extraction (5) - ref is Fallon B, Trocmé N, Fluke J, MacLaurin B, Tonmyr L, Yuan Y-Y. Methodological

		<p>challenges in measuring child maltreatment. Child Abuse Negl. 2010; 34(1): 70–9. {https://www.ncbi.nlm.nih.gov/pubmed/20053453}</p> <p>- I read that & it's about prevalence.</p>
		<p>In North America, two cross-sectional professional surveys are conducted on a cyclical basis on the nature and the extent of child maltreatment: in the United States, the National Incidence Study of Child Abuse and Neglect (NIS) and, in Canada, the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) This is about incidence / prevalence.</p>
		<p>Israeli - National Program for Children and Youth at Risk. Survey in 2008. (19) Ref is Szabo-Lael R, Hasin T. At-risk children and youth: results of the identification and mapping conducted by the national program for children and youth at risk. Jerusalem: Myers-JDC-Brookdale Institute; 2011. https://brookdale.jdc.org.il/wp-content/uploads/2018/01/589-11-Children-Youthat-Risk-ENG-CPs.pdf</p>
17	Sexual victimization of children and adolescents in Switzerland (2011)	<p>Not relevant. Aims for:</p> <ul style="list-style-type: none"> - prevalence of sexual victimization among children and adolescents in Switzerland, - characteristics of the victimization, - risk factors for sexual victimization, - patterns of disclosure to others and associations with mental health
18	intervention models to target child maltreatment (e.g. Barnahus)	Barnhaus is a place for examining & debriefing abused children - so important but not relevant
19	overviews for Europe by the Fundamental rights agency	has good overviews of the legal rights (in Europe, obv), but not activity
20	ISPCAN's World Perspectives	has good overviews of the legal rights and situation in various countries, but not activity
21	Stoltenborgh	<u>Maps of prevalence of abuse that were recommended are by Stoltenborgh , e.g., here</u>

Appendix 9: Documents examined for this report

	Reference number from figure above
1	https://dhsprogram.com/data
2	https://dhsprogram.com/data/
3	https://www.ndacan.acf.hhs.gov/index.cfm
4	https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/reports.html
	https://www.togetherforgirls.org/zambia/
	https://www.togetherforgirls.org/wp-content/uploads/2017/09/2-VAC_Summary-Cambodia-English-web.pdf
	https://www.unicef.org/cambodia/reports/action-plan-prevent-and-respond-violence-against-children-2017-2021
	https://www.togetherforgirls.org/wp-content/uploads/2017/10/Violence_study_report-swaziland.pdf
	https://www.togetherforgirls.org/wp-content/uploads/2017/10/Haiti_Final-Report_English.pdf
	https://www.togetherforgirls.org/lao/
	https://www.togetherforgirls.org/wp-content/uploads/2017/09/2010_Kenya_Findings-from-a-Violence-Against-Children-Survey.pdf
5	http://www.svri.org/what-we-do/research-support/un-multi-country-study-men-and-violence

6	https://promundoglobal.org/programs/international-men-and-gender-equality-survey-images
7	Protocol: https://onlinelibrary.wiley.com/doi/full/10.1002/cl2.1040
8	http://apps.who.int/violence-info/studies?area=child-maltreatment&aspect=response&country=EC&group-by=region
9	https://www.who.int/health-topics/violence-against-children#tab=tab_1 Global Plan is here: https://www.who.int/publications-detail/global-plan-of-action-to-strengthen-the-role-of-the-health-system-within-a-national-multisectoral-response-to-address-interpersonal-violence-in-particular-against-women-and-girls-and-against-children
10	Child Well-Being Portal: http://www.oecd.org/social/family/child-well-being/ http://www.oecd.org/social/database.htm https://www.oecd.org/dac/financing-sustainable-development/development-finance-data/
11	https://maps.foundationcenter.org/home.php
12	https://bettercarenetwork.org/sites/default/files/%282%29%20KL%20presentation%20draft%201%20for%20comments%20Nairobi.pdf
13	https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf;jsessionid=F7E3C06B405F2421757C6ACCA410FE5?sequence=1

14	https://www.ispcan.org/
15	http://www.preventviolence.info/About http://www.preventviolence.info/AboutEvidenceBase
16	https://apps.who.int/iris/bitstream/handle/10665/155237/9789241549073_eng.pdf;jsessionid=88F506D1F7E85F181F564302DD4A216B?sequence=1
17	https://www.ubs.com/microsites/optimus-foundation/en/resources/_jcr_content/mainpar/toplevelgrid_1698692/col2/accordionbox/table.0169153770.file/dGFibGVUZXh0PS9jb250ZW50L2RhbS91YnMvbWljcm9zaXRlcy9vcHRpbXVzLWZvdW5kYXRpb24vb3MtZmluYWwtcmVwb3J0LTlwMTETy2gtZW4ucGRm/os-final-report-2011-ch-en.pdf