

**Preventing violence against children and adolescents through cash-plus
parenting programmes in low- and middle-income countries**



*Thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy (DPhil) in
Social Intervention & Policy Evaluation by stand-alone papers*

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To children around the world who need to be seen, heard, and protected.

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As I worked my way through the DPhil, I was guided by an incredible community of academics, friends, and family. I have been under the guidance of my mentor and supervisor, Lucie Cluver, throughout my years in Oxford. Meeting her in South Africa in 2016, I was immediately impressed by her ability to distil simple, clear messages from complex data. Learning from her has moulded my approach to research and how I work to achieve impact. In addition to Lucie, I also began the DPhil journey supervised by David Humphreys and, later, was under the mentorship of Lucas Hertzog. I am grateful for input from all three of them, as their feedback has undoubtedly refined my thinking, analyses, and writing. I am also thankful to my assessors – Amiya Bhatia and Franziska Meinck – for their thorough examination of my thesis and thought-provoking discussion in the viva.

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Although I have had health issues since childhood, I became very ill at the end of the first term of my DPhil, and this illness required medical leave from 2018 until 2022. I am forever grateful and indebted to my medical team who helped make me strong enough to come back and finish the degree. I had spent years wondering if I would ever be healthy enough to be physically independent, let alone have enough capacity to work again. I share the achievements of my research with this incredible team.

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While my student days at Oxford are now over, I will carry my community forward with me as I embark on the next chapter of my life.

LIST OF TABLES.

Table 3.1: Sample characteristics among adolescents and young people aged 13-24 years

Table 3.2: Associations between hypothesised accelerators and outcomes disaggregated by sex

Table 3.3: Estimated prevalences of negative outcomes in the presence of no, one, or all accelerators among females

Table 3.4: Estimated prevalences of negative outcomes in the presence of gender-equitable attitudes among males

Table 4.1: Intervention components & outcomes

Table 4.2: Overview map of findings from meta-analyses & synthesis

Table 5.1: Descriptive statistics of included reviews

Table 5.2: Intervention ratings by INSPIRE strategy

Table 5.3: Intervention rankings by outcome domain

LIST OF FIGURES.

Figure 2.1: Socioecological model for violence against children

Figure 2.2: Implementation models for cash-plus interventions

Figure 2.3: Conceptual framework for the impact of cash-plus parenting programmes

Figure 3.1: Additive associations of experiencing negative outcomes in the presence of no or all accelerators among females

Figure 3.2: Additive associations of experiencing negative outcomes in the presence of gender-equitable attitudes among males

Figure 4.1: PRISMA Flowchart.

Figure 4.2: Forest Plot of Cash + Nutrition Behaviour Change Communication vs. Cash Alone on Anthropometric Odds Ratios.

Figure 4.3: Forest Plot of Cash + Nutrition Behaviour Change Communication vs. Cash Alone on Anthropometric Z-Scores.

Figure 4.4: Forest Plot of Cash + Food Transfers vs. Cash Alone on Anthropometric Z-Scores.

Figure 4.5: Forest Plot of Cash + Food Transfers vs. Cash Alone on Anthropometric Odds Ratios.

Figure 4.6: Forest Plot of Cash + Psychosocial Stimulation vs. Cash Alone on Cognitive Development.

Figure 4.7: Forest Plot of Cash + Child Protection vs. Cash Alone on Parenting Practices.

Figure 5.1: Evidence-Decision Matrix

Figure 5.2: PRISMA Flowchart

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	3
LIST OF TABLES.....	7
LIST OF FIGURES.....	7
THESIS ABSTRACT.....	13
CHAPTER 1: INTRODUCTION & OVERVIEW OF THESIS STRUCTURE.....	15
CANDIDATE'S CONTRIBUTION TO THE THESIS PROJECT.....	18
DECLARATION OF AUTHORSHIP.....	20
CHAPTER 2: BACKGROUND & LITERATURE REVIEW.....	21
Violence Against Children in Low- and Middle-Income Countries.....	21
Defining violence against children & its burden in low- and middle-income countries.....	21
Consequences of violence against children.....	24
Policy Context: The Global Response, INSPIRE Framework, & Evidence-Based Social Interventions.....	26
Global response to ending violence against children.....	26
Development and uptake of the INSPIRE Framework.....	27
Implementation and impact of the INSPIRE Framework.....	28
Theoretical Background to the INSPIRE Framework & Multisectoral Intervention.....	30
Theory underpinning the development of the INSPIRE Framework.....	30
Theory underpinning multisectoral intervention.....	33
Theory and evidence on selecting interventions to optimise impacts.....	34
Selecting and implementing multisectoral interventions to prevent violence against children.....	37
Cash Transfers for Preventing Violence Against Children: Theory & Evidence.....	39
Intervention description for cash transfers.....	39
Problem and intervention theories.....	40
State of the evidence for cash transfers in preventing violence against children.....	40
Pathways for poverty alleviation (cash transfers) in preventing violence against children.....	42
Parenting Programmes for Preventing Violence Against Children: Theory & Evidence.....	43
Intervention description for parenting programmes.....	43
Problem and intervention theories.....	44
State of the evidence for parenting programmes in preventing violence against children.....	46
Pathways for parenting programmes in preventing violence against children.....	47
Cash Transfers & Parenting Programmes (Cash-Plus Parenting Programmes) for Preventing Violence Against Children: Theory & Evidence.....	48
Intervention description for cash-plus parenting programmes.....	49
Conditionality for cash transfers in cash-plus programming.....	51
Gender-Transformative Intervention Components.....	52
State of the evidence for cash-plus parenting programmes in preventing violence against children.....	53
Pathways for cash-plus parenting programmes in preventing violence against children.....	56
Implications from Literature & Gaps.....	59
Research Aims & Questions.....	60
References.....	62
CHAPTER 3 (DPHIL PAPER 1): ACCELERATORS TO REDUCE VIOLENCE, HIV RISK, AND EARLY PREGNANCY AMONG ADOLESCENTS AND YOUNG PEOPLE IN NAMIBIA: A CROSS-SECTIONAL ANALYSIS OF THE VIOLENCE AGAINST CHILDREN & YOUTH SURVEY.....	84

Contributions of DPhil Paper 1 to the Overarching DPhil Question.....	84
Abstract.	88
Introduction.....	89
Materials & methods.	90
Study design, setting, & participants.....	90
Variables & measurements.....	92
Statistical analysis.	94
Results.....	95
Descriptive and outcome data.	95
Multivariable associations among females.....	98
Multivariable logistic associations among males.....	101
Adjusted probabilities from accelerators.....	101
Sensitivity analyses.	106
Discussion.	106
Key results.....	106
Limitations.....	106
Interpretation.	108
Generalisability & conclusions.	112
References.....	113
Appendix 3.1: Variable coding	122
Hypothesised Accelerators	122
Outcomes.....	123
Covariates.....	126
Appendix 3.2: Outcome correlations	128
Appendix 3.3: Sensitivity analyses	129
Appendix 3.4: Missing data	131
<i>CHAPTER 4 (DPHIL PAPER 2): EFFECTIVENESS OF CASH-PLUS PROGRAMMES ON EARLY CHILDHOOD OUTCOMES COMPARED TO CASH TRANSFERS ALONE: A SYSTEMATIC REVIEW AND META-ANALYSIS IN LOW- AND MIDDLE-INCOME COUNTRIES.....</i>	<i>132</i>
Contributions of DPhil Paper 2 to the Overarching DPhil Question.....	132
Abstract.	139
Author Summary.....	141
Introduction.....	142
Methods.	143
Information Sources & Search.	144
Eligibility Criteria.....	144
Study Selection & Data Extraction.	146
Risk of Bias.	146
Data synthesis.....	147
Results.....	148
Study Selection.....	148
Study Characteristics.....	149
Risk of Bias of Individual Studies.....	154
Synthesis of Results.....	154
Cash + Nutrition Behaviour Change Communication.	154
Cash + Food Transfers.....	158
Cash + Primary Healthcare.....	161
Cash + Psychosocial Stimulation.....	161

Cash + Child Protection	163
Discussion.	166
Summary of the evidence	166
Limitations.....	169
Recommendations for Research.....	170
Conclusions.....	172
References.....	173
Appendix 4.1: PRISMA Checklist.....	181
Appendix 4.2: Information Sources & Sample Search Strategy	184
Appendix 4.3: Funnel Plots.....	186
Appendix 4.4: Excluded Studies at Full Text & List of Included Studies	187
Appendix 4.5 Study Characteristics Table	198
Appendix 4.6: Risk of Bias Assessments.....	203
<i>CHAPTER 5 (DPHIL PAPER 3): INTERVENTIONS TO PREVENT, REDUCE, AND RESPOND TO VIOLENCE AGAINST CHILDREN AND ADOLESCENTS: A SYSTEMATIC REVIEW OF SYSTEMATIC REVIEWS TO UPDATE THE INSPIRE FRAMEWORK.....</i>	<i>205</i>
Contributions of DPhil Paper 3 to the Overarching DPhil Question.....	205
Abstract.	211
Key Messages.	213
Introduction.....	214
Methods.	215
Eligibility criteria.	216
Data sources.	216
Search strategy and selection process.	217
Data extraction.	218
Risk of bias and quality assessment.	219
Analytical approach.....	219
Role of the funding source.	220
Results.....	220
Discussion.	232
References.....	238
Appendix 5.1: PRISMA 2020 Checklist.....	243
Appendix 5.2: Eligibility Criteria.....	246
Appendix 5.3: List of Data Sources.....	251
Appendix 5.4: Search Strategy.	255
Appendix 5.5: Evidence-Decision Matrix.	256
Evidence of effectiveness classifications.	257
Quality & type of evidence classifications.....	258
Using the matrix to evaluate intervention recommendations.....	259
Comparison of ratings from 2016 to 2025.	260
Appendix 5.6: List of Excluded Studies with Justifications.....	263
Appendix 5.7: List of 216 Included Reviews & Graph on Publication Years.....	292
Appendix 5.8: Summary Tables for Emphasised & De-Emphasised Reviews	300

Appendix 5.9: Critical Appraisal of Emphasised Reviews.	418
Appendix 5.10: Detailed Syntheses & Evidence Ratings.	424
IMPLEMENTATION & ENFORCEMENT OF LAWS:	424
Strategy Overview.	424
Laws banning violence against children.	424
Laws preventing problem alcohol use.	426
Laws limiting youth access to firearms and other weapons.	428
NORMS & VALUES:	429
Strategy Overview.	429
Community mobilisation.	429
Bystander interventions.	433
Media campaigns.	436
SAFE ENVIRONMENTS:	438
Strategy Overview.	438
Reducing violence by addressing “hotspots”	439
Improving the built environment.	440
Creating safe spaces.	442
PARENT & CAREGIVER SUPPORT:	444
Strategy Overview.	444
Parent training and support (delivered through home visits or groups in community settings).	445
Parent training and support (as part of multicomponent programmes, referred to as parenting-plus programmes).	451
INCOME & ECONOMIC STRENGTHENING:	454
Strategy Overview.	454
Cash transfers (LMIC-focused).	454
Cash-plus programmes (LMIC-focused).	456
Microfinance interventions (with or without gender norms or equity training).	459
Tax credit or welfare reform (HIC-focused).	461
RESPONSE & SUPPORT SERVICES:	463
Strategy Overview.	463
Counselling & therapeutic approaches.	463
Healthcare-based violence prevention programmes.	467
Sexual offender treatment programmes.	470
Foster care interventions involving social welfare services.	473
EDUCATION & LIFE SKILLS:	476
Strategy Overview.	476
Safe & enabling school environments.	477
School health services.	480
School-based sexual abuse awareness programmes.	481
Life & social skills training.	484
School-based bullying prevention programmes.	491
Healthy romantic relationships education.	495
References for Systematic Reviews Included in Analyses	500
Additional References	528
Appendix 5.11: Global Evidence Gaps	553
OVERARCHING EVIDENCE GAPS.	553
IMPLEMENTATION & ENFORCEMENT OF LAWS:	555
Laws banning violence against children.	555
Laws preventing problem alcohol use.	556
Laws limiting youth access to firearms and other weapons.	556
NORMS & VALUES:	556
Community mobilisation.	556
Bystander interventions.	557
Media campaigns.	557
SAFE ENVIRONMENTS:	558
Reducing violence by addressing “hotspots”	558
Improving the built environment.	558
Creating safe spaces.	559
PARENT & CAREGIVER SUPPORT:	559

Parent training & support (delivered through home visits or groups in community settings).....	559
Parent training & support (as part of multicomponent programmes, referred to as parenting-plus programmes).	559
INCOME & ECONOMIC STRENGTHENING:	560
Cash transfers (LMIC-focused).	560
Cash-plus programmes (LMIC-focused).	560
Microfinance interventions (with or without gender-norms or equity training).....	560
Tax credit or welfare reform (HIC-focused).....	561
RESPONSE & SUPPORT SERVICES:	561
Counselling & therapeutic approaches.	561
Healthcare-based violence prevention programmes.	561
Sexual offender treatment programmes.	562
Foster care interventions involving social welfare services.	562
EDUCATION & LIFE SKILLS:	562
Safe & enabling school environments.	562
School health services.....	563
School-based sexual abuse awareness programmes.	563
Life & social skills training.....	563
School-based bullying prevention programmes.....	563
Healthy romantic relationships education.....	564
CHAPTER 6: DISCUSSION & CONCLUSION	566
Thesis Summary	566
DPhil Paper 1.....	568
DPhil Paper 2.....	568
DPhil Paper 3.....	569
Strengths & limitations.	569
Strengths.....	569
Limitations.....	572
Implications for research (including future directions).	573
Equitable distribution of research.....	573
Methodological implications from evidence reviews on preventing violence against children.	574
Primary research on cash-plus parenting programmes.....	577
Methodological challenges in developing policy recommendations from limited data.....	580
Implications for policy & programming	584
Dissemination & policy impact	588
Conclusion.	590
References	592

THESIS ABSTRACT.

This thesis generates new knowledge on effective approaches to prevent violence against children and to inform further development of the INSPIRE Framework. Violence against children, including child maltreatment, is driven by a range of stressors and deprivations, including household factors such as economic insecurity and harmful parenting practices. While both theoretical and empirical literature have thoroughly explored these individual strategies, there has been limited research bridging these approaches to understand the impacts of combined provision. This thesis speaks to the central question: *What are the impacts of combined economic- and care-based provisions in preventing violence against children (child maltreatment) in low- and middle-income countries and to what extent do these provisions reduce multiple adverse outcomes?*

In my first paper (published in *PLOS Global Public Health*), I empirically test potential mechanisms of the INSPIRE Framework to identify which protective factors are predictive of multiple improved outcomes, including reductions in child maltreatment. Using nationally representative data from the 2019 Namibia Violence Against Children & Youth Survey, this analysis confirmed that three potential factors – food security, parental support, and gender-equitable attitudes – were associated with lower prevalences in multiple adverse outcomes for girls, including violence. One potential intervention acting on these multiple mechanisms is gender-transformative cash-plus parenting programmes, of which both cash transfers and parenting programmes are actively being scaled up in the region.

In my second empirical paper (published in *PLOS Medicine*), I conducted a systematic review and meta-analysis to investigate the impacts of combining the two scalable INSPIRE interventions in cash-plus parenting programmes (i.e., cash transfers combined with additional child protection intervention components). This analysis systematically compared the effectiveness of cash-plus parenting programmes to cash alone, and identified primary studies that found that cash-plus parenting programmes may be more effective than cash alone in reducing child maltreatment (violent discipline). However, no evidence was identified which tested the incremental impact of adding a cash transfer to a parenting intervention.

In my final empirical paper (published in *The Lancet Child & Adolescent Health*), I broaden to look at the whole INSPIRE Framework to evaluate the relative strength and consistency of evidence on the effectiveness of interventions preventing violence against children. This paper was a systematic review of systematic reviews on all interventions within the INSPIRE Framework, combining seven systematic reviews (one for each strategy) into one overarching publication. The analysis draws on more than 200 included systematic reviews with data from more than an estimated 3000 impact evaluations. This analysis compared evidence on cash-plus parenting programmes in relation to its individual components alone as well as in comparison to other INSPIRE interventions. Cash-plus parenting programmes have strong evidence in reducing child maltreatment and should be prioritised for implementation. The only intervention with a higher evidence rating for addressing child maltreatment in low- and middle-income countries was parenting interventions alone.

Based on the findings from the three empirical chapters, this thesis concludes: There is strong and growing evidence of cash-plus parenting programmes as an effective tool to further prevent child maltreatment. There are likely additive effects which suggest cash-plus parenting programmes (a multi-pronged approach) has stronger impacts than cash alone (a single-pronged approach) in preventing child maltreatment. Also, there may be consistent impacts from cash-plus parenting programmes in addressing other outcomes, such as maternal intimate partner violence victimisation.

The research contained in this thesis has had widespread dissemination and substantial policy impact. This work has been presented to over 100 United Nations Member States and over 20 international organisations at the first-ever Global Ministerial Conference on Ending Violence Against Children. The research continues to guide the INSPIRE Implementation Working Group, a coalition of leaders dedicated to advancing evidence-based practice to end violence against children.

CHAPTER 1: INTRODUCTION & OVERVIEW OF THESIS STRUCTURE

“Childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul.” – David Pelzer (1995)

Addressing violence against children remains an urgent issue in global public health. Each year, one in two children (one billion) globally are victims of interpersonal violence (Hillis et al., 2016). Violence exposure carries lifelong consequences, including adverse health, social, and economic outcomes (WHO, 2016). Without action, violence against children will also continue to have an economic toll on global prosperity, costing up to 8% of global gross domestic product (Pereznieto et al., 2014). Preventing violence against children is, therefore, both an economic and moral responsibility (Office of the Special Representative on Violence against Children, 2022). Application of evidence-based social interventions have the potential to optimise international efforts through rigorous and transparent methods of knowledge generation.

This thesis investigates two prominent evidence-based social interventions – cash transfers and parenting programmes (combined as cash-plus parenting programmes) – which are actively being scaled up across low- and middle-income countries. In particular, the findings from this thesis contribute to the overarching question: *What are the impacts of combined economic- and care-based provisions in preventing violence against children in low- and middle-income countries and to what extent do these provisions reduce multiple adverse outcomes?*

The thesis consists of six chapters, including three stand-alone papers (Chapters 3, 4, & 5) as required by the DPhil-by-publication track at the Department of Social Policy & Intervention, University of Oxford.

Chapter 2 – Background & Literature Review: This chapter contextualises the thesis by defining violence against children, its consequences, and the development of the INSPIRE Framework. The

chapter then explores the literature for theories and evidence on cash transfer programmes and parenting interventions (individually and in-combination) in addressing violence against children and presents a conceptual framework on the combined intervention. The chapter concludes with an outline of the evidence gaps this thesis seeks to fill as well as the aims and research questions of the stand-alone papers.

Chapter 3 – DPhil Paper 1: This paper tested potential mechanisms of the INSPIRE Framework to identify which protective factors are predictive of multiple improved outcomes, including reductions in child maltreatment. Using nationally representative data from the 2019 Namibia Violence Against Children & Youth Survey, this analysis found three potential factors – food security, parental support, and gender-equitable attitudes – were associated with lower prevalences of multiple adverse outcomes for girls, including multiple forms of violence. Only gender-equitable attitudes was associated with lower prevalences of multiple adverse outcomes for boys, including multiple forms of violence.

Chapter 4 – DPhil Paper 2: The paper presents a systematic review and meta-analysis to investigate the impacts of combining the two scalable INSPIRE interventions in cash-plus parenting programmes (i.e., cash transfers combined with additional child protection intervention components). This analysis systematically compared the effectiveness of cash-plus parenting programmes to cash alone, and identified primary studies that found that cash-plus parenting programmes may be more effective than cash alone in reducing child maltreatment (violent discipline).

Chapter 5 – DPhil Paper 3: This paper was a systematic review of systematic reviews on all interventions within the INSPIRE Framework to evaluate the relative strength and consistency of evidence on interventions preventing violence against children. This chapter combines seven systematic reviews (one for each strategy) into one overarching publication with more than 200 included systematic reviews which include data from more than an estimated 3000 impact evaluations. This analysis compared evidence on cash-plus parenting programmes in relation to its individual components alone as well as in comparison to other INSPIRE interventions. Cash-plus parenting programmes have

strong evidence in reducing child maltreatment in low- and middle-income countries (compared to either no intervention or cash transfers alone) and this combined intervention should be prioritised for implementation. The only intervention with a higher evidence rating for addressing child maltreatment in low- and middle-income countries was parenting interventions alone, though more research is needed to assess and estimate the incremental impact of adding a cash transfer to parenting programmes.

Chapter 6 – Discussion & Conclusion: This chapter summarises the key findings from each of the three stand-alone papers, covers the strengths and limitations of the thesis, and reflects on the implications of the thesis findings on future research as well as on policy and programming. The chapter finishes with a discussion on the dissemination and impact of the thesis and its overarching conclusions. This thesis finds that cash-plus parenting programmes are an effective intervention for preventing child maltreatment in low- and middle-income countries and may reduce other adverse outcomes, such as maternal intimate partner violence victimisation.

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CANDIDATE'S CONTRIBUTION TO THE THESIS PROJECT

DPhil Paper 1: The candidate (Madison Little) led the project's conceptualisation, data curation, formal analysis, investigation, methodology, project administration, and writing (both original draft and reviewing and editing). Francis Annor and Laura Chiang contributed to data curation and provided early access to the Namibia Violence Against Children & Youth Survey dataset. Madison Little, Elona Toska, and Lucie Cluver contributed to funding acquisition for contributing co-authors. The methodology was developed in collaboration with Lucas Hertzog, William Rudgard, and Boladé Banounnin. Rachel Yates and David Chipanta contributed to the interpretation of findings in developing policy recommendations. Lucie Cluver and Lucas Hertzog supervised the candidate on this project. All authors provided feedback on the manuscript prior to publication.

DPhil Paper 2: The candidate (Madison Little) led the project's conceptualisation, data curation, formal analysis, investigation, methodology, project administration, visualisation, and writing (both original draft and reviewing and editing). Keetie Roelen contributed research expertise in refining the conceptualisation, methodology, and interpretation of findings. Brittany Lange, Janina Steinert, and Alexa Yakubovich contributed to the double screening of studies and double coding of data for meta-analyses. Lucie Cluver and David Humphreys supervised the candidate on this project. All authors provided feedback on the manuscript prior to publication.

DPhil Paper 3: The candidate (Madison Little) led the project's conceptualisation, data curation, formal analysis, investigation, methodology, project administration, and writing (both original draft and reviewing and editing). Alexander Butchart, Greta Massetti, Sabine Rakotomalala, and Lucie Cluver contributed to the project conceptualisation and protocol development. Study screening, data extraction, and analyses (including quality assessments) were conducted completely by the candidate, and this process was duplicated or validated by Camille Wittesaele, Isabelle Pearson, Janina Jochim, Susan Swingler, Claudia Schupp, Ines Böhret, Lakshmi Neelakantan, Sophia Backhaus, Mackenzie Martin, Meredith Mase, Sabrina Page, Roselinde Janowski, and Alexandra Blackwell. Alexander Butchart,

Greta Massetti, Sabrina Hermosilla, Kyle Bernstein, Sabine Rakotomalala, and Lucie Cluver contributed to the interpretation of the findings. Lucie Cluver supervised the candidate on this project. All authors provided feedback on the manuscript prior to publication.

Across each paper, the candidate completed the majority of the work. At least 70% is required by departmental guidelines, but in this thesis, the candidate completed over 90% of the work on each paper. Signed agreement to this requirement for each paper were submitted as part of the Appointment of Examiners application.

Artificial intelligence, including large language models such as ChatGPT, were not used in the preparation of this thesis or its included papers.

DECLARATION OF AUTHORSHIP

I, Madison T. Little, hereby declare that this thesis is my own work, except where otherwise stated.

Signed: *Madison T. Little*

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Place: Oxford, United Kingdom

CHAPTER 2: BACKGROUND & LITERATURE REVIEW

Violence against children is a global public health crisis, in which half of all children (one billion globally) are victims of interpersonal violence each year (Hillis et al., 2016). This chapter covers definitions of violence against children and its multiple adverse consequences, the global policy context (i.e., the development of the INSPIRE Framework and its conceptual underpinnings), and the theory and evidence supporting cash transfers and parenting interventions (individually and in-combination) as effective interventions for preventing violence against children.

Violence Against Children in Low- and Middle-Income Countries.

Defining violence against children & its burden in low- and middle-income countries.

According to the World Health Organization (WHO), violence is “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Krug et al., 2002, p. 5). Within the umbrella concept of violence, there are three categories: Self-directed, interpersonal, and collective violence (Mercy et al., 2017). This thesis specifically investigates interpersonal violence, which includes physical, emotional/verbal/psychological, or sexual forms of violence. It also broadly focuses on violence against children and adolescents, including the expanded definition of adolescents as those aged 10-24 years (Sawyer et al., 2018). Hereafter, violence against children and adolescents is simply referred to as violence against children.

Based on International Classifications of Violence Against Children, violence against children includes child maltreatment, peer/youth violence, and dating/intimate partner violence, but forms of structural violence and harmful practices, such as child marriage and child labour, are considered risk factors for experiencing interpersonal violence (UNICEF, 2023). This thesis uses the recent International Classifications of Violence Against Children to define the scope of violence against children because having an internationally agreed definition is essential for monitoring global progress. Specifically, data based on these shared definitions are necessary for the development of insightful national data systems

and the measurement of progress in achieving the Sustainable Development Goals. This classification system refines the definition of violence against children to be understood as occurring as a “single violent act” rather than as “composite phenomena” (i.e., persistent human rights violations such as child labour, child marriage, child soldiers, etc.), though violent acts experienced through, or because of, these phenomena still qualify as violence against children (UNICEF, 2023).

At the broadest level, violence against children can be categorised by nature (e.g., physical, emotional, or sexual violence; UNICEF, 2023). This violence can also be classified by setting, perpetrator, or victim characteristics (UNICEF, 2023). For example, two papers included in this thesis also examine violence perpetrated by peers (bullying, physical fighting, gang violence, violent crime, etc.) and by intimate partners (dating or intimate partner violence against adolescents), which may or may not include peers. Across the various forms of violence against children, physical and emotional child maltreatment is the most prevalent, of whom parents and caregivers are the most frequent perpetrators (Devries et al., 2018). Because of this high frequency, this thesis focuses on child maltreatment, which is defined as including both abuse and neglect as well as corporal punishment and violent discipline (Backhaus et al., 2022). All three empirical papers submitted as part of this thesis investigate physical and/or emotional child maltreatment perpetrated by parents and caregivers. Two of the included empirical papers also look at the impact on multiple other forms of violence against children, including sexual violence and other violence perpetrated by peers and intimate partners.

It is important to understand global levels of violence against children. In 2016, base case estimates were calculated from data gathered in a systematic review to assess the minimum prevalence estimates of global interpersonal violence against children (Hillis et al., 2016). Although these estimates likely underestimate the burden of the problem, the estimates identify a higher burden of violence against children in low- and middle-income countries (59% past-year prevalence) as compared to high-income countries (44%) (Hillis et al., 2016).

Violence against children is both endemic (a constant presence within a population) and an epidemic (increased prevalence over a given time period) (CDC, 2015). No country or geographic region has eliminated the problem of violence against children, despite progress in recent decades. In many contexts, there are more children who experience violence than those who do not. Further, a systematic review investigated the impact of the COVID-19 pandemic on family violence during lockdowns (Cappa & Jijon, 2021). The evidence in the review is biased toward data from high-income countries and all 48 included studies report only the prevalence of violence against children or access to services, except for two papers which report on public discourse regarding violence against children. Nonetheless, the evidence consistently noted that COVID-19 lockdowns led to increases in violence despite reductions in referrals to social services (Cappa & Jijon, 2021). In contrast, a more recent meta-analysis of 11 studies from 2020-2022 with data before and after the onset of the pandemic did not identify significant increases in physical violence, sexual violence, or neglect (Nakaike et al., 2025). In addition to the few identified studies for the meta-analysis, the evidence is highly skewed toward high-income countries (especially the United States) and all but one study assessed official reports, which is likely underestimating the burden (ibid.). Children who were exposed to violence during the pandemic were also more isolated from assistance, which is often provided in schools or healthcare settings (Bhatia et al., 2021). This may provide an explanation of why the recent meta-analysis found no impact whereas the narrative synthesis found evidence of increased violence.

Particularly in low- and middle-income countries, there is insufficient coverage and access to social services for post-violence care. Although there was likely a global decrease in access to social services as a result of the COVID-19 pandemic and lockdowns, the availability and quality of services in low- and middle-income countries was, and remains, limited even prior to the pandemic. For example, in the treatment cascade of adolescent girls and boys aged 13-17 years in Namibia who experienced past-year (2019) physical violence, over half disclosed the incident, of whom less than half knew where to seek help and less than 20% sought or received help after victimisation (MoHHS Namibia, 2019). These data are based on a cross-sectional survey that used a three-stage sampling procedure to provide nationally representative estimates (Nguyen et al., 2019). Given the limited access to services in

Namibia and other low- and middle-income countries, efforts are needed to strengthen these services and increase prevention efforts to reduce the burden of need.

Consequences of violence against children.

The importance of addressing violence against children is underscored by its health, social, and economic consequences. Similar to other adverse childhood experiences, the consequences of violence against children are both immediate and over the life course (WHO, 2016). Specifically, those who experience violence victimisation have a higher prevalence of poor physical and mental health, sexual risk behaviour and HIV acquisition, early pregnancy, poor educational attainment, and poor economic outcomes (Cuartas et al., 2025; WHO, 2016). There are also indirect impacts of violence exposure on noncommunicable diseases (including cancer, diabetes, stroke, and chronic lung and heart diseases), which occur at higher rates among victims of violence due to the increase in risk behaviours that are directly linked to violence exposure (e.g., problem substance use and physical inactivity) (Felitti et al., 1998; WHO, 2016).

Research evidence consistently finds only adverse impacts from violence, including corporal punishment or violent discipline. There is a small to moderate effect ($d = 0.35$ [0.32, 0.38], $k = 1490$ effect sizes, $n = 189$ studies) in detrimental outcomes – including future victimisation and perpetration of violence – from experiencing physical punishment in childhood (Cuartas et al., 2025); this data was based on studies from low- and middle-income countries, of which no beneficial effects from physical punishment were identified in meta-analyses. Results remained significant in sensitivity analyses, including stratifying by study design for longitudinal ($d = 0.29$ [0.21, 0.37], $k = 362$) and cross-sectional analyses ($d = 0.36$ [0.33, 0.40], $k = 1128$). Similar results were identified for the impact of psychological aggression on multiple adverse outcomes for children ($d = 0.27$ [0.20, 0.35], $k = 420$) (Cuartas et al., 2025). To note, the meta-analyses also found overall small protective effects from non-violent discipline ($d = -0.06$ [-0.08, -0.04], $k = 148$).

Much of the evidence on the impacts of violence exposure or victimisation in childhood has been aggregated in systematic reviews and meta-analyses (Fry et al., 2018; Jackson et al., 2017; Jones et al., 2012). Although the evidence base is largely reliant on cross-sectional data, reviews including or exclusively focusing on longitudinal studies draw similar conclusions, thereby bolstering the claims of cross-sectional studies (Jackson et al., 2017). Where longitudinal evidence exists, it is primarily based on data from high-income countries and especially from the United States (Felitti et al., 1998; Sousa et al., 2011), which may limit generalisability to low- and middle-income countries.

There is strong-quality, longitudinal evidence on long-term harms from violence. A review of longitudinal meta-analyses found higher odds of experiencing adverse psychosocial, psychiatric, and physical health outcomes among children who experienced maltreatment (Burghart & Backhaus, 2024). Although the evidence base is most reliant on weak-quality evidence from the United States, the analyses suggest that one-fifth to one-quarter of the global burden of suicide attempts, anxiety, and psychosis can be attributed to child maltreatment (ibid.). Another systematic review and meta-analysis used a Burden of Proof methodology in producing more conservative estimates (Flor et al., 2025). Nonetheless, the study confirmed adverse effects from child maltreatment (physical or emotional violence or neglect in childhood) on poor physical and mental health as well as heightened risk factors for ill health, such as problem substance use (Flor et al., 2025).

Relatedly, a report from the WHO European Regional Office stated that “child maltreatment is a leading cause of health inequality and social injustice” (WHO, 2013, p. 4). To empirically evaluate this statement, researchers using Swedish birth cohort data sought to estimate the extent to which childhood adversity, more broadly, explained mortality inequalities in adulthood (Jackisch & van Raalte, 2025). The analysis found that mortality-related inequalities were reduced by approximately 50% in the counterfactual of not experiencing childhood adversity. This analysis accounted for impacts on income and education as well as important biomarkers (age and sex). The authors suggest that intervening to reduce childhood adversity (including violence victimisation) could be a highly effective entry point for programmes in reducing mortality inequality.

Lastly, violence against children is costly to society. This violence has both direct costs (health and social services) and indirect costs (lost productivity and quality of life), which in total are estimated to be up to 8% (\$7 Trillion per year) of global gross domestic product (Pereznieto et al., 2014). Due to limited data availability, this estimate is also reliant on sparse evidence, only synthesising data from nine high-, middle-, and low-income countries over the past 15 years (ibid.).

In addition to the individual effects of violence, those who experience violence victimisation are more likely to perpetrate violence in the future. A meta-analysis of prospective longitudinal studies identified both bullying victimisation and perpetration as predictors of future violence perpetration (Odds Ratio= 1.42 [1.25, 1.62] & 2.04 [1.69, 2.45], respectively) (Ttofi et al., 2012). Further, causal mediation analyses of cohort data among adolescents and young people (age 13-21) in Uganda found that higher exposure to violence in childhood was linked to increased risk for future intimate partner violence victimisation among young women and perpetration among young men (Carter et al., 2024). This enduring relationship between violence victimisation and perpetration also contributes to intergenerational transmission of violence, which has been investigated in longitudinal studies. To date, one of the longest cohort studies on intergenerational violence is a longitudinal study of two generations over 20 years in the Philippines (Fehringer & Hindin, 2009; Meinck et al., 2023); this study identified that witnessing violence between parents was a predictor of future violence victimisation and perpetration (Fehringer & Hindin, 2009). In total, these connections between violence exposure in childhood and its health, educational, and economic consequences emphasise the importance of reducing violence against children.

Policy Context: The Global Response, INSPIRE Framework, & Evidence-Based Social

Interventions.

Global response to ending violence against children.

Principally, children have the right to live life free from violence, as enshrined in the Convention on the Rights of the Child (United Nations, 1989). Violence broadly was first acknowledged as a public

health issue in a resolution adopted by the World Health Assembly in 1996 (WHA49.25) (WHO, 2021). After the 1996 resolution, the first report on violence and health was published in 2002 (Krug et al., 2002). The importance of violence against children also led to the issue being included within the Sustainable Development Goals (SDGs), including Target 16.2 (“End abuse, exploitation, trafficking and all forms of violence against and torture of children”), 5.2 (“Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation”), and 4.A (“Build and upgrade education facilities that are child, disability, and gender sensitive and provide safe, non-violent and effective learning environments for all”). Inclusion of violence against children within the SDGs was pivotal to gaining political interest and investment in the domain (Gaia & Gorman, 2018; Office of the Special Representative on Violence against Children, 2019; UNICEF, 2017b).

There have been several other international resolutions on ending violence against children. Most recently, addressing violence against children through multisectoral action (including through health systems) was reaffirmed in a mandate for the World Health Organization from the 2021 World Health Assembly (WHA74.23) (WHO, 2021). Over the past 20 years, there have also been multiple resolutions adopted by the UN General Assembly, Human Rights Council, and Security Council that have contributed to global attention and efforts to address violence against children (Murillo Urrutia et al., 2024).

Development and uptake of the INSPIRE Framework.

Despite the long-standing recognition of violence against children as a global problem, international coordination has lagged behind. Prior to 2016, there was no international coordination between partners on efforts to address violence against children. Global endeavours were subsequently streamlined via the INSPIRE Framework, which provides seven strategies to address multiple forms of violence against children (WHO, 2016). The seven strategies within the INSPIRE Framework include: **I**mplementation and enforcement of laws; **N**orms and values; **S**afe environments; **P**arent and caregiver support; **I**ncome and economic strengthening; **R**esponse and support services; and **E**ducation and life skills (WHO,

2016). The goal in developing the INSPIRE Framework was to facilitate collective action by focusing on prevention programmes and essential services with the highest potential to effectively address violence against children.

There has been a very high uptake of the INSPIRE Framework. In the first five years after the launch of the INSPIRE Framework, over one-third of countries globally had adopted INSPIRE strategies for action at local or national levels (WHO, 2022a). Nearly a decade after launching INSPIRE, more than half of all countries globally made commitments to action in addressing violence against children; these commitments were also shared by more than 20 international and civil society organisations in Bogotá, Colombia, at the first inter-ministerial high-level meeting on ending violence against children. Alongside efforts to tackle violence against children broadly, there also have been efforts specific to ending corporal punishment, of which 68 countries have instituted full prohibitions as of April 2025 (End Corporal Punishment, 2025).

Implementation and impact of the INSPIRE Framework.

There is growing evidence on the impact of the INSPIRE Framework. For example, the implementation of strategies from the INSPIRE Framework may have contributed to significant reductions in violence against children in Kenya and Eswatini. In Kenya, nationally representative data from the 2010 and 2019 Violence Against Children & Youth Surveys (VACS) suggest reductions in the prevalence of physical violence (by 40% for females, 25% for males), emotional violence (by 50%, 80%), and sexual violence (by 50%, 66%) (Republic of Kenya, 2019). In Eswatini, the prevalence of pressured or physically forced sex at first sex among girls was 55% in 2007 and reduced to 17% in 2022 ($p < 0.001$) (Kingdom of Eswatini, 2023). Reductions in sexual violence against children were found in repeated VACS in Zimbabwe (Chiang et al., 2024). While it is not possible to attribute causality to INSPIRE-related interventions in achieving these reductions, these programmes have accounted for a substantial portion of international efforts on violence prevention over the past decade alongside national policy changes.

Despite the popularity and successes of governments engaging with the INSPIRE Framework, there remain financial barriers to applying the framework at national levels (Maternowska et al., 2024). In funding the global response at national levels, WHO (2022a) reported that in 2020, only 25% of countries had sufficient national financial support to implement INSPIRE-related interventions and reach those in-need. Given the economic challenges in financing national responses to ending violence against children, it is essential to prioritise programmes that have the strongest evidence of effectiveness and potential for effectiveness at-scale. This is even more critical given the recent budgetary constraints on global foreign aid and restructure of key international partners, including USAID (Joining Forces, 2025; Stark et al., 2025). As of March 2025, mapping exercises conducted with child protection practitioners estimate that more than one million children have been immediately affected and are no longer able to access services or be reached by other social interventions (The Alliance, 2025); this figure is expected to continue to increase alongside significant, long-term impacts on children, including those affected by violence.

Notwithstanding, the INSPIRE Framework includes important guidance on operationalising national responses. Among INSPIRE's key messages, the framework posits that multisectoral responses (i.e., implementing multiple interventions from different strategies) are most effective because they address complex and overlapping pathways of vulnerability (WHO, 2016). However, there is limited empirical evidence on if, when, and how to combine interventions across strategies. Guidance on the INSPIRE Framework explicitly emphasises the need “to evaluate the combined impact that can be achieved with coordinated implementation of the multisectoral components of the INSPIRE technical package” (WHO, 2016, p. 81).

An emerging area that addresses multiple vulnerabilities through scalable, cross-strategy intervention is cash-plus parenting programmes (combining efforts from *Income & economic strengthening* and *Parent & caregiver support*), which is the focus of this thesis. This intervention package has had promising, albeit limited, empirical evidence and research is necessary to evaluate and synthesise this evidence within the broader landscape of violence prevention programmes.

The next section covers the theoretical background to the INSPIRE Framework and the theory supporting multisectoral (multicomponent, cross-strategy) interventions broadly, after which specific theories and evidence relevant to cash-plus parenting programmes are discussed.

Theoretical Background to the INSPIRE Framework & Multisectoral Intervention.

This section discusses the theoretical background of the INSPIRE Framework and presents evidence to justify multisectoral (multicomponent, cross-strategy) interventions for addressing violence against children.

Theory underpinning the development of the INSPIRE Framework.

The INSPIRE Framework is heavily based on the socioecological model (Bronfenbrenner, 1977). The model suggests that there are multiple levels of influence on violence against children that range from individual and microsystem factors to structural determinants. Interventions within the seven INSPIRE strategies operate at various levels of the socioecological model and work through diverse pathways to reduce the risk of violence by mitigating deprivations such as poverty and harmful parenting practices.

Within the conceptual model displayed in international reports (WHO, 2016, p. 17), at the individual level, risk of violence is impacted by sex, age, and disability status, among others. Within the household, poverty, harsh parenting practices, and violence between caregivers all increase the risk of violence against children. Community-level factors impacting risk of violence against children include crime levels, employment levels, and features of the built environment. Lastly, societal-level factors like gender equality, social safety nets, and humanitarian emergencies can have a huge influence on violence against children and its intermediary risk/protective factors. These stressors and deprivations have been identified based on a range of study designs and qualities, though where longitudinal cohort evidence is available, it corroborates the findings of cross-sectional surveys.

**Figure 2.1: Socioecological model for violence against children
(developed by the candidate based on WHO, 2016, p. 17).**

Societal	Rapid social change; Economic inequality; Gender inequality; Policies that increase inequalities; Poverty; Weak economic safety nets; Legal and cultural norms that support violence; Inappropriate access to firearms; Fragility due to conflict/post-conflict or natural disaster
Community	Concentrated poverty; High crime levels; High residential mobility; High unemployment; Local illicit drug trade; Weak institutional policies; Inadequate victim care services; Physical environment situational factors
Relationship	Poor parenting practices; Marital discord; Violent parental conflict; Early and forced marriage; Low socio-economic household status; Friends that engage in violence
Individual	Sex; Age; Income; Education; Disability; Victim of child maltreatment; History of violent behaviour; Alcohol/substance abuse; Psychological/personality disorder

Frameworks such as the INSPIRE Framework are limited based on the availability of evidence, and the evidence base can be disproportionate to the level of influence. Specifically, there is limited research evidence on structural determinants of health (e.g., poverty). For example, only 2% of studies included in an evidence-gap map on adolescent wellbeing analysed structural-level influences on health (Banati & Bacalso, 2021). This is partially due to difficulties in measurement and attributing causality, especially for effects that result from a long causal chain between structural determinants and individual-level outcomes.

Literature on the socioecological model separates the concepts of problem theories and intervention theories (Stokols, 1996); the problem theory (risk/protective factors for violence against children) is then used to inform the development of intervention theories that act on these leverage points (Stokols, 1996, p. 295). The socioecological model alone is particularly useful in visualising different categories and types of risk and protective factors on a given outcome. Having a comprehensive figure can be helpful in visualising the problem (e.g., violence against children), especially in efforts to facilitate a shared and unified understanding of the problem.

Although problem theory is important for identifying risk and protective factors, specific intervention theory is necessary to understand pathways and mechanisms. That said, a principal limitation to the socioecological model is that this model does not operationalise how outcomes may manifest through the interaction of factors across levels (Krug et al., 2002; WHO, 2016, p. 17). As a result, the socioecological model alone is limited in its ability to elucidate causal mechanisms or pathways. Because the socioecological model alone is insufficient for understanding causal pathways, international frameworks based on this model, including the INSPIRE Framework, have had similar challenges. In these frameworks, the socioecological model is often focused for understanding the problem theory rather than unpacking intervention theory (Stokols, 1996) and, therefore, it remains unclear whether the interventions in each INSPIRE strategy share common pathways, common risk/protective factors, or both, or have a different commonality altogether, such as grouping by sector. This gap in knowledge on these causal pathways may limit the ability for the most appropriate intervention to be prioritised in a new context. In particular, there may be insufficient theory to draw upon in guiding whether an intervention has theoretical alignment with the context-specific drivers of violence against children.

One way to improve and advance the theory behind the INSPIRE Framework would be to incorporate updated approaches to the socioecological model (Tong & An, 2024). For example, although the socioecological model is regularly used for visualising risk and protective factors for an outcome, its use regularly fails to incorporate more modern interpretations around PPCT (Process, Person, Context, Time) that may help unpack complexity and further refine our understanding of effective interventions (Houston, 2017). Part of this may involve incorporating concepts of resilience and power, especially in how individuals exercise agency under adverse conditions (Christensen, 2016).

Implicit in the socioecological model is the assumption that interventions to address violence against children will be more effective if they address both proximal/individual risk or protective factors (e.g., child educational attainment) and distal environmental risk (e.g., harmful gender norms that prevent

girls from attending school) (Stokols, 1992, 1996, pp. 285–287). Whether concurrent action on different levels (both proximal and distal risk factors) is more effective remains an empirical question. Relatedly, there is absence of theory in providing guidance on which levels of the model either individually or in combination to prioritise in selecting social interventions. This is further discussed in the next two sections.

Theory underpinning multisectoral intervention.

While the socioecological model may indicate effective areas for interventions to act in addressing violence against children, the model is also central to the argument justifying multisectoral action. Multisectoral initiatives are defined as “deliberate collaboration among various stakeholder groups (e.g., government, civil society, and private sector) and sectors (e.g., health, environment, and economy) to jointly achieve a policy outcome” (Salunke & Lal, 2017, p. 163). The sociological model assumes that interventions are more effective when targeting different risk factors at different levels of the socioecological model (Krug et al., 2002), which introduces a preference toward combination interventions.

Combination interventions, also referred to as intervention packages, are defined as “delivering more than one intervention via different set[s] of strategies” (Lassi & Bhutta, 2010, p. 4). This approach recognises the need to address the multiple pathways that affect outcomes at individual and population levels. Combination interventions have emerged especially on topics such as HIV prevention (Alsallaq et al., 2013; Cori et al., 2014; Fatti et al., 2017) and these interventions are designed to address the multiple determinants (from biomedical to structural levels) of HIV risk and outcomes (UNAIDS, 2010).

More recently, public health practitioners have turned the Bronfenbrenner model ‘inside out’, situating policy change and structural determinants of health (such as poverty) at the centre of the socioecological model (Golden et al., 2015). In doing so, changes to health and social policy are conceptualised as central to creating an enabling environment for individuals to exercise agency in improving health

behaviours (ibid.). Rather than policy being far removed from the individual in the original model, inverting the model argues that structural change is crucial for effective action. Combining the two perspectives demonstrates that there is a ‘dynamic’ interaction between individuals and the environment (Stokols, 1992, 1996, pp. 285–287). This assumption of the socioecological model (a dynamic interaction between individuals and their environments) further supports the need for interventions to target individual behaviours (proximal factors), structural determinants (distal factors), and the multiple pathways reinforcing the intervention problem.

Theory and evidence on selecting interventions to optimise impacts.

In both violence prevention and wider public health efforts, using the socioecological model is helpful in understanding risk and protective factors and the multiple areas influencing the outcome. While this thesis situates itself within the current approach to INSPIRE, it also explicitly acknowledges the potential oversimplification of the intervention problem. Specifically, an overarching limitation in the socioecological framework is insufficient guidance on deciding which levels interventions should prioritise. For example, there is limited theoretical evidence to support whether intervention efforts should focus on household-level risk factors alone (e.g., parenting practices), structural risk factors alone (e.g. poverty), or both. To this end, a multicomponent approach to interventions can draw on social suffering theory, which recognises that ill health is the result of both micro-level and macro-level socioeconomic conditions (Kleinman, 2010). This would suggest that addressing violence against children must involve both violence-specific components (micro-level, including both preventive and response services) and violence-sensitive components (macro-level, including structural interventions).

Another concept relevant to the selection of interventions for optimising impact is the recently introduced term of accelerators, defined as “interventions, policies, or provisions that have positive cumulative effects across multiple Sustainable Development Goals” (UKRI, 2021; UNDP, 2015). These accelerators can be any social intervention that impacts on two or more outcomes that can contribute to addressing multiple SDGs. For example, government-provided social protection in Lesotho was associated with higher prevalences of education enrolment and attainment for adolescent

boys and young men and consistent condom use and child marriage prevention among adolescent girls and young women based on a nationally representative sample (Hertzog et al., 2024). This intervention qualifies as an accelerator because it alone is associated with multiple improved outcomes addressing multiple SDGs (i.e., SDG3 on Health via improved condom use for HIV prevention, SDG4 on Education via educational enrolment and attainment, and SDG5 on Gender equality via prevention of child marriage).

Where intervention data is not available, studies can assess for accelerator provisions as proxy indicators. These provisions are modifiable protective factors (predictors such as food security) that are individually associated with at least two improved outcomes across multiple SDGs (UNDP, 2015). Additional specifications on accelerator criteria for protective factors are necessary. First, a protective factor must meet three conditions: 1) It temporally precedes the outcomes, 2) it varies in prevalence across the population, and 3) it stratifies the population by level of risk (Offord & Kraemer, 2000, p. 70). Second, when a protective factor is used in place of an intervention in analyses, the factor must be both variable (i.e., changeable with intervention) and causal (i.e., when changed, it corresponds with a change in the likelihood of the outcome) (ibid.). However, protective factors that are not amenable to change from intervention (e.g., birth date or sex assigned at birth) are not considered as potential accelerators.

Third, although protective factors can conceptually be understood as the opposite of a risk factor, protective factors cannot be measured as merely the absence of a risk factor in qualifying as a possible accelerator. With this specification, a protective factor measuring a safe home as the absence of child maltreatment would not qualify as a potential accelerator. Instead, a measure using parental monitoring or quality parent-child relationships would be eligible for use in analysis to assess for accelerator effects in improving multiple outcomes. Therefore, protective factors qualifying as accelerators must be able to be delivered, taught, or conferred to individuals or households (e.g., parenting skills or food security).

Fourth, once a protective factor meets the criteria above, a further specification must be met, specifically that there must be consistent evidence that a given intervention results in improvements in the protective factor. For example, parenting programmes have consistent evidence for improving parental monitoring, which in turn reduces child maltreatment. However, assessing a variable on safe communities as the absence of experiencing or witnessing community violence would not qualify for a potential accelerator because 1) it measures the absence of an outcome and 2) urban upgrading interventions (e.g., green spaces, street lighting, etc.) to reduce youth violence have limited and inconsistent evidence of effectiveness (Cassidy et al., 2014).

When the individually identified accelerators are assessed together, it is possible that the package of accelerating protective factors may increase the total number of improved outcomes compared with each accelerator in isolation, or have larger impacts on one or more outcomes in combination. This added impact from concurrent provision is not required for a protective factor to qualify as an accelerator. In total, these criteria for potential accelerators further refine the body of literature on the subject and narrows the scope of which variables could be assessed for their potential accelerating effects in achieving multiple SDGs.

Analyses were subsequently undertaken to understand the optimal number of accelerating protective factors in maximising benefits for children and adolescents (Sherr et al., 2023). Using a sample of primarily young carers from South Africa aged 9-13 years, researchers analysed combinations of seven possible interventions (access to cash transfers, health services, or community based organisations) and/or protective factors (food security, safe communities, caregiver praise, or caregiver monitoring). The analysis found a plateau effect on 14 SDG outcomes, including mental health, problem substance use, education outcomes, sexual risk behaviours, and violence victimisation (Sherr et al., 2023). Specifically, the analysis found that there were substantial improvements in multiple outcomes from having multiple (two) interventions or protective factors and even more with three, but there were diminishing returns from more accelerators thereafter (ibid.). These findings should be interpreted with caution, especially because the measure for safe communities does not qualify as an accelerator based

on the criteria outlined in this thesis, and access to health services or community-based organisations are insufficiently defined to determine their eligibility as measures of potential accelerators. Nonetheless, the findings may suggest that an optimal intervention package could be a combination delivering two or three accelerators, with each targeting a different pathway of impact that ultimately culminates in added gains across outcomes.

Selecting and implementing multisectoral interventions to prevent violence against children.

The global response to ending violence against children therefore requires an expanded focus to address multiple pathways of vulnerability, of which the INSPIRE Framework offers possible solutions. One emerging approach in multicomponent, cross-strategy programming for preventing violence against children is combining cash transfers with parenting programmes (cash-plus parenting programmes). These interventions have been extensively evaluated separately for their impacts on violence prevention (including child maltreatment) and child health more broadly. These interventions are the focus of this thesis because cash transfers and parenting programmes are actively being scaled up globally individually and in combination, thus there is a unique opportunity to improve these programmes on a large-scale. Furthermore, investigating intervention impacts from two linked drivers of violence – poverty and harmful parenting practices – can contribute to a more integrated understanding of the relationship between factors at different levels of the socioecological framework.

One proposed mechanism for implementing parenting programmes has been through social protection systems, which already target programmes to vulnerable populations (WHO, 2024, p. 75). Most often, cash transfer systems provide the infrastructure to deliver the additional intervention and identify and reach vulnerable families (Jocson et al., 2023). Programmes with parent and caregiver support are increasing in coverage. For example, over one-third of UNICEF country offices in 2023 implemented these programmes, which have cumulatively reached over 10 million parents and caregivers (UNICEF, 2024). In contrast, over half (52.4% in 2023) of the global population is covered by at least one social protection mechanism, including cash transfers (ILO, 2024). Nonetheless, significant inequalities are

prevalent. Nearly all of Northern, Southern, and Western Europe (93.6%) is covered by social protection compared to 15.4% of the population in Sub-Saharan Africa in 2023 (ILO, 2024).

Cash transfers and parenting programmes each address different vulnerabilities in the home, where violence against children is most prominent (UNICEF, 2017a). Although these interventions have been extensively evaluated individually, evidence is relatively limited on their combined implementation, and this thesis aims to contribute to this gap in the literature. With both the INSPIRE Framework and the social protection field, there is increasing interest in combining interventions from multiple sectors (including across multiple strategies in INSPIRE) to achieve greater impact. However, the science on if and when combining these interventions are effective and have added gains remain an empirical question. Given the relatively small evidence base of cash-plus parenting programmes on violence against children, this thesis also investigates the impacts of other cash-plus combinations on wider child health outcomes (including malnutrition, child development, and neonatal/infant mortality). Expanding the inclusion to other intervention-outcome combinations contributes to our understanding of the puzzle of if and how multiple interventions confer added benefits for children.

Nonetheless, this thesis maintains its overarching focus across the papers on investigating the combined impact of cash-plus parenting programmes and, in the absence of intervention data, the impact of proxy economic- and care-based protective factors on multiple outcomes, including violence against children as well as broader health and wellbeing. These cash-plus parenting programmes focus on addressing child maltreatment, which includes child abuse and neglect as well as corporal punishment and violent discipline (Backhaus et al., 2022). Thematic analyses found high overlap of physical and emotional parenting behaviours (73% & 100%, respectively) included in measures for child maltreatment and harsh parenting (ibid.). Physical and emotional child maltreatment is the most prevalent form of violence against children and is most often perpetrated by parents and caregivers (Devries et al., 2018; UNICEF, 2017a). Therefore, physical and/or emotional child maltreatment perpetrated by parents or caregivers is assessed in the three papers submitted as part of this thesis. Two papers also investigate

other forms of violence against children, including sexual violence and other violence perpetrated by peers and intimate partners.

The following section covers the theory and empirical evidence behind cash transfers and parenting programmes, individually and in combination, for preventing violence against children (i.e., child maltreatment).

Cash Transfers for Preventing Violence Against Children: Theory & Evidence

Intervention description for cash transfers.

Within the socioecological model, social protection (poverty reduction) programmes intervene at the structural level and have long causal pathways between the input (e.g., cash transfers, microfinance, etc.) and programme impact. The most common form of social protection is through cash transfers, which involve the disbursement of financial resources to households or individuals (Greenblott, 2008). These can be given with or without conditions, such as a requirement for children's attendance at school or receiving routine health checks and vaccinations, or as part of a public works programme (Cirillo et al., 2021). Cash transfers (a focus of this thesis) can be implemented to address chronic deprivations of poverty or acute vulnerability, such as shocks from natural disasters or armed conflict.

A number of factors affect the value of the cash transfer, including the setting (development or humanitarian contexts), national poverty lines and costs of basic needs, programme objectives, and budget constraints (McLean et al., 2021; World Bank, 2024b). Increasingly, digital transfers are being considered (rather than physical cash disbursements) due to their potential for reducing implementation cost and increasing programme reach (World Bank, 2024a). Cash transfers are often allocated monthly and, unlike voucher programmes, do not have requirements on how the cash is spent (Little et al., 2021). Many programmes have operated on national scale, such as South Africa's *Child Support Grant*, Kenya's *Cash Transfer for Orphans & Vulnerable Children*, and Mexico's *Prospera*, though issues in coverage may remain.

Problem and intervention theories.

Two theories – the economic stress model and family capacity strengthening model – illustrate how poverty drives violence against children (child maltreatment) and how poverty alleviation via cash transfers can reduce this violence (Rogers et al., 2024). In response to chronic poverty or acute shocks, the economic stress model suggests that caregivers experience increased distress, which contributes to tension between household members and ultimately to reductions in positive parenting and increases in harmful parenting practices (Conger et al., 1994, 2002). In the family capacity strengthening model, households with greater disposable income can invest more in their children beyond material needs alone, such as living in non-violent communities and having more quality time between caregivers and children (Becker, 1960; Mayer, 1997). Thus, cash transfers can work by increasing household resources and concurrently by reducing ‘poverty-related stress’ (Peterman et al., 2017, p. 1049).

State of the evidence for cash transfers in preventing violence against children.

Despite the strong theoretical foundations for the impact of poverty reduction on violence, the empirical evidence is more limited. A review of social safety net interventions (including cash transfers) in low- and middle-income countries found that only around 20% of effect sizes were significant in reducing direct measures of violence against children (Peterman et al., 2017). To note, this review was not systematic (i.e., comprehensive) and did not conduct risk of bias assessments, which limits confidence in the findings as to 1) whether the identified evaluations are representative of the whole evidence base and 2) whether study features/quality influence if positive results are identified. Nonetheless, the review authors caution that social safety nets alone are not primarily intended to address violence against children and, therefore, should be coupled with specific violence prevention efforts.

A recent systematic review and evidence-gap map (Borges Machado et al., 2024) identified three studies of cash transfers on child maltreatment. One (Carvalho et al., 2021) of three studies (Abu-Hamad et al., 2014; Roy et al., 2019) was effective in reducing physical child maltreatment, reducing adjusted odds by 50%. One study also measured emotional child maltreatment (Roy et al., 2019), which had no effect. There is comparatively stronger evidence from high-income countries. In a systematic review of

broader social safety net programmes in the United States, more than 80% of experimental and quasi-experimental studies (10/12) found reductions in child maltreatment (Palermo et al., 2024). When looking at the full evidence base (also including observational studies), only about 60% of studies (16/27) found protective effects and 15% of studies (4/27) identified increased child maltreatment. To note, this review did not differentiate the impacts of cash transfers from other forms of social protection.

Although there is strong evidence that poverty increases the risk of child maltreatment and broader violence against children, there is limited evidence in the original INSPIRE Framework on poverty-alleviation interventions alone in reducing violence against children. Because few primary studies have evaluated changes in violence against children from cash supplements, much of the supporting evidence for violence prevention efforts relies on the evidence for impact on risk and protective factors (WHO, 2016). There is strong evidence identified through rigorous systematic reviews that cash transfers alone are effective in addressing multiple outcomes that are risk or protective factors for violence, such as female empowerment and early marriage (Bastagli et al., 2019; Bergstrom & Özler, 2021; Owusu-Addo et al., 2018). In the absence of direct measures on violence, it remains an empirical question whether improvements in risk and protective factors have a sufficiently large effect size to translate to impacts in reducing violence rates.

Narrative syntheses suggest that cash transfers alone can be implemented to advance progress on multiple SDG targets, including reductions in poverty (SDG Target 1.1), food insecurity (2.1), risky sexual behaviour (3.3), school non-enrolment/non-attendance (4.1), child marriage (5.3), maternal IPV (5.2), child labour (8.7), and inequalities (10.3) more broadly (Bastagli et al., 2019; Cirillo et al., 2021, p. 8). A recent Bayesian meta-analysis of programmes in low- and middle-income countries also found significant effects from unconditional cash transfers on reducing poverty (1.1), food insecurity (2.1), child stunted growth (2.2), mental illness (3.4), school non-enrolment (4.1), and labour force non-participation (8.5) (Crosta et al., 2025). Nonetheless, cash transfers alone have not been consistently effective in fixing all development outcomes. For example, there is limited evidence of cash transfers

improving child survival (3.2) (Siddiqi et al., 2018) and evidence on child growth (2.2) is conflicting (Crosta et al., 2025; Manley et al., 2020).

Pathways for poverty alleviation (cash transfers) in preventing violence against children.

Although there is strong theoretical and empirical evidence that poverty increases violence against children (child maltreatment), there is limited evidence of how poverty alleviation alone can work to reduce this violence. This may be due to long/complex causal pathways between the cash input at the structural level and programme impact at the individual level. Other outcome-specific challenges, including difficulties in measurement, can also contribute to inconsistent results. A review of primary studies (Peterman et al., 2017) developed a conceptual framework based on theoretical and empirical evidence on the relationship between poverty and violence. The primary pathway of impact for cash transfers is by improving economic security at the household level (possibly including through changes in labour market participation), which reduces poverty-related stress and, in-turn, improves parental outcomes (mental health, intra-household conflict and power dynamics, and parenting behaviours). This ultimately results in direct reductions in violence against children or indirect reductions via improved child behaviour, mental health, and time spent in safe environments. Two other possible pathways of impact are from cash transfers increasing children's time in school and, relatedly, in reducing child marriage via economic security (Hertzog et al., 2024). The child marriage pathway in particular is context dependent as the use and prevalence of child marriage throughout low- and middle-income countries is highly varied (Liang et al., 2021; Pourtaheri et al., 2023). Further, although cash transfers may improve school enrolment and attendance (Baird et al., 2013), the school environment can be a source of violence victimisation. There is currently limited and inconsistent evidence that cash transfers may reduce transactional exploitation of children (Borges Machado et al., 2024; Cluver et al., 2013; Rosenberg et al., 2014). More research is needed to investigate whether this effect is consistent across contexts and, if so, whether this protection occurs via improved household economic security.

Given the likelihood of multiple and long causal pathways, supplementing cash transfers with additional interventions may boost the effect size from mediators (more proximal outcomes) and ultimately result

in greater impacts on outcomes further down the causal chain, such as child maltreatment. As already noted above, researchers suggest that violence-sensitive interventions (cash transfers) should be coupled with violence-specific interventions (e.g., parenting programmes) to improve the impact on violence rates (Peterman et al., 2017).

To summarise, cash transfers are a low-cost and easy-to-implement intervention, having consistent evidence of effectiveness in addressing protective factors against violence. These outcomes include female empowerment, fertility rates and sexual concurrency, and early marriage (Bastagli et al., 2019; Bergstrom & Özler, 2021; Owusu-Addo et al., 2018). However, the evidence on the impacts of direct measures of violence against children (child maltreatment) in low- and middle-income countries has been limited and mixed, and no significant effect modifiers (e.g., intervention components or design elements that improve effectiveness) have been identified. Evidence of effectiveness tends to weaken with longer causal chains (Attah et al., 2016; Bastagli et al., 2019; Roelen et al., 2017).

Parenting Programmes for Preventing Violence Against Children: Theory & Evidence

Intervention description for parenting programmes.

Parenting programmes have the largest evidence base of effectiveness for preventing and reducing violence against children (child maltreatment) and can be implemented either individually (as part of home visitation programmes or in healthcare settings) or in group-based community settings. Research has also begun to investigate the potential for digital delivery (Janowski et al., 2025). Regardless of implementation format (in-person versus digital delivery), parenting programmes consist of “[a] set of activities or services aimed at improving how parents and caregivers approach and execute their role as parents or caregivers, specifically their parenting knowledge, attitudes, skills, behaviours, and practices” (WHO, 2022b, p. viii). Social/behaviour change communication strategies as part of parenting programmes educate parents on the harms of violent discipline, facilitate practice of effective, positive (non-violent) forms of discipline, teach parental self-management skills, and foster positive parent-child relationships (Kaehler et al., 2016; Lachman et al., 2016; WHO, 2022, 2024). Interventions are most often delivered weekly over multiple months (Temcheff et al., 2018).

The first systematic review of reviews on interventions for addressing child maltreatment identified parenting interventions as the intervention category with the strongest evidence (Mikton & Butchart, 2009); the relative strength of evidence remained consistent in a more recent systematic review of reviews for interventions addressing violence against children in the home (Cuartas et al., 2024). Parenting interventions are also the first prevention programme to have guidelines developed by WHO to support implementation in reducing violence against children (WHO, 2022b). A subsequent guide has since been published on designing, implementing, and scaling-up parenting programmes (WHO, 2024).

Problem and intervention theories.

Two core theories explain why parents and caregivers may perpetrate child maltreatment (Robinson & Breaux, 2019). Principally, social learning theory (Bandura, 1977) posits that children model their behaviour based on the behaviour of others around them, especially those of their parents; this can be central to the understanding of why intergenerational violence occurs (Widom, 1989). When children experience violence, it can become an acceptable and learned behaviour that is likely to be replicated (Daigle & Muftić, 2016).

Next, attachment theory (Ainsworth et al., 1978; Bowlby, 1969, 1973) suggests that the early attachment style between child and parent/caregiver is predictive of future child behaviour and subsequent responsive caregiving toward the next generation. For example, children who experience violence are less likely to have secure attachment to their parents, which is essential for responsive caregiving in meeting a child's needs (Carlson et al., 1989). This attachment affects the formation of future relationships in the child's life, including with their future children (Hyde-Nolan & Juliao, 2012; Morton & Brown, 1998). There can also be a downward spiral of cyclical conflict (coercion theory) between children and caregivers and this cycle reinforces and escalates violent behaviours for both groups (Barlow et al., 1984).

Specific to intergenerational transmission of violence, a meta-analysis of patterns of continuity (Madigan et al., 2025) found that for general child maltreatment and physical abuse, there is a higher percentage of violence-exposed parents who break the cycle of transmission than those who perpetuate the cycle (23.6% vs. 17.1% for maltreatment). Both demographics (e.g., household income) and methodological characteristics (e.g., study design) moderated the intergenerational transmission across violence outcomes (Madigan et al., 2025). In investigating possible mechanisms, a multiple case study design found that unresolved aggression, maladaptive attachment styles, and harmful norms were risks for intergenerational transmission in South Africa (Woollett et al., 2025). A realist review more broadly identified context-mechanism-outcome configurations with five mechanisms for intergenerational transmission of violence, specifically “Normalisation of violence and harmful gender norms; Modelling & imitation; Emotion dysregulation; High vulnerability; and Impaired relationships [parenting and attachment]” (Meinck et al., 2025, p. 7). Taken together, these findings confirm that parental exposure to violence is a risk factor for violence perpetration (albeit non-deterministic), and there may be multiple concurrent risk factors or mechanisms for intergenerational transmission.

Parenting programmes are theory-based interventions, often drawing on social learning theory (Bandura, 1977) and/or attachment theory (Bowlby, 1969, 1973). Based on social learning theory, improvements in parental behaviours reflect more positive behaviours that children then adopt. Parenting programmes also aim to improve responsive (positive) caregiving (attachment theory), which may include quality time through playing with their child (fostering positive parent-child relationship) and reinforcing/rewarding positive behaviours (e.g., via positive discipline techniques). This can include efforts to understand child behaviour to ensure that parents appropriately interpret positive and negative behaviours. These changes in parenting behaviours can create an upward spiral, such that reinforcing positive behaviours makes children more likely to replicate them, which is then further positively rewarded (Mosha et al., 2022).

Parenting programmes have also incorporated feminist theories in having intervention components focused on gender-transformative processes (Namy et al., 2017); these intervention components aim to

address concurrent violence against women and violence against children by modifying patriarchal family structures (including control and toxic masculinity) in disrupting the normalisation of violence and its perpetration. These intervention components are discussed below.

State of the evidence for parenting programmes in preventing violence against children.

Experimental evidence aggregated in meta-analyses overwhelmingly demonstrates that parenting programmes are effective in preventing violence against children, specifically child maltreatment (Backhaus, Blackwell, et al., 2024; Backhaus, Gardner, et al., 2023c, 2023b, 2023a, 2024; Backhaus, Leijten, et al., 2023; Chen & Chan, 2016; Cuartas et al., 2024; Gubbels et al., 2019, 2021; Hua & Leijten, 2022; Leijten et al., 2018; McCoy et al., 2020; Pinquart & Teubert, 2010; van IJzendoorn et al., 2020), including among households with histories of violence (Chen & Chan, 2016; Han & Oh, 2022). An additional meta-analysis found reductions in absolute risk for re-victimisation, but no impact on relative risk (Vlahovicova et al., 2017).

A systematic review of reviews identified parenting programmes to have small to moderate effect sizes ($d = 0.11$ to 0.61) in reducing violence against children (Cuartas et al., 2024); effect sizes had similar magnitudes for risk and protective factors. Recent meta-analyses compared group-based and individual-targeted interventions and found no differences in the effects for child behaviour management or parental stress (both had statistically significant effect sizes) (Mathijs et al., 2024). Parental depressive symptoms were only significant for group-based programmes, although this did not significantly differ from the null-effect found in individual-targeted interventions (ibid.). Alternative punishment strategies and parental self-management strategies were identified in qualitative comparative analyses within a systematic review as being effective components (Melendez-Torres et al., 2019). A pre-post study of the first at-scale parenting programme in Tanzania shows consistent evidence that the intervention reduces violence against children and its risk factors (Lachman, Wamoyi, et al., 2024).

Parenting programmes can be implemented to advance progress in achieving multiple SDG targets, including violence prevention (Targets 16.2, 16.1, 5.2), child development (4.2), early mortality

reductions (3.2, 3.4) and possibly reducing inequalities (10.3) including by reaching vulnerable families through social protection systems (1.3) (WHO, 2024). Examining equity effects in randomised studies of parenting interventions alone, there was no differential effectiveness in reducing violence against children among vulnerable populations, including households living in poverty measured either by income or employment status (Backhaus, Gardner, et al., 2024). While this evidence is encouraging that inequalities are not widening from the intervention, parenting programmes alone are unlikely to contribute to closing the gaps. It remains an empirical question whether combining parenting programmes with poverty alleviation (cash transfers) could reduce violence inequalities by addressing a structural determinant of violence (poverty).

Pathways for parenting programmes in preventing violence against children.

In the conceptual model on parenting programmes, there are three pathways of impact (Lachman et al., 2016, 2017). There is a direct pathway in reducing the risk of child maltreatment from parenting programmes by improving proximal adult outcomes (e.g., parenting behaviours, skills, and knowledge). This pathway can also be mediated by two mechanisms, specifically by 1) improving distal child outcomes (i.e., child behaviours and emotional regulation), or 2) improving distal adult outcomes (i.e., parental mental health/stress, self-efficacy, and social support).

This model was developed collaboratively based on analyses in systematic reviews and distillation studies (Lachman et al., 2016). Through additional testing and refinement in subsequent randomised trials, reductions in intimate partner violence and coercion were added to the distal adult outcomes and social support was removed (McCoy et al., 2021). Improvements in child behaviour (distal child outcomes) could reduce conflict between parents (distal adult outcomes), thus a link between these two mechanisms was added (Cui et al., 2007; Erel & Burman, 1995; Krishnakumar & Buehler, 2000; McCoy et al., 2021).

Cash Transfers & Parenting Programmes (Cash-Plus Parenting Programmes) for Preventing Violence Against Children: Theory & Evidence

Given that cash transfers alone have inconsistent evidence of effectiveness in preventing violence against children, researchers have begun testing the intervention with additional components, such as parenting programmes, to strengthen the overall impact. Data from a qualitative study on drivers of violence illustrates why a combined intervention could have added effectiveness. The research setting is as follows: This paper investigated violence against adolescents among refugee populations in Uganda, where significant increases in refugee numbers added strain to limited social services (Meyer et al., 2019). Social services, in turn, cut the amount of food transfers to accommodate the growing population demands. At the household level, the stress of food insecurity further strained the relationship between adolescents and caregivers and increased violence against adolescents. Also at schools, the associated hunger from food insecurity was linked to increases in violence between adolescents and from teachers toward adolescents. This example demonstrates some of the multiple pathways through which violence can occur.

In this context, addressing violence with only violence prevention interventions (e.g., via social/behaviour change communication, such as parenting programmes) alone may have some, albeit possibly limited, effectiveness unless context-specific issues (i.e., the availability of social services in providing food security) are also addressed. Looking specifically at parental violence toward adolescents, theories on family development suggest that stress is determined not just by the stress factor (e.g., food insecurity), but also by the resources available to cope and how the stressor is perceived at the household level (Hill, 1958; Newman & Newman, 2020). This implies that the most effective response may include efforts to address both the stressor (food insecurity) as well as household coping skills (e.g., promoting positive parenting). One possible intervention for this context could be a combined cash transfer and parenting programme.

Intervention description for cash-plus parenting programmes.

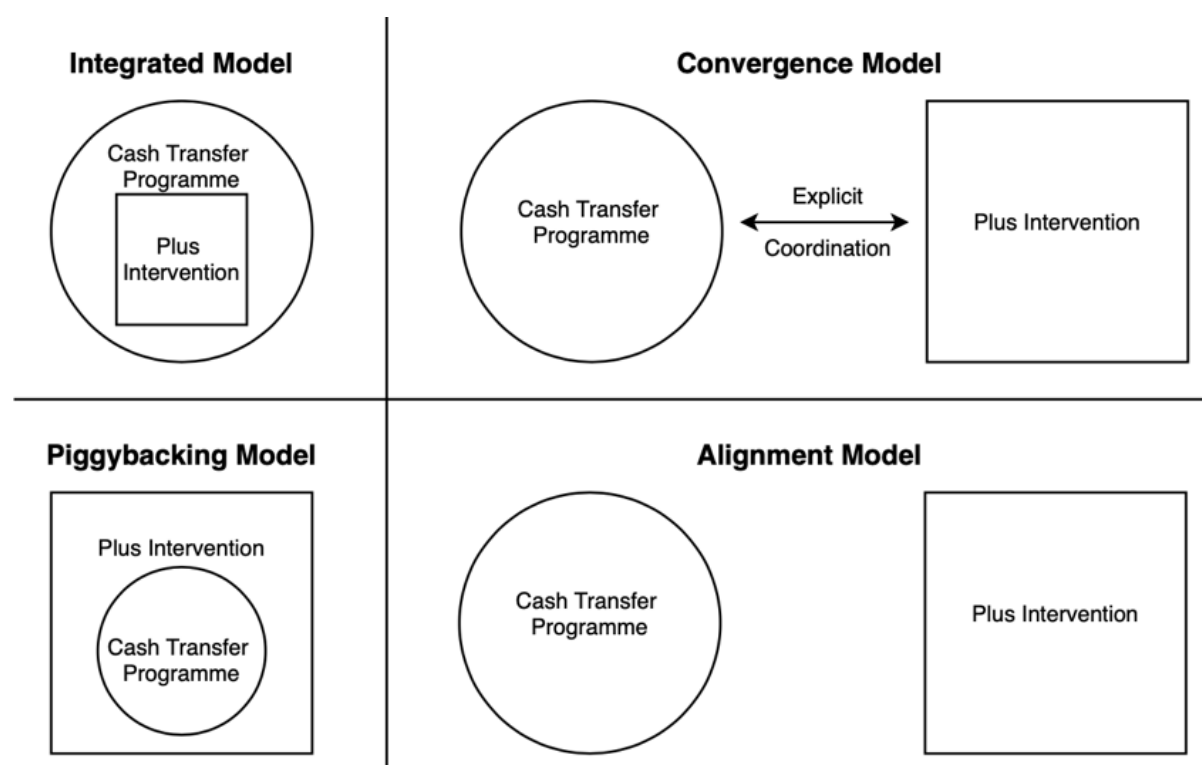
In outcome domains where cash transfers alone have had limited or inconsistent effects, cash transfers have started to be combined with an additional ‘plus’ intervention component that works on an intermediary mechanism to strengthen the causal pathway (Roelen et al., 2017). These plus-components target behavioural mediators or supply-side moderators (Roelen et al., 2017) that are not significantly affected by poverty alleviation alone. Much of this early work has been focused on combining cash transfers with additional knowledge dissemination efforts on child nutrition and water and sanitation practices (Little et al., 2021) and now, combining cash with parenting programmes is a growing area of research. The approach also recognises that poverty and its consequences are multidimensional and require more than only monetary relief (Barrientos et al., 2014; Roelen et al., 2017).

One possibility for integrating the two interventions is by delivering parenting programmes through social protection systems. These systems are often already directed to highest-risk populations for violence, such as households living in poverty, which can be helpful for interventions with selective targeting (WHO, 2024). This suggests a possible synergy between cash transfers and parenting programmes. Also, utilising existing mechanisms/systems could facilitate the efficiency and ultimately sustainability of the combined intervention (WHO, 2024). However, prior to this thesis, there had not been any identified efforts to determine the overall effectiveness of these combined interventions on violence against children (i.e., child maltreatment).

Further, there is limited evidence and guidance on if, when, and how interventions – such as cash transfers and parenting programmes – should be combined. A non-systematic review of cash-plus programmes (Arriagada et al., 2018) identified at least four different models of how the two programmes can be implemented (see Figure 2.2, developed by the candidate based on research findings from Arriagada and colleagues). Both cash transfers and plus-interventions can be managed by one of the programme hosts (either through social protection or health systems). Specifically, when both are delivered through social protection systems, this is an integrated model. When both are delivered through health systems, this is referred to as a piggybacking model (Arriagada et al., 2018).

Alternatively, the two interventions can be implemented by separate managing organisations (e.g., social protection and health systems individually) who may or may not explicitly coordinate efforts to ensure both interventions reach and engage the same population. Explicit coordination is the defining feature of a convergence model, whereas its absence defines an alignment model (Arriagada et al., 2018).

Figure 2.2: Implementation models for cash-plus interventions
(developed by the candidate based on Arriagada et al., 2018)



For cash-plus programmes, the model of implementation can impact intervention effectiveness. Within a review of effectiveness of cash-plus programmes (*DPhil Paper 2*), only one trial was identified that evaluated the effectiveness of different implementation models (Fernald et al., 2016). In both treatment arms, the cash transfer and plus component (psychosocial stimulation) were delivered and managed separately. However, one trial arm had explicit coordination between the separate intervention implementers to ensure participants were engaged in both interventions (a convergence model) and the

other trial arm had the same interventions implemented but without coordination between implementers (an alignment model). In comparison to a trial arm that only received a cash transfer, the analyses found that only the convergence model (having explicit coordination between separate intervention implementers) translated to added gains in promoting child cognitive development (Fernald et al., 2016). When there was no explicit coordination between the separate intervention implementers in engaging participants in both interventions, the added gains were not observed (ibid.). To the best of the candidate's knowledge, the effectiveness of different implementation models has not been tested or applied with respect to violence prevention trials on cash-plus parenting programmes.

Conditionality for cash transfers in cash-plus programming.

Cash transfers can be conditioned on use of services, most often attendance at health checks or school attendance. Conditionality creates added programme costs and more complex delivery, which does not necessarily have a larger effect and could pose limitations to implementation at-scale (Baird et al., 2013). For example, both conditional and unconditional cash transfers improve school enrolment and there is only non-overlap of confidence intervals when comparing unconditional cash transfers to conditional cash transfers with explicit monitoring and enforcement (rather than no or soft enforcement; Baird et al., 2013). Further, punitive measures for not meeting conditions may disproportionately affect vulnerable households who may have higher difficulties in meeting them. Consequently, researchers hypothesise that conditions on transfers could also have adverse, unintended outcomes, such as increased stress among caregivers in satisfying the requirements (Peterman et al., 2017).

Debates remain on the utility and effectiveness for conditioning cash transfers generally (Baird et al., 2013). The differential impact on violence against children from unconditional versus conditional cash transfers – either alone or in combination with parenting programmes – is likewise unclear and remains an empirical question. To note, conditionality is not theorised to be considered a 'plus'-intervention because condition monitoring is not an intervention in itself. For example, while conditioning cash transfers on regular health check-ups is not a plus-intervention, scaling up access to health services alongside a cash transfer (conditional or unconditional) is a plus-intervention. Plus-interventions either

target mediators on the demand-side (i.e., knowledge and behaviours) or moderators on the supply-side (i.e., access to services) (Roelen et al., 2017).

Gender-Transformative Intervention Components.

Social protection programmes, such as cash transfers, can be designed to be gender sensitive, gender responsive, or gender transformative (Mathers et al., 2024). For example, gendered-targeting of cash disbursements would be considered a gender-sensitive approach to social protection because the design of the intervention is modified to address possible gendered differences in the effectiveness of the programme for children (Mathers et al., 2024). In cases when cash transfers are allocated to mothers, this may confer greater empowerment/bargaining power (mitigating unequal intrahousehold power dynamics) (Almås et al., 2015). A recent Bayesian meta-analysis found that unconditional cash transfers targeted to women have higher household consumption scores, particularly food consumption (Crosta et al., 2025). Relatedly, there is some empirical evidence that mothers are more likely to financially invest in their children's health and education when cash transfers are allocated to them rather than to fathers (Yoong et al., 2012). However, these conclusions on parental investment in child health and education are drawn from a systematic review of 15 studies that could not be combined in meta-analyses due to high heterogeneity across programme types. This latter systematic review (Yoong et al., 2012) requires updating since the searches were first run in 2010 and there has not been any update to the candidate's knowledge.

Much of the work in cash transfers becoming gender-responsive or gender-transformative requires the addition of plus-interventions, such as parenting programmes (Mathers et al., 2024). Whereas gender-responsive programmes aim to address gender-specific vulnerabilities (e.g., empowerment), gender-transformative programmes aim to address the root causes and drivers of gender inequality, such as gender-inequitable attitudes (Mathers et al., 2024). For example, gender-transformative parenting programmes often have components on couples'/caregivers' relationship skills, positive parenting skills, emotional regulation skills, equitable engagement of fathers, positive gender socialisation (raising boys and girls equally), education regarding harms of violence and alcohol, and reflections on

how gender norms impact current power imbalances in the household and on the contribution of parents' childhoods (UNICEF Innocenti et al., 2023). These components were identified based on conceptual thinking in a non-systematic review of effective primary studies. However, further primary studies and meta-analyses (including intervention component analyses) are needed to confirm the effectiveness of these components and which are/are not essential to programme success in reducing both harmful gender norms and violence against children.

Whether gender-informed programmes are more effective than those without gendered components in reducing violence against children remains an empirical question that has yet to be established quantitatively. Ideally, research should investigate this question through a systematic review and meta-analysis or network meta-analysis. Analyses of cash-plus programmes as well as their individual components that evaluate the effects on violence against children should also evaluate whether there are concurrent reductions in maternal intimate partner violence victimisation (a gendered risk factor for violence against children). Evidence on the intervention impacts on maternal intimate partner violence victimisation would strengthen the empirical evidence in support of the conceptual framework and may provide a possible explanation for why programmes are (or are not) successful in reducing violence against children.

State of the evidence for cash-plus parenting programmes in preventing violence against children.

Randomised trials have demonstrated the effectiveness from combined cash and parenting interventions in reducing violence against children (child maltreatment) compared to cash transfers alone (Betancourt et al., 2020; Jensen et al., 2021; Lachman et al., 2021; Premand & Barry, 2020) and all found evidence of reductions in child maltreatment, including at one-year post-intervention (Jensen et al., 2021; Lachman et al., 2021). The evidence from randomised trials is concentrated on children under the age of five. Only one study (a pre-post pilot) has evaluated the effectiveness of cash-plus parenting programmes among adolescent populations (Jocson et al., 2023); this study also found evidence of reduced child maltreatment from the combined intervention compared to cash alone, which may indicate potential effectiveness of the intervention across age groups. All but one randomised study

(Premand & Barry, 2020) also measured maternal intimate partner violence, and all found significant reductions. This could support the theoretical pathway that effects converge on distal parental outcomes.

These evaluations were conducted in the Philippines (Jocson et al., 2023; Lachman et al., 2021), Rwanda (Betancourt et al., 2020; Jensen et al., 2021), and Niger (Premand & Barry, 2020) and used a range of social protection mechanisms, including unconditional cash transfers (Premand & Barry, 2020), conditional cash transfers (Jocson et al., 2023; Lachman et al., 2021), and cash-for-work schemes (Betancourt et al., 2020; Jensen et al., 2021). One programme used a home-visitation model (Betancourt et al., 2020; Jensen et al., 2021), whereas the others primarily used group-based support (Jocson et al., 2023; Lachman et al., 2021; Premand & Barry, 2020). Interventions either used an integrated design model (Jocson et al., 2023; Lachman et al., 2021; Premand & Barry, 2020) or convergence design model (Betancourt et al., 2020; Jensen et al., 2021). To the candidate's knowledge, there have not been any evaluations of cash-plus parenting programmes that used either the alignment or piggybacking model for implementation.

One programme from Rwanda also conducted an evaluation four-years post-intervention (Jensen et al., 2025). The study found sustained reductions in child-directed psychological aggression compared to baseline using marginal effects analysis (beta, $b = -0.07$ [-0.14, -0.02]; OR= 0.93). When assessing average change over time, however, the effects remained significant for violent discipline ($b = -0.19$ [-0.29, -0.09]; OR= 0.83), physical abuse ($b = -0.17$ [-0.28, -0.07]; OR=0.84), and psychological aggression ($b = -0.29$ [-0.40, -0.18]; OR= 0.75). This is encouraging evidence on the effectiveness of cash-plus parenting programmes in sustaining reductions in violence against children. Nonetheless, there was no sustained effect on maternal intimate partner violence victimisation.

As noted above, a limitation of parenting programmes alone is the absence of positive equity effects, specifically that the intervention is unlikely to reduce inequalities in violence (Backhaus, Gardner, et al., 2024). Research is needed to evaluate whether supplementing this intervention with a cash transfer can reduce violence inequalities driven by poverty (a structural determinant).

Apart from a pre-post pilot study in Tanzania (Jocson et al., 2023), there remains an evidence gap on the effectiveness of cash-plus parenting programmes for adolescents. A recent systematic review of cash-plus/package interventions for adolescents in Africa did not identify evaluations that explicitly measured the impact of cash transfers and parenting programmes on gender-based violence (Rogers et al., 2024). That said, there were a number of evaluations that were part of the DREAMS Initiative which did not specify the intervention components or conduct analyses for incremental effects from individual components. The DREAMS Initiative (**D**etermined, **R**esilient, **E**mpowered, **A**IDS-free, **M**entored, & **S**afe) was created by PEPFAR (the United States bilateral agency on HIV & AIDS) to tackle the disproportionate impact that HIV has among girls and young women (PEPFAR, 2019). The partnership proposes a package of interventions to address the multiple, complex pathways to HIV risk; among these interventions are school and community-based violence prevention programmes, parenting programmes, social protection programmes, and adolescent-friendly health services (PEPFAR, 2020). A recent meta-analysis found positive impacts in the DREAMS initiative reducing HIV incidence and sexually transmitted infections, but did not conduct analyses on violence outcomes (Lavoie et al., 2025). To note, the systematic review on cash-plus programmes for adolescents in Africa also considered other economic strengthening interventions combined with health information or life-skills training, finding inconsistent effects on violence outcomes (Rogers et al., 2024).

In the absence of experimental data, observational data can provide evidence to support context-specific decisions on whether an intervention such as cash-plus parenting programmes may be effective in a new setting. Evidence from longitudinal data in South Africa (Cluver et al., 2020) examined the joint impacts of multiple INSPIRE-related provisions (modifiable protective factors based on mechanisms from INSPIRE strategies) and found that the combination of food security (within *Income & economic strengthening*) and good parenting practices (parental monitoring and positive parenting within *Parent & caregiver support*) were associated with reductions in multiple forms of violence against children. These findings suggest that cash-plus parenting programmes may be effective in the South African context. Other analyses using observational data (both cross-sectional and longitudinal) have also

frequently identified both cash transfers (intervention) or food security (protective factor) and parenting skills/behaviours (protective factors such as parental support, parental monitoring, etc.) as accelerators associated with multiple improved outcomes (Cluver et al., 2019, 2020; Haag et al., 2022; Hertzog et al., 2022; Maughan-Brown et al., 2025; Mchenga et al., 2025; Meinck et al., 2021; Tamambang et al., 2024).

Pathways for cash-plus parenting programmes in preventing violence against children.

Based on the theories, conceptual frameworks, and available research evidence from the individual interventions (cash transfers and parenting programmes) on violence against children, a combined conceptual framework was developed by the candidate (see Figure 2.3). Parenting programmes have a direct pathway of impact on child maltreatment by improving proximal adult outcomes, including behaviour such as monitoring and non-violent discipline. Parenting programmes also have two indirect pathways by improving distal adult outcomes (stress, mental health, intimate partner violence, etc.) and distal child outcomes (behaviour, mental health, etc.). Cash transfers (financial support at the household-level) also may prevent violence against children by addressing distal adult outcomes through reductions in their economic drivers (e.g., poverty-related stress). Because parenting programmes alone are not designed to address these economic drivers, this convergence of pathways for cash transfers and parenting programmes on improvements in distal adult outcomes may subsequently result in increased effects for preventing child maltreatment.

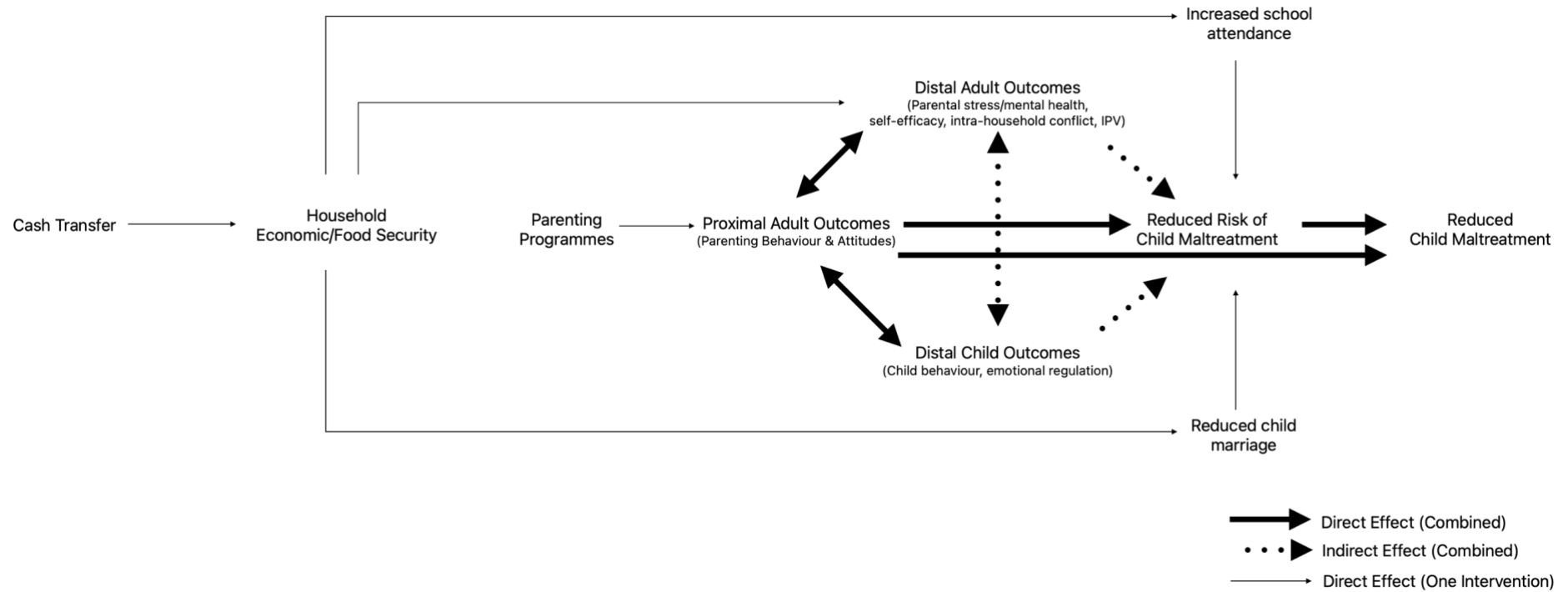
These indirect pathways also strengthen the direct pathway between parenting programmes and reductions in violence against children. The only pathways from cash transfers completely independent from parenting programmes are from cash transfers increasing school attendance and reducing child marriage. However, school attendance does not guarantee protection from child maltreatment. The prevalence of school-based violence from teachers and school staff would moderate the effectiveness of the pathway via school attendance. This also does not account for peer-to-peer violence. Lastly, the relevance of the child marriage pathway differs across countries, given that its prevalence throughout low- and middle-income countries is highly varied.

For the combined intervention, cash-plus parenting programmes may be more effective than cash transfers alone because parenting programmes strengthen second-order outcomes (behavioural mediators) in the pathway to reductions in violence. The combined intervention may also be more effective than parenting programmes alone because cash transfers strengthen the indirect pathways of parenting programmes. Nevertheless, cash transfers also have an independent pathway of parenting programmes in reducing violence by increasing school attendance or reducing child marriage. Combining these two interventions may result in added impacts for impoverished households, which may ultimately result in narrowing of inequality gaps that concentrate violence among poorer families.

The added impacts from cash-plus programmes could potentially increase the sustainability of effects. For example, a study in Liberia among criminally-involved adult men found significant reductions in crime and violence from cognitive behavioural therapy (Blattman et al., 2017). However, effects only persisted among the sample that received both cognitive behavioural therapy in combination with a one-time cash grant (\$200 value; *ibid.*). This sustained impact from the combined intervention is hypothesised to be the result of improvements on multiple pathways (Blattman et al., 2017).

To the candidate's knowledge, empirical assessments to investigate the pathways in the conceptual framework from concurrent implementation of cash transfers and parenting programmes have yet to be conducted. This is beyond the scope of the current thesis, but remains an important area for future research.

Figure 2.3: Conceptual framework for the impact of cash-plus parenting programmes
(developed by the candidate based on theory, previous frameworks, and available research evidence)



Implications from Literature & Gaps.

There is irrefutable evidence that violence against children is a major problem. It affects children globally and carries lifelong health, social, and economic consequences. Two violence prevention interventions included in the INSPIRE Framework – cash transfers and parenting programmes – are actively being scaled-up globally and have potential to reduce violence against children, including child maltreatment. Data from 2022 onward found that cash transfers were among the highest coverage social protection interventions, reaching nearly one-third of households in the poorest quintile across 68 high-, middle-, and low-income countries (World Bank, 2025, p. 36). Further, as of June 2022, parenting resources (open access materials as part of Parenting for Lifelong Health) had reached over an estimated 200 million people (Lachman, Nurova, et al., 2024). Efforts are necessary to continue scaling-up interventions, especially state-led efforts which are significantly less prevalent in resource-constrained contexts (Daly et al., 2015).

The INSPIRE Framework suggests that concurrently implementing interventions from multiple strategies can have added benefits in further reducing violence against children (WHO, 2016). Emerging literature has begun to evaluate the impacts of combining cash transfers with parenting programmes (i.e., cash-plus parenting programmes). Nonetheless, substantial evidence gaps remain. In the absence of intervention data to guide decision-making processes, the potential applicability of the combined intervention to new contexts remains an empirical question. Where intervention evidence is available, however, the additive effects of combining these interventions and the relative strength of the evidence of effectiveness compared to their individual components (as well as to other violence prevention interventions) remain unclear. Beyond impacts on violence against children, it remains unknown whether the impacts of cash-plus parenting programmes can have consistent evidence of effectiveness on other SDG-related outcomes, including violence against women (i.e., maternal intimate partner violence).

Research Aims & Questions.

The goal of this thesis is to provide rigorous evidence to advance the science behind the INSPIRE Framework and focus on two key, scalable interventions: Cash transfers and parenting programmes. More specifically, this thesis aims to contribute to the overarching research question: *What are the impacts of combined economic- and care-based provisions in preventing violence against children (child maltreatment) in low- and middle-income countries and to what extent do these provisions reduce multiple adverse outcomes?*

I investigate this question from three vantage points:

Research Question 1 (DPhil Paper 1): Are economic- and care-based provisions associated with lower prevalences of violence against children (including child maltreatment) in Namibia? Are these provisions associated with lower prevalences of multiple adverse outcomes? Do they differ between girls and boys?

This secondary data analysis of the cross-sectional Violence Against Children & Youth Survey in Namibia provides an empirical test of the INSPIRE Framework in a context where no experimental or quasi-experimental evidence has evaluated the impact of cash transfers or parenting programmes on violence against children. Using multivariable logistic regressions and marginal effects modelling, the paper investigates the additive effects of multiple INSPIRE provisions (protective factors/predictors: gender-equitable attitudes, parental support, and food security) across 12 outcomes, including multiple forms of violence against children (victimisation from child maltreatment, youth violence, intimate partner violence, or sexual violence), HIV risk, and early pregnancy.

Research Question 2 (DPhil Paper 2): Are cash-plus parenting programmes for infants and children under the age of five more effective than cash transfers alone in preventing violence against children (child maltreatment) and improving other child health/wellbeing outcomes?

This systematic review includes meta-analyses on the added benefit of implementing parenting programmes (child protection-focused intervention components) with cash transfers to further reduce violent discipline. Given the small evidence base, the analysis also investigates whether there is evidence of impacts on other child-focused outcomes (e.g., anthropometrics, mortality, cognitive development, etc.) from other intervention components combined with cash transfers. This may provide broader lessons about additive effects of implementing multiple concurrent interventions.

Research Question 3 (DPhil Paper 3): Do cash-plus parenting programmes have consistent evidence of preventing violence against children (child maltreatment) and how does this evidence compare to other interventions within the INSPIRE Framework? Is there evidence in consistently improving other outcomes as well?

This systematic review of systematic reviews combines seven reviews (one for each strategy) into one technical evidence update on the INSPIRE Framework. The review synthesises the evidence of effectiveness of cash-plus parenting programmes in reducing child maltreatment compared to cash alone and no intervention. The evidence from cash-plus parenting programmes is then ranked against evidence from other social interventions to determine which interventions have the strongest evidence to support prioritised implementation.

Based on the findings from the three empirical papers, the conclusion of this thesis is: There is growing evidence that cash-plus parenting programmes are an effective tool to address violence against children (child maltreatment) and there may be impacts beyond preventing violence against children alone.

The remainder of the thesis proceeds with a chapter for each paper. A summary of the key contributions of each paper to the overall thesis question is provided before the respective chapter.

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CHAPTER 3 (DPhil Paper 1): ACCELERATORS TO REDUCE VIOLENCE, HIV RISK, AND EARLY PREGNANCY AMONG ADOLESCENTS AND YOUNG PEOPLE IN NAMIBIA: A CROSS-SECTIONAL ANALYSIS OF THE VIOLENCE AGAINST CHILDREN & YOUTH SURVEY.

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Contributions of DPhil Paper 1 to the Overarching DPhil Question.

Data from the Violence Against Children & Youth Surveys (VACS) are among the best secondary data available for studying violence against children in low- and middle-income countries, and the 2019 Namibia dataset provides a unique opportunity for evaluation. VACS data provide a nationally representative, cross-sectional survey to evaluate multiple forms of violence against children, its drivers, and its consequences; these surveys are especially useful in providing context-specific insights for developing evidence-based policies. Early VACS data (e.g., from 2007 (Eswatini) through 2014 (Nigeria and Zambia)) had significant limitations, including an absence of questions on social protection and food/material security (proxy measures of poverty). INSPIRE-related measures began being fully included in studies after 2017, which represented a next generation of VACS data.

Analysing observational data can complement randomised trials or pilots in informing whether an intervention may work in a given context. This is especially relevant to Namibia, where no randomised trials of childhood violence prevention programmes have been conducted. The systematic review of systematic reviews submitted as part of this thesis (*DPhil Paper 3*) did not identify any primary studies that were implemented with samples in Namibia. Further primary searches for interventions measuring

violence prevention among children and adolescents in Namibia returned no results. The analyses undertaken for this paper were the first analyses to identify accelerators using nationally representative data, which strengthens the external validity of the findings.

This paper empirically tested potential mechanisms of the INSPIRE Framework to identify which protective factors are associated with multiple improved outcomes, including child maltreatment. Using multivariable logistic regressions and marginal effects modelling, this analysis identifies promising results of additive effects from multiple protective factors. Specifically, protective factors of economic- and care-based provisions (food security and parental support, respectively) were associated with lower prevalences of multiple adverse outcomes for girls, including reductions in multiple forms of violence victimisation. However, there was no associated effect on multiple outcomes for boys from either factor alone or in combination. Nonetheless, having gender-equitable attitudes was associated with lower prevalences of multiple adverse outcomes for both boys and girls. These results may inform future innovative intervention approaches for implementation and eventual scale-up. Intervention packages delivering these provisions are hypothesised to have high impact by concurrently reducing multiple risk pathways for adolescent girls. One potential intervention package addressing these accelerators is gender-transformative cash-plus parenting programmes.

Because there is limited evidence on scalable interventions to improve norms around gender and violence, the remainder of the thesis focuses on two programmes that are actively being scaled up in the region – cash transfers and parenting programmes (i.e., cash-plus parenting programmes). Nonetheless, design elements of these interventions (e.g., active engagement of fathers in child development, offering childcare to ensure mothers can participate in interventions, or providing cash disbursements to mothers) may contribute to improving social norms on gender, which may in-turn contribute to improving multiple outcomes for boys and girls.

This paper is among the first evidence to empirically test INSPIRE-related mechanisms using nationally representative data and identifies sex-disaggregated findings on protective factors associated with lower

prevalences of multiple adverse outcomes. For example, among females, the estimated prevalence of child abuse was 30% in the absence of accelerators, 23% with food security alone, 20% with parental support alone, and 23% with gender-equitable attitudes alone. Together, the estimated prevalence of child abuse in the presence of all three accelerators was 11%. Compared with no accelerators, experiencing all three accelerators was associated with 64% lower prevalence of child abuse. This evidence suggests that the combined provision of these protective factors (e.g., through gender-transformative cash-plus parenting programmes) may have greater associations than intervening through one pathway alone.

At several events, I discussed the findings of this paper with policymakers, in addition to co-authors from the US CDC and UNAIDS who deepened policy engagement in the country. In these conversations, cash-plus programming was discussed as a possible intervention to improve multiple outcomes for adolescents, especially adolescent girls. Namibia has one of the strongest social protection systems in the region, which could be leveraged to implement complementary programming, such as parenting interventions. Nonetheless, efforts are still needed to improve the targeting and reach of the system in serving the most vulnerable populations.

Additionally, cash transfers and parenting programmes are included within PEPFAR's strategy for DREAMS, which aims to address the disproportionate impact that HIV and its risk factors (e.g., violence victimisation) have on adolescent girls in East and Southern Africa through multiple, overlapping interventions (Saul et al., 2018). These interventions are selected on a country-by-country basis, thus context-specific analyses, such as those presented in this paper, could directly inform the selection of appropriate interventions where experimental data is unavailable. In conclusion, this paper presents an empirical analysis that demonstrates the additive effects of combined economic- and care-based provisions in preventing violence against children in Namibia and that combined provision can contribute to reductions in the prevalences of multiple adverse outcomes.

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Abstract.

Our study applied the INSPIRE Framework – the WHO’s 2016 technical package of evidence-based interventions for addressing violence against children – to identify accelerators for youth in Namibia. Accelerators are protective factors that contribute toward achieving multiple SDG targets. Using nationally representative data from the 2019 Namibia Violence Against Children & Youth Survey (n=5167), three hypothesised accelerators (food security, parental support, and gender-equitable attitudes) were investigated for their impact on 12 adolescent outcomes. Associations between the hypothesised accelerators and outcomes were assessed using multivariable logistic regressions, and adjusted probabilities, differences, and ratios. Among girls, food security, gender-equitable attitudes, and parental support were accelerators, being associated with lower odds for 8, 6, and 2 outcomes, respectively. When all three were present, the combination was significantly associated with 10 out of 12 outcomes, including >75% lower prevalences of child marriage; >50% lower prevalences of child abuse, sexual violence victimisation, early sexual debut/early pregnancy, and peer violence victimisation; and >25% lower prevalences of intimate partner violence (IPV) victimisation, not being in school or paid work, mental health distress, inconsistent condom use, and age-disparate or transactional sex. Among boys, gender-equitable attitudes was an accelerator and was significantly associated with 7 out of 10 outcomes, including approximately 50% lower prevalences of sexual violence victimisation, child abuse, age-disparate or transactional sex, IPV victimisation, multiple sexual partners, peer violence victimisation, and inconsistent condom use. Adolescents (especially girls) with access to INSPIRE provisions experience lower rates of violence and HIV-related risks. Implementing interventions on these priority protective factors could accelerate progress in achieving the SDGs for adolescents and young people in Namibia.

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Data Availability: Data are publicly available from [Together for Girls](#).

Conflicts of interests: The authors have no competing interests exist to disclose. The findings and conclusions are those of the authors and do not necessarily represent the position of their institutions, including the World Health Organization and the U.S. Centers for Disease Control & Prevention.

Introduction.

For adolescents in Namibia and across the African continent, violence, HIV, and early pregnancy threaten development and longevity. Violence against children and adolescents in Namibia is prevalent in multiple forms, including physical violence (33% of girls, 41% of boys in 2019), emotional violence (11% of girls, 8% of boys), and sexual violence (12% of girls, 7% of boys) (Ministry of Gender Equality, Poverty Eradication and Social Welfare Namibia, 2020). As of 2017, AIDS remained the leading cause of death for Namibian children and adolescents (Namibia Statistics Agency, 2020) and in 2019, nearly one-in-five adolescent girls experienced early pregnancy and motherhood (UNFPA Namibia, 2021).

Adolescents in Namibia also face a range of deprivations that further threaten their safe transition to adulthood. Rates of both orphanhood and food insecurity significantly increased during the COVID-19 pandemic as well as rates of gender-based violence and early pregnancy (UNFPA, 2021; UNFPA Namibia, 2021; UNICEF Namibia, 2020; Unwin et al., 2022). In response to the pandemic, innovative interventions are necessary to regain progress to reach key targets in the Sustainable Development Goals (SDGs).

One possible innovation is the application of the INSPIRE Framework, which provides seven strategies to address violence against children and its risk factors (WHO, 2016). These interventions may be highly effective in reducing violence by addressing multiple pathways of vulnerability. These prevention pathways include establishing and upholding legal protections for children, challenging harmful social norms, fostering safe environments, providing parent/caregiver support, disbursing financial support, and teaching life skills, as well as a response strategy providing psychosocial support to children who experienced violence (WHO, 2016). Despite the promise of INSPIRE interventions, there has been limited evidence testing their effectiveness in Namibia. Although previous evaluations in the country have focused on poverty reduction through national cash transfer programmes (Chiripanhura & Niño-Zarazúa, 2013; Levine et al., 2009, 2011), there is no evidence on whether social protection, including cash transfers, is associated with violence prevention in this context. It is also

unknown whether other INSPIRE interventions, such as parenting interventions or other gender-transformative programming, also have violence prevention impacts since no analyses are available from Namibia.

In the absence of intervention data (as is the case in Namibia), INSPIRE-related provisions (modifiable protective factors) can serve as proxies in investigating whether action in these areas may have accelerating effects. Specifically, these protective factors are classified as accelerators if they contribute toward two or more improved outcomes across multiple Sustainable Development Goals, such as violence prevention (SDG16), health (SDG3), education (SDG4), and gender equality (SDG5). There must also be at least one intervention with consistent evidence in delivering, teaching, or conferring the protective factor to individuals or households (UNDP, 2015, 2017). When combined, these accelerators may also have additive effects, specifically added impact on singular outcomes (depth) or added impact in the total number of improved outcomes (breadth; Cluver et al., 2020). In Namibia, there has been no evidence to date on whether INSPIRE provisions may qualify as accelerators in further preventing violence and other adverse outcomes for adolescents and young people.

To address this gap in the evidence base, this paper aimed to answer two questions: 1) Which INSPIRE provisions (hypothesised accelerators) are associated with lower prevalences of multiple adverse outcomes for adolescent girls and young women and for adolescent boys and young men in Namibia? 2) What are the additive effects of the hypothesised accelerators across multiple outcomes?

Materials & methods.

Study design, setting, & participants.

This secondary analysis utilised cross-sectional survey data from the publicly available and nationally representative Namibia 2019 Violence Against Children & Youth Survey (VACS). This survey was administered from March to June 2019 to adolescents and young people aged 13-24 (adolescents aged 13-17 and young people aged 18-24) living in non-institutionalised settings (Ministry of Gender

Equality, Poverty Eradication and Social Welfare Namibia, 2020). The survey aims to contribute to evidence-based programming to end violence against women and children (Sustainable Development Goals 5.1-5.2 and 16.2, respectively) (Ministry of Gender Equality, Poverty Eradication and Social Welfare Namibia, 2020).

Several studies have been published detailing an overview of the survey and its sampling design, methodology, and statistical procedures (Chiang et al., 2016; Nguyen et al., 2019). VACS data utilise a three-stage, geographically clustered sampling strategy in its random selection of communities, households, and individuals (Nguyen et al., 2019, p. 322). The sample frame in Namibia was based on data from the 2010 census and the Intercensal Demographic Survey in 2016 (Velloza et al., 2022, pp. NP22995–NP22996). Within selected households, only one individual was included in the survey (randomly selected) and was assigned a sex-specific primary sampling unit (ibid.). The survey procedures required that the individual speak one of six local languages or English and not have a disability impacting the understanding of, or responding to, the questionnaires (Velloza et al., 2022). In total, 5191 adolescents and young people aged 13-24 completed the survey. Twenty-four cases (<0.5% of the total sample) were dropped from the dataset due to no linked household survey. The final sample for this paper's analysis (n=5167) included 4189 females and 978 males. Overall, the response rate was 88.5% for females and 84.2% for males. The weighted sample represents a population of 514,251 adolescents and young people in Namibia.

The survey also oversampled females living in priority districts (Khomas, Oshikoto, and Zambezi) for PEPFAR's DREAMS Initiative. This effort is a set of packaged interventions from the US HIV/AIDS bilateral agency to address the multiple, complex pathways that increase HIV risk for adolescent girls and young women (Chabata et al., 2021). Oversampling is adjusted for in the sample weights and our analysis included an additional variable to account for oversampling (Velloza et al., 2022).

Variables & measurements.

VACS data use validated survey tools that are culturally adapted to each country and piloted in field testing prior to full-scale implementation (Masseti et al., 2020). This includes adjustments to wording of the questions/answers as well as the addition of questions or modules based on country priorities and context and consultation with key, local stakeholders. Thus, the hypothesised accelerators, outcomes, and covariates are based on scales that have been tested and validated elsewhere. Survey questions and combination strategies for each variable are available in Appendix 3.1.

We reviewed the questionnaires for measures of protective factors that could possibly qualify as accelerators. We focused on the objectives for prevention strategies included within the INSPIRE Framework, thus exclude response services which are quite limited in this context (e.g., 10% or less of females aged 18-24 years sought or received help after sexual violence victimisation; MoHHS Namibia, 2019). There were no variables related to the implementation or enforcement of laws. Gender-equitable attitudes was measured in the youth surveys and aligns with the objective for the Norms & values strategy, so it was included as a protective factor. No protective factors were identified which aligned with the objective of the Safe environments strategy as all potential indicators (e.g., safe homes, safe communities, etc.) would be coded as the absence of one or more violence outcomes. This also applied to a measure on safe (non-violent) schools, thus education was used as an outcome instead. The objective of Parent & caregiver support includes creating positive parent-child relationships, so we included parental support as a protective factor. Parental monitoring was also considered, but was excluded because the variable uses different time references in questions for those aged 13-17 and 18-24 years; this introduces a higher risk of recall bias for the older age group. Lastly, household food security was included as a protective factor in aligning with the Income & economic strengthening objective to improve economic security and stability. The survey also includes question on household receipt of any social protection. However, no monetary values are specified, which limits the generalisability of this exposure and, additionally, a latent class analysis would be an essential prerequisite to understand patterns of access given the uneven coverage across the country.

In total, three hypothesised accelerators (protective factors) were identified in this dataset that align with the objectives of three core strategies in the INSPIRE framework: Norms & values (having gender-equitable attitudes), Parent & caregiver support (having parental support), and Income & economic strengthening (having household food security). Adolescents and young people having gender-equitable attitudes was measured as their rejection of social norms on domestic violence and violence against women, more broadly. Parental support was measured as having both good communication and a good relationship with at least one parent they had seen in the previous year. Food security was measured as food being both affordable (adolescent-reported) and sufficient (household-head-reported, not skipping meals or cutting portion sizes). All three hypothesised accelerators had components measured in the past year. Questionnaires and codebooks are publicly available online (Together for Girls, 2021).

Twelve self-reported outcomes were investigated: Intimate partner violence (IPV) victimisation (physical or emotional), peer violence victimisation (physical or emotional), sexual violence victimisation, child abuse victimisation (physical or emotional), multiple sexual partners, inconsistent condom use, age-disparate or transactional sex, early sexual debut (before age 16) or early pregnancy (before age 20), heavy drinking (≥ 4 alcoholic drinks on one occasion), moderate or severe mental health distress, not being in school or paid work, and child marriage (before age 18). All outcomes were based on self-report with a reference period of the previous year except for heavy drinking and mental distress, which used a reference period of the past 30 days, and child marriage, which used a lifetime reference period due to its low prevalence. These outcomes span four SDGs: 3) Good health & wellbeing; 5) Gender equality; 10) Reduced inequalities; and 16) Peace, justice, & strong institutions.

Covariates included age group (13-17 and 18-24), orphanhood status (having lost one or both parents), urban/rural, female-headed household, and household poverty (lowest two quintiles of the wealth index). Household poverty was computed using principal component analysis and was measured using a scale based on questions related to living standards, which included having improved cooking fuel, private sanitation, safe drinking water, electricity, improved household building material, and household-item ownership.

Statistical analysis.

Analysis was done in Stata 17 and sample code for the analytic approach is available open access (Rudgard et al., 2021). All hypothesised accelerators, outcomes, and covariates were measured as binary indicators, and weighted prevalences, 95% confidence intervals, and sample sizes were presented and stratified by sex; sex differences were evaluated using chi-squared tests. We used Spearman's correlation to investigate correlations between outcome-pairs. The outcome-pair correlations (Appendix 3.2) show a low correlation (having $|r| < 0.30$) among >95% of the outcomes; no further adjustments to regressions were required as there are minimal gains of accounting for correlated outcomes when $|r| < 0.6$ (Oliveira & Teixeira-Pinto, 2015).

A series of statistical models were used to ensure the robustness of our findings, including tests to ensure our findings were not due to chance. Univariate logistic regressions were run prior to multivariable logistic regressions to assess the unadjusted associations between the hypothesised accelerators and each outcome separately. Subsequently, complete multivariable logistic regressions were run for each outcome and included all three hypothesised accelerators. All analyses were stratified by gender and all analyses accounted for the three-stage sampling procedure and over-sampling in key districts. The analyses also controlled for sociodemographic covariates and adjusted for multiple hypothesis testing using Westfall-Young stepdown adjusted p-values. Given the number of different protective factors and outcomes being tested, we used the Westfall-Young procedure to improve the confidence that the results were not due to chance, which in turn makes the findings more reliable. Westfall-Young stepdown procedure was chosen for its ability to accommodate complexities such as multiple treatments, correlated outcomes, and different controls between regressions (relevant to measures specific to younger adolescents and offering a balanced control of Type I and II errors) (Jones et al., 2019, 2021; McKenzie, 2021; Westfall & Young, 1993).

Protective factors were considered as 'accelerators' if they were associated with two or more outcomes after correcting for multiple tests (UNDP, 2015, 2017). Different scenarios were modelled to evaluate

how protective factors may be associated with the outcomes. Adjusted outcome probabilities were calculated based on three scenarios: (i) Having no accelerators, (ii) only one significant accelerator, or (iii) all significant accelerators. We also estimated the adjusted prevalence difference and ratio of outcomes contrasting scenarios (ii) and (iii) to the baseline scenario of (i). Sensitivity analyses were conducted by re-running the multivariable logistic regression models including only those variables (hypothesised accelerators and covariates) that were significant to $p < 0.05$ in the univariate or complete multivariable logistic regressions.

Ethics approval was received for this secondary data analysis by the University of Oxford (SPI_DREC_20-21_050). All participants provided informed consent or assent and for those under age 18, consent from the caregiver was also required. Additional details on the ethics protocol as part of the primary data collection process are specified elsewhere (Chiang et al., 2016; Nguyen et al., 2019).

Results.

Descriptive and outcome data.

Sample characteristics (weighted, sex-disaggregated prevalences of hypothesised accelerators, outcomes, and sociodemographic covariates) are provided in Table 3.1. The mean age for females and males separately was 18 years old with a standard deviation of 3.4 years. Females were significantly more likely to be food secure than their male counterparts (39% vs 28%, $p = 0.026$), though the vast majority of females and males were food insecure. Males were more likely to have parental support as compared with females (26% vs 18%, $p = 0.003$). There was no evidence that rates of gender-equitable attitudes differed between females and males (48% vs 40%, $p = 0.075$).

Table 3.1: Sample characteristics among adolescents and young people aged 13-24 years (includes sample weights).

		Females			Males		Sex Difference
	Weighted %	95% CI	n (sample)	Weighted %	95% CI	n (sample)	<i>p</i> -value
Hypothesised Accelerators							
Household food security	39	(34, 44)	1464 (4189)	28	(23, 34)	318 (978)	0.026
Parental support	18	(15, 20)	711 (4187)	26	(21, 32)	223 (978)	0.003
Gender-equitable attitudes	48	(42, 54)	2169 (4139)	40	(35, 45)	395 (964)	0.075
Outcomes							
IPV victimisation (physical or emotional, 12mon)	12	(10, 15)	455 (4189)	12	(9, 16)	137 (978)	0.868
Peer violence victimisation (physical or emotional, 12mon)	23	(19, 26)	730 (4189)	27	(23, 32)	256 (978)	0.095
Sexual violence victimisation (12mon)	11	(9, 13)	386 (4189)	7	(5, 10)	70 (978)	0.031
Child abuse (physical or emotional, 12mon)	23	(20, 26)	869 (4189)	21	(17, 25)	202 (978)	0.451
Multiple sexual partners (12mon)	4	(3, 6)	139 (4114)	15	(12, 18)	139 (950)	<0.001
Inconsistent condom use (12mon)	25	(22, 28)	1182 (4104)	14	(11, 18)	148 (946)	<0.001
Age-disparate or transactional sex (12mon)	14	(12, 17)	700 (4189)	7	(5, 10)	85 (978)	<0.001
Early sex (<16) or early pregnancy (<20) (12mon)	9	(7, 12)	241 (2518)	Small sample sizes preclude reliable estimations.			
Heavy drinking (30 days)	12	(10, 15)	463 (4089)	20	(16, 25)	190 (970)	<0.001
Mental health distress (30 days)	40	(35, 45)	1694 (4178)	22	(17, 27)	236 (978)	<0.001
Not in school or paid work (12mon)	20	(18, 24)	907 (4115)	14	(11, 17)	142 (970)	0.002
Child marriage (before age 18, lifetime)	1	(1, 2)	83 (4132)	Small sample sizes preclude reliable estimations.			

Sociodemographic Covariates

Age 13-17 (Binary)	42	(39, 46)	1770 (4189)	42	(38, 45)	414 (978)	0.828
Orphanhood	30	(27, 33)	1308 (4186)	27	(23, 30)	277 (978)	0.185
Urban	53	(43, 63)	2206 (4189)	40	(28, 53)	482 (978)	0.230
Household poverty (lowest two quintiles)	38	(29, 47)	1638 (4189)	42	(34, 51)	377 (978)	0.551
Oversampling in priority district	36	(29, 44)	3594 (4189)	28	(18, 42)	317 (978)	0.407
Female-headed household	74	(71, 77)	3039 (4189)	54	(49, 59)	499 (978)	<0.001

CI = Confidence Interval; IPV = Intimate Partner Violence

Among outcomes, females were more likely to experience sexual violence (11% vs. 7%, $p=0.031$), inconsistent condom use (25% vs. 14%, $p<0.001$), age-disparate or transactional sex (14% vs. 7%, $p<0.001$), mental health distress (40% vs. 22%, $p<0.001$), and not being in school or paid work (20% vs. 14%, $p=0.002$). In contrast, males were more likely to have multiple sexual partners (15% vs. 4%, $p<0.001$) and heavy drinking (20% vs. 12%, $p<0.001$). There was no evidence that rates of other outcomes differed between genders. Among covariates, females were more likely to live in a female-headed household (74% vs 54%, $p<0.001$) and more than a quarter of the total sample of females and males had experienced the death of at least one parent.

Multivariable associations among females.

The presence of multiple protective factors was associated with lower prevalences of adverse outcomes. Among females, food security, gender-equitable attitudes, and parental support were associated with lower odds for multiple negative outcomes, as shown in multivariable logistic regressions in Table 3.2. Food security was associated with statistically-significant lower odds for eight adverse outcomes: Physical or emotional intimate partner violence (IPV) victimisation (Adjusted Odds Ratio, AOR=0.63 (95% Confidence Interval 0.48, 0.85)), sexual violence victimisation (AOR=0.57 (0.40, 0.83)), physical or emotional child abuse victimisation (AOR=0.67 (0.50, 0.89)), inconsistent condom use (AOR=0.67 (0.48, 0.95)), age-disparate or transactional sex (AOR=0.66 (0.46, 0.93)), mental health distress (AOR=0.65 (0.49, 0.84)), not in school or paid work (AOR=0.51 (0.36, 0.73)), and child marriage (AOR=0.20 (0.08, 0.47)).

Table 3.2: Associations between hypothesised accelerators and outcomes disaggregated by sex (includes all hypothesised accelerators, covariates, and sample weights).

	Females			Males		
	AOR	(95% CI)	p-value*	AOR	(95% CI)	p-value*
IPV (physical or emotional; n=4134F, 964M)						
Household food security	0.63	(0.48, 0.85)	<0.001	1.05	(0.69, 1.60)	1.00
Parental support	0.91	(0.58, 1.43)	0.96	0.72	(0.33, 1.55)	0.72
Gender-equitable attitudes	0.76	(0.49, 1.16)	0.26	0.44	(0.27, 0.72)	<0.001
Peer violence (physical or emotional; n=4134F, 964M)						
Household food security	0.68	(0.44, 1.03)	0.07	0.51	(0.31, 0.85)	<0.001
Parental support	0.81	(0.52, 1.26)	0.77	0.79	(0.47, 1.33)	0.73
Gender-equitable attitudes	0.58	(0.39, 0.87)	0.01	0.39	(0.24, 0.62)	<0.001
Sexual violence (n=4134F, 964M)						
Household food security	0.57	(0.40, 0.83)	<0.001	0.91	(0.42, 2.01)	1.00
Parental support	1.15	(0.65, 2.05)	0.96	0.56	(0.26, 1.22)	0.28
Gender-equitable attitudes	0.64	(0.47, 0.86)	<0.001	0.39	(0.19, 0.79)	<0.001
Child abuse (physical or emotional; n=4134F, 964M)						
Household food security	0.67	(0.50, 0.89)	0.01	0.72	(0.46, 1.13)	0.53
Parental support	0.55	(0.35, 0.86)	0.01	0.90	(0.51, 1.59)	0.98
Gender-equitable attitudes	0.68	(0.49, 0.93)	0.01	0.34	(0.18, 0.61)	<0.001
Multiple sexual partners (n=4067F, 937M)						
Household food security	0.76	(0.45, 1.29)	0.21	1.04	(0.60, 1.80)	1.00
Parental support	0.68	(0.32, 1.46)	0.72	0.93	(0.52, 1.66)	0.98
Gender-equitable attitudes	1.01	(0.49, 2.08)	0.97	0.43	(0.28, 0.67)	<0.001
Inconsistent condom use (n=4057F, 933M)						
Household food security	0.67	(0.48, 0.95)	0.03	0.93	(0.50, 1.74)	1.00
Parental support	0.75	(0.54, 1.04)	0.29	0.84	(0.42, 1.70)	0.97
Gender-equitable attitudes	1.14	(0.88, 1.47)	0.65	0.47	(0.29, 0.78)	0.01
Age-disparate or transactional sex (n=4134F, 964M)						
Household food security	0.66	(0.46, 0.93)	0.02	1.07	(0.49, 2.34)	1.00
Parental support	0.91	(0.64, 1.29)	0.96	1.81	(0.86, 3.83)	0.17
Gender-equitable attitudes	1.25	(0.84, 1.84)	0.45	0.43	(0.21, 0.88)	0.01

Early sex (<16) or early pregnancy (<20) (n=2481F, -)

Household food security	0.52	(0.23, 1.19)	0.13	-	-
Parental support	1.33	(0.59, 2.99)	0.85	-	-
Gender-equitable attitudes	0.63	(0.41, 0.98)	0.03	-	-

Heavy drinking (n=4034F, 956M)

Household food security	1.32	(0.92, 1.89)	0.13	1.04	(0.62, 1.76)	1.00
Parental support	0.71	(0.50, 1.00)	0.12	0.92	(0.57, 1.48)	0.98
Gender-equitable attitudes	1.06	(0.69, 1.62)	0.91	0.68	(0.45, 1.01)	0.04

Mental distress (n=4126F, 964M)

Household food security	0.65	(0.49, 0.84)	<0.001	1.12	(0.64, 1.95)	0.99
Parental support	0.97	(0.70, 1.37)	0.96	0.68	(0.34, 1.36)	0.46
Gender-equitable attitudes	0.68	(0.49, 0.94)	0.01	0.71	(0.47, 1.06)	0.04

Not in school or paid work (n=4064F, 958M)

Household food security	0.51	(0.36, 0.73)	<0.001	0.82	(0.53, 1.28)	0.87
Parental support	1.49	(1.00, 2.22)	0.12	1.13	(0.61, 2.06)	0.98
Gender-equitable attitudes	0.90	(0.66, 1.24)	0.75	0.73	(0.44, 1.20)	0.08

Child marriage (before age 18; n=4107F, -)

Household food security	0.20	(0.08, 0.47)	<0.001	-	-
Parental support	0.27	(0.10, 0.77)	0.02	-	-
Gender-equitable attitudes	0.27	(0.11, 0.67)	0.01	-	-

AOR = Adjusted Odds Ratio; CI = Confidence Interval; IPV = Intimate Partner Violence; F = Female Sample; M = Male Sample

*P-values are adjusted for multiple hypothesis testing using the Westfall-Young procedure.

Parental support was associated with lower odds for two adverse outcomes: Physical or emotional child abuse (AOR=0.55 (0.35, 0.86)) and child marriage (AOR=0.27 (0.10, 0.77)). Lastly, gender-equitable attitudes were associated with lower odds for six adverse outcomes: Physical or emotional peer violence victimisation (AOR=0.58 (0.38, 0.87)), sexual violence victimisation (AOR=0.64 (0.47, 0.86)), physical or emotional child abuse victimisation (AOR=0.68 (0.48, 0.93)), early sexual debut or early pregnancy (AOR=0.63 (0.41, 0.98)), mental health distress (AOR=0.68 (0.49, 0.94)), and child marriage (AOR=0.27 (0.11, 0.67)). In total, household food security, parental support, and gender-equitable attitudes were associated with lower odds for 10 out of the 12 negative outcomes. There was no statistically significant association between the hypothesised accelerators and having multiple sexual partners or heavy drinking.

Multivariable logistic associations among males.

Among males (see Table 3.2), household food security was associated with statistically significant lower odds for peer violence victimisation (Adjusted Odds Ratio, AOR=0.51 (95% Confidence Interval 0.31, 0.85)). Parental support was not associated with any outcomes among males. Gender-equitable attitudes was associated with statistically-significant lower odds for 7 out of 10 adverse outcomes: Physical or emotional IPV victimisation (AOR=0.44 (0.27, 0.72)), physical or emotional peer violence victimisation (AOR=0.39 (0.24, 0.62)), sexual violence victimisation (AOR=0.39 (0.19, 0.79)), physical or emotional child abuse (AOR=0.34 (0.18, 0.61)), multiple sexual partners (AOR=0.43 (0.28, 0.67)), inconsistent condom use (AOR=0.47 (0.29, 0.78)), and age-disparate or transactional sex (AOR=0.43 (0.21, 0.88)).

Adjusted probabilities from accelerators.

Tables 3.3 & 3.4 provides sex-specific probability differences (adjusted probabilities and adjusted prevalence differences and ratios). These tables show adjusted probabilities for outcomes based on the presence of (i) no accelerators, (ii) each accelerator individually, and (iii) all accelerators together (three for females, one for males). As an example among females, the estimated prevalence of child abuse (physical or emotional) was 30% in the absence of accelerators, 23% with food security alone, 20%

with parental support alone, and 23% with gender-equitable attitudes alone. Together, the estimated prevalence of child abuse in the presence of all three accelerators was 11%. Compared with no accelerators, experiencing all three accelerators was associated with 64% lower prevalence of child abuse. Among males, in the absence of accelerators, the estimated prevalence of child abuse (physical or emotional) was 27%, and with gender-equitable attitudes it was 12%, which corresponds to 55% lower prevalence of child abuse. These additive associations from significant accelerators are depicted in Figure 3.1 for females and Figure 3.2 for males.

Figure 3.1: Additive associations of experiencing negative outcomes in the presence of no or all accelerators among females.

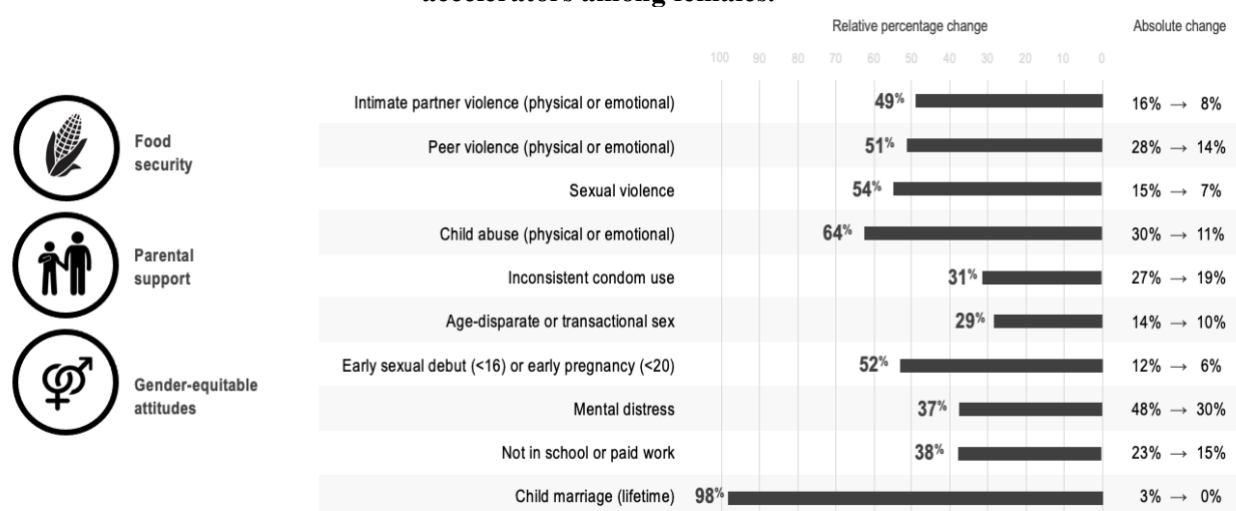
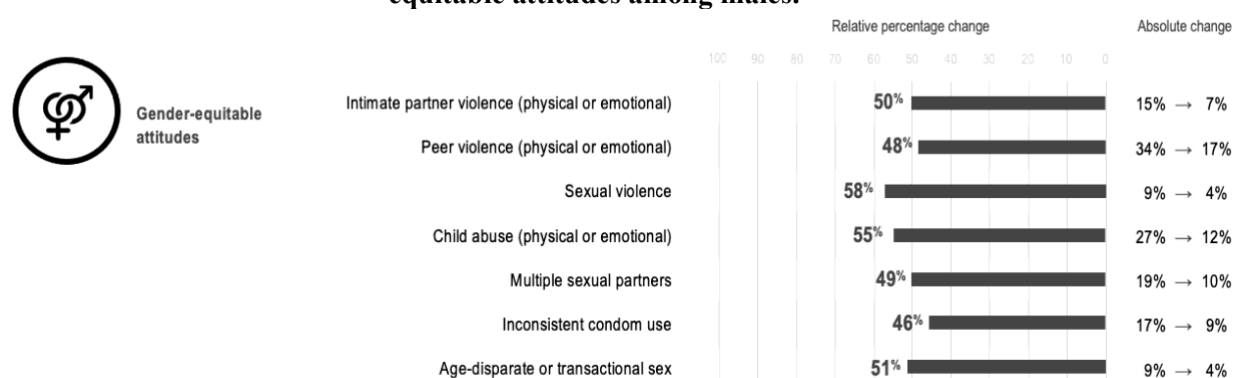


Figure 3.2: Additive associations of experiencing negative outcomes in the presence of gender-equitable attitudes among males.



**Table 3.3: Estimated prevalences of negative outcomes in the presence of no, one, or all accelerators among females
(includes covariates and sample weights)**

		Adjusted probability (%)	95% CI	Adjusted prevalence difference (%)	95% CI	Adjusted prevalence ratio	95% CI
IPV (physical or emotional)	No accelerators	16	(12, 19)	ref	-	ref	-
	Food security only	11	(8, 14)	-5	(-8, -2)	0.70	(0.54, 0.86)
	Parental support only	15	(8, 21)	-1	(-6, 4)	0.93	(0.62, 1.25)
	Gender-equitable attitudes only	13	(10, 15)	-3	(-8, 2)	0.81	(0.54, 1.07)
	All accelerators	8	(5, 12)	-8	(-13, -2)	0.51	(0.23, 0.79)
Peer violence (physical or emotional)	No accelerators	28	(24, 33)	ref	-	ref	-
	Food security only	23	(18, 27)	-5	(-11, 0)	0.81	(0.62, 1.00)
	Parental support only	25	(19, 32)	-3	(-9, 3)	0.90	(0.69, 1.11)
	Gender-equitable attitudes only	21	(15, 26)	-7	(-13, -2)	0.74	(0.56, 0.92)
	All accelerators	14	(10, 19)	-14	(-22, -6)	0.49	(0.29, 0.70)
Sexual violence	No accelerators	15	(11, 18)	ref	-	ref	-
	Food security only	9	(6, 12)	-6	(-9, -2)	0.61	(0.42, 0.81)
	Parental support only	16	(8, 24)	2	(-6, 9)	1.12	(0.60, 1.64)
	Gender-equitable attitudes only	10	(7, 13)	-5	(-8, -2)	0.68	(0.50, 0.85)
	All accelerators	7	(3, 10)	-8	(-13, -3)	0.46	(0.20, 0.73)
Child abuse (physical or emotional)	No accelerators	30	(27, 34)	ref	-	ref	-
	Food security only	23	(19, 28)	-7	(-12, -2)	0.77	(0.61, 0.92)
	Parental support only	20	(14, 26)	-10	(-17, -3)	0.67	(0.46, 0.88)
	Gender-equitable attitudes only	23	(18, 28)	-7	(-12, -2)	0.77	(0.60, 0.94)
	All accelerators	11	(6, 15)	-20	(-26, -13)	0.36	(0.18, 0.53)
Inconsistent condom use	No accelerators	27	(23, 31)	ref	-	ref	-
	Food security only	21	(17, 25)	-6	(-11, -1)	0.78	(0.60, 0.95)
	Parental support only	22	(16, 28)	-5	(-9, 0)	0.83	(0.65, 1.01)
	Gender-equitable attitudes only	29	(24, 34)	2	(-2, 6)	1.08	(0.92, 1.24)
	All accelerators	19	(14, 23)	-8	(-15, -1)	0.69	(0.48, 0.91)

Age-disparate or transactional sex	No accelerators	14	(11, 18)	ref	-	ref	-
	Food security only	10	(7, 14)	-4	(-8, -1)	0.71	(0.51, 0.92)
	Parental support only	13	(9, 18)	-1	(-5, 3)	0.93	(0.68, 1.18)
	Gender-equitable attitudes only	17	(14, 20)	3	(-2, 7)	1.18	(0.83, 1.52)
	All accelerators	11	(8, 15)	-3	(-9, 3)	0.79	(0.43, 1.15)
Early sex (<16) or early pregnancy (<20)	No accelerators	12	(8, 16)	ref	-	ref	-
	Food security only	7	(3, 11)	-5	(-11, 1)	0.57	(0.16, 0.97)
	Parental support only	15	(5, 26)	3	(-7, 13)	1.26	(0.44, 2.08)
	Gender-equitable attitudes only	8	(4, 12)	-4	(-8, -1)	0.67	(0.41, 0.93)
	All accelerators	6	(2, 9)	-6	(-12, -1)	0.48	(0.12, 0.84)
Mental distress	No accelerators	48	(41, 54)	ref	-	ref	-
	Food security only	38	(32, 44)	-10	(-15, -4)	0.80	(0.69, 0.91)
	Parental support only	47	(38, 56)	-1	(-8, 7)	0.99	(0.83, 1.14)
	Gender-equitable attitudes only	39	(33, 45)	-8	(-16, -1)	0.82	(0.69, 0.96)
	All accelerators	30	(24, 36)	-18	(-28, -7)	0.63	(0.45, 0.81)
Not in school or paid work	No accelerators	23	(19, 28)	ref	-	ref	-
	Food security only	15	(11, 18)	-9	(-14, -4)	0.62	(0.46, 0.79)
	Parental support only	30	(23, 36)	6	(0, 13)	1.27	(0.97, 1.56)
	Gender-equitable attitudes only	22	(17, 27)	-1	(-6, 3)	0.94	(0.74, 1.13)
	All accelerators	18	(13, 23)	-5	(-13, 3)	0.78	(0.47, 1.08)
Child marriage (before age 18)	No accelerators	3	(2, 4)	ref	-	ref	-
	Food security only	1	(0, 1)	-2	(-4, -1)	0.21	(0.03, 0.39)
	Parental support only	1	(0, 2)	-2	(-4, -1)	0.29	(0.00, 0.58)
	Gender-equitable attitudes only	1	(0, 2)	-2	(-4, -1)	0.29	(0.04, 0.54)
	All accelerators	0	(0, 0)	-3	(-4, -2)	0.02	(0.00, 0.04)

CI = Confidence Interval; IPV = Intimate Partner Violence

**Table 3.4: Estimated prevalences of negative outcomes in the presence of gender-equitable attitudes among males
(includes covariates and sample weights)**

		Adjusted probability (%)	95% CI	Adjusted probability difference (%)	95% CI	Adjusted probability ratio	95% CI
IPV (physical or emotional)	No accelerator	15	(10, 20)	ref		ref	-
	Gender-equitable attitudes	7	(5, 10)	-7	(-12, -3)	0.50	(0.30, 0.71)
Peer violence (physical or emotional)	No accelerator	34	(29, 39)	ref		ref	-
	Gender-equitable attitudes	17	(12, 23)	-16	(-24, -9)	0.52	(0.35, 0.68)
Sexual violence	No accelerator	9	(6, 12)	ref		ref	-
	Gender-equitable attitudes	4	(2, 6)	-5	(-9, -2)	0.42	(0.18, 0.67)
Child abuse (physical or emotional)	No accelerator	27	(22, 32)	ref		ref	-
	Gender-equitable attitudes	12	(7, 17)	-15	(-22, -7)	0.45	(0.25, 0.65)
Multiple sexual partners	No accelerator	19	(14, 23)	ref		ref	-
	Gender-equitable attitudes	10	(7, 13)	-9	(-14, -4)	0.51	(0.35, 0.68)
Inconsistent condom use	No accelerator	17	(14, 21)	ref		ref	-
	Gender-equitable attitudes	9	(6, 13)	-8	(-13, -3)	0.54	(0.32, 0.75)
Age-disparate or transactional sex	No accelerator	9	(5, 13)	ref		ref	-
	Gender-equitable attitudes	4	(3, 6)	-5	(-9, 0)	0.49	(0.22, 0.77)

CI = Confidence Interval; IPV = Intimate Partner Violence

Sensitivity analyses.

Sensitivity tests were conducted by running multivariable logistic regressions, including only hypothesised accelerators and covariates that were significant in either the univariate regressions or the full multivariable logistic regressions (Appendix 3.3). These analyses aimed to assess whether the results remained consistent when using more parsimonious models, given the rarity of some study outcomes and the associated risk of overfitting. The overall findings of these analyses were the same as the main analysis.

Discussion.

Key results.

To our knowledge, this is the first study to identify the combined protective effects of three accelerators (household food security, parental support, and gender-equitable attitudes) for adolescents and young people in Namibia. Females with household food security and parental support had lower prevalences of multiple adverse outcomes. Also, both males and females with gender-equitable attitudes had lower prevalences of multiple adverse outcomes. When these protective factors are combined, there is a powerful impact in reducing the prevalences of multiple negative outcomes for adolescent girls. Combined, the identified accelerators were associated with lower prevalences of 10 out of 12 adverse outcomes among females. Among males, there were lower prevalences of 7 out of 10 adverse outcomes associated with gender-equitable attitudes (the only protective factor that was identified as an accelerator for adolescent boys and young men).

Limitations.

Principally, the cross-sectional design of this study limits the ability to establish the directionality of associations, which makes it challenging to rule out the possibility of reverse causality. To best capture temporality, we restricted the analysis to accelerators and outcomes with at least one component measured in the previous 12 months as opposed to exclusive lifetime exposures and outcomes; the exception to this was the measure for child marriage, since the prevalence was too low to calculate a past-year measure. Further, most of the relationships tested in our analyses have implausible reverse

causality (e.g., inconsistent condom use affecting parental support). Where this reverse relationship is possible, claims on causality are interpreted accordingly. Because child marriage is a lifetime measure and the hypothesised accelerators include a component measured in the past year, there is higher risk for reverse causation, such that the hypothesised accelerators may reflect the post-marriage household environment rather than a protective, pre-marriage household setting. For example, given that food insecurity is a significant driver of child marriage (Gambir et al., 2024), one could envision finding household food security to be associated with a higher prevalence of child marriage in a cross-sectional analysis where the adolescent now lives in the more food secure, post-marriage household. Nonetheless, our cross-sectional analysis found that household food security, gender-equitable attitudes, and parental support were all associated with lower prevalences of lifetime child marriage. While this latter finding may not suggest a strong relationship of reverse causation between child marriage and the accelerators in this dataset, caution is still necessary in interpreting the estimates given the difficulties in understanding the context of the household environment reflected in the surveys. To further support the broader temporality between the identified accelerators and multiple outcomes, longitudinal cohort studies in other countries have identified similar accelerator findings for changes in protective factors between groups (Cluver et al., 2019, 2020, 2024; Du Toit et al., 2022; Haag et al., 2022; Hertzog et al., 2022; Mebrahtu et al., 2022; Meinck et al., 2021; Rudgard et al., 2022; Tamambang et al., 2024) and within individuals (Rudgard, Saminathan, et al., 2023). These similar findings strengthen our confidence in the validity of our findings.

Missing data were overall low (less than 3%, Appendix 3.4) but may still introduce bias by under- or over-estimating values. Previous large-scale surveys in Namibia, including the Population-based HIV Impact Assessment, have noted likely underreporting of violence, a common issue in this area of research (Ministry of Gender Equality, Poverty Eradication and Social Welfare Namibia, 2020; Ministry of Health and Social Services Namibia, 2019). Similarly, the questionnaires rely on self-reported measures, which could introduce social desirability bias or other non-response bias. To mitigate these limitations, the surveys were administered in a private location away from other household members and other household members were not told the purpose of the survey (Ministry of

Gender Equality, Poverty Eradication and Social Welfare Namibia, 2020). Further, male and female sampling was conducted in different primary sampling units to avoid interviewing both violence victim and perpetrator from the same community (i.e., cases of opposite-sex, interpersonal violence between similarly aged adolescents and young people) (ibid.).

Interpretation.

Our findings suggest that when experienced in combination, the identified accelerators can have additive effects on the breadth (number) of outcomes and the depth of impact (additional benefit above each accelerator alone on singular outcomes) for adolescent girls and young women. Only addressing one accelerator is unlikely to maximise protective effects across multiple outcomes for adolescent girls and young women. The combination of the three accelerators was associated with the lowest prevalence of child abuse and child marriage, and two outcomes (sexual violence and mental distress) were associated with the lowest prevalence from two combined accelerators (household food security and gender-equitable attitudes). Food security alone was also associated with lower prevalences of three outcomes (intimate partner violence victimisation, inconsistent condom use, and age-disparate or transactional sex). Gender-equitable attitudes alone was also associated with lower prevalences of three outcomes (peer violence victimisation, early first sex or pregnancy, and not being in school or paid work). Thus, intervening on only one accelerator may not maximise the possible preventive effects by missing important outcomes for adolescents or having smaller effects.

These findings underscore the need to address the multiple vulnerabilities that contribute to adolescent health and wellbeing. Previous analysis has also suggested that additive effects are optimised by targeting two or three accelerators and that the gains may plateau or have diminishing returns thereafter (Sherr et al., 2023). As with the evidence for one accelerator alone, there may be limited impact from a single-intervention approach as these interventions often only target one accelerator (e.g., household food security or parental support). This highlights the importance of addressing all three areas through a package of interventions rather than limiting to a single-intervention approach.

A possible intervention package for this context would be gender-transformative cash-plus parenting programmes. In relation to the identified accelerators and the components of this intervention package, cash transfers primarily target household food security, parenting programmes primarily target parental support, and both can have additional design specifications to facilitate improvements gender-equitable attitudes via gender-transformative mechanisms. Currently, there are no interventions that have been successfully implemented at-scale in multiple contexts that effectively address gender inequality through improvements in social norms on gender and violence. Furthermore, increasing the number of curriculum-based interventions poses implementation challenges, both in feasibility and costs to scaling. Therefore, we suggest modifications to the other two intervention components (cash transfers and parenting programmes) to improve on the third accelerator, gender-equitable attitudes, rather than adding a separate, third component.

The relevance of each of the two core components (cash transfers and parenting programmes) to the Namibian context is now described along with their evidence of effectiveness and the potential programme modifications to facilitate gender-transformative processes. Cash transfers aim to reduce and prevent the negative effects of poverty and can be gender transformative when programmes incorporate elements to reduce vulnerability from gender inequality (Camilletti et al., 2022). Cash transfers remain an important policy priority in Namibia, including to address food insecurity (National Planning Commission & World Food Programme, 2021). Notably, the Government of Namibia has prioritised the scale-up of a universal child grant within its national plan for social protection (2021-2030) as its first objective and strategy (Ministry of Gender Equality, Poverty Eradication and Social Welfare Namibia, 2021). The child grant received 18% of the N\$6.5B (~US\$14.1M) expenditure on non-contributory social protection in the 2022-23 fiscal year (UNICEF Namibia, 2022). Nonetheless, nearly 60% of children eligible to receive a child grant in 2016 did not receive any support (PEPFAR, 2022) and, therefore, efforts are needed to expand access to social protection, particularly for the most vulnerable households. Relatedly, HIV-sensitive social protection is one of the key approaches identified in the UNAIDS strategy for ending inequality and HIV, and this approach is especially important for adolescent girls in contexts of high HIV risk (UNAIDS, 2021). Therefore, expanding

access to cash transfers could have potentially large impacts on multiple outcomes for adolescents in Namibia.

Assistance through cash transfers has been shown to build resilience and reduce risk behaviours; in particular, there is evidence that receipt of cash transfers increases per capita expenditure on food (Handa et al., 2018) and cash transfers have well-documented benefits globally for food security, health, parenting, education, gender equality, and violence prevention (Bastagli et al., 2019; Durao et al., 2020; Perera et al., 2022; Peterman & Roy, 2022). There is also significant evidence from other African countries on cash transfers improving multiple outcomes for adolescents, including violence and HIV-related outcomes (Chipanta et al., 2022; Cluver et al., 2016, 2019, 2024; Hertzog et al., 2024; Ismayilova & Karimli, 2020; Mebrahtu et al., 2022; The Tanzania Cash Plus Evaluation Team, 2020; Waidler et al., 2022). There is a growing number of studies showing how cash transfers can reduce HIV-related risk behaviours (e.g., the protective pathway of keeping girls in school) and, in a limited number of studies, showing reductions in HIV and HSV2 incidence among adolescent girls and young women (Stoner et al., 2021; Toska et al., 2016). Design features, such as giving cash to female household members, can facilitate improvements in gender-equitable attitudes through improved agency in relationship dynamics and purchasing power and increased spending on child health and educational needs (Camilletti et al., 2022). Overall, the impact on multiple outcomes may further improve from adding a complementary intervention that strengthens the causal pathway between cash transfers and outcome improvement.

Social protection systems can integrate delivery of other gender-transformative interventions (such as parenting programmes) and this structure has been identified as an effective design of intervention packages among younger children (Little et al., 2021). The introduction of a parenting programme within the delivery of cash transfer programmes may benefit adolescents in Namibia in improving the accelerator on parental support. During the early COVID-related lockdowns, parenting interventions were shown to be quickly adaptable and these materials on parenting support were promoted and distributed by the Office of the Namibian First Lady Monica Geingos (Gould, 2020). This demonstrates

the political support for these interventions and, further, parenting interventions were also included within PEPFAR's strategy for orphans and vulnerable children in Namibia to prevent HIV and sexual violence (PEPFAR, 2022).

The World Health Organization (WHO) recently launched a set of guidelines on parenting interventions, which have consistent evidence of effectiveness in reducing child maltreatment and harsh parenting and in promoting positive parenting practices (WHO, 2022). Furthermore, WHO has endorsed an open-access parenting intervention, Parenting for Lifelong Health (Cluver et al., 2018), which is being scaled-up across the continent and other emerging economies (Shenderovich et al., 2020). These parenting interventions are being adapted to digital/hybrid delivery which, if effective, would provide a cost-effective approach to scale-up of the intervention and would significantly facilitate assistance for harder-to-reach populations (Awah et al., 2022). Parenting interventions can also have components or designs dedicated to promoting positive gender norms, such as through promotion for the active involvement of fathers (Ashburn et al., 2017; UNICEF, 2020), or promotion of dialogue and shared decisions between caregivers (Bacchus et al., 2017). In total, this intervention package of gender-transformative cash-plus parenting programmes may improve the three accelerators for girls (household food security, parental support, and gender-equitable attitudes) as well as the accelerator for boys (gender-equitable attitudes).

Implicit to the accelerator hypothesis is that intervening on these accelerators in combination can be both highly impactful and cost-effective by simultaneously reducing multiple pathways of vulnerability (Cluver et al., 2019). Recent modelling has found that scaling-up parenting support through routine services in areas with high violence is likely to be cost-effective (Rudgard, Obiesie, et al., 2023). Additionally, the combined provision of parenting support with an economic strengthening component (such as cash transfers) is likely to be more cost-effective than parenting support alone (ibid.). This economic evidence further supports the value of implementing combination interventions to improve multiple domains of an adolescent's life. These data on 1) the impact of these packaged interventions on multiple outcomes and 2) their cost-effectiveness can be pivotal in gaining support from

policymakers. Policy decisions often occur in contexts where policymakers are often tasked with addressing multiple demands on constrained budgets. Having these data establishes a value-for-money and facilitates the prioritisation of these interventions for implementation.

Generalisability & conclusions.

Having nationally representative data from the Violence Against Children & Youth Survey significantly strengthens the generalisability of our findings. Nonetheless, longitudinal studies and randomised trials in Namibia will be important to evaluate 1) the effectiveness of combined interventions that deliver these accelerators (i.e., gender-transformative cash-plus parenting programmes) and 2) whether these effects are sufficiently large to then impact on multiple development outcomes for adolescents. Assessing longer-term intervention impacts will also be necessary to calculate more accurate effect sizes. Further research is needed to fill evidence gaps on the pathways for change (e.g., causal mediation analysis) and how combining interventions may provide added effectiveness. Other operational research is needed on scaling these interventions and optimising their design elements (e.g., digital or hybrid delivery) to ensure effectiveness with low-cost implementation.

Given the ongoing economic and global crises, innovative approaches to global development are critical to addressing the multiple vulnerabilities that adolescents face in their transition to adulthood. Our study finds that adolescents (especially girls) with access to INSPIRE provisions (protective factors) experience lower rates of violence, HIV risk, early pregnancy, and other outcomes. Interventions to improve these protective factors, such as gender-transformative cash-plus parenting programmes, can build on, and be delivered through, existing social protection infrastructures in the country. Intervening with these programmes could have substantial impacts in accelerating progress to achieve multiple SDGs for adolescents, young people, and the next generation of Namibians.

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Supporting Information:

Appendix 3.1: Variable coding. Combination strategies for questionnaire items on hypothesised accelerators, outcomes, and covariates.

<i>Hypothesised Accelerators</i>	Question (Household Survey (H) or Individual Survey (Q))	Combination Strategy
Gender-equitable attitudes	<u>Q42A</u>. Do you believe only men, not women, should decide when to have sex? <u>Q42B</u>. Do you believe if someone insults a boy or man, he should defend his reputation with force if he needs to? <u>Q42C</u>. Do you believe there are times when a woman should be beaten? <u>Q42D</u>. Do you believe women who carry condoms have sex with a lot of men? <u>Q42E</u>. Do you believe a woman should tolerate violence to keep her family together? <u>Q43A</u>. In your opinion, is a husband justified in hitting or beating his wife in the following situation: If she goes out without telling him? <u>Q43B</u>. In your opinion, is a husband justified in hitting or beating his wife in the following situation: If she neglects the children? <u>Q43C</u>. In your opinion, is a husband justified in hitting or beating his wife in the following situation: If she argues with him? <u>Q43D</u>. In your opinion, is a husband justified in hitting or beating his wife in the following situation: If she refuses to have sex with him? <u>Q43E</u>. In your opinion, is a husband justified in hitting or beating his wife in the following situation: If she burns the food?	A binary variable was coded for having exclusive positive gender norms if 'No' was recorded for all ten questions.
Parental support	<u>Q22</u>. Have you seen your biological mother in the past 12 months? <u>Q23</u>. How easy or difficult is/was it to talk to your mother individually about things that really bother you? Would you say very easy, easy, difficult, very difficult, or do not have/never had a relationship with her? <u>Q24</u>. How close do/did you feel to your biological mother? Would you say very close, close, not close, or do not have/never had a relationship with her? <u>Q32</u>. Have you seen your biological father in the past 12 months? <u>Q33</u>. How easy or difficult is/was it to talk to your father individually about things that really bother you? Would you say very easy, easy, difficult, very difficult, or do not have/never had a relationship with him? <u>Q34</u>. How close do/did you feel to your biological father? Would you say very close, close, not close, or do not have/never had a relationship with him?	Each parental relationship was coded affirmatively if the child noted easy or very easy communication (Q23/33) and a close or very close relationship with this parent (Q24/34) and had seen them in the previous year (Q22/Q32). Parenting support variable was coded for having met these criteria for at least one parent. Children with one deceased parent were coded based on the relationship with the living parent. Children with both parents deceased (<3.5% of the total sample) were coded as not having parental support. Questions were not available in relation to another primary caregiver.
Household food security	<u>Q9A</u>. Do you think your household has enough money for food? <u>H52</u>. Did you ever cut the size of the meals of child(ren) living in your household because there was not enough food or money? <u>H53</u>. Did the child(ren) living in your household ever skip meals because there was not enough food or money?	Combined measure of adolescent-reported food affordability (Q9A) and household-head-reported food sufficiency (H52-H53). Food sufficiency is denoted if the answer is 'No' to both H52 and H53. A binary variable for household food security was coded if the household had both food affordability and sufficiency.

<i>Outcomes</i>	<i>Question (Household Survey (H) or Individual Survey (Q))</i>	<i>Combination Strategy</i>
Intimate partner violence (IPV) victimisation (physical or emotional)	<u>Q100A</u>. Has a current or past boyfriend, romantic partner, or husband ever: Slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you? <u>A1</u>. Has this happened in the past 12 months? <u>Q100B</u>. Has a current or past boyfriend, romantic partner, or husband ever: Punched, kicked, whipped, or beat you with an object? <u>B1</u>. Has this happened in the past 12 months? <u>Q100C</u>. Has a current or past boyfriend, romantic partner, or husband ever: Strangled, smothered, tried to drown you, or burned you intentionally? <u>C1</u>. Has this happened in the past 12 months? <u>Q100D</u>. Has a current or past boyfriend, romantic partner, or husband ever: Used or threatened you with a knife, panga, gun or other weapon? <u>D1</u>. Has this happened in the past 12 months? <u>Q310A</u>. Has a current or past boyfriend, romantic partner, or husband ever: insulted, humiliated, or made fun of you in front of others? <u>Q310B</u>. Has a current or past boyfriend, romantic partner, or husband: Kept you from having your own money? <u>Q310C</u>. Has a current or past boyfriend, romantic partner, or husband: Tried to keep you from seeing or talking to your family or friends? <u>Q310D</u>. Has a current or past boyfriend, romantic partner, or husband ever: Kept track of you by demanding to know where you were and what you were doing? <u>Q310E</u>. Has a current or past boyfriend, romantic partner, or husband ever: Made threats to physically harm you? <u>Q312</u>. Did this [most recent time, Q110] happen in the past 12 months?	IPV victimisation was coded as having experienced physical (Q100) or emotional (Q310) violence from an intimate partner in the past 12 months. Missing values were recoded to zero to account for those never partnered.
Peer violence victimisation (physical or emotional)	<u>Q110A</u>. Has a person your own age ever: Slapped, pushed, shoved, shook, or intentionally threw something at you to hurt you? <u>Q110B</u>. Has a person your own age ever: Punched, kicked, whipped, or beat you with an object? <u>Q110C</u>. Has a person your own age ever: Strangled, smothered, tried to drown you, or burned you intentionally? <u>Q110D</u>. Has a person your own age ever: Used or threatened you with a knife, panga, gun, or other weapon? <u>Q112</u>. Did this [most recent time, Q110] happen in the past 12 months? <u>Q115</u>. Did this [first time happen] in the past 12 months? <u>Q315A</u>. In the past 12 months, has someone your own age done any of these things to you: made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around? <u>Q315B</u>. In the past 12 months, has someone your own age done any of these things to you: told lies or spread rumors about you, or tried to make others dislike you? <u>Q315C</u>. In the past 12 months, has someone your own age done any of these things to you: kept you out of things on purpose, excluded you from their group of friends, or completely ignored you?	A binary variable was created for physical or emotional violence from peers for cases occurring in the past 12 months.

Sexual violence victimisation	<u>Q602</u>. Now think about the last time this [touching without permission] happened. Did this happen to you within the past 12 months? <u>Q609</u>. Did this [touching without permission - first time] happen to you within the past 12 months? <u>Q702</u>. Now think about the last time this [attempted forced sex] happened. Did this happen to you within the past 12 months? <u>Q709</u>. Did this [attempted forced sex - first time] happen to you within the past 12 months? <u>Q802</u>. Now think about the last time this [physically forced sex] happened. Did this happen to you within the past 12 months? <u>Q810</u>. Did this [physically forced sex - first time] happen to you within the past 12 months? <u>Q902</u>. Now think about the last time this [pressured into sex] happened. Did this happen to you within the past 12 months? <u>Q909</u>. Did this [pressured into sex - first time] happen to you within the past 12 months? <u>Q1002</u>. Now think about the last time this [alcohol-facilitated forced sex] happened. Did this happen to you within the past 12 months? <u>Q1009</u>. Did this [alcohol-facilitated forced sex - first time] happen to you within the past 12 months?	A binary variable was created for experiencing any form of sexual violence in the past 12 months.
Child abuse (physical or emotional)	<u>Q46A</u>. In the past 12 months, has a parent or adult caregiver punished or corrected you by shouting, yelling, or screaming at you; calling you offensive names, such as ‘dumb’ or ‘lazy’; taking away food; or ignoring you for several hours? <u>Q46B</u>. In the past 12 months, has a parent or adult caregiver punished or corrected you by shaking, hitting, spanking, or slapping you anywhere on your body with a bare hand or a hard object? <u>Q120A</u>. Has a parent, adult caregiver, or other adult relative ever: slapped, pushed, shoved, shook, pulled hair, twisted arm, pinched, or intentionally threw something at you to hurt you? <u>Q120B</u>. Has a parent, adult caregiver, or other adult relative ever: punched, kicked, whipped, or beat you with an object? <u>Q120C</u>. Has a parent, adult caregiver, or other adult relative ever: strangled, smothered, tried to drown you, or burned you intentionally? <u>Q120D</u>. Has a parent, adult caregiver, or other adult relative ever: used or threatened you with a knife, panga, gun or other weapon? <u>Q122</u>. Did this [most recent time] happen in the past 12 months? <u>Q126</u>. Did this [first time] happen in the past 12 months? <u>Q300A</u>. Has a parent, adult caregiver or other adult relative ever: told you that you were not loved, or did not deserve to be loved? <u>Q300B</u>. Has a parent, adult caregiver or other adult relative ever: said they wished you had never been born or were dead? <u>Q300C</u>. Has a parent, adult caregiver or other adult relative ever: ridiculed you or put you down, for example said that you were stupid or useless?	A binary variable was created for physical or emotional child abuse if the caregiver had used violent discipline (Q46) or perpetrated physical (Q120) or emotional violence (Q300) toward the child in the past 12 months.

	<u>Q302.</u> Did this [most recent time] happen in the past 12 months? <u>Q306.</u> Did this [first time] happen in the past 12 months?	
Multiple sexual partners	<u>Q425.</u> How many people have you had sex within the past 12 months?	A binary variable was created for having no or one sexual partner, or 2+ sexual partners in the previous year.
Inconsistent condom use	<u>Q412.</u> Have you ever had sex? <u>Q429.</u> In the past 12 months when you had sex with this person (most recent sexual partner), how often did you use a condom? Would you say always, sometimes, or never? <u>Q436.</u> In the past 12 months when you had sex with this second person (second most recent sexual partner), how often did you use a condom? Would you say always, sometimes, or never? <u>Q443.</u> In the past 12 months when you had sex with this third person (third most recent sexual partner), how often did you use a condom? Would you say always, sometimes, or never?	A respondent is noted as having inconsistent condom use in the past 12 months if condoms were not always used with the three most recent sexual partners in the past year.
Age-disparate or transactional sex	<u>Q433.</u> In the past 12 months, did you ever have sex with this person [most recent sexual partner] mainly in order to get things that you need such as money, gifts, or other things that are important to you? <u>Q440.</u> In the past 12 months, did you ever have sex with this person [second most recent sexual partner] mainly in order to get things that you need such as money, gifts, or other things that are important to you? <u>Q447.</u> In the past 12 months, did you ever have sex with this person [third most recent sexual partner] mainly in order to get things that you need such as money, gifts, or other things that are important to you? <u>Q507.</u> In the past 12 months, how many times did you have sex with someone mainly in order to get things that you need such as money, gifts, or other things that are important to you? <u>Q427.</u> Think about the most recent person who you had sex with in the past 12 months. How old was this person? Please give your best guess. <u>Q435.</u> Now think back to a second person with whom you had sex in the past 12 months. How old was this second person? Please give your best guess. <u>Q442.</u> Now think back to a third person with whom you had sex in the past 12 months. How old was this third person? Please give your best guess.	A binary measure for transactional sex was created as answering affirmatively to Q443, Q440, or Q447 or as a value of 1 or more to Q507. A binary variable for age-disparate sex was coded as affirmative if there is a five or more year age-gap between the respondent and any of their three most recent sexual partners in the past 12 months. A combined variable was created for having had either age-disparate or transactional sex in the past 12 months.
Early sexual debut (before age 16) or early pregnancy (before age 20)	<u>Q413.</u> How old were you when you had sex for the very first time? <u>Q419.</u> How old were you the first time that you got pregnant?	Among the sample <16 years old, early sex in the previous year was calculated by subtracting current age from age at first sex. Early sex in the past year was coded affirmatively if the difference was within one year. Among the sample <20 years old, adolescent pregnancy in the previous year was calculated from subtracting current age (Q2) from age at first pregnancy. Adolescent pregnancy in the past year was coded affirmatively if the difference was within one year. A total variable was created either had early sexual debut or early pregnancy in the past year.

Heavy drinking	<u>Q1401</u> . In the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row?	Heavy drinking was coded affirmatively if the respondent answered with one or more days in the past 30 days.
Mental distress	<u>Q1405A</u> . During the past 30 days, how often did you feel NERVOUS: all the time, most of the time, some of the time, a little of the time, or none of the time? <u>Q1405B</u> . During the past 30 days, how often did you feel HOPELESS: all the time, most of the time, some of the time, a little of the time, or none of the time? <u>Q1405C</u> . During the past 30 days, how often did you feel RESTLESS: all the time, most of the time, some of the time, a little of the time, or none of the time? <u>Q1405D</u> . During the past 30 days, how often did you feel SO SAD THAT NOTHING COULD CHEER YOU UP: all the time, most of the time, some of the time, a little of the time, or none of the time? <u>Q1405E</u> . During the past 30 days, how often did you feel THAT EVERYTHING WAS AN EFFORT: all the time, most of the time, some of the time, a little of the time, or none of the time? <u>Q1405F</u> . During the past 30 days, how often did you feel WORTHLESS: all the time, most of the time, some of the time, a little of the time, or none of the time?	This variable coded mental distress using Kessler-6 Psychological Distress Scale (Prochaska et al., 2012). Scores to each question were recoded based on a scale from 0 (none of the time) to 4 (all the time). Moderate or severe mental distress was coded affirmatively if respondents scored between 5-24. A binary variable was created for no mental distress (scoring 0-4) or having mental distress (scoring 5-24) in the past 30 days. <i>Prochaska, J. J., Sung, H. Y., Max, W., Shi, Y., & Ong, M. (2012). Validity study of the K6 scale as a measure of moderate mental distress based on mental health treatment need and utilization. International journal of methods in psychiatric research, 21(2), 88–97. https://doi.org/10.1002/mpr.1349</i>
Not in school or paid work	<u>Q4</u> . Are you currently attending school? <u>Q11</u> . At any time during the past 12 months did you engage in any work as an employee, or self-employed individual? <u>Q13</u> . Did you receive money for this work?	A binary variable was coded to reflect if the respondent was neither currently attending school nor involved in paid work.
Child marriage	<u>Q36</u> . Have you ever been married or lived with someone as if you were married? <u>Q37</u> . How old were you when you first got married or started living together?	A binary variable was coded affirmatively if the respondent had ever been married since before age 18.

<i>Covariates</i>	Question (Household Survey (H) or Individual Survey (Q))	Combination Strategy
Age group	<u>Q2</u> . How old were you at your last birthday?	Age group was created for those 18-24 years (reference age 13-17).
Orphanhood	<u>Q15</u> . Is your biological mother still alive? <u>Q25</u> . Is your biological father still alive?	Respondents were coded as orphaned if one or both biological parents were deceased.
DREAMS-priority district	[Used pre-coded strata variable and encode numeric values]	Priority regions were oversampled in survey, including those living in Khomas, Oshikoto, or Zambezi.
Urban	[Used pre-coded strata variable and encode numeric values]	Rural living was used as the reference value.
Household poverty	<u>H8</u> . What type of fuel does your household mainly use for cooking? <u>H6</u> . Do you share this [toilet] facility with other households? <u>H4</u> . What is the main source of drinking water for members of your household? <u>H7A</u> . Does your household have electricity? <u>H9</u> . Record the main material of the dwelling floor. <u>H10</u> . Record the main material of the roof. <u>H11</u> . Record the main material of the walls. <u>H7B-H7G</u> . Does your household have a radio, TV, phone (mobile or landline), refrigerator?	Principal component analysis was used for the following components of multidimensional poverty: <u>Clean/improved cooking fuel</u> (Including electricity, liquefied petroleum gas, or biogas.) <u>Private sanitation</u> <u>Safe drinking water</u> (Including Piped (tap) water into dwelling; piped (tap) water on site or in yard/plot; public tap/standpipe; private tube well/borehole; protected dug well; protected spring and bottled water) <u>Electricity</u>

	<u>H14</u>. Does any member of your household own: bicycle, motorcycle/motorbike, animal-drawn cart or oxcart? <u>H14G</u>. Does any member of your household own a car/truck?	<u>Improved housing</u> (Deprived if floor is made of mud/clay/earth, sand, or dung; Deprived if dwelling has no roof or walls or if either the roof or walls are constructed using natural materials such as cane, palm/trunks, sod/mud, dirt, grass/reeds, thatch, bamboo, sticks, or rudimentary materials such as carton, plastic/ polythene sheeting, bamboo with mud/stone with mud, loosely packed stones, adobe not covered, raw/reused wood, plywood, cardboard, unburnt brick, or canvas/tent.) <u>Asset ownership</u> (Deprived if own zero or one items in the list. Households were also coded as not having asset deprivation if they owned a car or truck.) Wealth index scores were assigned to each household and based on the range were grouped into quintiles. The lowest two quintiles were noted as those living in poverty, which represented the bottom 40% of the sample. <i>OPHI (2018). Global Multidimensional Poverty Index 2018: The Most Detailed Picture to Date of the World's Poorest People. Report. Oxford Poverty and Human Development Initiative (OPHI), University of Oxford. ISBN 978-1-912291-12-0.</i> <i>Namibia Statistical Agency. (2021). Namibia Multidimensional Poverty Index (MPI) Report 2021. Available at: https://ophi.org.uk/wp-content/uploads/Namibia_MPI_report_2021.pdf</i>
Female-headed household	<u>H2</u> . Interviewer record the sex of the head of household.	Male-headed household was used as the reference value.

Appendix 3.2: Outcome correlations. Spearman's correlation matrix of outcomes.

	(A)	(B)	(C)	(D)	(E)	(F)
(A) Intimate partner violence	1					
(B) Peer violence	0.0557*	1				
(C) Sexual violence	0.2008*	0.1979*	1			
(D) Child abuse	0.1099*	0.3689*	0.1893*	1		
(E) Multiple sexual partners	0.1304*	-0.0186	0.1009*	0.0055	1	
(F) Inconsistent condom use	0.1963*	-0.1656*	0.0339*	-0.0956*	0.1691*	1
(G) Age-disparate or transactional sex	0.1372*	-0.1205*	0.0109	-0.0834*	0.0700*	0.4033*
(H) Early sex or early pregnancy	0.1001*	-0.0469*	0.0380*	-0.0146	0.0363	0.4093*
(I) Heavy drinking	0.1373*	-0.0289*	0.0775*	-0.0111	0.1779*	0.1003*
(J) Mental distress	0.1363*	0.0390*	0.1196*	0.0973*	0.0403*	0.0984*
(K) Not in school or paid work	0.0519*	-0.1513*	0.007	-0.1227*	0.0498*	0.2749*
(L) Child marriage	0.0800*	-0.0531*	-0.0041	-0.0198	0.0144	0.1664*
	(G)	(H)	(I)	(J)	(K)	(L)
(A) Intimate partner violence						
(B) Peer violence						
(C) Sexual violence						
(D) Child abuse						
(E) Multiple sexual partners						
(F) Inconsistent condom use						
(G) Age-disparate or transactional sex	1					
(H) Early sex or early pregnancy	0.2585*	1				
(I) Heavy drinking	0.0690*	-0.0086	1			
(J) Mental distress	0.0750*	0.0266	0.0801*	1		
(K) Not in school or paid work	0.2130*	0.2309*	0.0485*	0.0803*	1	
(L) Child marriage	0.1211*	0.1457*	-0.024	0.0071	0.1215*	1

* $p < 0.05$, bolded associations $|r| \geq 0.30$

Only three outcome pairs (peer violence victimisation and child abuse as well as inconsistent condom use correlated to age-disparate or transactional sex and early sexual debut or early pregnancy) have a correlation $|r| > 0.30$. The correlation for the latter two pairs is due to the combination strategies for the measures, where the same value is applied for the 57% of the weighted sample that was not sexually active (either abstinent in the past year or over lifetime).

Appendix 3.3: Sensitivity analyses. Multivariable logistic regressions with hypothesised accelerators and covariates that were significant in either univariate regressions or in complete multivariable logistic regressions with all variables.

	AOR	Females (95% CI)	p-value	AOR	Males (95% CI)	p-value
IPV (physical or emotional; n=4134F, 964M)						
Household food security	0.64	(0.48, 0.85)	0.002	-	-	-
Parental support	-	-	-	-	-	-
Gender-equitable attitudes	-	-	-	0.43	(0.26, 0.73)	0.003
Peer violence (physical or emotional; n=4134F, 964M)						
Household food security	-	-	-	0.55	(0.33, 0.93)	0.027
Parental support	-	-	-	-	-	-
Gender-equitable attitudes	0.56	(0.38, 0.83)	0.004	0.39	(0.24, 0.64)	<0.001
Sexual violence (n=4134F, 964M)						
Household food security	0.59	(0.42, 0.82)	0.002	-	-	-
Parental support	-	-	-	0.16	(0.27 1.26)	0.162
Gender-equitable attitudes	0.63	(0.47, 0.84)	0.002	0.40	(0.20, 0.78)	0.009
Child abuse (physical or emotional; n=4134F, 964M)						
Household food security	0.69	(0.52, 0.91)	0.009	-	-	-
Parental support	0.55	(0.35, 0.87)	0.010	-	-	-
Gender-equitable attitudes	0.68	(0.50, 0.92)	0.014	0.33	(0.18, 0.61)	0.001
Multiple sexual partners (n=4067F, 937M)						
Household food security	-	-	-	-	-	-
Parental support	-	-	-	-	-	-
Gender-equitable attitudes	-	-	-	0.44	(0.29, 0.67)	<0.001
Inconsistent condom use (n=4057F, 933M)						
Household food security	0.64	(0.47, 0.87)	0.005	-	-	-
Parental support	-	-	-	-	-	-
Gender-equitable attitudes	-	-	-	0.49	(0.30, 0.80)	0.007

Age-disparate or transactional sex (n=4134F, 964M)						
Household food security	0.55	(0.41, 0.76)	<0.001	-	-	-
Parental support	-	-	-	-	-	-
Gender-equitable attitudes	-	-	-	0.47	(0.24, 0.91)	0.028
Early sex (<16) or early pregnancy (<20) (n=2481F, -)						
Household food security	0.52	(0.24, 1.13)	0.099	-	-	-
Parental support	-	-	-	-	-	-
Gender-equitable attitudes	0.59	(0.38, 0.92)	0.02	-	-	-
Binge drinking (n=4034F, 956M)						
Household food security	-	-	-	-	-	-
Parental support	-	-	-	-	-	-
Gender-equitable attitudes	-	-	-	-	-	-
Mental distress (n=4126F, 964M)						
Household food security	0.64	(0.49, 0.82)	0.001	-	-	-
Parental support	-	-	-	-	-	-
Gender-equitable attitudes	0.68	(0.48, 0.94)	0.022	-	-	-
Not in school or paid work (n=4064F, 958M)						
Household food security	0.52	(0.37, 0.74)	<0.001	-	-	-
Parental support	-	-	-	-	-	-
Gender-equitable attitudes	-	-	-	-	-	-
Child marriage (before age 18; n=4107F, -)						
Household food security	0.20	(0.08, 0.47)	<0.001	-	-	-
Parental support	0.28	(0.11, 0.75)	0.012	-	-	-
Gender-equitable attitudes	0.28	(0.11, 0.71)	0.008	-	-	-

AOR = Adjusted Odds Ratio; CI = Confidence Interval; IPV = Intimate Partner Violence; F = Female Sample; M = Male Sample

Appendix 3.4: Missing data. Prevalence of the sample with missing data for each outcome.

Variable	Missing (%)
Hypothesised Accelerators	
Household food security	0.0
Parental support	0.0
Gender-equitable attitudes	1.2
Outcomes	
IPV victimisation (physical or emotional, 12mon)	0.0
Peer violence victimisation (physical or emotional, 12mon)	0.0
Sexual violence victimisation (12mon)	0.0
Child abuse (physical or emotional, 12mon)	0.0
Multiple sexual partners (12mon)	2.0
Inconsistent condom use (12mon)	2.3
Age-disparate or transactional sex (12mon)	0.0
Early sex (<16) or early pregnancy (<20) (12mon)	0.0
Binge drinking (30 days)	2.1
Moderate or severe mental health distress (30 days)	0.2
Not in school or paid work (12mon)	1.6
Child marriage (before age 18, lifetime)	1.4
Sociodemographic Covariates	
Age 13-17 (Binary)	0.0
Orphanhood	0.1
Urban	0.0
Household poverty (lowest two quintiles)	0.0
Oversampling in priority district	0.0
Female-headed household	0.0
IPV = Intimate Partner Violence	

CHAPTER 4 (DPHIL PAPER 2): EFFECTIVENESS OF CASH-PLUS PROGRAMMES ON EARLY CHILDHOOD OUTCOMES COMPARED TO CASH TRANSFERS ALONE: A SYSTEMATIC REVIEW AND META-ANALYSIS IN LOW- AND MIDDLE-INCOME COUNTRIES.

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Little, M. T., Roelen, K., Lange, B. C. L., Steinert, J. I., Yakubovich, A. R., Cluver, L., & Humphreys, D. K. (2021). Effectiveness of cash-plus programmes on early childhood outcomes compared to cash transfers alone: A systematic review and meta-analysis in low- and middle-income countries. *PLOS Medicine*, 18(9), e1003698. <https://doi.org/10.1371/journal.pmed.1003698>

Contributions of DPhil Paper 2 to the Overarching DPhil Question.

With both the INSPIRE Framework and the social protection field, there is increasing interest in combining interventions (including across multiple strategies in INSPIRE) to achieve greater impact, such as with cash-plus programming. However, literature has not systematically assessed the incremental impact of additional components in multisectoral programming. Thus, the effectiveness of cash-plus programmes on violence against children remains an empirical question for intervention research. This second empirical chapter is a systematic review and meta-analysis of cash-plus programmes that assessed the added benefit of introducing a plus-component (including child protection components from parenting programmes) with cash transfer interventions.

This review of cash-plus programmes was conceptualised based on findings from four seminal papers. First, a comprehensive review on the impacts of social protection (Bastagli et al., 2016) found that cash transfers have consistent evidence of effectiveness for more proximal outcomes such as food security, but have limited evidence of effectiveness for outcomes further down the causal chain (e.g., malnutrition or violence). Simultaneously, researchers had begun to develop intervention combinations to improve the effectiveness of cash transfers. A concept paper outlined this new type of intervention,

‘cash-plus programmes’ (Roelen et al., 2017). This publication occurred alongside the roll-out of a novel cash-plus programmes for adolescents in Tanzania, which combined a cash transfer with a life-skills programme (Tanzania Cash Plus EvaluationTeam, 2018). Third, a report outlined promising ‘plus’ interventions to combine with cash transfers for adolescents in East & Southern African region, including parenting programmes, adolescent empowerment initiatives, and community mobilisation interventions (Watson, 2016). Notably, the report did not identify any evaluations of cash-plus programmes for adolescents that were delivered through state-led social protection systems (Watson, 2016).

A subsequent review on cash-plus programmes for adolescents in Africa was recently published (Rogers et al., 2024). Of the 58 included studies published from 2005-2023, only one evaluation explicitly included a parenting programme (Van Heerden et al., 2020). Although the paper did not test for incremental or additive effects of the intervention components, the analyses did not find evidence that the overall intervention package (including microfinance and a parenting programme) was effective in reducing caregiver violence against adolescent girls (Van Heerden et al., 2020). Another recent review (Borges Machado et al., 2024) included a pre-post study of a cash-plus parenting programme for adolescents in the Philippines (using an integrated intervention design model) and this programme was effective in reducing child maltreatment (Jocson et al., 2023).

Since there was limited evidence on cash-plus programmes for adolescents at the time of project conceptualisation (2017) and still several years later, the review presented in this chapter focused on young children, for whom the evidence base was more developed. These data were assessed to provide greater insights into the science of combining interventions. The original design of this review included evaluations that evaluated either *cash-only* versus *cash-plus arms* or *plus-only* versus *cash-plus arms*. During the peer-review process, reviewers suggested to focus just on the *cash-only* versus *cash-plus* analysis, which helped to improve the clarity of the review messages. Although four primary studies were excluded which evaluated *plus-only* versus *cash-plus arms*, none included a child protection/parenting component as the plus-intervention. Thus, this paper was unable to conclude

whether combining parenting programmes (for child protection) with a cash transfer was more effective than parenting interventions alone.

Nonetheless, the review identified four studies of two programmes (Barnhart et al., 2020; Betancourt et al., 2020; Jensen et al., 2021; Premand & Barry, 2020) that evaluated the impacts of cash-plus parenting interventions (child protection) on violent discipline compared to cash transfers alone. Both interventions found significant added reductions in violent discipline from adding a parenting component to cash transfer interventions. While the overall meta-analysis was not significant (OR= 0.83 [0.59, 1.17], $p= 0.15$; $I^2= 40\%$), the 95% confidence interval on the heterogeneity measure (0%, 99%) would suggest that the results are inconclusive and should be interpreted with caution. Since this review was published, another cash-plus parenting intervention for young children was published (Lachman et al., 2021), which also found added gains in reducing violence against children from supplementing a cash transfer with a parenting programme. This new study was added to the meta-analysis, but the results remain inconclusive due to heterogeneity (OR= 0.73 [0.44, 1.20], $p= 0.14$; $I^2= 71\%$ [0, 99]).

One programme (Barnhart et al., 2020; Betancourt et al., 2020; Jensen et al., 2021) evaluated additional proximal outcomes (possible mediators) and found added effectiveness from the plus-intervention in improving power dynamics (father engagement in childcare and shared decision-making), maternal mental health (depression), and intrahousehold conflict (maternal intimate partner violence victimisation); there was no impact on paternal IPV perpetration. Another evaluation also found reductions in maternal intimate partner violence victimisation (Lachman et al., 2021), but the third programme evaluation (Premand & Barry, 2020) did not assess the outcome. Taken together, these findings support the proposed conceptual framework presented in the Background chapter.

Cash-plus parenting programmes are a relatively new package of interventions, thus were not included in the original INSPIRE Framework. Nonetheless, based on the original evidence rating scale from the 2016 INSPIRE Framework (Puddy & Wilkins, 2011; WHO, 2016), cash-plus parenting programmes

would have received the highest rating (“Effective”) because there are at least two high-quality randomised studies that found evidence of impact in reducing violence against children.

Investigating the added impact of other plus-components above cash transfers alone also demonstrates that not all intervention combinations result in added effectiveness. For example, there was added impact in improving child height-for-age from supplemental food transfers ($d = 0.08$ [0.03, 0.14]), but no impact from supplemental nutritional behaviour change communication ($d = 0.03$ [-0.04, 0.09]). This would suggest that careful consideration needs to be given to the selection of plus-component interventions and that research should evaluate whether the combined intervention has added impacts.

As noted in the background chapter, one study (Fernald et al., 2016) assessed the effectiveness of two different intervention designs (convergence and alignment models) and only found added effectiveness on cognitive development in the convergence model. Studies looking at plus-components for child protection were either integrated (Lachman et al., 2021; Premand & Barry, 2020) or convergence models (Barnhart et al., 2020; Betancourt et al., 2020; Jensen et al., 2021). No studies were identified that compared the effectiveness of different intervention designs on violence against children.

In conclusion, this systematic review identified primary studies that found incremental (added) effects from supplementing a child protection component (parenting intervention) to cash transfers. Although the meta-analysis of these programmes did not identify a statistically significant impact, more primary studies are needed to refine the effect size and to investigate heterogeneity. Nonetheless, this intervention package would have received the highest rating possible (“Effective”) within the 2016 INSPIRE Framework Classification of Evidence of Effectiveness (Puddy & Wilkins, 2011). The primary studies also included evidence in support of the conceptual framework presented in the Background chapter, including through reducing maternal intimate partner violence victimisation.

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Abstract.

To strengthen the impact of cash transfers, these interventions have begun to be packaged as cash-plus programmes, combining cash with additional transfers, interventions, or services. The intervention's complementary ('plus') components aim to improve cash transfer effectiveness by targeting mediating outcomes or the availability of supplies or services. This study examined whether cash-plus interventions for infants and children under 5 years are more effective than cash alone in improving health and wellbeing.

Forty-two databases, donor agencies, grey literature sources, and trial registries were systematically searched, yielding 5097 unique articles (as of 06 April 2021). Randomised and quasi-experimental studies were eligible for inclusion if the intervention package aimed to improve outcomes for children under 5 years in low- and middle-income countries and combined a cash transfer with an intervention targeted to Sustainable Development Goal (SDG) 2 (No Hunger), SDG3 (Good Health & Wellbeing), SDG4 (Education), or SDG16 (Violence Prevention), had at least one group receiving cash-only, examined outcomes related to child-focused SDGs, and was published in English. Risk of bias was appraised using Cochrane Risk of Bias and ROBINS-I Tools. Random effects meta-analyses were conducted for a cash-plus intervention category when there were at least three trials with the same outcome. The review was pre-registered with PROSPERO (CRD42018108017). Seventeen studies were included in the review and eleven meta-analysed. Most interventions operated during the first 1000 days of the child's life and were conducted in communities facing high rates of poverty and often, food insecurity. Evidence was found for ten low- and middle-income countries, where most researchers used randomised, longitudinal study designs (n= 14). Five intervention categories were identified, combining cash with nutrition behaviour change communication (n= 7), food transfers (n= 3), primary healthcare (n= 2), psychosocial stimulation (n= 7), and child protection (n= 4) interventions. Comparing cash-plus to cash alone, meta-analysis results suggest Cash + Food Transfers are more effective in improving height-for-age ($d = 0.08SD (0.03, 0.14)$, $p = 0.02$) with significantly reduced odds of stunting ($OR = 0.82 (0.74, 0.92)$, $p = 0.01$), but had no added impact in improving weight-for-height ($d = -0.13 (-0.42, 0.16)$, $p = 0.24$) or weight-for-age z-scores ($d = -0.06 (-0.28, 0.15)$, $p = 0.43$). There was no added

impact above cash alone from Cash + Nutrition Behaviour Change Communication on anthropometrics; Cash + Psychosocial Stimulation on cognitive development; or Cash + Child Protection on parental use of violent discipline or exclusive positive parenting. Narrative synthesis evidence suggests that compared to cash alone, Cash + Primary Healthcare may have greater impacts in reducing mortality and Cash + Food Transfers in preventing acute malnutrition in crisis contexts. The main limitations of this review are the few numbers of studies that compared cash-plus interventions against cash alone and the potentially high heterogeneity between study findings.

In this study, we observed that few cash-plus combinations were more effective than cash transfers alone. Cash combined with food transfers and primary healthcare show the greatest signs of added effectiveness. More research is needed on when and how cash-plus combinations are more effective than cash alone and work in this field must ensure that these interventions improve outcomes among the most vulnerable children.

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Data Availability. All relevant data are within the manuscript and supporting information.

Conflicts of Interest. The authors have declared that no competing interests exist.

Author Summary.

Why was this study done?

Cash transfers (providing individuals or families direct cash payments) are an easy-to-implement intervention that has widespread impacts, but evidence suggests that these programmes do not universally improve child health and wellbeing. Cash-plus programmes (combining cash transfers with complementary interventions) have been proposed as a solution to maximise the effectiveness of cash transfers to improve the lives of children. Our study aimed to assess whether cash-plus programmes are more effective than cash alone in improving child health and wellbeing.

What did the researchers do and find?

We conducted a systematic review of 42 information sources and databases and found 17 studies that met the review criteria, of which 11 were meta-analysed. We identified five cash-plus programme categorisations: Cash + Nutrition Behaviour Change Communication, Cash + Food Transfers, Cash + Primary Healthcare, Cash + Psychosocial Stimulation, and Cash + Child Protection. Meta-analysis results suggest that only Cash + Food Transfers has added impact above cash alone, having significantly reduced odds of children experiencing stunted growth (OR= 0.82 (0.74, 0.92)). Narrative synthesis results suggest that Cash + Food Transfers in crisis contexts and Cash + Primary Healthcare may also have greater benefit than cash alone.

What do these findings mean?

There are few studies to date that evaluate the effectiveness of cash-plus programmes against cash alone, which leaves significant evidence gaps in our understanding of these interventions. Our findings suggest that not all cash-plus programme combinations are more effective than cash transfers alone, but that combining cash with food transfers or primary healthcare may have added impact in improving child health and wellbeing. There was significant variation in impacts across studies and because of the limited number of studies identified for analysis, more research is needed in identifying effective plus-components and effective models of how these cash-plus programmes are designed and implemented.

Introduction.

Compared to adults, children are disproportionately affected by poverty and its consequences, with nearly one-fifth of all children living in extreme poverty (Silwal et al., 2020). Social protection interventions, including cash transfers (direct monetary provision), aim to mitigate the risk and effects of poverty and social exclusion (Greenblott, 2008). Cash transfers often do not have restrictions on how the cash is spent, but may or may not have conditional requirements to receive the transfer (e.g., regular child growth monitoring). A well-established evidence base indicates that cash transfers improve many aspects of children lives, including increased food security and improved school attendance (Bastagli et al., 2019). Nevertheless, impacts have been more mixed and less overwhelming in more challenging areas of child development, including nutrition (Manley et al., 2020) and health (Siddiqi et al., 2018).

In efforts to strengthen the impact of these interventions, cash transfers have begun to be packaged as cash-plus programmes, combining cash transfers with other interventions or services (e.g., behaviour change communication, psychosocial support, or cross-sectoral linkages) (Roelen et al., 2017, p. 9). Cash-plus programmes can be classified as multisectoral interventions that seek to improve development outcomes rather than a time-restricted grant to exit poverty (Carter et al., 2019). These interventions are argued to be more effective than cash alone because the ‘plus’ component specifically targets factors that are necessary for cash transfers to have impact, but that cash alone does not change (e.g., improved mediating outcomes and/or availability of supplies or services). Multisectoral interventions such as cash-plus programmes are conceptually at the forefront of efforts to improve outcomes for infants and young children. Notably, the Nurturing Care Framework for Early Childhood Development proposes an integrated response for young children across health, nutrition, child protection, social protection, and education sectors (Britto et al., 2017).

Intervening in early childhood is vital for moral, economic, and social reasons. Ensuring that children can reach their full development potential means that they have better health and higher economic earnings as adults, and in turn, reduce intergenerational transmission of poverty (Engle et al., 2011). The multisectoral nature of cash-plus programmes speaks to multiple Sustainable Development Goals

(SDGs). Cash transfers are central to poverty alleviation (SDG 1) and in achieving national social protection floors (SDG Target 1.3). The plus-components aim to promote child development through other mechanisms than poverty alleviation, such as through direct nutrition support (SDG 2), health services (SDG 3), early child education (SDG 4), or child protection (SDG 16). The two elements of cash-plus programming link across multiple SDGs, which is supported by frameworks that emphasise that achieving each SDG is interdependent with the achievement of other SDGs (Nunes et al., 2016). This interdependence suggests that multisectoral interventions can have a greater impact than vertical, siloed interventions alone.

Cash-plus interventions hold much promise in accelerating achievement of multiple SDG targets for children. However, to the best of our knowledge to date, there has been no synthesis to evaluate if these multisectoral interventions are more effective than cash transfers alone.

This review sought to answer the question: *Are cash-plus interventions for infants and children under the age of 5 more effective than cash transfers alone in improving child health and wellbeing outcomes across the Sustainable Development Goals?*

It is important to emphasise that this review is not comprehensive of all cash-plus programmes for young children. Rather, this review assesses the effectiveness of cash-plus interventions compared to cash alone as opposed to a pure (no-intervention) control. It aims to provide evidence on whether and when combining cash with plus-components can have an accelerating impact in achieving child-focused Sustainable Development Goals.

Methods.

This paper presents a systematic review and meta-analysis for cash-plus interventions compared to cash transfers alone, which are targeted to families with infants and children in low- and middle-income countries. This study is reported as per the Preferred Reporting Items for Systematic Reviews & Meta-

Analyses (PRISMA) guidelines (Appendix 4.1) (Moher et al., 2009). The protocol was pre-registered with PROSPERO (CRD42018108017).

Information Sources & Search.

For this review, we searched eleven electronic databases, twenty-seven grey literature sources, and four trial registries. Four journals were hand-searched and ten experts in the field of development economics and cash-plus interventions were contacted to identify unpublished literature. The information sources and sample search strategy are provided in Appendix 4.2. All searches were completed through 06 April 2021. The search strategy was informed by literature on the review topic and contains categories for the regions and individual countries, the population (infants and children), and terms for social protection interventions, which were replicated and modified from Owusu-Addo and colleagues (2016).

Eligibility Criteria.

Population/participants: The study had to evaluate an intervention package implemented in one or more low- and middle-income countries, as defined by the World Bank. The intervention package had to aim to improve outcomes (below) among infants and young children aged 0-59 months and be implemented during this age period.

Intervention: The intervention package had to contain at least two components. The first component requirement was a cash transfer intervention (SDG 1.3) that met four requirements (Owusu-Addo et al., 2016), specifically that the programme 1) Provide financial assistance at the individual or household level, 2) Be non-contributory (i.e., individuals have not paid into the system) and in the form of a non-repayable, unrestricted grant (i.e., no requirement for how cash was used), 3) Aim to reduce the impacts of, or vulnerability to, poverty (monetary or multidimensional), and 4) Be disbursed in consistent, predictable intervals.

The second component requirement was having at least one 'plus' intervention targeting SDG 2 (No Hunger), SDG 3 (Good Health & Wellbeing), SDG 4 (Education), or SDG 16 (Violence Prevention).

Specific plus-components include nutrition support programmes (i.e., food transfers and behavioural change communication) to reduce malnutrition (SDG 2.1-2.2), interventions to control communicable diseases and reduce infant/child mortality (SDG 3.2-3.3), coverage with health insurance (SDG 3.8), early childhood development, care, and pre-primary education (SDG 4.2), or violence prevention and parenting interventions (SDG 16.2).

Preliminary searches found that water, sanitation, & hygiene (WASH) interventions were integrated as part of these plus-components (rather than as stand-alone plus-interventions), thus were not assessed as its own plus-component. No restriction was placed on behavioural conditions for receiving cash (i.e., both unconditional and conditional cash transfers were included). Studies comparing the effects of unconditional cash transfers versus conditional cash transfers were excluded because condition monitoring was not conceptualised as a plus component.

Comparison: Studies had to include at least 1) one group receiving the cash-plus intervention and 2) one group receiving cash-only. Because this review aimed to evaluate the added benefit of the plus-component to cash transfers, studies that evaluated no treatment versus cash-plus only (without having a separate cash-only group) were excluded.

Outcomes: Cash transfers alone have had limited impact on distal outcomes for child wellbeing (e.g., on nutritional status and health (Manley et al., 2020; Siddiqi et al., 2018)), despite strong evidence that cash transfers can improve more proximal outcomes, such as improving access to food (Bastagli et al., 2019; Burchi et al., 2018; Tiwari et al., 2016). Thus, cash-plus programmes were developed in hopes of achieving improvements in these distal, ‘third-order’ outcomes. This review concentrates on these third-order outcomes that contribute to SDG indicators related to children under 5. These include measures of poverty (including multidimensional poverty), malnutrition (including stunting, wasting, underweight, and obesity), morbidity or mortality (neonatal, infant, and children under 5) including from unsafe water or lack of sanitation/hygiene or infectious disease, psychosocial and cognitive development, and violence against children. Within the included studies that examine these outcomes

of interest, we also comment on the impact of proximal outcomes and their contribution in the causal pathway.

Time: Studies conducted between 2000 and 2021 were included. The start year (2000) reflects the year that the Millennium Development Goals were adopted, which began a global roll out of evidence-based interventions, including cash transfers. Additionally, pairing cash transfers to another intervention is new conceptual thinking that is not likely to have been investigated prior to the start date.

Study design: Included studies had to have used an experimental or quasi-experimental design. Studies that did not measure the outcome at both baseline and post-intervention were excluded.

Other exclusion criteria: Studies not published in English, interventions related to pregnancy/childbirth, interventions on farming/agricultural productivity practices, or microfinance/savings interventions.

Study Selection & Data Extraction.

Studies were imported into Rayyan and de-duplicated prior to screening (Ouzzani et al., 2016). Studies were double-screened blind to reduce potential bias. Initial agreement between raters was > 96% and reviewers agreed on the final included studies. When multiple publications were available for the same evaluation (i.e., baseline, midline, and endline reports), the endline report is cited and when endline findings are published in both report and journal article form, the journal article was cited. A standardised data extraction form was used, with categories for population characteristics and context, intervention design and components, outcomes and effects, pathways and equity evidence (Bergvall-Kåreborn et al., 2004; Evans & Brown, 2003; Lewin et al., 2016; Newman & Elbourne, 2005). Two authors extracted meta-analysis data independently to minimise errors.

Risk of Bias.

Assessing for risk of bias at the study level, randomised studies were evaluated using the Cochrane Risk of Bias Tool and non-randomised studies using the ROBINS-I tool (Higgins et al., 2011; Sterne et al.,

2016). All studies were double coded, and disagreements discussed. Piloting of the risk of bias assessment on six studies had 100% agreement between raters and > 95% for the full set of studies. Visualisations were created using *robvis* software (McGuinness & Higgins, 2020). The quality assessment was used to comment on the strength and limitations of the evidence-base and the confidence in recommendations from the synthesis (Smagorinsky, 2008). Due to a limited number of retrieved studies across a range of cash-plus combinations and outcomes, no meaningful analysis could be conducted to assess for publication bias.

Data synthesis.

Studies were meta-analysed when there were at least three trials for an outcome with similar follow-up times for the same cash-plus intervention; this included outcomes in Cash + Nutrition Behaviour Change Communication, Cash + Food Transfers, Cash + Psychosocial Stimulation, and Cash + Child Protection. In instances when a study used a pure (no-intervention) control with two treatment arms (cash-only and cash-plus), results were re-analysed using the cash-only arm as the control. The analysis corrected for clustering to address possible unit of analysis error by adjusting the sample size as necessary (Littell et al., 2008). Specifically, in cases when studies allocated treatment at the cluster level but presented standard errors that were not adjusted for this clustering, the effective sample size was used in analysis. This value was calculated by dividing the original sample size by the design effect, which is computed using the average cluster size and intra-class correlation (Deeks et al., 2006).

Standardised mean differences (d) for continuous outcomes (i.e., cognitive development and anthropometric z-scores) and log odds ratios for binary outcomes (i.e., anthropometric outcome, violence against children, and positive parenting) were calculated before running the random effects meta-analyses in R using the Knapp & Hartung adjustment, which accounts for few data points (Knapp & Hartung, 2003; Viechtbauer, 2010; Wilson, n.d.). In addition to anthropometric z-score values, odds ratios were calculated from the proportion of children experiencing stunting, wasting, and underweight status. Cognitive development effect sizes were calculated from cognition subscales (Bayley Scale of Infant Development) or aggregate cognitive scale score (McCarthy Scales of Children's Abilities –

General Cognitive Index); general measures of child development (Ages & Stages Questionnaire) were synthesised narratively. Parenting practices were assessed in meta-analyses using the prevalence of harsh discipline and exclusive positive parenting. Results from meta-analyses are displayed using forest plots and heterogeneity results using funnel plots (Appendix 4.3). Quantitative measures of consistency/heterogeneity are reported (I^2 and τ^2). Confidence intervals for I^2 are also provided for context on the uncertainty of the value (Ioannidis et al., 2007). However, there were too few studies to explore heterogeneity further.

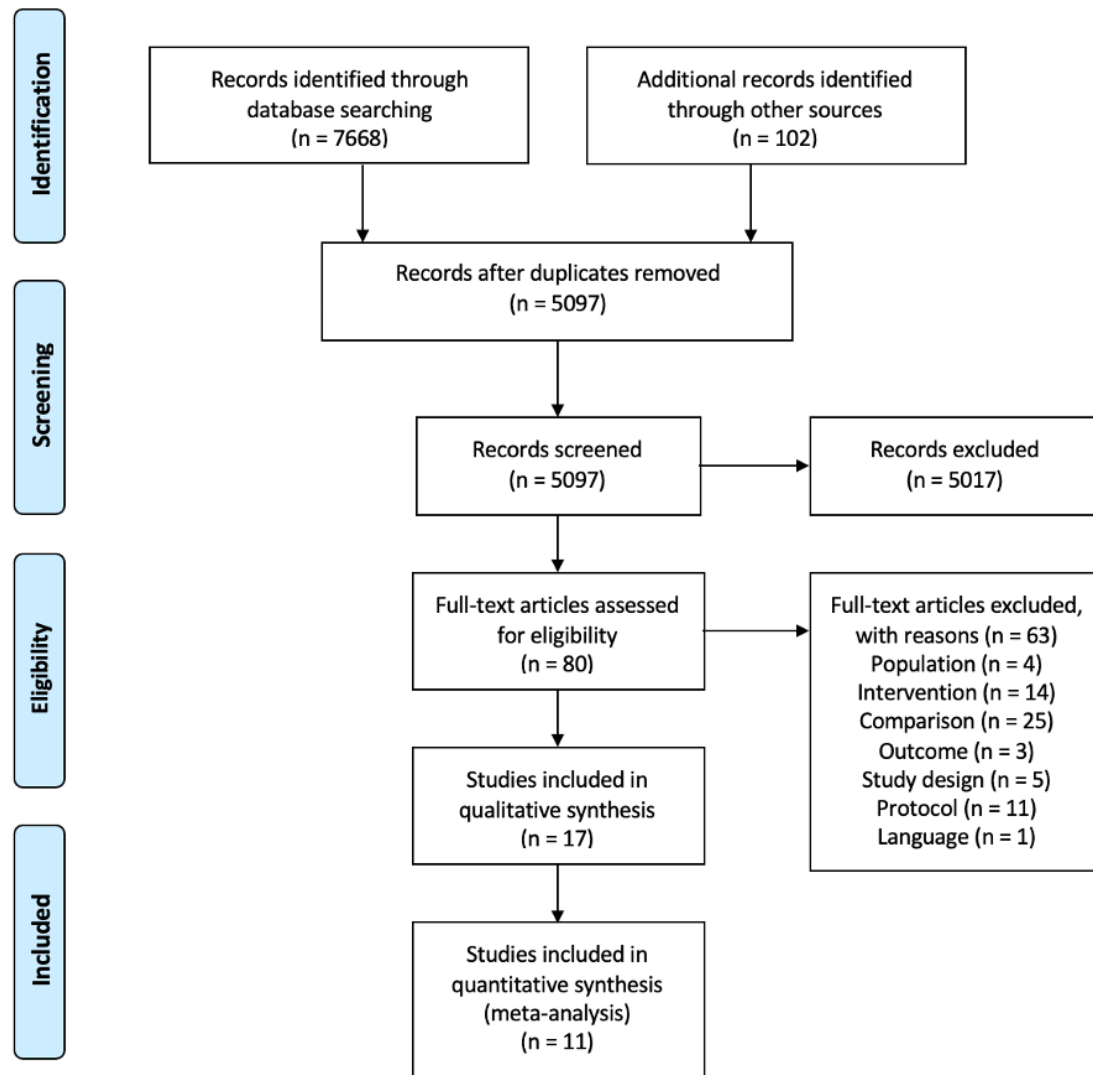
Study effects were synthesised narratively when there were too few studies to meta-analyse. When studies were narratively synthesised, effect sizes were transformed to cash-only vs cash-plus comparisons. Intervention design was classified as one of four models set forth in a previous review of Cash + Parenting Programmes (Arriagada et al., 2018). Quantitative equity effects in impact were noted, defined as either sub-group analyses or interaction effects (Nittas et al., 2020).

Results.

Study Selection.

From 5097 unique articles identified in the search, 80 full-text articles were reviewed for inclusion. Sixty-three were excluded (see Figure 4.1 and Appendix 4.4); the majority were excluded either because the study did not have a cash-only group, or the study did not meet the criteria for a cash-plus programme. Eleven protocols were identified that could meet the criteria for inclusion in an update to the review; study teams were contacted, who all confirmed no intervention impact data were yet available. Seventeen studies were included in the review, of which eleven were meta-analysed (Figure 4.1 & Appendix 4.4). The studies included in this review represent eleven unique cash-plus programmes.

Figure 4.1: PRISMA Flowchart.



Study Characteristics.

The majority of studies focus on the first 1000 days of a child's life and cite the critical importance of intervening during this period to maximise development potential. The studies included in this review cover countries in Sub-Saharan Africa (7), Latin America (6), and South and South-East Asia (4). Conditional cash transfers (6 studies), unconditional cash transfers (7 studies), and public works programmes (4 studies) were studied; all conditional cash transfers were implemented in Latin America, where that type of transfer is prominent. In addition to the cash transfer, five categories of 'plus' components were identified: Nutrition behaviour change communication (n= 7), food transfers (n= 3), primary healthcare (n= 2), psychosocial stimulation (n= 7), and child protection interventions (n= 4).

There are two dominant theories about how these cash-plus programmes work: 1) The package works by improving mediating outcomes on the pathway to impact (e.g., maternal knowledge of proper nutrition) while also addressing the structural deprivations impacting health and development potential (Field & Maffioli, 2021); and 2) Supply-side and demand-side interventions must occur in tandem to meet population needs (e.g., providing health services when health checks are a cash condition) (da Silva & Paes, 2019; Guanais, 2013).

Of the 9 studies that reported cash values, standardised transfer amounts (converted from local currency to US dollars at the time of intervention) ranged from approximately \$8/month to \$75/month and were often distributed monthly. The plus-components were delivered either monthly or weekly. In providing cash value justifications, studies noted either matching values from already-established cash transfer initiatives in the country (such as large-scale programmes operating through the national government or through international organisations) or setting the value based on the country's poverty level and cost of necessary household expenses. When calculating the latter value, authors point to standard practice that cash interventions covered up to 20% of household expenses (UNICEF, 2008). Specifically, four included studies calculated the cash transfer to account for approximately 10-25% of household expenditures (Ahmed et al., 2019, 2020; Guyatt 2018; Premand & Barry, 2020).

Only a handful of studies provide additional context on the cash values. Field & Maffioli (2021) note that the cash value equates to approximately 3-4 days of minimum-wage work in Myanmar and Langendorf and colleagues (2014) ensured the value could cover food costs to meet the energy requirements for a seven-person household in Niger. Further, only one paper (Ahmed et al., 2020) measured poverty trajectories of households. The findings suggest that at the end of implementing the cash-plus intervention, there were greater poverty reductions compared with cash alone, but there is a more complex relationship on poverty trajectories four years post-intervention (discussed below).

Three out of the four intervention designs described by Arriagada and colleagues (2018) were identified in the included studies. Six programmes (8 studies) utilised an integrated design, specifically that the

plus-component was nested within, and operated by, the cash transfer programme. A further four programmes (7 studies) had a convergence design, whereby the two components were implemented separately but there was explicit coordination between implementing partners. This contrasts to one programme (2 studies) that used an alignment design, in which there was separate implementation of the two components and no coordination between implementers (regardless of whether the same population was reached). No studies were identified that utilised a piggybacking design, which would have the cash component delivered within an already-existing plus intervention.

Only one programme (Barnhart et al., 2020; Betancourt et al., 2020; Jensen et al., 2021) was designed for active father involvement throughout the intervention period. Three other programmes (Ahmed et al., 2019, 2020; Fernald et al., 2016; Field & Maffioli, 2021; Kagawa et al., 2017) had a portion of the plus component dedicated to father education, of which one programme (Ahmed et al., 2019, 2020) also invited mothers-in-law to participate in hopes of creating a supportive household environment. Further, only four programmes exclusively used a home-visit model (Attanasio et al., 2014; Barnhart et al., 2020; Betancourt et al., 2020; Guyatt et al., 2018; Jensen et al., 2021; Khan et al., 2019).

All studies were done as cluster-RCTs except for one randomised at the individual-level (Guyatt et al., 2018) and three using a quasi-experimental design (da Silva & Paes, 2019; Guanais, 2013; UNICEF et al., 2020). Studies were published from 2013-2021 and had follow up times ranging from 4 months to 4 years post-intervention. Details of individual interventions are shown in Table 4.1 below and further information is available in Appendix 4.5. Table 4.2 provides an overview map of the review findings based on the intervention category and outcome.

Table 4.1: Intervention Components & Outcomes.

Study	Cash Transfer & Intervention Design	Nutrition Behaviour Change Communication	Food Transfer	Primary Healthcare	Psychosocial Stimulation	Child Protection
Langendorf 2014	<i>Unconditional CT (Integrated)</i>		Anthropometrics, mortality			
Field 2021	<i>Unconditional CT (Convergence)</i>	Anthropometrics, child illness				
Khan 2019	<i>Unconditional CT (Convergence)</i>	Anthropometrics	Anthropometrics			
Guyatt 2018	<i>Unconditional CT (Integrated)</i>	Anthropometrics				
Ahmed 2019	<i>Unconditional CT (Integrated)</i>	Anthropometrics, child illness	Anthropometrics, child illness			
Ahmed 2020	<i>Unconditional CT (Integrated)</i>	Poverty				
UNICEF 2020	<i>Cash-for-Work (Integrated)</i>	Anthropometrics				
Premand 2020	<i>Unconditional CT (Integrated)</i>	Anthropometrics			Child development	Violence against children; positive parenting; child illness
Barnhart 2020	<i>Cash-for-Work (Convergence)</i>				Child development	Violence against children; positive parenting
Betancourt 2020	<i>Cash-for-Work (Convergence)</i>					Violence against children; positive parenting; child illness
Jensen 2021	<i>Cash-for-Work (Convergence)</i>				Child development	Violence against children
Attanasio 2014	<i>Conditional CT (Integrated)</i>				Child development, anthropometrics	
Andrew 2018	<i>Conditional CT (Integrated)</i>				Child development	
Fernald 2016	<i>Conditional CT (Convergence)</i>				Child development	
Kagawa 2017	<i>Conditional CT (Convergence)</i>				Child development	
Guanais 2013	<i>Conditional CT (Alignment)</i>			Post-Neonatal Infant Mortality		
da Silva 2019	<i>Conditional CT (Alignment)</i>			Child Mortality		

CT=Cash Transfer

Table 4.2: Overview Map of Findings from Meta-Analyses & Synthesis.

Intervention	Outcome	Cash vs Cash-Plus
<i>Cash + Nutrition Behaviour Change Communication</i>	Stunting	No difference (6)
	Wasting	No difference (6)
	Underweight	No difference (6)
	Fever	Mixed findings (2)
	Diarrhoea	No difference (2)
	Cough/Cold	Mixed findings (2)
	General Child Illness	Cash-Plus more effective (1)
	Poverty	Cash-Plus more effective (1)
<i>Cash + Food Transfer</i>	Wasting (short-term crisis)	Cash-Plus more effective (1)
	Stunting (long-term impact)	Cash-Plus more effective (2)
	Wasting (long-term impact)	No difference (2)
	Underweight (long-term impact)	No difference (2)
	Child Illness	No difference (1)
	Mortality	Cash-Plus more effective (1)
<i>Cash + Primary Healthcare</i>	Mortality	Cash-Plus more effective (2)
<i>Cash + Psychosocial Stimulation</i>	Cognitive Development	No difference (3)
	Overall Child Development	Cash-Plus more effective (1)
<i>Cash + Child Protection</i>	Use of Harsh Discipline	No difference (3)
	Exclusive Positive Parenting	No difference (3)
	Child Illness	Mixed findings (3)

Risk of Bias of Individual Studies.

Risk of bias was low for most studies, emphasising a high-quality evidence base and strong methodological rigour. One study was rated as having some concerns in risk of bias because of deviations from the planned intervention, specifically in implementation challenges that led to difficulties in individuals accessing cash (Guyatt et al., 2018). All randomised trials followed children longitudinally throughout the trial period. The three quasi-experimental studies were rated as having moderate risk of bias because although the studies account for confounding, there is still greater risk of bias than if the studies could have used a randomised design. Similarly, these three studies relied on repeat cross-sectional data, which introduce some bias in potentially uneven exposure to the intervention by assessing within-population change rather than within-person change. No study was rated as having high risk of bias. Individual study assessments are available in Appendix 4.6.

Synthesis of Results.

Cash + Nutrition Behaviour Change Communication.

Seven studies were identified that combined cash transfers with nutrition behaviour change communication (Ahmed et al., 2019, 2020; Field & Maffioli, 2021; Guyatt et al., 2018; Khan et al., 2019; Premand & Barry, 2020; UNICEF et al., 2020). Most behaviour change communication components covered UNICEF's Essential Family Practices on maternal and child nutrition, including exclusive breastfeeding (age <6 months) and complementary feeding (age >6 months), health and hygiene practices, and use of health services preventively and promptly when a child becomes ill (Premand & Barry, 2020). Three anthropometric indicators were assessed (height-for-age, weight-for-height, weight-for-age) as well as the odds of children experiencing stunting, wasting, or being underweight, respectively, which is defined as having z-scores ≤ -2 standard deviations of the WHO Child Growth Standards Median (World Health Organisation, 2006).

Meta-analysis findings (Figure 4.2) suggest cash-plus programmes are not more effective than cash transfers alone in reducing odds of children experiencing stunting (OR= 0.95 (95%CI 0.83, 1.09), $p=0.40$; $I^2=26\%$ (95%CI 0, 87)), wasting (OR= 0.99 (0.93, 1.05), $p=0.64$; $I^2=0\%$ (0, 14)), or underweight

status (OR= 1.01 (0.84, 1.20), $p=0.93$; $I^2=17\%$ (0, 98)). Additional meta-analysis findings (Figure 4.3) also suggest no added impact on z-score measures of anthropometrics for stunting ($d=0.03$ (-0.04, 0.09), $p=0.36$, $I^2=24\%$ (0, 88)), wasting ($d=-0.03$ (-0.12, 0.07), $p=0.51$, $I^2=47\%$ (0, 93)), or being underweight ($d=-0.03$ (-0.11, 0.05), $p=0.45$, $I^2=31\%$ (0, 92)). Sensitivity analyses were also conducted by removing the quasi-experimental study (UNICEF et al., 2020) from the meta-analyses. No sensitivity test showed a significant z-score change for height-for-age ($d=0.04$ (-0.03, 0.11), $p=0.18$), weight-for-height ($d=-0.03$ (-0.15, 0.09), $p=0.57$), or weight-for-age ($d=-0.02$ (-0.13, 0.08), $p=0.61$).

Figure 4.2: Forest Plot of Cash + Nutrition Behaviour Change Communication vs. Cash Alone on Anthropometric Odds Ratios.

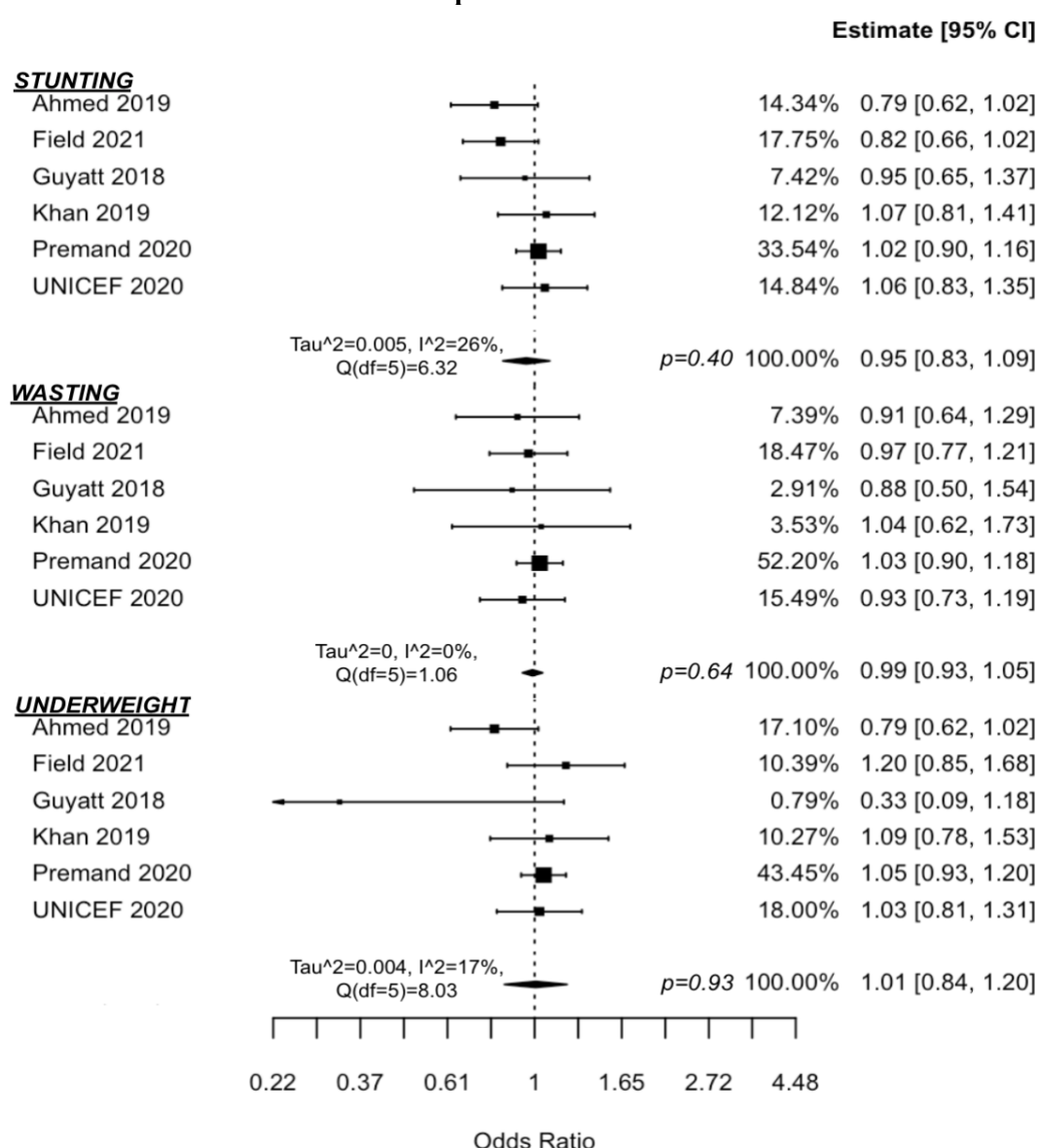
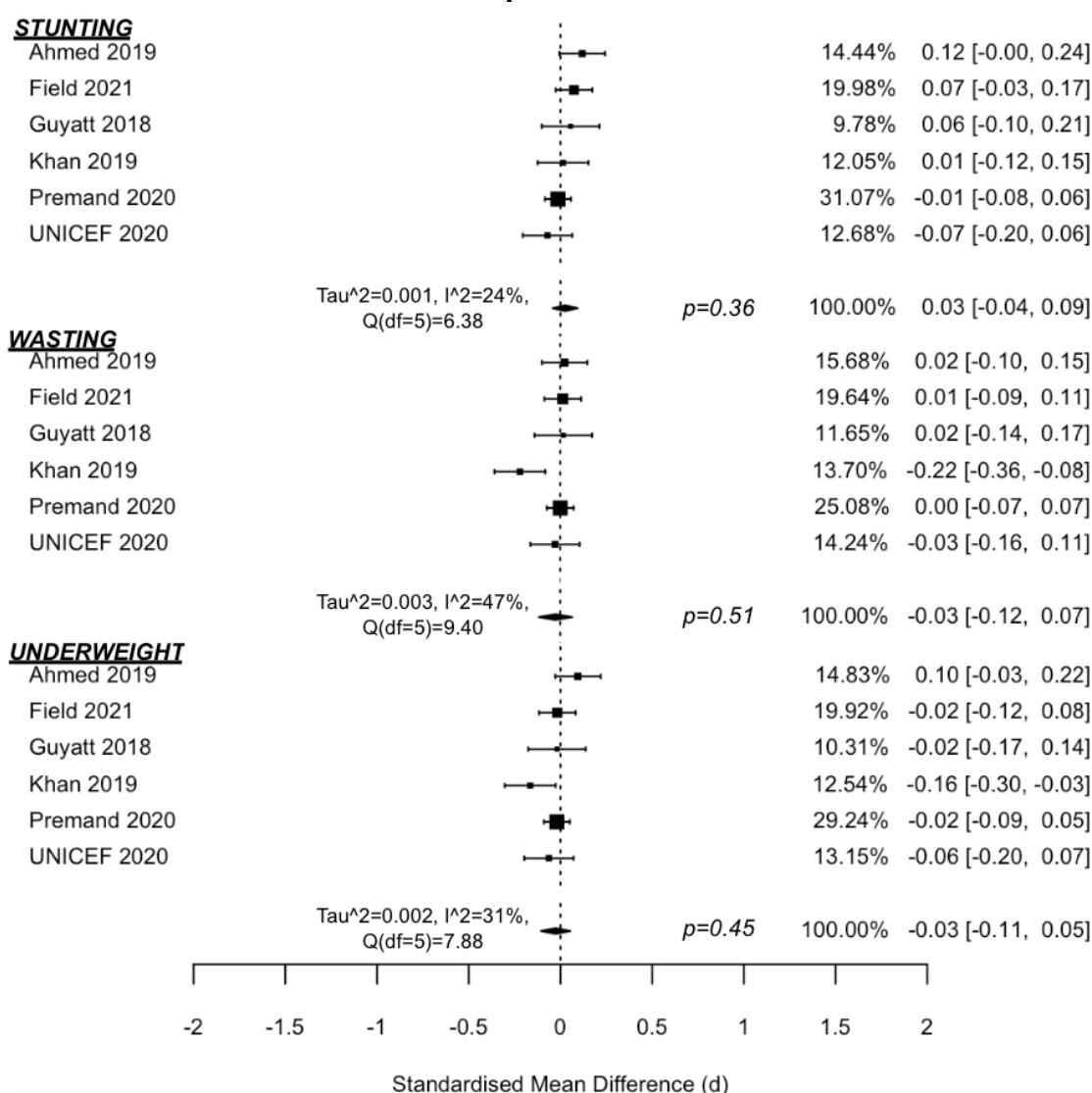


Figure 4.3: Forest Plot of Cash + Nutrition Behaviour Change Communication vs. Cash Alone on Anthropometric Z-Scores.



One study in Bangladesh found no gendered differences in anthropometric impacts (Ahmed et al., 2019), while another in Niger found impact on wasting was driven by improvements in boys (Premand & Barry, 2020). Compared to cash alone, the intervention effects of the cash-plus intervention in Kenya for wasting/underweight reduction were greater in smaller household sizes and greater for wealthier households in reducing stunting (Guyatt et al., 2018). Another study in Myanmar found the cash-plus intervention to be significant in decreasing moderate stunting compared to cash alone, with no impact on severe stunting (Field & Maffioli, 2021).

There is also evidence that Cash + Nutrition Behaviour Change Communication may reduce poverty. At the end of the intervention in Bangladesh (Ahmed et al., 2020), researchers found cash-plus had greater reduced poverty head count (20% lower) and depth (6% lower) and severity (3% lower) of poverty compared to cash alone. While these differences were no longer statistically significant four years post-programme, there is other evidence of sustained reductions in poverty. First, while many families moved out of poverty during the programme, approximately 40% in both cash-only and cash-plus groups fell back into poverty by the four-year follow up. However, families in the cash-plus arm experienced greater movement out of poverty during the intervention period than those receiving cash alone; thus at four years post evaluation, there was a ten-percentage point difference between cash-plus and cash-only groups in the proportion of families that had exited poverty and stayed non-poor. The authors theorise that this was contributable to the evidence that the plus-component further enhanced women's social capital and agency. Second, four years after the intervention ended, there was an added 16% reduction in chronic monetary poverty from cash-plus compared to cash alone, as measured by the Calvo-Dercon Poverty Score (Calvo & Dercon, 2009).

Multiple indicators along the causal pathway between cash and child anthropometrics showed improvement of cash-plus over cash alone. The most notable is improvements in water, sanitation, and hygiene (WASH) practices (5/5), including improved defecation (2/2), handwashing (4/5), and treating water (1/1) (Ahmed et al., 2019; Field & Maffioli, 2021; Guyatt et al., 2018; Khan et al., 2019; Premand & Barry, 2020). One study also found significant reductions in iron-deficiency anaemia (1/1) (Khan et al., 2019).

However, several other indicators demonstrated no added benefit of cash-plus. This includes in increasing birth registration (0/2) (Premand & Barry, 2020; UNICEF et al., 2020), complete immunisation (0/2) (Guyatt et al., 2018; Premand & Barry, 2020), or in reducing vitamin A deficiency (0/2) (Khan et al., 2019; Premand & Barry, 2020) or diarrhoea (0/2) (Ahmed et al., 2019; Field & Maffioli, 2021).

Markers of food security were mixed, specifically for increased food consumption (2/2) (Ahmed et al., 2019; Field & Maffioli, 2021), improved dietary diversity scores or minimally acceptable diet (3/5) (Ahmed et al., 2019; Field & Maffioli, 2021; Guyatt et al., 2018; Premand & Barry, 2020; UNICEF et al., 2020), or increasing number of feedings (0/1) (Ahmed et al., 2019). In contrast, one additional study found that cash-only had better outcomes than the cash-plus group on dietary diversity, iron-food consumption, minimum meal frequency, and minimum acceptable diet (Khan et al., 2019). There were also mixed findings on increasing ever or early breastfeeding (2/4) (Field & Maffioli, 2021; Guyatt et al., 2018; Premand & Barry, 2020; UNICEF et al., 2020), increasing women's decision-making agency (1/2) (Ahmed et al., 2020; Field & Maffioli, 2021), increasing medical care seeking for a sick child (1/2) (Field & Maffioli, 2021; Premand & Barry, 2020) or reducing fever and cough/cold (1/2) or general child illness (1/1) (Ahmed et al., 2019; Field & Maffioli, 2021; Premand & Barry, 2020).

Cash + Food Transfers.

Three studies aimed to reduce or prevent undernutrition (Ahmed et al., 2019; Khan et al., 2019; Langendorf et al., 2014), all by supplementing cash with additional food transfers. Studies were conducted in impoverished regions with high rates of food insecurity and undernutrition, where approximately half of all study children had stunted growth (Ahmed et al., 2019; Khan et al., 2019; Langendorf et al., 2014).

One study was implemented during an acute crisis in the hunger gap in Niger when rates of undernutrition, diarrhoeal diseases, and malaria increase (Langendorf et al., 2014). The trial compared cash alone to cash plus one of three different food transfer formulations. The three trial arms were meta-analysed to calculate an overall impact of the three cash-plus arms in preventing global acute malnutrition. Compared to cash alone, children in households receiving Cash + Food had significantly reduced odds of experiencing acute malnutrition (OR= 0.41 (0.27, 0.63), $p= 0.012$). The cash-plus groups had up to eight-times lower mortality incidence rates than cash alone. When children died, the leading suspected cause was malaria (76%) and gastroenteritis (14%).

Meta-analysis results of studies in long-term development contexts (Figure 4.4 & 4.5) suggest that cash-plus is more effective over cash alone in increasing height-for-age z-score ($d = 0.08$ (0.03, 0.14), $p = 0.02$, $I^2 = 0\%$ (0, 74)), which translated to significantly reduced odds of children experiencing stunting ($OR = 0.82$ (0.74, 0.92), $p = 0.01$, $I^2 = 0\%$ (0, 70)). There was no added impact in improving weight-for-height z-score ($d = -0.13$ (-0.42, 0.16), $p = 0.24$, $I^2 = 87\%$ (57, 99)) or weight-for-age z-score ($d = -0.06$ (-0.28, 0.15), $p = 0.43$, $I^2 = 76\%$ (24, 98)). Similarly, there was no added impact in reducing odds of children experiencing wasting ($OR = 0.89$ (0.70, 1.14), $p = 0.24$, $I^2 = 0\%$ (0, 86)) or underweight status ($OR = 0.93$, (0.80, 1.09), $p = 0.26$, $I^2 = 0\%$ (0, 84)), respectively.

Figure 4.4: Forest Plot of Cash + Food Transfers vs. Cash Alone on Anthropometric Z-Scores.

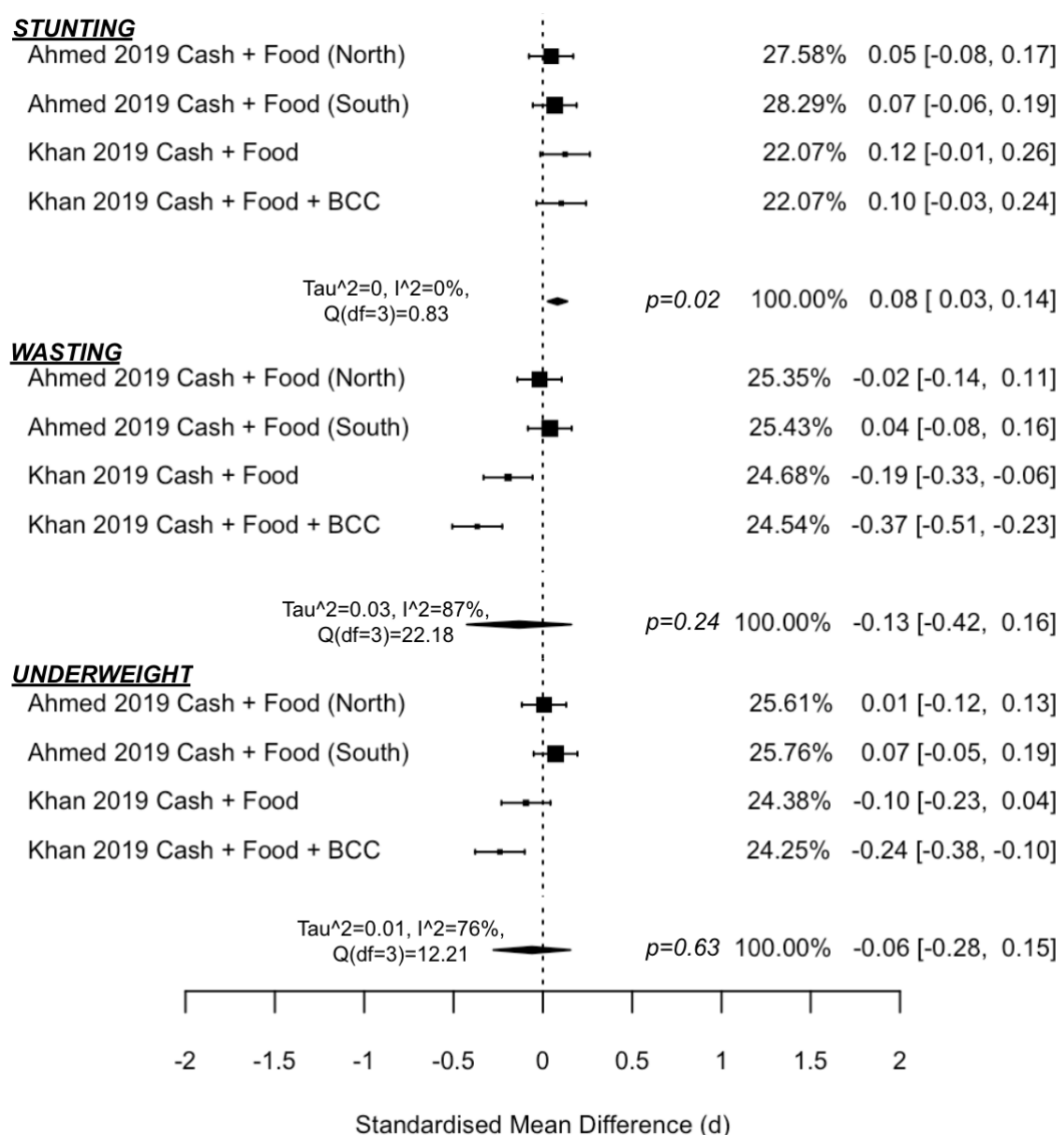
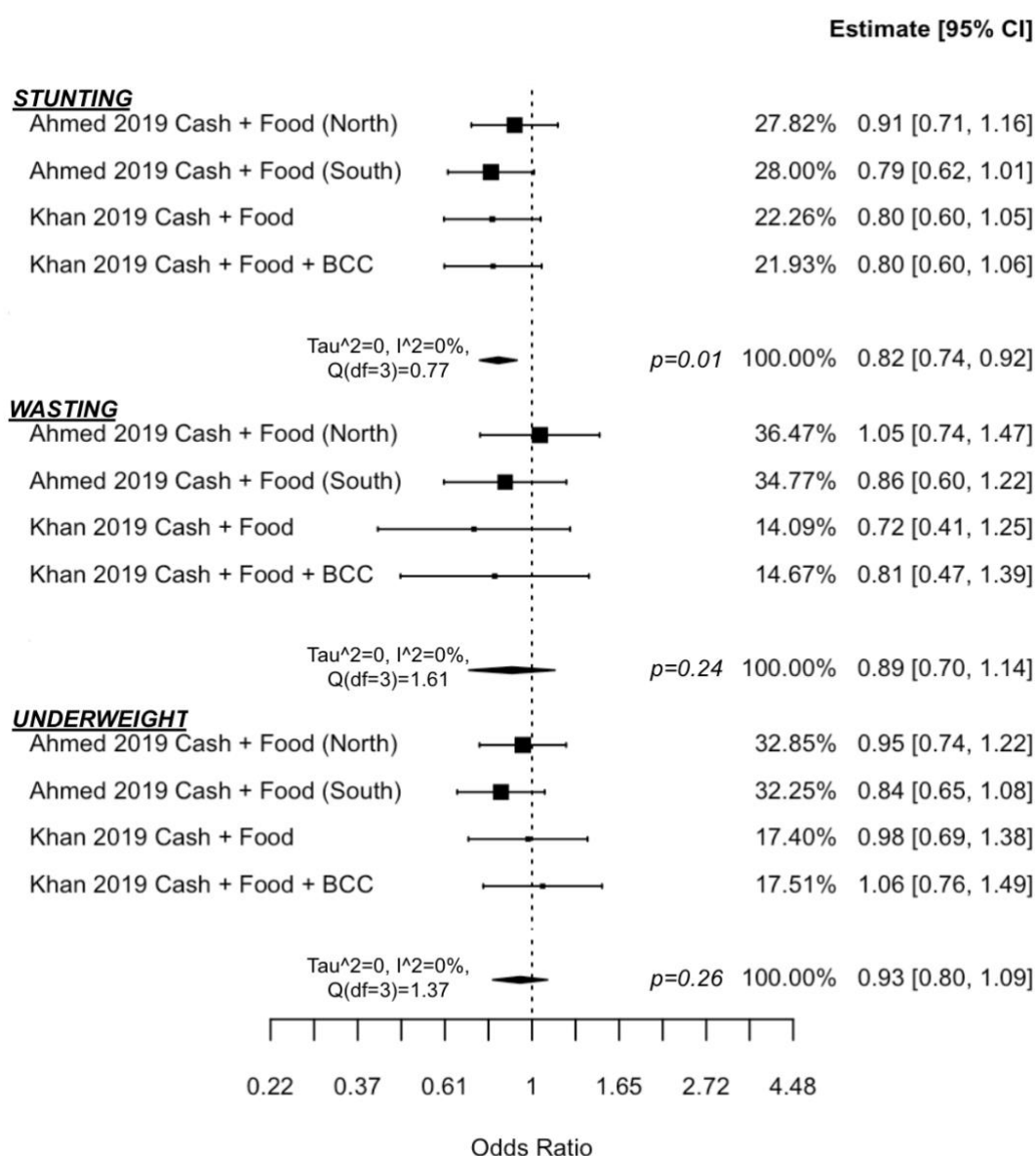


Figure 4.5: Forest Plot of Cash + Food Transfers vs. Cash Alone on Anthropometric Odds Ratios.



The analysis included two studies, one in Pakistan with two separate trial arms (both receiving Cash + Food, but one also receiving Behaviour Change Communication) (Khan et al., 2019) and one in Bangladesh, which had two separate trials (one each in the north-western and southern regions of the country) (Ahmed et al., 2019). To note, this latter study set the cash-plus value to equal the cash-only value (i.e., the cash-plus group received half the cash value of the cash-only transfer) as opposed to providing the same cash value to both groups, but also supplementing with food transfers. There was no difference between cash-only and Cash + Food in reducing fever, cough/cold, or diarrhoea in either the North or South trial in Bangladesh (Ahmed et al., 2019).

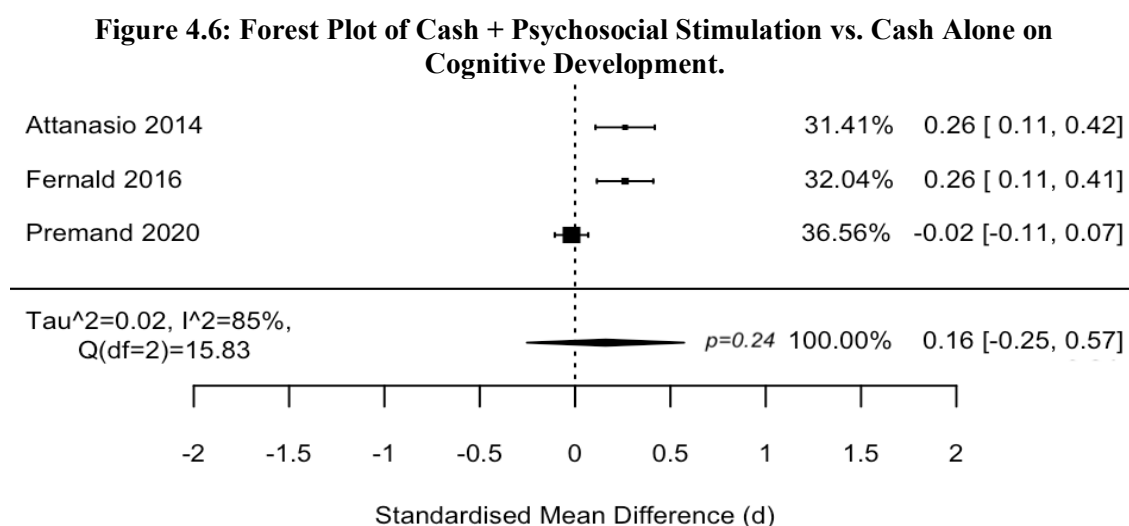
Cash + Primary Healthcare.

Only two studies were identified that evaluated provision of cash and primary healthcare services (e.g., growth monitoring, preventive health services, or medical treatment for illness). Both were quasi-experimental studies that examined Brazil's independent scale ups of the conditional cash transfer, Bolsa Familia Program (BFP), and primary healthcare, Family Health Program (FHP), which provided care from community health workers to doctors. Although the programmes were each scaled up separately (an alignment design), the findings from both studies demonstrate the interdependence of the two programmes in achieving success in reducing post-neonatal infant (Guanais, 2013) and child (da Silva & Paes, 2019) mortality rates (both measured as deaths per 1000 live births). Both study equations showed that BFP and FHP each had statistically significant, independent effects in reducing mortality rates. Guanais (2013) also included a statistically significant interaction term for the two programmes, indicating that there is also an interdependence of the two programmes in further reducing infant mortality. For example, in a municipality with coverage rates for BFP and FHP at 25% and 0%, respectively, the predicted mortality rate was 5.24 deaths/1000 live births as opposed to coverage of 60% and 100% having a rate of 1.38 death/1000 live births (Guanais, 2013, p. 2000). Combining cash and primary healthcare had the greatest impact in the highest poverty regions and this is especially important given the high inequality rate in Brazil (Guanais, 2013). The models indicate that the impact of FHP is higher at higher coverage levels of BFP, thus highlighting the need to scale up the demand-side and supply-side interventions in concert (Guanais, 2013).

Cash + Psychosocial Stimulation.

Seven studies, representing four unique programmes, evaluate the impacts of cash-plus programming on measures of child development. One programme used group-based social and behaviour change communication methods of which child psychosocial development is one of many topics covered (Premand & Barry, 2020), one used group-based parenting support (Fernald et al., 2016; Kagawa et al., 2017), and two programmes exclusively used a home-visit model (Andrew et al., 2018; Attanasio et al., 2014; Barnhart et al., 2020; Jensen et al., 2021).

Studies employed a variety of child development measures, of which three included specific sub-scales or scale measures of cognitive development. After standardising the measures, meta-analysis findings (Figure 4.6) suggest these Cash + Psychosocial Stimulation programmes may not be more effective than cash transfers alone in promoting overall cognitive development ($d = 0.16$ (-0.25, 0.57), $p = 0.24$, $I^2 = 85\%$ (47, 100)), although there is substantial heterogeneity among the studies.



Although a pilot study was underpowered to detect improvements in child development (Barnhart et al., 2020), the main trial in Rwanda found significant improvements in overall child development from cash-plus over cash alone ($d = 0.21SD$ (0.09, 0.33)) (Jensen et al., 2021). The trial in Niger also found added improvements in socio-emotional development (using the strength-and-difficulties questionnaire) for children receiving cash-plus over cash alone ($d = 0.149SD$ (0.03, 0.27)) (Premand & Barry, 2020). One study also tested the addition of micronutrient supplementation, but found no added benefit for cognitive development or child growth (Attanasio et al., 2014).

Even for interventions that are found to be effective, however, caution must be raised for the longer-term effect of the intervention package. While one cash-plus programme showed positive effects above cash alone in the short-term evaluation ($d = 0.26SD$ improvement in cognitive scores in Colombia) (Attanasio et al., 2014), the effects dissipated within two years after the intervention (Andrew et al.,

2018). This likewise applies to anticipated mediators of child development. Three out of the four programmes found significant improvements across the variety of play materials and variety and frequency of play activities (Attanasio et al., 2014; Barnhart et al., 2020; Betancourt et al., 2020; Knauer et al., 2016; Premand & Barry, 2020). However, in the same two-year post-intervention follow-up study in Colombia, the intervention impacts on these mediators were no longer statistically significant (Andrew et al., 2018).

Comparing different socioeconomic subgroups in cash-plus arms to cash alone, these intervention packages varied in effects. While there was evidence of higher cognitive impact for Mexican indigenous communities in the stratified sample and among children with lowest scores at baseline, the intervention effects also favoured wealthier households (Fernald et al., 2016). Two studies in Colombia and Mexico found the interventions favoured mothers with greater education (Andrew et al., 2018; Fernald et al., 2016).

Only one study in our review was identified that evaluated two different design models against a cash-only control (Fernald et al., 2016), which found only Mexican children in the convergence intervention design had improved cognitive development and not in the alignment design. Secondary analysis was also done to assess if impacts differed when women became pregnant (Kagawa et al., 2017); the study found that only mothers in the convergence intervention design who became pregnant after adolescence had improved child cognitive development.

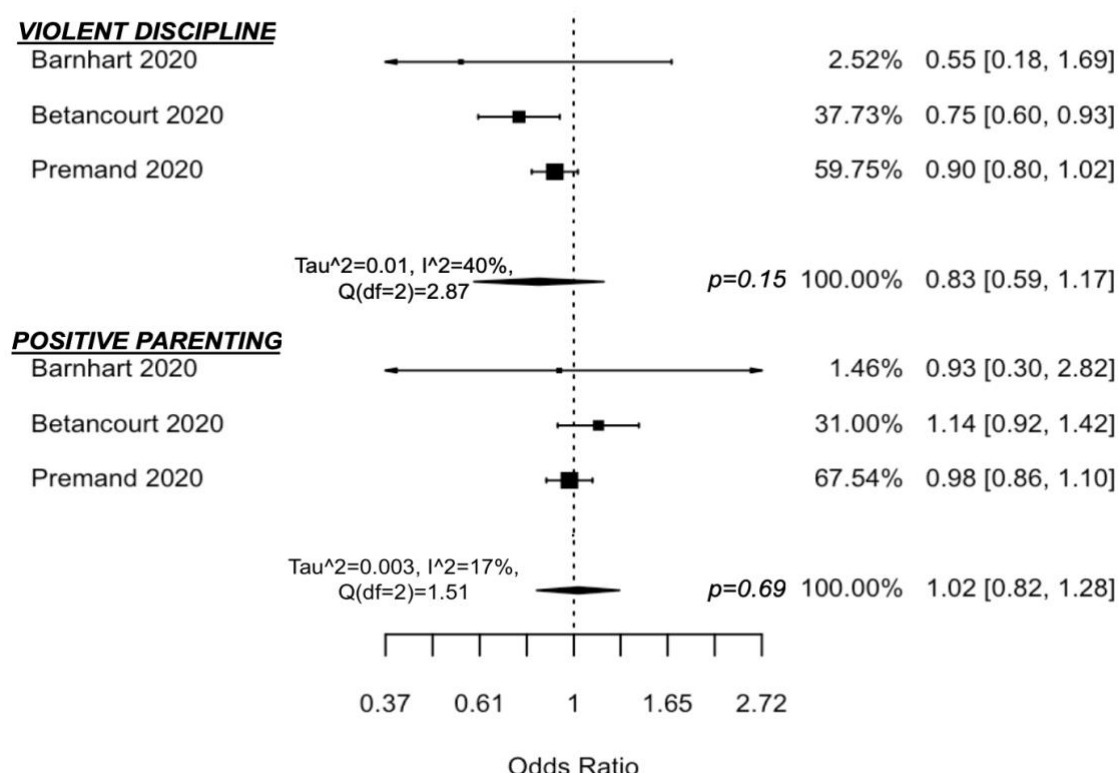
Cash + Child Protection.

Four studies of two unique programmes (Barnhart et al., 2020; Betancourt et al., 2020; Jensen et al., 2021; Premand & Barry, 2020) were designed using a comprehensive early child development framework, with child protection as one of the main pillars. Both programmes used home-visits, but Premand & Barry (2020) also had small-group and village assembly components in Niger. A pilot evaluation (Barnhart et al., 2020) notes that the larger effectiveness trial (Betancourt et al., 2020; Jensen et al., 2021) also included ‘booster sessions’ in efforts to prolong and sustain intervention effects in

Rwanda. Studies were done in high poverty and food insecure contexts and one study found very high levels (almost 50% prevalence) of violent discipline to children and one-third of mothers had experience violence in the last three months (Betancourt et al., 2020). Violent discipline was measured by the prevalence of any harsh discipline from parents to child (e.g. forbidding, shaking, yelling, spanking with/without an object, berating, slapping, and hitting hands with/without an object) and exclusive positive parenting measured by the absence of these discipline methods and, instead, disciplining through explaining or re-directing the child (Premand & Barry, 2020).

Although both main programme trials found reductions in violent discipline, meta-analysis findings suggest that Cash + Child Protection is not more effective than cash alone in reducing parental violent discipline of children (OR= 0.83 (0.59, 1.17), $p=0.15$, $I^2=40\%$ (0, 99)) or increasing exclusive use of positive parenting (OR= 1.02 (0.82, 1.28), $p=0.69$, $I^2=17\%$ (0, 96)) (Figure 4.7). One study found that the decline in parental violent discipline was driven by reductions in sub-scales on the parental use of shaking, spanking, berating, slapping, and hand-hitting, but there was no impact on the use of yelling, forbidding, or hitting their child with objects (Premand & Barry, 2020).

Figure 4.7: Forest Plot of Cash + Child Protection vs. Cash Alone on Parenting Practices.
Estimate [95% CI]



The programme in Rwanda found that in addition to reductions in violent discipline of children, there was added benefit of cash-plus above cash alone in increasing father engagement in childcare, improving shared decision-making, and reducing maternal depression and female violence victimisation, but no added benefit in reducing male violence perpetration (Barnhart et al., 2020; Betancourt et al., 2020; Jensen et al., 2021). The intervention effects on reduced violent discipline were maintained one year post-intervention (Incidence Rate Ratio: IRR= 0.74 (0.66, 0.84), $p<0.001$) (Jensen et al., 2021). There was no difference in impact for boys and girls.

These comprehensive early child development programmes also evaluated the impact on childhood illness. Despite an almost two-times higher odds of accessing clean water in the cash-plus group compared to cash-only group at endline, Betancourt and colleagues (2020) found no additional impact from the cash-plus intervention on childhood illness, including diarrhoea, fever, and cough, though this may be due to the change from rainy (baseline) to dry (endline) seasons in Rwanda; the pilot study had only found reductions in cough prevalence compared to cash alone (Barnhart et al., 2020). Premand &

Barry (2020), however, found a 19% reduction in the cash-plus group compared to cash alone in the child being sick in the past month in Niger.

Discussion.

Summary of the evidence.

This systematic review and meta-analysis investigated whether cash-plus programmes were more effective than cash alone in accelerating outcome improvements in young children. In addition to the evidence synthesis, this review contributes to the growing literature of situating cash transfers as the ‘control’ or standard of care. This is particularly relevant to studies assessing the cost-effectiveness of new interventions and their value compared to if a low-cost cash transfer programme were implemented as opposed to nothing (McIntosh & Zeitlin, 2018; McIntosh & Zeitlin, 2020).

The review found cash-plus programmes with five types of plus-components that are focused on young children. These cash-plus programmes linked cash transfers for poverty alleviation (SDG 1) with SDG 2 (Nutrition Behaviour Change Communication, Food Transfers), SDG 3 (Primary Healthcare), SDG4 (Psychosocial Stimulation), and SDG 16 (Child Protection). These intervention packages also touch all five areas of the multisectoral Nurturing Care Framework for Early Child Development, namely by integrating cash (Security & safety) with efforts to drive 1) Adequate nutrition, 2) Good health, 3) Opportunities for early learning, and 4) Responsive caregiving (Britto et al., 2017). Given the large focus in global health on psychosocial stimulation to improve child development and behaviour change communication to address undernutrition, it is unsurprising that these two interventions represented the majority of studies. Nonetheless, each of the intervention categories were limited in the total number of studies identified.

Meta-analysis results concluded that Cash + Food Transfers may be more effective than cash alone in reducing stunting. However, meta-analysis findings suggest no added impact above cash alone in Cash + Nutrition Behaviour Change Communication for improving anthropometrics, Cash + Psychosocial Stimulation for improving cognitive development, or Cash + Child Protection for reducing violent

discipline or increasing exclusive positive parenting. However, there was potentially substantial heterogeneity across the meta-analyses. The narrative synthesis found preliminary evidence that Cash + Primary Healthcare may have greater impacts than cash alone in reducing mortality, Cash + Food Transfers may have greater impacts than cash alone in reducing acute malnutrition and mortality in crisis contexts, Cash + Nutrition Behaviour Change Communication may have greater impacts than cash alone in reducing poverty, and Cash + Child Protection trials suggest a trend toward greater impact than cash alone in reducing violent discipline.

Overall, the studies included in this review had low risk of bias and while the studies were rigorously conducted, there are still a very limited number of studies examining cash-plus versus cash alone and therefore, the ability to generalise is limited until more studies are published. This review found that cash-plus programmes are being employed throughout low- and middle-income countries and more than two-thirds of the included studies were published in the last three years. As this is an emerging area in social protection, there is hope that more research will become available in the coming years that evaluate the interventions against cash controls, some of which have been published as protocols (see Appendix 4.4). This review is timely and especially relevant as new cash-plus programmes continue to be planned and scaled up (Transfer Project, 2016).

A previous review of cash transfer programmes found that the evidence of cash impact decreases with each step further in the causal pathway between cash input and changes in child health and wellbeing (Bastagli et al., 2016). To address the limitations in impact of cash transfers, cash-plus programmes were developed in hopes of reaching and improving these distal, ‘third-order’ outcomes (child health and development), which our review investigated. Noting the limited evidence of impact on these outcomes, we also examined possible pathway contributions of cash-plus over cash alone within these studies. Assessment of causal pathways suggests that cash-plus likewise has little added benefit over cash alone, except for a few noteworthy differences such as in Cash + Nutrition Behaviour Change Communication improving water, sanitation, & hygiene (WASH) practices and reducing poverty, Cash + Psychosocial Stimulation improving child stimulation practices and materials, and Cash + Child

Protection reducing maternal intimate partner violence victimisation. However, these results are in context of studies that evaluated the distal outcomes, thus there may be selection bias in these intermediary impact findings.

A recent meta-analysis of cash transfers (including cash transfers both with and without Nutrition Behaviour Change Communication) found very small, but statistically significant improvements on stunting height-for-age z-scores ($0.03 \pm 0.03SD$) compared to a no-intervention control, which accounts for a 2.1% reduction in stunting prevalence (Manley et al., 2020). Among studies delivering Cash + Nutrition Behaviour Change Communication, there was a statistically significant 3.1% reduction in stunting prevalence compared to a no-intervention control, but no impact on height-for-age z-score. Our review adds to the evidence base by specifically comparing Cash + Nutrition Behaviour Change Communication to cash alone, finding that there was no statistically significant difference between the two interventions in reducing stunting; this may suggest that any improvements in stunting reduction are likely driven by the cash component rather than the added Nutrition Behaviour Change Communication. In both our review and the review of cash transfers alone, there were very few studies that assessed child illness and more research is needed to assess the impact on this outcome and its contribution to the causal pathway between cash and child growth.

Lastly, there are limited and mixed impacts on vulnerable subgroups, having potential unintended consequences. Only about half of the included studies provided any equity evidence (defined as subgroup analyses or interaction effects), of which only three studies conducted sex-disaggregated analyses; findings demonstrated either no difference in intervention effects between boys and girls (Ahmed et al., 2019; Jensen et al., 2021) or the intervention effects favoured boys only (Premand & Barry, 2020). Few studies specifically involved fathers, which may place increased caregiving burden on mothers, such as collecting food/cash transfers, attending intervention sessions, or complying with conditions of cash transfers; this has also been identified as an issue in graduation programmes for early child development (Roelen et al., 2020). More work is needed to investigate and ensure these interventions benefit the most vulnerable children, thereby narrowing the health equity gap (SDG 10).

Limitations.

The main limitation of this review is the few study numbers that were retrieved for each cash-plus programme. Findings from this review should be viewed as preliminary evidence and serve as a guide for future research, particularly given the potentially high heterogeneity in the meta-analyses. Ultimately, more research is needed before definitive conclusions can be made on whether cash-plus is more effective than cash alone in improving outcomes for young children.

Because this is a review comparing cash-plus against cash alone, trials were not included that had only two arms (a cash-plus group and a no-intervention group), some of which are found in Appendix 4.4. Thus, this systematic review retrieved a subset of all studies on cash-plus programmes and notable programmes, such as Ghana's Cash + Health Insurance (Handa et al., 2014; Republic of Ghana, 2018), were not included due to comparison criteria requirements. However, the goal of this review was to assess whether cash-plus programmes are more effective than cash alone rather than compared to no intervention. In addition to the cash-plus programmes included in this review, there are other combination interventions that may have an impact on children; examples include productivity and livelihood interventions that are targeted to households or adults, but have a benefit to improving child outcomes (Khurshid et al., 2020), or broader environmental health interventions such as water and sanitation management (De Souza et al., 2021).

Some studies noted inherent difficulties in measurement (e.g., measuring change in standardised z-scores for anthropometrics) and that improvements in outcomes (e.g., stunting) may take longer than the intervention/study duration (Guyatt et al., 2018; Langendorf et al., 2014). This review also comments on the impact of cash-plus on the causal pathways to the outcomes-of-interest. While the discussion of the intermediary outcomes provides context for the impact of cash-plus programmes compared to cash alone, there is a risk of selection bias in only discussing the findings from studies that also examined the distal outcomes and not including studies that only evaluated the impact of cash-plus on the intermediary outcomes.

Due to language abilities, this study only examined English studies; this may have also introduced selection bias through missing articles published through non-English outlets (Shenderovich et al., 2016). However, where known national programmes were operating or being planned, experts working on these programmes were contacted to identify potentially missed publications. Only one study was identified as being omitted by the search (Neufeld et al., 2013). The cognitive impacts of this Cash + Psychosocial Stimulation intervention were published in English literature and included in this review (Fernald et al., 2016). However, the report also included nutritional impacts that were not reported in English.

Recommendations for Research.

Our review identified a variety of study designs, which impact the conclusions that the individual studies can make on the effectiveness of a cash-plus programme. First, several studies used a cash control when large-scale cash transfer programmes were already operating in-country. Second, other studies used a no-intervention control and had cash-only and cash-plus arms; only a subset of these studies included additional analyses using the cash-only arm as the control to assess for the added impact of the plus-intervention above cash alone. Lastly, two studies used a natural experiment to assess the individual component impacts and their interaction. Although introducing more bias because of non-random intervention assignment, this design allowed for assessment of cash-plus at-scale and its impact on population-level child outcomes.

An ideal study design would be a longitudinal, cluster-randomised controlled trial with four arms (control, cash-only, plus-only, and cash-plus) and which includes analyses using no-intervention as the control as well as each of the component parts. This would provide a complete picture of the impact of cash-plus programmes and the potential synergies of cash and plus components above and beyond either component alone. Only three programmes included in this review utilised a study design that would allow for most of these conclusions (Ahmed et al., 2019, 2020; Langendorf et al., 2014; Premand & Barry, 2020). However, whether a no-intervention control is possible is impacted by whether a national

cash transfer programme already exists and similarly, if no intervention would be unethical, such as in a crisis context.

There were high levels of heterogeneity in the meta-analyses and limited study numbers, thus more studies are needed before overall effectiveness can be determined. Promising areas of investigation include combining cash with food transfers, primary healthcare, and parenting interventions for child protection. Although Cash + Primary Healthcare was found to be effective in Brazil, there was a clear link between the two interventions (i.e., cash was conditioned on use of preventive health services). It is unclear if connecting access to health services and poverty alleviation interventions would be as effective if the transfer was unconditional. Other specific evidence gaps include no evaluations having been done in the Middle East & North Africa and East Asia & Pacific regions.

Two other essential areas for future investigation include 1) assessing for long-term effects of the intervention packages and 2) whether the effects are maintained when brought to scale. One study found some indicators of maintained poverty reductions four years post-programme (Ahmed et al., 2020), while another study noted that the lack of long-term impact on cognitive development was possibly due to implementation challenges at-scale as opposed to a controlled and smaller efficacy trial (Andrew et al., 2018).

Lastly, the heterogeneous findings of studies included in this review emphasise the need to further investigate the role of implementation and context, cash-plus delivery models, and selection of the plus-component in optimising the impact of cash-plus programmes. For example, only one programme was identified in the review that evaluated multiple cash-plus delivery models, finding differential impacts based on design (Fernald et al., 2016; Kagawa et al., 2017). Only three programmes were identified that tested different plus-components in addressing the same child outcomes, each demonstrating that not every relevant plus-component will further improve outcomes for children (Ahmed et al., 2019, 2020; Attanasio et al., 2014; Khan et al., 2019). Only one study was found to explicitly consider context (i.e., functioning or accessible food markets) in selecting the intervention package (Ahmed et al., 2019). No

included studies tested different intensities of the same plus-component. Optimising programme design, selection of the plus-component, and its implementation and intensity – in addition to the overall evidence of effectiveness (the scope of this review) – will be essential in improving outcomes for the most vulnerable children and maximising the cost-effectiveness of these programmes.

Conclusions.

Cash transfers alone may not achieve the outcome improvements in children that practitioners and policymakers aim to address and, in these cases, cash-plus programming may be considered. While debates remain on the optimal package of interventions, this review provides preliminary evidence that the added plus-component in cash-plus may be more effective than cash alone when combining cash with food transfers to prevent acute malnutrition in crises and to reduce stunting in the long-term, primary healthcare to reduce mortality, nutrition behaviour change communication to reduce long-term poverty, and child protection interventions to reduce violent discipline. Findings also suggest that cash-plus is not more effective than cash alone when combined with nutrition behaviour change communication to improve child anthropometrics. Ultimately, more research is needed on how to optimise the promise of cash transfers and multisectoral intervention packages for young children to achieve the Sustainable Development Goals by 2030.

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Supporting Information:

Appendix 4.1: PRISMA Checklist. PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Title Page
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Abstract
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Introduction Par. 1-4
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Introduction Par. 5
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	Methodology Par. 1
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Methodology Eligibility Criteria Par. 1-9
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Methodology Information Sources Par. 1, Appendix 4.2
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Methodology Information Sources Par. 1, Appendix 4.2

Section/topic	#	Checklist item	Reported on page #
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Methodology Study Selection Par. 1, Data Synthesis Par. 1
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Methodology Study Selection Par. 1
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Methodology Study Selection Par. 1, Eligibility Criteria Par. 6, Table 4.1
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Methodology Risk of Bias Par. 1
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	Methodology Data Synthesis Par. 2
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	Methodology Data Synthesis Par. 1-3
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	Methodology Risk of Bias Par. 1
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	Methodology Data Synthesis Par. 3
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Results Study selection Par. 1, Fig 4.1, Appendix 4.4
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Results Study Characteristics Par. 1-6, Table 4.1, Appendix 4.5

Section/topic	#	Checklist item	Reported on page #
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Results Risk of Bias of Individual Studies Par. 1, Appendix 4.6
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Table 2, Fig 4.2-4.7
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	Results Synthesis of Results, Fig 4.2-4.7
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Methodology Risk of Bias Par. 1, Appendix 4.3
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Results Synthesis of Results
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Discussion Summary of evidence Par. 3
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	Discussion Limitations Par. 1-4
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Discussion Summary of Evidence Par. 1-7, Recommendations for Research Par. 1-5
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review. <i>Evidence:</i> "The authors received no specific funding for this work."	Funding Statement

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

Appendix 4.2: Information Sources & Sample Search Strategy. Sources of information searched and sample search strategy are provided.

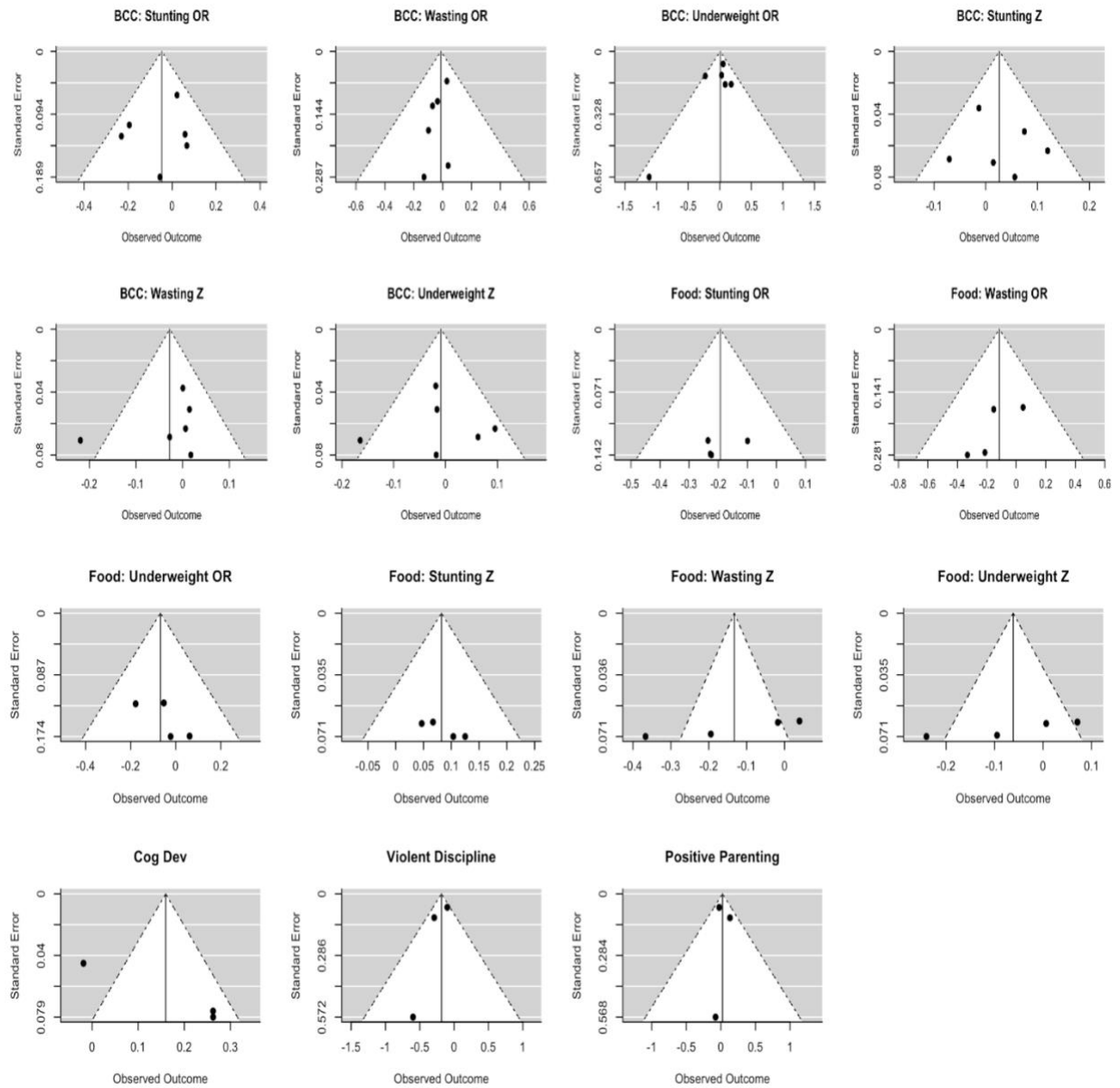
Information Sources.

Electronic Databases (<i>n= 11</i>)	IBSS; ASSIA; Sociological Abstracts; Social Science Citation Index (Web of Science); Scopus; The Campbell Library: The Campbell Collaboration; PROQUEST Dissertations & Theses Global; Medline; PsycINFO; Global Health; Cochrane Public Health Group Specialised Register
Donor Agencies (<i>n= 16</i>)	USAID Development Experience Clearinghouse; DFID (UK); UNICEF Evaluation Database; FAO; WHO Institutional Repository for Information Sharing; UNDP; World Bank Group Open Knowledge Repository; International Labour Organisation (ILO) LaborDoc Library; UNICEF-Innocenti Office of Research; African Development Bank; Asian Development Bank; Inter-American Development Bank; Save the Children; Partnership for Maternal, New-Born & Child Health; ECD Action Network; Innovations for Poverty Action
Trial Registries (<i>n= 4</i>)	Clinical Trials (USA); Pan African Clinical Trials Registry; EU Clinical Trials Registry; American Economic Association RCT Registry
Other Grey Literature (<i>n= 11</i>)	Google Search/Scholar; 3ie; British Library for Development Studies; Oxfam: Policy & Practice; UK Home Office Research Database; Transfer Project; Social Science Research Network; Centre for Social Protection (IDS, Sussex); socialprotection.org; Cash Learning Partnership Library; Oxford Policy Management.
Hand-searched Journals (<i>n= 4</i>)	The Lancet; Journal of Development Economics; Health Policy & Planning; Journal of Development Effectiveness

Sample search strategy (OVID).

1	Exp Developing Countries /
2	(Africa OR Central Africa OR Latin America OR Caribbean OR West Indies OR Eastern Europe OR Soviet OR South America OR Middle East OR low adj3 middle adj1 countr* OR LMIC OR LMICS OR LAMI Countr* OR Transitional countr*).ti,ab.
3	(AFGHANISTAN or ALBANIA or ALGERIA or SAMOA or ANGOLA or ARGENTINA or ARMENIA or AZERBAIJAN or BANGLADESH or BELARUS or BELIZE or BENIN or BHUTAN or BOLIVIA or BOSNIA or HERZEGOVINA or BOTSWANA or BRAZIL or BULGARIA or BURKINA FASO or BURUNDI or CABO VERDE or CAMBODIA or CAMEROON or CENTRAL AFRICAN REPUBLIC or CHAD or CHINA or COLOMBIA or COMOROS or CONGO or COSTA RICA or COTE adj1 IVOIRE or Ivory coast CUBA or DJIBOUTI or DOMINICA or DOMINICAN REPUBLIC or ECUADOR or EGYPT or SALVADOR or EQUATORIAL GUINEA or ERITREA or ETHIOPIA or FIJI or GABON or GAMBIA or GEORGIA or GHANA or GRENADA or GUATEMALA or GUINEA or GUINEA BISSAU or GUYANA or HAITI or HONDURAS or INDIA or INDONESIA or IRAN or IRAQ or JAMAICA or JORDAN or KAZAKHSTAN or KENYA or KIRIBATI or KOREA or KOSOVO or KYRGYZ or LAOS or LEBANON or LESOTHO or LIBERIA or LIBYA or MACEDONIA or MADAGASCAR or MALAWI or MALAYSIA or MALDIVES or MALI or MARSHALL ISLANDS or MAURITANIA or MAURITIUS or MEXICO or MICRONESIA or MOLDOVA or MONGOLIA or MONTENEGRO or MOROCCO or MOZAMBIQUE or MYANMAR or NAMIBIA or NEPAL or NICARAGUA or NIGER or NIGERIA or PAKISTAN or PANAMA or PAPUA NEW GUINEA or PARAGUAY or PERU or PHILIPPINES or ROMANIA or RUSSIA or RWANDA or SAO TOME adj1 PRINCIPE or SENEGAL or SERBIA or SIERRA LEONE or SOLOMON ISLANDS or SOMALIA or Somaliland or SOUTH AFRICA or SOUTH SUDAN or SRI LANKA or ST. LUCIA or ST. VINCENT or GRENADINES or SUDAN or SURINAME or SWAZILAND or SYRIA or TAJIKISTAN or TANZANIA or THAILAND or TIMOR LESTE or TOGO or TONGA or TUNISIA or TURKEY or TURKMENISTAN or TUVALU or UGANDA or UKRAINE or UZBEKISTAN or VANUATU or VENEZUELA or VIETNAM or WEST BANK or GAZA or YEMEN or ZAMBIA or ZIMBABWE).ti,ab.
4	1 OR 2 OR 3
5	MeSH: children OR infants /
6	(Child* OR kid* or boy* or girl* or baby or babies or toddler* or neonatal OR perinatal OR infant* OR infancy OR newborn OR pediatric OR paediatric).ti,ab.
7	5 OR 6
8	MeSH: Social welfare /
9	((((financial or cash or pay* or monetary or money or monies) adj2 (transfer* or measure* or incentive* or allowance* or exclu* or reform* or gain* or credit*1 or benefit*1)) or ((safety#net* or anti#poverty or poverty#averting or social#transfer or social#protection) adj2 (program* or intervention*)) or ((family or families) adj2 (polic* or program* or intervention*)) or (allowance* adj2 (intervention* or program* or assistance*)) or cash#plus or child support grant or economic incentive*).ti,ab.
10	8 OR 9
11	4 AND 7 AND 10
	Limits: Years (2000-Current); English Language

Appendix 4.3: Funnel Plots. Funnel plots provided for each meta-analysis.



Appendix 4.4: Excluded Studies at Full Text & List of Included Studies. Table of excluded studies

at full-text screening, with explanation, and a list of the studies included in the review.

Study (Author Year)	Reason for Exclusion
<i>Population</i>	
[1] Chakrabarti 2020	Intervention targeted to adolescents
[2] De Souza 2018	No data on children < 5
[3] Hoddinott 2017	Non-cash transfer recipients
[4] Saville 2018	Intervention for pregnancy & childbirth
<i>Intervention</i>	
[5] Beatty 2020	No cash transfer
[6] Gelli 2019	No cash transfer
[7] Banerjee 2010	No cash transfer
[8] Lewis 2016	Cash transfer does not meet criteria (once-off)
[9] Rosalina 2018	No 'plus' intervention
[10] Akresh 2016	No 'plus' intervention
[11] Robertson 2013	No 'plus' intervention
[12] Reis 2010	No 'plus' intervention
[13] Fernald 2008	No 'plus' intervention
[14] de Souza 2021	Plus intervention is environmental health intervention
[15] Daidone 2020	Plus intervention is productivity/agriculture-based
[16] Bouguen 2019	Plus intervention is productivity/agriculture-based
[17] Hurtado 2011	Plus intervention is quality improvement of maternal & newborn care
[18] Morris 2004	Plus intervention includes quality improvement of primary healthcare services
<i>Comparison</i>	
[19] Hidrobo 2020	No cash-only group
[20] Kurdi 2020	No cash-only group
[21] Adubra 2019	No cash-only group
[22] Carneiro 2019	No cash-only group
[23] Kurdi 2019	No cash-only group
[24] Renzaho 2019	No cash-only group
[25] Grijalva-Eternod 2018	No cash-only group
[26] Raza 2018	No cash-only group
[27] Renzaho 2018	No cash-only group
[28] Zhang 2018	No cash-only group
[29] OPM 2017	No cash-only group
[30] Renzaho 2017	No cash-only group
[31] Ramírez-Luzuriagac 2015	No cash-only group
[32] Ramírez-Silva 2013	No cash-only group
[33] Leroy 2008	No cash-only group

[34] Isaurralde 2020	No cash-only group, no baseline data
[35] Republic of Ghana 2018	No designated cash-only group, all cash recipients offered plus-intervention
[36] Handa 2014	No designated cash-only group, all cash recipients offered plus-intervention
[37] Park 2013	No designated cash-only group, all cash recipients offered plus-intervention
[38] Sudfeld 2021	Compares plus-only to cash-plus
[39] Briaux 2020	Compares plus-only to cash-plus
[40] Fenn 2017	Compares plus-only to cash-plus
[41] Grellety 2017	Compares plus-only to cash-plus
[42] Levere 2016	Compares plus-only to cash-plus
[43] Gilligan 2013	Compares plus-only to cash-plus

Outcomes

[44] Ahmed 2019	No relevant outcomes for children < 5
[45] Hoddinott, Ahmed, Karachiwalla 2018	No third-order outcomes (only knowledge & practice)
[46] Hoddinott, Ahmed & Roy 2018	No third-order outcomes (only nutrition knowledge)

Study Design

[47] CARE 2020	No control group
[48] Vieira-Meyer 2019	Cross-sectional
[49] Huda 2018	No control group
[50] Knauer 2016	Pathway analysis
[51] Gilmour 2013	Commentary

Protocol

[52] Vaillant 2021	No data available on intervention effectiveness
[53] Huda 2020	No data available on intervention effectiveness
[54] Niescierenko 2020	No data available on intervention effectiveness
[55] Seidenfeld 2020	No data available on intervention effectiveness
[56] UNICEF-Innocenti 2020	No data available on intervention effectiveness
[57] Gilligan 2019	No data available on intervention effectiveness
[58] Hossain 2019	No data available on intervention effectiveness
[59] UNICEF Madagascar 2017	No data available on intervention effectiveness
[60] UNICEF Mauritania 2017	No data available on intervention effectiveness
[61] Akram 2015	No data available on intervention effectiveness
[62] de Walque 2015	No data available on intervention effectiveness

Language

[63] Neufeld 2013	Only available in Spanish
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Studies Excluded at Full-Text Screening

1. Chakrabarti A, Handa S, Angeles G, Seidenfeld D. A cash plus program reduces youth exposure to physical violence in Zimbabwe. *World Dev.* 2020;134: 105037. doi:10.1016/j.worlddev.2020.105037
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 15. Daidone S, Pace N, Prifti E. Combining cash transfers with rural development interventions: Impact evaluation of Lesotho’s Child Grants Programme (CGP) and Sustainable Poverty Reduction through Income, Nutrition and access to Government Services (SPRINGS) project. Rome; 2020.
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 18. Morris SS, Flores R, Olinto P, Medina JM. Monetary incentives in primary health care and effects on use and coverage of preventive health care interventions in rural Honduras: Cluster randomised trial. *Lancet*. 2004;364: 2030–2037.
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25. Grijalva-Eternod CS, Jelle M, Haghparast-Bidgoli H, Colbourn T, Golden K, King S, et al. A cash-based intervention and the risk of acute malnutrition in children aged 6–59 months living in internally displaced persons camps in Mogadishu, Somalia: A non-randomised cluster trial. *PLoS Med.* 2018;15: e1002684.
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Appendix 4.5 Study Characteristics Table: Information provided on country, participants, follow up period, study design, cash amount, intervention

intensity, intervention provider, and plus-intervention descriptions for each study.

Study	Country	Participants	Follow Up Period & Study Design	Cash Amount	Intervention Intensity	Intervention Provider	Plus-Intervention Description
Langendorf 2014	Niger	Children 6-23 months	4 months (Cluster RCT)	\$52/month if also receiving food; \$59 for cash alone.	Monthly measurement/ cash disbursements	Education assistant, community women, nutrition assistants/nurses	“Nutritious supplementary food, either HQ-LNS 500 kcal/day (Supplementary Plumpy, Nutriset), MQ-LNS 250 kcal/day (Plumpy’Doz, Nutriset), or Super Cereal Plus 820 kcal/day (Michiels and Cerfar). Behaviour Change Communication: Prior to each distribution, caregivers attended sessions, given information on topics such as breastfeeding, feeding children appropriately for their age group (e.g., enriched porridge and semi-solid snacks from 6 months of age then solid enriched foods from 12 months of age), food health and safety, prevention of malaria, vaccinations, and access to primary care based on Essential Nutrition Actions. Groups receiving cash transfer were given nutritional information on purchasing food for the targeted child, which included education on diet diversity (e.g., addition of enriched food such as oil, animal food, egg, beans, fruits, and vegetables to breast milk and local porridge).”
Field 2021	Myanmar	Pregnant women in 2nd trimester & Children 0-2 years	Endline measurement at age 24 months (Cluster RCT)	10,000MMK/month (~\$7.40), increased to 15,000MMK (~\$11.09) in Oct 2017	Monthly Social & Behaviour Change Communication/ cash disbursement	Save the Children partnered with Myanmar Nurses and Midwives Association and Pact Global Microfinance Fund. Delivered by Dept of Public Health in 40 villages in Pakokku.	Behaviour Change Communication Activities in 4 categories (IYCF practices, health seeking behaviour, hygiene practices, household expenditures), done through different forums: • "Mother to Mother (m2m) Support Groups: covering Infant and Young Child Feeding (IYCF) and promoting uptake of maternal and child health care services etc. • Individual Counselling Services for mothers struggling with breastfeeding / complementary feeding (beginning Feb-18, at least 2 sessions for identified women) • Cooking demonstrations with mothers • Influential Caregiver Groups: behavioural change for husbands/grandmothers (beginning Jan-17, Men Edu Session; Elderly People Session) to influence & support MCH • Mobilisation of local authorities and health system"

Study	Country	Participants	Follow Up Period & Study Design	Cash Amount	Intervention Intensity	Intervention Provider	Plus-Intervention Description
Khan 2019	Pakistan	Children 6-23 months	18 months (Cluster RCT)	5000 PKR/quarter (\$30/quarter, ~10/month)	Monthly measurements, quarterly community sessions and cash disbursement.	Used BISP (CT) national structure and provincial Integrated Reproductive Maternal Newborn & Child Health and Nutrition Program. Delivered by Lady Health Workers (LHWs).	Cash + Food: "Specialized Nutritious Food (SNF) is locally produced (Wawamum) made with heat treated (roasted) chickpeas, vegetable oils, dry skimmed milk, sugar, vitamins, minerals, emulsifier and antioxidants. A daily ration of 50-gram sachets was provided to cover the recommended daily allowance (RDA) of most micronutrients and 260 kcal of energy (about 1/4 of daily energy requirements) for children aged 6-23 months. Each recruited child received SNF for a duration of 18 months – from 6 months to 24 months of age. Cash + Social & Behaviour Change Communication: "Health, nutrition and hygiene messages were provided by LHWs during routine monthly household visits. Community sessions were conducted quarterly with the help of a specialized picture-booklet by LHWs; Male & female group sessions arranged quarterly with help of health committees."
Guyatt 2018	Kenya	Pregnant women in 2nd trimester & Children 0-2 years	16 months (RCT)	2000KSH/month + 500-1000 KSH/month (~\$24-29) depending on number of children and pregnant women in household. Control received 2000KSH/month (standard CT-OVC value, ~\$19).	CHV visit monthly or bi-monthly, visits lasted ~2hrs	Community health volunteers (trained by PSK).	CHV made home visits, using material from the Ministry of Health maternal, infant and young child counselling card. Programme had 8 modules: "Maternal nutrition (iron/folic acid supplements and good water); Feeding infants 0-6 months (exclusive breastfeeding; Complementary feeding (6-23 months), vitamin A supplements; Feeding in special circumstances; Essential hygiene (WASH) actions, including ORS & Zinc; Growth monitoring and promotion; Developmental milestones; and Household food and nutrition security." The intervention also added text message and Beneficiary Learning Forums to re-enforce key messages.
Ahmed 2019	Bangladesh	Mothers living in poor, rural households with at least one child aged less than 2 years (0-24 months) at baseline	2 years (Cluster RCT)	1500 Taka/month (\$19).	Behaviour Change Communication weekly meeting	Community nutrition workers (CNWs).	Cash + Food: "monthly ration of 30 kg of rice, 2 kg of masoor pulse (lentil), and 2 litres of micronutrient-fortified cooking oil." Value of food was half the total transfer amount, the total of which equalled the amount of the cash-only group. Behaviour Change Communication had 6 topics: "(1) importance of nutrition and diet diversity for health; (2) how handwashing and hygiene improve health; (3) diet diversity and micronutrients; (4) breastfeeding; (5) complementary foods for children 6-24 months; and (6) maternal nutrition. Taught through presentations, Q&A, interactive call and answer songs and chants, practical demonstrations, and role playing." Framed as soft condition for Cash + Behaviour Change Communication group. CNWs made home visits to beneficiaries twice a month to follow up on topics discussed during Behaviour Change Communication sessions and to discuss specific concerns mothers might have. CNWs conducted community meetings and met with influential members (village leaders, imams, elders) of villages in which Behaviour Change Communication took place to explain purposes of nutrition training and to provide information being conveyed to study participants."

Study	Country	Participants	Follow Up Period & Study Design	Cash Amount	Intervention Intensity	Intervention Provider	Plus-Intervention Description
Ahmed 2020	Bangladesh	Mothers living in poor, rural households with at least one child aged less than 2 years (0-24 months) at baseline	4 years post-intervention (Cluster RCT)	1500 Taka/month (\$19)	Follow up period after intervention ended. No intervention in 4-year period.	Follow up period after intervention ended. No intervention in 4-year period.	See above (Ahmed, 2019)
UNICEF 2020	Ethiopia	Children 6-23 months	2 years (Quasi-Experimental)	Not reported.	Behaviour Change Communication sessions bi-weekly	SWs, IN-SCT coordinators. SWs coordinated with Health Extension Workers (HEWs) and Development Agents (DAs).	"IN-SCT linked social workers (SWs) and community care coalitions (CCCs) with PSNP beneficiaries to strengthen access to health and nutrition services, complementary social services such as birth registration. In addition, developed BCC and gender and social development (GSD) materials with the community to develop capacity of CCCs and Women's Development Army (WDAs)." Soft conditions (Schubert 2015): "Attend four antenatal care visits & one postnatal; immunise children during first 9 months; growth monitoring monthly for 2 years, vitamin a/deworming; for children <5 suffering from acute malnutrition, follow guidelines for check-ups and supplementary and therapeutic feeding at local health clinics; attend monthly nutrition BCC sessions conducted by Health Extension Worker."
Premand 2020	Niger	Children 6-59 months	2 years (Cluster RCT)	10000FCFA/month (\$20)	Cash monthly; Behaviour Change Communication (BCC) implemented through monthly village assemblies, community meetings and household visits (3 activities/month)	CT implemented by microfinance agencies and BCC by NGOs contracted by Safety Nets Unit. NGO field staff provide monthly village assembly and community educator deliver small-group meetings and home visits.	Each household participates in 3 activities/month: village assembly, small-group meeting, and home visit (soft conditions). Behaviour Change Communication activities based on UNICEF Essential Family Practices (14 modules covering nutrition, health, psychosocial stimulation, and child protection). Used role play and theatre and visual aids.

Study	Country	Participants	Follow Up Period & Study Design	Cash Amount	Intervention Intensity	Intervention Provider	Plus-Intervention Description
Barnhart 2020	Rwanda	Children 6-36 months	9 months (Cluster RCT)	Not reported.	Plus sessions 60-90 min/week for 3-4 months (home visits)	Community-based volunteers nominated by village chief.	Sugira Muryango (Strengthen the Family) is "strengths-based, home-visiting intervention adapted from Family Strengthening Intervention for HIV (FSI-HIV) and the WHO/UNICEF Care for Child Development Packages (2012). Intervention uses active coaching to promote responsive parenting, reduce family conflict, and increase caregivers' abilities to access and navigate available resources. Rwandan songs/ proverbs were incorporated into curriculum to help internalise core skills. 12 modules targeting five key components: (1) Educating caregivers on children's development, nutrition, health, and hygiene; (2) Coaching parents on responsive parenting and "serve and return" interactions; (3) Reducing violence by promoting family resilience in the face of adversity, positive parenting, and skills in conflict resolution; (4) Strengthening parental problem solving skills and social support through improved navigation of available formal and informal resources; and (5) Promoting early language learning and school readiness." (See Betancourt 2020 for details).
Betancourt 2020	Rwanda	Children 6-36 months	9 months (Cluster RCT)	Not reported.	One 90 min module per week (~12 weeks)	Community based coaches (CBCs)	Families eligible for one of two versions of VUP programme, cash-for work programmes differing in labour intensity. "Modules: Family Narrative; importance of early stimulation and play; Building early communication skills; importance of good nutrition, hygiene and health; Managing stresses of parenting and family life; Resolving conflicts in the home; important role that everyone plays in raising a baby; Good parenting is better than being born well; Making the home a place where a baby's brain can grow; With a united family, anything is possible. All visits included a 15-min "active play and communication" session where caregivers received live feedback on parent-child interactions."
Jensen 2021	Rwanda	Children 6-36 months	18 months (1 year post-intervention) (Cluster RCT)	Not reported.	1 booster visit at three- and six-months post-intervention for one hour each.	Community based coaches (CBCs)	In addition to the details described above (Barnhart, 2020; Betancourt, 2020), "coaches also helped families navigate formal resources such as government programmes to promote child health and nutrition including supplementation nutrition for malnourished children and informal support.... Three-month and six-month booster sessions occurred with the aim of each booster visit [to] reconnect with families, identify and address ongoing challenges, and engage caregivers in an 'active play' session modelled in each home-visiting session; each booster visit was approximately one hour."
Attanasio 2014	Colombia	Children 12-24 months	18 months (Cluster RCT)	Not reported.	Weekly change of toys	Locally elected representatives of FeA (Madres Líderes), and some supervision was provided by madre líder (mother leader).	Female community leader made weekly home visits, demonstrated activities with low-cost toys and books. Toys left at homes and changed weekly. Goal to enhance mother-child interactions and promote child development. Micronutrient supplementation Sprinkles (Hexagon Nutrition, Mumbai, India) were powdered, encapsulated micronutrients to be consumed daily for all children <6 to prevent/treat anaemia. Conditional cash transfer was conditioned on preventive medical visits for children <5. Additional intervention details are available in the primary study's data supplement.

Study	Country	Participants	Follow Up Period & Study Design	Cash Amount	Intervention Intensity	Intervention Provider	Plus-Intervention Description
Andrew 2018	Colombia	Children 12-24 months	2 years post evaluation (Cluster RCT)	\$8-16/month.	Weekly change of toys, nothing since intervention ended, cash continued	Locally elected representatives of FeA (Madres Líderes), and some supervision was provided by madre líder (mother leader).	Based on Jamaican home-visiting model available online under 'Reach Up' (see also Attanasio 2014)
Fernald 2016	Mexico	Children 0-18 months	4 years (Cluster RCT)	Not reported.	Weekly meetings, 2 hours each (follows primary school calendar) In one year, 26 sessions for mothers/fathers/care givers, 5 for fathers, 18 focusing on children, 8 for pregnant women, and 5 concluding sessions	Promotoras who are overseen by local supervisors, of who are overseen by program coordinators.	CT conditioned on attending 'talleres' (workshops on health topics) and preventive medical visits. Milk-based fortified food supplement was provided to households with pregnant/lactating women, children <2 or children under 5 with malnutrition. EI designed to train rural-living parents whose children did not have access to pre-primary education. Sessions delivered in group setting (~20 women) at community centre weekly and covered hygiene, nutrition and stimulation activities to promote cognitive development. Weeks were targeted to different groups and toys were provided at sessions and parents encouraged to make some using household resources.
Kagawa 2017	Mexico	Children 0-18 months	4 years (Cluster RCT)	See Fernald 2016	See Fernald 2016	See Fernald 2016	See Fernald 2016
Guanais 2013	Brazil	NA [Administrative Data]	12 years (Quasi-Experimental)	Average \$75.25/month	NA (Analysis of uneven scale up of conditional cash transfer and primary healthcare)	Government, healthcare providers	CT conditioned on health checks for young children. Plus intervention was availability and provision of primary healthcare.
da Silva 2019	Brazil	NA [Administrative Data]	6 years (Quasi-Experimental)	See Guanais 2013 for approximation.	NA (Analysis of uneven scale up of conditional cash transfer and primary healthcare)	Government, healthcare providers	CT conditioned on health checks for young children. Plus intervention was availability and provision of primary healthcare.

Appendix 4.6: Risk of Bias Assessments. Individual study assessments for risk of bias using

Cochrane Risk of Bias and ROBINS-I tools.

Cluster-Randomised Controlled Trials:

		Risk of bias domains						
		D1	D1b	D2	D3	D4	D5	Overall
Study	Langendorf 2014	+	+	+	+	+	+	+
	Field 2021	+	+	+	+	+	+	+
	Khan 2019	+	+	+	+	+	+	+
	Ahmed 2019	+	+	+	+	+	+	+
	Ahmed 2020	+	+	+	+	+	+	+
	Premand 2020	+	+	+	+	+	+	+
	Barnhart 2020	+	+	+	+	+	+	+
	Betancourt 2020	+	+	+	+	+	+	+
	Jensen 2021	+	+	+	+	+	+	+
	Attanasio 2014	+	+	+	+	+	+	+
	Andrew 2018	+	+	+	+	+	+	+
	Fernald 2016	+	+	+	+	+	+	+
	Kagawa 2017	+	+	+	+	+	+	+
	Domains: D1 : Bias arising from the randomization process. D1b: Bias arising from the timing of identification and recruitment of Individual participants in relation to timing of randomization. D2 : Bias due to deviations from intended intervention. D3 : Bias due to missing outcome data. D4 : Bias in measurement of the outcome. D5 : Bias in selection of the reported result.							Judgement + Low

Individual-Randomised Controlled Trial:

		Risk of bias domains					
		D1	D2	D3	D4	D5	Overall
Study	Guyatt 2018	+	-	+	+	-	-
		Domains: D1: Bias arising from the randomization process. D2: Bias due to deviations from intended intervention. D3: Bias due to missing outcome data. D4: Bias in measurement of the outcome. D5: Bias in selection of the reported result.					Judgement - Some concerns + Low

ROBINS-I for Quasi-Experimental Studies:

		Risk of bias domains							
		D1	D2	D3	D4	D5	D6	D7	Overall
Study	da Silva 2019	-	+	+	+	+	+	+	-
	Guanais 2013	-	+	+	+	+	+	+	-
	UNICEF 2020	-	+	+	+	+	+	+	-

Domains:

D1: Bias due to confounding.
D2: Bias due to selection of participants.
D3: Bias in classification of interventions.
D4: Bias due to deviations from intended interventions.
D5: Bias due to missing data.
D6: Bias in measurement of outcomes.
D7: Bias in selection of the reported result.

Judgement

-

 Moderate

+

 Low

CHAPTER 5 (DPHIL PAPER 3): INTERVENTIONS TO PREVENT, REDUCE, AND RESPOND TO VIOLENCE AGAINST CHILDREN AND ADOLESCENTS: A SYSTEMATIC REVIEW OF SYSTEMATIC REVIEWS TO UPDATE THE INSPIRE FRAMEWORK.

This paper has been published in *The Lancet Child & Adolescent Health*. The full reference is:

Little, M. T., Butchart, A., Massetti, G. M., Hermosilla, S., Wittesaele, C., Pearson, I., Jochim, J., Swingler, S., Schupp, C., Böhret, I., Neelakantan, L., Backhaus, S., Martin, M., Mase, M., Page, S., Janowski, R., Blackwell, A., Bernstein, K. T., Rakotomalala, S., & Cluver, L. (2026). Interventions to prevent, reduce, and respond to violence against children and adolescents: A systematic review of systematic reviews to update the INSPIRE Framework. *The Lancet Child & Adolescent Health*, 10, 49-61. [https://doi.org/10.1016/S2352-4642\(25\)00214-7](https://doi.org/10.1016/S2352-4642(25)00214-7)

Contributions of DPhil Paper 3 to the Overarching DPhil Question.

Since the INSPIRE Framework was launched nearly a decade ago (WHO, 2016), the evidence base has substantially developed in both 1) the types of interventions that have been evaluated, as well as 2) the number of evaluations within these categories. Research was needed to update the Framework to integrate the latest science, which included the introduction of cash-plus parenting programmes as a new intervention category. Thus, this final empirical chapter both reviews the updated evidence for the full INSPIRE package, and within this, continues the focus of this thesis by investigating the relative strength (in terms of the evidence quantity, quality, and consistency of effectiveness) of cash-plus parenting programmes compared to other violence prevention interventions.

This paper was conceptualised and completed in partnership with the World Health Organization and the U.S. Centers for Disease Control & Prevention. This project was undertaken to contribute to the next stages of the INSPIRE Framework and to provide global guidance on effective interventions for addressing violence against children. The findings were first launched in Bogotá, Colombia in November 2024 at the first-ever Global Ministerial Conference on Ending Violence Against Children.

Given the substantial size of the evidence base, a systematic review of systematic reviews was conducted to synthesise the strongest quality evidence available on intervention effectiveness. Systematic reviews are argued to be preferable over non-systematic literature reviews because the findings of high-quality systematic reviews are transparent/reproducible and as comprehensive as possible while minimising the influence of bias from primary studies and reviewers themselves in synthesising the literature (Higgins et al., 2024). This systematic review of systematic reviews brings seven systematic reviews (one for each strategy) together in one publication covering the INSPIRE Framework, as requested by research partners (the World Health Organization and U.S. Centers for Disease Control & Prevention). This review identifies key interventions across the INSPIRE Framework that have consistent evidence in addressing multiple forms of violence against children.

In total, 216 systematic reviews met the inclusion criteria, which incorporates an estimated 3000 primary impact evaluations. However, very few of the reviews (7%, n= 15) included interventions within the *Income & economic strengthening* strategy. The evidence rating system builds on a previous systematic review of systematic reviews for HIV prevention interventions for adolescents (Mavedzenge et al., 2014) and expands the methodology by improving the quality assessment component of the evidence-decision matrix. This systematic review of systematic reviews used the AMSTAR2 Tool to evaluate the confidence in the review conclusions rather than relying only on the number of randomised studies included within a review.

Notably, reviews usually referred to cash transfers in reference to social protection in low- and middle-income countries only and referred to welfare reform or tax credits in reference to social protection in high-income countries. Thus, the analyses of these intervention categories were conducted separately. Since the original INSPIRE Framework was published in 2016, more evaluations have been published on the effectiveness of cash transfers. However, the findings have been inconsistent, therefore cash transfers alone were downgraded from *Promising evidence* to *Not currently supported by evidence* for prioritised implementation in addressing child maltreatment. This downgrading of evidence also occurred for microfinance interventions (another economic-strengthening intervention).

Conversely, a significant number of reviews (including meta-analyses) have been published on the effectiveness of parenting programmes in preventing and reducing child maltreatment. Because of the consistent evidence of effectiveness, parenting programmes have been the first violence prevention intervention to have guidelines developed and published by WHO to support implementation (WHO, 2022). Thus, parenting interventions alone have received the highest evidence-rating, *Well-supported by evidence*, for prioritised implementation.

Cash-plus parenting programmes were a new intervention category introduced to the INSPIRE Framework and received a high rating of *Supported by evidence* for prioritised implementation. This rating accounted for high-confidence evidence in favour for cash-plus parenting programmes compared to cash alone (Little et al., 2021) or no intervention (Borges Machado et al., 2024). Across the reviews, there is also evidence from both parenting programmes and cash-plus parenting programmes in reducing maternal intimate partner violence victimisation.

Compared to cash-plus parenting programmes, only parenting programmes alone rank higher in the evidence base for prioritised recommendation for addressing child maltreatment. However, as noted in research on parenting programmes alone, there is no differential impact to suggest that parenting programmes can reduce inequalities – particularly the globally-relevant inequality of poverty – as programmes are equally effective for vulnerable households, such as those living in poverty (Backhaus et al., 2024; Gardner et al., 2023). More primary research will be necessary to evaluate whether implementing parenting programmes through social protection systems (including cash transfers) can contribute to reducing inequalities in violence. The conceptual framework presented in the Background chapter could support this hypothesis, as it includes mechanisms for reductions in child maltreatment from household economic security via changes in distal adult outcomes, which overlap with mechanisms from parenting programmes alone.

More primary studies are necessary to refine effect size estimates. Additional future studies would be important to facilitate evidence on whether this combined intervention (cash-plus parenting programmes) has a larger effect size for households living in poverty compared to more economically secure households that do not qualify for, or receive, social protection alone. Similarly, more research is needed to evaluate the effectiveness of interventions (including cash-plus parenting programmes) for children in crisis contexts and among vulnerable, young populations (e.g., children with disabilities). This research gap was apparent across the total evidence base of interventions included in the INSPIRE evidence update.

Despite the strong evidence of effectiveness of parenting programmes alone and in combination with cash transfers, there are limited other interventions to support prioritised implementation in addressing child maltreatment. In low- and middle-income countries only, whole school approaches to violence prevention (from teachers/staff) have *Promising evidence* and Life & social skills training have *Emerging evidence*. A number of laws also have evidence supporting an enabling environment for interventions, with laws limiting youth access to firearms having the strongest rating of *Promising evidence* in high-income countries. No other intervention categories had sufficient evidence of effectiveness (in quality, quantity, or consistency) to support recommendations of prioritised implementation.

While there are interventions with sufficient evidence to support prioritised implementation, the vast majority of interventions are not currently supported by evidence. Among all intervention categories, 61% (n= 22/36) in low- and middle-income countries and 41% (n= 14/34) in high-income countries are *Not currently supported by evidence*. Notably as well, no programme was labelled as consistently ineffective or harmful. Similarly, looking at the rankings of interventions for addressing youth violence (including sexual violence), combining cash transfers with life-skills training for adolescents had the highest rating for prioritisation; this could possibly indicate another example where interventions are more effective when targeting multiple, concurrent pathways of vulnerability.

In conclusion, findings from this systematic review of systematic reviews support the prioritisation of cash-plus parenting programmes for preventing child maltreatment and these programmes are a leading intervention within the field for preventing violence against children. The only intervention with higher-ranked evidence in addressing child maltreatment in low- and middle-income countries was parenting interventions alone. While cash-plus parenting programmes are more effective than cash alone, further research is needed to identify the incremental impact of adding cash transfers to parenting programmes.

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Abstract.

Each year, one billion children globally experience violence, which carries lifelong detrimental effects. In 2016, the World Health Organization and partners launched the INSPIRE Framework, seven strategies to end violence against children. A decade after INSPIRE's development, this systematic review updates its evidence base and assesses which interventions could be prioritised for implementation. This systematic review of systematic reviews searched 152 information sources from 1 January 2010 to 15 May 2023 to identify systematic reviews evaluating the effectiveness of policies or interventions in addressing violence against children. Reviews were narratively synthesised and interventions were ranked using a decision matrix based on the amount and quality of evidence and the consistency of effectiveness. From 22,117 initial articles screened, 216 unique systematic reviews were included, of which 149 focused on interventions that do not have WHO implementation guidelines. Of these 149 reviews, 47 (32%) were assessed to be high or moderate confidence using the AMSTAR2 Tool. Across outcome domains and countries, the strongest evidence of effectiveness includes parenting programmes for reducing child maltreatment, safe and enabling school environments (whole-school approaches) for preventing youth violence, healthy romantic relationships education for reducing adolescent intimate partner violence, cash-plus life-skills training among adolescents in low-income and middle-income countries for reducing youth violence (including sexual violence), and cognitive behavioural therapy for children exposed to violence. Parenting programmes might also reduce maternal intimate partner violence, although few studies have directly examined this outcome. Scaling up these evidence-based approaches is essential to ending violence against children. This study is registered with PROSPERO (CRD42023427487).

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Data Availability. All data are enclosed in this manuscript and the appendices.

Conflicts of Interest. Two authors (Madison Little & Sophia Backhaus) were not involved in the risk of bias assessments for papers they had co-authored. All other authors declared no competing interests.

Where authors are identified as personnel of WHO, the authors alone are responsible for the views expressed in this article and they do not necessarily represent the decisions, policy, or views of WHO. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the US Centers for Disease Control and Prevention.

Key Messages.

- 1) This research systematically updates the INSPIRE Framework's evidence base on which interventions have the highest potential to effectively address violence against children (i.e., child maltreatment, youth violence, adolescent intimate partner violence, and sexual violence).
- 2) Rigorous and compelling evidence exists that preventing violence against children is possible and each INSPIRE strategy has at least one intervention with strong evidence of effectiveness.
- 3) The update to the INSPIRE Framework includes three breakthrough areas with substantial evidence of effectiveness (Parenting programmes, Safe & enabling school environments (whole-school approaches), and Cognitive behavioural therapy for children exposed to violence), as well as other interventions with strengthened evidence of effectiveness (Life & social skills training, Kinship foster care, Community mobilisation, and Laws limiting youth access to firearms).
- 4) New intervention categories were added to the framework, with evidence of effectiveness for School-based bullying prevention programmes (in-person or digital delivery), Cash-plus programmes (combining cash transfers with parenting programmes or youth-focused life-skills training), Gay straight alliances, Universal mental health promotion, Welfare reform or tax credits, Resettlement interventions, Antibullying legislation, and School health services.
- 5) Whereas some intervention categories did not change in strength but still have evidence of effectiveness (Healthy romantic relationships education, Primary care screening & intervention, Cash transfers, Laws banning corporal punishment or sexual abuse and exploitation, and Laws preventing problem alcohol use), the remaining intervention categories had insufficient evidence of effectiveness (in quantity or quality, or in consistent effectiveness) to support implementation.
- 6) This systematic review refines a method that can be applied to assess evidence on new, emerging interventions in efforts to indicate how programmes could be considered for prioritised implementation.

Introduction.

Violence against children remains a public health crisis. At least half of all children – one billion globally – experience at least one form of violence each year (Hillis et al., 2016). Violence against children (i.e., those younger than 18 years) is defined as “the intentional use of physical force or power, threatened or actual, against a child, by an individual or a group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity” (Butler et al., 2022, p. 7; Krug et al., 2002). The effects from violence have substantial immediate and long-term health, social, and economic consequences (WHO, 2016). Furthermore, violence exposure significantly increases the risk for future victimisation and perpetration, and thus intergenerational transmission (Assink et al., 2018; Fehringer & Hindin, 2009; Meinck et al., 2023).

Efforts to address violence against children has substantially increased over the past decade, due in part to the adoption of the Sustainable Development Goals (SDGs). In 2015, SDG Target 16.2 was introduced to address violence against children, complementing other SDG targets addressing school-based violence (4.a) and gender-based violence (5.2).

The following year, the INSPIRE Framework was launched by the World Health Organization (WHO), U.S. Centers for Disease Control and Prevention (CDC), and eight other international partners (WHO, 2016). The INSPIRE Framework consists of seven strategies (i.e., entry points) to address violence against children: **I**mplementation & enforcement of laws; **N**orms & values; **S**afe environments; **P**arent & caregiver support; **I**ncome & economic strengthening; **R**esponse & support services; and **E**ducation & life skills (WHO, 2016). Each strategy includes multiple interventions (programmes or policies) with evidence for preventing, reducing, or responding to violence against children. INSPIRE provides a unified framework for collective action and is built upon three key pillars: 1) Violence is preventable; 2) Priorities for prevention and response should be data-driven; and 3) Preventing and responding to violence should be built on evidence.

Since the launch of the INSPIRE Framework in 2016, there has been tremendous momentum in implementation, research, and policy. The number of yearly publications for interventions addressing violence against children has more than doubled from 2014-2018 compared to 2010-2013 (Pundir et al., 2020), and the trend continues to increase. In November 2024, more than 100 countries gathered in Bogotá, Colombia for the first-ever Global Ministerial Conference for Ending Violence Against Children and pledged national commitments to address violence against children. After nearly a decade of new research and policy guided by the INSPIRE Framework, it is necessary to update its evidence base so that the best science can continue to guide national and global efforts.

The aim of this systematic review of systematic reviews was to incorporate new evidence into INSPIRE and to assess which programmes could be prioritised for implementation. Specifically, this systematic review of systematic reviews investigates: 1) which interventions are effective in reducing, preventing, or responding to violence against children; and 2) whether these interventions are consistently effective across contexts and should be prioritised for implementation.

Methods.

Ethics approval for this review was granted from the University of Oxford (SPI_DREC_23_006). This systematic review is reported using PRISMA guidelines (Page et al., 2021) provided in Appendix 5.1, and the protocol was registered with PROSPERO ([CRD42023427487](https://doi.org/10.1111/CRD4.2023427487)). Given the size of the evidence base, we deviated from the protocol by restricting violence measures to the primary outcomes only.

The 2016 Framework was developed based on evidence gathered and synthesised in consultation with technical experts from 10 international agencies, as well as academics and civil society. Evidence in the 2016 Framework was rated based on the US CDC's Continuum of Evidence of Effectiveness, which provides recommendations based on the number of rigorously designed primary studies or, if available, meta-analysis findings (Puddy & Wilkins, 2011). This systematic review aimed to systematically include evidence from both before and after the original framework was published, so as to comprehensively evaluate the evidence base on intervention effectiveness.

Eligibility criteria.

Tables with inclusion and exclusion criteria and a flowchart of questions for full-text assessments are provided in Appendix 5.2. Inclusion criteria were applied stepwise so that readers can identify relevant papers at each step within the excluded studies list.

Our systematic review included evidence of interventions for children and adolescents (those aged 0 to <18 years), henceforth referred to as children unless otherwise specified. Drawing on a public health approach, INSPIRE interventions are policies and programmes that address risk and protective factors for violence against children at individual, relationship, community, or societal levels, and are intended for preventing violence or for identifying and assisting young survivors (WHO, 2016). Primary outcomes were selected to align with the International Classifications of Violence Against Children (UNICEF, 2023); specifically, child maltreatment (including abuse and neglect), youth violence (including bullying), adolescent intimate partner violence, and sexual violence. Risk and protective factors for violence victimisation or perpetration were secondary outcomes replicated from UNICEF's INSPIRE Evidence and Gap Map (Pundir et al., 2020). These secondary outcome domains included norms, health, safety, poverty, and education, as well as our addition of violence against women. Due to resource constraints, our systematic review was restricted to reviews published in English, although there were no language restrictions for primary studies. Given the extensive body of research, our systematic review includes other systematic reviews (reviews of primary impact evaluations, meta-analyses, or reviews of reviews) that assessed the effectiveness of these programmes. Systematic reviews were included because they aim to provide a transparent and reproducible approach to evidence synthesis, which minimises risk of bias (Higgins et al., 2024).

Data sources.

A thorough evidence and gap map of INSPIRE interventions in low-income and middle-income countries (LMICs) published from 2000-2019 was conducted in partnership between UNICEF Innocenti and the Campbell Collaboration (Pundir et al., 2020). We replicated the databases used in the

evidence and gap map with some modifications and additions. Our systematic review updates and expands the scope to include all countries and reviews on interventions addressing neglect. We systematically searched 152 data sources, including systematic review databases and registries (n=10), academic databases (n=25), multilateral and bilateral organisation websites (n=31), grey literature websites (n=58), and evidence and gap maps (n=28). The full list of data sources is provided in Appendix 5.3.

We also consulted over 150 experts about ongoing, relevant projects. These experts were identified based on a search of PROSPERO registrations for reviews that were listed as ongoing or completed and from which no final publication could be identified. Seven researchers from the aforementioned 150 experts provided confidential manuscripts ahead of publication, which were included if they met our criteria. Reference lists of seminal reviews and reports in the field were also searched. Searches covered systematic reviews published from 01 January 2010 to 15 May 2023. Reviews published before 2010 were unlikely to identify substantial evidence from LMICs and a previous systematic review of reviews covered evidence before 2009 for effective interventions to prevent child maltreatment (Mikton & Butchart, 2009).

Search strategy and selection process.

Our search was largely based on the strategy used for the INSPIRE evidence and gap map (Pundir et al., 2020) and was also informed by search strategies from other recent reviews (Butler et al., 2022; Cuartas et al., 2022; Lang et al., 2020). The full search strategy is provided in Appendix 5.4.

Search results were uploaded to Rayyan and de-duplicated (Ouzzani et al., 2016). Two reviewers (including MTL, IP, JJ, SS, SP, RJ, ABI, MMar, & MMas) independently conducted both title and abstract screening and full-text assessments in duplicate. In the event of a disagreement, a third screener was consulted. There was high inter-rater reliability for both stages (96% and 90% agreements, respectively). Citations were updated for reviews that were published online (before 15 May 2023) ahead of print.

Data extraction.

Two reviewers (including MTL, CW, CS, IB, MMar, & MMas) independently piloted data extraction on ten included reviews and good agreement was confirmed (>90% agreement across data extraction fields). Consensus was reached on the data extracted from all reviews. Extracted data included publication details (type of review, number of included and relevant studies, review question and aim), population details (target population, at-risk population, geographic specifications, age group, and gender inclusivity of the review), intervention details (INSPIRE strategies, examined interventions, and targeting approach), outcome details (violence domain, review findings on intervention effectiveness for violence against children, intervention effectiveness for risk and protective factors, intervention characteristics impacting effectiveness), and sources of funding.

Reviews were de-emphasised if they focused primarily on an intervention category that has existing WHO guidelines (i.e., recommendations for policy and practice). WHO only considers developing guidelines on interventions that have publicly available evidence as to their effectiveness based upon rigorous studies in multiple contexts and relevant stakeholder expertise and perspectives (WHO, 2014). Therefore, intervention categories with published WHO guidelines fulfil the key dimensions of the evidence-decision matrix. In relation to INSPIRE, these interventions include parenting programmes (both via home visitation and group-based training) and psychological therapies for young survivors (Backhaus, Gardner, et al., 2023; WHO, 2013, 2017, 2019b, 2021, 2022, 2024). For these intervention categories, limited information was extracted (i.e., only target population, examined interventions, violence domain, and review findings on intervention effectiveness for violence against children) and an abbreviated summary of the findings was used. More detailed analyses and insights for these programmes are available in the WHO publications (Backhaus, Gardner, et al., 2023; WHO, 2013, 2017, 2019b, 2021, 2022, 2024).

Risk of bias and quality assessment.

The quality of included reviews was critically appraised using the AMSTAR2 Tool (Shea et al., 2017). This tool contains 16 items for evaluating a systematic review, of which seven are noted as critical domains. These items can be aggregated to produce confidence ratings, in which critical domains carry a larger weight. Two items (Q7, *providing a list of excluded studies with justifications*, and Q10, *reporting sources of funding for included studies*) were excluded from the calculations because the majority of studies (>75% in piloting) did not provide this information. The quality calculations were used to assess the strength of the conclusions in the included reviews. Reviewers (MTL, CW, LN, & SB) were trained on five random articles to ensure good agreement (>80%) before continuing. All assessments were conducted independently and in duplicate, and a third reviewer was consulted in cases of disagreements. Across all assessments, there was high agreement (89%). Quality assessments were not conducted for de-emphasised reviews.

Analytical approach.

The analysis proceeded in two steps. First, reviews in each intervention category were narratively combined to synthesise evidence of effectiveness. Where there were multiple reviews for a given INSPIRE intervention, the high-confidence and moderate-confidence reviews were synthesised first. The findings were then compared with the conclusions from low-confidence and critically low-confidence reviews. Within high-confidence and moderate-confidence reviews, preference was given to the review that included the most representative sample, the highest number of relevant primary studies, or the most recent search. If no review provided review-level conclusions on the effectiveness of an intervention category, the relevant primary studies were aggregated across reviews and narratively synthesised. This synthesis addressed both whether there are strong-quality primary studies showing effectiveness on measures of violence against children and whether results across the evidence base differ based on study quality. The quality of a primary study was determined using the risk of bias rating presented in the corresponding review with the highest confidence (see Appendix 5.3).

Second, we ranked INSPIRE interventions based on a decision matrix for 1) the amount of evidence, 2) the quality of the evidence, and 3) the consistency of effectiveness across contexts (see Appendix 5.5) (Mavedzenge et al., 2014). Intervention effectiveness across contexts refers to programme effects in different places, or different populations within the same place (Montgomery et al., 2013). The decision matrix (Figure 5.1) identifies prioritised interventions as having ratings of *Well-supported by evidence*, *Supported by evidence*, *Promising evidence*, *Emerging evidence*, and *Prudent*. Appendix 5.5 also includes a comparison with the scales used in the 2016 INSPIRE Framework. Rankings were assessed separately for high-income countries (HICs) and LMICs. These rankings can be used to determine which interventions have evidence to support prioritised implementation.

Figure 5.1: Evidence-Decision Matrix

		Quality & Type of Evidence		
		High- or Moderate-Confidence Reviews	Low- or Critically Low-Confidence Reviews	Strong-Quality Primary Studies
Evidence of Effectiveness	Consistently (all or nearly all) or Largely Effective: Considerable Number of Studies	Well-supported by evidence	Supported by evidence	Promising evidence
	Consistently (all or nearly all) or Largely Effective: Limited Number of Studies	Supported by evidence	Promising evidence	Emerging evidence, Or Prudent
	Inconsistently Effective (Mixed Beneficial & Null Findings)	Not currently supported by evidence	Not currently supported by evidence	Not currently supported by evidence
	Consistently (all or nearly all) Ineffective or Harmful	Not supported by evidence	Not supported by evidence	Not supported by evidence

Role of the funding source.

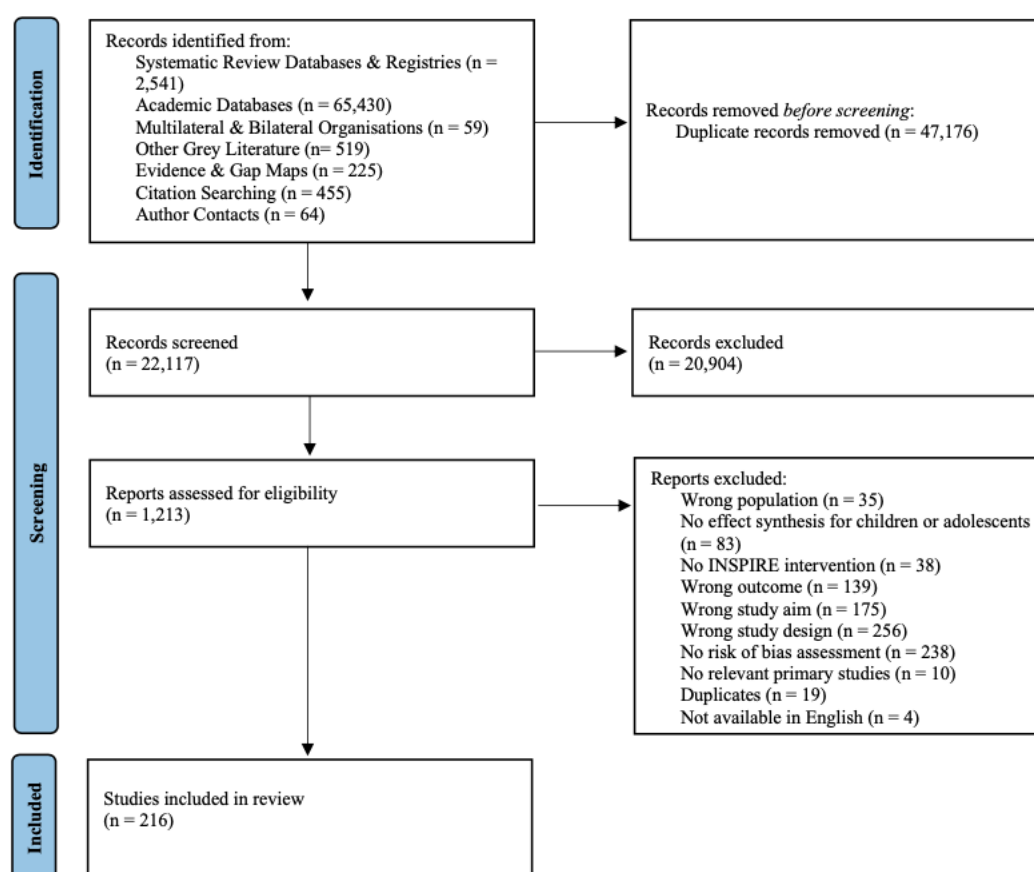
The funders of the study had no role in the study design; the collection, analysis, or interpretation of data; the writing of the report; or the decision to submit the paper for publication.

Results.

After deduplication, our search identified 22,117 unique articles (Figure 5.2) and full-text assessments were completed for 1,213 articles (Appendix 5.6). Of the 997 reviews excluded after full-text screening, the majority (>75%) were excluded because the paper did not meet the criteria for a systematic review,

conduct and present a risk of bias assessment, aim to evaluate the effectiveness of interventions to address violence against children, or include violence against children in the primary outcomes. The remaining articles were excluded because they did not synthesise intervention effects for children or adolescents or focus on these populations, evaluate an INSPIRE intervention, or identify any primary studies (i.e., an empty review). At the completion of screening, 216 reviews met the inclusion criteria (Appendix 5.7). Of these reviews, 67 were de-emphasised (i.e., the review exclusively evaluated interventions that are supported by WHO guidelines). Summary tables for all included reviews are available in Appendix 5.8.

Figure 5.2: PRISMA Flowchart



Descriptive statistics are provided in Table 5.1. The 149 emphasised reviews included an average of 17 programmes relevant to the topic of this systematic review. Most reviews of primary impact evaluations included studies from both HICs and LMICs in their scope. For these reviews (n=111, excludes primary reviews with missing data), 12% of the relevant primary studies were evaluations of programmes

conducted in LMICs. Nearly half of the emphasised reviews (67 reviews, 45%) included papers in languages other than English or did not apply a language filter, and these non-English primary studies are reflected in our analysis.

Table 5.1: Descriptive statistics of included reviews

	Number of Reviews (%) *
Geographic Focus (n=149)	
HICs only	11 (7%)
LMICs only	14 (9%)
Both HICs & LMICs	124 (83%)
Age Groups (n=149)	
Infants aged <3 years	29 (19%)
Children aged 3-9 years	75 (50%)
Adolescents aged 10-17 years	137 (92%)
Adult offenders (excluding parents and caregivers)	9 (6%)
Vulnerable Populations (n=216)	
Children in crisis or humanitarian contexts	6 (3%)
Children in care	12 (6%)
Children with disabilities	4 (2%)
Households affected by problem substance use	4 (2%)
Indigenous peoples and ethnic minorities	3 (1%)
Sexual-minority & gender-minority youth	2 (1%)
Other minority populations	6 (3%)
INSPIRE Strategies (n=216)	
Implementation & enforcement of laws	7 (3%)
Norms & values	22 (10%)
Safe environments	16 (7%)
Parent & caregiver support	69 (32%)
Income & economic strengthening	15 (7%)
Response & support services	62 (29%)
Education & life skills	94 (44%)
Violence Outcomes (n=149)	
Child maltreatment	56 (38%)
Youth violence	89 (60%)
Intimate partner violence	39 (26%)
Sexual violence	62 (42%)
Unspecified	13 (9%)
Publication Date (n=216)	
2020 or later	113 (52%)
2010 to 2019	103 (48%)
Review Type (n=149)	
Primary review (including narrative synthesis)	77 (52%)
Meta-analysis	58 (39%)
Review of reviews	14 (9%)
Review Quality (n=149)	
High confidence	35 (23%)
Moderate confidence	12 (8%)
Low confidence	53 (36%)
Critically low confidence	49 (33%)

*Sample includes either emphasised reviews (n=149) or all reviews (n=216). Reviews were de-emphasised if they focused primarily on an intervention category that has existing WHO guidelines.

In relation to the risk of bias of the emphasised reviews, the majority of reviews (102 [68%] of 149 reviews) were classified as low-confidence or critically low-confidence. Among critical domains, only 59 reviews (40%) had a sufficient, protocol published prospectively, and only 39 (26%) provided a list of excluded studies with reasons. Approximately 75% of reviews addressed each of the remaining critical domains. Among non-critical domains, 14 reviews (9%) reported funding sources of the included studies and less than two-thirds of reviews duplicated screening (94 reviews [63%]) and extraction processes (86 reviews [58%]). At least 75% of reviews addressed each of the remaining non-critical domains. Detailed assessments are available in Appendix 5.9.

Across all 216 reviews, six reviews (3%) focused on interventions in crisis or humanitarian contexts (natural disasters, armed conflict, or displaced populations). In addition to reviews focused on populations at high risk of violence (e.g., households with violence-related risk factors or a history of violence), 30 reviews (14%) exclusively examined effects of interventions among vulnerable children. This included 12 reviews (6%) on children in care, four (2%) on children with disabilities, four (2%) on households affected by problem substance use, three (1%) on Indigenous and ethnic minorities, two (1%) on sexual-minority and gender-minority youth, and six (3%) on other minority populations including justice-involved young women, children with behaviour problems, children living with or affected by HIV, infants born preterm or with low birth weight, and minorities broadly defined.

Findings showed a substantial body of evidence available to guide policy and practice, although the evidence was unevenly distributed across INSPIRE strategies. *Education & life skills*, *Parent & caregiver support*, and *Response & support services* were the most studied. There was less evidence available on *Norms & values*, *Safe environments*, *Income & economic strengthening*, and *Implementation & enforcement of laws*. More than half of the systematic reviews were published in or after 2020. A graph of the number of included reviews by year is available in Appendix 5.7.

The amount of evidence varied across strategies, and each strategy had a range of evidence rankings. Each INSPIRE strategy includes at least one intervention with sufficient evidence in favour of

implementation (Table 5.2). The evidence classifications from the 2016 Framework, as well as the classifications from its predecessor, the THRIVES Framework (Hillis et al., 2015), are also provided in Table 5.2. Appendix 5.10 includes detailed syntheses and updated evidence rankings. Compared with the 2016 Framework, seven interventions had strengthened evidence of effectiveness: Parenting programmes (via home visitation or via groups in community settings), Counselling & therapeutic approaches (cognitive behavioural therapy for children exposed to violence), Safe and enabling school environments (whole-school approaches), Life & social skills training, Kinship foster care (compared with non-kinship foster care), Community mobilisation, and Laws limiting youth access to firearms. Additionally, this update to the INSPIRE Framework identified new intervention categories with strong and consistent evidence of effectiveness; namely, School-based bullying prevention programmes (in-person or digital delivery), Cash-plus programmes (combining cash transfers with parenting programmes or life-skills training for adolescents), Gay straight alliances, Universal mental health promotion, Welfare reform or tax credits, Resettlement interventions, Antibullying legislation, and School health services. Other intervention categories did not have substantial changes in evidence classifications, but continue to have sufficient evidence of effectiveness to support implementation. These interventions include Healthy romantic relationships education, Primary care screening & intervention, Cash transfers, Laws banning corporal punishment or sexual abuse and exploitation, and Laws preventing problem alcohol use.

Table 5.2: Intervention ratings by INSPIRE strategy

INSPIRE Intervention	2016 INSPIRE & 2015 THRIVES Classifications	Updated Classification – HICs	Updated Classification – LMICs
IMPLEMENTATION & ENFORCEMENT OF LAWS			
Laws banning corporal punishment by parents, teachers, or other caregivers	Prudent; Prudent	Prudent	Prudent
Laws banning the sexual abuse and exploitation of children	Prudent; Prudent	Prudent	Prudent
Anti-bullying legislation *	Not included; Not included	Emerging evidence (<i>including policies designating sexual and gender minorities as a protected class</i>): Effects on Youth violence (Bullying)	No new systematic reviews
Laws preventing problem alcohol use	Prudent; Prudent	Prudent (<i>Taxation & price control; Minimum alcohol drinking age; and Trading restrictions</i>)	Prudent (<i>Taxation & price control; Minimum alcohol drinking age; and Trading restrictions</i>)
Laws limiting youth access to firearms and other weapons	Prudent; Not included	Promising evidence: Effects on Child maltreatment (Unintentional firearm deaths)	Prudent
		Emerging evidence: Effects on Child maltreatment (Unintentional firearm-related injuries)	
NORMS & VALUES			
Changing adherence to restrictive and harmful gender and social norms	(<i>See Community mobilisation</i>)	(<i>See Community mobilisation</i>)	(<i>See Community mobilisation</i>)
Community mobilisation programmes	Promising; Promising	Promising evidence: Effects on Youth violence	Promising evidence: Effects on Intimate partner violence & Sexual violence
Bystander interventions	Promising; Promising	Not currently supported by evidence	Not currently supported by evidence
Media campaigns *	Not included; Not included	Not currently supported by evidence	Not currently supported by evidence
SAFE ENVIRONMENTS			
Reducing violence by addressing “hotspots”	Promising; Not included	Not currently supported by evidence	Not currently supported by evidence
Improving the built environment	Promising; Not included	Promising evidence (<i>Resettlement interventions</i>): Effects on Youth violence	Not currently supported by evidence (<i>Urban upgrading interventions</i>)
		Not currently supported by evidence (<i>Urban upgrading interventions; and Diversification interventions</i>)	No new systematic reviews (<i>Resettlement interventions; and Diversification interventions</i>)
Creating safe spaces *	Not included; Not included	No new systematic reviews	Not currently supported by evidence (<i>Child-friendly spaces; and Combined safe spaces</i>)
PARENT & CAREGIVER SUPPORT			
Parent support delivered through home visits	Effective; Effective	Well-supported by evidence (Guidelines): Effects on Child maltreatment (including revictimisation)	Well-supported by evidence (Guidelines): Effects on Child maltreatment (including revictimisation)
		Supported by evidence: Effects on Youth violence	
Parent training and support delivered in groups in community settings	Promising; Effective	Well-supported by evidence (Guidelines): Effects on Child maltreatment (including revictimisation)	Well-supported by evidence (Guidelines): Effects on Child maltreatment (including revictimisation)
		Supported by evidence: Effects on Youth violence	
Parent support and training as part of multicomponent programmes (parenting-plus programmes)	Effective; Effective	Not currently supported by evidence (<i>Combining parenting programmes with problem substance use treatment or other social interventions</i>)	Not currently supported by evidence
		(<i>See also cash-plus programmes</i>)	(<i>See also cash-plus programmes</i>)

INSPIRE Intervention	2016 INSPIRE & 2015 THRIVES Classifications	Updated Classification – HICs	Updated Classification – LMICs
INCOME & ECONOMIC STRENGTHENING			
Cash transfers (LMIC focused)	Promising; Promising	No new systematic reviews	Emerging evidence: Effects on Intimate partner violence (Physical only)
Cash-plus programmes (LMIC focused) *	Not included; Not included	No new systematic reviews	Supported by evidence (<i>Cash-plus parent education or support programmes compared with cash alone or no intervention</i>): Effects on Child maltreatment
			Supported by evidence (<i>Cash-plus youth-focused life-skills training</i>): Effects on Youth violence (including sexual violence)
Group savings and loans associations combined with gender norm or equity training	(<i>See Microfinance</i>)	(<i>See Microfinance</i>)	(<i>See Microfinance</i>)
Microfinance with or without combined gender norm or equity training	Promising; Promising	No new systematic reviews	Not currently supported by evidence
Welfare reform or tax credits (HIC focused) *	Not included; Not included	Promising evidence (<i>Tax credits</i>): Effects on Youth violence	No new systematic reviews
RESPONSE & SUPPORT SERVICES			
Counselling and therapeutic approaches	Effective; Effective	Well-supported by evidence (<i>Guidelines, Cognitive behavioural therapy for children exposed to violence</i>): Effects on mental health	Well-supported by evidence (<i>Guidelines, Cognitive behavioural therapy for children exposed to violence</i>): Effects on mental health
Screening combined with interventions	Effective; Effective	(<i>See Healthcare-based violence prevention programmes</i>)	(<i>See Healthcare-based violence prevention programmes</i>)
Healthcare-based violence prevention programmes *	Not included; Not included	Promising evidence (<i>Primary care screening & intervention</i>): Effects on Child maltreatment	No new systematic reviews
		Not currently supported by evidence (<i>Hospital-based violence prevention programmes</i>)	
Treatment programmes for young offenders in the criminal justice system	Effective; Not included	(<i>See Sexual offender treatment programmes</i>)	(<i>See Sexual offender treatment programmes</i>)
Sexual offender treatment programmes *	Not included; Not included	Not currently supported by evidence	Not currently supported by evidence
Foster care interventions involving social welfare services	Promising; Not included	Supported by evidence (kinship care over non-kinship foster care): Effects on Child maltreatment, Mental health, and Behavioural problems	No new systematic reviews
		Not currently supported by evidence (<i>Family preservation or reunification programmes; Family group conferencing or decision-making; and Transition support programmes or extended care policies</i>)	
EDUCATION & LIFE SKILLS			
Safe and enabling school environments (Whole-school approaches)	Effective; Not included	Supported by evidence: Effects on Youth violence	Supported by evidence: Effects on Youth violence
			Promising evidence: Effects on Child maltreatment
School health services *	Not included; Not included	Emerging evidence: Effects on Youth violence	No new systematic reviews
School-based sexual abuse awareness programmes	Effective; Not included	Not currently supported by evidence	Not currently supported by evidence

INSPIRE Intervention	2016 INSPIRE & 2015 THRIVES Classifications	Updated Classification – HICs	Updated Classification – LMICs
Life and social skills training [†]	Effective; Effective	Well-supported by evidence (<i>Life & social skills training programmes</i>): Effects on Youth violence	Promising evidence (<i>Life & social skills training programmes</i>): Effects on Intimate partner violence or non-partner sexual violence
		Supported by evidence (<i>Gay straight alliances</i>): Effects on Youth violence	Emerging evidence (<i>Life & social skills training programmes</i>): Effects on Child maltreatment
		Promising evidence (<i>Universal mental health promotion</i>): Effects on Youth violence	Not currently supported by evidence (<i>Universal mental health promotion</i>)
			No new systematic reviews (<i>Gay straight alliances</i>)
School-based bullying prevention programmes *	(See <i>Life and social skills training</i>)	Well-supported by evidence (<i>in-person delivery</i>): Effects on Youth violence (Bullying)	Promising evidence (<i>in-person delivery</i>): Effects on Youth violence (Bullying)
		Supported by evidence (<i>in-person delivery</i>): Effects on Youth violence (Cyberbullying)	Promising evidence (<i>in-person delivery</i>): Effects on Youth violence (Cyberbullying)
		Supported by evidence (<i>Digital delivery</i>): Effects on Youth violence (Bullying or Cyberbullying)	Not currently supported by evidence (<i>Digital delivery</i>)
Healthy romantic relationships education (previously Adolescent intimate partner violence prevention programmes)	Effective; Effective	Promising evidence: Effects on Intimate partner violence	Promising evidence: Effects on Intimate partner violence

Interventions should be prioritised for implementation if there is at least one intervention-outcome combination with a rating of Well-supported by evidence, Supported by evidence, Promising evidence, Emerging evidence, or Prudent. Although the label of Promising evidence is used in both the 2016 INSPIRE Framework and this update, the new definition of Promising evidence has a higher threshold compared to that used in 2016 (Appendix 5.5).

* Indicates a new intervention category since the 2016 Framework.

[†] Life & social skills training included bullying prevention programmes in the 2016 Framework.

Table 5.3 Intervention rankings by outcome domain

Prioritised Implementation	INSPIRE Interventions in HICs	INSPIRE Interventions in LMICs
CHILD MALTREATMENT		
Well-supported by evidence	Parenting programmes	Parenting programmes
Supported by evidence	-	Cash-plus parenting programmes
Promising evidence	Laws limiting youth access to firearms (<i>unintentional firearm deaths</i>)	Safe & enabling school environments (whole school approaches) (<i>violence from teachers or staff</i>)
Emerging evidence, or Prudent	Laws banning corporal punishment Laws preventing problem alcohol use Laws limiting youth access to firearms (<i>unintentional firearm-related injuries</i>)	Life & social skills training Laws banning corporal punishment Laws preventing problem alcohol use Laws limiting youth access to firearms (<i>unintentional firearm death & related injuries</i>)
YOUTH VIOLENCE		
Well-supported by evidence	School-based bullying prevention programmes (<i>in-person delivery</i>) Life & social skills training programmes	-
Supported by evidence	Parenting programmes Safe & enabling school environments (whole school approaches) Gay straight alliances School-based bullying prevention programmes (<i>digital delivery</i>)	Cash-plus youth-focused life-skills training Safe & enabling school environments (whole school approaches)
Promising evidence	Community mobilisation Resettlement interventions Tax credits Universal mental health promotion	School-based bullying prevention programmes (<i>in-person delivery</i>)
Emerging evidence, or Prudent	Anti-bullying legislation Laws preventing problem alcohol use Laws limiting youth access to firearms School health services	Laws preventing problem alcohol use Laws limiting youth access to firearms
INTIMATE PARTNER VIOLENCE AGAINST ADOLESCENTS		
Well-supported by evidence	-	-
Supported by evidence	-	-
Promising evidence	Healthy romantic relationships education	Healthy romantic relationships education Community mobilisation Life & social skills training (<i>including non-partner sexual violence</i>)
Emerging evidence, or Prudent	-	Cash transfers (<i>physical intimate partner violence only</i>)
SEXUAL VIOLENCE		
Well-supported by evidence	-	-
Supported by evidence	-	Cash-plus youth-focused life-skills training (<i>including youth violence</i>)
Promising evidence	-	Life & social skills training (<i>including intimate partner violence</i>) Community mobilisation
Emerging evidence, or Prudent	Laws banning sexual abuse & exploitation	Laws banning sexual abuse & exploitation
RESPONSE INTERVENTIONS		
Well-supported by evidence	Cognitive behavioural therapy (<i>mental health</i>) Parenting programmes (<i>revictimisation to child maltreatment</i>)	Cognitive behavioural therapy (<i>mental health</i>) Parenting programmes (<i>revictimisation to child maltreatment</i>)
Supported by evidence	Kinship care (<i>compared with non-kinship foster care for child maltreatment revictimisation, mental health, and child behavioural problems</i>)	-
Promising evidence	Primary care screening & intervention (<i>child maltreatment</i>)	-
Emerging evidence, or Prudent	-	-

INTERVENTIONS WITH INSUFFICIENT (QUALITY OR QUANTITY) OR INCONSISTENT EVIDENCE OF EFFECTIVENESS		
Not currently supported by evidence, OR No new systematic reviews	Bystander interventions Media campaigns Reducing violence by addressing 'hotspots' Urban upgrading interventions Diversification interventions Child-friendly spaces Combined safe spaces Parenting-plus programmes Microfinance programmes Hospital-based violence prevention programmes Sexual offender treatment programmes Family preservation or reunification programmes Family group conferencing or decision making Transition support programmes or extended care policies School-based sexual abuse awareness programmes	Anti-bullying legislation Bystander interventions Media campaigns Reducing violence by addressing 'hotspots' Resettlement interventions Urban upgrading interventions Diversification interventions Child-friendly spaces Combined safe spaces Parenting-plus programmes Microfinance programmes Primary care screening & intervention Hospital-based violence prevention programmes Sexual offender treatment programmes Kinship care (<i>compared with non-kinship foster care</i>) Family preservation or reunification programmes Family group conferencing or decision making Transition support programmes or extended care policies School-based sexual abuse awareness programmes School health services Gay straight alliances Universal mental health promotion School-based bullying prevention programmes (<i>digital delivery</i>)
	CONSISTENTLY INEFFECTIVE OR HARMFUL INTERVENTIONS	
Not supported by evidence	-	-

Interventions should be prioritised for implementation if there is at least one intervention-outcome combination with a rating of Well-supported by evidence, Supported by evidence, Promising evidence, Emerging evidence, or Prudent. These evidence labels and their criteria are displayed in Figure 5.1 and discussed in Appendix 5.5.

Despite strong evidence across and within strategies, not all interventions are consistently effective in reducing violence against children. Our analyses have revealed inconsistencies in the effectiveness of some interventions, which has resulted in lower evidence ratings compared with the 2016 Framework. These interventions (Bystander interventions, Reducing violence by addressing “hotspots”, Urban upgrading interventions, Parenting-plus programmes, Microfinance interventions, and School-based sexual abuse awareness programmes) are Not currently supported by evidence due to insufficient or mixed evidence of success across primary studies included in systematic reviews. Many new intervention categories (Media campaigns, Diversification interventions, Creating safe spaces, Hospital-based violence prevention programmes, Sexual offender treatment programmes, and most categories within Foster care interventions involving social welfare services) also had similar limitations from systematic reviews, specifically insufficient quality or quantity of primary studies or inconsistent evidence of effectiveness when aggregated in reviews. Thus, these programmes may warrant additional research on whether and when these interventions are effective.

Notably, no interventions are rated as Not supported by evidence due to evidence of consistent ineffectiveness or harm. However, adverse effects were not routinely investigated or reported in reviews. There remain substantial gaps in the evidence base for the included interventions, and key areas are outlined in Appendix 5.11.

Nonetheless, there is strong and consistent evidence of effective interventions to address each form of violence against children. Table 5.3 shows the strength of evidence ratings that can be considered when prioritising interventions for implementation. Across both HICs and LMICs, parenting programmes have the strongest evidence for reducing child maltreatment (including recidivism) and might also reduce co-occurring maternal intimate partner violence. In LMICs, these interventions have been combined with cash transfers (cash-plus parenting programmes) and have shown additional reductions in child maltreatment beyond the effect of cash transfers alone. In HICs, parenting programmes also have promising evidence in reducing youth violence. Across both HICs and LMICs, safe and enabling school environments (whole-school approaches) have the strongest evidence for reducing youth

violence. Furthermore, these interventions also have evidence for reducing child maltreatment from teachers and school staff in LMICs. Additionally, there is evidence of reductions in youth violence (including sexual violence) from programmes combining cash transfers with youth-focused life-skills training. Although there are fewer interventions reducing intimate partner violence against adolescents, healthy romantic relationships education has the strongest evidence in both HICs and LMICs.

Across all outcome domains, creating an enabling environment for interventions is important to maximising their effectiveness. These actions are supported through laws banning violence against children and mitigating risks, such as access to alcohol and firearms. For children exposed to violence, cognitive behavioural therapy has strong evidence in improving mental health outcomes, which helps to mitigate against the long-term effects of violence.

Discussion.

This systematic review of systematic reviews updates the evidence base on effective interventions for addressing violence against children. We ranked interventions within INSPIRE strategies based on the size and quality of the evidence base and the consistency of programme effectiveness across contexts; these results can be considered when prioritising interventions for implementation. Evidence indicates that each strategy includes at least one INSPIRE intervention with sufficient evidence of effectiveness to support prioritised implementation. The evidence suggests potential applicability across diverse country contexts and sectors, although research would be necessary to confirm whether interventions maintain effectiveness when adapted to new contexts. Overall, the strongest evidence is in favour of parenting programmes, cash-plus programmes, safe and enabling school environments (whole-school approaches), healthy romantic relationships education, and cognitive behavioural therapy for children exposed to violence. Governments and civil society should prioritise implementing evidence-based programmes that have the highest potential for success. In particular, three interventions – namely, parenting programmes, safe and enabling school environments (whole-school approaches), and cognitive behavioural therapy – have the most substantial evidence of effectiveness and, thus, are identified as key breakthrough areas in the updated INSPIRE Framework (Murillo Urrutia et al., 2024).

The findings from this systematic review build upon the original INSPIRE Framework. Whereas the 2016 Framework focused on identifying effective models of interventions, this update focused on consistency of effectiveness across contexts and found similar relative density and strength of evidence across strategies. The INSPIRE Framework continues to provide crucial evidence for delivering effective violence prevention programming. The updated framework reflects the evolution of evidence, including both existing and new interventions, as well as new forms of delivery (e.g., digital implementation). Given the substantial body of new research, our evidence-decision matrix reflects higher thresholds of evidence to qualify for endorsement of effectiveness compared with the 2016 Framework. Interventions rated as *Well-supported by evidence*, *Supported by evidence*, *Promising evidence*, *Emerging evidence*, or *Prudent* can be considered part of the INSPIRE toolbox of effective interventions. Findings also suggests that interventions Not currently supported by evidence in this update should not be implemented until further research can produce significant and rigorous evidence of consistent effectiveness.

The update explicitly assessed intervention effectiveness in low-resource contexts and investigated emerging areas, such as technology-facilitated violence (e.g., cyberbullying) and violence in humanitarian or crisis contexts. It also incorporated data on the intersection of violence against children and violence against women. Our systematic review identified reductions in both violence against children (i.e., child maltreatment) and violence against women (i.e., maternal intimate partner violence victimisation) from parenting programmes alone or in combination with a cash transfer. These individual interventions (parenting programmes and cash transfers) are recommended within the RESPECT Framework (the international framework for preventing violence against women) for HICs or LMICs, respectively (Ullman et al., 2025; WHO, 2019a). Updates to both the INSPIRE and RESPECT Frameworks include other interventions in LMICs, such as life and social skills training (e.g., components on empowerment), healthy romantic relationship education, and community mobilisation, with evidence of effectiveness for preventing intimate partner violence against adolescents and adult women. These interventions could be effective for both populations.

Although various interventions, such as school-based sexual abuse awareness programmes, have documented effects on improving risk and protective factors, it remains to be shown whether these effects are sufficiently large to produce consistent reductions in violence victimisation and perpetration. For example, although bystander interventions have consistent evidence of improved bystander outcomes, evidence identified no impact on sexual assault perpetration. Some reviews assessed the impact of interventions on violence-related or gender-related attitudes, as well as violence victimisation and perpetration (e.g., legal bans on corporal punishment, role models in community mobilisation interventions, and healthy romantic relationships education). The findings for these interventions do not support claims that improvements in these risk and protective factors necessarily translate to reductions in violence. For many other interventions, however, risk and protective factors are not systematically evaluated in primary studies and, consequently, in reviews.

The evidence base of systematic reviews evaluating the effectiveness of interventions for addressing violence against children was largely rated as low-confidence or critically low-confidence (70%). This is heavily driven by the fact that most reviews (60%) did not register a protocol for their analysis *a priori*. This increases the risk for selective reporting or p-hacking and may also reduce the reproducibility of the review. In addition to this risk in lowering the confidence of review conclusions, the large absence of protocol registrations may contribute an explanation for the duplication of review topics/questions and the skewed distribution of evidence across the INSPIRE Framework. Protocol registration would help guide researchers in efficiently undertaking novel research, and subsequent work would be needed to ensure reviews are reaching relevant researchers and policymakers. Improvements in resource allocation for evidence syntheses are vital, especially given recent funding cuts resulting from reductions in foreign aid.

Across interventions, several systematic gaps became evident. First, primary impact evaluations and reviews did not consistently evaluate for equity effects from interventions or whether or when intervention effects, including equity effects, persist long-term. Our systematic review operationalised

equity effects as evidence of effectiveness in descriptive assessments (i.e., effectiveness of interventions targeted to one or more vulnerable populations) or analytic assessments (i.e., analyses for differential intervention effectiveness, such as subgroup analyses or interaction effects) (Nittas et al., 2020; Welch et al., 2022). In total, these data contribute to our understanding of whether an intervention might reduce – or potentially further entrench – inequalities in who is most at risk for violence victimisation or perpetration. This information is vital in ensuring no children are left behind. Second, research evidence is heavily skewed toward HICs, despite LMICs being home to the global majority. Children in LMICs also face higher rates of violence compared to those living in HICs (Hillis et al., 2016; Piolanti et al., 2025; Sardinha et al., 2024), yet only a small proportion of primary studies are evaluated in LMICs. Third, there is less causal evidence on the effects of large-scale policy changes, especially as these interventions are often not amenable to randomisation; development of innovative, rigorous methods might facilitate their evaluation. Lastly, few primary studies and systematic reviews evaluated the effects of interventions on multiple concurrent forms of violence against children.

Our systematic review has limitations, including those arising from the design of reviews of reviews. First, it takes several years for primary studies to be published, included in systematic reviews, and subsequently in reviews of reviews. These time delays introduce possible bias toward older studies to influence conclusions because they are included in more reviews. We mitigated the impact of this bias in the evidence-decision matrix for determining the evidence rating. Specifically, greater weight was placed on the highest-confidence and most-representative review (considering search period, number of primary studies, and representativeness of the review’s population scope) (Lunny et al., 2021). An intervention category could not be rated higher in the evidence-decision matrix than the recommendation based on this highest-quality, most-representative review alone. This approach prevented evidence from primary studies being counted multiple times and artificially inflating the strength of the recommendation.

Second, due to the size of the evidence base, it was not feasible to extract data from the primary studies included in each review. Rather than aggregating findings of primary studies, reviews of reviews

evaluate conclusions of effectiveness from included reviews (Aromataris et al., 2015). Consequently, findings are limited to the breadth and quality of existing reviews, which might not reflect the quality of the primary studies. To reduce this bias, we conducted sensitivity analyses that compared findings (i.e., review-level conclusions on intervention effectiveness) between high-confidence and moderate-confidence reviews to those from low-confidence or critically low-confidence reviews. No significant differences were found, which indicates that reviews largely came to the same conclusions.

Third, because we rely on evidence presented in systematic reviews, it is not possible to evaluate whether an absence of evidence is due to an absence of reviews, primary studies, or both. Although some disciplines (e.g., public health) are more likely to use systematic reviews, we did not restrict reviews based solely on how authors defined them (systematic, scoping, mapping, etc.). Instead, we considered a review to be systematic if it provided sufficiently transparent methods to ensure reproducibility, was comprehensive in the search, and analysed the quality of the studies included. These criteria provided the most rigorous evidence from which to draw conclusions and enabled additional analyses when reviews did not present conclusions on intervention effectiveness.

More broadly, our approach does not explicitly address the absolute effect size from the intervention or the feasibility or cost for implementation (Mavedzenge et al., 2014). Our findings, therefore, do not imply which interventions have a greater magnitude of impact or their relative cost effectiveness. At present, data suggest that when there are significant effects on violence, the magnitude is usually small and diminishes or becomes statistically insignificant by follow-up (Backhaus, Leijten, et al., 2023; Kovalenko et al., 2022). Research efforts could consider modifications to intervention protocols (e.g., evaluating the addition of booster sessions) to ensure sustained and optimised impact. Lastly, some interventions (e.g., those to increase school enrolment) might have secondary effects on violence prevention, which would not have been captured in our search. Effects of sectoral interventions with possible secondary violence prevention effects warrant further investigation.

Despite the limitations, our review has several notable strengths. Principally, our systematic review covers a substantial evidence-base and incorporates nearly a decade of new data into the INSPIRE Framework. Based on an extensive search of more than 150 data sources, we included more than 200 systematic reviews, each of which included an average of 17 violence prevention programmes. These evaluation findings were then grouped and synthesised into more than 30 different interventions. Whereas previous reviews of reviews study either a particular intervention (e.g., parenting programmes; Coore Desai et al., 2017) or outcome (e.g., violence perpetrated against children in the home or by household members; Cuartas et al., 2024), this systematic review is the first to comprehensively compare the evidence across both multiple INSPIRE interventions and multiple violence domains and rank the strength of the evidence to provide greater clarity on which interventions could be prioritised for implementation.

Violence against children is preventable. The INSPIRE Framework, originally released in 2016, serves as a unifying approach for effective action to prevent violence against children. The current state of the evidence surrounding INSPIRE strategies was comprehensively assessed in this systematic review. The findings show that there is substantial evidence supporting each of the seven INSPIRE strategies. Each INSPIRE strategy has at least one intervention with proven effectiveness that can be prioritised for implementation. In particular, three breakthrough areas show compelling global evidence; specifically, parenting programmes, safe and enabling school environments (whole school approaches), and cognitive behavioural therapy for children exposed to violence. This update to the INSPIRE Framework is an essential global roadmap for action.

In the current climate, we have an obligation to children, now more than ever, to promote and implement programmes that have the strongest evidence of effectiveness. Using evidence-based interventions can accelerate progress in achieving SDG 16.2 and, in doing so, improve outcomes for current and future generations of children around the world.

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Supporting Information:

Appendix 5.1: PRISMA 2020 Checklist.

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Title
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Abstract
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Intro Par.4
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Intro Par.5
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Methods Eligibility; Appendix 5.2
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Methods Data sources; Appendix 5.3
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Methods Search strategy; Appendix 5.4
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Methods Selection process; Appendix 5.2
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Methods Data extraction
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Methods Data extraction
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Methods Data extraction
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Methods Risk of bias & quality assessment
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of	Not restricted

Section and Topic	Item #	Checklist item	Location where item is reported
		results.	
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Methods Eligibility; Appendix 5.2
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Not Applicable
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Not Applicable
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Methods Analytic approach; Appendix 5.5
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Methods Analytic approach; Appendix 5.5
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	Methods Analytic approach; Appendix 5.5
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Not Applicable
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Methods Analytic approach; Appendix 5.5; Fig. 5.1
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Results Par.1; Fig. 5.2
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Appendix 5.6
Study characteristics	17	Cite each included study and present its characteristics.	Appendix 5.7-5.8
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Results Par.3; Appendix 5.9
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Appendix 5.8
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Appendix 5.8-5.10; Table 1
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Not Applicable
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Appendix 5.10
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Appendix 5.10

Section and Topic	Item #	Checklist item	Location where item is reported
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Not Applicable
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Appendix 5.10; Tables 5.2 & 5.3
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Discussion Par.1-4
	23b	Discuss any limitations of the evidence included in the review.	Discussion Par.5; Appendix 5.11
	23c	Discuss any limitations of the review processes used.	Discussion Par.6-9
	23d	Discuss implications of the results for practice, policy, and future research.	Discussion Par.1-2; Key Messages
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Methods Par.1
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Methods Par.1
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	Methods Par.1
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Review Information; Methods Role of the funding source
Competing interests	26	Declare any competing interests of review authors.	Review Information
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	All materials are included in the publication

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. This work is licensed under CC BY 4.0. To view a copy of this license, visit <https://creativecommons.org/licenses/by/4.0/>

Appendix 5.2: Eligibility Criteria.

Inclusion & Exclusion Criteria

	Include	Exclude
Population	Interventions are targeted to children <18, their families, or other perpetrators of violence against children (children or adults). Interventions focused on a particular gender or on all genders are included. If the review evaluates violence in the general population (i.e., includes both violence against children and adults), it must provide a subgroup analysis for the intervention impact on children or adolescents. The exception is if the review is focused specifically on youth and is inclusive of adolescents (e.g., ages 15-24), in which case the review can be included regardless of whether subgroup analyses were conducted.	Reviews specific to young adult populations, such as college or university bystander interventions for sexual assault, where the samples are primarily aged 18+ are excluded. No geographic or economic constraints on country classifications are applied.
Intervention	The intervention must align with at least one INSPIRE strategy. These include: 1) Implementation and enforcement of laws 2) Norms and values (including gender norms) 3) Safe environments 4) Parent and caregiver support 5) Income and economic strengthening 6) Response and support services 7) Education and life skills	Reviews on the effects of pharmaceutical interventions are excluded. Reviews on screening interventions for violence victimisation are excluded unless it also measures child-focused treatment outcomes. Response interventions for adults who experienced violence during childhood are excluded.
Comparison	No comparison criteria are set <i>a priori</i> .	No comparison criteria are set <i>a priori</i> .
Outcomes	The review must evaluate at least one child-focused measure of violence exposure, victimisation, or perpetration, including: (i) <u>Child maltreatment</u>: physical, sexual, or psychological abuse or neglect; includes corporal punishment and shaken baby syndrome or abusive head trauma. (ii) <u>Youth or peer violence</u>: bullying (online or offline), physical fighting, sexual violence, gang violence; violent crime among young people. (Reviews on interventions for aggression or violent behaviours are included under youth violence if the synthesis aims to reduce or prevent bullying or fighting.) (iii) <u>Dating or intimate partner violence (IPV)</u>: physical, emotional, psychological, sexual, or financial violence. (iv) <u>Sexual violence</u>: includes both contact and non-contact violence and regardless of whether the violence was penetrative.	Excluded violence outcomes include child marriage, child labour, child soldiers, trafficking, female genital mutilation or cutting (FGM/C), radicalisation to violent extremism, and mass or political violence (including armed conflict). Reviews of economic evaluations on violence interventions are excluded unless intervention effects are also synthesised.

	Include	Exclude
	(v) No outcome restrictions are set <i>a priori</i> for interventions that provide treatments to children who experienced violence or to those that perpetrated violence against children.	
Time	Published in or after 2010.	Published before 2010.
Study Design	The review must include an aim to evaluate intervention effectiveness to prevent, reduce, or respond to violence against children and include violence as a primary outcome. The review must meet five study design components: (i) Synthesise violence-related evidence from primary impact evaluations or other reviews of quantitative evaluations (ii) Identify itself as a systematic review (or similar wording such as comprehensive or exhaustive) or, if not, search 3+ databases (iii) Specify inclusion or exclusion criteria (iv) Provide a search strategy (either keywords or full strategy) (v) Present search results, including number of publications found, duplicates removed, number of citations excluded at each stage, etc. ideally in a PRISMA flowchart The review must evaluate and present the quality assessment of the included citations (critical appraisal or risk of bias). Both peer-reviewed and non-peer reviewed literature are included and can be a journal article, working paper, or technical report. When multiple forms of the review have been published, the peer-reviewed publication will be selected and referenced.	Mixed-methods reviews can be included if there is a synthesis of quantitative findings separate from the qualitative findings. Reviews of only qualitative literature are excluded. Reviews on economic evaluations are excluded unless intervention effects are also synthesised. Reviews on response interventions are excluded unless the population of focus in the review is children who experienced violence. Evidence & gap maps (EGMs) are excluded unless it also includes a synthesis of intervention effects. However, the reviews within it are considered for inclusion in this review. Reviews examining multiple types of interventions were included unless the synthesis did not disaggregate effects by intervention type. Reviews are excluded if the quality assessment of primary studies is only based on study design (experimental versus non-experimental) with no additional specifications. Assessment of publication bias alone is insufficient.
Language	The full-text article is available in English.	The full-text article is not available in English.
Sufficient Evidence	At least one quantitative intervention evaluation addressing violence against children is included within the review (matching the criteria under population, intervention, and outcome domains).	The publication is an empty review on our topic (i.e., no individual studies meeting review criteria under population, intervention, and outcome domains).

Flowchart of Questions for Full-Text Assessment

Criteria	Yes or Unclear	No	Other Notes:
1. Was the synthesis published in 2010 or after?	Continue	Exclude for "Out of date range"	
2. Is the full-text available in English?	Continue	Exclude for "Not available in English"	
3. Is the intervention targeted to children <18, their families, or other perpetrators of violence against children (children or adults)?	Continue	Exclude for "Wrong population"	Reviews specific to young adult populations, such as college bystander interventions for sexual assault, where the samples are primarily aged 18+ are excluded.
4. If the review evaluates violence in the general population (i.e., includes both violence against children and adults), does the synthesis provide a subgroup analysis for children or adolescents?	Continue	Exclude for "No effect synthesis for children or adolescents"	The review must have a specific synthesis or subgroup analysis for adolescents if including both children and adults in the sample (e.g., for samples where included studies include women and girls aged 15+). The exception to not having a subgroup analysis for children or adolescents is if the review is specifically focused on youth and is inclusive of adolescents (e.g., ages 15-24), in which case the review can be included regardless of whether subgroup analyses were conducted.
5. Does the intervention align with at least one INSPIRE strategy? These include: A) Implementation and enforcement of laws B) Norms and values C) Safe environments D) Parent and caregiver support E) Income and economic strengthening F) Response and support services G) Education and life skills	Continue	Exclude for "No INSPIRE intervention"	Reviews on effects of pharmaceutical interventions are excluded. Reviews on screening interventions for violence victimisation are excluded unless they also measured treatment outcomes. Reviews on response interventions for adults who experienced violence during childhood are excluded.
6. Does the review investigate at least one measure of violence exposure, victimisation, or perpetration? These include:	Continue	Exclude for "Wrong outcome"	Excluded violence outcomes include child marriage, child labour, child soldiers, trafficking, female genital mutilation or cutting (FGM/C), radicalisation to violent extremism, and mass or political violence (including armed conflict).

Criteria	Yes or Unclear	No	Other Notes:
(i) <u>Child maltreatment</u>: physical, sexual, or psychological abuse or neglect (includes corporal punishment and shaken baby syndrome or abusive head trauma). (ii) <u>Youth or peer violence</u>: bullying (on- or offline), physical fighting, sexual violence, gang violence; or violent crime among young people. (iii) <u>Dating or intimate partner violence (IPV)</u>: physical, emotional, sexual, or financial violence. (iv) <u>Sexual violence</u>: includes both contact and non-contact violence and regardless of whether the violence was penetrative. (v) No outcome restrictions are set <i>a priori</i> for interventions that provide treatment to children who experienced violence or to those that perpetrated violence against children.			Reviews were labelled as ‘unclassified’ if specific forms of violence against children were not specified, but the review still met selection criteria. Reviews on interventions for <u>aggression</u> or <u>violent behaviours</u> were included under youth violence if the review aimed to reduce or prevent bullying or fighting. If a review focused on criminal outcomes, it needed to specify violent crime as an outcome in order to be included. General listing on delinquency or crime was insufficient. Reviews that examined general IPV or gender-based violence were included in full-text assessments if the title or abstract was framed as “violence against women and girls” (rather than only “violence against women”).
7. Does the review aim to evaluate intervention effectiveness to prevent, reduce, or treat violence against children and include violence as a primary outcome (or have the population of focus as children who experienced violence)? Accepted study aims include: A) Review of interventions that address violence against children B) Review of an intervention type (e.g., cash transfers) with violence against children as primary outcome C) Review of interventions that address violence (generally) but with specific synthesis on violence against children D) Review of intervention on a category of outcomes (wellbeing, sexual & reproductive health, etc.), of which violence against children is included within the category E) Review of interventions to treat children who experienced violence victimisation, or their perpetrators 8. Is the article a systematic review? It must meet five criteria:	Continue	Exclude for "Wrong study aim."	Evidence & gap maps are excluded unless they also included a synthesis of intervention effects. However, the reviews within the maps are considered for inclusion in this review. Trauma-response interventions are only included if the review focused specifically on child or youth populations that experienced violence victimisation. Research has found that the type of trauma does not moderate intervention effectiveness (e.g., Danzi & Greca, 2021), thus the requirement of a subgroup analysis for violence-affected children was not justified. Our search was not comprehensive of all trauma-response interventions but, nonetheless, this field has very important research that can be applied to violence-survivor populations. A separate review should be conducted to identify additional interventions to mitigate against trauma. In the case of multiple publications on the same review, peer-reviewed publications are selected over non-peer-reviewed versions (e.g., a report). In cases of duplicate publications for Cochrane or Campbell systematic reviews and a journal article, the Cochrane review is selected for inclusion. In cases of multiple papers available on the same project, the main review on intervention effectiveness is selected. Reviews on economic evaluations are excluded unless intervention effects are also synthesised.

Criteria	Yes or Unclear	No	Other Notes:
(i) Be an evidence synthesis of primary impact evaluations or other reviews of quantitative evaluations	Continue	Exclude for "Wrong study design"	Mixed-methods reviews are included if they had a distinct synthesis of quantitative findings. Reviews of only qualitative literature are excluded.
(ii) Identify itself as a systematic review (or similar wording such as comprehensive or exhaustive) or, if not, search 3+ databases	Continue	Exclude for "Wrong study design"	
(iii) Specify inclusion or exclusion criteria	Continue	Exclude for "Wrong study design"	
(iv) Provide a search strategy (keywords or full strategy)	Continue	Exclude for "Wrong study design"	Presenting keywords is sufficient for satisfying this criterion.
(v) Present search results, including number of publications found, duplicates, number of citations excluded, etc., ideally in a PRISMA flowchart	Continue	Exclude for "Wrong study design"	
9. Does the synthesis evaluate and present the quality of the included citations (critical appraisal or risk of bias)?	Continue	Exclude for "No risk of bias"	Reviews that only used study design (experimental vs. quasi-experimental) in determining risk of bias are excluded, but application of additional design characteristics of study quality as moderators in meta-analyses is accepted. Assessing for publication bias alone is insufficient.
10. Does the synthesis include at least one study relevant to our review topic?	Continue	Exclude for "Empty review" (if no relevant studies)	Reviews need to present the results of these assessments in order for the review to be included (i.e., reviews only specifying quality assessments in the methods section – with no evidence to show that the assessments were completed – are excluded). Reviews are excluded if they were empty reviews on our topic (i.e., no individual studies meeting our review criteria). An included review must have had at least one intervention evaluation relevant to our review topic.

Appendix 5.3: List of Data Sources.

Systematic review databases (n=10): 3ie Systematic Review Database; Campbell Collaboration; Cochrane Database of Systematic Reviews; Collaboration for Environmental Evidence; Epistemonikos; EPPI Centre Evaluation Database of Education Research; EPPI Centre Database of Promoting Health Effectiveness Reviews; PROSPERO; Research for Development (DFID Database); and Swedish Agency for Health Technology Assessment and Assessment of Social Services.

Academic databases (n=25): Applied Social Sciences Index and Abstracts (ASSIA); CINAHL; Criminal Justice Abstracts; Child Development & Adolescent Studies; Econlit; Eldis; Embase (Excerpta Medica); Emerald Insight; ERIC; Family & Society Studies Worldwide; Global Health; IDEAS-Research Papers in Economics; International Bibliography of Social Sciences (IBSS); JSTOR; MEDLINE; National Bureau of Economic Research (NBER); PsycINFO; PubMed; SafetyLit; SciELO; SCOPUS; Social Science Citation Index (Web of Science); Social Science Research Network (SSRN); Sociological Abstracts; and WHO's Global Health Library.

Multilateral & Bilateral Organisations (n=31): Agence Française de Développement (AFD); Canadian Institutes of Health Research (CIHR); Every Woman Every Child; FCDO (including Research for Development (R4D)); Global Partnership and Fund to End Violence Against Children; International Development Research Centre – Canada; International Labour Organization; International Organization for Migration; OECD; Norwegian Agency for Development Cooperation (NORAD); Pan-American Health Organization; Partnership for Maternal, Newborn, & Child Health; Save the Children; Swedish International Development Agency (SIDA); Together for Girls; UN Economic and Social Council; UN Interregional Crime & Justice Research Institute; UN Office on Drugs & Crime; UN Women; UNAIDS; UNDP; UNESCO; UNFPA (including UNFPA Evaluation Database); UNHCR; UNICEF; UNICEF Office of Research – Innocenti; United States Centers for Disease Control & Prevention; USAID (Development Experience Clearinghouse); World Bank Group (WBG website, e-Library, Open Knowledge Repository); World Food Programme (WFP); and World Health Organization.

Other Grey Literature (n=58): Abdul Latif Jameel Poverty Action Lab (J-PAL); Action Against Hunger; Administration on Children, Youth, and Families; African Development Bank; American Academy of Pediatrics Council on Child Abuse and Neglect (COCAN); American Institutes of Research; Annie E. Casey Foundation; Association for the Development of Africa; Behavioural Insights Team; Blueprints for Healthy Youth Development; Brookings Institution; CAF Development Bank of Latin America; California Evidence-Based Clearinghouse for Child Welfare; CARE International; Child Fund International; Child Rights International Network; Child Trends; Children's Investment Fund Foundation; CrimeSolutions Hub, NIJ Office of Juvenile Justice and Delinquency Prevention (OJJDP); Early Childhood Development Action Network (ECDAN); End Corporal Punishment; Futures Without Violence; Gates Foundation; Gender & Adolescence: Global Evidence (GAGE); Global Child Safety Institute; Google Scholar; GreyNet International; Hewlett Foundation; INCLUDE Knowledge Platform; Innovations for Poverty Action (IPA) Database; Institute of Development Studies Research Repository; International Center for Research on Women; International Committee of the Red Cross (ICRC); International Food Policy Research Institute (IFPRI); International Policy Centre for Inclusive Growth (Working papers); International Rescue Committee (IRC); International Society for the Prevention of Child Abuse and Neglect (including Congress 2023); London School of Hygiene and Tropical Medicine; National Society for the Prevention of Cruelty to Children; Oak Foundation; Open Society Foundations; OpenGrey; Overseas Development Institute (ODI); PLAN International; Prevent Child Abuse America; Proquest Dissertations & Theses; RAND Corporation; Robert Wood Johnson Foundation; SAMHSA Evidence-Based Practices Resource Center; Sexual Violence Research Initiative (SVRI); Social Care Online; Social Development Direct Library; Society for Prevention Research; The Community Guide; Violence Information System (WHO); Working Group on Early Childhood Development; World for World Organization; and World Vision.

Other evidence-gap maps or ongoing reviews of reviews (n=28):

Amisi et al (2019). Mapping the evidence: South African interventions to prevent violence against women and children.

Backhaus et al (2023). World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence. World Health Organization.

Bose et al (2023). Social and behaviour change communication interventions for strengthening HIV prevention and research among adolescent girls and young women in low- and middle-income countries. Campbell Collaboration.

Cameron et al (2015). Evidence for peacebuilding: An evidence gap map. 3ie.

Cuartas et al (2024). Strategies to prevent violence against children in the home: A systematic review of reviews.

Dickens et al (2019). Intimate partner violence prevention evidence gap map: 2018 update. 3ie.

Finch et al (2021). Interventions that address institutional child maltreatment: An evidence and gap map.

International Rescue Committee (2016). Cash Transfer Evidence-Gap Map.

International Rescue Committee (2016). Economic Wellbeing Evidence-Gap Map.

International Rescue Committee (2016). Education Evidence-Gap Map.

International Rescue Committee (2016). Health Evidence-Gap Map.

International Rescue Committee (2016). Humanitarian Emergencies Evidence-Gap Map.

International Rescue Committee (2016). Power Evidence-Gap Map.

International Rescue Committee (2016). Safety Evidence-Gap Map.

International Rescue Committee (2016). Service Delivery Evidence-Gap Map.

Kozakiewicz et al (2023). Human rights: An evidence gap map. 3ie.

Philbrick et al (2022). Information and communications technology use to prevent and respond to sexual and gender-based violence in low- and middle-income countries: An evidence and gap map. Campbell Collaboration.

Pundir et al (2020). Interventions for reducing violence against children in low- and middle-income countries: An evidence and gap map.

Rankin et al (2017). Adolescent sexual and reproductive health: an evidence gap map. 3ie.

Rankin et al (2015). Youth and transferable skills: An evidence gap map. 3ie.

Saran et al (2020). Evidence and gap map of studies assessing the effectiveness of interventions for people with disabilities in low-and middle-income countries. Campbell Collaboration.

Saran et al (2020). Mega-map of systematic reviews and evidence and gap maps on the interventions to improve child well-being in low- and middle-income countries.

Sonnenfeld et al (2023). Rule of Law & Justice: An evidence gap map. 3ie.

Sonnenfeld et al (2020). Building peaceful societies: An evidence gap map. 3ie.

UNICEF (2022). Inclusive Interventions for Children with Disabilities Living in Low- and Middle-Income Countries: An Evidence and Gap Map.

UNICEF (2022). Mind the Gap: Child and Adolescent Mental Health and Psychosocial Support Interventions – An evidence and gap map of low and middle-income countries.

UNICEF (2018). Bridging the Gap to Understand Effective Interventions for Adolescent Well-being: An evidence gap map on protection, participation, and financial and material well-being in low- and middle-income countries.

UNICEF (2020). Evidence Gap Map: Pandemics, epidemics and outcomes on child protection and violence.

Appendix 5.4: Search Strategy.

Sample search strategy (Medline via OVID).

1	Adolescent/ or Child/ or Infant, Newborn/ or Infant/ or Child, Preschool/ or Young Adult/
2	(child* or young child* or pre-school* or preschool* or kindergarten* or early child* or childhood or early year* or kid or kids or toddler* or infan* or baby or babies or neonate* or newborn*).ti,ab.
3	(juvenile* or minors or youth* or young adult* or young woman or young man or young women or young men or girl* or boy or boys or (school adj6 student*) or teen* or schoolgirl* or schoolboy* or schoolchild* or orphan*).ti,ab.
4	(pupil* or student* or partner* or spouse* or peer* or boyfriend* or boy friend* or girlfriend* or girl friend* or acquaintance* or non stranger* or nonstranger*).ti,ab.
5	(adolescen* or boyhood or preteen* or pubescen* or prepubescent* or pre teen* or young people* or young person* or early adult*).ti,ab.
6	1 or 2 or 3 or 4 or 5
7	Exposure to Violence/ or Violence/ or Intimate Partner Violence/ or Gender-Based Violence/ or Child Abuse, Sexual/ or Child Abuse/ or Emotional Abuse/ or Physical Abuse/ or Sexual Trauma/ or Sex Offenses/ or Bullying/ or Domestic Violence/
8	(Violen* or aggressi* or abus* or maltreat* or mistreat* or ill-treat* or harm* or victimi* or ill-use* or misuse* or mis-use* or oppress* or violat* or batter* or bully* or bullied or neglect* or molest* or exploit* or harass* or coerc* or attack*).ti,ab.
9	(harsh parent* or corporal punishment or beat* or physical discipline or paddling or spank* or fight* or fought or assault*).ti,ab.
10	7 or 8 or 9
11	"Systematic review"/ or meta-analysis/
12	((systematic* or synthes*) adj3 (research or evaluation* or finding* or thematic* or report or descriptive or explanatory or narrative or meta* or review*)).ti,ab.
13	((map or maps or mapping) adj3 (evidence or gap or evaluati*)).ti,ab.
14	(meta regression or meta synth* or meta-synth* or meta analy* or metaanaly* or meta-analy* or metaregression or metaregression or methodologic* overview or pool* analys* or pool* data or quantitative* overview or research integration or systematic review*).ti,ab.
15	((rapid or umbrella or overview or scoping or quantitativ*) adj3 review*).ti,ab.
16	11 or 12 or 13 or 14 or 15
17	6 and 10 and 16
19	Limit 17 to (English language and yr="2010 -Current")

NB: Within the index library for each database, searches were conducted to identify MeSH Terms for age (infant, toddler, preschool child, child, adolescent, youth, young adult), violence (violence, abuse, maltreatment, neglect, bullying, intimate partner violence/gender-based violence, sexual violence, family/domestic violence), and systematic review/meta-analysis.

Appendix 5.5: Evidence-Decision Matrix.

		Quality & Type of Evidence		
		High- or Moderate- Confidence Reviews	Low- or Critically Low- Confidence Reviews	Strong-Quality Primary Studies
Evidence of Effectiveness	Consistently (all or nearly all) or Largely Effective: Considerable Number of Studies	Well-supported by evidence	Supported by evidence	Promising evidence
	Consistently (all or nearly all) or Largely Effective: Limited Number of Studies	Supported by evidence	Promising evidence	Emerging evidence, Or Prudent
	Inconsistently Effective (Mixed Beneficial & Null Findings)	Not currently supported by evidence	Not currently supported by evidence	Not currently supported by evidence
	Consistently (all or nearly all) Ineffective or Harmful	Not supported by evidence	Not supported by evidence	Not supported by evidence

Evidence of effectiveness classifications.

Consistently (all or nearly all) or Largely Effective (Considerable Number of Studies):

- Review-level: A) Review included five or more studies; AND B) Evidence largely showed favourable, statistically significant impacts ($p < 0.05$) in at least one domain of violence against children. If the review identified high or substantial heterogeneity in meta-analyses, at least one statistically significant effect modifier had to be identified (through moderator analyses, subgroup analyses, or meta-regressions); otherwise, the evidence rating was downgraded one level.
- Study-level: A) Two or more strong-quality, effective evaluations; AND B) At least 50% of all primary studies were effective.

Consistently (all or nearly all) or Largely Effective (Limited Number of Studies):

- Review-level: A) Review included three or four studies; AND B) Evidence largely showed favourable, statistically significant impacts in at least one domain of violence against children.
- Study-level: A) One strong-quality, effective evaluation was identified; AND B) At least 50% of all primary studies were effective.

Inconsistently Effective (Mixed Beneficial & Null Findings):

- Review-level: A) Review included three or more studies; AND B) Evidence was inconsistent (mixed beneficial or ineffective) on a direct measure of violence against children (i.e., no consistent impact is identified and results are mixed with no explanation for heterogeneity).
- Study-level: A) No strong-quality, effective evaluation was identified, but at least 50% of all primary studies were effective; OR B) one or more strong-quality, effective evaluations were identified, but $< 50\%$ of all primary studies were effective.

Consistently (all or largely) Ineffective or Harmful:

- Review-level: A) Review included three or more studies; AND B) Evidence consistently found statistically insignificant impacts across all pertinent domains of violence against children (including measures for both victimisation and perpetration); OR Evidence identified

consistent, statistically significant iatrogenic effects across the included studies on at least one domain of violence against children.

- Study-level: A) Two or more strong-quality evaluations were identified, of which none were effective; AND B) <50% of all primary studies were effective.

Quality & type of evidence classifications.

Included reviews: Risk of bias ratings for the included reviews were calculated based on the AMSTAR2 tool assessments (see Appendix 5.9). High-confidence reviews had no critical weaknesses and up to one non-critical weakness (Shea et al., 2017). Moderate-confidence reviews had no critical weaknesses but had more than one non-critical weakness. Low-confidence reviews had one critical weakness (with or without non-critical weaknesses) and critically low-confidence reviews had more than one critical weakness (with or without non-critical weaknesses).

Evidence within included reviews of reviews: Risk of bias ratings of reviews included within reviews of reviews and not otherwise included in our synthesis were referred to in terms of strong-quality (high or moderate confidence) or weak-quality (low or critically low confidence). If the review used the original AMSTAR tool but provided the disaggregated findings by question, the review was classified as weak if any of the critical domains (protocol, risk of bias, etc.) were rated as ‘No’.

Evidence within included reviews: Included studies within a review were labelled as “strong-quality” or “weak-quality” evidence based on the risk of bias assessment from the review itself. The goal of these assessments was to downgrade the most-biased evidence. Priority was given to assessments in the highest-confidence review using the Cochrane Risk of Bias Tool or ROBINS-I or ROBINS-II, as appropriate. When considering individual studies within a review, study evidence was downgraded from strong-quality evidence to weak-quality evidence if one or more bias domains were rated as high risk of bias. However, domains on blinding participants and outcome assessors were excluded from this calculation as this is often not feasible with social interventions (Farmer et al., 2023).² If the review

rates the risk of bias in terms of low, moderate, or high-quality (such as with the EPHPP Tool), low-quality studies were rated as “weak quality” and the remaining studies are “strong quality”.

Using the matrix to evaluate intervention recommendations.

The ratings included as part of this decision matrix do not preclude cultural adaptation and piloting of an intervention in a new context. The approach outlined here was modified from a systematic review of systematic reviews on HIV prevention for adolescents (Mavedzenge et al., 2014).

Domains of violence against children included child maltreatment, youth or peer violence, intimate partner or dating violence, and sexual violence. Review-level conclusions of intervention effectiveness were favoured over individual, primary study conclusions. When no review-level conclusions were available on the effectiveness of an INSPIRE intervention, evidence from individual studies was investigated. Where an intervention was relevant to multiple strategies, the intervention was included in the evidence ranking within the primary strategy of the programme. A meta-analysis was considered relevant for informing evidence decisions regarding LMICs if 1) there was a moderator analysis for LMICs, or 2) at least 12% of the relevant studies were from LMICs (the average value among emphasised reviews).

In the case of multiple high- or moderate-confidence reviews, the majority (50% or more) had to reach the same conclusion of effectiveness or have a clear reason for differences in findings (e.g., 10+ years between reviews) in order to be rated as "Promising" or higher. However, only one review (any confidence) showing consistent iatrogenic effects was needed to designate an intervention as harmful and, therefore, "Not supported by evidence". An intervention was also rated as "Not supported by evidence" if there were consistent null effects for both violence perpetration and victimisation.

Intervention categories that have published WHO guidelines were automatically labelled as “Well-supported by evidence.” Reviews that GRADE the certainty in the evidence to be “Low” or “Very Low” could not be rated higher than “Promising”. The 2016 INSPIRE Framework utilised the Prudent rating

in cases where global treaties or resolutions supported implementation, which this review did not consider. Thus, these labels were replicated from the original framework for interventions that did not have new evidence ratings at "Emerging" or higher. In ranking the evidence, "Prudent" was considered equivalent to "Emerging".

Intervention categories were labelled as “No new systematic reviews” if no evidence synthesis was identified in this review and no programme examples were highlighted in the 2016 Framework from a country in the relevant economic classification (HICs or LMICs).

Reviews that used a review of reviews approach to identify and analyse primary studies for conclusions on intervention effectiveness were considered for inclusion in the evidence-decision matrix. However, reviews that conducted a review of reviews and do not provide empirical analyses of primary studies (i.e., provide an overview of reviews) were included only in the narrative synthesis for potential additional insights (e.g., some identify effective intervention components), and were excluded from the evidence-decision matrix. Compared to systematic reviews of primary studies, these latter reviews of reviews may have more outdated evidence, different methods for reaching conclusions, and may have duplicated reviews included in our analysis.

Comparison of ratings from 2016 to 2025.

Whereas the 2016 Framework focused on identifying effective models of interventions, this update focused on consistency of effectiveness, which is demonstrated in the new scales. Given the substantial body of new research, the new measures also reflect higher thresholds for evidence of effectiveness. In the 2016 INSPIRE Framework (WHO, 2016), “Promising evidence” referred to at least one strong-quality primary study (equivalent to the updated label for “Emerging”) and “Effective” referred to one strong-quality meta-analysis (equivalent to the updated label for “Supported by evidence” or “Well-supported by evidence”, depending on the number of primary studies, heterogeneity, and moderators) or two or more strong-quality primary studies (equivalent to the updated label for Promising). “Prudent”

included global treaties or resolutions that have determined the law or policy as critical for reducing violence against children or only weak-quality evaluations were available.

The 2016 Framework had less evidence available to draw conclusions of effectiveness. Thus, where there was no data on direct violence outcomes, evidence on risk and protective factors was used in assessing evidence classifications. Given the significant evidence that has developed over the past decade, this paper focused only on direct violence measures in updating the intervention rankings for the INSPIRE Framework. The ratings from the 2016 Framework are available in Table 2.

This update to the INSPIRE Framework also disaggregates the intervention ratings by high-income and low- and middle-income countries. Across these economic classifications and in the cases of multiple rating on interventions for different outcomes within the intervention category, the highest rating was used to assess whether the evidence has strengthened, weakened, or stayed equivalent compared to the 2016 classifications (see comparison table below). Evidence was assessed to have been strengthened if the 2016 rating was “Effective” and the 2025 rating was “Supported by evidence” or “Well-supported by evidence”; if the 2016 rating was “Promising” and the 2025 rating was “Promising evidence”, “Supported by evidence”, or “Well-supported by evidence”; and if the 2016 rating was “Prudent” and the 2025 rating was “Promising evidence”, “Supported by evidence”, or “Well-supported by evidence”. Evidence was assessed to have stayed the same if the 2016 rating was “Effective” and the 2025 rating was “Promising evidence”; the 2016 rating was “Promising” and the 2025 rating was “Emerging evidence”; and if the 2016 rating was “Prudent” and the 2025 rating was “Emerging evidence” or “Prudent”. Evidence was assessed to have weakened if the 2016 rating was “Effective”, “Promising”, or “Prudent” and the 2025 rating was “Not currently supported by evidence”; if the 2016 rating was “Effective” and the 2025 rating was “Emerging evidence” or “Prudent”; and if the 2016 rating was “Promising” and the 2025 rating was “Prudent”.

Comparison in evidence strengths between 2016 and 2025 Frameworks

		2016 Rating		
		Effective	Promising	Prudent
2025 Rating	Well-supported	+	+	+
	Supported	+	+	+
	Promising	0	+	+
	Emerging	–	0	0
	Prudent	–	–	0
	Not currently supported	–	–	–

+ Strengthened; 0 Equivalent; – Weakened

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Appendix 5.6: List of Excluded Studies with Justifications.

WRONG POPULATION (N=35)

Authors	Year	Article Title
Arroyo et al	2017	Short-Term Interventions for Survivors of Intimate Partner Violence: A Systematic Review and Meta-Analysis
Bair-Merritt et al	2014	Primary Care–Based Interventions for Intimate Partner Violence: A Systematic Review
Barchielli et al	2023	A Medical-Legal and Psychological Systematic Review on Vitriolage Related to Gender-Based Violence
Choi & An	2016	Interventions to Improve Responses of Helping Professionals to Intimate Partner Violence: A Quick Scoping Review
Colombini et al	2017	Barriers and Facilitators to Integrating Health Service Responses to Intimate Partner Violence in Low- and Middle-Income Countries: A Comparative Health Systems and Service Analysis
Dowling et al	2018	Protection orders for domestic violence: A systematic review
Dworkin & Schumacher	2018	Preventing Posttraumatic Stress Related to Sexual Assault Through Early Intervention: A Systematic Review
Emezue et al	2022	Technology-based and digital interventions for intimate partner violence: A systematic review and meta-analysis
Feder et al	2013	An Evidence-Based Response to Intimate Partner Violence: WHO Guidelines
Gang et al	2021	A Call for Evaluation of Restorative Justice Programs
Gypen et al	2017	Outcomes of children who grew up in foster care: Systematic-review
Han et al	2021	Trauma informed interventions: A systematic review
Hockenhull et al	2012	A systematic review of prevention and intervention strategies for populations at high risk of engaging in violent behaviour: update 2002–8
Johnson & Stylianou	2022	Coordinated Community Responses to Domestic Violence: A Systematic Review of the Literature
Klein et al	2023	Sexual and Relationship Violence Among LGBTQ+ College Students: A Scoping Review
Mahoney et al	2020	Applying the Haddon Matrix to evaluate sexual assault interventions on college campuses
McGaughy	2014	A Systematic Review of Intimate Partner Violence Prevention Interventions Effects on Mental Health
McGuire et al	2021	Chapter 8 People with Mental Health Problems: A Systematic Review of Policing Interventions
McGuire et al	2021	Chapter 10 Victim Counselling and Support: A Review of Police, Community and Therapeutic Interventions
Menon et al	2020	Informing Human Trafficking Clinical Care Through Two Systematic Reviews on Sexual Assault and Intimate Partner Violence
Mutschler et al	2022	Mechanisms and moderators of behavioural couples therapy for alcohol and substance use disorders: an updated review of the literature
Niemeyer et al	2022	Evidence-based individual psychotherapy for complex posttraumatic stress disorder and at-risk groups for complex traumatization: A meta-review
Paphitis et al	2022	Improving the mental health of women intimate partner violence survivors: Findings from a realist review of psychosocial interventions
Pinto e Silva et al	2023	Motivational Interview Techniques and the Effectiveness of Intervention Programs With Perpetrators of Intimate Partner Violence: A Systematic Review
Raghavan et al	2022	Gender Transformative Interventions for Perinatal Mental Health in Low and Middle Income Countries—A Scoping Review
Satyen et al	2022	The Effectiveness of Culturally Specific Male Domestic Violence Offender Intervention Programs on Behavior Changes and Mental Health: A Systematic Review
Spencer et al	2021	Preventing Maltreatment at Home: A Meta-Analysis Examining Outcomes From Online Programs
Stavrou	2013	Sexual Violence and Armed Conflict: A Systematic Review of Psychosocial Support Interventions
Thomaes et al	2014	Can pharmacological and psychological treatment change brain structure and function in PTSD? A systematic review
Travers et al	2021	The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systematic review and meta-analysis
Waller	2016	Broken fixes: A systematic analysis of the effectiveness of modern and postmodern interventions utilized to decrease IPV perpetration among Black males remanded to treatment
Wilson et al	2014	Alcohol interventions, alcohol policy and intimate partner violence: a systematic review
Wong et al	2023	An Umbrella Review of the Literature on Perinatal Domestic Violence: Prevalence, Risk Factors, Possible Outcomes and Interventions

Wright et al	2020	The Effectiveness of Male-Targeted Sexual Assault Prevention Programs: A Meta-Analysis
Wright et al	2023	Prevention interventions for interpersonal violence occurring under the influence of alcohol: A mixed method systematic review

NO EFFECT SYNTHESIS FOR CHILDREN OR ADOLESCENTS (N= 83)

Authors	Year	Article Title
Akhtar & Barlow	2018	Forgiveness Therapy for the Promotion of Mental Well-Being: A Systematic Review and Meta-Analysis
Allan-Blitz et al	2023	Assessment of Microfinance Interventions and Intimate Partner Violence: A Systematic Review and Meta-analysis.
Alsina et al	2023	Interventions to Prevent Intimate Partner Violence: A Systemic Review and Meta-Analysis
Black & Kammes	2021	Sexuality Interventions for Individuals with Intellectual Disability
Cantor et al	2022	Effectiveness of Telehealth for Women's Preventive Services
Casey	2015	Evaluations of reproductive health programs in humanitarian settings: a systematic review
Ciesinski et al	2022	The effect of dialectical behavior therapy on anger and aggressive behavior: A systematic review with meta-analysis
Dawson et al	2022	Self-care interventions for sexual and reproductive health in humanitarian and fragile settings: a scoping review
DeHond et al	2023	Prevention of Perpetration of Intimate Partner Violence by Men and Boys in Low- and Middle-Income Countries: A Scoping Review of Primary Prevention Interventions
Dowling et al	2018	Policing domestic violence: A review of the evidence
Droste et al	2014	Review article: Emergency department data sharing to reduce alcohol-related violence: A systematic review of the feasibility and effectiveness of community-level interventions
Dworkin et al	2013	Gender-Transformative Interventions to Reduce HIV Risks and Violence with Heterosexually-Active Men: A Review of the Global Evidence
Feyissa et al	2015	The effectiveness of home-based HIV counseling and testing in reducing stigma and risky sexual behavior among adults and adolescents: a systematic review and meta-analysis
Gatuguta et al	2017	Should community health workers offer support healthcare services to survivors of sexual violence? a systematic review
Geraets & van der Velden	2020	Low-cost non-professional interventions for victims of sexual violence: A systematic review
Geraetsa & van der Veldenb	2020	Low-cost non-professional interventions for victims of sexual violence: A systematic review
Gibbs et al	2012	Combined structural interventions for gender equality and livelihood security: a critical review of the evidence from southern and eastern Africa and the implications for young people
Gilbert et al	2015	Targeting the SAVA (Substance Abuse, Violence, and AIDS) Syndemic Among Women and Girls: A Global Review of Epidemiology and Integrated Interventions
Guay et al	2019	A systematic literature review of early posttraumatic interventions for victims of violent crime
Gupta & Samuels	2017	Literature review of male perpetrators of intimate partner violence in South Asia
Hameed et al	2020	From words to actions: systematic review of interventions to promote sexual and reproductive health of persons with disabilities in low- and middle-income countries
Heard et al	2020	Using Applied Theater in Primary, Secondary, and Tertiary Prevention of Intimate Partner Violence: A Systematic Review
Higginson et al	2012	The impact of policing interventions on violent crime in developing countries
Higginson et al	2015	Policing interventions for targeting interpersonal violence in developing countries: A systematic review
Hinkle et al	2020	Problem-oriented policing for reducing crime and disorder: An updated systematic review and meta-analysis
Hockenhull et al	2015	Heterogeneity in interpersonal violence outcome research: An investigation and discussion of clinical and research implications
Hossain & Dawson	2022	A Systematic Review of Sexual and Reproductive Health Needs, Experiences, Access to Services, and Interventions among the Rohingya and the Afghan Refugee Women of Reproductive Age in Asia

Isangula	2012	Improving Women and Family's Health through Integrated Microfinance, Health Education and Promotion in Rural Areas
Jones et al	2023	Interventions from pregnancy to two years after birth for parents experiencing complex post-traumatic stress disorder and/or with childhood experience of maltreatment
Kang	2019	Indigenous Women And Youth In The Sex Trade: A Systematic Review Of Culturally Relevant Support Systems For Exiting The Trade
Kennedy et al	2014	A systematic review of income generation interventions, including microfinance and vocational skills training, for HIV prevention
Kiani et al	2021	A systematic review: Empowerment interventions to reduce domestic violence?
Lee & Massah	2020	Malawi Violence Against Women and Girls Prevention and Response Programme: Rapid Review on Disability-Inclusive VAWG Programming
Lee et al	2023	Therapeutic Dance for the Healing of Sexual Trauma: A Systematic Review
Liu et al	2016	Systematic review of Australian policing interventions to reduce alcohol-related violence — A maxillofacial perspective
Lomax & Meyrick	2022	Systematic Review: Effectiveness of psychosocial interventions on wellbeing outcomes for adolescent or adult victim/survivors of recent rape or sexual assault
Lwamba et al	2022	Strengthening women's empowerment and gender equality in fragile contexts towards peaceful and inclusive societies: A systematic review and meta-analysis
Managa et al	2022	Mapping strategies to empower women against intimate partner violence occurrences in Limpopo province, South Africa: scoping review.
Marotta	2017	A Systematic Review of Behavioral Health Interventions for Sex Offenders With Intellectual Disabilities
McGuire et al	2021	Chapter 2 Policing the Night-Time Economy: A Systematic Review of Evidence-Based Practice
McGuire et al	2021	Chapter 3 Managing Sex Offenders on Licence: Effectiveness of Registration and Notification Procedures
McGuire et al	2021	Chapter 4 Domestic Abuse and Intimate Partner Violence: A Review of Police-Led and Multi-agency Interventions
Montesanti et al	2020	Examining the use of Virtual Care Interventions to Provide Trauma-Focused Treatment to Domestic Violence & Sexual Assault Populations: Findings of a Rapid Knowledge Synthesis
Mujal et al	2019	A Systematic Review of Bystander Interventions for the Prevention of Sexual Violence
Mujal et al	2021	A Systematic Review of Bystander Interventions for the Prevention of Sexual Violence
Neville et al	2014	Violence brief interventions: A rapid review
Orton et al	2016	Group-based microfinance for collective empowerment: a systematic review of health impacts
Owens et al	2023	Reducing Violence Against Women and Girls in the Arab League: A Systematic Review of Preventive Interventions
Pereira de Paiva et al	2017	Studies on forensic nursing in Brazil: a systematic review of the literature
Prowse et al	2013	Intimate Partner Violence and the CDC's Best-Evidence HIV Risk Reduction Interventions
Reeves	2015	A Synthesis of the Literature on Trauma-Informed Care
Remme et al	2014	The cost and cost-effectiveness of gender-responsive interventions for HIV: a systematic review
Rizo et al	2022	Systematic Review of Research on Co-Location Models for Serving Intimate Partner and Sexual Violence Survivors
Rockowitz et al	2023	A Systematic Review of Criminal Justice Initiatives to Strengthen the Criminal Investigation and Prosecution of Sexual Violence in East Africa.
Ruane-McAteer et al	2019	Interventions addressing men, masculinities and gender equality in sexual and reproductive health and rights: an evidence and gap map and systematic review of reviews
Ruane-McAteer et al	2020	Gender-transformative programming with men and boys to improve sexual and reproductive health and rights: A systematic review of intervention studies
Sabri et al	2023	Gender-Based Violence Interventions in Low- and Middle-Income Countries: A Systematic Review of Interventions at Structural, Community, Interpersonal, Individual, and Multiple Levels
Sadatsafavi et al	2022	Vacant lot remediation and firearm violence – A meta-analysis and benefit-to-cost evaluation
Saran et al	2023	Effectiveness of interventions for improving social inclusion outcomes for people with disabilities in low- and middle-income countries: A systematic review
Schindeler & Aldersey	2019	Community-Based Rehabilitation Programming for Sex(uality), Sexual Abuse Prevention, and Sexual and Reproductive Health: A Scoping Review

Schwab-Reese & Renner	2018	Screening, management, and treatment of intimate partner violence among women in low-resource settings
Shubber & Ford	2021	Adherence to HIV post-exposure prophylaxis for children/ adolescents who have been sexually assaulted: A systematic review of barriers, enablers, and interventions
Siehl et al	2021	Systematic review and meta-analyses of the long- term efficacy of narrative exposure therapy for adults, children and perpetrators
Singh et al	2018	Evaluating the effectiveness of sexual and reproductive health services during humanitarian crises: A systematic review
Skevington et al	2013	A Systematic Review to Quantitatively Evaluate ‘Stepping Stones’: A Participatory Community-based HIV/AIDS Prevention Intervention
Small et al	2013	Synthesizing Gender Based HIV Interventions in Sub-Sahara Africa: A Systematic Review of the Evidence
Spencer et al	2022	What innovations can address inequalities experienced by women and girls due to the COVID-19 pandemic across the different areas of life/domains: work, health, living standards, personal security, participation and education?
Stangl et al	2019	A systematic review of selected human rights programs to improve HIV-related outcomes from 2003 to 2015: what do we know?
Steinert et al	2021	Response strategies for promoting gender equality in public health emergencies: a rapid scoping review
Stewart et al	2021	Gendered stereotypes and norms: A systematic review of interventions designed to shift attitudes and behaviour
Stobbe et al	2021	Prevention and Intervention Programs Targeting Sexual Abuse in Individuals with Mild Intellectual Disability: A Systematic Review
Strang et al	2013	Restorative Justice Conferencing (RJC) Using Face-to-Face Meetings of Offenders and Victims: Effects on Offender Recidivism and Victim Satisfaction. A Systematic Review
Tankard & Iyengar	2018	Economic Policies and Intimate Partner Violence Prevention: Emerging Complexities in the Literature
Tappis et al	2016	Effectiveness of Interventions, Programs and Strategies for Gender-based Violence Prevention in Refugee Populations: An Integrative Review
Tol et al	2013	Sexual and gender-based violence in areas of armed conflict: a systematic review of mental health and psychosocial support interventions
van Daalen et al	2022	Impact of conditional and unconditional cash transfers on health outcomes and use of health services in humanitarian settings: a mixed-methods systematic review
Velonis et al	2018	Still Looking for Mechanisms: A Realist Review of Batterer Intervention Programs
Warren et al	2015	Systematic review of the evidence on the effectiveness of sexual and reproductive health interventions in humanitarian crises
Wegrzyn et al	2023	Rape Crisis Victim Advocacy: A Systematic Review
Wilkerson	2020	A Systemic Review and Meta-Analysis of Psychoeducational Groups for the Treatment of Psychopathology Resulting from Child Sexual Abuse
Yim et al	2023	The Effectiveness and Feasibility of Psychological Interventions for Populations Under Ongoing Threat: A Systematic Review
Zaher et al	2014	Effect of domestic violence training: Systematic review of randomized controlled trials
Zeoli et al	2016	Risks and Targeted Interventions: Firearms in Intimate Partner Violence

NO INSPIRE INTERVENTION (N= 38)

Authors	Year	Article Title
Alfandari & Taylor	2022	Community-based multi-professional child protection decision making: Systematic narrative review
Alfandari & Taylor	2023	Processes of Multiprofessional Child Protection Decision Making in Hospital Settings: Systematic Narrative Review
Arth	2015	THE BEHAVIORAL EFFECTS OF CHILDREN’S EXPOSURE TO DOMESTIC VIOLENCE: A META-ANALYSIS
Byrne et al	2018	Cyberbullying and Social Media: Information and Interventions for School Nurses Working With Victims, Students, and Families
Cumber & Tsoka-Gwegweni	2016	The health profile of street children in Africa: a literature review
Doroudchi et al	2023	Psychological complications of the children exposed to domestic violence: a systematic review
Dowling et al	2016	Problem Gambling and Intimate Partner Violence: A Systematic Review and Meta-Analysis

Eriksson et al	2022	Safeguarding Children Subjected to Violence in the Family: Child-Centered Risk Assessments
Evans et al	2022	Adolescent Dating Violence Among Youth Exposed to Intimate Partner Violence: A Systematic Review
Flach & Deslandes	2017	Cyber dating abuse in affective and sexual relationships: a literature review
Ganong et al	2022	Summary and synthesis of research on what works in stepfamily childrearing
Gong	2022	Juvenile Crime Monitoring and Characteristic Analysis Based on the Internet of Things and Grid Management
Green et al	2022	A scoping review of how exposure to urban violence impacts youth access to sexual, reproductive and trauma health care in LMICs
Guggisberg et al	2023	Child sexual abuse prevention – the strategies of protective mothers and fathers: a systematic review
Higginson et al	2016	Youth gang membership and violence in low- and middle-income countries: Part 1
Jedrzejek	2021	IMPLEMENTATIONS FOR THE DEVELOPMENT OF STRATEGIES USED TO SHORTEN THE DURATION OF TIME CHILDREN SPEND IN FOSTER CARE
Kenyon et al	2023	Motivate-to-move: development of an intervention promoting parental adherence to early power mobility programs.
Kim & Merlo	2023	Domestic Homicide: A Synthesis of Systematic Review Evidence.
Krach & Kern	2021	Technology-Based Classroom Management
Neville et al	2022	Child maltreatment and protection in the Arab Gulf Cooperation Council countries: A scoping review
Nyathi	2022	A synthesis of contextual safeguarding and commonly used child safeguarding theoretical models and approaches
Paribello et al	2022	Melatonin and aggressive behavior: A systematic review of the literature on preclinical and clinical evidence
Qamar et al	2023	Nutritional supplementation in the management of childhood/youth aggression: A systematic review
Sarmiento et al	2023	Developmental Outcomes Following Abusive Head Trauma in Infancy: A Systematic Review
Schneider et al	2022	Parent-Child Play and the Emergence of Externalizing and Internalizing Behavior Problems in Childhood: A Systematic Review
Sikweyiya et al	2016	Gender-based violence and absent fathers: a scoping review protocol
Sommer et al	2015	Violence, gender and WASH: spurring action on a complex, under- documented and sensitive topic
Søndergaard et al	2016	Families support to transition: A systematic review of the evidence
Stavropoulou & Gupta-Archer	2017	Adolescent girls' capabilities in Rwanda: The state of the evidence
Tener & Katz	2021	Preadolescent Peer Sexual Abuse: A Systematic Literature Review
Tilbury et al	2016	Child Aware Practice in Adult Social Services: A Scoping Review
Ueda	2017	Developmental risk factors of juvenile sex offenders by victim age: An implication for specialized treatment programs
Utuzza	2021	Gender-Based Violence among Women and Girls with Disabilities in Sub-Saharan African Countries: A Scoping Review of the Literature
Wilson & Rhee	2022	Causal effects of cannabis legalization on parents, parenting, and children: A systematic review
Wiseman et al	2021	The Relevance of Cognitive Behavioral Models of Post-Traumatic Stress Following Child Maltreatment: A Systematic Review
Yakubovich et al	2021	Effects of Laws Expanding Civilian Rights to Use Deadly Force in Self-Defense on Violence and Crime: A Systematic Review
Yang et al	2020	Photovoice and Youth on Violence and Related Topics: A Systematic Review
Zhu et al	2021	Cyberbullying Among Adolescents and Children: A Comprehensive Review of the Global Situation, Risk Factors, and Preventive Measures

WRONG OUTCOME (N= 139)

Authors	Year	Article Title
Ackers et al	2022	Exploring Screening Practices for Child Sexual Abuse in School Settings: An Integrative Review
Akbas et al	2022	The Effect of the Solution-Focused Approach Intervention Program on Anger Management and Violent Behavior in Adolescents: A Systematic Examination
Alford & Derzon	2012	Meta-Analysis and Systematic Review of the Effectiveness of School-Based Programs to Reduce Multiple Violent and Antisocial Behavioral Outcomes
Allen et al	2022	Family focused interventions that address parental domestic violence and abuse, mental ill-health, and substance misuse in combination: A systematic review

Alsehaimi & Helal	2021	The Role of Social Programs in Saudi Arabia to Prevent Domestic Violence, Compared to Developed Countries: A Systematic Literature Review
Amaugo et al	2014	The effectiveness of HIV/AIDS school-based sexual health education programmes in Nigeria: a systematic review
Austin et al	2019	A Systematic Review of Interventions for Women Parenting in the Context of Intimate Partner Violence
Baker et al	2022	Components of interventions to reduce restrictive practices with children and young people in institutional settings: the Contrast systematic mapping review
Bakker et al	2017	Practitioner Review: Psychological treatments for children and adolescents with conduct disorder problems – a systematic review and meta-analysis
Barnes et al	2014	School-based cognitive-behavioral interventions in the treatment of aggression in the United States: A meta-analysis
Beelmann & Lösel	2021	A Comprehensive Meta-Analysis of Randomized Evaluations of the Effect of Child Social Skills Training on Antisocial Development
Berkout et al	2019	A review of anger, hostility, and aggression from an ACT perspective
Bogo et al	2014	Acting Like It Matters: A Scoping Review of Simulation in Child Welfare Training
Boyle et al	2022	An integrative review of community nurse-led interventions to identify and respond to domestic abuse in the postnatal period
Burkey et al	2018	Psychosocial interventions for disruptive behaviour problems in children in low- and middle-income countries: a systematic review and meta-analysis
Byrne and Cullen	2023	Acceptance and Commitment Therapy for Anger, Irritability, and Aggression in Children, Adolescents, and Young Adults: A Systematic Review of Intervention Studies.
Cain et al	2016	Short and long term outcomes for culturally and linguistically diverse (CALD) and at-risk communities in participatory music programs: A systematic review
Candelaria et al	2012	The effects of anger management on children's social and emotional outcomes: A meta-analysis
Chambers et al	2021	Recognition of risk and prevention in safeguarding of children and young people: a mapping review and component analysis of service development interventions aimed at health and social care professionals
Chang & Dean	2022	Friendship interventions and measurements in children with ASD: A systematic review
Charlton et al	2021	A Systematic Review of the Effects of Schoolwide Intervention Programs on Student and Teacher Perceptions of School Climate
Comer et al	2013	Psychosocial Treatment Efficacy for Disruptive Behavior Problems in Very Young Children: A Meta-Analytic Examination
Constanty et al	2021	Non-Pharmaceutical Interventions for Self-Regulatory Failures in Adolescents Suffering from Externalizing Symptoms: A Scoping Review
Cordier et al	2021	The Effectiveness of Protection Orders in Reducing Recidivism in Domestic Violence: A Systematic Review and Meta-Analysis
Crookes et al	2022	Federal, State, and Local Immigrant-Related Policies and Child Health Outcomes: a Systematic Review
De Buck et al	2021	Day care as a strategy for drowning prevention in children under 6 years of age in low- and middle-income countries
Dopp et al	2017	Family-Based Treatments for Serious Juvenile Offenders: A Multilevel Meta-Analysis
Duarte et al	2022	Psychosexual education and training for adolescents with autism spectrum disorder: a systematic review
Durlak et al	2011	The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions
Eggins et al	2021	Criminal justice responses to child sexual abuse material offending: A systematic review and evidence and gap map
Ensafadaran et al	2019	Efficacy of different versions of Aggression Replacement Training (ART): A review
Evans-Chase & Zhou	2014	A Systematic Review of the Juvenile Justice Intervention Literature: What It Can (and Cannot) Tell Us About What Works With Delinquent Youth
Flaherty et al	2021	Review of the Literature on Child Protection and Domestic Violence Electronic Medical Record Alerts
Furlong et al	2012	Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years
Gardner et al	2016	Transporting Evidence-Based Parenting Programs for Child Problem Behavior (Age 3–10) Between Countries: Systematic Review and Meta-Analysis
Gardner et al	2018	The earlier the better? Individual participant data and traditional meta-analysis of age effects of parenting interventions
Gardner et al	2019	Equity effects of parenting interventions for child conduct problems: a pan-European individual participant data meta-analysis
Garstang et al	2021	Improving engagement with services to prevent Sudden Unexpected Death in Infancy (SUDI) in families with children at risk of significant harm: A systematic review of evidence

Giusto & Puffer	2018	A systematic review of interventions targeting men's alcohol use and family relationships in low- and middle-income countries
Gmel et al	2016	Are alcohol outlet densities strongly associated with alcohol-related outcomes? A critical review of recent evidence
Godoy et al	2023	A Systematic Review of Specialty Courts in the United States for Adolescents Impacted by Commercial Sexual Exploitation
Goemans et al	2016	Developmental Outcomes of Foster Children: A Meta-Analytic Comparison With Children From the General Population and Children at Risk Who Remained at Home
Grey et al	2022	A systematic review of the evidence on the effect of parental communication about health and health behaviours on children's health and wellbeing
Grossman & Miller	2015	A Systematic Review of the Impact of Juvenile Curfew Laws on Public Health and Justice Outcomes
Guthridge et al	2022	Promoting Gender Equality: A Systematic Review of Interventions
Habib et al	2023	Are respectful maternity care (RMC) interventions effective in reducing intrapartum mistreatment against adolescents? A systematic review.
Hale et al	2014	A Systematic Review of Effective Interventions for Reducing Multiple Health Risk Behaviors in Adolescence
Harwood et al	2017	Reducing aggression with martial arts: A meta-analysis of child and youth studies
Healy et al	2020	Worldwide school-based psychosocial interventions and their effect on aggression among elementary school children: A systematic review 2010–2019
Heerde et al	2018	The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: a meta-analysis
Hoogsteder et al	2015	A meta-analysis of the effectiveness of individually oriented Cognitive Behavioral Treatment (CBT) for severe aggressive behavior in adolescents
Jiang et al	2023	A Systematic Review of Growth Mindset Interventions Targeting Youth Social–Emotional Outcomes
Juarez et al	2020	A Systematic Review of the Effectiveness of Interventions Designed to Teach U.S. Medical Students to Address Interpersonal Violence across the Life Course
Kelson et al	2021	The Use of Virtual Reality for Managing Psychological Distress in Adolescents: Systematic Review
Kendrick et al	2013	Parenting interventions for the prevention of unintentional injuries in childhood (Review)
Kerr & Cossar	2014	Attachment Interventions with Foster and Adoptive Parents: A Systematic Review
Kim et al	2022	A Systematic Review of Public Housing, Poverty (De)Concentration, and Risk Behaviors: What About Youth?
Kimbrell et al	2023	Restorative justice programs and practices in juvenile justice: An updated systematic review and meta-analysis for effectiveness
Knapp et al	2012	Treatment of Maladaptive Aggression in Youth: CERT Guidelines I. Engagement, Assessment, and Management
Kovács et al	2022	The Effects and Types of Parental Involvement in School-Based Sport and Health Programs Still Represent a Knowledge Gap: A Systematic Review
Kremer et al	2015	Effects of After-School Programs with At-Risk Youth on Attendance and Externalizing Behaviors: A Systematic Review and Meta-Analysis
Lafuente et al	2021	Effects of martial arts and combat sports training on anger and aggression: A systematic review
Lane et al	2023	Personalised interventions for subgroups of children with conduct problems
Lange et al	2020	A systematic review of the effectiveness of interventions designed for mothers who experienced child sexual abuse
Leijten et al	2021	Parenting Programs to Improve Sibling Interactions: A Meta-Analysis
Louwers et al	2010	Screening for child abuse at emergency departments: A systematic review
Loveday et al	2022	Screening for Adverse Childhood Experiences in Children: A Systematic Review
MacGregor et al	2014	Strategies to promote uptake and use of intimate partner violence and child maltreatment knowledge: an integrative review
McCalman et al	2017	Family-centred interventions by primary healthcare services for Indigenous early childhood wellbeing in Australia, Canada, New Zealand and the United States: a systematic scoping review
McCloskey	2011	Modifying Gender Role Stereotypes in Children
McTavish et al	2020	Identifying children exposed to maltreatment: A systematic review update
Miller-Graff	2016	Frameworks for Childhood PTSD Treatment in Conflict-Affected Settings
Mitcheltree & Sunikka-Blank	2023	Identifying a research gap in relation to family and domestic violence accommodation design within Victoria, Australia: A systematic review
Mohandespour et al	2023	The Impact of Theater-based Interventions for Sexual Health Education to Adolescents: A Systematic Review
Neo et al	2021	Integrated Treatment Programmes for Mothers with Substance Use Problems: A Systematic Review and Meta-analysis of Interventions to Prevent Out-of-home Child Placements

Newton et al	2010	Improving Child Protection in the Emergency Department: A Systematic Review of Professional Interventions for Health Care Providers
Niccols et al	2012	Integrated programs for mothers with substance abuse issues and their children: A systematic review of studies reporting on child outcomes
Niela-Vilén et al	2014	Internet-based peer support for parents: A systematic integrative review
Nogueira et al	2022	Group Triple P Intervention Effects on Children and Parents: A Systematic Review and Meta-Analysis
Nwogu et al	2015	Effectiveness of Child Advocacy Centers and the multidisciplinary team approach on prosecution rates of alleged sex offenders and satisfaction of non-offending caregivers with allegations of child sexual abuse: a systematic review
Nye et al	2019	Mixed methods systematic review on effectiveness and experiences of the Incredible Years Teacher Classroom Management programme
O'Sullivan et al	2016	Psychological interventions for children and young people affected by armed conflict or political violence: a systematic literature review
Oliver et al	2011	Teacher classroom management practices: effects on disruptive or aggressive student behavior
Ouyang & Liu	2023	Effect of physical activity interventions on aggressive behaviors for children and adolescents: A systematic review and meta-analysis
Paavilainen & Flinck	2017	The Effectiveness of Methods Designed to Identify Child Maltreatment in Social and Health Care: A Systematic Review
Pandey et al	2017	Effectiveness of Universal Self-regulation-Based Interventions in Children and Adolescents: A Systematic Review and Meta-analysis
Papalia et al	2022	Determinants and Outcomes of the Therapeutic Alliance in Treating Justice-Involved Youth: A Systematic Review of Quantitative and Qualitative Research
Parker et al	2021	Exploring the Impact of Child-Centered Play Therapy for Children Exhibiting Behavioral Problems: A Meta-Analysis
Paynter et al	2020	Mother–Child Programs for Incarcerated Mothers and Children and Associated Health Outcomes: A Scoping Review
Peck et al	2023	Young Person-to-Mother Violence: An Integrative Review of Evidence from Australia and New Zealand.
Pega et al	2022	Unconditional cash transfers for reducing poverty and vulnerabilities: effect on use of health services and health outcomes in low- and middle-income countries
Petersen et al	2022	Effects of second responder programs on repeat incidents of family abuse: An updated systematic review and meta-analysis
Petersen et al	2023	Police stops to reduce crime: A systematic review and meta-analysis
Pfaff et al	2021	Adolescent Risk Behavior Screening and Interventions in Hospital Settings: A Scoping Review
Pineros-Leano et al	2023	Family interventions to improve mental, emotional, and behavioral health outcomes among Latinx youth: A systematic review.
Prior et al	2023	Behavioural and cognitive-behavioural interventions for outwardly directed aggressive behaviour in people with intellectual disabilities.
Rayce et al	2017	Effects of parenting interventions for at-risk parents with infants: a systematic review and meta-analyses
Reeves	2018	Mindfulness-Based Interventions in U.S. Schools-A Systematic Review
Reyes et al	2021	Interventions Addressing Social Needs in Perinatal Care: A Systematic Review
Ribeiro et al	2023	A systematic review of evidence-based interventions for child and adolescent mental health problems in low- and middle-income countries
Rizo et al	2019	Educating Youth About Commercial Sexual Exploitation of Children: a Systematic Review
Rogers et al	2023	Domestic abuse and mothers in prison or on release: an evidence review. Final Report
Rosato et al	2012	Treatment of Maladaptive Aggression in Youth: CERT Guidelines II. Treatments and Ongoing Management
Sainato	2018	A QUALITATIVE SYSTEMATIC REVIEW AND NARRATIVE SYNTHESIS OF THE EFFECTIVENESS OF INTERVENTIONS FOR NON-INTIMATE PARTNER YOUTH FAMILY VIOLENCE
Salas	2019	Effectiveness of Aggression Replacement Training on the Treatment of Adolescent Aggression: A Meta-Analysis
Sancassiani et al	2015	Enhancing the Emotional and Social Skills of the Youth to Promote their Wellbeing and Positive Development: A Systematic Review of Universal School-based Randomized Controlled Trials
Sawrikar & Katz	2014	Recommendations for Improving Cultural Competency When Working with Ethnic Minority Families in Child Protection Systems in Australia
Schunter et al	2014	Lessons Learned From a Review of Interventions for Adolescent and Young Key Populations in Asia Pacific and Opportunities for Programming
Slaatto et al	2021	Conflict prevention, de-escalation and restraint in children/youth inpatient and residential facilities: A systematic mapping review

Smeets et al	2015	Treatment moderators of cognitive behavior therapy to reduce aggressive behavior: a meta-analysis
Smith et al	2022	Self-management interventions for reducing challenging behaviors among school-age students: A systematic review
Sprenkle	2012	INTERVENTION RESEARCH IN COUPLE AND FAMILY THERAPY: A METHODOLOGICAL AND SUBSTANTIVE REVIEW AND AN INTRODUCTION TO THE SPECIAL ISSUE
Strobel et al	2022	Family-centred interventions for Indigenous early childhood well-being by primary healthcare services
Sugimoto-Matsuda & Braun	2014	The Role of Collaboration in Facilitating Policy Change in Youth Violence Prevention: a Review of the Literature
Tao et al	2021	The Effects of Mindfulness-Based Interventions on Child and Adolescent Aggression: a Systematic Review and Meta-Analysis
Taubner et al	2015	Effectiveness of early-intervention programs in German-speaking countries – a meta-analysis
Tolan et al	2013	Mentoring Interventions to Affect Juvenile Delinquency and Associated Problems: A Systematic Review
Trentacosta & Shaw	2012	Preventing Early Conduct Problems and Later Delinquency
Tully & Hunt	2016	Brief Parenting Interventions for Children at Risk of Externalizing Behavior Problems: A Systematic Review
Turner et al	2017	Interventions to Improve the Response of Professionals to Children Exposed to Domestic Violence and Abuse: A Systematic Review
Ulusoy et al	2023	Psychodrama as an intervention management instrument for internal/ external adolescent problems: A systematic literature review
USAID	2016	WHAT WORKS IN REDUCING COMMUNITY VIOLENCE: A META-REVIEW AND FIELD STUDY FOR THE NORTHERN TRIANGLE
Usher et al	2015	A realist review of family-based interventions for children of substance abusing parents
Valdebenito et al	2018	School-based interventions for reducing disciplinary school exclusion: a systematic review
Valentine et al	2019	Families and Schools Together (FAST) for improving outcomes for children and their families
van Andel et al	2014	Salivary cortisol: a possible biomarker in evaluating stress and effects of interventions in young foster children
van der Meulen et al	2021	Emotional Peer Support Interventions for Students With SEND: A Systematic Review
Verseveld et al	2019	Effects of antibullying programs on teachers' interventions in bullying situations. A meta-analysis
Vseteckova et al	2022	A systematic review of parenting interventions used by social workers to support vulnerable children
Walsh et al	2022	Child protection training for professionals to improve reporting of child abuse and neglect
Walsh et al	2023	Child protection and safeguarding in initial teacher education: A systematic scoping review
Wang et al	2021	A Scoping Review of Resilience-Focused Interventions of Kunjing Children in Mainland China
Waschbusch et al	2019	School-Based Interventions for Aggression and Defiance in Youth: A Framework for Evidence-Based Practice
Webb et al	2016	Does screening for and intervening with multiple health compromising behaviours and mental health disorders amongst young people attending primary care improve health outcomes? A systematic review
Weisman & Montgomery	2018	Functional Family Therapy (FFT) for Behavior Disordered Youth Aged 10–18: An Overview of Reviews
Welsh et al	2022	Impact of Interventions for At-Risk and Criminally Involved Youths and Adults on Premature Mortality over the Life-Course: a Systematic Review and Meta-analysis
Williamson et al	2017	THE IMPACT OF PROTECTION INTERVENTIONS ON UNACCOMPANIED AND SEPARATED CHILDREN IN HUMANITARIAN CRISES
Wilson & Barnett	2020	Physical activity interventions to improve the health of children and adolescents in out of home care – A systematic review of the literature
Zhu et al	2022	Physical activity participation and physical aggression in children and adolescents: A systematic review and meta-analysis

WRONG STUDY AIM (N=175)

Authors	Year	Article Title
Abdi et al	2019	Health policy making for street children: challenges and strategies
Abreu & Kenny	2018	Cyberbullying and LGBTQ Youth: A Systematic Literature Review and Recommendations for Prevention and Intervention
Alaggia & Donohue	2018	Take These Broken Wings and Learn to Fly: Applying Resilience Concepts to Practice with Children and Youth Exposed to Intimate Partner Violence
Allice et al	2022	Indigenous Cultural Safety in Recognizing and Responding to Family Violence: A Systematic Scoping Review
Alsehaimi	2016	A Systematic Review of Literature on Child Sexual Abuse in Saudi Arabia
Amisi et al	2019	Mapping the evidence: South African interventions to prevent violence against women and children
Apunyo et al	2022	Interventions to increase youth employment: An evidence and gap map
Avery et al	2021	Systematic Review of School-Wide Trauma-Informed Approaches
Axford et al	2023	Engaging youth at risk of violence in services: Messages from research.
Bailey et al	2019	Systematic review of organisation-wide, trauma-informed care models in out-of-home care (OoHC) settings
Bangdiwala et al	2018	Evaluating the Effectiveness of Complex, Multi-component, Dynamic, Community-Based Injury Prevention Interventions: A Statistical Framework
Barbero et al	2022	Community Health Worker Activities in Public Health Programs to Prevent Violence: Coding Roles and Scope
Barrett et al	2023	Interventions to Reduce Parental Substance Use, Domestic Violence and Mental Health Problems, and Their Impacts Upon Children's Well-Being: A Systematic Review of Reviews and Evidence Mapping
Barron et al	2019	Eye Movement Desensitization Reprocessing for Children and Adolescents With Posttraumatic Stress Disorder: A Systematic Narrative Review
Barry et al	2013	A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries
Beck & Hämäläinen	2022	Mapping the field of international comparative research in school social work
Bonell et al	2016	What is positive youth development and how might it reduce substance use and violence? A systematic review and synthesis of theoretical literature
Bose et al	2023	Evidence and gap map report: Social and Behavior Change Communication (SBCC) interventions for strengthening HIV prevention and research among adolescent girls and young women (AGYW) in low- and middle-income countries (LMICs)
Brants & Ariel	2023	Evidence Map of School-Based Violence Prevention Programs in Israel
Broaddus-Shea et al	2019	A review of the literature on good practice considerations for initial health system response to child and adolescent sexual abuse
Bryson et al	2017	What are effective strategies for implementing trauma-informed care in youth inpatient psychiatric and residential treatment settings? A realist systematic review
Buckingham & Daniolos	2013	Longitudinal Outcomes for Victims of Child Abuse
Bulimwengu & Cartmel	2022	The tween years: A systematic literature review for services for children aged 10–13 years
Burton et al	2023	Teaching sexual consent to young people in education settings: a narrative systematic review.
Byrne	2022	A Systematic Review of Treatment Interventions for Individuals With Intellectual Disability and Trauma Symptoms: A Review of the Recent Literature
Camoirano	2017	Mentalizing Makes Parenting Work: A Review about Parental Reflective Functioning and Clinical Interventions to Improve It
Carney & Myers	2012	Effectiveness of early interventions for substance- using adolescents: findings from a systematic review and meta-analysis
Carney et al	2016	Brief school-based interventions and behavioural outcomes for substance-using adolescents (Review)
Chalamandaris & Piette	2015	School-based anti-bullying interventions: Systematic review of the methodology to assess their effectiveness
Chalamandaris et al	2016	SET-bullying: presentation of a collaborative project and discussion of its internal and external validity
Chen et al	2018	The Efficacy of Eye Movement Desensitization and Reprocessing in Children and Adults Who Have Experienced Complex Childhood Trauma: A Systematic Review of Randomized Controlled Trials
Cluver et al	2022	From surviving to thriving: integrating mental health care into HIV, community, and family services for adolescents living with HIV
Cohen and Katz	2023	What Messages Are Communicated to Children in Maltreatment Prevention Programs? Conclusions of a Scoping Review
Coren et al	2016	Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people: a systematic review
Coren et al	2018	Parent training interventions for parents with intellectual disability (Review)

Dalziel & Segal	2012	Home visiting programmes for the prevention of child maltreatment: cost-effectiveness of 33 programmes
Davis et al	2023	Meta-analytic Review: Group-Based Interventions for Treating Posttraumatic Stress Symptoms in Children and Adolescents.
Day et al	2022	Dialectical Behavior Therapy Skills Groups for Youth in Schools: A Systematic Review
del Carmen Celdrán-Navarro et al	2023	Nursing Interventions against Bullying: A Systematic Review
DeSmet et al	2016	Bridging behavior science and gaming theory: Using the Intervention Mapping Protocol to design a serious game against cyberbullying
Dickes et al	2018	Methodological Challenges to the Evaluation of Interventions for Foster/Kinship Carers and Children: A Systematic Review
DiClemente	2021	DISRUPTING THE SCHOOL-TO-PRISON PIPELINE: A MIXED-METHODS SYSTEMATIC REVIEW OF ALTERNATIVE DISCIPLINE PRACTICES TO REDUCE EXCLUSION AND PROMOTE EQUITY
Downes & Cefai	2019	Strategic Clarity on Different Prevention Levels of School Bullying and Violence: Rethinking Peer Defenders and Selected Prevention
Drewry et al	2023	A Systematic Review of Electronic Community Resource Referral Systems
Dunn et al	2023	Functional outcomes in youth with complex trauma: a systematic review of psychosocial interventions
Ellett	2013	Timely and Needed Perspectives on Differential Response in Child Protective Services
Ernould	2012	Addressing Lesbian, Gay, and Bisexual Bullying: A Mindfulness-based Intervention Manual
Escobar et al	2016	Development of a systematic protocol to identify victims of non-accidental trauma
Espelage et al	2019	A literature review of protective factors associated with homophobic bullying and its consequences among children & adolescents
Espino et al	2023	Outlining Individual and Contextual Factors Related to LGBTQ+ Bullying: A Systematic Review of Two Decades of Research.
Evans et al	2021	A systematic review of crime/violence and substance use prevention programs
Feijo et al	2022	Improving School Outcomes for Transgender and Gender-Diverse Youth: A Rapid Review
Filges et al	2022	Service learning for improving academic success in students in grade K to 12: a systematic review
Finch et al	2021	Interventions that address institutional child maltreatment: An evidence and gap map
Fisher et al	2023	School-based law enforcement strategies to reduce crime, increase perceptions of safety, and improve learning outcomes in primary and secondary schools: A systematic review
Fondren et al	2020	Buffering the effects of childhood trauma within the school setting: A systematic review of trauma-informed and trauma-responsive interventions among trauma-affected youth
Fouché & Fouché	2017	Pre-trial therapy for child witnesses in cases of sexual abuse: A scoping literature review
Gillies et al	2013	Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents (Review)
Gillies et al	2016	Psychological therapies for children and adolescents exposed to trauma (Review)
Glenn et al	2018	Retrospective evaluation of Project Envision: A community mobilization pilot program to prevent sexual violence in New York City
Gordon et al	2012	Engaging fathers in child protection services: A review of factors and strategies across ecological systems
Haberland et al	2018	A Systematic Review of Adolescent Girl Program Implementation in Low- and Middle-Income Countries: Evidence Gaps and Insights
Hall et al	2012	Implications of Direct Protective Factors for Public Health Research and Prevention Strategies to Reduce Youth Violence
Hallett et al	2023	Kinship Care and Child Protection in High-Income Countries: A Scoping Review
Hambrick et al	2016	Mental health interventions for children in foster care: A systematic review
Harris et al	2016	Collateral Consequences of Juvenile Sex Offender Registration and Notification: Results From a Survey of Treatment Providers
Harrison et al	2010	HIV prevention for South African youth: which interventions work? A systematic review of current evidence
Healey et al	2014	Underage drinking in the UK: Changing trends, impact and interventions. A rapid evidence synthesis
Herbert et al	2021	Possible Factors Supporting Cross-Agency Collaboration in Child Abuse Cases: A Scoping Review
Higgen et al	2022	Review: Universal mental health interventions for young students in adverse environments – a systematic review of evaluated interventions

Hofmann et al	2012	The Efficacy of Cognitive Behavioral Therapy: A Review of Meta- analyses
Honisett et al	2023	Do Australian policies enable a primary health care system to identify family adversity and subsequently support these families: scoping study
Hughes et al	2014	Global development and diffusion of outcome evaluation research for interpersonal and self-directed violence prevention from 2007 to 2013: A systematic review
Humble et al	2019	Child-Centered Play Therapy for Youths Who Have Experienced Trauma: a Systematic Literature Review
Hunt & Walsh	2011	Parents' views about child sexual abuse prevention education: A systematic review
Jackson & Jewell	2021	Educational Practices for Providers of Trauma-Informed Care: A Scoping Review
Janssens et al	2020	Exploring the content and delivery of relationship skills education programmes for adolescents: a systematic review
Jones et al	2017	The Landscape of UK Child Protection Research 2010 to 2014: A Mapping Review of Substantive Topics, Maltreatment Types and Research Designs
Juvonen et al	2019	Promoting social inclusion in educational settings: Challenges and opportunities
Karpetis	2017	Mental Health Knowledge Gaps in the Child Protection Work with Parents: A Narrative Review of the Social Work Literature
Karpetis in Eds Mallon	2017	Theories on Child Protection Work with Parents: A Narrative Review of the Literature
Katsonga-Phiri et al	2019	Trauma Intervention in Sub-Saharan African Children: A Systematic Literature Review
Kaufman et al	2022	The Role of Theory in the Prevention of Sexual Violence in Sport
Khan et al	2018	Cognitive Behavioral Therapy versus Eye Movement Desensitization and Reprocessing in Patients with Post-traumatic Stress Disorder: Systematic Review and Meta-analysis of Randomized Clinical Trials
Kiff et al	2023	Systematic Review of the Economics of School-Based Interventions for Dating Violence and Gender-Based Violence
King et al	2019	Behavior Management Interventions for School Buses: A Systematic Review
Kor et al	2023	Strengthening Schools' Responses to Students' Harmful Sexual Behaviors: A Scoping Review
Lange et al	2022	Adaptations of evidence-based trauma-focused interventions for children and adolescents: a systematic review
Lazenbatt	2013	Fabricated or Induced Illness in Children: A Narrative Review of the Literature
Lee et al	2015	Practice Parameter for the Assessment and Management of Youth Involved With the Child Welfare System
Lentini & Knox	2015	Equine-Facilitated Psychotherapy With Children and Adolescents: An Update and Literature Review
Logis & Rodkin	2014	Chapter 16 Bullying, Rejection, and Isolation: Lessons Learned from Classroom Peer Ecology Studies
Lorenc et al	2020	Interventions to support people exposed to adverse childhood experiences: systematic review of systematic reviews
Ly et al	2018	Characteristics and treatment of internet child pornography offenders
Lynas & Hawkins	2017	Fidelity in school-based child sexual abuse prevention programs: A systematic review
Mabrouk et al	2022	Mental health interventions for adolescents in sub-Saharan Africa: A scoping review
Macedo & Egry	2021	Conceptual frameworks for programs addressing violence against children: a scoping review
Marie-Mitchell & Kostolansky	2019	A Systematic Review of Trials to Improve Child Outcomes Associated With Adverse Childhood Experiences
Marmor et al	2023	Child Maltreatment During COVID-19: Key Conclusions and Future Directions Based on a Systematic Literature Review
Marsh	2019	Juveniles who Sexually Offend: A Systematic Review of Manualized Treatments Through the Lens of the Association for the Treatment of Sexual Abusers Treatment Standards
Mathieu et al	2021	Systematic Review: The State of Research Into Youth Helplines
Matjasko et al	2012	A systematic meta-review of evaluations of youth violence prevention programs: Common and divergent findings from 25 years of meta-analyses and systematic reviews
McCarroll et al	2017	Characteristics, Classification, and Prevention of Child Maltreatment Fatalities
McKibbin et al	2016	Prevention-enhancing interactions: a Critical Interpretive Synthesis of the evidence about children who sexually abuse other children
Meherali et al	2021	Interventions and Strategies to Improve Sexual and Reproductive Health Outcomes among Adolescents Living in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis
Mestre et al	2022	Theories of Change and Mediators of Psychotherapy Effectiveness in Adolescents With Externalising Behaviours: A Systematic Review

Morison et al	2022	Effectiveness of creative arts-based interventions for treating children and adolescents exposed to traumatic events: a systematic review of the quantitative evidence and meta-analysis
Morton et al	2020	Interventions for youth homelessness: A systematic review of effectiveness T studies
Moss et al	2023	A global systematic scoping review of literature on the sexual exploitation of boys
Moynihan et al	2018	Interventions that Foster Healing Among Sexually Exploited Children and Adolescents: A Systematic Review
Musindo et al	2023	Mental health and psychosocial interventions integrating sexual and reproductive rights and health, and HIV care and prevention for adolescents and young people (10-24 years) in sub-Saharan Africa: a systematic scoping review
Nguyen et al	2023	Psychosocial support interventions in the context of forced displacement: A systematic review and meta-analysis
O'Haire et al	2015	Animal-Assisted Intervention for trauma: a systematic literature review
Ogbonnaya et al	2018	A systematic review of the effectiveness of interagency and cross-system collaborations in the United States to improve child welfare outcomes
Ojeda & Del Rey	2022	Lines of Action for Sexting Prevention and Intervention: A Systematic Review
Orr et al	2022	School-based interventions for preventing dating and relationship violence and gender-based violence: A systematic review and synthesis of theories of change
Otterman et al	2023	Appraisal of published guidelines in European countries addressing the clinical care of childhood sexual abuse: protocol for a systematic review.
Pane et al	2013	Multisystemic Therapy for Child Non-Externalizing Psychological and Health Problems: A Preliminary Review
Panter-Brick et al	2014	Practitioner Review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence
Patmisari & McLaren	2023	Australian Trends in Academic Literature Concerned With Family and Domestic Violence Perpetrators: A Bibliometric Literature Review
Pearson et al	2021	Emerging responses implemented to prevent and respond to violence against women and children in WHO European member states during the COVID-19 pandemic: a scoping review of online media reports
Pedersen et al	2019	A Systematic Review of the Evidence for Family and Parenting Interventions in Low- and Middle-Income Countries: Child and Youth Mental Health Outcomes
Perales	2017	DEVELOPING A SUPPLEMENTAL RESOURCE FOR TRAUMA-FOCUSED COGNITIVE- BEHAVIORAL THERAPISTS WORKING WITH LESBIAN, GAY, AND BISEXUAL ADOLESCENT SURVIVORS OF INTERPERSONAL TRAUMA
Peterson & Kearns	2021	Systematic Review of Violence Prevention Economic Evaluations, 2000–2019
Pfitzner et al	2017	Research Review: Engaging men: a multi-level model to support father engagement
Philbrick et al	2022	Information and communications technology use to prevent and respond to sexual and gender-based violence in low- and middle-income countries: An evidence and gap map
Powell et al	2022	Child and family-focused interventions for child maltreatment and domestic abuse: development of core outcome sets
Prosman et al	2015	Effectiveness of home visiting in reducing partner violence for families experiencing abuse: a systematic review
Psaki et al	2022	Policies and interventions to remove gender-related barriers to girls' school participation and learning in low- and middle-income countries: A systematic review of the evidence
Pundir et al	2020	Interventions for reducing violence against children in low- and middle-income countries: An evidence and gap map
Purewal Bopari et al	2018	Ameliorating the biological impacts of childhood adversity: A review of intervention programs
Rahnvardi et al	2022	Health care providers' responses to sexually abused children and adolescents: a systematic review
Ramakulukusha et al	2022	Interventions to Promote Rehabilitation Programmes for Youth with Violent Behaviours in Limpopo Province: A Systematic Literature Review
Richard	2022	SEXUAL ABUSE OF CHILDREN AND HANDLING OF SEX OFFENDERS BY SOUTH AFRICAN CRIMINAL JUSTICE SYSTEM
Rivera et al	2021	Actions to prevent sexual violence against adolescents: an integrative literature review
Roche	2017	Child Protection and Maltreatment in the Philippines: A Systematic Review of the Literature
Rodriguez et al	2021	A Systematic Review of Computer Science Solutions for Addressing Violence Against Women and Children
Rogers et al	2024	Systematic Review of Cash Plus or Bundled Interventions Targeting Adolescents to Reduce HIV Risk

Rubin et al	2017	Within-Group Effect-Size Benchmarks for Trauma-Focused Cognitive Behavioral Therapy With Children and Adolescents
Rudolph et al	2018	Child Sexual Abuse Prevention Opportunities: Parenting, Programs, and the Reduction of Risk
Runyon et al	2019	Trauma-Focused Cognitive Behavioral Therapy: An Evidence-Based Approach for Helping Children Overcome the Impact of Child Abuse and Trauma
Ryan & Roman	2021	Family-centered interventions for intimate partner violence: A systematic review
Rydström et al	2019	Young witnesses of intimate partner violence: screening and intervention
Salazar de Pablo et al	2021	Universal and Selective Interventions to Prevent Poor Mental Health Outcomes in Young People: Systematic Review and Meta-analysis
Saleem et al	2022	Systematic literature reviews in cyberbullying/cyber harassment: A tertiary study
Salgado et al	2014	Effectiveness indicators of bullying intervention programs: A systematic review of the international literature
Sanders & Calam	2012	Chapter 11 Enhancing Dissemination Outcomes through a Population-Based Approach to Parenting Intervention
Sanders et al	2014	The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support
Saran et al	2019	Mega-map of systematic reviews and evidence and gap maps on the interventions to improve child well-being in low- and middle-income countries
Schmidt et al	2020A	Scoping Review of Sexual Health Education Interventions for Adolescents and Young Adults with Intellectual or Developmental Disabilities
Schucan-Bird et al	2016	No 3. CRIMINAL JUSTICE INTERVENTIONS WITH PERPETRATORS OR VICTIMS OF DOMESTIC VIOLENCE: A SYSTEMATIC MAP OF THE EMPIRICAL LITERATURE
Soneson et al	2023	Leveraging Administrative Data to Better Understand and Address Child Maltreatment: A Scoping Review of Data Linkage Studies
Stagg & Sheridan	2010	Effectiveness of Bullying and Violence Prevention Programs: A Systematic review
Stamuli et al	2015	Systematic review of the economic evidence on home visitation programmes for vulnerable pregnant women
Steen et al	2021	Child Adversity and Trauma-Informed Care Teaching Interventions: A Systematic Review
Stratford et al	2020	A Scoping Review of School-Based Efforts to Support Students Who Have Experienced Trauma
Sumner et al	2015	Violence in the United States: Status, Challenges, and Opportunities
Sumra et al	2023	Smartphone Apps for Domestic Violence Prevention: A Systematic Review
Sun & Buys	2012	Child protection service delivery development in Australia
Taylor	2019	Evaluation and Update of Trauma-Focussed Cognitive Behavioural Therapy with Sensory Approaches for the Treatment of Post-Traumatic Stress Disorder in Maltreated Children
Thakore et al	2015	School-based violence prevention strategy: a pilot evaluation
Townes et al	2023	Tier 2 Mental Health Interventions in Primary and Secondary Schools: A Scoping Review
Tracy et al	2023	A Systematic Review of Systems Science Approaches to Understand and Address Domestic and Gender-Based Violence
Wang et al	2019	The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review
Weare & Nind	2011	Mental health promotion and problem prevention in schools: what does the evidence say?
Webster-Stratton	2016	The Incredible Years® Parent Programs: Methods and Principles that Support Program Fidelity
Wilson et al	2016	Juvenile curfew effects on criminal behavior and victimization: A systematic review
Wilson et al	2020	Trauma-Focused Interventions for Justice- Involved and At-Risk Youth: A Meta-Analysis
Wilson et al	2019	Identifying the Inclusion of National Sexuality Education Standards Utilizing a Systematic Analysis of Teen Dating Violence Prevention Curriculum
Wismayanti et al	2019	Child sexual abuse in Indonesia: A systematic review of literature, law and policy
Wissink et al	2015	Sexual abuse involving children with an intellectual disability (ID): A narrative review
Xian-Yu et al	2022	Cognitive behavioral therapy for children and adolescents with post-traumatic stress disorder: meta-analysis
Yanez et al	2023	Systematic literature review of digital resources to educate on gender equality.
Ye et al	2021	Music-based intervention to reduce aggressive behavior in children and adolescents: A meta-analysis
Yıldız & Tanrıverdi	2018	Child neglect and abuse: a global glimpse within the framework of evidence perspective

WRONG STUDY DESIGN (DOES NOT MEET SYSTEMATIC REVIEW CRITERIA, N=256)

Authors	Year	Article Title
Al-Saadoon et al	2021	Socio-Cultural Constraints in Protecting Child Rights in a Society in Transition: A Review and Synthesis from Oman
Alves et al	2013	The systematization of nursing care for children who are victims of bullying
Appleton et al	2023	A Pan-European Review of Good Practices in Early Intervention Safeguarding Practice with Children, Young People and Families: Evidence Gathering to Inform a Multi-disciplinary Training Programme (the ERICA Project) in Preventing Child Abuse and Neglect in Seven European Countries.
Apshe et al	2010	Mode Deactivation Therapy (MDT) Comprehensive Meta-Analysis
Aredas	2017	ACADEMIC ACHIEVEMENT AMONG MALTREATED CHILDREN: A SYSTEMATIC LITERATURE REVIEW EXAMINING CORRELATES OF THE PROBLEM AND AVAILABLE INTERVENTION PROGRAMS
Armenti & Babcock	2016	Conjoint Treatment for Intimate Partner Violence: A Systematic Review and Implications
Arriaza	2017	An Analysis of the Effects that Bullying has on the Mental Health of Adolescents Girls and Prevention and Intervention Programs that Address Bullying Behaviors: A Systematic Literature Review
Arseneault	2018	Annual Research Review: The persistent and pervasive impact of being bullied in childhood and adolescence: implications for policy and practice
Avery	2020	Cyberbullying: Concepts, theories, and correlates informing evidence-based best practices for prevention
Axford et al	2015	Involving parents in school-based programmes to prevent and reduce bullying: what effect does it have?
Badoe	2017	A critical review of child abuse and its management in Africa
Bailey et al	2023	Mandatory Reporting and Adolescent Sexual Assault
Bandy & Moore	2011	WHAT WORKS FOR AFRICAN AMERICAN CHILDREN AND ADOLESCENTS: Lessons from Experimental Evaluations of Programs and Interventions
Bandy & Moore	2011A	WHAT WORKS FOR LATINO/HISPANIC CHILDREN AND ADOLESCENTS: Lessons from Experimental Evaluations of Programs and Interventions
Barrientos et al	2013	Social Transfers and Child Protection
Baskin-Sommers et al	2022	Toward Targeted Interventions: Examining the Science Behind Interventions for Youth Who Offend
Bauta & Huang in Sewamala et al	2023	Child Maltreatment and Mental Health in Sub-Saharan Africa
Benuto	2014	Chapter 12: Trauma-Focused Cognitive Behavioral Therapy for Juvenile Victims of Sexual Abuse
Black et al	2012	Effects of "Safe School" Programs and Policies on the Social Climate for Sexual-Minority Youth: A Review of the Literature
Blank et al	2010	Promoting well-being by changing behaviour: a systematic review and narrative synthesis of the effectiveness of whole secondary school behavioural interventions
Bonell et al	2016	What is positive youth development and how might it reduce substance use and violence? A systematic review and synthesis of theoretical literature
Botea et al	ND	SAFETY FIRST: How to leverage social safety nets to prevent Gender Based Violence
Bradshaw	2015	Translating Research to Practice in Bullying Prevention
Brand et al	2019	HOW FAMILY BUDGET CHANGE INTERVENTIONS AFFECT CHILDREN BEING IN CARE: A rapid evidence assessment
Brassard & Fiorvanti	2015	SCHOOL-BASED CHILD ABUSE PREVENTION PROGRAMS
Brice & Boyle	2020	Are ED-based violence intervention programmes effective in reducing revictimisation and perpetration in victims of violence? A systematic review
Brown & Saied-Tessier	2015	Preventing child sexual abuse: Towards a national strategy for England
Bruckmayer & Galimberti	2020	Anti-bullying Practices from the Repository of the European Platform for Investing in Children (EPIC)
Buchanan et al	2019	Support Programs for Young People with Disability and Experiences of Trauma or Abuse
Cacali	2018	BULLYING PREVENTION AS A FORM OF SOCIAL JUSTICE: A CRITICAL REVIEW OF THE LITERATURE
Caliri	2020	Research on the Prevalence of Bullying and Related Interventions: A Literature Review

Cant et al	2022	Using a Public Health Approach to Prevent Child Sexual Abuse by Targeting Those at Risk of Harming Children
Carr	2014	The evidence base for family therapy and systemic interventions for child-focused problems
Casillas et al	2016	Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review
Cassidy et al	2013	Cyberbullying among youth: A comprehensive review of current international research and its implications and application to policy and practice
Cavadel et al	2022	Measuring Child Well-Being in Evaluations of Healthy Marriage and Responsible Fatherhood Programs
CDC	2019	Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence
Chan & Wong	2015	Traditional school bullying and cyberbullying in Chinese societies: Prevalence and a review of the whole-school intervention approach
Ching et al	2011	Appetitive Violence: A New Phenomenon?
Chisholm	2014	Review of the Status of Cyberbullying and Cyberbullying Prevention
Cirillo et al	2021	Non-contributory Social Protection and Adolescents in Lower- and Middle-Income Countries: A review of government programming and impacts
Collin-Vézina et al	2013	Lessons learned from child sexual abuse research: prevalence, outcomes, and preventive strategies
Crooks et al	2019	Preventing Gender-Based Violence Among Adolescents and Young Adults: Lessons From 25 Years of Program Development and Evaluation
Crowley et al	2022	Legislating to Prevent Adverse Childhood Experiences: Growth and Opportunities for Evidence-Based Policymaking and Prevention
Cummings et al	2012	Treatment of Childhood Sexual Abuse: An Updated Review
Danaeifar et al	2022	Child sexual abuse in Iran: a systematic review of the prevalence, risk factors, consequences, interventions and laws
Darling-Hammond et al	2020	Effectiveness of Restorative Justice in US K-12 Schools: a Review of Quantitative Research
David-Ferdon & Simon	2014	Preventing Youth Violence: Opportunities for Action
David-Ferdon et al	2016	A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors
De Bellis et al	2019	Depression in Maltreated Children and Adolescents
Della Cioppa et al	2015	Learning from traditional bullying interventions: A review of research on cyberbullying and best practice
Doney	2021	ANIMAL-ASSISTED INTERVENTIONS WITH DOGS: A REVIEW OF THE CURRENT LITERATURE
Doucette et al	2021	A review of parent- and family-based prevention efforts for adolescent dating violence
Drummond & Southgate	2018	Interventions for perpetrators of child sexual exploitation: A scoping study
Easton & Crane	2016	Interventions to reduce intimate partner violence perpetration among people with substance use disorders
Edwards & Hinsz	2014	A Meta-Analysis of Empirically Tested School-Based Dating Violence Prevention Programs
El-Bassel et al	2022	Intertwined epidemics: progress, gaps, and opportunities to address intimate partner violence and HIV among key populations of women
Elder et al	2010	The Effectiveness of Tax Policy Interventions for Reducing Excessive Alcohol Consumption and Related Harms
Elias	2012	BEYOND MOM: PROMOTING A PUBLIC HEALTH PERSPECTIVE ON MEETING THE NEEDS OF “NEGLECTED” CHILDREN
Espelage & de la Rue	2012	School bullying: its nature and ecology
Espelage & Low	2012	Bullying among children and adolescents: Social-emotional learning approaches to prevention
Espelage et al	2014	School-wide Bully Prevention Programs and Social-Emotional Learning Approaches to Preventing Bullying and Peer Victimization
Espelage et al	2022	Bullying as a Developmental Precursor to Sexual and Dating Violence Across Adolescence: Decade in Review
Espelage et al	2023	Chapter 7: Updated perspectives on linking school bullying and related youth violence research to effective prevention strategies.
Fagan & Buchanan	2016	What Works in Crime Prevention? Comparison and Critical Review of Three Crime Prevention Registries
Farrington	2010	The Developmental Evidence Base: Prevention

Farrington et al	2022	Effectiveness of 12 Types of Interventions in Reducing Juvenile Offending and Antisocial Behaviour
Fergusson et al	2013	Nine-Year Follow-up of a Home-Visitation Program: A Randomized Trial
Finkelhor et al	2021	Youth Internet Safety Education: Aligning Programs With the Evidence Base
Foley	2010	A comparison of parent-child interaction therapy and treatment as usual with families with a history of child abuse and neglect and intimate partner violence
Ford et al	2016	Psychosocial Interventions for Traumatized Youth in the Juvenile Justice System: Research, Evidence Base, and Clinical/Legal Challenges
Fortson et al	2016	Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities
Fox & Shjarback	2016	What Works to Reduce Victimization? Synthesizing What We Know and Where to Go From Here
Franchino-Olsen et al	2021	Online Violence Education in the Era of COVID-19
Fryda & Hulme	2015	School-Based Childhood Sexual Abuse Prevention Programs: An Integrative Review
Fulu & Kerr-Wilson	2015	What works to prevent violence against women and girls evidence reviews Paper 2: Interventions to prevent violence against women and girls
Fulu et al	2017	What Works Evidence Review: Intersections of violence against women and violence against children
Gaffney et al	2021B	Anti-bullying Programmes: Toolkit technical report
Gardner & Leijten	ND	Incredible Years Parenting Interventions: Current Effectiveness Research and Future Directions
GCCI	2021	GOVERNANCE, CRIME, AND CONFLICT INITIATIVE EVIDENCE WRAP-UP: Lessons from randomized evaluations on managing and preventing crime, violence, and conflict
Gekoski et al	2016	The effectiveness and impact of the child protection and criminal justice systems in cases of intrafamilial child sexual abuse
Gershoff	2017	School corporal punishment in global perspective: prevalence, outcomes, and efforts at intervention
Gizzarelli et al	2023	School staff responses to student reports of bullying: A scoping review
Gonzalez et al	2022	An overview of child sexual abuse research conducted in low- and middle-income countries between 2011-2021
Gorman et al	2014	Is Project Towards No Drug Abuse (Project TND) an Evidence-Based Drug and Violence Prevention Program? A Review and Reappraisal of the Evaluation Studies
Gregus et al	2020	Toward Evidence-Based Interventions for Chronically Bullied Children: Candidate Mechanisms and Potential Strategies
Gross-Manos et al	2022	Community Change Programs for Children and Youth At-Risk: A Review of Lessons Learned
Hegarty et al	2016	Interventions to support recovery after domestic and sexual violence in primary care
Heise	2011	What Works to Prevent Partner Violence? An Evidence Overview
Henggler	2011	Efficacy Studies to Large-Scale Transport: The Development and Validation of Multisystemic Therapy Programs
Herman & Silverstein	2012	Girls and Violence: A Review of the Literature
Hermosilla et al	2019	Child friendly spaces impact across five humanitarian settings: a meta-analysis
Hickman et al	2013	Assessing programs designed to improve outcomes for children exposed to violence: Results from nine randomized controlled trials
Higgins	2010	Community development approaches to safety and wellbeing of Indigenous children
Holtzhausen et al	2016	WORKING ON TRAUMA – A SYSTEMATIC REVIEW OF TF-CBT WORK WITH CHILD SURVIVORS OF SEXUAL ABUSE
Howell	2010	Gang Prevention: An Overview of Research and Programs
Hyman et al	2016	Taking action on violence through research, policy, and practice
Idris	2016	Youth unemployment and violence: Rapid literature review
Indrayani et al	2020	The Development of T-CBT Model to Improve the Competence of Midwives in Prevention Depression of Sexual Violence Victims
Isokuortti et al	2020	Effectiveness of child protection practice models: a systematic review
Jabar et al	2016	Substance Abuse Programs that Reduce Violence in a Youth Population: A Systematic Review
Jackson-Gordon	2022	Adolescent Sexual Violence Prevention Program Implementation and Sustainability: A Mixed Methods Dissertation
Jacobsen et al	2015	EVIDENCE REVIEW: WHAT WORKS TO ECONOMICALLY EMPOWER ADOLESCENT GIRLS?
Jaycox et al	2014	School Intervention Related to School and Community Violence
Jennings et al	2013	Using Mindfulness in the Treatment of Adolescent Sexual Abusers: Contributing Common Factor or a Primary Modality?
Jennings et al	2017	Dating and intimate partner violence among young persons ages 15-30: evidence from a systemic review

Jewkes et al	2021	Elements of the Design and Implementation of Interventions to Prevent Violence against Women and Girls Associated with Success: Reflections from the What Works to Prevent Violence against Women and Girls? Global Programme
Jones & Presler-Marshall	2019	Social protection and adolescent capabilities: What does a gender norms lens add to the debate?
Kearney et al	2010	Posttraumatic Stress Disorder in Maltreated Youth: A Review of Contemporary Research and Thought
Keeshan & Strawn	2014	Psychological and Pharmacologic Treatment of Youth with Posttraumatic Stress Disorder: An Evidence-based Review
Kerbage et al	2022	Early Interventions to Prevent Post-Traumatic Stress Disorder in Youth after Exposure to a Potentially Traumatic Event: A Scoping Review
Kerr-Wilson et al	2020	A rigorous global evidence review of interventions to prevent violence against women and girls
Kittle	2017	A Literature Review on Gang Violence
Krahé	2021	Teen dating violence: From analyzing the problem to finding solutions
Kruk et al	2022	Improving health and social systems for all children in LMICs: structural innovations to deliver high-quality services
Lalor & McElvaney	2010	Child Sexual Abuse, Links to Later Sexual Exploitation/High-Risk Sexual Behavior, and Prevention/Treatment Programs
Lanigan	2015	A Systematic Review of Bullying Prevention Programs in Schools
Larii & Pohila	2022	Preventing and Combating the Crimes of Sexual Exploitation of Women and Children
Leve et al	2012	Practitioner Review: Children in foster care – vulnerabilities and evidence-based interventions that promote resilience processes
Liddle	2016	Multidimensional Family Therapy: Evidence Base for Transdiagnostic Treatment Outcomes, Change Mechanisms, and Implementation in Community Settings
Lieberman et al	2011	Trauma in early childhood: Empirical evidence and clinical implications
Ligiero et al	2019	What works to prevent sexual violence against children: Evidence Review
Lindstrom Johnson et al	2018	A Meta-Analysis of Parenting Practices and Child Psychosocial Outcomes in Trauma-Informed Parenting Interventions after Violence Exposure
Loots et al	2011	Global review of national prevention policies
Lucas-Molina et al	2022	The Healthy Context Paradox: When Reducing Bullying comes at a Cost to Certain Victims
Luckock et al	2017	Developing innovative models of practice at the interface between the NHS and child and family social work where children living at home are at risk of abuse and neglect: a scoping review
Lundgren & Amin	2015	Addressing Intimate Partner Violence and Sexual Violence Among Adolescents: Emerging Evidence of Effectiveness
Magner et al	2015	The role of faith based organisations in preventing and responding to sexual, intimate partner and gender-based violence in conflict settings: A modified critical interpretive synthesis
Mantula & Saloojee	2016	Child Sexual Abuse in Zimbabwe
Marcus	2018	Programming to promote gender-equitable masculinities among adolescent boys: Key findings from a rigorous review
Marcus & Page	2014	Economic strengthening activities in child protection interventions: an adapted systematic review
Marcus et al	2017	Girls' clubs, life skills programmes and girls' wellbeing outcomes
Marcus et al	2018	Programming with adolescent boys to promote gender-equitable masculinities: A rigorous review
Mariani et al	2014	AN EVALUATION OF THE STUDENT SUCCESS SKILLS PROGRAM ON STUDENT LEARNING, BEHAVIOR, AND WELLNESS OUTCOMES
Mayer et al	2021	Preventing School Violence and Promoting School Safety: Contemporary Scholarship Advancing Science, Practice, and Policy
Mc Veigh	2021	Beyond the dawn. A literature review on technology assisted therapeutic group work interventions for children and young people who experienced maltreatment
McCloskey et al	2016	Determinants of Intimate Partner Violence in Sub-Saharan Africa: A Review of Prevention and Intervention Programs
McCulliss & Chamberlain	2013	Bibliotherapy for youth and adolescents--School-based application and research
McGuire et al	2021	Chapter 6 Preventing Young People from Involvement in Violence, Gangs and Organized Crime
McTavish et al	2016	Children's exposure to intimate partner violence: an overview
Meeks & Byrami	2016	A systematic review of complimentary therapies to treat symptoms of post-traumatic stress disorder in the aftermath of domestic abuse
Menesini & Salmivalli	2017	Bullying in schools: the state of knowledge and effective interventions

Miller et al	2015	Projected Outcomes of Nurse-Family Partnership Home Visitation During 1996-2013, United States
Miller et al	2018	Updates on Adolescent Dating and Sexual Violence Prevention and Intervention
Milroy et al	2022	Prevention of Sexual Violence in sport: A Socioecological Review
Moncreaff	2013	CHILD ABUSE: THE RELATIONSHIP BETWEEN PARENTAL AGE, GENDER, ETHNICITY, MENTAL HEALTH STATUS, AND THE OUTCOME OF CHILD ABUSE INTERVENTION PROGRAMS
Monroe	2015	COMPARING SCHOOL- AND HOME- BASED INTERVENTIONS TO SCHOOL- BASED TREATMENT FOR DISRUPTIVE BEHAVIOR DISORDERS: A META- ANALYSIS
Muggah et al	2013	Youth violence prevention in Latin America and the Caribbean: a scoping review of the evidence
Mulvihill	2020	A systematic review of interventions to treat child sexual abuse victims with disabilities
Murphy & Richards	2020	The Efficacy of Psychosocial Interventions for Partner Violent Individuals
Mutiarani et al	2022	Prevention Media of Child Sexual Abuse in Indonesia: A Meta-analysis
Narang et al	2019	Therapeutic interventions with child and adolescent survivors of sexual abuse: A critical narrative review
NASEM	2016	Preventing bullying through science, policy, and practice
Nathanson et al	2016	Is there a role for paediatric Sexual Assault Nurse Examiners in the management of child sexual assault in Australia?
Nelson & Caplan	2014	The Prevention of Child Physical Abuse and Neglect: An Update
Neumark	2023	THE EFFECTS OF MINIMUM WAGES ON (ALMOST) EVERYTHING? A REVIEW OF RECENT EVIDENCE ON HEALTH AND RELATED BEHAVIORS
Nickerson	2019	Preventing and Intervening with Bullying in Schools: A Framework for Evidence-Based Practice
Niolon et al	2017	Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices
Nofi et al	2023	Hospital-Based Violence Intervention Programs to Reduce Firearm Injuries in Children: A Scoping Review
Nowakowski-Sims	2022	Integrative Body, Mind, and Spirit Interventions used with Parents in the Child Welfare System
NSPCC	2022	Review of parent interventions to prevent child maltreatment
O'Hare & Castrataro	2023	Parenting without Violence (PwV) Review of Evidence: Final Report
O'Reilly et al	2010	The efficacy of family support and family preservation services on reducing child abuse and neglect: what the literature reveals
Okasako-Schmucker et al	2019	Using a Community Preventive Services Task Force Recommendation to Prevent and Reduce Intimate Partner Violence and Sexual Violence
Oliveira Friestino	2016	ACTIONS FOR COPING DOMESTIC VIOLENCE AGAINST CHILDREN AND TEENAGERS: A REFLECTIVE ANALYSIS
Oscós-Sánchez	2022	Latino Youth Violence Prevention: A Literature Review of the Familias en Acción Community-Based Participatory Action Research Program
Paavilainen & Flinck	2013	National Clinical Nursing Guideline for Identifying and Intervening in Child Maltreatment within the Family in Finland
Padmanabhanunni	2017	A review of the transportability of cognitive therapy for the treatment of PTSD among South African rape survivors
Panjeh et al	2023	Moving Forward to a World Beyond 0.2, 0.5, and 0.8 effects sizes: new cutoffs for school-based anti-bullying interventions
Paramo	2012	School bullying: A systematic review of the literature.
Pattaro et al	2022	The Impacts of Benefit Sanctions: A Scoping Review of the Quantitative Research Evidence
Patterson et al	2022	A Systematic Review of the Education and Awareness Interventions to Prevent Online Child Sexual Abuse
Pearce et al	2011	Current Evidence of Best Practice in Whole-School Bullying Intervention and Its Potential to Inform Cyberbullying Interventions
Pebole et al	2021	Physical activity to address multimorbidity among survivors of sexual violence: A comprehensive narrative review
Perkins et al	2018	Interventions for perpetrators of online child sexual exploitation: A scoping review and gap analysis
Petrosino et al	2012	'Policing Schools' Strategies: A Review of the Evaluation Evidence
Petrosino et al	2015	Cross-sector, multi-agency interventions to address urban youth firearms violence: A Rapid Evidence Assessment
Polonko et al	2016	Law Reform, Child Maltreatment and the UN Convention on the Rights of the Child
Population Council	2018	Delivering impact for adolescent girls: Emerging findings from Population Council research

Powell & Ladd	2010	Bullying: A Review of the Literature and Implications for Family Therapists
Pritha et al	2021	A Systematic Review of Mobile Apps for Child Sexual Abuse Education: Limitations and Design Guidelines
Quadara et al	2015	Conceptualising the prevention of child sexual abuse: Final report
Radford et al	2017	Rapid Evidence Assessment: What can be learnt from other jurisdictions about preventing and responding to child sexual abuse
Ragavan et al	2022	Addressing Adolescent Relationship Abuse in the Context of Reproductive Health Care
Rana et al	2022	Designing a multi-component 'Stop Bullying-School Intervention Program' in Chandigarh, a North Indian Union Territory
Rawlings & Stoddard	2019	A critical review of anti-bullying programs in North American elementary schools
Reed et al	2016	Cyberbullying: A literature review of its relationship to adolescent depression and current intervention strategies
Ricardo et al	2011	Engaging Boys and Young Men in the Prevention of Sexual Violence: A systematic and global review of evaluated interventions
Richardson et al	2020	Families, Family Policy and the Sustainable Development Goals
Robinson	2019	Effectiveness of Alternative School Interventions in Reducing Incidences of Violence in Schools and Improving Attendance and Graduation Rates
Rohwerder	2017	Women and girls with disabilities in conflict and crises
Ross & Fontao	2010	Combating juvenile delinquency: The Use of prevention and treatment programmes for young offenders.
Ross & Nelson	2014	Using Theater and Drama Interventions to Reduce Bullying in School-Aged Children
Ross et al	2016	Providing an Integrated Response to Family Violence: Governance Attributes of Local Networks in Victoria
Roygardner et al	2020	A scoping review of abusive head trauma epidemiology, legal controversies and prevention
Rudolph et al	2018	Reviewing the Focus: A Summary and Critique of Child-Focused Sexual Abuse Prevention
Ruiz-Eugenio et al	2023	Dialogic literary gatherings: A systematic review of evidence to overcome social and educational inequalities
Russell	2021	What Works to Prevent Youth Violence: A Summary of the Evidence
Russell et al	2021	Randomized controlled trials evaluating adolescent dating violence prevention programs with an outcome of reduced perpetration and/or victimization: A meta-analysis
Sahle et al	2020	Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on children's mental health: An evidence based review
Salmivalli	2023	Focus on targeted interventions addressing bullying: what explains their success or failure?
Sama-Miller et al	2021	Home Visiting Evidence of Effectiveness (HomVEE) Systematic Review Handbook of Procedures and Evidence Standards: Version 2.1
Sampaio et al	2022	Evidence for investing in parenting interventions aiming to improve child health: a systematic review of economic evaluations
Sánchez-Meca et al	2011	The psychological treatment of sexual abuse in children and adolescents: A meta-analysis
Sandler et al	2021	Long-term Impact of Prevention Programs to Promote Effective Parenting: Lasting Effects but Uncertain Processes
Sawrikar	2020	A conceptual framework for the prevention and treatment of child sexual abuse (CSA) in ethnic minority communities
Schlieff et al	2023	A rapid realist review of universal interventions to promote inclusivity and acceptance of diverse sexual and gender identities in schools
Schmidt et al	2020	Universal Mental Health Interventions for Children and Adolescents: A Systematic Review of Health Economic Evaluations
Scholes et al	2012	The Teachers' Role in Child Sexual Abuse Prevention Programs: Implications for Teacher Education.
Scott et al	2012	Putting Youth Relationship Education on the Child Welfare Agenda: Findings from a Research and Evaluation Review
Sheehan	2019	Cumulative harm in the child protection system: The Australian context
Simeunović-Patić et al	2016	Results from Recent European Research on Youth Violence Prevention: Some Lessons for Serbia
Simmons et al	2016	Enhancing the Impact of Family Justice Centers via Motivational Interviewing: An Integrated Review
Sinha et al	2018	Prevention and intervention programs for child abuse and neglect in low- and middle-income countries: an evidence and gap map
Skeen & Tomlinson	2013	A public health approach to preventing child abuse in low- and middle-income countries: A call for action

Slade & Warne	2016	A meta-analysis of the effectiveness of trauma-focused cognitive-behavioural therapy and play therapy for child victims of abuse
Smith	2013	School bullying
Stavropoulou & Gupta-Archer	2017	Adolescent girls' capabilities in Ethiopia: The state of the evidence on programme effectiveness
Stavropoulou & Gupta-Archer	2017A	Adolescent girls' capabilities in Nepal: The state of the evidence on programme effectiveness
Stavropoulou et al	2017	Adolescent girls' capabilities in Bangladesh: The state of the evidence on programme effectiveness
Stavropoulou et al	2017A	Adolescent girls' capabilities in Rwanda: The state of the evidence on programme effectiveness
STC Norway	2018	Review of Save the Children Norway's support to prevent and respond to violence in and around schools: Final Report
Stewart & Fritsch	2011	School and Law Enforcement Efforts to Combat Cyberbullying
Storer et al	2016	Efficacy of Bystander Programs to Prevent Dating Abuse Among Youth and Young Adults: A Review of the Literature
Strohmeier & Gradinger	2022	Cyberbullying and Cyber Victimization as Online Risks for Children and Adolescents
Szilassy et al	2017	Making the links between domestic violence and child safeguarding: an evidence-based pilot training for general practice
The Prevention Collaboration	2019	Evidence Review: PARENTING AND CAREGIVER SUPPORT PROGRAMMES TO PREVENT AND RESPOND TO VIOLENCE IN THE HOME
Trevizan et al	2022	A Meta-Analytic Framework for Developing Protocols to Attend Child and Adolescent Victims of Sexual Violence
Ttofi & Farrington	2011A	Risk and protective factors, longitudinal research, and bullying prevention
Ttofi & Farrington	2012	Bullying prevention programs: the importance of peer intervention, disciplinary methods and age variations
Ttofi et al	2014	Bullying Prevention: Assessing Existing Meta-Evaluations
UNDP & UNESCO	2022	Mapping and Review of Resources for, and Needs of in the Asia-Pacific Region on Digital Literacy, Safety and Participation
UNESCO	2018	School-related violence and bullying on the basis of Sexual Orientation and Gender Identity or Expression (SOGIE): Synthesis Report on China, the Philippines, Thailand and Viet Nam
UNESCO Bangkok	2015	From insult to inclusion: Asia-Pacific report on school bullying, violence and discrimination on the basis of sexual orientation and gender identity
UNICEF	2010	PROTECTING CHILDREN FROM VIOLENCE IN SPORT: A REVIEW WITH A FOCUS ON INDUSTRIALIZED COUNTRIES
UNICEF	2020	What works to protect children on the move? Rapid evidence assessment
Unterhalter	2014	Interventions to enhance girls' education and gender equality
van Toledo & Seymour	2013	Interventions for caregivers of children who disclose sexual abuse: A review
Vetter	2020	A SYSTEMATIC REVIEW OF DOMESTIC VIOLENCE PROGRAMS IN THE STATE OF CALIFORNIA: ADVOCATE TRAINING FOR WORKING WITH CHILDREN
Visdo'mine-Lozano	2022	Contextualist Perspectives in the Treatment of Antisocial Behaviors and Offending: A Comparative Review of FAP, ACT, DBT, and MDT
Vizard	2013	Practitioner Review: The victims and juvenile perpetrators of child sexual abuse – assessment and intervention
Welsh & Rocque	2014	When crime prevention harms: a review of systematic reviews
WHO	2010	Series of briefings on violence prevention: the evidence
WHO	2015	Preventing youth violence: an overview of the evidence
WHO Europe	2010	European report on preventing violence and knife crime among young people
WHO Europe	2013	European report on preventing child maltreatment
Wiesmann et al	ND	Violence in London: what we know and how to respond
Williams & D'Affonseca	2016	Chapter 28: Child Sexual Abuse in Brazil: Awareness, Legal Aspects, and Examples of Prevention Strategies
Wirtz et al	2016	Violence against children in Latin America and Caribbean countries: a comprehensive review of national health sector efforts in prevention and response
Wortley & Hagell	2021	Young victims of youth violence: using youth workers in the emergency department to facilitate 'teachable moments' and to improve access to services
Wu et al	2020	Parenting intervention outcomes for kinship caregivers and child: A systematic review
Xu et al	2020	Racial and ethnic differences in bullying: Review and implications for intervention
Yarrow et al	2023	PROMOTING HEALTHY GENDER NORMS AND BEHAVIOURS IN EARLY ADOLESCENCE: Common drivers and effective SBC approaches to prevent violence in adolescent intimate partner relationships

Zettler	2021	Much to Do About Trauma: A Systematic Review of Existing Trauma-Informed Treatments on Youth Violence and Recidivism
Zettler et al	2020	Much to Do About Trauma: A Systematic Review of Existing Trauma-Informed Treatments on Youth Violence and Recidivism
Zeuthen & Hagelskjaer	2013	Prevention of Child Sexual Abuse: Analysis and Discussion of the Field

NO RISK OF BIAS ASSESSMENT CONDUCTED & PRESENTED (N=238)

Authors	Year	Article Title
Abreu et al	2022	LGBTQ student experiences in schools from 2009–2019: A systematic review of study characteristics and recommendations for prevention and intervention in school psychology journals
Admon Livny & Katz	2018	Schools, Families, and the Prevention of Child Maltreatment: Lessons That Can Be Learned From a Literature Review
Ager et al	2013	Child friendly spaces: a systematic review of the current evidence base on outcomes and impact
Aimé et al	2017	Is weight-related bullying addressed in school-based anti-bullying programs?
Allen-Meares et al	2013	School-based Social Work Interventions: A Cross-National Systematic Review
Altafim & Linhares	2016	Universal violence and child maltreatment prevention programs for parents: a systemic review
Andrade et al	2022	Applying Digital Technologies to Tackle Teen Dating Violence: a Systematic Review
Applegarth et al	2023	Promising services for justice-involved youth: A scoping review with implications for the Los Angeles County Juvenile Justice Crime Prevention Act
Asadzadeh et al	2022	Digital games and virtual reality applications in child abuse: A scoping review and conceptual framework
Aswadi et al	2022	Edutainment as A Strategy of Child Sexual Abuse Prevention: Literature Review
Avellar & Supplee	2013	Effectiveness of home visiting improving child health and reducing child maltreatment
Bacchus et al	2017	Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low and middle income countries: a scoping review
Baranov et al	2021	Theoretical Underpinnings and Meta-analysis of the Effects of Cash Transfers on Intimate Partner Violence in Low- and Middle-Income Countries
Barlow et al	2010	Safeguarding Children from Emotional Maltreatment : What Works
Bartelink et al	2015	Deciding on child maltreatment: A literature review on methods that improve decision-making
Batzer et al	2018	Efficacy or Chaos? Parent–Child Interaction Therapy in Maltreating Populations: A Review of Research
Bauta	2018	Parental Maltreatment and Child Health Outcomes in Low-Income Country Contexts: Examining Child Abuse and Neglect Patterns Among Caregivers and Children in Uganda
Benavente et al	2022	Commercial Sexual Exploitation of Children and Adolescents in Europe: A Systematic Review
Benuto & O'Donohue	2015	Treatment of the Sexually Abused Child: Review and Synthesis of Recent Meta-Analyses
Bergström et al	2016	Child sexual abuse at preschools – a research review of a complex issue for preschool professionals
Bonell et al	2023	Re-orientating systematic reviews to rigorously examine what works, for whom and how: Example of a realist systematic review of school-based prevention of dating and gender violence
Burcher et al	2021	Family home visiting and fathers: A scoping review
Caçada & Gilham	2022	Biodanza and Other Dance Forms as a Vehicle for Social-Emotional-Learning in Schools: A Scoping Review
Cantone et al	2015	Interventions on Bullying and Cyberbullying in Schools: A Systematic Review
Carlos et al	2017	School-based interventions for teen dating violence prevention: integrative literature review
Chaffin & Ellis	2015	OUTCOMES FOR CHILDREN FROM HOUSEHOLD ECONOMIC STRENGTHENING INTERVENTIONS: A RESEARCH SYNTHESIS
Chant et al	2017	Challenges and potential solutions for adolescent girls in urban settings: a rapid evidence review
Choudhary et al	2016	Review of Randomized Controlled Trials on Psychological Interventions in Child Sexual Abuse: Current Status and Emerging Needs in the Indian Context
Chowa et al	2022	Evidence-Based Community Resilience Interventions to Promote Health Outcomes and Health-Seeking Behaviors among Adolescents and Young Adults: A Systematic Literature Review

Cleemput et al	2014	A systematic review and meta-analysis of the efficacy of cyberbullying prevention programs
Cohen & Katz	2021	Preventing child maltreatment: Key conclusions from a systematic literature review of prevention programs for practitioners
Colucci & Hassan	2014	Prevention of domestic violence against women and children in low-income and middle-income countries
Comacchio et al	2022	Gender-Oriented Mental Health Prevention: A Reappraisal
Corley et al	2022	Caregiver and family-focused interventions for early adolescents affected by armed conflict: A narrative review
Cronin et al	2017	From Innovation to Transcreation: Adapting Digital Technologies to Address Violence against Children
Dechtiar	2019	A systematic review of the evidence that supports gender transformative interventions that address violence against women
Delany et al	2023	Preventing violence against young children a scoping review of interventions in low- and middle-income countries
Dickman-Burnett	2019	Comprehensive Sexual Violence Prevention: An Interdisciplinary Dissertation in Four Papers
Dougherty et al	2020	Advancing Teen Flourishing: Moving Policy Upstream
Dupuy et al	2018	Life skills in non-formal contexts for adolescent girls in developing countries
Dutta et al	2022	A Comprehensive Review of Yoga Research in 2020
Dymnicki et al	2011	Understanding How Programs Work to Prevent Overt Aggressive Behaviors: A Meta-analysis of Mediators of Elementary School-Based Programs
Edwards et al	2022	Informal and Formal Mentoring of Sexual and Gender Minority Youth: A Systematic Review
Edwards et al	2023	Programs to prevent violence against children in Sub-Saharan Africa: a systematic review
Efevbera et al	2018	Integrating Early Child Development and Violence Prevention Programs: A Systematic Review
Evans et al	2014	The effectiveness of school-based bullying prevention programs: A systematic review
Fagan & Catalano	2012	What Works in Youth Violence Prevention: A Review of the Literature
Falla et al	2021	What Do We Know about Bullying in Schoolchildren with Disabilities? A Systematic Review of Recent Work
Farrington et al	2017	Systematic reviews of the effectiveness of developmental prevention programs in reducing delinquency, aggression, and bullying
Felner & DuBois	2017	Addressing the Commercial Sexual Exploitation of Children and Youth: A Systematic Review of Program and Policy Evaluations
Ferreira et al	2019	Care of perpetrators of repeat family violence: an integrative literature review
Ferro Garcia et al	2021	A SYSTEMATIC REVIEW OF THE EFFECTIVENESS AND EFFICACY OF PARENT-CHILD INTERACTION THERAPY
Filene et al	2013	Components Associated With Home Visiting Program Outcomes: A Meta-Analysis
Finno-Velasquez et al	2023	Child maltreatment prevention interventions for Latinx immigrant populations: a systematic review
Fitterer et al	2015	A Review of Existing Studies Reporting the Negative Effects of Alcohol Access and Positive Effects of Alcohol Control Policies on Interpersonal Violence
Foody et al	2017	Bullying and cyberbullying studies in the school-aged population on the island of Ireland: A meta-analysis
Forni et al	2020	Little red riding hood in the social forest. Online grooming as a public health issue: A narrative review
Francis et al	2022	How does the school built environment impact students' bullying behaviour? A scoping review
Fraser	2017	IMPACT OF SUBSTANCE USE AND OVERWEIGHT STATUS ON THE RELATIONSHIP BETWEEN DOMESTIC VIOLENCE AND BULLYING
Freitas et al	2021	Evidence-based interventions for promoting prosocial behavior in schools: Integrative review
Fry et al	2021	Violence against children in Latin America and the Caribbean 2015-2021: A systematic review
Gaffney et al	2019	Are cyberbullying intervention and prevention programs effective? A systematic and meta-analytical review
Gaffney et al	2019A	Evaluating the effectiveness of school-bullying prevention programs: An updated meta-analytical review
Gaffney et al	2019B	Examining the Effectiveness of School-Bullying Intervention Programs Globally: a Meta-analysis
Gaffney et al	2021	What works in anti-bullying programs? Analysis of effective intervention components
Galende et al	2020	Cyber dating violence prevention programs in universal populations: A systematic review

Gausman et al	2020	A social-ecological examination into the research, policy and health service delivery environment related to early marriage and sexual and gender-based violence among youth in Jordan
Gibbs et al	2017	A global comprehensive review of economic interventions to prevent intimate partner violence and HIV risk behaviours
Gilani et al	2020	Methods for Prevention of Sexual Abuse among Adolescents: A Systematic Review
Goense et al	2016	Making ‘what works’ work: A meta-analytic study of the effect of treatment integrity on outcomes of evidence-based interventions for juveniles with antisocial behavior
Goldfarb & Lieberman	2021	Three Decades of Research: The Case for Comprehensive Sex Education
Goulden et al	2023	A Scoping Review of Programs for Young Mothers with Child Welfare Involvement in Canada and the United States
Grant	2011	A META-ANALYSIS OF SCHOOL-BASED INTERVENTIONS FOR MIDDLE SCHOOLERS: ACADEMIC, BEHAVIORAL, AND SOCIAL OUTCOMES
Gubbels et al	2021	Effective Components of School-Based Prevention Programs for Child Abuse: A Meta-Analytic Review
Hackett et al	2015	The Therapeutic Efficacy of Domestic Violence Victim Interventions
Hackett et al	2016	The Therapeutic Efficacy of Domestic Violence Victim Interventions
Haig & Skinner	2022	Use of Equine-Assisted Services to Improve Outcomes Among At-Risk and Indigenous Youth: A Scoping Review
Hall	2017	The Effectiveness of Policy Interventions for School Bullying: A Systematic Review
Hall et al	2020	Motivational Interviewing in Child Welfare Services: A Systematic Review
Hamari et al	2022	Parent Support Programmes for Families Who are Immigrants: A Scoping Review
Hardee et al	2014	What HIV Programs Work for Adolescent Girls?
Haroze et al	2020	What works in psychosocial programming in humanitarian contexts in low- and middle-income countries: a systematic review of the evidence
Harvey & Taylor	2010	A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents
Haught	2016	Bullying Prevention in Special Education: A Multimethod Investigation of Evidence-based Programs and Practices
Herbert & Bromfield	2016	Evidence for the Efficacy of the Child Advocacy Center Model: A Systematic Review
Herbert & Bromfield	2019	Better Together? A Review of Evidence for Multi-Disciplinary Teams Responding to Physical and Sexual Child Abuse
Hillis et al	2016	THRIVES: Using the best evidence to prevent violence against children
Hobson et al	2022	Restorative Justice, Youth Violence, and Policing: A Review of the Evidence
Hong et al	2014	A Review of Bullying Prevention and Intervention in South Korean Schools: An Application of the Social–Ecological Framework
Huang et al	2019	A Meta-analytic Review of School-Based Anti-bullying Programs with a Parent Component
Huang et al	2022	Applying technology to promote sexual and reproductive health and prevent gender based violence for adolescents in low and middle-income countries: digital health strategies synthesis from an umbrella review
Jackson et al	2023	Interventions to Support Children's Recovery From Neglect-A Systematic Review.
Kafel	2020	TEACHING PEER CONFLICT RESOLUTION SKILLS TO SECONDARY SCHOOL STUDENTS TO EFFECTIVELY DECREASE BULLYING BEHAVIORS: A SYSTEMATIC REVIEW OF THE LITERATURE
Katic et al	2020	A Systematic Evaluation of Restorative Justice Practices: School Violence Prevention and Response
Keith et al	2023	A Systematic Review of Interventions to Reduce Gender-Based Violence Among Women and Girls in Sub-Saharan Africa
Kelly	2017	Methods for Reducing Violence in Schools: A Systematic Review
Kennedy	2020	A meta-analysis of the outcomes of bullying prevention programs on subtypes of traditional bullying victimization: Verbal, relational, and physical
Kennedy	2020A	Gender differences in outcomes of bullying prevention programs: A meta- analysis
Kennedy et al	2016	Does Parent–Child Interaction Therapy Reduce Future Physical Abuse? A Meta-Analysis
Kern et al	2020	A Review of Behavior-Based Interventions that Address Bullying, Aggressive, and Inappropriate Student Behavior during Recess
Kewley et al	2023	Preventing child sexual abuse before it occurs: examining the scale and nature of secondary public health prevention approaches
Khetarpal et al	2023	Sexual Health and Relationship Abuse Interventions in Pediatric Primary Care: A Systematic Review
Kidron & Keller	2017	Alliance for the Protection of Children Project: A Systematic Research Review and Meta-Analysis

Kim & Ferraresso	2023	Examining Technology-Facilitated Intimate Partner Violence: A Systematic Review of Journal Articles
Kim et al	2016	Sex Offender Recidivism Revisited: Review of Recent Meta-analyses on the Effects of Sex Offender Treatment
Kim et al	2023	Evaluation of Services for the Commercial Sexual Exploitation of Children and Youth: A Scoping Review
Kirtley Righi et al	2019	Integrated Intimate Partner Violence and Human Immunodeficiency Virus Interventions in Sub-Saharan Africa: A Systematic Review Targeting or Including Adolescents
Kiss et al	2020	Male and LGBT survivors of sexual violence in conflict situations: a realist review of health interventions in low-and middle- income countries
Laird & Mulvihill	2022	Assessing the Extent to Which Art Therapy Can Be Used with Victims of Childhood Sexual Abuse: A Thematic Analysis of Published Studies
Lan et al	2022	Effectiveness of anti-cyberbullying educational programs: A socio-ecologically grounded systematic review and meta-analysis
Lancaster	2018	A Systematic Research Synthesis on Cyberbullying Interventions in the United States
Landers et al	2018	A scoping review of evidence-based interventions available to parents of maltreated children ages 0-5 involved with child welfare services
Lauricella et al	2016	Culturally Grounded Prevention for Minority Youth Populations: A Systematic Review of the Literature
Lee et al	2015	A meta-analysis of the effect of school-based anti-bullying programs
Leff et al	2010	A Review of Existing Relational Aggression Programs: Strengths, Limitations, and Future Directions
Lettiere-Viana et al	2020	COPING STRATEGIES FOR VIOLENCE AGAINST CHILDREN, ADOLESCENTS AND WOMEN IN THE CONTEXT OF SOCIAL ISOLATION DUE TO COVID-19: SCOPING REVIEW
Lewington et al	2022	Female empowerment to improve sexual and reproductive health outcomes and prevent violence in adolescent girls and young women in Uganda: evidence reviews for policy
Lin et al	2020	The Impact of Comprehensive Community Initiatives on Population-Level Child, Youth, and Family Outcomes: A Systematic Review
Livingston et al	2023	Breaking the Cycle of Family Violence: A Critique of Family Violence Interventions
Lo & Cho	2021	Community-Based Interventions to Reduce Child Maltreatment
Lodi et al	2021	Use of Restorative Justice and Restorative Practices at School: A Systematic Literature Review
Lodi et al	2022	Use of Restorative Justice and Restorative Practices at School: A Systematic Literature Review
Lopes & Williams	2018	Pediatric Abusive Head Trauma Prevention Initiatives: A Literature Review
Lourenço et al	2019	Community interventions related to intimate partner violence among adolescents: scope review
Lowe et al	2022	Mechanisms for the prevention of adolescent intimate partner violence: A realist review of interventions in low- and middle-income countries
Lu et al	2022	Unpacking School-Based Child Sexual Abuse Prevention Programs: A Realist Review
Luan et al	2023	A Scoping Review of Programs to Prevent Child Sexual Abuse in Mainland China
Maguire-Jack et al	2022	A scoping review of economic supports for working parents: The relationship of TANF, child care subsidy, SNAP, and EITC to child maltreatment
Maguire-Jack et al	2022A	Early childhood education and care policies in the U.S. And their impact on family violence
Majed et al	2022	Examining Positive Youth Development Interventions With a Physical Activity Component to Address Bullying Among Pre- and Early Adolescents: A Critical Review of the Literature
Marcus et al	2019	What are the impacts of parenting programmes on adolescents? A review of evidence from low- and middle-income countries
Marcus et al	2021	How far do parenting programmes help change norms underpinning violence against adolescents? Evidence from low and middle-income countries
Mathews et al	2021	Prevention of violence against children in and through schools in the Global South
McCord et al	2022	Digital displacement of youth offending: scoping and understanding the issue
McGuire et al	2021	Chapter 5 What Works in School-Based Interventions? A Systematic Review of Evaluation Research
McGuire et al	2021	Chapter 11 What Works in Public Awareness Campaigns? A Scoping Review
McKibbin	2017	Preventing Harmful Sexual Behaviour and Child Sexual Exploitation for children & young people living in residential care: A scoping review in the Australian context
McTavish et al	2022	Child Welfare Reform: A Scoping Review
Melendez-Torres et al	2019	What are the Optimal Combinations of Parenting Intervention Components to Reduce Physical Child Abuse Recurrence? Reanalysis of a Systematic Review using Qualitative Comparative Analysis

Messman et al	2022	Anonymous Reporting Systems for School-Based Violence Prevention: A Systematic Review
Miffitt	2014	State of the Science: Group Therapy Interventions for Sexually Abused Children
Miller-Graff & Campion	2016	Interventions for Posttraumatic Stress With Children Exposed to Violence: Factors Associated With Treatment Success
Mishna et al	2011	Interventions to Prevent and Reduce Cyber Abuse of Youth: A Systematic Review
Monteiro Macedo et al	2018	Coping strategies for domestic violence against pregnant female adolescents: integrative review
Moreland & McRae-Clark	2018	Parenting outcomes of parenting interventions in integrated substance-use treatment programs: A systematic review
Morello et al	2022	Parenting Programs to Reduce Recurrence of Child Maltreatment in the Family Environment: A Systematic Review
Morrison et al	2014	Systematic review of parenting interventions in European countries aiming to reduce social inequalities in children's health and development
Moss & Fedina	2023	Centering Media Literacy and Cultural Tailoring: A Scoping Review of Interventions Used to Address Black Adolescent Intimate Partner Violence
Moy	2014	MODERATING VARIABLES IN THE TREATMENT EFFECTS OF SECOND STEP
Moy et al	2018	International adoption of the Second Step program: Moderating variables in treatment effects
Murphy et al	2017	Family Reunification: A Systematic Review of Interventions Designed to Address Co-Occurring Issues of Child Maltreatment and Substance Use
Ndwiga et al	2022	Experience of care of hospitalized newborns and young children and their parents: A scoping review
Noble et al	2019	State of the Evidence: A Systematic Review of Approaches to Reduce Gender-Based Violence and Support the Empowerment of Adolescent Girls in Humanitarian Settings
Nocentini et al	2015	Anti-bullying programs and Information and Communication Technologies (ICTs): A systematic review
Nunes et al	2016	Preventing violence by intimate partners in adolescence: an integrative review
Nyberg et al	2023	School-based Abuse Prevention Programs for Children: A Scoping Review
O'Brien et al	2022	Improving services for youth survivors of commercial sexual exploitation: Insights from interventions with other high-risk youth
O'Connor & Waddell	2015	WHAT WORKS TO PREVENT GANG INVOLVEMENT, YOUTH VIOLENCE AND CRIME: A RAPID REVIEW OF INTERVENTIONS DELIVERED IN THE UK AND ABROAD
Ogunjimi et al	2017	CHILD SEXUAL ABUSE PREVENTION: INTEGRATIVE REVIEW
Özabaci	2011	Cognitive behavioural therapy for violent behaviour in children and adolescents: A meta-analysis
Palermo et al	2024	Systematic review of the impacts of US Social Safety Nets on child maltreatment
Palmer & Hirsch	2022	Putting the "Comprehensive" in Comprehensive Sexuality Education: a Review Exploring Young Adult Literature as a School-based Intervention
Pastrana et al	2022	Interventions for child and adolescent survivors of intrafamilial homicide: A review of the literature
Pedersen & King	2023	How Can Sport-Based Interventions Improve Health among Women and Girls? A Scoping Review
Petering et al	2014	Systematic Review of Current Intimate Partner Violence Prevention Programs and Applicability to Homeless Youth
Peterman et al	2017	Understanding the linkages between social safety nets and childhood violence: a review of the evidence from low- and middle-income countries
Pitts	2015	Child sexual abuse prevention programs for pre-schoolers: A synthesis of current evidence
Plan International	2020	Cash and voucher assistance for adolescents: An evidence review of how cash and voucher assistance can achieve outcomes for adolescents in humanitarian settings
Plourde et al	2017	Mentoring Interventions and the Impact of Protective Assets on the Reproductive Health of Adolescent Girls and Young Women
Plourde et al	2020	Boys Mentoring, Gender Norms, and Reproductive Health - Potential for Transformation
Polanin et al	2012	A Meta-Analysis of School-Based Bullying Prevention Programs' Effects on Bystander Intervention Behavior
Poling et al	2019	Direct verbal aggression in school settings: A review of the literature
Pontes et al	2019	A Systematic Literature Review of the ACT Raising Safe Kids Parenting Program
Poole et al	2014	A systematic review of universal campaigns targeting child physical abuse prevention
Prezensky et al	2018	School Actions to Prevent Gender-Based Violence: A (Quasi-)Systematic Review of the Brazilian and the International Scientific Literature

Purewal Bopari et al	2018	A Review of Randomized Controlled Trials Addressing Childhood Adversities in Pediatric Primary Care
Quinones & Navarro	2022	A 10 year (2011-2021) systematic review of teen dating violence prevention programs
Resett & Mesurado	2021	Bullying and Cyberbullying in Adolescents: A Meta-analysis on the Effectiveness of Interventions
Retzlaff et al	2013	The Efficacy of Systemic Therapy for Internalizing and Other Disorders of Childhood and Adolescence: A Systematic Review of 38 Randomized Trials
Righi et al	2020	Integrated intimate partner violence and HIV interventions among adolescents in Sub-Saharan Africa: A systematic review
Riskika et al	2021	Primary Sexual Abuse Prevention in School Age Children: A Systematic Review
Rizo et al	2011	A review of family interventions for intimate partner violence with a child focus or child component
Rizzo et al	2022	Exploring the Activities and Target Audiences of School-Based Violence Prevention Programs: Systematic Review and Intervention Component Analysis
Robles-Campos et al	2023	Psychological outcomes of classroom-based physical activity interventions in children 6- to 12-year- olds: A scoping review
Roche et al	2023	Online sexual exploitation of children in the Philippines: A scoping review.
Rowhani-Rahbara et al	2022	Income support policies and firearm violence prevention: A scoping review
Roygardner et al	2021	A Structured Review of the Literature on Abusive Head Trauma Prevention
Russell et al	2020	Preventing child sexual abuse: A systematic review of interventions and their efficacy in developing countries
Saleme et al	2023	An Integrative Literature Review of Interventions to Protect People with Disabilities from Domestic and Family Violence
Salinas et al	2022	A systematic review: Male engagement in adolescent and young adults' sexual and reproductive health in the Americas
Santini & Williams	2016	Parenting Programs to Prevent Corporal Punishment: A Systematic Review
Sawrikar & Katz	2018	Preventing child sexual abuse (CSA) in ethnic minority communities: A literature review and suggestions for practice in Australia
Schaefer et al	2018	Adolescent and youth health policies in the Portuguese-Brazilian context: specificities and approximations
Schwartz et al	2016	The role of technology in improving K-12 school safety
Schweitzer et al	2015	Building the Evidence Base for Intensive Family Preservation Services
Sepers et al	2022	Working with denial in families dealing with child abuse: A scoping review of the resolutions approach
Sherr et al	2017	Child violence experiences in institutionalised/ orphanage care
Smith	2020	A SYSTEMATIC LITERATURE REVIEW OF VIOLENCE PREVENTION PROGRAMS IN MIDDLE AND HIGH SCHOOLS
Smith et al	2012	Systematic Review of Fathers' Involvement in Programmes for the Primary Prevention of Child Maltreatment
Solehati et al	2022	The Current Preventing of Child Sexual Abuse: A Scoping Review
Sondhi & Williams	2023	A systematic mapping of public health primary prevention interventions with relevance for policing
Sood & Cronin	2019	Communication for Development Approaches to Address Violence Against Children: A Systematic Review
Sood et al	2022	What Works to Address Violence Against Children (VAC) in and Around Schools
South et al	2015	Scoping review: Evaluations of out-of-home care practice elements that aim to prevent child sexual abuse
Srinivasan et al	2022	Bullying among children and adolescents in the SAARC countries: A scoping review
Stalker & McArthur	2012	Child Abuse, Child Protection and Disabled Children: A review of recent research
Stalldal et al	2015	Preventing sexual abuse of children: risk assessment and interventions for adults at risk of offending
Stavropoulou	2018	Interventions promoting adolescent girls' economic capabilities: what works? A rapid evidence review
Stith et al	2021	Using systemic interventions to reduce intimate partner violence or child maltreatment: A systematic review of publications between 2010 and 2019
Stith et al	2022	Using systemic interventions to reduce intimate partner violence or child maltreatment: A systematic review of publications between 2010 and 2019
Stoll & Anderson	2013	Prevention of Abusive Head Trauma: A Literature Review
Tanrikulu	2018	Cyberbullying prevention and intervention programs in schools: A systematic review
Tehrani	2014	Comparisons between Traditional and Contemporary Treatment Modalities for Sexually Abused Children and Adolescents: A Meta-Analysis
Tehrani et al	2016	Comparisons between Traditional and Contemporary Treatment Modalities for Sexually Abused Children and Adolescents: A Meta-Analysis

Tichelaar et al	2020	Exploring effectiveness of psychotherapy options for sexually abused children and adolescents: A systematic review of randomized controlled trials
Tozzo et al	2022	Family and Educational Strategies for Cyberbullying Prevention: A Systematic Review
Trask et al	2011	Treatment effects for common outcomes of child sexual abuse: A current meta-analysis
Ttofi & Farrington	2011	Effectiveness of school-based programs to reduce bullying: a systematic and meta-analytic review
Turhan	2021	Safe Father–Child Contact Postseparation in Situations of Intimate Partner Violence and Positive Fathering Skills: A Literature Review
Valle et al	2020	Whole-school antibullying interventions: A systematic review of 20 years of publications
Van der Put et al	2018	Identifying Effective Components of Child Maltreatment Interventions: A Meta-analysis
Vandebosch et al	2022	A scoping review of technological interventions to address ethnicity-related peer aggression
Vosz et al	2023	It Is Time to Focus on Prevention: a Scoping Review of Practices Associated with Prevention of Child Sexual Abuse and Australian Policy Implications
Wang & Jiang	2023	Effectiveness of Parent-Related Interventions on Cyberbullying Among Adolescents: A Systematic Review and Meta-Analysis
Weaver & Campbell	2015	Fresh Start: A Meta-Analysis of Aftercare Programs for Juvenile Offenders
Weiner	2010	Examining the Effectiveness of Psychological Treatments and Interventions for Child Maltreatment: A Meta-analysis
Westera et al	2016	A systematic review of the efficacy of specialist police investigative units in responding to child sexual abuse
Westphaln et al	2021	Outcomes and outputs affiliated with Children’s Advocacy Centers in the United States: A scoping review
WHO	2022	What works to prevent online violence against children?
Widiyanto et al	2018	KIVA Program for Trauma Healing due to Cyber-bullying among Students
World Bank Group	2023	What works to narrow gender gaps and empower women in Sub-Saharan Africa? An evidence-review of selected impact evaluation studies
Xue et al	2021	Virtual Reality or Augmented Reality as a Tool for Studying Bystander Behaviors in Interpersonal Violence: Scoping Review
Yanez-Peñúñuri et al	2019	Therapeutic intervention for victims and perpetrators of dating violence: a systematic review
Yeager et al	2015	Declines in efficacy of anti-bullying programs among older adolescents: Theory and a three-level meta-analysis
Zhang et al	2019	The impacts of family treatment drug court on child welfare core outcomes: A meta-analysis
Zolotor & Puzia	2010	Bans against Corporal Punishment: A Systematic Review of the Laws, Changes in Attitudes and Behaviours
Zwaiman et al	2022	The involvement of trauma survivors in hospital-based injury prevention, violence intervention and peer support programs: A scoping review
Zych et al	2015	Systematic review of theoretical studies on bullying and cyberbullying: Facts, knowledge, prevention, and intervention

EMPTY REVIEW OR NO RELEVANT PRIMARY STUDY (N=10)

Authors	Year	Article Title
Asgary et al	2013	Systematic review of prevention and management strategies for the consequences of gender-based violence in refugee settings
Brody et al	2019	Do combination HIV prevention programmes result in increased empowerment, inclusion and agency to demand equal rights for marginalised populations in low-income and middle-income countries? A systematic review.
Byrne	2017	Systematic review of speech and language therapy outcomes for children who are in Out of Home Care (OOHC)
Chamberlain et al	2019	Parenting after a history of childhood maltreatment: A scoping review and map of evidence in the perinatal period
Higginson et al	2016	Youth gang membership and violence in low- and middle-income countries: Part 2
McGranahan et al	2021	Rights based approaches to sexual and reproductive health in low and middle-income countries: A systematic review
Parker & Turner	2013	Psychoanalytic/Psycho- dynamic Psychotherapy for Children and Adolescents Who Have Been Sexually Abused: A Systematic Review

Patel et al	2014	Psychological, social and welfare interventions for psychological health and well-being of torture survivors (Review)
Tol et al	2019	Can mental health treatments help prevent or reduce intimate partner violence in low- and middle-income countries? A systematic review
Windisch et al	2022	Online interventions for reducing hate speech and cyberhate: A systematic review

DUPLICATE OR SUBSEQUENTLY UPDATED (N=19)

Authors	Year	Article Title
Alvarado et al	2017	A systematic review of positive youth development programs in low- and middle-income countries
Backhaus et al	2023	Systematic review on parenting interventions in humanitarian settings in LMICs. In World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence (pp. 186–209)
Bergsund et al	2023	The effect of relationship-based interventions for maltreated children and adolescents: a systematic review and meta-analysis
Bonell et al	2016	The effects of Positive Youth Development interventions on substance use, violence and inequalities: systematic review of theories of change, processes and outcomes
Bonell et al	2013	Systematic review of the effects of schools and school environment interventions on health: evidence mapping and synthesis
De La Rue et al	2017	A Meta-Analysis of School-Based Interventions Aimed to Prevent or Reduce Violence in Teen Dating Relationships
Esposito et al	2017	Assessing the Research on Home Visiting Program Models Implemented in Tribal Communities. (Includes Part 1: Evidence of Effectiveness. And Part 2: Lessons Learned about Implementation and Evaluation)
Fellmeth et al	2015	Educational and Skills-Based Interventions to Prevent Relationship Violence in Young People
Kettrey & Marx	2021	Effects of bystander sexual assault prevention programs on promoting intervention skills and combatting the bystander effect: a systematic review and meta-analysis
Langford et al	2015	The World Health Organization’s Health Promoting Schools framework: a Cochrane systematic review and meta-analysis
Macdonald et al	2012	Cognitive-Behavioural Interventions for Children Who Have Been Sexually Abused: A Systematic Review
Melendez-Torres et al	2024	School-based interventions To Prevent Dating and Relationship Violence and Gender-Based Violence: STOP-DRV-GBV systematic review
Nelson et al	2013	Behavioral Interventions and Counseling to Prevent Child Abuse and Neglect: Systematic Review to Update the U.S. Preventive Services Task Force Recommendation
SBU	2011	Medical and Psychological Methods for Preventing Sexual Offences Against Children: A systematic review
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?
Stanley et al	2015	Preventing domestic abuse for children and young people (PEACH): A mixed knowledge scoping review
Tancred et al	2019	Interventions integrating health and academic education in schools to prevent substance misuse and violence: a systematic review
Walsh et al	2018	School-Based Education Programs for the Prevention of Child Sexual Abuse: A Cochrane Systematic Review and Meta-Analysis
Winokur et al	2018	Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes

NO ENGLISH TRANSLATION AVAILABLE (N=4)

Authors	Year	Article Title
Blaasvør et al	2015	The effect of interventions for at-risk families with children 0-6 years
Park & Kim	2017	Effects of Home-Based Intervention Program to Prevent Child Abuse for Parents: A Meta Analysis
SBU	2018	Primary care interventions provided to families where children have been subjected to abuse and neglect: A systematic review and assessment including economic and ethical aspects
St-Germain et al	2016	Are early intervention strategies effective to prevent child maltreatment in young mothers?

Appendix 5.7: List of 216 Included Reviews & Graph on Publication Years.

Authors	Year	Article Title
Al et al	2012	A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning
Arango et al	2014	Interventions To Prevent Or Reduce Violence Against Women And Girls: A Systematic Review Of Reviews
Arrojo et al	2024	Dating violence prevention programs for at-risk adolescents: A systematic review and meta-analysis
Atienzo et al	2017	Interventions to prevent youth violence in Latin America: a systematic review
Bacchus et al	2024	Interventions that prevent or respond to intimate partner violence against women and violence against children: a systematic review
Backhaus, Leijten, et al	2023	Effects over time of parenting interventions to reduce physical and emotional violence against children: a systematic review and meta-analysis.
Backhaus, Gardner, et al	2023a	Global review on parenting interventions for children aged 2–10 years. In World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence (pp. 66–152)
Backhaus, Gardner, et al	2023b	Parenting interventions for parents of very young children (age 0–2) in low- and middle-income countries: a narrative review. In World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence (pp. 210–237).
Backhaus, Gardner, et al	2023c	Parenting programmes for parents of adolescents in LMICs – adolescent sub-review. In World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence (pp. 153–185)
Backhaus, Gardner, et al	2023d	Parenting programmes for reducing child maltreatment and harsh parenting in low- and middle-income countries: systematic review and meta-analysis. In World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence (pp. 16–65).
Backhaus, Gardner, et al	2024	Equity effects of parenting interventions to reduce violence against children: Individual participant data and aggregate-level meta-analyses
Backhaus, Blackwell, et al	2024	The effectiveness of parenting interventions in reducing violence against children in humanitarian settings in low- and middle-income countries: A systematic review and meta-analysis
Baidawi et al	2023	Place-based approaches to tackling local youth violence: A review of evidence on models, implementation and impacts
Baldwin et al	2022	A systematic narrative review of the effects of alcohol supply reduction policies on children and adolescents
Barros et al	2022	Community intervention programs for sex offenders: A systematic review
Barton et al	2020	Targeted interventions for violence among Latinx youth: A systematic review
Baumgarten et al	2023	School-based interventions to reduce teacher violence against children: a systematic review
BCCEWH	2013	Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence
Beatson et al	2021	Systematic review: An exploration of core componentry characterizing effective sustained nurse home visiting programs
Bennett et al	2021	A Systematic Review of Controlled-Trials for PTSD in Maltreated Children and Adolescents
Bergsund et al	2021	The effect of relationship-based interventions for maltreated children and adolescents: a systematic review and meta-analysis
Bidonde & Meneses	2017	The effect of interventions for children who have experienced violence in close relationships: An overview of reviews
Bleiweiss-Sande et al	2022	Assessing effectiveness of early childhood home visiting models implemented with tribal populations
Bonell et al	2013	The effects on student health of interventions modifying the school environment: systematic review
Borges Machado et al	2024	The relationship between cash-based interventions and violence: A systematic review and evidence map
Branco et al	2022	Universal Intervention to Strengthen Parenting and Prevent Child Maltreatment: Updated Systematic Review

Burley et al	2022	Connecting Healthcare with Income Maximisation Services: A Systematic Review on the Health, Wellbeing and Financial Impacts for Families with Young Children
Burrus et al	2012	Person-to-Person Interventions Targeted to Parents and Other Caregivers to Improve Adolescent Health: A Community Guide Systematic Review
Caro et al	2023	Comparative effectiveness of psychological interventions for treating the psychological consequences of sexual abuse in children and adolescents: a network meta-analysis
Cassidy et al	2014	A systematic review of the effects of poverty deconcentration and urban upgrading on youth violence
Cassidy et al	2016	Brief report on a systematic review of youth violence prevention through media campaigns: Does the limited yield of strong evidence imply methodological challenges or absence of effect?
Castillo-Eito et al	2020	How can adolescent aggression be reduced? A multi-level meta-analysis
Catalano et al	2019	Positive Youth Development Programs in Low- and Middle- Income Countries: A Conceptual Framework and Systematic Review of Efficacy
Chang et al	2024	The Effectiveness of Parenting Programs in Preventing Abusive Head Trauma: A Systematic Review and Meta-Analysis
Che Yusof et al	2022	Effectiveness of school-based child sexual abuse intervention among school children in the new millennium era: Systematic review and meta-analyses
Chen & Chan	2016	Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis
Chen & Chan	2022	Effectiveness of Digital Health Interventions on Unintentional Injury, Violence, and Suicide: Meta-Analysis
Chen et al	2021	A Meta-Analysis on Effects of Parenting Programs on Bullying Prevention
Chen et al	2023	Effectiveness of Digital Health Interventions in Reducing Bullying and Cyberbullying: A Meta-Analysis
Coore Desai et al	2017	The prevention of violence in childhood through parenting programmes: a global review
Coulter et al	2019	Mental Health, Drug, and Violence Interventions for Sexual/Gender Minorities: A Systematic Review
Courtin et al	2019	The Role of Socioeconomic Interventions in Reducing Exposure to Adverse Childhood Experiences: a Systematic Review
Cox et al	2016	Violence Prevention and Intervention Programmes for Adolescents in Australia: A Systematic Review
Cuartas et al	2024	Strategies to Prevent Violence Against Children in the Home: A Systematic Review of Reviews
De Koker et al	2014	A Systematic Review of Interventions for Preventing Adolescent Intimate Partner Violence
De La Rue et al	2014	School-Based Interventions to Reduce Dating and Sexual Violence: A Systematic Review
Decker et al	2024	Integrated Theory-Based Health and Development Interventions for Young People: A Global Scoping Review
Dedios Sanguinetti et al	2023	Social Norms and Interventions on Peer Violence: A Systematic Review of the Empirical Literature
DeGue et al	2014	A systematic review of primary prevention strategies for sexual violence perpetration
Desrosiers et al	2020	A systematic review of sexual and reproductive health interventions for young people in humanitarian and lower-and- middle-income country settings
Dijkstra et al	2016	The effectiveness of family group conferencing in youth care: A meta-analysis
Earshaw et al	2018	Stigma-based bullying interventions: A systematic review
Esposito et al	2024	Technology-Based Interventions for Preventing Youth Violence: A Systematic Review of Programs, Tools, and Evidence
Euser et al	2015	A gloomy picture: a meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment
Evangelio et al	2022	Cyberbullying in elementary and middle school students: A systematic review
Family Planning Victoria	2016	Interventions To Improve the Sexual and Reproductive Health of Young People: A systematic review of reviews
Fang et al	2022	Parenting Programs That Address Physical Abuse in Childhood for Families of Children With Developmental Disabilities in Mainland China: Systematic Review and Meta-Regression
Fang et al	2024	Parenting interventions that promote child protection and development for preschool- age children with developmental disabilities: A global systematic review and meta- analysis
Fantaye et al	2022	Interventions Promoting Child Sexual and Reproductive Health and Rights in LMICs: A Systematic Review
Farmer et al	2023	School-Based Interventions to Prevent Dating and Relationship Violence and Gender-Based Violence: Systematic Review and Network Meta-Analysis
Fellmeth et al	2013	Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults (Review)

Filges et al	2022	Outreach programs to improve life circumstances and prevent further adverse developmental trajectories of at-risk youth in OECD countries: A systematic review
Finnie et al	2022	Intimate Partner and Sexual Violence Prevention Among Youth: A Community Guide Systematic Review
Flynn et al	2015	Primary Care Interventions to Prevent or Treat Traumatic Stress in Childhood: A Systemic Review
Fraguas et al	2021	Assessment of School Anti-Bullying Interventions A Meta-analysis of Randomized Clinical Trials
Gaffney et al	2021	Effectiveness of school-based programs to reduce bullying perpetration and victimization: An updated systematic review and meta-analysis
Gardner et al	2023	WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years: Report of the reviews for the WHO-INTEGRATE framework
Gavine et al	2016	Effectiveness of Universal School-Based Programs for Prevention of Violence in Adolescents
Gillespie et al	2022	Parenting Interventions for Refugees and Forcibly Displaced Families: A Systematic Review
Goldman Fraser et al	2013	Child Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Maltreatment
Goyal et al	2013	Home Visiting and Outcomes of Preterm Infants: A Systematic Review
Graham et al	2021	Evaluations of Prevention Programs for Sexual, Dating, and Intimate Partner Violence for Boys and Men: A Systematic Review
Graham-Kevan & Brooks	2016	Effective support for victims of sexual violence: A systematic review of reviews
Grønnerød et al	2015	Psychological Treatment of Sexual Offenders Against Children: A Meta-Analytic Review of Treatment Outcome Studies
Gubbels et al	2019	The Effectiveness of Parent Training Programs for Child Maltreatment and Their Components: A Meta-Analysis
Gubbels et al	2021	Components associated with the effect of home visiting programs on child maltreatment: A meta-analytic review
Han & Oh	2022	The effectiveness of home visiting programs for the prevention of child maltreatment recurrence at home: a systematic review and meta-analysis
Harrison et al	2022	Mental Health and Positive Development Prevention Interventions: Overview of Systematic Reviews
Hensums et al	2023	What Works for Whom in School-Based Anti-bullying Interventions? An Individual Participant Data Meta-analysis
Hermenau et al	2017	Fostering Child Development by Improving Care Quality: A Systematic Review of the Effectiveness of Structural Interventions and Caregiver Trainings in Institutional Care
Heyeres et al	2021	Cyberbullying prevention and treatment interventions targeting young people: an umbrella review
Hielscher et al	2021	Intervention programs designed to promote healthy romantic relationships in youth: A systematic review
Hossain et al	2018	Urbanisation, Insecurity, and Violence: A Systematic Review – Final Report
Houchins et al	2016	Bullying and Students With Disabilities: A Systematic Literature Review of Intervention Studies
Howarth et al	2016	IMPRoving Outcomes for children exposed to domestic Violence (IMPROVE): An evidence synthesis
Howey et al	2022	Effectiveness of Residential Treatment for Juveniles with Problematic Sexual Behavior: A Systematic Review
Hua & Leijten	2022	Parenting Programs for Disruptive Child Behavior in China: A Meta-Analysis and Systematic Review
Hutson et al	2018	Systematic Review of Cyberbullying Interventions for Youth and Parents With Implications for Evidence-Based Practice
Jennings et al	2019	A forgotten group during humanitarian crises: a systematic review of sexual and reproductive health interventions for young people including adolescents in humanitarian settings
Jiménez-Barbero et al	2012	Effectiveness of antibullying school programmes: A systematic review by evidence levels
Jiménez-Barbero et al	2016	Effectiveness of anti-bullying school programs: A meta-analysis
Jiménez-Barbero et al	2020	Physical education and school bullying: A systematic review
Jones	2013	Programs For Children Exposed To Domestic Violence: A Systematic Review Of Cognitive Behavioural, Expressive, And Psychoeducational Group-Based Interventions

Kamaruddin et al	2023	A systemic review and meta-analysis of interventions to decrease cyberbullying perpetration and victimization: an in-depth analysis within the Asia Pacific region
Kanine et al	2015	Therapeutic Day Treatment for Young Maltreated Children: A Systematic Literature Review
Kemmis-Riggs et al	2018	Program Components of Psychosocial Interventions in Foster and Kinship Care: A Systematic Review
Kettrey & Marx	2019	Does the Gendered Approach of Bystander Programs Matter in the Prevention of Sexual Assault Among Adolescents and College Students? A Systematic Review and Meta-Analysis
Kettrey et al	2019	Effects of bystander programs on the prevention of sexual assault among adolescents and college students: A systematic review
Kim et al	2019	Interventions to Reduce the Problems of Abused Children and Adolescents in Residential Facilities in South Korea: An Integrative Review
Knerr et al	2013	Improving Positive Parenting Skills and Reducing Harsh and Abusive Parenting in Low- and Middle-Income Countries: A Systematic Review
Kovalenko et al	2022	What Works in Violence Prevention Among Young People?: A Systematic Review of Reviews
LaBrenz et al	2020	Reunifying Successfully: A Systematic Review of Interventions to Reduce Child Welfare Recidivism
Langford et al	2014	The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement (Review)
Långström et al	2013	Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions
Latzman et al	2019	The promotion of well-being among children exposed to intimate partner violence: A systematic review of interventions
Lee & Wong	2022	Examining the effects of teen dating violence prevention programs: a systematic review and meta-analysis
Leenarts et al	2013	Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: A systematic review
Leijten et al	2018	Research Review: Harnessing the power of individual participant data in a meta-analysis of the benefits and harms of the Incredible Years parenting program
Sarah Lester et al	2019	What helps to support people affected by Adverse Childhood Experiences? A review of evidence
Soraya Lester et al	2017	What do we know about preventing school violence? A systematic review of systematic reviews
Levey et al	2017	A systematic review of randomized controlled trials of interventions designed to decrease child abuse in high-risk families
Levy et al	2020	Characteristics of successful programmes targeting gender inequality and restrictive gender norms for the health and wellbeing of children, adolescents, and young adults: A systematic review
Lindert et al	2020	Psychosocial interventions for violence exposed youth – A systematic review
Lines et al	2018	How Do Nurses Keep Children Safe From Abuse and Neglect, and Does it Make a Difference? A Scoping Review
Little et al	2021	Effectiveness of cash-plus programmes on early childhood outcomes compared to cash transfers alone: A systematic review and meta-analysis in low- and middle-income countries
Lu et al	2023	School-based Child Sexual Abuse Interventions: A Systematic Review and Meta-analysis
MacArthur et al	2018	Individual-, family-, and school-level interventions targeting multiple risk behaviours in young people (Review)
Macdonald et al	2012	Cognitive-behavioural interventions for children who have been sexually abused (Review)
Macdonald et al	2016	The effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents: an evidence synthesis
Maclean et al	2016	Out-of-Home Care versus In-home Care for Children Who Have Been Maltreated: A Systematic Review of Health and Wellbeing Outcomes
Majed	2018	The Impact of Positive Youth Development-Physical Activity Based Interventions On Bullying Among Adolescents: A Systematic Review
Marx & Kettrey	2016	Gay-Straight Alliances are Associated with Lower Levels of School-Based Victimization of LGBTQ+ Youth: A Systematic Review and Meta-analysis
McCloskey	2011	A systematic review of parenting interventions to prevent child abuse tested with RCT designs in high-income countries
McCoy et al	2020	Parenting interventions to prevent violence against children in low- and middle-income countries in East and Southeast Asia: A systematic review and multi-level meta-analysis
McGinn et al	2020	Family group decision-making for children at risk of abuse or neglect: A systematic review

McGovern et al	2021	Psychosocial Interventions to Improve Psychological, Social and Physical Wellbeing in Family Members Affected by an Adult Relative's Substance Use: A Systematic Search and Review of the Evidence
McLean et al	2017	Health, Happiness and Wellbeing in the Transition from Adolescence to Adulthood: A Systematic Overview of Population Level Interventions
McNaughton Reyes et al	2021	Adolescent dating violence prevention programmes: a global systematic review of evaluation studies
McPhail & Olver	2020	Interventions for pedohebephilic arousal in men convicted for sexual offenses against children: A meta-analytic review
McTavish et al	2021	Psychosocial interventions for responding to child sexual abuse: A systematic review
Meinck et al	2019	Interventions to reduce gender-based violence among young people living with or affected by HIV/AIDS in low-income and middle-income countries
Melendez-Torres et al	2016	Systematic review and meta-analysis of effects of community-delivered positive youth development interventions on violence outcomes
Melendez-Torres et al	2018	Integration of academic and health education for the prevention of physical aggression and violence in young people: systematic review, narrative synthesis and intervention components analysis
Melendez-Torres, Bonell, et al	2023	Are school-based interventions to prevent dating and relationship violence and gender-based violence equally effective for all students? Systematic review and equity analysis of moderation analyses in randomised trials
Melendez-Torres, Ponsford, et al	2023	Whole-school interventions promoting student commitment to school to prevent substance use and violence: a systematic review
Mertens et al	2020	Components of School-Based Interventions Stimulating Students' Intrapersonal and Interpersonal Domains: A Meta-analysis
Mikhail & Nemeth	2016	Trauma Center Based Youth Violence Prevention Programs: An Integrative Review
Mikton et al	2014	A Systematic Review of the Effectiveness of Interventions to Prevent and Respond to Violence Against Persons With Disabilities
Molloy et al	2021	Systematic review: Effects of sustained nurse home visiting programs for disadvantaged mothers and children
Montgomery et al	2022	The Effectiveness and Acceptability of Comprehensive and Multicomponent School Health Services: A Systematic Review
Moon et al	2020	The Effects of Primary Care-Based Parenting Interventions on Parenting and Child Behavioral Outcomes: A Systematic Review
Ng et al	2022	The Effectiveness of Educational Interventions on Traditional Bullying and Cyberbullying Among Adolescents: A Systematic Review and Meta-Analysis
Niccols et al	2012	Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes
Nyoni et al	2023	The Use and Effectiveness of the Whole School Approach in School-Based Interventions Addressing Gender-Based Violence in Sub-Saharan Africa: A Systematic Review
O'Connor et al	2021	Rapid Review of Men's Behavior Change Programs
Olié et al	2023	Addressing violence against children: A systematic review on interventions to accelerate the achievement of the UN sustainable development goal in Europe and Africa
Park & Kim	2023	A Systematic Review and Meta-Analysis of Bystander Intervention Programs for Intimate Partner Violence and Sexual Assault
Passarela et al	2010	A systematic review to study the efficacy of cognitive behavioral therapy for sexually abused children and adolescents with posttraumatic stress disorder
Peacock et al	2013	Effectiveness of home visiting programs on child outcomes: a systematic review
Pérez-Martínez et al	2023	Positive Masculinities and Gender-Based Violence Educational Interventions Among Young People: A Systematic Review
Pinquart & Teubert (2010)	2010	Effects of Parenting Education With Expectant and New Parents: A Meta-Analysis
Piolanti & Foran	2022a	Efficacy of Interventions to Prevent Physical and Sexual Dating Violence Among Adolescents: A Systematic Review and Meta-analysis
Piolanti & Foran	2022b	Psychological violence in dating relationships among adolescents: A systematic review and meta-analysis of prevention programs
Piolanti et al	2022	Assessment of Psychosocial Programs to Prevent Sexual Violence During Adolescence: A Systematic Review and Meta-analysis
Polanin et al	2022	A Systematic Review and Meta-analysis of Interventions to Decrease Cyberbullying Perpetration and Victimization
Quail & Ward	2022	Nonviolent Discipline Options for Caregivers and Teachers: A Systematic Overview of the Evidence
Ranney et al	2019	What are the long-term consequences of youth exposure to firearm injury, and how do we prevent them? A scoping review

Romano et al	2021	Meta-Analysis on Interventions for Children Exposed to Intimate Partner Violence
Rose	2020	Prevention Programs against Child Sexual Abuse for Preschool-aged Children: A Systematic Literature Review from 1980-2020
Rose-Clarke et al	2019	Peer-facilitated community-based interventions for adolescent health in low- and middle-income countries: A systematic review
Rudolph et al	2024	Parental Involvement in Programs to Prevent Child Sexual Abuse: A Systematic Review of Four Decades of Research
Salam et al	2016	Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions
Sánchez de Ribera et al	2020	Evaluating the quality of meta-analytical reviews using the AMSTAR-2: A systematic review of meta-analytical reviews regarding child sexual abuse interventions
Santaella-Tenorio et al	2016	What Do We Know About the Association Between Firearm Legislation and Firearm-Related Injuries?
Schmucker & Losel	2017	Sexual offender treatment for reducing recidivism among convicted sex offenders: a systematic review and meta-analysis
Scott et al	2022	Educational interventions to prevent paediatric abusive head trauma in babies younger than one year old: A systematic review and meta-analyses
Segal et al	2012	Theory! The Missing Link in Understanding the Performance of Neonate/Infant Home-Visiting Programs to Prevent Child Maltreatment: A Systematic Review
Selph et al	2013	Behavioral Interventions and Counseling to Prevent Child Abuse and Neglect: A Systematic Review to Update the U.S. Preventive Services Task Force Recommendation
Shackleton et al	2016	School-Based Interventions Going Beyond Health Education to Promote Adolescent Health: Systematic Review of Reviews
Shea et al	2010	Reduction of Family Violence in Aboriginal Communities: A Systematic Review of Interventions and Approaches
Silva et al	2017	Anti-bullying interventions in schools: A systematic literature review
Sivaraman et al	2019	School-based anti-bullying interventions for adolescents in low- and middle-income countries: A systematic review
Skeen et al	2019	Adolescent Mental Health Program Components and Behavior Risk Reduction: A Meta-analysis
Sneddon et al	2020	Cognitive-behavioural therapy (CBT) interventions for young people aged 10 to 18 with harmful sexual behaviour
Soldino & Carbonell-Vayá	2017	Effect of treatment on sex offenders' recidivism: a meta-analysis
Sousa et al	2023	The Effectiveness of Psychological Treatment in Adult Male Convicted for Sexual Offenses Against Children: A Systematic Review
Spangaro et al	2021	The impact of interventions to reduce risk and incidence of intimate partner violence and sexual violence in conflict and post-conflict states and other humanitarian crises in low and middle income countries: a systematic review
St-Amand et al	2022	Effectiveness of Interventions Offered to Non-Offending Caregivers of Sexually Abused Children: A Meta-Analysis
Stanley et al	2015	Preventing domestic abuse for children and young people: A review of school-based interventions
Stark et al	2022	The Effectiveness of Women and Girls Safe Spaces: A Systematic Review of Evidence to Address Violence Against Women and Girls in Humanitarian Contexts
Strong et al	2016	The effects of health care-based violence intervention programs on injury recidivism and costs: A systematic review
Suto et al	2021	Overview of Evidence Concerning School-Based Interventions for Improving the Health of School-Aged Children and Adolescents
Tait & Lenton	2015	Online alcohol interventions, sexual violence and intimate partner violence: A systematic review
Taylor et al	2021	Systematic Review and Meta-Analysis of Policies, Programmes and Interventions That Improve Outcomes for Young People Leaving the Out-Of-Home Care System
ter Beek, Kuiper, et al	2018	Treatment effect on psychosocial functioning of juveniles with harmful sexual behavior: A multilevel meta-analysis
ter Beek, Spruit, et al	2018	Treatment Effect on Recidivism for Juveniles Who Have Sexually Offended: a Multilevel Meta-Analysis
Tinner et al	2018	Examining subgroup effects by socioeconomic status of public health interventions targeting multiple risk behaviour in adolescence
Turnbull & Osborn	2012	Home visits during pregnancy and after birth for women with an alcohol or drug problem (Review)
UNICEF	2020	Action To End Child Sexual Abuse and Exploitation: A Review of the Evidence
van der Stouwe et al	2014	The effectiveness of Multisystemic Therapy (MST): A meta-analysis

van Ijzendoorn et al	2020	Annual Research Review: Umbrella synthesis of meta-analyses on child maltreatment antecedents and interventions: differential susceptibility perspective on risk and resilience
Verbeek et al	2023	Sexual and dating violence prevention programs for male youth: a systematic review of program characteristics, intended psychosexual outcomes, and effectiveness
Villardón-Gallego et al	2023	Early Educational Interventions to Prevent Gender-Based Violence: A Systematic Review
Viswanathan et al	2018	Primary Care Interventions to Prevent Child Maltreatment Updated Evidence Report and Systematic Review for the US Preventive Services Task Force
Vlahovicova et al	2017	Parenting Programs for the Prevention of Child Physical Abuse Recurrence: A Systematic Review and Meta-Analysis
Vojt et al	2016	Health, Happiness and Wellbeing for Adolescents Transitioning to Adulthood: A Systematic Review of Individual-Level Interventions for Adolescents from Vulnerable Groups
Wade et al	2022	A systematic review and meta-analysis of the benefits of school-based, peer-led interventions for leaders
Waechter & Wekerle	2015	Promoting Resilience Among Maltreated Youth Using Meditation, Yoga, Tai Chi and Qigong: A Scoping Review of the Literature
Waid et al	2022	Mental health targets in child maltreatment prevention programs: A systematic review of randomized trials
Walsh et al	2015	School-based education programmes for the prevention of child sexual abuse (Review)
Walton & Chou	2015	The Effectiveness of Psychological Treatment for Reducing Recidivism in Child Molesters: A Systematic Review of Randomized and Nonrandomized Studies
Wang et al	2023	Effectiveness of Trauma-Focused Cognitive Behavioral Therapy Among Maltreated Children: A Meta-Analysis
Warren et al	2022	Outcomes of Parent-Child Interaction Therapy (PCIT) for families presenting with child maltreatment: A systematic review
West et al	2020	Systematic Review of Community- and Home-Based Interventions to Support Parenting and Reduce Risk of Child Maltreatment Among Families With Substance-Exposed Newborns
Whitaker et al	2013	Effectiveness of Primary Prevention Efforts for Intimate Partner Violence
Whitcombe-Dobbs & Tarren-Sweeney	2019	What evidence is there that parenting interventions reduce child abuse and neglect among maltreating families? A systematic review
Wichmann et al	2023	School-Based Interventions for Child and Adolescent Victims of Interpersonal Violence
Willoughby et al	2024	Interventions to Prevent and Respond to Violence Against Justice-Involved Young Women: A Scoping Review
Winokur et al	2014	Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment (Review)
Yoon et al	2018	The association between out-of-home placement and offending behavior among maltreated youth: A systematic review
Yosep et al	2022	Method of Nursing Interventions to Reduce the Incidence of Bullying and Its Impact on Students in School: A Scoping Review
Yosep, Hikmat, Mardiyah, et al	2023	A Scoping Review of the Online Interventions by Nurses for Reducing Negative Impact of Bullying on Students
Yosep, Hikmat, & Mardhiyah	2023a	Nursing Intervention for Preventing Cyberbullying and Reducing Its Negative Impact on Students: A Scoping Review
Yosep, Hikmat, & Mardhiyah	2023b	School-Based Nursing Interventions for Preventing Bullying and Reducing Its Incidence on Students: A Scoping Review
Yount et al	2017	Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews
Zhang et al	2021	Effectiveness of School-Based Child Sexual Abuse Prevention Programs in China: A Meta-Analysis



Appendix 5.8: Summary Tables for Emphasised & De-Emphasised Reviews

Emphasised Reviews:

Authors	Al et al
Publication Year	2012
Review Title	A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[F]irst to establish the effect of brief, in-home intensive family preservation programmes on prevention of out-of-home placement, family functioning, child behaviour problems and social support and, second, to study moderators of these effects."
Target Population	CPS-connected families
Geographic Specification (if any)	None specified
Examined Interventions	Family preservation programmes
List of Violence Outcomes	Placement prevention
Review Findings on Intervention Effectiveness for Violence Against Children	There was no statistically significant effect for out-of-home placement prevention for samples exclusively of child abuse or neglect ($d = -0.01$ $[-0.02, 0.00]$, $k=6$). (However, the effect is significant when including households with multiple issues ($d = 0.15$ $[0.12, 0.19]$, $k=13$).)
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Based on the whole sample, households at-risk for out-of-home placement had no impact, but households not at risk had higher effects (adverse impacts) for out-of-home placement. Less out-of-home placement based on % of boys, older parents. More out-of-home placements based on older child age, % of non-white ethnicity, single-parents, and number of children in family, and social worker caseload. Significant moderators for published studies or non-peer-reviewed literature (chapters or books). RCTs found negative effects as compared to quasi-experimental studies with non-matched control groups. Smaller effects for recent studies, placement negatively associated with study quality, and journal impact factor.
Source(s) of Funding	Not specified
Quality Assessment	Low confidence

Authors	Arango et al
Publication Year	2014
Review Title	INTERVENTIONS TO PREVENT OR REDUCE VIOLENCE AGAINST WOMEN AND GIRLS: A SYSTEMATIC REVIEW OF REVIEWS
Publication type	Report
Type of Review	Review of reviews
Aim of Review OR Review Question	"[To synthesize] the evidence of interventions aimed at reducing various forms of VAWG [violence against women and girls]"
Target Population	Women & Girls
Geographic Specification (if any)	None specified
Examined Interventions	School-based sexual abuse awareness programmes
List of Violence Outcomes	Child sexual abuse

Review Findings on Intervention Effectiveness for Violence Against Children	One high quality review (Zwi et al., 2007): No evidence for reductions in victimisation or perpetration. No improvements in accessing support services after victimisation. All included studies are from the United States. No effect synthesis for children or adolescents is provided for the remainder of outcomes and interventions.
List of Risk & Protective Factors	Knowledge or attitudes of violence
Review Findings on Intervention Effectiveness for Risk & Protective Factors	One study in the review included 9 studies reporting positive effects in changing knowledge and attitudes around child sexual assault. A minority of studies in the review (3 studies) reported iatrogenic effects from the intervention (increased nightmares, aggressive behaviour to peers, dependency, fearfulness of strangers, bedwetting, and reluctance to go to school).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	World Bank Group
Quality Assessment	Moderate Confidence

Authors	Arrojo et al
Publication Year	2024
Review Title	Dating violence prevention programs for at-risk adolescents: A systematic review and meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o conduct a systematic review and meta-analysis of existing prevention programmes that target adolescents at risk of DV [dating violence] by analysing physical, psychological, sexual and cyber violence and attitudes toward DV."
Target Population	Adolescents < 18
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Meta-analysis found: Intervention reduced IPV victimisation overall (OR= 0.74, [0.59, 0.93]). In disaggregating intervention effects by type, the intervention reduced physical IPV victimisation (OR= 0.80 [0.68, 0.94]), but did not impact psychological or sexual IPV victimisation. Intervention did not reduce IPV perpetration overall. However, in disaggregating intervention effects by type, the intervention reduced physical IPV perpetration (OR= 0.83 [0.75, 0.92]) and sexual IPV perpetration (OR= 0.93 [0.70, 0.98]), but did not impact psychological IPV perpetration. Narrative synthesis found: Limited evidence (k=4) measuring cyber dating violence found one intervention that reduced cyber IPV perpetration (not victimisation) among adolescents exposed to domestic violence in childhood. Another intervention found significant reduction in cyber DV victimisation and perpetration among girls only.
List of Risk & Protective Factors	Attitudes
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Intervention did not improve attitudes toward dating violence (OR= 0.89 [0.77, 1.03]).
Intervention characteristics impacting effectiveness	Meta-regressions found that intervention effect diminish over time, but there was no difference in intervention effects based on intervention length. Although intervention component analysis was not performed, authors cite "education and training in skills for the promotion of healthy relationships and conflict resolution skills in relationships" as part of effective interventions.
Source(s) of Funding	FEDER/Spanish Ministry of Science, Innovation, and Universities – State Research Agency; Generalitat Valenciana PROMETEO program; FPU program of the Spanish Ministry of Universities

Quality Assessment	High Confidence
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Authors	Atienzo et al
Publication Year	2017
Review Title	Interventions to prevent youth violence in Latin America: a systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o assess the evidence of the effectiveness of interventions to prevent violence in young people from Latin America."
Target Population	Young people age 10-24
Geographic Specification (if any)	Latin America
Examined Interventions	Community mobilization; Whole School Approach to Violence Prevention (Safe schools); Hotspot evaluation; Parenting-plus programmes (including Life & social skills training); Life & social skills training
List of Violence Outcomes	Homicide; youth violence perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Whole-School Approach (school-based, multicomponent interventions; 4 programmes): All studies noted at least one improved measure of youth violence (perceived, witnessed, or committed), including bullying, fighting, or general violence or aggression (Muñoz-Vallejos & Rosales-Donoso, 2008; Pérez et al., 2013; Varela et al., 2009; Tijmes & Varela, 2008; Varela, 2011; all high risk of bias). Community mobilization (community-based, multicomponent interventions; 2 programmes): One study (Berk-Seligson et al., 2014; low risk of bias except for blinding) evaluated adult populations and noted perceived reductions in youth gang involvement as well as reductions in perceived homicides or gang fights in the neighbourhood (not youth specific). One intervention (Silveira et al., 2010; high risk of bias) involved hotspot policing and found reductions in homicide rates (effects not disaggregated by age group for homicide perpetration or victimisation). National school reform (1 programme): Extending time for schooldays reduced violent crime among adolescents aged 14-17 (Berthelon & Kruger, 2011; high risk of bias).
List of Risk & Protective Factors	Attitudes or knowledge; Delinquency; aggression
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Life & social skills training (school-based, single-component interventions): No impact on deviant activities (theft, vandalism, or disorderly conduct) (Kenney & Godson, 2002; some risk of bias). Parenting intervention + Life & social skills training (family-based intervention; 1 programme): Reductions in youth antisocial behaviours, but significant increases in intentional aggression and delinquency (Reyes-Moreno, 2011; high risk of bias). National school reform (1 programme): Extending time for schooldays also reduced total and property crimes among adolescents aged 14-17 (Berthelon & Kruger, 2011; high risk of bias).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Not specified
Quality Assessment	Moderate Confidence

Authors	Bacchus et al
Publication Year	2024
Review Title	Interventions that prevent or respond to intimate partner violence against women and violence against children: a systematic review
Publication type	Journal article
Type of Review	Primary review

Aim of Review OR Review Question	"[T]o explore interventions that prevent or respond to IPV and VAC by parents or caregivers, aiming to identify common intervention components and mechanisms that lead to a reduction in IPV and VAC."
Target Population	Women (15+) & Children (<18)
Geographic Specification (if any)	None specified
Examined Interventions	Parenting programmes; Community mobilization; Social protection (Cash-plus programmes including parenting programmes; Microfinance); Life & social skills training; Psychological therapy for violence victims (CBT; child-parent psychotherapy; family therapy)
List of Violence Outcomes	Child maltreatment
Review Findings on Intervention Effectiveness for Violence Against Children	Social and behaviour change-informed parenting programmes can reduce parental perpetrated VAC as well as co-occurring IPV. Prevention Programmes (n=15): 6/8 parenting programmes found reductions in both IPV & VAC. This includes: One cash-plus programme (Lachman et al., 2021) found reductions in IPV (IRR= 0.51 [0.01, 1.00]) and overall child maltreatment (d= -0.39 [-0.75, -0.03]) post-intervention and at 12-month follow-up. Among those with higher risk at baseline (higher levels of IPV pre-intervention), one parenting programme only found improvements in both IPV & VAC outcomes. The last parenting programme did not measure IPV outcomes quantitatively but did report improved VAC. 1/2 community-based life skills training found reductions in both IPV & VAC. Two community mobilization programmes (SASA! & Indashyikiwa) reported reduction in children's exposure to IPV. However, the study on SASA! (Kyegombe et al., 2015) was likely insufficiently powered to accurately evaluate intervention effects and, thus, conclusions rely on direction of effect (e.g., decreased child exposure to IPV in the home, aRR= 0.36 [0.06, 2.20]). No impact from cash transfer programme for either form of violence [0/1]. 2/2 school-based life skills training programmes had reductions in VAC and one identified reduction in IPV. IPV-Response Programmes (n=5): 2/5 programmes targeted to men identified reduced IPV. Among 3 programmes targeting women who experienced IPV and their children, 2 found improvements in IPV and 2 reported improvements in positive parenting and family conflict. One intervention including micro-loans for women with psychosocial support evaluation found reductions in IPV but not VAC.
List of Risk & Protective Factors	VAW; attitudes or knowledge; parenting practices; parental and child mental health; child physical health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	See main intervention effects for details on maternal IPV. Response interventions targeted to men found improved attitudes for IPV & VAC. Programmes targeted to mothers and their children found improved knowledge or attitudes, parenting practices and improved maternal and child mental health and child physical health.
Intervention characteristics impacting effectiveness	"Key mechanisms for reducing IPV and VAC in primary prevention interventions included improved communication, conflict resolution, reflection on harmful gender norms, and awareness of the adverse consequences of IPV and VAC on children. Therapeutic programmes for women and children who were exposed to IPV facilitated engagement with IPV-related trauma, increased awareness of the effects of IPV, and promoted avoidance of unhealthy relationships." Implementation setting can vary.
Source(s) of Funding	UNICEF Innocenti–Global Office of Research and Foresight
Quality Assessment	Low confidence

Authors	Baidawi et al
Publication Year	2023
Review Title	Place-based approaches to tackling local youth violence: A review of evidence on models, implementation and impacts
Publication type	Report
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o synthesize findings from studies measuring impacts on youth violence, using experimental or quasi-experimental methods."
Target Population	Adolescents < 18
Geographic Specification (if any)	HIC

Examined Interventions	Community mobilization; Improving the built environment
List of Violence Outcomes	Youth violence victimisation or perpetration, violent crime (including homicide), gang involvement
Review Findings on Intervention Effectiveness for Violence Against Children	Overall, there is evidence of positive impacts from place-based approaches, particularly when targeting serious violence (gun or knife violence, homicide and assault). However, there were few interventions that targeted the built environment (including programmes addressing macro-level drivers of violence). Communities That Care found very small but statistically significant positive impacts on reduction of arrest (OR= 0.92 [0.85, 0.99]) and re-arrest (OR= 0.90 [0.83, 0.98]), attacking to hurt (OR= 0.97 [0.92,1.03]), gang involvement (OR= 1.09 [1.01, 1.17]) and crimes of property (2-5% reduction at 12 months). Operation Ceasefire had mostly improved impacts including some mixed effects on some outcomes. 4 studies found reductions in youth violence (assault, gun-related violence and physical violence offences) and 3 found mixed impacts (non-significant impact on homicide [1/3]; increased gun-related violence [1/5]). Eight studies were included of primary crime prevention measures via schools, 4 found statistically significant positive impacts on aspects of violence, and four found no difference or differences that were not statistically significant.
List of Risk & Protective Factors	Violence attitudes; Delinquency
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Most studies found improved risk factors. Communities That Care (3 studies) found very small impacts on delinquency (OR = 1.27, $p < .05$; B= -.021; $p < .05$; B=0.001 [0.002,0.000]; B=-.021; $p < .05$). Operation Ceasefire (1 study) found reported reduction in violent attitudes (b = -0.522, $p < 0.001$). Among eight studies of other interventions primary crime prevention via schools, 3 studies found favourable impacts on nonviolence self-efficacy (b=0.582 (SE=0.26) $p < 0.05$), aggression (parent + child reported), antisocial behaviour (B= 0.001, [0.002,0.000]).
Intervention characteristics impacting effectiveness	Programmes with multiple components that address universal risk factors and also target at-risk youth (including those already involved in violence) and aimed to address more-serious forms of youth violence (gun violence, knife crime, homicide, etc.) showed greater evidence of effectiveness as well as using multicomponent programming (universal + selective/indicated targeting components). Multisectoral and community engagements (coordination with local stakeholders) critical for 'enabling' change.
Source(s) of Funding	Youth Endowment Fund
Quality Assessment	Low confidence

Authors	Baldwin et al
Publication Year	2022
Review Title	A systematic narrative review of the effects of alcohol supply reduction policies on children and adolescents
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o synthesize recent literature that examines how alcohol supply reduction policies impact the physical health, mental health, and offending behaviour of children and adolescents"
Target Population	Children < 18
Geographic Specification (if any)	None specified
Examined Interventions	Reducing alcohol use and access
List of Violence Outcomes	Assault (including sexual assault), violent crime; child maltreatment (CPS involvement)
Review Findings on Intervention Effectiveness for Violence Against Children	Multiple studies found limited, mixed impacts from minimum legal drinking age on assault or its resulting hospitalisation. One report found taxation & price control (minimum floor pricing) to be associated with reduced rates of child protective services involvement (investigations, orders, and out-of-home care). Report rated unclear risk of bias, partially because of concurrent changes in data reporting on child maltreatment. No impact from trading restrictions on assaults was identified.

List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	AUS GOV
Quality Assessment	Critically low confidence

Authors	Barros et al
Publication Year	2022
Review Title	Community intervention programs for sex offenders: A systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o identify community-based treatment programmes, and their approach, for sex offenders released after serving all or part of their sentences."
Target Population	Sexual offenders
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Recidivism; SV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	All but one of interventions used CBT-approach. Only one study focused on perpetration against children used a control group (Hanson 2004), but did not find significant differences in recidivism at follow-up of 12 years. Studies without control group present some evidence of reduced recidivism as well as improved behavioural outcomes (including attitudes, knowledge, and emotional regulation).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	See main effects for the response intervention.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	NI
Quality Assessment	Low confidence

Authors	Barton et al
Publication Year	2020
Review Title	Targeted interventions for violence among Latinx youth: A systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o assess the effectiveness of current community, school, and family-based violence prevention interventions targeted toward Latinx youth."
Target Population	Latinx adolescents aged < 18 years
Geographic Specification (if any)	United States
Examined Interventions	Life & social skills training; Healthy romantic relationships education; Community mobilization
List of Violence Outcomes	Fighting (including gang fights); IPV perpetration or victimisation

Review Findings on Intervention Effectiveness for Violence Against Children	Four studies had a direct violence measure (all school-based programmes). One programme (Wiist et al., 1996 - moderate quality) based on education of peer leaders and their parents reduced fighting perpetration and being in gang fights and reduced reports of witnessing violence. Another intervention (Shetgiri et al., 2011 - high quality) targeting violence and substance use through mentoring or tutoring and after-school activities did not have significant effects on fighting. Third, a pilot study (Enriquez et al., 2012 - low quality) had null findings overall in self-reported physical fighting and dating violence. Lastly, school-based dating violence prevention programme (JOVEN; Gonzalez-Guarda et al., 2015 - high quality) found no significant impact on IPV victimisation for girls or IPV perpetration from boys.
List of Risk & Protective Factors	Attitudes or Knowledge; child development; school climate
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Among the 4 studies that included a violence outcome-of-interest, only one reported risk factors: A low-quality study (Enriquez et al., 2012) reported non-significant results on violence or gender attitudes, self-control, and self-efficacy, but did find significant improvements in ethnic pride.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Not specified
Quality Assessment	Moderate Confidence

Authors	Baumgarten et al
Publication Year	2023
Review Title	School-based interventions to reduce teacher violence against children: a systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o systematically review the global literature on the effectiveness of school-based interventions to reduce teacher violence against children"
Target Population	Children 5-18 years
Geographic Specification (if any)	None specified
Examined Interventions	Whole School Approach to Violence Prevention (Safe schools)
List of Violence Outcomes	Child abuse & neglect
Review Findings on Intervention Effectiveness for Violence Against Children	4/4 studies reported reductions in physical violence from a teacher, 2/2 studies reported reductions in emotional violence from a teacher, and 1/1 study found no impact on past-week sexual violence from school staff (unlikely sufficient statistical power).
List of Risk & Protective Factors	Child mental health; school performance; safe environment
Review Findings on Intervention Effectiveness for Risk & Protective Factors	1/1 study did not find impact on child mental health and 2/2 studies did not find improved academic performance. Mixed and inconclusive evidence on intervention impact on school climate (4 studies).
Intervention characteristics impacting effectiveness	One study (Devries et al., 2018 - Good Schools Toolkit) also found reductions in physical violence from teacher among students with disabilities.
Source(s) of Funding	NI
Quality Assessment	Critically low confidence

Authors	Bonell et al
Publication Year	2013
Review Title	The effects on student health of interventions modifying the school environment: systematic review
Publication type	Journal article
Type of Review	Primary review

Aim of Review OR Review Question	"[T]o examine the effectiveness of SE [school environment] interventions [without health-education components] addressing such factors on student health and health inequalities"
Target Population	School-going children
Geographic Specification (if any)	None specified
Examined Interventions	Whole School Approach to Violence Prevention (Safe schools)
List of Violence Outcomes	Peer violence victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Few studies evaluated "interventions enabling staff and students to develop a stronger sense of community and/or better relationships". Those that did were of variable methodological quality and had mixed impacts on violence, but authors suggest the findings are promising for intervening on the school environment to reduce violence.
List of Risk & Protective Factors	Attitudes or Knowledge; child mental health; SRH; bystander behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	At least one study documented positive impacts on loneliness or social dissatisfaction, social anxiety, condom use, improved safety feeling at school; empathy; or bystander behaviour. No study documented impacts on self-esteem, recent sexual intercourse, attitudes toward substance use.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	NIHR
Quality Assessment	High Confidence

Authors	Borges Machado et al
Publication Year	2024
Review Title	The relationship between cash-based interventions and violence: A systematic review and evidence map
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o deliver a comprehensive review of the relationship of cash-based incentives on IPV, child maltreatment, youth violence, general violence and suicide. We also aim to provide the strength and direction of the evidence and research gaps by using an evidence map."
Target Population	No population limits
Geographic Specification (if any)	None specified
Examined Interventions	Social protection (Cash transfers including Cash-for-work; Cash-plus programmes including parenting programmes or life & social skills training; Microfinance; Tax credit)
List of Violence Outcomes	Child maltreatment; Youth violence; IPV
Review Findings on Intervention Effectiveness for Violence Against Children	Overall, evidence supports combination programmes with conditional or unconditional cash incentives (Cash+) and cash-for-work interventions for reductions in child maltreatment. All cash-plus programmes had at least one improved measure on child maltreatment. Cash-plus is more likely to reduce violence compared to cash alone. Cash transfer (CCT or UCT): Of three studies (Carvalho, 2021 – moderate quality; Roy, 2019 – weak quality, Abu-Hamad, 2014 – weak quality), only one found reduction in child maltreatment (Carvalho 2021) and of two studies (Cluver, 2013 – strong quality; Rosenberg, 2014 – weak quality), only one (Cluver 2013) found reductions in youth violence (transactional sex among girls). Cluver (2013) also found reductions in age-disparate sex among girls. (Roy 2019 also found null effects on maternal IPV from cash alone.) One study (Kilburn 2018 – moderate quality) found reductions in physical IPV from HTPN068, but no impact on forced sex. Cash-Plus: In LMICs, 4/4 studies reported reduction in at least one measure of child maltreatment (3/4 also had other measures of maltreatment that had null effects); three of these studies (Lachman 2021 – strong quality; Roy 2019 – weak quality; Heath 2020 – weak quality) also documented at least one measure with reductions in maternal IPV in either a subgroup or the full sample and one study (Jocson 2023 – moderate quality) had no impact on maternal IPV. On youth violence, one (Cluver 2016 – weak quality) of two studies (Jocson 2023) found reductions in violence from parent-focused training or support; Cluver (2016 – strong quality) found added reductions in sexual exploitation or

	victimisation among girls and perpetration among boys from cash-plus care compared to cash alone. 3/3 programmes with youth-focused life-skills training (Austrian 2021 – moderate quality; Chakrabarti 2020 – moderate quality; Palermo 2021 moderate quality & Ranganathan 2022 – weak quality) had reductions in youth violence, of which one (Chakrabarti 2020) also noted reductions in child exposure to maternal IPV victimisation. In Tanzania, one paper (Palermo 2021) found reductions in sexual violence victimisation (adolescent females) and physical violence perpetration (adolescents males) but no impact emotional violence (Palermo 2021) or transactional sex (Ranganathan 2022 – weak quality). Cash-for-work: 2/2 studies in Rwanda reported reductions in physical child maltreatment (Barnhart 2020 [weak quality] – pilot to Betancourt 2020 – strong quality). Main trial (Betancourt 2020 – strong quality) also had reduced maternal IPV victimisation, but no impact on paternal IPV perpetration. 1/1 study (Ivaschenko 2017 – weak quality) found reductions in youth-violence perpetration (violent crime: using threats or force with someone) and victimisation (violent crime: have been attacked and fought back), but no impact on involvement in physical or verbal assault in previous six months. Tax credit (all USA studies): 4/4 studies (2 moderate quality, 2 weak quality) reported mixed impacts on child maltreatment depending on cut-offs or thresholds of variables and subgroup analyses (Kovski 2022 – weak quality; Klevens 2017 – moderate quality; Xu 2022 – weak quality; Bullinger 2023 – moderate quality). One tax-credit combination intervention (Child support +Wisconsin’s TANF programme) found reduced risk of child maltreatment (Cancian 2013 – moderate quality). For youth violence, 1 study (Moe 2022 – moderate quality) reported reductions in fighting and physical assault or verbal threats of physical violence and 1 study (Dalve 2022 – moderate quality) reported reductions in physical fighting overall and in subgroup analyses for males, Caucasian or other ethnicities (non-significant findings for black and Hispanic or Latinx youth subgroups). Start-up grants: 1 study (Özler 2020) had no impact on non-sexual or physical abuse victimisation or sexual or physical violence overall. (NB: Özler in the ROB table is rated as moderate quality, but is given the lowest ranking evidence colour in the gap map.)
List of Risk & Protective Factors	IPV among women or mothers
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Very strong evidence in social protection (cash-plus or cash-for-work) in reducing both child maltreatment and maternal IPV victimisation (Lachman et al., 2021; Betancourt et al., 2020). Among cash-plus parenting studies, three (Lachman 2021; Betancourt et al., 2020; Roy et al., 2019) documented at least one measure with reductions in maternal IPV in either a subgroup or the full sample and one study (Jocson 2023 – moderate quality) had no impact on maternal IPV.
Intervention characteristics impacting effectiveness	Principally, cash-based interventions are mediated by "economic empowerment and enhanced social wellbeing" and may reduce violence through improved "access to education, healthcare, and social services, fostering a sense of social inclusion and reducing vulnerability."
Source(s) of Funding	NIH
Quality Assessment	High Confidence

Authors	Burley et al
Publication Year	2022
Review Title	Connecting Healthcare with Income Maximisation Services: A Systematic Review on the Health, Wellbeing and Financial Impacts for Families with Young Children
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o review "healthcare-income maximisation" models of care in high-income countries for families of children aged between 0 and 5 years experiencing financial difficulties, and their impacts on family finances and the health and wellbeing of parent(s)/caregiver(s) or children"
Target Population	Families with children <5 experiencing financial difficulties
Geographic Specification (if any)	HIC
Examined Interventions	Parenting-plus programmes (including financial counselling)

List of Violence Outcomes	Child abuse & neglect
Review Findings on Intervention Effectiveness for Violence Against Children	Of the five programmes, all studies had high risk of bias, which were all pre-post studies (no control) and one RCT. The RCT (Fergusson et al., 2005) reported significant reductions in parental reporting of severe physical violence perpetration against children aged 0-36 months (ES=0.26, p<0.05), but there was no difference in prevalence in contact with child protection agencies between intervention and control groups. No other study measured VAC.
List of Risk & Protective Factors	Child behaviour problems, child health; service utilisation; early childhood education attendance; parenting attitudes; maternal mental health and substance use; labour market participation, welfare dependence, poverty.
Review Findings on Intervention Effectiveness for Risk & Protective Factors	In the RCT, children had reduced internalising and externalising behaviours and generally higher service utilisation, including with health services and early childhood education. There were reductions in hospital attendance from accidents or injuries. Maternal attitudes improved on positive parenting and nonpunitive parenting. There were no changes in maternal depression or substance use or in labour market participation, welfare dependence, or family income.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Researchers supported by various funds, no COIs
Quality Assessment	High Confidence

Authors	Burrus et al
Publication Year	2012
Review Title	Person-to-Person Interventions Targeted to Parents and Other Caregivers to Improve Adolescent Health: A Community Guide Systematic Review
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o evaluate the effectiveness of caregiver-targeted interventions in addressing adolescent risk and protective behaviours and health outcomes."
Target Population	Parents or primary caregivers
Geographic Specification (if any)	HIC
Examined Interventions	Parenting programmes
List of Violence Outcomes	Youth violence (fighting or weapon carrying)
Review Findings on Intervention Effectiveness for Violence Against Children	Overall meta-analysis on violence was effective (Risk Ratio RR= 0.68 [0.49, 0.94], k= 4 - also includes measures of delinquency, suicide, and self-harm). Two studies on fighting found no significant effects on fighting (Li 2002; Wu 2003). Outcomes related to weapon carrying in the same two studies had insignificant effect sizes except for one weapon (bat or stick; Wu 2003) with an alternate treatment comparison group (rather than compared to no treatment).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	CDC
Quality Assessment	Critically low confidence

Authors	Cassidy et al
Publication Year	2014
Review Title	A systematic review of the effects of poverty deconcentration and urban upgrading on youth violence
Publication type	Journal article

Type of Review	Primary review
Aim of Review OR Review Question	"[To examine] the existing evidence for youth violence interventions involving the deconcentration of poverty and urban upgrading"
Target Population	Young people age 10-29
Geographic Specification (if any)	None specified
Examined Interventions	Improving the built environment (Resettlement intervention; Urban upgrading; Diversification intervention)
List of Violence Outcomes	Youth violence victimisation, violent crime (including homicide)
Review Findings on Intervention Effectiveness for Violence Against Children	Best evidence in favour of resettlement interventions (e.g., Katz et al (2001) Moving to Opportunity - [strong (RCT)]). Some evidence (largely positive) in favour of urban upgrading interventions (e.g., Kuo & Sullivan (2001) in Chicago [outdoor vegetation, strong]; Matthews (2004) in California [decrease physical signs of disorder; housing and rehabilitation grant, moderate]; and Cerda et al (2012) Medellin Public Works Project [weak]) and includes evidence of effectiveness through "improved transport, lighting, buildings, police accessibility [Cerda et al., 2012], higher vegetation levels (Kuo and Sullivan, 2001) and business improvement districts"). No strong-quality evidence for diversification interventions.
List of Risk & Protective Factors	Mental health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Moving to Opportunity found reduced family stress levels (Katz et al., 2001)
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	WHO; IDRC
Quality Assessment	Low confidence

Authors	Cassidy et al
Publication Year	2016
Review Title	Brief report on a systematic review of youth violence prevention through media campaigns: Does the limited yield of strong evidence imply methodological challenges or absence of effect?
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o assess the strength of the prevention effect for media campaigns on youth violence prevention."
Target Population	Adolescents & Young people aged 10-29 years
Geographic Specification (if any)	None specified
Examined Interventions	Media campaigns
List of Violence Outcomes	Youth violence
Review Findings on Intervention Effectiveness for Violence Against Children	Unclear impacts: Authors note difficulties in measurement and evaluation for both exposure and outcome (as well as for sufficiently accounting for confounders including other campaigns), thus cannot determine if this contributes to null findings or if the media campaigns are ineffective. Authors specify there is insufficient evidence to justify scale-up. One study rated as Strong (EPHPP tool) found significant effects for reported physical and verbal violence victimisation (Swaim & Kelly, 2008).
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	5/6 studies had at least one improved outcome. However, authors caution that impacts on knowledge or attitudes are "unconvincing"; measures include violence attitudes (including sexual violence and rape attitudes), self-efficacy, and future intended violent behaviours. Again, authors cite measurement difficulties in interpreting study findings due to methodological concerns. One study found that when including gender in the analyses, harmful effects are identified

	for "re-enforced macho stereotypes and rape myths among boys" (Winkel & deKleuver, 1997).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	DFID; IDRC Canada
Quality Assessment	Low confidence

Authors	Castillo-Eito et al
Publication Year	2020
Review Title	How can adolescent aggression be reduced? A multi-level meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o quantify the effectiveness of interventions to reduce aggressive behaviour in adolescents and to identify when and for whom such interventions work best"
Target Population	Adolescents age 10-18
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training; School-based bullying prevention
List of Violence Outcomes	Bullying perpetration; Fighting perpetration; cyberbullying perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Bullying (k= 15 studies, 44 effect sizes) d= 0.24 [0.08, 0.41]; Fighting (k=7 studies, 11 effect sizes) d= 0.25 [0.01, 0.48]; Cyberbullying (k= 5 studies, 7 effect sizes) d= 0.30 [-0.28, 0.88]. (The overall effect size for all aggression outcomes was d=0.28 [0.17, 0.39].)
List of Risk & Protective Factors	Aggression; Weapon carrying
Review Findings on Intervention Effectiveness for Risk & Protective Factors	General aggression (n=57, 75 effect sizes) d=0.40 [0.25, 0.55]; Physical aggression (n=59 studies, 97 effect sizes) d=0.20 [0.06, 0.34]; Weapon carrying (n=9 studies, 22 effect sizes) d=0.17 [-0.02, 0.35]
Intervention characteristics impacting effectiveness	Majority of interventions were group-based & school-based. Moderator analyses at study level found higher effects in the Middle East (d=1.15 [0.78, 1.52]) as compared to Europe (d=0.21 [0.01, 0.42]) or North America (d=0.14 [-0.003, 0.28]). Moderator analyses at intervention level: Interventions had stronger effects for selective targeting as opposed to universal targeting (d=0.39 vs d=0.16). Implementation by intervention professionals (psychologist or social worker) had higher effects (d=0.36 [0.23, 0.49]) than by teachers or university students (d=0.03, 0.20, respectively, neither of which was statistically significant). Some evidence that longer interventions in both duration (B= -0.004 [-0.01, -0.001]) and contact hours (B= -0.002 [-0.004, -0.00]) are less effective. No training (d=0.69) was more effective than only manual training (d=0.33) or specific training with or without supervision (d=0.16, 0.21) For universal-targeted interventions, most effective techniques involved problem solving (d=0.20 vs 0.03) and behavioural practice (d=0.16 vs -0.04). No significant techniques in moderator analyses for selective-targeted interventions. The number of techniques in an intervention was not significant in moderator analyses for either type of intervention.
Source(s) of Funding	Department of Psychology, University of Sheffield
Quality Assessment	High Confidence

Authors	Catalano et al
Publication Year	2019
Review Title	Positive Youth Development Programs in Low- and Middle- Income Countries: A Conceptual Framework and Systematic Review of Efficacy
Publication type	Journal article

Type of Review	Primary review
Aim of Review OR Review Question	"[T]o systematically review the impact of PYD [positive youth development] programmes in low- and middle-income countries (LMICs)."
Target Population	Young people age 10-29
Geographic Specification (if any)	LMICs
Examined Interventions	Parenting programmes; Bystander intervention; Social protection (Microfinance); Healthy romantic relationships education
List of Violence Outcomes	Violent discipline; IPV perpetration; SV victimisation; GBV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	REAL Fathers (Ashburn et al., 2017): mentorship for young fathers (age 16-25, children age 1-3) found reduced physical punishment Stepping Stones (Jewkes et al., 2008): Reduced IPV perpetration by male participants only Empowerment & Livelihood for Adolescents program (ELA, Bandiera et al., 2017): Reductions in unwilling sex in past year Parivartan (Miller et al., 2014 - Norms intervention within adolescent male cricket league): No impact on GBV perpetration.
List of Risk & Protective Factors	Attitudes or knowledge; VAW; parenting practices; physical health; substance use; employment; bystander behaviour; early marriage
Review Findings on Intervention Effectiveness for Risk & Protective Factors	REAL Fathers reduced maternal IPV and improved attitudes against physical punishment, communication skills, time with children, positive parenting practices. Impacts on attitudes maintained 18 months post-intervention. No improvement on traditional gender norms. Stepping Stones: Reduced HSV-2 prevalence, reduced problem drinking and transactional sex among men. No impact on HIV incidence or risk behaviour or exposure for women. Empowerment & Livelihood for Adolescents: Reduced early marriage or cohabitating and fertility rate. Increase in self-employment, but no impact on satisfaction with earnings or wage employment. Improved sexual health knowledge and condom use. Life skills training (Violence prevention for girls in Iran): Improved attitudes and communication skills on domestic violence and improved preventive behaviours Parivartan: Improved gender norms and attitudes, but no impact on bystander behaviour.
Intervention characteristics impacting effectiveness	"All programmes included in this review used multiple pathways within this model, focusing on at least two, and in most cases three or four of the general PYD domains: assets, agency, contribution, and enabling environment."
Source(s) of Funding	USAID
Quality Assessment	Low confidence

Authors	Chang et al
Publication Year	2024
Review Title	The Effectiveness of Parenting Programs in Preventing Abusive Head Trauma: A Systematic Review and Meta-Analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o estimate AHT [abusive head trauma] preventive parenting programmes' pooled effect on the reduction of AHT incidence, the improvement of parental knowledge, and the increased use of safe strategies in response to infants' inconsolable crying."
Target Population	Parents or expectant parents
Geographic Specification (if any)	None specified
Examined Interventions	Parenting programmes
List of Violence Outcomes	Abusive head trauma or Infant shaking

Review Findings on Intervention Effectiveness for Violence Against Children	Meta-analysis results did not find any significant impacts for incidence rate of abusive head trauma (RR= 0.83 [0.55, 1.26], k= 4 studies), but had a significant effect when a historical control was used (RR= 0.55 [0.48, 0.64], k= 2) but a worsened effect with regional controls (RR= 1.13 [1.01, 1.27], k= 2).
List of Risk & Protective Factors	Knowledge; parenting practices
Review Findings on Intervention Effectiveness for Risk & Protective Factors	There were improvements in parental knowledge of normal cry patterns for both mean and SD measures (d= 0.69 [0.49, 0.89], k= 7) and % incorrect answer rate (RR= 0.85 [0.74, 0.98], k=4). There were improvements in parental knowledge of dangers from shaking for only mean and SD measures (d= 0.51 [0.28, 0.73], k= 7) and no impact for % incorrect answer rate (RR= 0.45 [0.15, 1.36], k=3). There was no impact for parental safe coping strategies in response to inconsolable crying (d= 0.05 [0.00, 0.10], k= 6) or parental self-regulation in response to inconsolable crying (d= 0.04 [-0.03, 0.11], k= 5).
Intervention characteristics impacting effectiveness	Nearly all interventions were implemented one-on-one (17/18 studies) and were one session only (16/18).
Source(s) of Funding	Ministry of Science and Technology
Quality Assessment	High Confidence

Authors	Che Yusof et al
Publication Year	2022
Review Title	Effectiveness of school-based child sexual abuse intervention among school children in the new millennium era: Systematic review and meta-analyses
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o determine the effectiveness of the school-based child sexual abuse intervention programmes in the new millennium era (2000–2021) in improving the knowledge, skills, and attitude of school children under 18 years old toward child sexual abuse."
Target Population	School-going children aged < 18 years
Geographic Specification (if any)	None specified
Examined Interventions	School-based sexual abuse awareness programmes
List of Violence Outcomes	Child sexual abuse
Review Findings on Intervention Effectiveness for Violence Against Children	No direct violence measures were identified in primary studies for this review.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	The intervention improved knowledge (factual or applied; d= 0.90 [0.63, 1.18], k=19; high certainty GRADE), skills (d= 0.39 [0.07, 0.71], k=13; high certainty GRADE), and attitude (d=1.76 [0.46, 3.07]; k=3; high certainty GRADE).
Intervention characteristics impacting effectiveness	For significant between-group analyses by subgroup, knowledge was only significant for primary school children (d= 0.84 [0.51, 1.18]; high certainty GRADE), though there were only two studies for each preschool and secondary school; skills was only significant for non-disabled children (only 3 studies with children with disabilities, very wide confidence intervals).
Source(s) of Funding	Ministry of Education, Malaysia
Quality Assessment	High Confidence

Authors	Chen & Chan
Publication Year	2022
Review Title	Effectiveness of Digital Health Interventions on Unintentional Injury, Violence, and Suicide: Meta-Analysis
Publication type	Journal article
Type of Review	Meta-Analysis

Aim of Review OR Review Question	"[T]o examine the effectiveness of DHIs in preventing unintentional injuries, violence, and suicide.... [and] to investigate factors related to programme effectiveness, including method of delivery, method of evaluation, and user characteristics."
Target Population	No population limits
Geographic Specification (if any)	None specified
Examined Interventions	Digital health intervention (bullying prevention; Healthy romantic relationships education; life & social skills training)
List of Violence Outcomes	Sexual violence victimisation; bullying victimisation; IPV victimisation
Review Findings on Intervention Effectiveness for Violence Against Children	Sexual victimisation (Rowe 2015): $d=0.29$ $[-0.37, 0.95]$, $p=0.390$ Bullying (Sanchez 2017): $d=0.42$ $[-0.05, 0.90]$, $p=0.082$ Dating violence (Levesque 2016; Jouriles 2019): $d=0.31$ $[0.21, 0.42]$, $p<0.001$ and $d=0.24$ $[-0.07, 0.55]$, $p=0.134$.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Chen et al
Publication Year	2021
Review Title	A Meta-Analysis on Effects of Parenting Programs on Bullying Prevention
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o review and examine parenting programmes on bullying reduction that involving both school-based and home visiting anti-bullying programmes."
Target Population	School-aged children and their parents
Geographic Specification (if any)	None specified
Examined Interventions	Parenting programmes
List of Violence Outcomes	Bullying (victimisation or perpetration)
Review Findings on Intervention Effectiveness for Violence Against Children	Meta-analysis found overall impact in reducing bullying (unspecified perpetration, victimisation, or both; $d=0.64$ $[0.24, 1.04]$, $k=16$).
List of Risk & Protective Factors	Parenting practices; child mental health; child development
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Overall, there were significant effects in addressing risk or protective factors ($d=0.25$ $[0.22, 0.29]$, $k=9$): Interventions were associated with improvements in negative parenting ($d=0.20$ $[0.06, 0.33]$, $k=3$) and positive parenting ($d=0.18$ $[0.04, 0.32]$, $k=2$), but had no impact on child depression ($d=-0.38$ $[-0.06, 0.82]$, $k=2$). One study found increases in parent discussions with children about bullying ($d=0.82$ $[0.74, 0.90]$) and one study found improvements in children's empathy ($d=0.09$ $[0.05, 0.14]$).
Intervention characteristics impacting effectiveness	Studies were overall effective whether only parent information was provided or if there was a training course as well as whether the study was an RCT or pre-post-test design (Parent information, RCT $d=2.12$ $[2.06, 2.18]$, $k=1$, Pre-Post-Test $d=0.33$ $[0.20, 0.47]$, $k=6$; Training courses, RCT: $d=0.93$ $[0.16, 1.69]$, $k=3$, Pre-Post-Test $d=0.46$ $[0.08, 0.85]$, $k=6$). Intervention strategies significantly differed within the categories of training courses or providing parent information.
Source(s) of Funding	National Social Science Foundation of China
Quality Assessment	Critically low confidence

Authors	Chen et al
Publication Year	2023
Review Title	Effectiveness of Digital Health Interventions in Reducing Bullying and Cyberbullying: A Meta-Analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o examine and compare the effectiveness of digital health interventions (DHIs) in reducing bullying and cyberbullying"
Target Population	No population limits
Geographic Specification (if any)	None specified
Examined Interventions	Digital health intervention (Bullying prevention; Bystander intervention)
List of Violence Outcomes	Bullying victimisation or perpetration; Cyberbullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Overall, 16 studies on cyberbullying or traditional bullying victimisation or perpetration $d=0.28$ [0.14, 0.42]. (NB: One primary study (Yokoo 2018) had a large effect size ($d=1.62$), but measured attitudes to bullying and not bullying perpetration itself.) Generally stronger impacts on bullying than cyberbullying: 13 studies on effects on cyberbullying victimisation & perpetration $d=0.19$ [0.11, 0.27] 10 studies on effects on bullying victimisation & perpetration $d=0.41$ [0.14, 0.68] Stratifying analyses by victimisation or perpetration and cyberbullying or traditional bullying, all have similar effect sizes of $d=0.30$ to $d=0.37$ ($k=4$ to 6 studies) High heterogeneity (73% & 98%, respectively) so conducted subgroup analyses (see intervention characteristics).
List of Risk & Protective Factors	Knowledge or attitudes of violence; child development (social or emotional skills)
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Improvements in cyberbullying knowledge ($d=0.56$ [0.01, 1.12], 2 studies), cyberbullying empathy improvement ($d=0.35$ [0.04, 0.66], 2 studies), cyberbullying attitudes improvement ($d=0.23$ [0.01, 0.18], 3 studies), or reductions in intention to perpetrate ($d=0.15$ [0.03, 0.27], 2 studies). No impacts on bullying coping skills. Review presents inconsistent data on bystander outcomes (undefined).
Intervention characteristics impacting effectiveness	Intervention components associated with higher effectiveness: Largest effects for interventions targeting bystanders or programmes that focus on bully-victim dual roles. Teaching on coping skills and utilising interactive serious games and online forums were also critical components. Intervention impacts were stable across varying sample size and intervention duration, though the review suggests an intervention duration of 1-6 months is the most effective. One study among primary school students had largest effect on bullying, which may support interventions at younger ages.
Source(s) of Funding	Research Grants Council of the Hong Kong Special Administrative Region & Hong Kong Polytechnic University
Quality Assessment	Critically low confidence

Authors	Coulter et al
Publication Year	2019
Review Title	Mental Health, Drug, and Violence Interventions for Sexual/Gender Minorities: A Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o systematically review the state of the scientific literature on interventions and their effectiveness in preventing, reducing, or treating substance use, mental health problems, and violence victimisation among SGMY [sexual- and gender-minority youth]."
Target Population	Sexual- and gender-minority youth aged < 18 at baseline
Geographic Specification (if any)	None specified

Examined Interventions	Antibullying laws
List of Violence Outcomes	Bullying victimisation
Review Findings on Intervention Effectiveness for Violence Against Children	Seelman & Walker 2018 (moderate quality, natural experiment) evaluate two laws: 1) state-level general anti-bullying law and 2) state-level anti-bullying law enumerating sexual orientation as a protected class. Policy (1) had reduced bullying victimisation (6.4% fewer LGB youth and 7.5% fewer LGBQ youth [Q: Questioning]). Policy (2) had reduced bullying victimisation (5.1% fewer LGB youth). No overall impact on being threatened or injured with weapon (subgroup effect for LGBQ boys <16 - see intervention characteristics).
List of Risk & Protective Factors	Child mental health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Neither policy associated with suicidal ideation (no impact in subgroup by age or sex). No impact from general anti bullying laws (Policy 1) on suicide attempt. Enumerated anti bullying laws (Policy 2) associated with reduced suicide attempts among LGBQ youth (3.3% reduction), but was not significant among only LGB youth.
Intervention characteristics impacting effectiveness	Both laws (general or enumerated anti bullying laws) had stronger effects for LGB or LGBQ boys < 16 years. General anti bullying laws (Policy 1) had reduced threatened or injured with weapon for LGBQ boys <16 (13.8% fewer reporting threatened or injured), but was not significant for only LGB boys.
Source(s) of Funding	NIH
Quality Assessment	Low confidence

Authors	Courtin et al
Publication Year	2019
Review Title	The Role of Socioeconomic Interventions in Reducing Exposure to Adverse Childhood Experiences: a Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To summarise] recent findings regarding the impact of socioeconomic interventions on ACE [adverse childhood experiences]."
Target Population	No population limits
Geographic Specification (if any)	None specified
Examined Interventions	Social protection (Cash transfer, Welfare reform)
List of Violence Outcomes	Child abuse & neglect; Sexual violence victimisation
Review Findings on Intervention Effectiveness for Violence Against Children	Half of studies (6/12) that include income/economic strengthening (income supplementation and maintenance [2/3]; welfare reform [2/5]; CCT [1/1]; UCT [0/1]) show at least one measure of reduced victimisation (neglect, sexual abuse, or maltreatment including harsh parenting). Only 1/4 studies for harsh parenting found significant reductions ($d = -0.10 [-0.20, -0.01]$; income supplementation). There were mixed effects among 4 studies measuring child maltreatment: 2 studies reported reductions (welfare reform) while 1 study reported increased child maltreatment (welfare reform). There were also mixed effects among 4 studies measuring child neglect with 1 reporting increased neglect (welfare reform). None of the four studies measuring childhood physical abuse reported significant impacts. 1/2 studies measuring child sexual abuse found reductions ($d = -0.23 [-0.34, 0.11]$, CCT).
List of Risk & Protective Factors	VAW; parental mental health; substance use
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Mixed evidence on exposure to domestic violence for each welfare reform, CCT, UCT. Null effects for all other studies and interventions. No studies measured VAW & VAC concurrently. One study on increased HH substance use for income supplementation ($d = 0.49 [0.43, 0.56]$). Mixed evidence on HH mental illness for welfare reform and null impact or no evidence from other interventions.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	EU
Quality Assessment	Critically low confidence

Authors	Cox et al
Publication Year	2016
Review Title	Violence Prevention and Intervention Programmes for Adolescents in Australia: A Systematic Review
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o identify (a) identify programmes that have evaluated effects in reducing or preventing youth violence; and (2) pool effect size estimates where these are available from two or more studies for a similar outcome."
Target Population	Adolescents age 12-18
Geographic Specification (if any)	Australia
Examined Interventions	Life & social skills training; Whole School Approach to Violence Prevention (Safe schools); School-based bullying prevention
List of Violence Outcomes	Bullying; youth violence (general - alcohol or drug related violence, violent behaviour)
Review Findings on Intervention Effectiveness for Violence Against Children	Preliminary meta-analyses suggest no impact from universal bullying prevention ($k=2$, $d=0.096$ [-0.002, 0.192]) or from universal prevention for alcohol or drug-related violence ($k=4$, $d=0.051$ [-0.187, 0.083]). Universal interventions for antisocial or violent behaviour had impacts when targeting adolescents ($k=2$, $d=0.108$, [0.014, 0.202]), but not for those targeting parents ($k=2$, $d=0.215$, [-0.043, 0.472]). Across interventions and targeting strategies, there was mixed evidence (3 studies) on whole-school approach to address bullying and one study had indicated targeting, which was effective but has significant methodological concerns. Mixed evidence (4 studies) on universal interventions to reduce alcohol use and access and no impact from 1 study of selective prevention. For other forms of violence (including violent behaviour or fighting), parenting programmes generally have evidence of effectiveness across multiple outcomes and school-based programmes had mixed impacts. (These two programme types also encompass aggression, general delinquency, etc., which overlap with the risk factors for VAC.)
List of Risk & Protective Factors	Aggression; delinquency
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Data is included as part of evidence of 'other forms of violence' and is presented in the main review findings cell.
Intervention characteristics impacting effectiveness	Across intervention types, programmes that focused on strengthening protective factors (skills enhancement) and social development had more consistent evidence of effectiveness. Interventions with selective or indicated targeting were generally ineffective for impacting on violent behaviours, but note overall limited number of studies. Parenting programmes (with parent training) are effective in addressing multiple forms of violence.
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Cuartas et al
Publication Year	2024
Review Title	Strategies to Prevent Violence Against Children in the Home: A Systematic Review of Reviews
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"This study reports findings from a systematic review of reviews that had three aims: (a) To summarize evidence from reviews on the effectiveness and characteristics of both universal and selective interventions across all INSPIRE categories to prevent VAC in the home or by household members; (b) To evaluate key aspects of the methodological quality of the reviews; and (c) To identify and report the geographic distribution and basic characteristics of the primary studies included in the reviews. "

Target Population	Children
Geographic Specification (if any)	None specified
Examined Interventions	Laws; Media campaigns; Parenting programmes; Social protection (Tax credit; Welfare reform); School-based sexual abuse awareness programmes; Healthcare-based violence prevention programmes; Family preservation programmes
List of Violence Outcomes	Physical punishment, harsh parenting, sexual violence
Review Findings on Intervention Effectiveness for Violence Against Children	Inconsistent, observational evidence of bans on corporal punishment, changes in attitudes and practices and education and life skills interventions. Strong Communities, SASA! and REAL Fathers highlighted as significantly effective norm change interventions. Mixed evidence in support of media campaigns [7 reviews]. No evidence was identified within safe environments. Majority of reviews report reduced VAC from home-visitation programmes and group-based parent education (strongest category of evidence with finding impacts and effect range $d=0.11-0.61$). There is some evidence in the US of economic support interventions in reducing VAC, while other evidence is mixed. Majority of reviews of home visit programmes found reductions in VAC in indicated households. Limited evidence supporting family preservation or reunification services. Evidence of SEEK model (Flynn et al., 2015 - included) and parent centres (multiple services) were effective in reducing VAC. School-based sexual abuse awareness programmes did not have evidence of reductions in sexual abuse victimisation.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Inconsistent, observational evidence of bans on corporal punishment and changes in attitudes or support for the practice. Media campaigns had mixed evidence supporting change in risk factor reductions. Majority of parenting programmes (home visitation or group-based education) [14/20 reviews] had improved risk factors (range $d=0.03$ to 0.52). School-based sexual abuse prevention programmes improved knowledge and protective behaviours.
Intervention characteristics impacting effectiveness	Norms: One review (Daro & McCurdy, 2007) found evidence that public-awareness campaigns had greater impacts than educational campaigns. Income: One review (Maguire-Jack et al., 2021) found that direct cash assistance may be more effective for preventing child maltreatment than food benefits.
Source(s) of Funding	Lancet Commission on Gender-Based Violence and the Maltreatment of Young People
Quality Assessment	High Confidence

Authors	De Koker et al
Publication Year	2014
Review Title	A Systematic Review of Interventions for Preventing Adolescent Intimate Partner Violence
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"To evaluate the effects of interventions to prevent primary and secondary prevention of IPV perpetration and victimisation among male and female adolescents."
Target Population	Adolescents age 10-19
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education; Hotspot evaluation
List of Violence Outcomes	IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Safe Dates: Reductions in physical, sexual, and psychological IPV perpetration and physical victimisation and possibly sexual IPV victimisation. At least 50% attrition rate at 3 and 4 years follow up. Impact on moderate or severe physical perpetration were significant through at least 3 years post-intervention (Beta= -0.29) and 4 years (Beta= -1.11 for physical IPV and -0.42 for severe physical IPV). Sexual IPV perpetration impact was significant through at least 3 years post-intervention (Beta= -0.05) and 4 years (Beta= -0.10). Psychological IPV perpetration effect persists until at least 3 years post-intervention (Beta= -0.95). Reductions in physical IPV victimisation through at least 3 years (beta= -

	0.49). Reductions in SV victimisation only at 4 years post-intervention (Beta= -0.23, not significant prior). No impact on psychological IPV victimisation; additionally no impacts found for Safe Dates Booster. Fourth R: Reductions in physical IPV perpetration (AOR= 2.42 [1.00, 6.02], p=0.05, unadjusted OR not significant) at 2.5 years. Shifting Boundaries (includes hotspot component): Reductions in IPV perpetration or victimisation (not specified) for interventions using the Whole School Approach (classroom-only intervention was not effective). Six months post-intervention, sexual IPV victimisation prevalence significantly declined by 50% (OR= 0.498) and frequency significantly declined by 53% (IRR=0.474). The school-based intervention group had larger (40%) reduction six months post-intervention (OR= 0.59) compared to class- and school-based intervention group. Ineffective interventions: Ending Violence, Coaching Boys into Men (psychological IPV), Stepping Stones.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Safe Dates did not have intervention effects vary by gender or by victimisation at baseline and there was no impact from the booster intervention. Prior involvement in severe physical IPV perpetration moderated effects of Safe Dates (i.e., those with high levels at baseline had a lower intervention effect). Effective interventions operated in multiple settings (school and community), involved key adult figures to adolescents, and addressed relationship skills. Two out of three interventions with no impact were shorter (compared to effective studies) and relied only on curriculum.
Source(s) of Funding	EU
Quality Assessment	Low confidence

Authors	De La Rue et al
Publication Year	2014
Review Title	School-Based Interventions to Reduce Dating and Sexual Violence: A Systematic Review
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To evaluate the effectiveness of school-based intervention efforts aimed at preventing or reducing incidents of teen dating violence or sexual violence in intimate relationships."
Target Population	School-going adolescents (Grade 4-12, approx. age 10-18)
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Intervention reduced dating violence victimisation post-intervention (g= -0.21 [-0.41, -0.02]; k=5), but not perpetration (g= -0.01 [-0.04, 0.05]; k=3). At follow-up, interventions reduced dating violence perpetration (g= -0.11 [-0.21, -0.01]; k=4), but not victimisation (g= -0.01 [-0.36, 0.21]; k=3).
List of Risk & Protective Factors	Attitudes or Knowledge; conflict management skills
Review Findings on Intervention Effectiveness for Risk & Protective Factors	More studies measured intervention effects on attitudes and knowledge. Intervention improved dating violence knowledge (g= 0.22 [0.05, 0.39]) and attitudes [g= 0.14 [0.09, 0.19]] at post-intervention and follow-up (g=0.36 [0.01, 0.71] and g=0.11 [0.01, 0.22], respectively). Improved conflict management skills (g= 0.18 [0.12, 0.23]) and reduced acceptance of rape myths (g= -0.47 [-0.69, -0.26]) were only significant at post-intervention. Effect on acceptance of rape myths was not measured at follow-up.

Intervention characteristics impacting effectiveness	Effect size for IPV perpetration decreases with longer follow-up periods (B= -0.002, SE=0.001, p<0.05). No moderation effect based on % males, average age, programme duration, or whether teacher implemented programme.
Source(s) of Funding	Education Coordinating Group of the Campbell Collaboration
Quality Assessment	High Confidence

Authors	Decker et al
Publication Year	2024
Review Title	Integrated Theory-Based Health and Development Interventions for Young People: A Global Scoping Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o locate and examine theory-based, multidomain interventions for young people, summarize key findings, and identify research needed to strengthen future interventions to promote the health and well-being of young people."
Target Population	Adolescents & Young people aged 10-24 years
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training; Social protection (Microfinance)
List of Violence Outcomes	Violence (general), Sexual violence victimisation
Review Findings on Intervention Effectiveness for Violence Against Children	The majority of theory-based programmes (7/11) were effective in improving at least one measure of violence (victimisation or perpetration) either in the full sample or a sub-population. Majority of programmes are school-based life and social skills training using a Positive Youth Development approach or social learning theory; empowerment theory was applied to programmes for adolescent girls in LMICs. One empowerment study (Girl Empower; Özler et al., 2020) of microfinance plus gender equality training (savings account plus lessons on safety, financial literacy, SRH, life skills, etc.) for adolescent girls had no impact on sexual violence victimisation.
List of Risk & Protective Factors	SRH; substance use; education or employment
Review Findings on Intervention Effectiveness for Risk & Protective Factors	All programmes had at least an impact in one of the key domains (violence, education or employment, SRH, and substance use).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	UCLA; Inter-American Development Bank
Quality Assessment	Critically low confidence

Authors	Dedios Sanguinetti et al
Publication Year	2023
Review Title	Social Norms and Interventions on Peer Violence: A Systematic Review of the Empirical Literature
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To synthesize] evidence on the relationship between social norms and peer violence and identifies the strategies and outcomes of social norms interventions."
Target Population	Adolescents < 18
Geographic Specification (if any)	None specified
Examined Interventions	Bystander intervention; Media campaigns; Community mobilization
List of Violence Outcomes	Peer violence victimisation or perpetration
Review Findings on Intervention Effectiveness	Among the 4 interventions, three were school-based interventions to reduce bullying using role models and often found reductions in violence victimisation and perpetration, but no

for Violence Against Children	impact on social norms. One community-based study examined a bystander intervention, which found improved intentions to intervene but the effect did not sustain to follow-up.
List of Risk & Protective Factors	Attitudes
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Youth violence reduction was independent of changes in social norms (insufficient evidence on mechanisms between norms and violence).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Fund for Assistant Professors, Vice-dean of research at Los Andes University; Johns Hopkins Center for Global Health
Quality Assessment	Low confidence

Authors	DeGue et al
Publication Year	2014
Review Title	A systematic review of primary prevention strategies for sexual violence perpetration
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"1) To describe and assess the breadth, quality, and evolution of evaluation research in this area [primary prevention strategies for sexual violence perpetration]; and 2) To summarize the best available research evidence for sexual violence prevention practitioners by categorizing programmes with regard to their evidence of effectiveness on sexual violence behavioural outcomes in a rigorous evaluation."
Target Population	No population limits
Geographic Specification (if any)	None specified
Examined Interventions	Laws; Hotspot evaluation; Healthy romantic relationships education
List of Violence Outcomes	Sexual violence victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Interventions are deemed effective if there is at least one positive effect on SV behaviour four using a rigorous design. Three interventions (2.1%) had positive impacts and deemed effective. These include Safe Dates (universal dating violence prevention programme), Shifting Boundaries (Building-level Intervention only, school-based dating violence prevention with hotspot component), and 1994 VAW Act Funding (US Federal Law). None have been replicated. Five interventions (6.4%, 11 studies) were not effective for SV perpetration. Three interventions (2 studies) found potentially harmful SV impacts, including for the Law & Justice Curriculum, Interaction-based Treatment. Remaining majority (80%) of studies have mixed or null effects on SV behaviour and relied on non-rigorous study designs or did not assess SV behaviours. More rigorous studies on these interventions (e.g., Coaching Boys into Men) are needed.
List of Risk & Protective Factors	Attitudes or Knowledge; bystander intentions or behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Across all evaluations, 17% of studies assessing rape proclivity had positive effects (and 11% potentially harmful effects). One-third of studies evaluating attitudes found positive impacts (and 3.5% potentially harmful effects), and similarly, 1/3 improved affect or arousal to violence. Half or more of studies found improved knowledge, bystander behaviour or intentions, and relevant skills.
Intervention characteristics impacting effectiveness	Generally, interventions are more likely to be effective if they are comprehensive (multiple strategies), appropriately timed for the age group, use a variety of teaching methods and have a sufficient intervention dose, focus on fostering positive relationships, be culturally relevant, delivered by well-trained staff, and be theory driven. Longer duration of programmes (2x-3x longer than the average of six hours) were consistently effective compared to studies with mixed or null effects.
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Desrosiers et al
Publication Year	2020
Review Title	A systematic review of sexual and reproductive health interventions for young people in humanitarian and lower-and- middle-income country settings
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o explore, describe and evaluate SRH interventions for young people in LMIC and humanitarian settings to better understand both SRH and psychosocial components of interventions that demonstrate effectiveness for improving SRH outcomes."
Target Population	Adolescents & young adults aged 13-29
Geographic Specification (if any)	LMICs
Examined Interventions	Healthy romantic relationships education; Whole School Approach to Violence Prevention (Safe schools); Life & social skills training
List of Violence Outcomes	Violence (general); IPV victimisation or perpetration; SV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Among the limited number of studies measuring violence, SRH programmes reduced at least one form of victimisation or perpetration. Interventions varied and included gender-equity education intervention (in combination with empowerment for girls), couple-based or joint HIV & IPV prevention programmes, and Good Schools Toolkit. One study (Baiocchi et al., 2017; gender equity intervention in Kenya) was categorised as in humanitarian crisis setting (found significant decrease in ESTIMATED sexual assault rate).
List of Risk & Protective Factors	Attitudes or Knowledge; SRH
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Preliminary evidence of improved self-efficacy; SRH-related knowledge; contraceptive use; acceptance of IPV (attitudes). No impact on sexual risk behaviours or pregnancy rates.
Intervention characteristics impacting effectiveness	Generally, group-based interventions with peers were effective as well as multicomponent programmes engaging with parents or communities.
Source(s) of Funding	Department of Sexual and Reproductive Health and Research
Quality Assessment	Critically low confidence

Authors	Dijkstra et al
Publication Year	2016
Review Title	The effectiveness of family group conferencing in youth care: A meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To examine] if 1) FGC [family group conferencing], when compared to regular child care, leads to improved child safety in terms of less child maltreatment and reduction of out-of-home placements and less involvement of youth care and 2) whether study, sample and intervention characteristics influence the effectiveness of FGC."
Target Population	Youth in care
Geographic Specification (if any)	None specified
Examined Interventions	Family group conferencing programmes
List of Violence Outcomes	Child maltreatment
Review Findings on Intervention Effectiveness for Violence Against Children	There was no significant impact from family group conferencing more than regular care for reducing child maltreatment, out-of-home placements, or involvement in youth care.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.

Intervention characteristics impacting effectiveness	In moderator analyses, only retrospective studies found significant impacts on child maltreatment from FGC intervention compared to prospective studies, but there were no other study characteristics or sample or intervention characteristics that were significant. For out-of-home placement, only retrospective studies found significant impacts on out-of-home placement from FGC intervention compared to prospective studies; average child age and proportion of ethnic minorities were significant (i.e., family group conferencing was associated with more out-of-home placements among ethnic-minority families and among families with older children).
Source(s) of Funding	Dutch Ministry of Justice
Quality Assessment	Low confidence

Authors	Earnshaw et al
Publication Year	2018
Review Title	Stigma-based bullying interventions: A systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o: 1. Identify stigma-based bullying interventions reported in the peer-reviewed literature globally between 2000 and 2015. 2. Characterize the stigma-based bullying interventions to understand commonalities and differences in their focus, approach, and efficacy. 3. Recommend future directions for the development, implementation, and evaluation of stigma-based bullying interventions."
Target Population	Students & teachers
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; Whole School Approach to Violence Prevention (Safe schools)
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	About half of studies were for stigma on sexual or gender minority, a quarter for disability with the remaining portion on female sex, race or ethnicity, and obesity, respectively. Majority of studies (6/7) found reductions in bullying perpetration or victimisation, including homophobic and SV victimisation.
List of Risk & Protective Factors	Attitudes or Knowledge; bystander intentions or behaviour; school retention
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Interventions also improved attitudes toward minority populations or generally (6/7) and knowledge of bullying or stigma (3) and there is emerging evidence on school retention (1) and bystander intentions (2).
Intervention characteristics impacting effectiveness	Majority were universal programmes (15/22), with the remaining six split between selective and indicated targeting.
Source(s) of Funding	National Institute on Drug Abuse
Quality Assessment	Critically low confidence

Authors	Esposito et al
Publication Year	2024
Review Title	Technology-Based Interventions for Preventing Youth Violence: A Systematic Review of Programs, Tools, and Evidence
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o consolidate existing strategies for preventing youth violence through technology, providing insights into the current landscape, emerging trends, gaps, and the effectiveness of these strategies."
Target Population	Children aged 7-18 years
Geographic Specification (if any)	None specified

Examined Interventions	Digital health intervention (Bullying prevention; Healthy romantic relationships education)
List of Violence Outcomes	Bullying or Cyberbullying perpetration; IPV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Bullying: overall mixed findings across 5 studies reporting on bullying perpetration or victimisation. Of these 2/3 studies reported reductions in bullying perpetration (Barreda-Ángeles et al. (2021); Kärnä et al. (2011)). 2 other studies found null effects and one study reported iatrogenic effects (Kolić-Vehovec et al. (2019)). IPV: One study found lower odds of emotional dating violence perpetration but no impacts on physical dating violence perpetration (Peskin et al. (2014)). Cyberbullying (and bullying): 1/2 studies reported impacts on bullying and cyberbullying behaviours.
List of Risk & Protective Factors	Aggression; Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Bullying: 5 studies reported improvements in at least one outcome related to attitudes, empathy, and defender behaviour. IPV: 3/3 reported improvements in at least one outcome related to effect on gender norms and attitudes. Cyberbullying (and bullying): All 4 found improvements in attitudes and norms.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	University of Naples Federico II and Compagnia San Paolo (Italy)
Quality Assessment	Low confidence

Authors	Evangelio et al
Publication Year	2022
Review Title	Cyberbullying in elementary and middle school students: A systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"(1) What are the characteristics of the studies (e.g., purposes, samples, research designs): conducted in elementary and middle school students on CB and their differences with other studies in older ages over the last five years?; (2) What specifically happens in elementary and middle school students and what is the relation between the findings/conclusions and the main issues identified in previous reviews conducted in middle and high school students?"
Target Population	Children 6-14 years (Grades 1-8)
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Cyberbullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Other reviews demonstrate the effectiveness of school-based bullying prevention in preventing or reducing cyberbullying. Primary studies of interventions, such as the ViSC programme (Solomontos-Kountouri et al., 2016), are effective for primary and middle school students.
List of Risk & Protective Factors	Social skills; Aggression
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Suggest that interventions work through teaching conflict resolution skills, developing students' empowerment, and facilitating an improved class environment, which works by reducing aggression.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Family Planning Victoria
Publication Year	2016
Review Title	INTERVENTIONS TO IMPROVE THE SEXUAL AND REPRODUCTIVE HEALTH OF YOUNG PEOPLE: A systematic review of reviews
Publication type	Report
Type of Review	Review of reviews
Aim of Review OR Review Question	"[T]o assess the evidence of effectiveness of health promotion interventions in reducing the risk of young people engaging in risky sexual behaviour and associated outcomes."
Target Population	Adolescents & Young people aged 10-24 years
Geographic Specification (if any)	None specified
Examined Interventions	Media campaigns
List of Violence Outcomes	IPV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	"No reviews reported evidence of effectiveness for reducing IPV."
List of Risk & Protective Factors	Attitudes
Review Findings on Intervention Effectiveness for Risk & Protective Factors	"Jewkes et al. (2015) limited analysis to high quality studies only and found that 10/16 studies significantly improved attitudes towards violence, 5/9 studies reported a significant impact on reducing adherence to rape myths and 3/4 studies significantly changed bystander attitudes." (Despite 9 relevant reviews, only Jewkes et al., 2015 was analysed. This review considered both HIC and LMICs and included adolescent boys aged 12-19 years.)
Intervention characteristics impacting effectiveness	"Jewkes et al. (2015) noted that communication campaigns are useful for promoting conversation and awareness and may contribute to long-term change, but generally do not have immediate behaviour benefits." This is emphasised in Leen (2013), who notes that focusing directly on behaviour change may render more positive impacts. Interventions had more impact with longer-term investment, repeated exposure, in multiple settings and targeting key groups (teachers, parents, community members) (Lundgreen 2015; De Koker 2014).
Source(s) of Funding	Victorian Department of Health and Human Services Integrated Health Promotion Program
Quality Assessment	Low confidence

Authors	Fantaye et al
Publication Year	2022
Review Title	Interventions Promoting Child Sexual and Reproductive Health and Rights in LMICs: A Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o identify effective educational interventions promoting or supporting the SRHR [sexual and reproductive health and rights] of school-age children in low and middle-income countries."
Target Population	Children 5-10 years
Geographic Specification (if any)	None specified
Examined Interventions	School-based sexual abuse awareness programmes
List of Violence Outcomes	Child sexual abuse
Review Findings on Intervention Effectiveness for Violence Against Children	No direct violence measures were identified in primary studies for this review.

List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Majority of studies had significant impact in improving protective knowledge for child sexual abuse prevention (GRADE: High certainty; 8 studies) Most studies had improvements in attitudes, behaviours, and skills to prevent child sexual abuse and gender-based violence (GRADE: Low certainty, 3 studies)
Intervention characteristics impacting effectiveness	Interventions were consistently effective in improving knowledge if the programme included at least some components with active and interactive activities (rather than passive activities alone). Funded research may have contributed to building research capacity in resource-constrained contexts, which would facilitate improved knowledge outcomes. Two studies found higher impacts for girls than boys. Two studies found conflicting findings as to whether older or younger children benefited more from the intervention.
Source(s) of Funding	IDRC
Quality Assessment	High Confidence

Authors	Farmer et al
Publication Year	2023
Review Title	School-Based Interventions to Prevent Dating and Relationship Violence and Gender-Based Violence: Systematic Review and Network Meta-Analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To evaluate the comparative effectiveness of school-based interventions for children aged 5 to 18 years on DRV and GBV victimisation, perpetration, and related mediators."
Target Population	Children aged 5-18
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	IPV victimisation or perpetration; GBV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	IPV victimisation: No impact in short term (<12 months), effective in long-term follow-up (≥ 12 months, OR= 0.82 [0.89, 0.99]) IPV perpetration: No impact in short term (<12 months), effective in long-term follow-up (≥ 12 months, OR= 0.78 [0.68, 0.94]) GBV victimisation or perpetration: No impact in short- or long-term follow-up Evaluating all outcomes by violence subtype were all insignificant except for two studies on long-term, cyber-IPV victimisation (OR= 0.57, [0.45, 0.72]) and perpetration (OR= 0.49 [0.38, 0.63]) and nine studies on physical GBV victimisation in the short term only (OR= 0.76, [0.62, 0.93]).
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	There were mixed programme impacts on attitudes or knowledge about relationship violence and gender norms. Most outcomes had short-term impact that became statistically insignificant at follow up (12+ months). The exception is GBV-focused knowledge violence acceptance, which improved in both short-term and long-term assessments. There were mixed impacts on individual self-efficacy, only being improved in the short-term for GBV-focused measures (and not significant in short- or long-term for IPV-focused measures).
Intervention characteristics impacting effectiveness	Proportion of girls moderated effect on GBV victimisation: For each additional 10 percentage points increase in the number of girls in the sample, the odds of GBV victimisation decreased by 9% (OR= 0.91 [0.85, 0.97]). Long-term intervention effects were higher in HICs than LMICs (OR Range 0.71-0.93). Network meta-analyses did not find evidence in support of more complex interventions being more effective; top ranked interventions for IPV victimisation or perpetration were single-component interventions and curriculum-based interventions for GBV victimisation in the short-term.
Source(s) of Funding	NIHR
Quality Assessment	High Confidence

Authors	Fellmeth et al
Publication Year	2013
Review Title	Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults (Review)
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To assess the efficacy of educational and skills-based interventions designed to prevent relationship and dating violence in adolescents and young adults."
Target Population	Adolescents & Young people age 12-25
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Majority of interventions occurred in educational setting. There was no significant effect on episodes of relationship violence (RR= 0.77 [0.53, 1.13] measured at 0-12 months, 8 studies, moderate quality GRADE). Two studies that were excluded from meta-analyses found 60% less physical violence perpetration ($p < 0.05$) and 60% less sexual violence perpetration ($p < 0.10$) (Foshee 1998) and overall reduction in physical aggression perpetration (effect size $d = 0.58$, $p < 0.05$) (Woodin 2010). Authors note that inability to include these in meta-analysis is a significant limitation the results.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Intervention had improved score for knowledge of relationship violence at 0-12 months ($d = 0.43$ [0.25, 0.61]), though authors interpret cautiously because of risk of bias, methodological shortcomings of the studies, and heterogeneity. All other measures (attitudes, behaviours, and skills related to relationship violence) were not significant. All risk and protective factors were graded to be moderate quality. Authors conclude that overall there is no evidence of impact from the interventions. Three studies that were excluded from meta-analysis found significant improvements on awareness of acquaintance rape and creating a safer college experience (Andersen 1992), and improved attitudes (Shultz 2000 and Holcomb 2002).
Intervention characteristics impacting effectiveness	Subgroup analysis did not find any impact based on intervention intensity (number of sessions, duration of sessions, total contact time). Only one study was identified with a selective targeting strategy, but it had a significantly larger risk reduction than universal targeting (RR=0.25 & 0.86, respectively).
Source(s) of Funding	None
Quality Assessment	High Confidence

Authors	Filges et al
Publication Year	2022
Review Title	Outreach programs to improve life circumstances and prevent further adverse developmental trajectories of at-risk youth in OECD countries: A systematic review
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"What are the effects of outreach programmes on problem/high-risk behaviour of young people between 8 and 25 years of age living in OECD countries? Are they less likely to experience an adverse outcome such as school failure or drop- out, runaway and homelessness, substance and/or alcohol abuse, unemployment, long-term poverty, delinquency and more serious criminal behaviour?"
Target Population	Young people age 8-25
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training

List of Violence Outcomes	Gang membership
Review Findings on Intervention Effectiveness for Violence Against Children	One study evaluated gang membership (Thompson & Jason, 1988 - Serious Risk of Bias) and found no impact from intervention, which involved classroom sessions, after-school athletics, social events, and education assistance.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	VIVE Campbell (Denmark)
Quality Assessment	High Confidence

Authors	Finnie et al
Publication Year	2022
Review Title	Intimate Partner and Sexual Violence Prevention Among Youth: A Community Guide Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o examine the evidence of effectiveness on perpetration, victimisation, and bystander action of primary prevention interventions designed to reduce IPV or SV among youth aged 12–24 years."
Target Population	Adolescents & Young people age 12-24
Geographic Specification (if any)	HIC
Examined Interventions	Healthy romantic relationships education; Bystander intervention; Hotspot evaluation
List of Violence Outcomes	IPV victimisation, perpetration; SV victimisation, perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Results are mixed (calculated means, not meta-analysed): 18/24 study arms (17 studies total) were effective in decreasing perpetration based on direction of results (NB: this does not imply statistical significance). Decrease in odds of perpetration from 8 studies (OR= 0.6 [IQI= 0.4, 0.8]), but there was inconsistent evidence for victimisation from 5 studies (OR= 0.9 [0.3, 1.0]) and specific to particular intervention components or combinations. There was no difference at follow-up (i.e., the effect maintained six months or more post-intervention). Some studies (3 arms for perpetration, 2 for victimisation) had iatrogenic or harmful effects (increased violence).
List of Risk & Protective Factors	Bystander behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Bystander action was effective within six months post intervention (8/10 arms, median relative increase of 18% [IQI= 3, 35]), but the effect did not sustain six months post-intervention (3/4 arms insignificant). Some studies (3 arms, 2 trials for bystander action) had iatrogenic or harmful effects (i.e., less bystander action).
Intervention characteristics impacting effectiveness	Effective interventions used combinations of 1) teaching healthy relationship skills (alone, 4/5 arms for perpetration; 3/4 arms for victimisation), 2) promoting social norms to protect against violence (alone, 3/3 arms for perpetration), or 3) creating protective environments (no data available or inconsistent; no effect on victimisation or perpetration but authors infer favourable effects based on direction of effect size). For (1) and (2) combined, evidence in favour of effectiveness (6/8 study arms for victimisation). For (1), (2), and (3) combined, evidence in favour of effectiveness (2/2 arms for perpetration; 2/2 arms for victimisation; 7/8 arms for bystander action). Evidence suggests effectiveness of these interventions for marginalised populations and youth living in high-risk settings. Consistent decreasing effects on perpetration among high-school-aged youth (8/10 arms for perpetration) and middle-school-aged youth (8/10 arms for perpetration, including 1

	arm improved bystander action) compared to mixed effects for perpetration among college-aged youth.
Source(s) of Funding	Oak Ridge Institute for Science and Education; HHS Office of Women's Health
Quality Assessment	Critically low confidence

Authors	Flynn et al
Publication Year	2015
Review Title	Primary Care Interventions to Prevent or Treat Traumatic Stress in Childhood: A Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"To systematically assess the evidence base for prevention and treatment of child traumatic stress in primary care settings."
Target Population	Families attending primary care
Geographic Specification (if any)	None specified
Examined Interventions	Healthcare-based violence prevention programmes
List of Violence Outcomes	Child maltreatment
Review Findings on Intervention Effectiveness for Violence Against Children	Both interventions (five studies) using the SEEK model show reductions in child maltreatment for low-risk and high-risk groups. One study of high-risk group found reduced abuse or neglect (OR= 1.5) and parent report of severe or very severe physical assault up to 3-4 years follow-up. Authors note reductions in possible neglect, but primary study authors did not substantiate with data. No impact on parent reported nonviolent discipline, psychological aggression, minor physical assault. Another programme of lower risk group, found at 12month follow-up reductions in psychological aggression (ES= -0.12 [-0.24, -0.002]) and minor physical assault (ES= -0.14 [-0.28, -0.005]), but no difference on abuse or neglect being documented in medical records or in CPS reports for neglect or physical abuse. One study using a positive parenting programme was provided to indicated families and found significant reductions at 9 months follow-up in parent report of bullying (perpetration or victimisation) and physical fighting or fighting-related injury as well as child report of bullying victimisation. No other child-reported outcomes were significant.
List of Risk & Protective Factors	VAW; attitudes or knowledge; aggression
Review Findings on Intervention Effectiveness for Risk & Protective Factors	The SEEK model had improved screening for depression, IPV, substance use, and parental stress (all based on provider outcomes). From the positive parenting programme, there was no impact on child attitudes toward violence or in child-reported aggressive behaviour (though the parent report was significant).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Substance Abuse and Mental Health Service Administration (SAMHSA) for the Paediatric Integrated Care Collaborative (PICC). National Institute on Drug Abuse.
Quality Assessment	Low confidence

Authors	Fraguas et al
Publication Year	2021
Review Title	Assessment of School Anti-Bullying Interventions: A Meta-analysis of Randomized Clinical Trials
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To assess the effectiveness of school anti-bullying interventions, their population impact, and the association between moderator variables and outcomes."
Target Population	School-going children

Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Bullying victimisation or perpetration; Cyberbullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Overall bullying (perpetration, victimisation, cyberbullying) $d = -0.15$ [-0.19, -0.11], risk of publication bias) at post-intervention; $d = -0.17$ [-0.24, -0.10] at follow-up Bullying perpetration: $d = -0.11$ [-0.15, -0.08]; risk of publication bias at endline and $d = -0.18$ [-0.28, -0.08] at follow-up Bullying victimisation: $d = -0.16$ [-0.23, -0.09] at endline, and $d = -0.12$ [-0.17, -0.07] at follow-up Cyberbullying: $d = -0.14$ [-0.20, -0.07] at endline (only one trial had follow-up)
List of Risk & Protective Factors	Attitudes or Knowledge; child mental health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Attitudes discouraging bullying: $d = 0.20$ [0.15, 0.25], risk of publication bias) at endline and $d = 0.14$ [0.08, 0.20] at follow-up Attitudes encouraging bullying: $d = -0.12$ [-0.18, -0.05] at endline and $d = -0.12$ [-0.20, -0.05] at follow-up Mental health problems: $d = -0.21$ [-0.28, -0.13], risk of publication bias) at endline and $d = -0.20$ [-0.35, -0.06], risk of publication bias at follow-up School climate $d = 0.07$ [0.04, 0.10], risk of publication bias at endline and $d = 0.134$ [0.04, 0.23] at follow-up
Intervention characteristics impacting effectiveness	No significant difference for impact in meta-regressions regarding intervention targeting, intervention duration, length of follow-up (average 44 weeks), study quality, mean age, % females, or sample size. Effect size maintains between endline and follow-up.
Source(s) of Funding	Multiple funders in EU and Spain
Quality Assessment	Critically low confidence

Authors	Gaffney et al
Publication Year	2021
Review Title	Effectiveness of school-based programs to reduce bullying perpetration and victimization: An updated systematic review and meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"The objective of this review is to establish whether or not existing school-based anti-bullying programmes are effective in reducing school-bullying behaviours. This report also updates a previous meta-analysis conducted by Farrington and Ttofi [2009]."
Target Population	School-going children aged 4-18 years
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Intervention reduces bullying perpetration by 18-19% (OR=1.31 [1.24, 1.38]) and victimisation by 15-16% (OR=1.24 [1.19, 1.31]). Modest effect size, but no publication bias.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Heterogeneity partially explained by significant moderators: Country context, study design, unit of randomisation, intervention programme, publication year (more recent studies higher effect sizes), and conflict of interest or publication type. Also, high COI studies were associated with larger overall effect sizes for bullying perpetration and victimisation in comparison to low-risk COI studies (i.e., potential bias based on study funding).
Source(s) of Funding	Not specified

Quality Assessment	Moderate Confidence
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Authors	Gavine et al
Publication Year	2016
Review Title	Effectiveness of Universal School-Based Programs for Prevention of Violence in Adolescents
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To evaluate] the effectiveness of universal school-based programmes aimed at the primary prevention of violence in 11- to 18-year-olds."
Target Population	School-going children aged (middle or secondary school) 11-18 years
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training; Whole School Approach to Violence Prevention (Safe schools)
List of Violence Outcomes	Violent behaviour
Review Findings on Intervention Effectiveness for Violence Against Children	Out of the 16 programmes, 3/7 found small, but improved reductions in violent behaviour and 2/4 found decreases in youth violence victimisation NB: Bullying programmes and outcomes excluded from this review.
List of Risk & Protective Factors	Attitudes or Knowledge; aggression
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Out of 16 programmes, 4/6 found small, but improved reductions in physical aggression (one worsened physical aggression) and 4/6 found small reductions in nonphysical aggression. 5/8 reported improved attitudes toward violence and 2/3 found reduction in perceived violence in schools. 4/5 found improvements in prosocial skills and 2/6 found improved conflict resolution skills.
Intervention characteristics impacting effectiveness	Effective interventions included components on social norms and social development. (Again, note that bullying interventions are not included.)
Source(s) of Funding	Strathclyde Joint Police Board (now Police Scotland)
Quality Assessment	Low confidence

Authors	Graham et al
Publication Year	2021
Review Title	Evaluations of Prevention Programs for Sexual, Dating, and Intimate Partner Violence for Boys and Men: A Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[The project] (a) identified programmes for boys and men that intended to prevent SV/DV/IPV perpetration and that have been evaluated using randomized designs; (b) systematically reviewed each of the identified programmes to determine the violence types addressed, the target audience, and key components of program delivery, activities, structure, and content; and (c) examined each programme's outcome evaluation, including methods used, programme effectiveness, and methodological quality using the Cochrane Risk of Bias Tool (Higgins & Altman, 2008)."
Target Population	Males
Geographic Specification (if any)	None specified
Examined Interventions	Bystander intervention
List of Violence Outcomes	IPV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Coaching Boys into Men: At three-months post-intervention, the intervention did not reduce dating violence perpetration (Miller et al., 2012), but there were significant reductions at one-year follow-up ($d = -0.15 [-0.27, -0.03]$; Miller et al., 2013). Another (Jaime et al., 2016) study evaluated comparative effectiveness based on different implementers (school athletic coach vs. community-based violence prevention advocate),

	to which there was no significant difference within or between conditions from the intervention three-months post-intervention. (Dating violence measure includes physical, sexual, and emotional or psychological perpetration.) Intervention effects were not disaggregated by age for other interventions or were focused on university students.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Difference between implementer (school athletic coach vs community-based violence prevention advocate) was insignificant three-months post-intervention. (Discussed in main findings, Jaime et al., 2016.)
Source(s) of Funding	US CDC
Quality Assessment	Low confidence

Authors	Grønnerød et al
Publication Year	2015
Review Title	Psychological Treatment of Sexual Offenders Against Children: A Meta-Analytic Review of Treatment Outcome Studies
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To meta-analyse] the effects of treatment for sexual offenders against children"
Target Population	Sexual offenders
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Sexual violence recidivism
Review Findings on Intervention Effectiveness for Violence Against Children	While the whole sample has a significant effect in reduced recidivism ($r = 0.08$ [0.02, 0.14], $RR = 0.88$, $k = 14$), this effect becomes insignificant when excluding the five low-quality studies ($r = 0.03$ [-0.04, 0.10], $RR = 0.96$ $k = 9$). Moderator analyses found study quality to be significantly and inversely associated with effect size (i.e., poor quality studies had higher effect sizes). Only one study was rated as good (Marques et al., 2000), which had a minimal effect size ($r = 0.02$). Authors conclude that evidence is not able to demonstrate treatment effectiveness in reducing recidivism.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	(More recent studies and longer follow-ups had smaller effect sizes. Majority of studies rated as weak or good were conducted in institutions (8/9).
Source(s) of Funding	Norwegian Health Directorate
Quality Assessment	Critically low confidence

Authors	Harrison et al
Publication Year	2022
Review Title	Mental Health and Positive Development Prevention Interventions: Overview of Systematic Reviews
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"To summarize and synthesize the available evidence from systematic reviews of mental health and positive development interventions for children aged 5–14.9 years in both high-

	income (HIC) and low- and middle-income countries (LMIC), with a focus on preventive and promotive strategies"
Target Population	Children age 5-15
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; Whole School Approach to Violence Prevention (Safe schools); Parenting programmes; Psychological therapy for violence victims; School-based sexual abuse awareness programme; Life & social skills training
List of Violence Outcomes	Bullying victimisation or perpetration; Cyberbullying victimisation or perpetration; re-abuse (child abuse or neglect); mental health of child victims
Review Findings on Intervention Effectiveness for Violence Against Children	Bullying Prevention (n=19): Evidence of effectiveness for school-based interventions (including Whole-school approaches) on traditional (face-to-face) bullying victimisation and perpetration. Evidence is primarily from HICs. Among meta-analyses (n=8), AMSTAR ratings either low or critically low. More research is needed on cyberbullying outcomes in school-based interventions and digital interventions. Universal life & social skills training improved adolescent mental health and reduced face-to-face violence, aggression, and bullying (ES= -0.29 [-0.56, -0.02]) (no impact on digital or combined) (Skeen et al., 2019; HIC & LMIC). In response to violence against children, parenting programmes can reduce physical child abuse recidivism (Vlahovicova et al., 2017; HIC only), CBT had generally modest effects in mitigating the impacts of child sexual abuse (Macdonald et al., 2012; HIC-only), and there is insufficient evidence for conclusions on family group decision-making (McGinn et al., 2020; HIC-only). Kinship care is viable out-of-home placement for children who were removed from the home because of maltreatment (Winokur et al., 2014; HIC-only). School-based sexual abuse prevention: No violence outcomes (Walsh et al., 2015).
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	School-based sexual abuse prevention: improved protective behaviours and knowledge (Walsh et al., 2015).
Intervention characteristics impacting effectiveness	Bullying Prevention: Evidence is inconsistent on which age-groups may benefit most.
Source(s) of Funding	IDRC; SickKids Centre for Global Child Health, Toronto
Quality Assessment	Low confidence

Authors	Hensums et al
Publication Year	2023
Review Title	What Works for Whom in School-Based Anti-bullying Interventions? An Individual Participant Data Meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"Our objectives were to assess (1) the overall effect of school-based anti-bullying interventions, (2) which youth benefited more from school-based anti-bullying interventions as a whole ("for whom"), and (3) which youth benefited most from specific intervention components ('what works for whom')."
Target Population	Children or youth aged 5-20 years
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	School-based anti-bullying interventions reduced victimisation (OR=0.77 [0.71, 0.83]; d= -0.14) and perpetration (OR=0.88 [0.79, 0.98]; d= -0.07)

List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	No difference in subgroup effects (including age or sex, SES, ethnicity, outcome at baseline) for victimisation. Interventions had stronger effect in reducing bullying perpetration in younger (aged <12 years) participants (no other subgroup effects) and youth with higher baseline victimisation had better effects from the intervention than those with lower baseline victimisation. No difference in effect from intervention components, but some evidence of worsening effects from non-punitive disciplinary methods. Components by subgroup found adverse effects on victimisation for girls more-so than for boys from inclusion of non-punitive disciplinary methods (requires more investigation). School assemblies and playground supervision had adverse effect through increased bullying perpetration by children who frequently perpetrated (at baseline) compared to those not.
Source(s) of Funding	Dutch Research Council, University of Amsterdam
Quality Assessment	Critically low confidence

Authors	Heyeres et al
Publication Year	2021
Review Title	Cyberbullying prevention and treatment interventions targeting young people: an umbrella review
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"[T]o provide an overview of published, peer-reviewed literature reviews, that place their main or sole focus on cyberbullying prevention and treatment intervention studies."
Target Population	Youth
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Cyberbullying victimisation or perpetration; child mental health; re-abuse
Review Findings on Intervention Effectiveness for Violence Against Children	While majority (7/10) of reviews found at least one improved outcome (violence or risk factors), only five included direct measure of violence victimisation or perpetration. Of these five, two found largely insignificant effects and two found reductions in both perpetration and victimisation. One was a meta-analysis (Gaffney et al., 2019) and found 10-15% reductions in cyberbullying perpetration and 14% reductions in victimisation and the other review found effects up to at least 1.5 years. A separate review focused on interventions for those who experienced cyberbullying and found reductions of victimisation as well as improved emotional wellbeing and reduced mental distress.
List of Risk & Protective Factors	Attitudes or Knowledge; bystander intentions or behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Three reviews clearly assessed risk factors and had mixed results on the impacts for attitudes, knowledge, risk, and intentions. In total with victimisation and perpetration measures, 7/10 reviews found at least one positive finding.
Intervention characteristics impacting effectiveness	Peer involvement in development and implementation appears to be linked with significant risk reductions.
Source(s) of Funding	None
Quality Assessment	Critically low confidence

Authors	Hielscher et al
Publication Year	2021
Review Title	Intervention programs designed to promote healthy romantic relationships in youth: A systematic review

Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"To conduct a systematic literature review of intervention programmes designed to promote healthy romantic relationships in youth (aged 12–25 years)."
Target Population	Adolescents & Young people age 12-25
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Limited evidence supporting reductions in dating violence for both relationship skills training and healthy romantic relationships education
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Interventions had consistent evidence supporting improvements in knowledge regarding healthy relationships and less acceptance of dating violence norms, but mixed evidence supporting improvements in attitudes and beliefs.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Queensland University, NHMRC, Zaccari Scholarship
Quality Assessment	Low confidence

Authors	Hossain et al
Publication Year	2018
Review Title	Urbanisation, Insecurity, and Violence: A Systematic Review - Final Report
Publication type	Report
Type of Review	Primary review
Aim of Review OR Review Question	"What is the impact of approaches for addressing insecurity or violence arising from urbanisation?"
Target Population	Urban & peri-urban populations
Geographic Specification (if any)	LMICs
Examined Interventions	School-based sexual abuse awareness programmes; School-based bullying prevention
List of Violence Outcomes	Bullying perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Findings from one RCT (Motto 2009; high risk of bias) are inconsistently reported.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Two sexual abuse awareness programmes (Dunn, 2011; Cecen-Erogul and Hasirci, 2013; both high risk of bias) found evidence of improved knowledge in appropriate and inappropriate touch. Findings from one RCT (Motto 2009) are inconsistently reported.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	DFID
Quality Assessment	Critically low confidence

Authors	Houchins et al
Publication Year	2016

Review Title	Bullying and Students With Disabilities: A Systematic Literature Review of Intervention Studies
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To] report the findings from a systematic literature review on bully intervention studies focused on students with disabilities."
Target Population	School-going children (primary or secondary school, aged 5-18)
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Mixed evidence in affecting bullying outcomes (stronger evidence in reducing perpetration rather than victimisation). When significant, effects are small to moderate ($d = 0.17-0.40$).
List of Risk & Protective Factors	School climate; Child behaviour problems
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Evidence of improved positive relationships or classmate support ($d = 0.17-0.40$). However, one study found iatrogenic effects on classmate support among students with disabilities ($d = -0.69$). Mixed, but encouraging evidence in reducing child behaviour problems (aggression, antisocial behaviour, etc.)
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Howey et al
Publication Year	2022
Review Title	Effectiveness of Residential Treatment for Juveniles with Problematic Sexual Behavior: A Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"First, how effective are residential treatment programmes for juveniles with problematic sexual behaviours as measured by recidivism rates? Second, what elements of residential treatment programmes contribute to lower recidivism rates?"
Target Population	Sexual offenders (juveniles)
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Sexual violence recidivism
Review Findings on Intervention Effectiveness for Violence Against Children	Authors estimated an average sexual recidivism rate of 5.2% with average follow-up of 3 years (range 1-5.2 years post-release). Authors note that this rate is similar to SV recidivism rates found for non-residential or less restrictive interventions (e.g., community-based treatment centres). Studies are needed to directly evaluate comparative effectiveness.
List of Risk & Protective Factors	Recidivism (general)
Review Findings on Intervention Effectiveness for Risk & Protective Factors	General recidivism was more likely than sexual violence recidivism. Unclear intervention effects.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	None
Quality Assessment	Critically low confidence

Authors	Hutson et al
Publication Year	2018
Review Title	Systematic Review of Cyberbullying Interventions for Youth and Parents With Implications for Evidence-Based Practice
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o review evidence-based cyberbullying interventions to identify effective intervention components that could be extrapolated for use in the healthcare setting."
Target Population	Children =<18
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Cyberbullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Among studies measuring direct victimisation or perpetration, 13/15 had at least one improved outcome (victimisation or perpetration): 7 studies found reductions in both victimisation and perpetration, 3 found reductions in victimisation only, and 2 found reductions in perpetration only. Intervention components discussed in 'Intervention characteristics impacting effectiveness'.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Intent on cyberbullying was measured in 2 studies (no impact). One study noted improved attitudes or behaviours on cyberbullying.
Intervention characteristics impacting effectiveness	Intervention components associated with reduced cyberbullying victimisation or perpetration include parental involvement and "communication and social skills, empathy training, coping skills, and digital citizenship."
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Jennings et al
Publication Year	2019
Review Title	A forgotten group during humanitarian crises: a systematic review of sexual and reproductive health interventions for young people including adolescents in humanitarian settings
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To assess] the evidence on SRH interventions for young people including adolescents in humanitarian settings, strategies to increase their utilisation and their effects on health outcomes"
Target Population	Adolescents & Young people aged 10-24 years
Geographic Specification (if any)	LMICs
Examined Interventions	Safe spaces
List of Violence Outcomes	IPV victimisation, SV victimisation
Review Findings on Intervention Effectiveness for Violence Against Children	One multicomponent programme (COMPASS, "Adolescent Girl Safe Spaces") was implemented by IRC in Ethiopia, DRC, and Pakistan. No impact on transactional sex, in SV exposure or victimisation, or on attitude towards gender and sexual and GBV. Impact on attitudes towards early childbearing suggesting girls were more likely to report the girl should be older than 18 when they have their first child or get married. (No studies were identified for sexual minority youth, youth living with disabilities, or other vulnerable groups. None of the programmes included boys.)

List of Risk & Protective Factors	Attitudes or Knowledge; social support; child mental health; parenting practices
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Based on combination of qual & quant data from RCTs, there were improved knowledge of services for those who experience violence victimisation (also improved friendliness of health services). No impact on gender or violence attitudes. Improvements in social support, mental health (future outlook or hope), and in support for delaying marriage and childbearing until after age 18. Improved parental warmth toward daughters.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Gates Foundation
Quality Assessment	Low confidence

Authors	Jiménez-Barbero et al
Publication Year	2012
Review Title	Effectiveness of antibullying school programmes: A systematic review by evidence levels
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o examine the efficiency of such programmes [those aimed at preventing or reducing violence in schools] in Primary and Secondary schools"
Target Population	School-going children aged 6-16
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; Whole School Approach to Violence Prevention (Safe schools)
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Majority of reviews and individual studies find significant impacts on bullying perpetration or victimisation. Intervention impacts fade over time. A Whole School Approach has better chance of success (including involvement of parents).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	(Attitudes and beliefs are presented in tables, but are not synthesized for overall intervention impact on these risk and protective factors.)
Intervention characteristics impacting effectiveness	Among limited and inconclusive data, some evidence suggests the interventions may have greater impacts on males and older children, but most studies do not measure these variables (thus overall inconclusive). Interventions working to improve attitudes or beliefs and social or interpersonal skills are likely the most "efficient".
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Jiménez-Barbero et al
Publication Year	2016
Review Title	Effectiveness of anti-bullying school programs: A meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o assess the efficacy of anti-bullying school programmes"
Target Population	School-going children (primary or secondary school)
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; Whole School Approach to Violence Prevention (Safe schools)

List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Intervention was effective in reducing bullying or school violence frequency [perpetration] $d = -0.12, (-0.17, -0.06)$, but only had a marginally significant effect in reducing victimisation $d = -0.09 (-0.17, 0.00)$.
List of Risk & Protective Factors	Attitudes; School climate
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Few studies evaluated violence attitudes or school climate. There were reductions in attitudes favouring violence ($d = -0.18 [-0.30, -0.06]$) and increases in attitudes against violence ($d = 0.06 [0.03, 0.10]$). However, there was no impact on improved school climate ($d = -0.03 [-0.08, 0.02]$).
Intervention characteristics impacting effectiveness	On perpetration: Significantly higher effect size for interventions lasting <1 school year ($d = -0.24$ vs -0.10) and for interventions targeting children aged <10 years ($d = -0.17$ vs -0.08). Significantly less heterogeneity among interventions lasting <1 school year, having smaller samples, or not adopting a Whole School Approach. On victimisation: Significantly higher effect size for studies lasting <1 school year ($d = -0.33$ vs -0.08) and published after 2007 ($d = -0.13$ vs -0.02). Significantly less heterogeneity among children <10 years, smaller sample size, published before 2007, or not adopting a Whole Schools Approach.
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Jiménez-Barbero et al
Publication Year	2020
Review Title	Physical education and school bullying: a systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"To evaluate the associations of physical education (PE) with school violence and bullying."
Target Population	Students (primary and secondary)
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training
List of Violence Outcomes	Violence (general)
Review Findings on Intervention Effectiveness for Violence Against Children	One quasi-experimental study in Spain (Tejero-Gonzalez et al., 2011; moderate quality) found that a self-defence teaching unit in physical education had small reductions in unprovoked violence in high school students ($d = 0.20$). Another martial-arts-based intervention also found reductions in violent behaviour (Zivin et al., 2001; moderate quality).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Review includes quantitative studies on the impact of bullying on physical education participation and enjoyment, and prevalence of bullying in physical education classes, but does not specify the impacts of physical education specifically on violence outcomes.
Source(s) of Funding	No internal sources (i.e., project-specific funding). (External sources: Valencian Council of Education, Research, Culture and Sports)
Quality Assessment	High Confidence

Authors	Kamaruddin et al
Publication Year	2023

Review Title	A systematic review and meta-analysis of interventions to decrease cyberbullying perpetration and victimization: An in-depth analysis within the Asia Pacific region
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o tackle a significant gap in the cyberbullying literature by addressing the need to empirically determine the effectiveness of programmes with non-school-aged samples with a specific focus on studies conducted within the Asia-Pacific region."
Target Population	Children 5-18 years
Geographic Specification (if any)	Asia-Pacific Region
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Cyberbullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Meta-analysis results analyse a subset of the included studies, finding non-significant impacts on perpetration (k=4) and on victimisation (k=2). One study had a statistically significant effect size in reducing victimisation (Tapingkae, 2020). Despite non-significant effects in remaining studies, directions of effects were all in favour of intervention group except for 1 study (Cross 2016) which found no change on cyberbullying perpetration.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Significant heterogeneity in programme contents and delivery. Insufficient evidence for assessment.
Source(s) of Funding	Malaysian Communications and Multimedia Commission
Quality Assessment	Critically low confidence

Authors	Kanine et al
Publication Year	2015
Review Title	Therapeutic Day Treatment for Young Maltreated Children: A Systematic Literature Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To examine] the literature on the effectiveness of therapeutic day treatment for young maltreated children (birth to 5-years old)."
Target Population	Maltreated children <5
Geographic Specification (if any)	None specified
Examined Interventions	Psychological therapy for violence victims (Therapeutic day treatment or therapeutic preschools)
List of Violence Outcomes	Child development; child behaviour
Review Findings on Intervention Effectiveness for Violence Against Children	Of the one study that was a RCT (follow-up of youth 12 years post-intervention), there were improved externalising and internalising behaviours or mental health as well as criminal justice outcomes (delinquency, crime record or arrest including violent crime arrests). ("Overall, the results across studies suggested that participation in day treatment lead to improvements in developmental functioning (six studies), social-emotional skills (five studies), externalizing behaviour (two studies), self-care skills (two studies), and internalizing problems and self-concept (one study each).")
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.

Source(s) of Funding	Not specified
Quality Assessment	Low confidence

Authors	Kemmis-Riggs et al
Publication Year	2018
Review Title	Program Components of Psychosocial Interventions in Foster and Kinship Care: A Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o provide a systematic analysis of randomized or quasi-randomised trials of foster family interventions and their different therapeutic components."
Target Population	Maltreated children (aged 0-18) in care because of history with maltreatment or involvement with child protective services
Geographic Specification (if any)	None specified
Examined Interventions	Out-of-home care
List of Violence Outcomes	Behaviour problems; attachment; permanency
Review Findings on Intervention Effectiveness for Violence Against Children	11/14 programmes had at least one improved child or caregiver outcome. Half of studies measuring child behaviour problems (6/12) had significant reductions. Effective programmes with reductions in problem behaviours (externalising or internalising) had components on consistent discipline and positive reinforcement, trauma psychoeducation, problem-solving, parental engagement skills and parent-targeted information. Ineffective studies were clearly missing components on participations strategies and trauma psychoeducation. Mostly positive impacts on attachment or relational problems (3/3 RCTs). Effective programmes with improved parent-child relationships had components on developing parental responses that were empathic, sensitive, and attuned to children's needs. 2/6 RCTs on placement outcomes were significant for improved stability. There were no patterns of effectiveness between interventions.
List of Risk & Protective Factors	Parenting practices
Review Findings on Intervention Effectiveness for Risk & Protective Factors	5/8 studies measuring parentings skills reported at least 1 significant improvement in positive parenting.
Intervention characteristics impacting effectiveness	See main intervention effects for core components on effectiveness.
Source(s) of Funding	Not specified
Quality Assessment	High Confidence

Authors	Kettrey & Marx
Publication Year	2019
Review Title	Does the Gendered Approach of Bystander Programs Matter in the Prevention of Sexual Assault Among Adolescents and College Students? A Systematic Review and Meta-Analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To synthesize] high-quality research examining the effects of bystander programmes on (1) bystander intervention and (2) self-reported perpetration of sexual assault."
Target Population	Adolescents & Young people age 12-25
Geographic Specification (if any)	United States

Examined Interventions	Bystander intervention
List of Violence Outcomes	Sexual violence perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Bystander interventions did not impact on sexual assault perpetration (all five studies had null effects).
List of Risk & Protective Factors	Bystander behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Programmes were effective for bystander intervention ($g = 0.28 [0.19, 0.36]$).
Intervention characteristics impacting effectiveness	All interventions were school based. Interventions were effective regardless of whether the portrayal of perpetrators or victims was gendered or gender-neutral (no moderated effect). By gendered implementation method, individual or self-implementation was effective ($g = 0.23 [0.13, 0.34]$) and single-sex group implementation was effective ($g = 0.33 [0.17, 0.48]$). However, mixed-sex group implementation was not effective ($g = 0.39 [-0.00, 0.78]$), but it relies on only two studies of which one was effective.
Source(s) of Funding	Campbell Collaboration
Quality Assessment	Critically low confidence

Authors	Kettrey et al
Publication Year	2019
Review Title	Effects of bystander programs on the prevention of sexual assault among adolescents and college students: A systematic review
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To examine] the effects of bystander programmes on knowledge and attitudes concerning sexual assault and bystander intervention, bystander intervention when witnessing sexual assault or its warning signs, and the perpetration of sexual assault."
Target Population	Adolescents & Young people age 12-25
Geographic Specification (if any)	None specified
Examined Interventions	Bystander intervention
List of Violence Outcomes	Sexual violence perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Of six studies reporting on sexual assault perpetration, bystander interventions did not impact on sexual assault perpetration (all studies had null effects at all time points, including 4 months and up to one year post-intervention).
List of Risk & Protective Factors	Attitudes or Knowledge; bystander intentions or behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Among attitudes and knowledge (i.e., gender attitudes, date rape attitudes, victim empathy, noticing a sexual assault or its warning signs and rape myth acceptance), rape myth acceptance had the greatest evidence of effectiveness post-intervention ($g = 0.37 [0.13, 0.61]$) and impact persist through at least 6-7 months post-intervention. This was similar for identifying a situation as appropriate for intervention ($g = 0.57 [0.08, 1.05]$) post-intervention at 1-4 months post-intervention ($g = 0.39 [0.23, 0.55]$). There were delayed effects (only significant 1-4 months post-intervention) on taking responsibility for intervening or acting ($g = 0.32 [0.04, 0.61]$), knowing strategies for intervening (one study, $g = 0.63 [0.43, 0.83]$), and intentions to intervene ($g = 0.41 [0.15, 0.68]$). Limited to no impact on gender-equitable attitudes, victim empathy, date rape attitudes, or noticing sexual assault. Bystander intention behaviour was maintained through at least 6-12 months post-intervention ($g = 0.23 [0.03, 0.43]$) despite declining slightly from 1-4 months post-intervention ($g = 0.41 [0.15, 0.68]$). Bystander efficacy was significant post-intervention ($g = 0.45 [0.25, 0.65]$) and 1-4 months post-intervention ($g = 0.50 [0.31, 0.68]$). Bystander

	intervention was effective at 1-4 month post-intervention ($g = 0.27$ [0.19, 0.36], no data on immediate post-intervention).
Intervention characteristics impacting effectiveness	All interventions were school based. Average age, education level, and gender distribution did not predict magnitude of intervention effect. Neither gender of perpetrator or victim in programmes nor implementation context (mixed or single-sex settings) moderated bystander intervention.
Source(s) of Funding	Campbell Collaboration
Quality Assessment	High Confidence

Authors	Kovalenko et al
Publication Year	2022
Review Title	What Works in Violence Prevention Among Young People?: A Systematic Review of Reviews
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"[T]o synthesize the existing evidence [of campus-based programmes designed to reduce violence among young people], determine what works and why, and make recommendations on the development and implementation of future programs"
Target Population	Adolescents & young people age 15-30
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; Whole School Approach to Violence Prevention (Safe schools); Healthy romantic relationships education; Bystander intervention
List of Violence Outcomes	Bullying; dating or relationship violence; sexual assault;
Review Findings on Intervention Effectiveness for Violence Against Children	Most significant impacts were found improvements in knowledge or attitudes, but this did not always translate to behaviour change (in some cases finding evidence of harm). Across outcomes (Bullying prevention; Dating and relationship violence prevention; Sexual assault prevention; Antisocial behavior prevention and General violence prevention), effects on perpetration or victimisation were generally small and diminish or disappear between end of intervention and follow-up. All reviews reporting on bullying prevention (7/7) and dating and relationship violence prevention (8/8) found small to medium effects. A number of reviews focusing on sexual assault prevention (1/5) and general violence prevention (4/9) included studies with no effect on victimisation or perpetration.
List of Risk & Protective Factors	Knowledge or attitudes of violence
Review Findings on Intervention Effectiveness for Risk & Protective Factors	See main effects.
Intervention characteristics impacting effectiveness	Added suggestions for programme effectiveness overall: Target multiple forms of victimisation or perpetration (physical, emotional, etc.) and include multiple measures (self vs teacher report). To create a welcoming environment, use a gender-neutral approach and implement in multiple settings. Choose interventions that are intensive and engaging (i.e., activity based that promote interactions and include skill-building). Consider booster sessions for improved effectiveness over time.
Source(s) of Funding	University of Exeter; NIHR
Quality Assessment	Moderate Confidence

Authors	LaBrenz et al
Publication Year	2020
Review Title	Reunifying Successfully: A Systematic Review of Interventions to Reduce Child Welfare Recidivism
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o review prior evidence on interventions that have decreased re-entry and re-referral rates of children who have reunified with a biological parent from foster care."

Target Population	Parents of children in foster care
Geographic Specification (if any)	None specified
Examined Interventions	Family reunification programmes
List of Violence Outcomes	Reunification; child maltreatment revictimisation or child welfare recidivism
Review Findings on Intervention Effectiveness for Violence Against Children	Insufficient and inconsistent evidence for conclusions on VAC due to only having limited and poor-quality evidence available.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Langford et al
Publication Year	2014
Review Title	The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement (Review)
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To assess the effectiveness of the Health Promoting Schools (HPS) framework in improving the health and well-being of students and their academic achievement."
Target Population	School-going children aged 4-18 years
Geographic Specification (if any)	None specified
Examined Interventions	Whole School Approach to Violence Prevention (Safe schools); Life & social skills training
List of Violence Outcomes	Bullying victimisation or perpetration; Fighting
Review Findings on Intervention Effectiveness for Violence Against Children	Antibullying interventions reduced bullying victimisation (OR= 0.83 [0.82, 0.96], k=6; 17% reduction), but did not impact bullying perpetration (OR= 0.90 [0.78, 1.04], k=6). However, two large studies (KiVa) showed strong evidence of an effect on bullying perpetration (OR= 0.73 [0.65, 0.82] & OR= 0.75 [0.67, 0.84]). One study providing one year post-intervention follow-up found no difference in impact. One study of multiple risk behaviour interventions had no impact on bullying victimisation, but another study found reduced bullying perpetration (OR= 0.49 [0.34, 0.71], k=1). An emotional wellbeing intervention had no impact on bullying victimisation or perpetration. One violence prevention intervention measuring fights at school found no effect on rates of student violence.
List of Risk & Protective Factors	Aggression; child mental health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	There was no overall impact from interventions on general violent or aggressive behaviour (one "violence prevention" intervention and three multiple risk behaviour interventions). An emotional wellbeing intervention as part of antibullying programming had no impact on child depression levels.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	DECIPHer Centre; British Heart Foundation; Cancer Research UK, Economic and Social Research Council; Medical Research Council; the Welsh Government and the Wellcome Trust
Quality Assessment	High Confidence

Authors	Långström et al
Publication Year	2013
Review Title	Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"To evaluate the effectiveness of current medical and psychological interventions for individuals at risk of sexually abusing children, both in known abusers and those at risk of abusing."
Target Population	Sexual offenders or those at risk of offending
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Recidivism; SV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Insufficient quality evidence for CBT for adult sex offenders against children and CBT in children with sexual behaviour problems directed at other children; weak evidence (1 trial, 48 participants) for MST (multisystemic therapy; compared to usual care of CBT) of sexual re offence for adolescent offenders against children, 9 years post-intervention (RR=0.18 (0.04, 0.73)), but evidence of CBT-only is insufficient 16 years post-intervention (insignificant).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Swedish Government, Department of Social Affairs
Quality Assessment	Low confidence

Authors	Lee & Wong
Publication Year	2022
Review Title	Examining the effects of teen dating violence prevention programs: a systematic review and meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To] evaluate the overall effectiveness of dating violence prevention programmes at improving adolescent knowledge, attitudes, and behaviours."
Target Population	Adolescents <18
Geographic Specification (if any)	North America, Western Europe, Australia, or New Zealand
Examined Interventions	Healthy romantic relationships education; Bystander intervention
List of Violence Outcomes	IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Intervention prevented IPV perpetration (d= 0.16 [0.06, 0.26]), but did not impact on IPV victimisation.
List of Risk & Protective Factors	Attitudes or Knowledge; bystander intentions or behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Intervention improved attitudes or beliefs (d=0.19 [0.09, 0.29]) and knowledge (d=0.57 [0.26, 0.88]) related to dating violence, but did not impact bystander intentions or behaviour.

Intervention characteristics impacting effectiveness	No moderator analyses were conducted for bystander behaviour and intentions. Programme characteristics (content and length) and audience may affect effectiveness: For both IPV perpetration or victimisation measures, subgroup analyses found significantly larger effects for programmes that did not address gender roles or did not provide bystander training. For IPV perpetration only, there were also significantly larger effects for samples that were predominately Caucasian or mixed samples as compared to predominantly minority samples. For IPV victimisation only, there were larger effects for interventions that were shorter (<5 hours) (and longer-follow-up periods [1+months] compared to immediate post-test had larger effects). For attitudes or beliefs, discussion of gender roles was associated with larger effect size, but no discussion of gender roles was associated with larger effect size for knowledge. Knowledge outcome effects were larger with longer programmes. Intervention effects were larger for all outcomes when samples were primarily Caucasian or mixed sample. (For knowledge, RCTs had smaller effect size as well as two-group designs; studies published after 2015 had smaller effects, immediate post-test had larger effect size than longer follow-up. For attitudes or beliefs, smaller sample size and non-randomised design had larger effect sizes.)
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Lester (Sarah) et al
Publication Year	2019
Review Title	What helps to support people affected by Adverse Childhood Experiences? A review of evidence
Publication type	Report
Type of Review	Review of reviews
Aim of Review OR Review Question	"[T]o gather, assess and present evidence on what helps to mitigate the harmful impacts of ACEs [adverse childhood experiences], or to promote positive outcomes, across the life course."
Target Population	Abused or neglected children or children exposed to domestic violence
Geographic Specification (if any)	None specified
Examined Interventions	Psychological therapy for violence victims (including CBT); Out-of-home care
List of Violence Outcomes	Child mental health; child behaviour
Review Findings on Intervention Effectiveness for Violence Against Children	For children who experience abuse or neglect, there is high-quality evidence that CBT improves mental health outcomes but not behavioural outcomes (Macdonald et al., 2016). Other psychological therapies can also improve child mental health. Mixed evidence that psychoeducation can improve mental health. Mixed evidence that social services impact on child behaviour. Limited evidence that educational interventions can improve mental health. For children who exposed to domestic violence, there is limited evidence that CBT may improve mental health (Howarth et al., 2016). Psychoeducation can improve mental health, but not behavioural outcomes. Interventions aimed at parents did not improve mental health or behavioural outcomes. Social services did not improve mental health or behavioural outcomes. Insufficient evidence for out-of-home care or foster care.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	See main effects for the response intervention.

Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	NIHR; Department of Health and Social Care
Quality Assessment	High Confidence

Authors	Lester (Soraya) et al
Publication Year	2017
Review Title	What do we know about preventing school violence? A systematic review of systematic reviews
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"[T]o complete a systematic review of systematic reviews that addressed the question: What do we know about preventing school violence?"
Target Population	School-going children (age cut-offs not specified)
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education; Life & social skills training; Whole School Approach to Violence Prevention (Safe schools)
List of Violence Outcomes	IPV victimisation or perpetration; youth violence victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Programmes with positive impacts on IPV: Safe Dates, the Fourth R, Stepping Stones, & Shifting Boundaries (building-level version). Three programmes had no impact (Dating Violence Prevention Programme, Ending Violence, and Coaching Boys Into Men). Programmes with harm (increased perpetration reporting): Law & Justice Curriculum, Interaction-based Treatment. Safe Dates has best evidence across programmes for school-based interventions focused on dating violence prevention. Peer violence victimisation: Promising evidence of cognitive behavioural programmes within a universal, whole-school approach. (One study using selective targeting had no impact.) No evidence of harm. Only a small subset of studies included victimisation measures. Peer violence perpetration: Generally, there is evidence in favour of programmes that employ socioemotional programmes, cognitive behavioural programmes, and mentoring or mediation programmes, respectively, and that there is most evidence in favour of discrete programmes, multilevel, and whole-school programmes, respectively. Seven studies noted harmful effects, though reviewers note that it is unclear whether these are increased harms or increased reporting from improved knowledge.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Peer violence perpetration: Mixed evidence on intervention duration for moderating treatment effects. Preliminary evidence that younger students have higher benefits.
Source(s) of Funding	Know Violence in Childhood Learning Initiative
Quality Assessment	Critically low confidence

Authors	Levy et al
Publication Year	2020
Review Title	Characteristics of successful programmes targeting gender inequality and restrictive gender norms for the health and wellbeing of children, adolescents, and young adults: a systematic review
Publication type	Journal article
Type of Review	Primary review

Aim of Review OR Review Question	"To describe the landscape of gender-transformative programmes that attempt to influence health-related outcomes; to identify mechanisms through which successful programmes work; and to highlight where gaps might exist in implementation and evaluation."
Target Population	Children, adolescents, and young people aged 0-24 years
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education; Hotspot evaluation; Safe spaces; Community mobilization; Social protection (Cash transfer; Microfinance); Bystander intervention
List of Violence Outcomes	IPV victimisation, perpetration; SV victimisation, perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Healthy romantic relationship education (8 programmes): 3 found at least one marker of reduced IPV victimisation or perpetration (PREPARE, True Love, Fourth R); 3 found mixed effects on violence including peer violence perpetration (Do Kadam Barabari, PAGE, Fourth R); and one programme (Involving Young Men to End Gender Violence) found significant increase in weapon use in control group but not intervention group. True Love found that combination of school climate change and individual level intervention components results in less psychological and physical IPV victimisation and psychological IPV perpetration. Two programmes found no effects (Start Strong and Stepping Stones). Hotspot evaluation or Safe spaces (2 programmes): One trial (Shifting Boundaries, a healthy romantic relationships education programme) included a building-level intervention for schools with 'hotspot' monitoring and found decreases in peer SV victimisation and perpetration, decreases in sexual IPV victimisation. One multicomponent programme (COMPASS) included "Adolescent Girl Safe Spaces" in addition to life skills training and parenting education, but there was no impact on physical, emotional, or sexual violence victimisation. Norms (4 programmes): Two studies evaluating Coaching Boys to Men found reductions in dating violence and improved bystander behaviour, El Joven reported higher non-violence self-efficacy among students at high-risk of violence, and GEMS found reductions in violence perpetration among boys and improvements in bystander action. One norms and life skills training programme (Yaari-Dosti) reduced IPV perpetration. Community mobilization (2 programmes): Male Norms Initiative found reductions in IPV and GREAT found reductions in non-intimate partner sexual violence. Economic strengthening (2 programmes): One (HIV Prevention Trial Network 068 Study, Kilburn et al 2018) provided monthly cash payments to young girls living in poor, rural households. CCT contingent on school attendance. Evaluation found reduced physical IPV, but no effect on experiences of forced sex. SHAZ! (Shaping the Health of Adolescents in Zimbabwe Project) life skills and microfinance programme for out-of-school half-orphaned girls found no reductions in violence over time.
List of Risk & Protective Factors	Gender attitudes; sexual risk behaviours; poverty-related measures
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Overall, 9 out of 11 studies found improvements in gender-equitable attitudes (Start Strong, True Love, Do Kadam Barabari; PAGE; GEMS; Involving Young Men to End Gender Violence, GREAT, Male Norms Initiative) including one multicomponent economic strengthening + norms programme (AGEP). One study to improve the school environment found improvements in nonviolence self-efficacy (El Joven Noble). 1/2 programmes found improvements in bystander intervention (GEMS), 0/1 found no effect on intention to continue school and 1/2 studies found improvements in substance use among boys only (Stepping Stones). Additional impacts on risk factors, particularly sexual risk behaviours, are available in the article.
Intervention characteristics impacting effectiveness	Of the programmes demonstrating evidence of, or capacity for, norm change, these interventions were multisectoral, utilised multiple strategies, and involved communities in supporting critical awareness.
Source(s) of Funding	Gates Foundation
Quality Assessment	Low confidence

Authors	Little et al
Publication Year	2021
Review Title	Effectiveness of cash-plus programmes on early childhood outcomes compared to cash transfers alone: A systematic review and meta-analysis in low- and middle-income countries
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"Are cash-plus interventions for infants and children under the age of 5 more effective than cash transfers alone in improving child health and well-being outcomes across the SDGs?"
Target Population	Children <5
Geographic Specification (if any)	LMICs
Examined Interventions	Social protection (Cash-plus programmes including parenting programmes)
List of Violence Outcomes	Violent discipline
Review Findings on Intervention Effectiveness for Violence Against Children	Two programmes tested combination of cash plus parenting (component with child protection) compared to cash alone. Both found reductions in violent discipline, though there was no significant effect in meta-analyses (potential for substantial heterogeneity).
List of Risk & Protective Factors	VAW; parenting practices; child health; maternal depression
Review Findings on Intervention Effectiveness for Risk & Protective Factors	No impact on increasing exclusive positive parenting. Reductions in violent discipline driven by select sub-scale measures. One programme found reduced IPV victimisation for mothers, but no impact on IPV perpetration for fathers. The intervention also found increased father engagement in childcare and shared decision-making and decreased maternal depression. Mixed evidence on impacts for child illness.
Intervention characteristics impacting effectiveness	One cash-plus programme included booster sessions to sustain effects, which were maintained at least one-year post-intervention. There was no difference in impact for boys and girls.
Source(s) of Funding	None
Quality Assessment	High Confidence

Authors	Lu et al
Publication Year	2023
Review Title	School-based Child Sexual Abuse Interventions: A Systematic Review and Meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o systematically summarize components in existing school-based child sexual abuse (CSA) prevention programmes and identify predictors for programme effectiveness [in improving children's knowledge and behaviours]."
Target Population	School-going children (primary or secondary school, aged 5-18)
Geographic Specification (if any)	None specified
Examined Interventions	School-based sexual abuse awareness programmes
List of Violence Outcomes	None
Review Findings on Intervention Effectiveness for Violence Against Children	No direct violence measures were identified in primary studies for this review. (This review is an update to Walsh et al (2015).)
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Assessment of factual knowledge (g= 0.72 [0.52, 0.93], k=23) Assessment of applied knowledge (g= 0.55 [0.35, 0.74], k=13)

Intervention characteristics impacting effectiveness	Both meta-analyses had significant heterogeneity, which was explored in moderator analyses and meta-regressions. Of the 8 possible structural components, only one was significantly associated with intervention effectiveness: Interventions with more than three sessions had higher effectiveness (B= -0.66 [-1.16, -0.17], p=0.01). Among participant characteristics, children aged 8+ had greater factual-knowledge gains (B= -0.46 [-0.82, -0.09], p=0.02), but there was no difference in effect for applied-knowledge gains (B= 0.03 [-0.43, 0.49], p=0.09). There was no differential impact from participant gender (B= -0.26 [-1.15, 0.64], p=0.6). No programme intervention components were found to be significantly associated with programme effectiveness. However, programmes that included information on “teaching children to recognise safe and unsafe situations” tended to be relatively more effective ($R^2=1.80\%$), though the Beta-value is insignificant and there is very large heterogeneity (92%).
Source(s) of Funding	ESRC; UKRI
Quality Assessment	High Confidence

Authors	MacArthur et al
Publication Year	2018
Review Title	Individual-, family-, and school-level interventions targeting multiple risk behaviours in young people (Review)
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To examine the effects of interventions implemented up to 18 years of age for the primary or secondary prevention of multiple risk behaviours among individuals aged eight to 25 years"
Target Population	Children =<18
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training; Healthcare-based violence prevention programmes
List of Violence Outcomes	Violent offending
Review Findings on Intervention Effectiveness for Violence Against Children	No meta-analysis had significant impacts on violent offending. Most categories had only one or two standardised effect sizes for analysis (individual targeted; family targeted; family universal; and school targeted interventions), except for universal school-based interventions which had 8 primary studies included (no overall impact). Within the broader category of antisocial behaviour, all types of interventions were insignificant (Moderate Certainty Evidence: targeted or universal individual level (k= 4 & 1, respectively); targeted family-level or school-level (k= 5 & 3, respectively)). The exception was for universal school-based interventions, which had a slight reduction in antisocial behaviour (including aggressive behaviour and bullying) but was graded as Very Low Certainty Evidence (OR= 0.79 [0.64, 0.97]; k= 11). Three studies on violence were not meta-analysed. Two showed no impact (Cunningham et al., 2012 – SafeRteens on peer victimisation; Schweinhart et al., 1980 – High/Scope Perry Preschool Program on weapon carrying). One study (Perry et al., 2003 – comparing “DARE vs DARE Plus” to no-intervention control) found reductions in physical peer violence perpetration for boys only (growth rate= -0.1 p=0.02) and there was no impact for girls.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Review investigates interventions targeted to address multiple risk factors, so it was not easily possible to identify and synthesize the impacts from risk factors within the subset of studies that examined violent offending.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	No internal sources (i.e., project-specific funding). (External sources: NIHR, British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical

	Research Council, the Welsh Government, and the Wellcome Trust and other UK research funding, National Health and Medical Research Council of Australia.)
Quality Assessment	High Confidence

Authors	Maclean et al
Publication Year	2016
Review Title	Out-of-Home Care versus In-home Care for Children Who Have Been Maltreated: A Systematic Review of Health and Wellbeing Outcomes
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o examine the associations between OoHC [Out-of-Home Care] versus in-home care and developmental health and wellbeing outcomes for children who have been maltreated."
Target Population	Maltreated children removed from the home and placed in care
Geographic Specification (if any)	None specified
Examined Interventions	Out-of-home care
List of Violence Outcomes	Child behaviour; child development; child health; education
Review Findings on Intervention Effectiveness for Violence Against Children	Overall from 40 tested comparisons, evidence was largely no impact (29), harm (7), or beneficial (4). Of the 3 low ROB studies, they only found no impact (cognitive or language skills; school attendance (truancy); internalising or externalising behaviour; adolescent pregnancy) or harm (increased emergency healthcare, running away). Mixed findings on juvenile court appearances. No low ROB evidence for academic achievement, employment social support, daily living skills, drug and alcohol use, suicide attempts; health risk behaviours.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	National Health & Medical Research Council; University of Western Australia, Australian Research Council Discovery Grant
Quality Assessment	Low confidence

Authors	Majed
Publication Year	2018
Review Title	THE IMPACT OF POSITIVE YOUTH DEVELOPMENT-PHYSICAL ACTIVITY BASED INTERVENTIONS ON BULLYING AMONG ADOLESCENTS: A SYSTEMATIC REVIEW
Publication type	Thesis
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o evaluate the effectiveness of PYD interventions that include a physical activity component on bullying behaviours (bullying, victimisation, and bystander) among pre- and young adolescents eight to 14 years"
Target Population	Children 8-14
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training; Whole School Approach to Violence Prevention (Safe schools)
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness	Positive youth development interventions with a physical activity component found reduced bullying behaviours or perpetration (effects range from small to large [$d = -0.68$ to -0.27 in three experimental studies]). In one of these studies, teacher-reported bullying [$d = -$

for Violence Against Children	0.27] was significantly smaller than student-reported bullying [$d = -0.68$] (Beets et al., 2009). One RCT measured victimisation (intervention was Whole School Approach in Utrecht) and found significant reductions ($d = -0.53$ for both perpetration and victimisation; Busch et al., 2013). Within experimental studies, only one (Busch et al., 2013) of three programme evaluations reported 95% CIs for bullying outcome odds ratios; another study reported 90% CIs (Beets et al., 2009) and the final study did not present any CIs (Carraro et al., 2014). Only one of three quasi-experimental studies reported a significant correlation for bullying-related outcomes in adjusted models ($r = -0.32 [-0.39, -0.24]$ for affective empathy; Gano-Overway, 2013).
List of Risk & Protective Factors	Bystander behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Two quasi-experimental designs measured prosocial bystander involvement and found no impact in adjusted models. In one study (Gano-Overway et al., 2009), a significant correlation was not observed when tested in the adjusted model. In the other study (Rutten et al., 2010), a correlation of zero was found in the unadjusted model so the adjusted model was not tested. These findings suggest no significant relationship with prosocial bystander involvement.
Intervention characteristics impacting effectiveness	Mixed evidence on dose-response effect. Highlight importance of involving role models (teachers or coaches).
Source(s) of Funding	None (thesis)
Quality Assessment	Critically low confidence

Authors	Marx & Kettrey
Publication Year	2016
Review Title	Gay-Straight Alliances are Associated with Lower Levels of School-Based Victimization of LGBTQ+ Youth: A Systematic Review and Meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o quantify the association between GSAs [Gay Straight Alliances] and student reports of victimisation."
Target Population	School-going students (high school)
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training (Gay-Straight Alliance)
List of Violence Outcomes	Bullying victimisation
Review Findings on Intervention Effectiveness for Violence Against Children	Homophobic victimisation $g = -0.19 [-0.31, -0.08]$ Fear for safety $g = -0.25 [-0.31, -0.18]$ Homophobic remarks $g = 0.41 [-0.43, -0.38]$ Students at schools with GSAs reported statistically significantly lower odds of homophobic victimisation (30%), fearing for their safety (36%) and homophobic remarks (52%) compared to their peers at schools without GSAs. (Same findings as Hedge's g .)
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	For homophobic victimisation, non-peer-reviewed publications had higher effect sizes ($\beta = 0.26 [0.02, 0.51]$) and national samples had smaller effect sizes ($\beta = -0.26 [-0.51, -0.02]$). There was no moderating effect from sampling strategy, population type (universal versus sexual minority youth), percent male, percent Caucasian, or average age. There were no significant effect modifiers for the variable on Fear for safety.
Source(s) of Funding	None
Quality Assessment	Critically low confidence

Authors	McGinn et al
Publication Year	2020
Review Title	Family group decision-making for children at risk of abuse or neglect: A systematic review
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To assess] the effectiveness of family group decision-making to tackle child abuse."
Target Population	Children =<18 years who have been the subject of a child maltreatment investigation
Geographic Specification (if any)	None specified
Examined Interventions	Family group decision-making
List of Violence Outcomes	Maltreatment (Recurring); reunification; kinship placement
Review Findings on Intervention Effectiveness for Violence Against Children	Meta-analyses found no significant effect on continued maltreatment (RCTs or non-randomised) or kinship placements. Only one study found a significant, improved effect and another small study found a negative effect from the intervention for continued maltreatment. There was a significant effect on reunification or staying in-home care from the intervention (OR= 1.69 [1.03, 2.78], k=9 [all quasi-experimental]), though majority of studies cross the line of no effect and there is high heterogeneity (I²=92%). No RCT documented improved effects. Authors conclude that, given the poor quality evidence, the findings of the review should be considered inconclusive. Placement stability had one quasi-experimental study finding a positive effect and another a negative but non-significant effect (RCT). Insufficient data to evaluate permanency goals, service user satisfaction, child wellbeing, engagement with support services, or social support.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	See main effects for the response intervention.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Not specified
Quality Assessment	High Confidence

Authors	McGovern et al
Publication Year	2021
Review Title	Psychosocial Interventions to Improve Psychological, Social and Physical Wellbeing in Family Members Affected by an Adult Relative's Substance Use: A Systematic Search and Review of the Evidence
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o systematically search and review the international published evidence for psychosocial interventions for family members affected by an adult relative's substance use to determine the type of interventions used and what is known about the impact of the interventions at improving their psychological, social, and physical wellbeing."
Target Population	Families with substance misusing adult
Geographic Specification (if any)	None specified
Examined Interventions	Psychological therapy for violence victims (Family behaviour therapy)

List of Violence Outcomes	Child abuse & neglect
Review Findings on Intervention Effectiveness for Violence Against Children	One trial (Donohue et al., 2014) found that family therapy reduced child maltreatment potential in households where the mother had a substance use disorder and was referred to child welfare services. Medium effect size (value not specified) with significant impact through follow-up at 10 months post-intervention.
List of Risk & Protective Factors	Parenting practices; child mental health; substance use
Review Findings on Intervention Effectiveness for Risk & Protective Factors	2/5 trials evaluating programmes enhancing substance-using parents' parenting skills and family functioning (typically involving non-using partner, child, or both) found improvements in parental involvement and parental discipline. Several other trials found impacts on other child outcomes including improved psychological wellbeing (2/3), mixed results on substance use (1/2) with one trial finding reductions among males (not females) and another trial reporting increase alcohol and tobacco use at follow-up, psychosocial adjustment (1/1).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	NIHR
Quality Assessment	Low confidence

Authors	McLean et al
Publication Year	2017
Review Title	Health, Happiness and Wellbeing in the Transition from Adolescence to Adulthood: A Systematic Overview of Population Level Interventions
Publication type	Report
Type of Review	Review of reviews
Aim of Review OR Review Question	"What works in population interventions designed to improve health happiness and wellbeing or reduce inequalities for young people undergoing the transition to adulthood?"
Target Population	Adolescents & Young people aged 10-24 years
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; Healthy romantic relationships education; School-based sexual abuse awareness programmes; Life & social skills training
List of Violence Outcomes	Bullying victimisation or perpetration; gang involvement; IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	One review found reductions in bullying perpetration and victimisation based on meta-analysis of 44 studies of mainly school-based bullying prevention in mainly HIC contexts (Farrington & Ttofi, 2009). Misha et al., (2009) found that cyberbullying intervention mainly targeted internet safety and knowledge and found a lack of evidence regarding impacts on cyberbullying. Empty review on interventions to prevent gang involvement (Fisher et al., 2008). School-based interventions for healthy romantic relationships education had no impact on dating violence victimisation or perpetration (De La Rue et al., 2014; Fellmeth et al., 2013). Only one review focused on child sexual abuse (Walsh et al., 2015), which did not include any victimisation or perpetration measures.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Mixed evidence on attitudes or knowledge about dating violence from school-based interventions (De La Rue et al., 2014; Fellmeth et al., 2013). One review of school-based sexual abuse programmes reported impacts on protective behaviour and knowledge (Walsh et al., 2015).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	RISE Foundation

Quality Assessment	High Confidence
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Authors	McNaughton Reyes et al
Publication Year	2021
Review Title	Adolescent dating violence prevention programmes: a global systematic review of evaluation studies
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To] (1) describe the breadth of research in this area [prevention programmes for adolescent dating violence] and evidence of programme effects, and (2) identify gaps in the evidence base."
Target Population	Adolescents age 10-19
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education; Hotspot evaluation; Community mobilization; Social protection (Cash transfer; Microfinance); Bystander intervention; Life & social skills training
List of Violence Outcomes	IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Overall, 52% of programmes found at least one positive impact for adolescent dating violence. More programmes reported positive impact for any victimisation outcomes (51%) compared to perpetration outcomes (38%). However, positive or marginal effects were more likely to be found for perpetration outcomes than for victimisation outcomes. Positive effects were the least common in sexual violence perpetration outcomes with 24% of programmes assessing sexual violence perpetration reporting a positive effect. 29% of programmes reported a significant positive impact for victimisation and perpetration based on composite measures of IPV (sexual, psychological and physical). Among the effective programmes in LMICs: Several interventions (IMPower; PREPARE; SAFE; No Means No Worldwide; True Love; Empowerment and Livelihood; HPTN 068) were effective in reducing victimisation. Conditional cash transfer (HPTN 068) had reduced physical IPV victimisation, but no impact from partner forced sex. Across all programmes in LMICs, there was few studies that measure perpetration, and among them, there was no impact on perpetration outcomes except for one healthy romantic relationships education programme (True Love) which found reductions on psychological IPV perpetration among males only. One IPV programme focusing on gender-based violence (Stepping Stones) reported only marginal effects on sexual perpetration outcomes. One community mobilization focusing on norms (Engaging Boys and Men-community only) only measured marginal effects in reducing perpetration. Programmes in LMIC were more likely to measure victimisation outcomes and include only girls. All effective programmes evaluated in LMIC has moderate-high risk of bias; only one programme (SEHER) was low risk of bias and found no impact on sexual victimisation. Among the 18 effective programmes in HICs: 17 studies found improvements in at least one measure of perpetration and victimisation impacts. Studies were more likely to report sex-disaggregated results finding positive impacts for boys and girls. Ten interventions (e.g., Safe Dates, Fourth R, etc.) were effective for both victimisation and perpetration outcomes. One hotspot intervention (Shifting Boundaries-building only) and one support services intervention (SHARP) was effective for victimisation. One norms-based interventions (e.g., Coaching Boys into Men) found significant reduction in perpetration among boys. All effective programmes evaluated in HICs has moderate-high risk of bias.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Among 29 effective programmes, 17 (6/11 in LMIC and 11/18 in HIC) had significant impacts on adolescent dating violence risk or protective factors.
Intervention characteristics impacting effectiveness	Minimal impacts based on programme implementation setting, exposure time of intervention, study design, or country economic classification. LMICs were more likely to focus on changing gender norms and include economic empowerment or vocational skills training (HIC programmes had more gender-neutral focus). All interventions focused on self-defence and assertiveness skills were effective in reducing SV victimisation (evidence in LMICs & HIC). There are significant effects on both victimisation and perpetration

	outcomes among boys and girls in evaluations from HIC reporting positive impacts. Among the few evaluations in LMICs measuring perpetration, only one study (True Love - Mexico) found reductions in perpetration among boys.
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	McPhail & Olver
Publication Year	2020
Review Title	Interventions for pedohebephilic arousal in men convicted for sexual offenses against children
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o examine the effectiveness of interventions for managing pedohebephilic arousal, as measured by phallometric testing."
Target Population	Sexual offenders
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Pedohebephilic arousal
Review Findings on Intervention Effectiveness for Violence Against Children	Behavioural interventions showed large improvements in pedohebephilic arousal ($g=0.63$ [0.47, 0.80]) and pedophilic arousal ($g= 0.75$ [0.31, 1.19]). Comprehensive interventions (programmes addressing multiple psychosocial issues) showed small improvements in pedohebephilic arousal ($g= 0.26$, [0.11, 0.40]) and pedophilic arousal ($g= 0.13$, [0.02, 0.24]). No impact in improving teleiophilic arousal among subgroups. All studies had serious or critical risk of bias, except one which was moderate.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	See main effects for the response intervention.
Intervention characteristics impacting effectiveness	High pedohebephilic arousal at baseline moderated intervention impact (i.e., had greater impacts from treatment). No major differences in impact based on subgroup (based on relationship to child victim, gender of child victim and perpetrator age), except for no impact on the incest offender subgroup.
Source(s) of Funding	Social Sciences and Humanities Research Council of Canada, Public Safety Canada, and the Centre for Forensic Behavioural Science and Justice Studies
Quality Assessment	Low confidence

Authors	Meinck et al
Publication Year	2019
Review Title	Interventions to reduce gender-based violence among young people living with or affected by HIV/AIDS in low-income and middle-income countries
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o investigate what GBV interventions have been developed and evaluated, examine the components and theory of change of GBV interventions and evaluate their effect on exposure to and perpetration of GBV and GBV-related attitudes among adolescents and youth living with or affected by HIV in LMICs"
Target Population	Adolescents & Young people aged 10-24 years living with or vulnerable to HIV
Geographic Specification (if any)	LMICs
Examined Interventions	Life & social skills training; Social protection (Cash transfer, Microfinance); Whole School Approach to Violence Prevention (Safe schools); Parenting-plus programmes (including School-strengthening intervention)

List of Violence Outcomes	GBV exposure or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Sexual health & social empowerment interventions had mixed results on GBV victimisation, but were significant in meta-analyses (OR=0.85, 0.74-0.98) and were significant in meta-analyses combining this intervention with social protection (OR=0.83, 0.73-0.94). Meta-analysis of empowerment interventions found no impact on GBV perpetration. One cash transfer programme (Kilburn et al., 2018) found reduced IPV victimisation. Self-defence for girls with or without GBV sensitisation interventions for boys may reduce GBV victimisation. Safe schools alone or combined with a parenting programme had no impact. Some interventions (savings accounts; safe schools) included studies that may indicate increases in victimisation. Evidence quality is very-low certainty for GBV victimisation and low for GBV perpetration.
List of Risk & Protective Factors	Gender attitudes
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Approximately half of the intervention studies found improvements in gender-equitable attitudes (low evidence quality).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Frontline AIDS; Embassy of the Netherlands; ESRC
Quality Assessment	High Confidence

Authors	Melendez-Torres et al
Publication Year	2016
Review Title	Systematic review and meta-analysis of effects of community-delivered positive youth development interventions on violence outcomes
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To test] the effectiveness of positive youth development (PYD) interventions for reducing violence in young people."
Target Population	Adolescents age 11-18
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training
List of Violence Outcomes	Violence perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Meta-analysis of 3 RCTs found no impact overall (d=0.021 [-0.05, 0.093]). Study quality and quantity limit confidence in findings and while findings are mixed, majority of measures are null effect and no study measured victimisation. (Short term effect in sensitivity analyses was only marginally significant, p<0.10, but was significant based on confidence intervals: d= 0.076 [0.013, 0.140].)
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	NIHR
Quality Assessment	High Confidence

Authors	Melendez-Torres et al
Publication Year	2018
Review Title	Integration of academic and health education for the prevention of physical aggression and violence in young people: systematic review, narrative synthesis and intervention components analysis

Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"To systematically review evidence on the effectiveness of interventions including integration of academic and health education for reducing physical aggression and violence, and describe the content of these interventions."
Target Population	School-going children aged 4-18 years
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training
List of Violence Outcomes	Physical Violence victimisation or perpetration (includes bullying)
Review Findings on Intervention Effectiveness for Violence Against Children	Small evidence-base with disparate programmes and outcomes: Inconsistent effects for violence perpetration among those 7-14 years and for violence victimisation among those 7-11 years. No evidence for intervention effectiveness in reducing violence victimisation among those 11-16 years. Most studies measured bullying, though some include general violent behaviour or aggression.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Unclear optimal model of integration, but Positive Action in Chicago and Hawaii found consistent evidence of effectiveness. Suggest that more research is needed to determine if "strategies that combine multiple domains over several years and that use both subject-specific learning alongside linking to developmental concerns may be more effective than classroom-only interventions, single-year interventions or interventions that use literature alone"
Source(s) of Funding	NIHR
Quality Assessment	High Confidence

Authors	Melendez-Torres, Bonell, et al
Publication Year	2023
Review Title	Are school-based interventions to prevent dating and relationship violence and gender-based violence equally effective for all students? Systematic review and equity analysis of moderation analyses in randomised trials
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o assess whether interventions to prevent DRV and GBV are equity-promoting. This examined whether school-based intervention effects on DRV and GBV victimisation and perpetration are moderated by ethnicity, socio-economic position, gender, sexuality and age."
Target Population	Children 5-18 years
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	IPV victimisation or perpetration; GBV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Main results in Farmer et al., 2023. See findings on moderation analyses in Intervention Characteristics.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.

Intervention characteristics impacting effectiveness	No moderating impact on dating or relationship violence victimisation from gender or history of DRV victimisation. DRV perpetration impacts were stronger for boys (especially physical or emotional perpetration). GBV moderation impacts are “counterintuitive ... [and] hard to interpret”: interventions had greater GBV victimisation impacts for boys and greater GBV perpetration impacts for girls. Insufficient evidence evaluating moderating impacts from age, ethnicity, sexual minority status, or poverty.
Source(s) of Funding	NIHR
Quality Assessment	Critically low confidence

Authors	Melendez-Torres, Ponsford, et al
Publication Year	2023
Review Title	Whole-school interventions promoting student commitment to school to prevent substance use and violence: a systematic review
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o analyse the effectiveness of whole-school interventions that improve student commitment to school for reducing substance use or violence"
Target Population	School-going children aged 5-18 years
Geographic Specification (if any)	None specified
Examined Interventions	Whole School Approach to Violence Prevention (Safe schools)
List of Violence Outcomes	Peer violence (physical, emotional or social)
Review Findings on Intervention Effectiveness for Violence Against Children	Violence Perpetration: Effective short-term (OR=0.85, [0.76, 0.96]) and long-term (OR=0.79, [0.65, 0.98]) Violence Victimization: Effective short-term (OR=0.84, [0.72, 0.98]) and long-term (OE=0.85, [0.73, 0.99])
List of Risk & Protective Factors	Substance use
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Substance Use: Effective in short-term (OR=0.83, [0.70, 0.97]) and long-term (OR=0.79, [0.62, 0.998]); stable effects between short and long-term. Stratifying did not have differential effectiveness for alcohol use, smoking, or illicit drug use.
Intervention characteristics impacting effectiveness	Substantial heterogeneity despite consistent effectiveness, no additional moderator or subgroup analyses were conducted. Hypothesise combination of intervention characteristics, contextual factors, and cultural adaptation of the interventions. Interventions “aimed to improve student commitment to school”, thus the intervention effects have indirect mechanism on violence and substance use (rather than drug abuse prevention intervention, for example) From Ponsford et al., 2022 (Factors influencing implementation; abstract conclusions): “We identified novel factors influencing implementation of whole-school elements such as: local adaptability of interventions; providing local data to build commitment; interventions addressing an issue already on school leaders’ agenda; collaborative planning groups; and ‘reflexive monitoring’ as an explicit intervention component.”
Source(s) of Funding	NIHR
Quality Assessment	High Confidence

Authors	Mertens et al
Publication Year	2020
Review Title	Components of School-Based Interventions Stimulating Students’ Intrapersonal and Interpersonal Domains: A Meta-analysis

Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o identify the intervention components that contribute to the effectiveness of universal secondary school-based interventions aiming to stimulate students intra- and interpersonal domains"
Target Population	School-going adolescents (middle or high school, Grades 6-12)
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; Whole School Approach to Violence Prevention (Safe schools)
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	School-based life and social skills training are effective in reducing bullying (general, $d=0.13$ [0.03,0.24]).
List of Risk & Protective Factors	Aggression; Child development; sexual & reproductive health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Intervention effective in improving intra-personal areas of self-esteem, self-regulation, general wellbeing, and internalising problems, and improving inter-personal areas of sexual health, social competence, and aggression. Effect sizes were small, ranging from $d=0.10$ (aggression) to $d=0.25$ (self-esteem). There was no impact on resilience or school climate.
Intervention characteristics impacting effectiveness	Intervention component analysis found that content components on insight building; cognitive coping; and problem solving had higher effect sizes. Structural components on whole-school involvement and having multiple sessions were more effective.
Source(s) of Funding	The Netherlands Organization for Health Research and Development
Quality Assessment	Critically low confidence

Authors	Mikhail & Nemeth
Publication Year	2016
Review Title	Trauma Center Based Youth Violence Prevention Programs: An Integrative Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o assess the effectiveness of both emergency department and inpatient-based trauma centre tertiary youth violence prevention programmes."
Target Population	Youth injured by violence
Geographic Specification (if any)	United States
Examined Interventions	Healthcare-based violence prevention programmes
List of Violence Outcomes	Violent injury recidivism; re-arrest
Review Findings on Intervention Effectiveness for Violence Against Children	Of the 7 studies that directly measured violence-related outcomes, only 4 found improvements (1/1 rearrest, 1/2 reconvictions, 4/7 on reinjury, 0/1 improved death). Only one of two studies reporting on self-reported reinjury found a significant reduction. No evidence of change for self-reported fighting (0/2).
List of Risk & Protective Factors	Substance use; Costing
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Three studies presented programme costs and two presented favourable cost savings for reducing reinjury hospitalisations. 1/3 studies presented showed reduced substance use. No impact on self-reported attitudes of aggression (0/2) or self-efficacy (0/1) or on self-reported weapon carrying (0/2).
Intervention characteristics impacting effectiveness	Most interventions used case management. Barriers to implementation included insufficient funds or staffing, availability of community partners, and limited quality services. Trauma centre intervention was integrated between hospital and communities.
Source(s) of Funding	None
Quality Assessment	Critically low confidence

Authors	Montgomery et al
Publication Year	2022
Review Title	The Effectiveness and Acceptability of Comprehensive and Multicomponent School Health Services: A Systematic Review
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To review] whether SHSs [School Health Services] that address multiple health domains (henceforth referred to as comprehensive or multicomponent SHSs) are effective (including cost-effective) in improving health outcomes or increasing coverage of health services and if they are acceptable to children, adolescents, parents, and teachers."
Target Population	School-going children aged 5-19 years
Geographic Specification (if any)	None specified
Examined Interventions	School health services
List of Violence Outcomes	Fighting
Review Findings on Intervention Effectiveness for Violence Against Children	One study found multicomponent or comprehensive school health services were associated with reductions in fighting among boys (32.6% vs 43.1%, $p<0.01$), but was not significant for girls. Based on these data, the relative risk was calculated to be 0.76.
List of Risk & Protective Factors	Weapon carrying
Review Findings on Intervention Effectiveness for Risk & Protective Factors	One study found school health services were associated with reductions in weapon carrying among boys (16.1% vs 25.1%, $p<0.01$). (Review also found school health services to be associated with reductions in emergency department visits, sexual activity, and substance use (drugs and alcohol). There were also reductions in suicide planning among males only and in physical inactivity among females only.)
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	DFID; WHO; USAID
Quality Assessment	Moderate Confidence

Authors	Ng et al
Publication Year	2022
Review Title	The Effectiveness of Educational Interventions on Traditional Bullying and Cyberbullying Among Adolescents: A Systematic Review and Meta-Analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o examine the effectiveness of educational interventions at reducing the frequencies of traditional or cyberbullying or victimisation among adolescents by comparing pre- and post-intervention bullying and victimisation frequencies"
Target Population	Adolescents age 10-19
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Bullying victimisation or perpetration; Cyberbullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	School-based bullying prevention programmes are effective in reducing frequency of perpetration (traditional $d = -0.30 [-0.44, -0.15]$, cyber $d = -0.16 [-0.29, -0.03]$) and victimisation (traditional $d = -0.18 [-0.26, -0.10]$, cyber $d = -0.13 [-0.25, -0.02]$). Dichotomous data for traditional bullying victimisation and perpetration did not result in significant effects (substantially fewer studies ($k = 2$) than meta-analyses with continuous data ($k = 9, 10$, or 5 , respectively). Some evidence of long-term impact on traditional bullying perpetration and cyberbullying victimisation. Nonetheless, GRADE ratings are low or very low for all outcome measures.

List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Interventions for cyberbullying are more effective if the instructor is a "technology-savvy content expert" (i.e., psychologist in Schoeps et al., 2018).
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Niccols et al
Publication Year	2012
Review Title	Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"As part of larger systematic review to examine the effectiveness of integrated programmes for mothers with substance abuse issues, we performed a systematic review of studies published from 1990 to 2011 with data on parenting outcomes."
Target Population	Mothers with substance use disorders
Geographic Specification (if any)	None specified
Examined Interventions	Parenting-plus programmes (including treatment for problem substance use)
List of Violence Outcomes	Child abuse & neglect
Review Findings on Intervention Effectiveness for Violence Against Children	One programme (Huber, 1999) found no differential impact on involvement with child protective services. One study found post-intervention reductions in maltreatment risk that were insignificant at follow-up (Luthar & Suchman, 2007), while another study found no impact (Luthar et al., 2000). The final study (Suchman et al., 2010; 2011) did not directly measure maltreatment or maltreatment risk.
List of Risk & Protective Factors	Parenting practices
Review Findings on Intervention Effectiveness for Risk & Protective Factors	One of two studies found improved affective interactions post-intervention, but effects dissipated by 6 month follow-up.
Intervention characteristics impacting effectiveness	Among the limited evidence, residential programmes and programmes including maternal mental health services had larger effects.
Source(s) of Funding	CIHR
Quality Assessment	Critically low confidence

Authors	Nyoni et al
Publication Year	2023
Review Title	The Use and Effectiveness of the Whole School Approach in School-Based Interventions Addressing Gender-Based Violence in Sub-Saharan Africa: A Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"(1) to determine the characteristics, measured outcomes, and effectiveness of school-based GBV interventions and (2) to examine each papers' alignment with WSA and methodological quality."
Target Population	Adolescents & Young people aged 10-24 years
Geographic Specification (if any)	Sub-Saharan Africa
Examined Interventions	Whole School Approach to Violence Prevention (Safe schools); Social protection (Cash transfer; Microfinance); Life & social skills training

List of Violence Outcomes	Physical violence; Sexual violence; GBV
Review Findings on Intervention Effectiveness for Violence Against Children	Majority effective in reducing sexual violence (9/12) and physical violence (5/7). Overall, 14/16 (88%) had at least one positive outcome (including improved attitudes/knowledge). Half of safe schools (2/4) were effective on either Physical or Sexual violence. 7/10 GBV sensitisation interventions found at least one improved outcome for SV and physical violence. 4/6 interventions including SRH component found at least one improved outcome for SV and physical violence. 2/4 interventions including cash components found reductions in physical violence. 1/3 interventions with parenting components found reduction in physical violence only. 3 interventions with 'life empowerment' component reported reductions in at least one physical or sexual violence outcomes.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Majority effective in improving gender-equitable attitudes and knowledge (5/7).
Intervention characteristics impacting effectiveness	More than half of studies had high alignment with the tenants of the Whole School Approach, but this was not indicative of differential intervention effectiveness. Interventions had many different components (including gender sensitisation, SRHR, safe schools, and parenting for boys and girls). There were intervention components of life skills or empowerment, self-defence, economic empowerment for girls only. One study had boys receive bystander intervention.
Source(s) of Funding	None
Quality Assessment	Critically low confidence

Authors	Olié et al
Publication Year	2023
Review Title	Addressing violence against children: A systematic review on interventions to accelerate the achievement of the UN sustainable development goal in Europe and Africa
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"Which interventions to address VAC are effective or promising accelerators to improve multiple SDG-related outcomes simultaneously?"
Target Population	Children =<18
Geographic Specification (if any)	Western Europe & Central & West Africa
Examined Interventions	Whole School Approaches to Violence Prevention (Safe schools); Life & social skills training; Psychological therapy for violence victims (MST); Safe spaces; Social protection (Microfinance); Parenting-plus programmes (including Microfinance)
List of Violence Outcomes	VAC (Unclassified unless otherwise noted)
Review Findings on Intervention Effectiveness for Violence Against Children	Two school-based life and social skills interventions with Social & Emotional Training or socio-emotional development components were included. Of these, one intervention had mixed effects on bullying (unclear if perpetration or victimisation) (Kimber 2007; 2008) and the other measured victimisation, but found no effects (Aber 2017). One whole school approach to address bullying (antibullying school policy, curriculum, recess supervision, and parental involvement) reported reduction in victimisation and perpetration (Fekkes 2006). Psychological Therapy (MST) reduced maltreatment and severity of neglect. Two studies evaluated safe space interventions. Safe spaces (Girl Empower or Girl Empower + cash incentive) had no impact on sexual violence. Another Safe Space (COMPASS or COMPASS + Parenting Component) had no effect on sexual, physical, or emotional violence, child neglect. Microfinance (with possible parenting-support component) had no impact on physical abuse victimisation at work (with or without plus component at either 12 or 24 months post intervention), but had a small effect on children experiencing verbal abuse at work at 24 months post intervention (plus-component group only, no impact at 12 months post intervention).

List of Risk & Protective Factors	Child marriage; child labour; child mental health; SRH; educational attendance and satisfaction; substance use; child behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Two school-based life and social skills training with Social & Emotional Training or socio-emotional development components were included. Of these, one intervention reported improved school satisfaction, child internalising or externalising behaviour and psychological wellbeing and reduced alcohol use (Kimber 2007; 2008) and the other found no effect on child mental health (Aber 2017). One school-based anti-bullying intervention reported reduction in depression and improved school satisfaction (Fekkes 2006). Psychological Therapy (MST) improved mental health and school attendance. Safe spaces (Girl Empower or Girl Empower + cash incentive) significantly improved sexual and reproductive health, but had no impact on schooling. Another Safe Space (COMPASS or COMPASS + Parenting Component) had no effect on child marriage. Microfinance had no impact on mental health (unclear if child or caregiver).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	The Data for Children Collaborative with UNICEF
Quality Assessment	Moderate Confidence

Authors	Park & Kim
Publication Year	2023
Review Title	A Systematic Review and Meta-Analysis of Bystander Intervention Programs for Intimate Partner Violence and Sexual Assault
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To examine] the effectiveness of existing bystander intervention programmes based on the steps of the SMBB [situational model of bystander behaviour]."
Target Population	Adolescents (also include adults)
Geographic Specification (if any)	None specified
Examined Interventions	Bystander intervention
List of Violence Outcomes	None
Review Findings on Intervention Effectiveness for Violence Against Children	No direct violence measures were identified in primary studies for this review.
List of Risk & Protective Factors	Bystander behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Interventions were effective in improving bystander behaviour among adolescents ($g=0.44$ [0.24, 0.65]). Other attitudes or knowledge were not disaggregated by age.
Intervention characteristics impacting effectiveness	While the review evaluated programme impacts based on gender composition, country, and programme delivery method, these results were not further disaggregated by age.
Source(s) of Funding	National Research Foundation of Korea
Quality Assessment	Critically low confidence

Authors	Pérez-Martínez et al
Publication Year	2023
Review Title	Positive Masculinities and Gender-Based Violence Educational Interventions Among Young People: A Systematic Review
Publication type	Journal article
Type of Review	Primary review

Aim of Review OR Review Question	"[T]o systematically review the primary characteristics, methodological quality, and results of published evaluation studies of educational interventions that aim to prevent different forms of GBV through addressing hegemonic masculinities among young people."
Target Population	Youth
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education; Bystander intervention; Parenting programmes
List of Violence Outcomes	IPV victimisation or perpetration; physical child abuse
Review Findings on Intervention Effectiveness for Violence Against Children	Gender-transformative interventions: Nearly all (5/6) quantitative studies show at least one outcome of reduced physical or sexual IPV or both. Impacts have evidence of some sustained impact over time. In conjunction with similar findings among qualitative studies, the authors conclude that there is promising evidence in favour of programmes addressing IPV through changes in hegemonic masculinity (patriarchal norms, violence attitudes, etc.). Two studies noted concurrent reductions in child physical punishment.
List of Risk & Protective Factors	Attitudes or Knowledge; bystander intentions or behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	All studies found improvements in at least one indicator on gender- or violence-related attitudes or behaviours or bystander intentions, but changes were not necessarily sustained over time.
Intervention characteristics impacting effectiveness	"Most of the interventions with gender-transformative approach obtained positive findings." Authors suggest that intervention effectiveness may be contingent on raising awareness of harmful gender norms, involving communities, and developing social support systems (Kågesten & Chandra-Mouli, 2019; Levy et al., 2019; Torres et al., 2012).
Source(s) of Funding	Ministry of Science and Innovation of Spain; the Swedish Research Council; the Irish Research Council; and Ministry of Science & Technology of Israel
Quality Assessment	Critically low confidence

Authors	Piolanti & Foran
Publication Year	2022a
Review Title	Efficacy of Interventions to Prevent Physical and Sexual Dating Violence Among Adolescents: A Systematic Review and Meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To assess the efficacy of prevention programmes for sexual and physical dating violence in adolescents" "What is the efficacy of prevention programmes for physical and sexual teen dating violence?"
Target Population	Adolescents =<18
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	Physical violence; Sexual violence
Review Findings on Intervention Effectiveness for Violence Against Children	Intervention reduced overall IPV for victimisation & perpetration (OR= 0.78 [0.69, 0.89]) and each individually (OR= 0.77 [0.67, 0.89] & OR= 0.78 [0.66, 0.93], respectively). When disaggregated, the intervention reduced physical IPV victimisation (OR=0.78 [0.64, 0.95]) and perpetration (OR=0.74 [0.59, 0.92]), but not sexual IPV victimisation or perpetration. (Magnitude of effect size considered small.) Three studies reported harmful or iatrogenic effects by intervention follow-up.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Selective interventions (targeting high-risk adolescents with a history of violence) had larger effects than universal interventions. Interventions with active parent component were more effective than delivering to adolescents alone. Interventions were more effective among adolescents 15+. Intervention setting (school or elsewhere, nearly 75% were school based) was insignificant on influencing effectiveness. No impact difference from

	intervention length or number of sessions or number of high ROB studies. Length of follow-up was negatively associated with effect sizes (i.e., intervention effect diminishes over time).
Source(s) of Funding	Faculty of Cultural Studies and the Public Health Research Cluster of the University of Klagenfurt
Quality Assessment	Low confidence

Authors	Piolanti & Foran
Publication Year	2022b
Review Title	Psychological violence in dating relationships among adolescents: A systematic review and meta-analysis of prevention programs
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"This study aimed to conduct a systematic review and meta-analysis of RCTs to evaluate the efficacy of prevention programmes for teen psychological dating violence"
Target Population	Adolescents =<18
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	Psychological IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Small magnitude of effect overall for psychological dating violence ($g = 0.22$ [0.11, 0.34]) and specifically for victimisation ($g = 0.23$; [0.10, 0.37]) and perpetration ($g = 0.24$; [0.12, 0.37]). Results are significant (and similar size) for both short term (<3 month) and long-term follow-up (6-16 months).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Exploratory subgroup analysis showed that programmes implemented at multiple levels (such as home, school, community) reported significantly larger effect sizes compared to single-level interventions (school-only). Significant differences in effect sizes were also associated with the type of scale or measure used to assess psychological IPV. Meta-regression did not show any significant associations based on length of the intervention, number of sessions, parental involvement, gender (percentage of females in the sample), age, attrition at follow-ups, or targeting strategy (universal or selective).
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Piolanti et al
Publication Year	2022
Review Title	Assessment of Psychosocial Programs to Prevent Sexual Violence During Adolescence: A Systematic Review and Meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To perform a systematic review and meta-analysis of randomized clinical trials evaluating the efficacy of psychosocial programmes for preventing sexual violence during adolescence."
Target Population	Adolescents age 10-19
Geographic Specification (if any)	None specified
Examined Interventions	Psychosocial interventions (broadly defined; Life & social skills training)

List of Violence Outcomes	Sexual violence victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Interventions (14/20 were school-based psychoeducation programmes; also included psychosocial programmes with social protection) were associated with a 13% reduction in overall sexual violence (OR= 0.87 [0.78, 0.97]) as well as specifically for perpetration (OR= 0.83 [0.73, 0.95]) and victimisation (OR= 0.87 [0.78, 0.98]). A cash-plus intervention in Tanzania combined cash transfers with life skills training and mentoring and found significant effects (Any SV, OR= 0.39 [0.19, 0.91]) (Palermo et al., 2021). A multicomponent microfinance intervention had no impact (Any SV, OR= 1.11 [0.85, 1.45]) (Özler et al., 2020). Other interventions in this review include the Good Schools Toolkit, Safe Dates, Coaching Boys Into Men, COMPASS, and Shifting Boundaries, among others.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	School-based psycho-education interventions targeting older adolescents were most effective in preventing sexual violence. (A small proportion of programmes are non-school based (25%), which have an insignificant effect in sub-group analyses.) There is significant heterogeneity in subgroup analyses for LMICs ($I^2=68\%$) compared to HICs (2%), but there is no statistically significant difference in subgroup analyses. (Although there is no statistical difference in subgroup analyses, only the confidence intervals for effect size by HICs are significant.) Meta-regressions did not show any significant associations based on length of program, number of sessions, length $\times$ sessions interaction, length of follow-up, and risk of bias.
Source(s) of Funding	University open access funds and the Public Health Research Cluster at the University of Klagenfurt.
Quality Assessment	Low confidence

Authors	Polanin et al
Publication Year	2022
Review Title	A Systematic Review and Meta-analysis of Interventions to Decrease Cyberbullying Perpetration and Victimization
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o conduct a systematic review and meta-analysis that synthesized the effects of school-based programmes on cyberbullying perpetration or victimisation outcomes... [and] investigate how sample, measurement, and programme characteristics moderate programme effectiveness"
Target Population	Children in primary or secondary school
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Bullying victimisation or perpetration; Cyberbullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Intervention reduced: Bullying victimisation ($g = -0.16 [-0.27, -0.05]$) Bullying perpetration ($g = -0.18 [-0.28, -0.08]$) Cyberbullying victimisation ($g = -0.13, [-0.21, -0.05]$) Cyberbullying perpetration ($g = -0.18, [-0.28, -0.09]$) Translated, all have 73-78% probability of reducing victimisation and perpetration
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	No difference in intervention on cyberbullying victimisation or perpetration based on sample % male or % non-white (though further exploratory analyses possibly suggest an influence on cyberbullying victimisation with larger % male sample ($g = -0.43$) and for

	higher SES ($g = -0.12$)). For interventions measuring general bullying, interventions that included a component targeted to cyberbullying were more effective for both bullying victimisation and perpetration compared to general violence prevention information. No other intervention components were significantly associated with improved outcomes (curricula included targeted responses, psychoeducation, school climate or policy, skill building, training, media materials)
Source(s) of Funding	Department of Justice; Methods of Synthesis and Integration Center (MOSAIC) at American Institutes for Research
Quality Assessment	Moderate Confidence

Authors	Quail & Ward
Publication Year	2022
Review Title	Nonviolent Discipline Options for Caregivers and Teachers: A Systematic Overview of the Evidence
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"[T]o find, and explore the state of the science on, positive discipline options that could be used by caregivers or teachers to reduce challenging behaviour and increase appropriate behaviour in children or adolescents."
Target Population	Children < 18
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Farrington & Ttofi 2009 (weak quality, did not account for risk of bias) identified classroom rules, playground supervision, and school policies to be key components in effective anti-bullying programmes. (School policies only impacted bullying perpetration, not victimisation.) Insufficient evidence on the effectiveness of monitoring interventions (i.e., metal detectors) in reducing bullying (Hankin et al., 2011).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	See main intervention effects for core components on effectiveness.
Source(s) of Funding	National Research Foundation; University of Cape Town
Quality Assessment	Low confidence

Authors	Ranney et al
Publication Year	2019
Review Title	What are the long-term consequences of youth exposure to firearm injury, and how do we prevent them? A scoping review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o provide a summary of the existing literature within this area [regarding long-term sequelae of firearm injuries and appropriate prevention thereof] and identify gaps in the literature to set a research agenda moving forward"
Target Population	Youth
Geographic Specification (if any)	None specified

Examined Interventions	Healthcare-based violence prevention programmes
List of Violence Outcomes	Violent injury recidivism
Review Findings on Intervention Effectiveness for Violence Against Children	Only one trial (using a non-randomised convenience sample) was identified and it found no statistically significant impact on recidivism rates (Chong et al., 2015).
List of Risk & Protective Factors	Cost-effectiveness
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Incremental cost of programme was \$2941/QALY
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	NIH
Quality Assessment	Low confidence

Authors	Rose
Publication Year	2020
Review Title	Prevention Programs against Child Sexual Abuse for pre-school children: A Systematic Literature Review
Publication type	Thesis
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o depict prevention programmes against CSA [child sexual abuse] for preschool-aged children regarding the curricula, and outcomes."
Target Population	Pre-school-aged children (aged 2-5 years)
Geographic Specification (if any)	None specified
Examined Interventions	School-based sexual abuse awareness programmes
List of Violence Outcomes	Disclosure
Review Findings on Intervention Effectiveness for Violence Against Children	There was insufficient quantitative evidence to detect intervention impacts on victimisation disclosure. No further, direct violence measures were identified in primary studies for this review.
List of Risk & Protective Factors	Attitudes or Knowledge; child mental health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Each intervention had at least one study with positive gains in knowledge. Two intervention programmes had at least one study with a statistically significant effect on protective behaviours (author notes some conceptual overlap with knowledge outcome). No statistical tests found evidence of harm (fear). One study reported a cost of ~\$350 per child (no cost-effectiveness analysis presented). No adverse effects were identified among 3 studies that measured harmful effects during and after research.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	None (thesis)
Quality Assessment	Low confidence

Authors	Rose-Clarke et al
Publication Year	2019
Review Title	Peer-facilitated community-based interventions for adolescent health in low- and middle-income countries: A systematic review
Publication type	Journal article
Type of Review	Primary review

Aim of Review OR Review Question	"[To conduct] a systematic review of community-based peer- facilitated interventions in LMICs for the key areas of adolescent health defined by the Lancet Commission on Adolescent Health and Wellbeing: infectious and vaccine preventable diseases, undernutrition, HIV and AIDS, sexual and reproductive health, unintentional injuries, violence, physical disorders, mental disorders and substance use"
Target Population	Adolescents age 10-19
Geographic Specification (if any)	LMICs
Examined Interventions	Whole School Approach to Violence Prevention (Safe schools); Community mobilization
List of Violence Outcomes	Child abuse & neglect; IPV victimisation or perpetration; SV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Interventions had peer-led component: Good School Toolkit found reductions in school staff physical violence (Devries et al., 2015 low risk of bias). Yuva Mitr (Friend of Youth) covered multiple topics and found reductions in physical abuse perpetration (urban and rural) and reductions in sexual abuse victimisation (urban only) (Balaji et al., 2010 High risk of bias - also school-based component). No impact from Stepping Stones on IPV or SV (Jewkes et al., 2008 Low risk of bias).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Children's Investment Fund Foundation
Quality Assessment	High Confidence

Authors	Rudolph et al
Publication Year	2024
Review Title	Parental Involvement in Programs to Prevent Child Sexual Abuse: A Systematic Review of Four Decades of Research
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o review the last 40 years of research on initiatives that aimed to change parental knowledge, intentions, attitudes, self-efficacy, or behaviour regarding the prevention of CSA [child sexual abuse]."
Target Population	Parents or primary caregivers
Geographic Specification (if any)	None specified
Examined Interventions	School-based sexual abuse awareness programmes
List of Violence Outcomes	Child sexual abuse
Review Findings on Intervention Effectiveness for Violence Against Children	Review concentrates on parental involvement in CSA interventions, of which no study measured or identified impact on SV victimisation for children.
List of Risk & Protective Factors	Attitudes or Knowledge; parenting practices
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Majority of studies identified improvements in parents (highest to lowest proportion with evidence of effectiveness): Parental behavioural intentions and response-efficacy (100% of studies with this measure), parental behaviours, parental capabilities, parental self-efficacy, parental knowledge, & parental attitudes (50% of studies with this measure). When conducted, improvements were largely maintained at 2-months follow-up.
Intervention characteristics impacting effectiveness	Significant heterogeneity in programme contents and delivery. Insufficient evidence for assessment. (Evidence base has limited studies involving fathers.)
Source(s) of Funding	Griffith University
Quality Assessment	Moderate Confidence

Authors	Salam et al
Publication Year	2016
Review Title	Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"[T]o assess the impact of interventions to improve sexual and reproductive health, prevent adolescent pregnancy; FGM/C; and intimate partner violence."
Target Population	Adolescents aged 11-19
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	IPV victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	See Fellmeth et al (2013)
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	See Fellmeth et al (2013)
Intervention characteristics impacting effectiveness	See Fellmeth et al (2013)
Source(s) of Funding	Gates Foundation
Quality Assessment	Critically low confidence

Authors	Santaella-Tenorio et al
Publication Year	2016
Review Title	What Do We Know About the Association Between Firearm Legislation and Firearm-Related Injuries?
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To assess] the association between firearm-related laws at the local, regional, and national levels and the rate of firearm-related homicides, suicides, and unintentional injuries/deaths."
Target Population	No population limits
Geographic Specification (if any)	None specified
Examined Interventions	Firearm storage regulation (Child Access Prevention Laws)
List of Violence Outcomes	Homicide; unintentional death; firearm-related injury
Review Findings on Intervention Effectiveness for Violence Against Children	Among child access prevention laws, one study noted only marginally significant effects on youth (< 15 years) homicide (IRR= 0.89 [0.76, 1.05]) (Cummings et al., 1997). There is mixed evidence on unintentional firearm deaths. Cummings et al (1997 - high quality) found significant reductions in unintentional firearm deaths among children aged < 15 only (IRR= 0.77 [0.36, 0.94]). Hepburn et al (2006 - high quality) had similar conclusions, finding significant reductions in unintentional firearm deaths among children aged < 15 only (RR= 0.78 [0.61, 0.99]). Lott & Whitley (2001 - high quality) showed no change for any age group aged < 20 for unintentional firearm deaths. "Regarding child access prevention laws, most studies in the United States show that additional laws allowing for felony prosecution of offenders are associated with greater reductions in unintentional deaths among children."

	Two studies (one high quality) found reductions in non-fatal firearm injuries. DeSimone et al (2013 - high quality) found lower non-fatal firearm injuries among children (hospital discharge data: 26% reduction in self-inflicted injuries and 5% reduction in non-self-inflicted firearm injuries per hospital per year among those aged < 18 years). Lee et al (2013 - low quality) found CAP laws were associated with lower odds of unintentional firearm injuries (OR=0.74, p<0.05) among children aged <12.
List of Risk & Protective Factors	Child mental health (self-directed violence)
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Mixed evidence of child access prevention laws on suicides: Webster et al (2004 - high quality) found reductions in all and firearm-related suicides for those aged 14-17 and 18-20 (8-13% reductions). Lott & White (2001 - high quality) had no impact on firearm suicides for those < 20 years. There were marginally significant findings in Cummings et al (1997 - high quality). Lee et al (2013 - low quality) found reduced odds of suicidal injuries (OR= 0.23). Two studies found stronger reductions in unintentional firearm deaths among children among states allowing felony prosecution of law offenders (Cummings et al., 1997 - high quality; Hepburn et al., 2006 - high quality). No synthesis was conducted to evaluate the effects of other firearm-related policies on firearm-related suicide among youth. Among primary studies included in the review, there is mixed evidence of effectiveness in reducing firearm-related suicide.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	J. William Fulbright and the Colciencias doctoral scholarships.
Quality Assessment	Critically low confidence

Authors	Schmucker & Lösel
Publication Year	2017
Review Title	Sexual offender treatment for reducing recidivism among convicted sex offenders: a systematic review and meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"A meta-analysis of relatively well-controlled outcome evaluations assessing the effects of treatment for male sexual offenders to reduce recidivism is conducted. The aim is to provide robust estimates of overall and differential treatment effects."
Target Population	Sexual offenders (male)
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Sexual violence recidivism; any recidivism
Review Findings on Intervention Effectiveness for Violence Against Children	While overall treatment shows reductions in sexual violence recidivism (OR= 1.41 [1.11, 1.78]; rate of 10.1% vs. 13.7% [26.3% less recidivism] favouring intervention) and general recidivism (OR= 1.45 [1.15, 1.83]; rate of 32.6% vs 41.2% [26.4% less recidivism in treated groups] favouring intervention), these data are not specific to sexual offenders against children. Among adolescent offenders, there is a significant effect (OR= 2.97 [1.16, 7.59]). However, this is driven by two studies using multi-systemic therapy (MST) and analyses removing these two studies are insignificant. (It is unclear whether is odds ratio is of sexual violence recidivism, any recidivism, or both.) Authors note too much heterogeneity to substantiate claims of intervention effectiveness.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	No further analyses are provided for adolescent offenders or success of interventions among offenders against children.
Source(s) of Funding	None

Quality Assessment	Low confidence
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Authors	Scott et al
Publication Year	2022
Review Title	Educational interventions to prevent paediatric abusive head trauma in babies younger than one year old: A systematic review and meta-analyses
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o systematically review preventative strategies, evaluating the effectiveness of educational interventions aimed at reducing AHT [abusive head trauma] in infants younger than one year old."
Target Population	Parents or primary caregivers of children aged <12 months; health or social service providers
Geographic Specification (if any)	None specified
Examined Interventions	Parenting programmes
List of Violence Outcomes	Abusive head trauma or Infant shaking
Review Findings on Intervention Effectiveness for Violence Against Children	Meta-analysis results did not find any significant impacts for abusive head trauma (k= 4 studies; GRADE low certainty). One high ROB RCT (Fujiwara 2020a) found reductions in the incidence of self-reported infant shaking (OR= 0.11 [0.02, 0.53]) and a moderate ROB cohort study (Fujiwara 2020b) also found reductions in the incidence of infant shaking (OR= 0.36 [0.20, 0.64]) (overall incidence of self-reported shaking of baby GRADED as very low certainty).
List of Risk & Protective Factors	Parenting practices; caregiver mental health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Meta-analysis results found improvements in response to unsoothable crying (d= 1.58 [0.11, 3.06], k= 3 studies GRADED moderate certainty), but no impact on active coping (GRADED low certainty), response to general crying (GRADED moderate certainty), self-talk (GRADED very low certainty), walking away from crying baby (GRADED low certainty), picking up crying child (GRADED moderate certainty), or parental frustration (GRADED moderate certainty) There were mixed effects (narrative synthesis) on parental mental health and infant sleep patterns. One RCT found no impact on frequency or duration of infant crying and one found small increase. One study found increased parental stress.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	NIHR
Quality Assessment	High Confidence

Authors	Shackleton et al
Publication Year	2016
Review Title	School-Based Interventions Going Beyond Health Education to Promote Adolescent Health: Systematic Review of Reviews
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"[T]o assess and synthesize evidence across existing reviews to develop an overview of the potential of alternative school-based approaches [to promote sexual health and prevent violence and substance use]."
Target Population	School-going children aged 11-18 years
Geographic Specification (if any)	None specified
Examined Interventions	Whole School Approach to Violence Prevention (Safe schools); Life & social skills training
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness	Whole school approach and multicomponent programmes reduce bullying victimisation and likely perpetration (Langford et al., 2014 - high quality; evidence rated as Rigorous

for Violence Against Children	evidence of benefits). One medium-quality review (Blank et al., 2010B) identified mixed, insufficient evidence on the effectiveness of peer mediation.
List of Risk & Protective Factors	Aggression; Delinquency; Substance use
Review Findings on Intervention Effectiveness for Risk & Protective Factors	There is emerging evidence in favour of interventions tackling both violence and substance use. One high-quality review (Wood & Wilson, 2012) suggests null effects from targeted, school-based mentoring programmes on misconduct, delinquency, and drug use (evidence rated as Rigorous evidence of ineffectiveness).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Gates Foundation
Quality Assessment	Low confidence

Authors	Shea et al
Publication Year	2010
Review Title	Reduction of Family Violence in Aboriginal Communities: A Systematic Review of Interventions and Approaches
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To summarise] what is known about the effectiveness of interventions in nonindigenous communities, and comment on the applicability of successful interventions in Aboriginal communities"
Target Population	Indigenous families
Geographic Specification (if any)	None specified
Examined Interventions	Reducing alcohol use and access; Parenting programmes; Parenting-plus programmes (including Child psychoeducation)
List of Violence Outcomes	Family violence
Review Findings on Intervention Effectiveness for Violence Against Children	There were no quantitative studies of primary prevention of family violence among indigenous populations. Among quantitative studies of secondary prevention, restricting alcohol trading hours and providing a "school education programme" (non-randomised study) had no reported change in domestic violence; the education programme was implemented concurrently, but was not part of the evaluation. There are two RCTs both of home visitation programmes with mixed results. In the one quantitative study of tertiary prevention, a parenting-plus programme (child psychoeducation + parenting education and support group) found reduced internalising and externalising behaviours for children, but note significant methodological issues.
List of Risk & Protective Factors	VAW; attitudes or knowledge; substance use
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Restricting alcohol trading hours (plus providing school education programme) was not associated with changes in family violence.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	CIHR
Quality Assessment	Critically low confidence

Authors	Silva et al
Publication Year	2017
Review Title	Anti-bullying interventions in schools: a systematic literature review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o verify the effectiveness of rigorously planned and assessed interventions intended to fight school bullying"

Target Population	School-going children (age cut-offs not specified)
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; Whole School Approach to Violence Prevention (Safe schools); Life & social skills training; Digital health intervention (Bullying prevention)
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Whole School Approach: 3 studies of Kiva in Finland reduced bullying. Mixed findings for Olweus Bullying Prevention Program, which was implemented in four HICs. School-based life and social skills training: Mixed findings of intervention effectiveness (positive or null effects). School-based bullying prevention programmes: Mixed findings and one intervention found increases in aggression among the intervention group post-intervention. Digital interventions: One study (Evers et al., 2007) reported decreased participation of students in bullying situations.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Digital intervention: One study (Watson et al., 2010) did not find improvement in knowledge of bullying coping strategies.
Intervention characteristics impacting effectiveness	Interventions were more effective among older adolescents (though limited data on younger ages, which may bias the assessment).
Source(s) of Funding	Not specified
Quality Assessment	Low Confidence

Authors	Sivaraman et al
Publication Year	2019
Review Title	School-based anti-bullying interventions for adolescents in low- and middle-income countries: A systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To] evaluate the effectiveness of school-based interventions or programmes to reduce or prevent bullying among adolescents in LMICs"
Target Population	Adolescents age 10-19
Geographic Specification (if any)	LMICs
Examined Interventions	School-based bullying prevention
List of Violence Outcomes	Bullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	All studies (n=3) did not have statistically significant impacts on bullying victimisation or perpetration and 2/3 were high risk of bias. No evidence of harm.
List of Risk & Protective Factors	Internalising or externalising behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	One study (Trip et al., 2015) did not find effect on primary outcomes (student self-reported bullying perpetration and victimisation) but effects were found for a secondary outcome teacher-reported Low Frustration Tolerance (i.e. internalising and externalising anger).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	None (thesis)
Quality Assessment	Low confidence

Authors	Skeen et al
Publication Year	2019
Review Title	Adolescent Mental Health Program Components and Behavior Risk Reduction: A Meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o identify effective programme components of interventions to promote mental health and prevent mental disorders and risk behaviours during adolescence and to match these components across these key health outcomes to inform future multicomponent intervention development."
Target Population	Adolescents age 10-19
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training
List of Violence Outcomes	Violence perpetration; Bullying perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	No statistically significant impacts for universal intervention for face-to-face intervention or digital or hybrid interventions on effects <2 months. Across all time points, only face-to-face interventions were significant (d= -0.29 (-0.56, -0.02), favourable impact).
List of Risk & Protective Factors	Mental health; substance use
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Across all time points, Interventions improved positive mental health for both face-to-face (d=0.26, favourable impact) and digital or hybrid interventions (d=0.20, favourable impact), reduced depression and anxiety for face-to-face interventions only (d= -0.09, favourable impact), and reduced substance use for digital or hybrid interventions (d= -0.11, favourable impact).
Intervention characteristics impacting effectiveness	Majority of interventions were school based. No programme components in face-to-face interventions were associated with prevention of violence, aggression, and bullying. In digital or hybrid interventions, programme components on alcohol or drug education and resisting peer pressure were associated with reductions in violence, aggression, and bullying (both d= -0.40, favourable impact).
Source(s) of Funding	WHO
Quality Assessment	Low confidence

Authors	Sneddon et al
Publication Year	2020
Review Title	Cognitive-behavioural therapy (CBT) interventions for young people aged 10 to 18 with harmful sexual behaviour (Review)
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To evaluate the effects of CBT [cognitive behavioural therapy] for young people aged 10 to 18 years who have exhibited HSB [harmful sexual behaviour]."
Target Population	Sexually-abusive adolescent males
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Child mental health; child behaviour; recidivism
Review Findings on Intervention Effectiveness for Violence Against Children	Insufficient data for meta-analyses combining multiple studies. Compared to no intervention, one study found CBT reduced cognitive distortions about sexual behaviour pertaining to rape (Mean score was 8.75x higher in intervention), victim empathy attitudes toward women (mean score was 5.56x higher in intervention). Compared to alternative interventions, one study found CBT reduced cognitive distortions about sexual behaviour pertaining to justification or taking responsibility for actions (3.27x lower) or pertaining to apprehension confidence (2.47x lower). One study also found increased cognitive distortions about sexual behaviour pertaining to social-sexual desirability. One study compared recidivism (behavioural reports of sexual aggression) and did not find a

	significant effect of CBT compared to alternative intervention. One very low certainty study found evidence of improved victim empathy.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	See main effects for the response intervention.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Health and Social Care Research and Development Division of the Public Health Agency in Northern Ireland
Quality Assessment	High Confidence

Authors	Soldino & Carbonell-Vayá
Publication Year	2017
Review Title	Effect of treatment on sex offenders' recidivism: a meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o review meta- analytically the empirical evidence existing with regard to the effectiveness of treatments specifically aimed at sex offenders, basing our research on control group comparison designs."
Target Population	Sexual offenders (including adolescent perpetrators)
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Recidivism; SV perpetration; violent recidivism
Review Findings on Intervention Effectiveness for Violence Against Children	Two studies included adolescent perpetrators (one strong quality, one weak) and found significant effects on sexual recidivism (OR= 0.25 [0.10, 0.60]). Of these two studies, one noted reductions in recidivism (Borduin et al., 2009, strong quality). A separate study (Lambie & Stewart, 2012, weak quality) evaluated the impact of treatment for adult offenders against children and found significant effects on sexual recidivism, but not violent recidivism.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	The meta-analysed effect for two studies on sexual recidivism among adolescent offenders was a significantly larger effect than among adult populations (OR= 0.75 [0.65, 0.86], k=15). Among the whole sample, there were significant differences based on treatment type, treatment format (individual vs mixed group and individual), treatment length, location and study quality.
Source(s) of Funding	Spanish Ministry of Education, Culture and Sport
Quality Assessment	Critically low confidence

Authors	Sousa et al
Publication Year	2023
Review Title	The Effectiveness of Psychological Treatment in Adult Male Convicted for Sexual Offenses Against Children: A Systematic Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To examine] treatments for child sexual offending by (1) providing a more detailed accounting of treatment procedures, (2) examining how treatment needs were measured,

	and (3) analysing the effectiveness of the treatment programmes in a short term (pre-post measures) and/or a long term (recidivism rates)."
Target Population	Sexual offenders (male)
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Recidivism; SV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	CBT with relapse prevention was the most common intervention. However, poor study design and quality restrict conclusions on intervention effectiveness on psychological outcomes (including attitudes and knowledge, cognitive or empathy distortions, etc.), recidivism, and criminological risk factors linked to recidivism.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	University of Minho; Portuguese Foundation for Science and Technology
Quality Assessment	Low confidence

Authors	Spangaro et al
Publication Year	2021
Review Title	The impact of interventions to reduce risk and incidence of intimate partner violence and sexual violence in conflict and post-conflict states and other humanitarian crises in low and middle income countries: a systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"What is the evidence of the impact of programmes/ interventions to reduce risk and incidence of intimate partner violence and sexual violence in conflict and post-conflict states and other humanitarian crises in low and middle income countries?"
Target Population	No population limits
Geographic Specification (if any)	Conflict, post-conflict, and emergency settings in LMICs
Examined Interventions	Safe spaces
List of Violence Outcomes	IPV victimisation, SV victimisation
Review Findings on Intervention Effectiveness for Violence Against Children	Two studies of COMPASS (Ethiopia & DRC) found no impact on SV or IPV/other forms of violence from the empowerment + relationship skills training. No other intervention category provided disaggregated effects for adolescents.
List of Risk & Protective Factors	Attitudes; social support
Review Findings on Intervention Effectiveness for Risk & Protective Factors	COMPASS in Ethiopia had no impact on perceived safety, but increased support for schooling and delaying marriage or childbirth, and having social support systems. COMPASS in DRC found increased caregiver warmth and affection, but no change in gender norms.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	WHO
Quality Assessment	Moderate Confidence

Authors	St-Amand et al
Publication Year	2022
Review Title	Effectiveness of Interventions Offered to Non-Offending Caregivers of Sexually Abused Children: A Meta-Analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o examine: (a) the effectiveness of these interventions on the NOCs [non-offending caregiver] and (b) the factors that influence this effectiveness."
Target Population	Non-offending caregivers of sexually abused children
Geographic Specification (if any)	None specified
Examined Interventions	Psychological Therapy (including CBT)
List of Violence Outcomes	Violent discipline
Review Findings on Intervention Effectiveness for Violence Against Children	The measure for parenting practices includes a component on corporal punishment. Interventions were effective in improving parenting practices ($d = 0.27$ [0.06, 0.48], $k = 8$).
List of Risk & Protective Factors	Attitudes or Knowledge; caregiver mental health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Among non-offending caregivers, there were overall positive impacts from intervention ($d = 0.50$ [0.33, 0.66], $k = 24$), with specific, significant impacts on psychological distress ($d = 0.36$, $k = 7$), trauma symptoms ($d = 0.36$, $k = 5$), parenting attitudes ($d = 0.53$, $k = 4$), emotional reactions ($d = 0.83$, $k = 7$), supportive responses ($d = 0.42$, $k = 6$), and knowledge about sexual abuse ($d = 0.76$, $k = 4$). However, there were no significant impacts on parenting stress (six studies).
Intervention characteristics impacting effectiveness	Interventions that addressed a larger number of caregiver needs (caregiver need for information, emotional support, support for their own victimisation and parenting assistance) were more effective ($p < 0.05$) - More comprehensive programmes were more effective. Interventions with joint sessions of the caregiver and child were more effective than those that did not ($d = 0.69$ vs 0.21 , $p < 0.01$). There was no difference from intervention theoretical orientation (CBT or other), intervention targets (parent and child or parent only), intervention modality (individual or group), or number of sessions. There was no differential impact from participant characteristics (child age, % female caregivers, % female child, % foster caregiver, % intrafamilial abuse).
Source(s) of Funding	Centre de Recherche Universitaire sur les Jeunes et les Familles
Quality Assessment	Critically low confidence

Authors	Stanley et al
Publication Year	2015
Review Title	Preventing domestic abuse for children and young people: A review of school-based interventions
Publication type	Report
Type of Review	Primary review
Aim of Review OR Review Question	"1. To identify and synthesize the evidence on effectiveness, cost-effectiveness and acceptability of preventative interventions addressing domestic abuse for children and young people under 18 years of age in the general population. 2. To produce advice on what form future research might take in the context of England and Wales."
Target Population	Children ≤ 18
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education; Hotspot evaluation
List of Violence Outcomes	IPV victimisation or perpetration
Review Findings on Intervention Effectiveness	Mixed evidence, but found mostly low effect sizes when significant and some moderate. It is not possible to identify the denominator (total number of studies evaluating incidence of victimisation or perpetration) as the authors only report statistically significant findings.

for Violence Against Children	Nearly all of the primary studies presented were school based. Interventions included Coaching Boys into Men, Safe Dates, Shifting Boundaries, and Fourth R, among others.
List of Risk & Protective Factors	Attitudes or Knowledge; bystander intentions or behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Biggest impacts on knowledge levels, which decrease over time (effects generally persist up to six months). Again, it is not possible to identify the denominator (total number of studies evaluating any outcome) as the authors only report statistically significant findings. However, some studies do report improved attitudes, knowledge, and behaviours.
Intervention characteristics impacting effectiveness	Few significant differential effectiveness by sex was found for quasi-experimental studies but not RCTs. No significant difference by ethnicity. No strong evidence for differences in baseline levels of perpetration or victimisation. Unclear impact from student achievement level. Insufficient evidence in favour of longer or more intense interventions (e.g., Safe Dates booster, Taylor Building-only intervention equally effective to intervention combining with classroom aspects, Lavoie short vs long (2-2.5 vs 4-5hrs) had no difference).
Source(s) of Funding	NIHR
Quality Assessment	Low confidence

Authors	Stark et al
Publication Year	2022
Review Title	The Effectiveness of Women and Girls Safe Spaces: A Systematic Review of Evidence to Address Violence Against Women and Girls in Humanitarian Contexts
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o synthesize existing evidence regarding the impact and effectiveness of WGSS interventions and identify remaining learning gaps related to this widely endorsed approach.... What is the current evidence available on the impact and effectiveness of WGSS?"
Target Population	Women & Girls
Geographic Specification (if any)	(Humanitarian Contexts)
Examined Interventions	Safe spaces
List of Violence Outcomes	Exposure to or incidence of violence
Review Findings on Intervention Effectiveness for Violence Against Children	No study reported reductions in violence victimisation.
List of Risk & Protective Factors	Gender-equitable attitudes; child marriage; social isolation (measured as support); psychosocial wellbeing (agency)
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Some, but not consistent, evidence of improved gender-equitable attitudes (attitudes toward rites of passage), social support (having friends, etc.), and psychosocial wellbeing (self-esteem, hope, etc.). One RCT measured incidence of child marriage and found no effect.
Intervention characteristics impacting effectiveness	Only two studies (RCTs) used a comparison group. Insufficient evidence for assessment (especially given heterogeneity in programme contents and measures used).
Source(s) of Funding	USAID
Quality Assessment	Critically low confidence

Authors	Strong et al
Publication Year	2016
Review Title	The effects of health care-based violence intervention programs on injury recidivism and costs: A systematic review
Publication type	Journal article

Type of Review	Primary review
Aim of Review OR Review Question	"[T]o evaluate the effectiveness of health care-based violence intervention programmes (VIPs) in reducing injury recidivism and costs.... [and] to determine whether programme participation reduces unemployment and criminal recidivism and changes attitudes toward violence."
Target Population	Adolescents & Young people aged 14-25 years
Geographic Specification (if any)	None specified
Examined Interventions	Healthcare-based violence prevention programmes
List of Violence Outcomes	Violent injury recidivism; Physical violence victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Only one RCT was sufficiently powered to detect reductions in violent injury recidivism and found significant intervention effects. All insufficiently powered (or unreported powered) studies (n=5) did not find evidence of intervention effectiveness. Among observational studies, two found impacts in reducing violent injury recidivism (and three additional studies found improved risk factors). Majority found reductions in at least one measure of violent behaviour (n=4/6), including violence victimisation and perpetration.
List of Risk & Protective Factors	Attitudes; use of health services; unemployment; cost-effectiveness
Review Findings on Intervention Effectiveness for Risk & Protective Factors	All studies evaluating cost effectiveness demonstrate at least some evidence in favour of the intervention, which is achieved through by reducing costs to health and criminal justice systems. Mixed evidence suggesting interventions can increase usage of services, improve attitudes toward violence, and reduce unemployment.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Suto et al
Publication Year	2021
Review Title	Overview of Evidence Concerning School-Based Interventions for Improving the Health of School-Aged Children and Adolescents
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"[To summarise] evidence from Campbell and Cochrane systematic reviews regarding the effects of school-based interventions on improving children's health and decreasing disease burden and risk factors."
Target Population	Children or adolescents aged 3-20 years
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; Whole School Approaches to Violence Prevention (Safe schools); Healthy romantic relationships education; School-based sexual abuse awareness programmes
List of Violence Outcomes	Bullying; dating or relationship violence
Review Findings on Intervention Effectiveness for Violence Against Children	Bullying (n=2): One meta-analysis of school-based bullying prevention programmes (Farrington et al., 2009 - later updated) was not significant (Bullying weighted mean OR= 1.03 [0.97, 1.26]). Another meta-analysis on Whole School Approaches (Langford et al., 2014) found reductions in bullying victimisation (OR= 0.83 [0.72, 0.96]), but not perpetration (OR= 0.80 [0.78, 1.04]). One study on multiple risk behaviour interventions found reduced odds of bullying others (OR= 0.49 [0.34, 0.71]), but another study found no impact on victimisation (OR=0.97 [0.90, 1.05]). Dating Violence (n=2): De La Rue et al (2014) found increased DV knowledge (d=0.36 with moderate or high ROB) and Fellmeth et al (2013) found increased knowledge of relationship violence (d= 0.44 [0.28, 0.60] with moderate certainty). However, the reviews did not find significant impacts on episodes of dating violence (SMD 0.08 [-0.06, 0.22]). Sexual abuse (n=1): School-based sexual abuse prevention review found no significant effect on sexual abuse outcome (disclosure of previous or current sexual abuse, 3 primary

	studies), but found improvements in protective behaviours or skills and knowledge (Walsh et al., 2015).)
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Not specified
Quality Assessment	High Confidence

Authors	Tait & Lenton
Publication Year	2015
Review Title	Online alcohol interventions, sexual violence and intimate partner violence: A systematic review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o systematically review the evidence for the effectiveness of online alcohol interventions in reducing sexual violence or IPV."
Target Population	No population limits
Geographic Specification (if any)	None specified
Examined Interventions	Healthcare-based violence prevention programmes
List of Violence Outcomes	IPV victimisation, perpetration; SV victimisation, perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	One programme (SafERteens, age 14-18) was delivered in hospital emergency departments with one treatment arm guided by a therapist and another treatment arm was computer delivered. Neither treatment arm had a significant effect size for violence victimisation. Subgroup analyses for those reporting IPV at baseline in the unguided Tx arm (i.e., computer delivered) had reductions in moderate IPV at three and six months ($d=0.12$, $d=0.18$, respectively), but no impact at 12 months (no impact at any timepoint for guided arm).
List of Risk & Protective Factors	Substance use
Review Findings on Intervention Effectiveness for Risk & Protective Factors	SafERteens had no impact on alcohol use.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Curtin University; Australian Government
Quality Assessment	Low confidence

Authors	Taylor et al
Publication Year	2021
Review Title	Systematic review and meta-analysis of policies, programmes and interventions that improve outcomes for young people leaving the out-of-home care system
Publication type	Report
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o assess the effectiveness of programmes and/or interventions designed to improve outcomes for youth transitioning from the out-of-home care system into adult living arrangements. The review question that guided this research was: What programmes, interventions or services are effective at improving health and psychosocial outcomes for young people leaving the out-of-home care system?"

Target Population	Care leavers aged 16-25 who were placed into care because of maltreatment concerns
Geographic Specification (if any)	None specified
Examined Interventions	Out-of-home care (Transition support or independent living programmes; Extended care policies)
List of Violence Outcomes	Response outcomes (health, wellbeing, violence); abuse or neglect children born to the care leavers
Review Findings on Intervention Effectiveness for Violence Against Children	Insufficient evidence for conclusions on effectiveness of interventions and policies for care leavers in improving homelessness, health, education, economic outcomes or employment, violence victimisation or perpetration, risky sexual or substance-use behaviours, supportive relationships, and life skills. Where available, GRADE ratings are Very low certainty. For randomised studies, 75% of studies had some concerns in risk of bias and 25% had high risk of bias. For non-randomised studies, 1/3 of studies had moderate concerns and 2/3 had serious risk of bias. Within the violence domain, transition support programmes (i.e., independent living programmes) on delinquency were not significant in meta-analyses (three studies, very low certainty). One evaluation of an independent living programme (YYLifeSet; some concerns on risk of bias) was not meta-analysed; Courtney et al (2019) found significant reductions violence victimisation (being involved in a violent relationship in the 12 month study period ($d = -0.16$ [95% CI not reported], $p < 0.05$)), but no statistically significant reductions in having been robbed, assaulted, arrested, or incarcerated in the same time period. Two studies evaluated extended care policies on violence-related outcomes: Midwest (Illinois) Evaluation of the Adult Functioning of Former Foster Youth (Courtney & Hook, 2017; moderate risk of bias): No statistically significant impact on criminal behaviour or sex-disaggregated conviction or incarceration rates, but had significant reductions in arrest rates by 18/19 (males and females; general arrest and violent arrest) and arrest rates by age 23/24 (females only). Washington State (Miller et al., 2020A; moderate risk of bias): The study found large, significant reductions in child abuse or neglect among children of youth who had transitioned for reporting to CPS by age 23 ($d = -0.61$ [-0.75, -0.46]) and for being placed in foster care by the time the transitioned youth was 23 ($d = -1.03$ [-1.35, -0.70]). There were significant, medium-sized reductions in conviction rates from extended care from age 18 through 23 ($d = -0.56$ to -0.44).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	See main effects for the response intervention.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	WWCSC
Quality Assessment	High Confidence

Authors	ter Beek, Kuiper, et al
Publication Year	2018
Review Title	Treatment effect on psychosocial functioning of juveniles with harmful sexual behavior: A multilevel meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[To examine] the effects of treatment for juveniles with harmful sexual behaviour on psychosocial functioning, and the potential moderating effects of outcome, treatment, participant, and study characteristics."
Target Population	Juveniles with Problematic Sexual Behaviour
Geographic Specification (if any)	None specified

Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Psychosocial functioning
Review Findings on Intervention Effectiveness for Violence Against Children	Improved psychosocial functioning ($d = 0.60$ [0.45, 0.74] - moderate effect size, ~33% improvement). No change in significance or effect size after conducting sensitivity analyses for publication bias.
List of Risk & Protective Factors	Aggression
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Treatment was as effective for rule breaking and aggression ($d = 0.63$, $p < 0.001$), a sub-measure of overall psychosocial functioning.
Intervention characteristics impacting effectiveness	Better treatment effects for juveniles whose victims were similarly aged and for juveniles with mixed sexual and non-sexual problem behaviours. Effects differed significantly for the type of psychosocial functioning (i.e. atypical sexual arousal and empathy) and the type of informant (professional judgement yielded larger effects than parent judgement, self-report and penile plethysmography). Non-established treatment had higher effect sizes. Peer-reviewed studies and those with weak quality had higher effect sizes. No differential impact based on ethnicity, or other treatment or study characteristics.
Source(s) of Funding	Not specified
Quality Assessment	Low confidence

Authors	ter Beek, Spruit, et al
Publication Year	2018
Review Title	Treatment Effect on Recidivism for Juveniles Who Have Sexually Offended: a Multilevel Meta-Analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o review contemporary research on the effect on officially measured recidivism (re-arrest or reconviction) of treatment for juveniles who have sexually offended."
Target Population	Sexual offenders (juveniles)
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Sexual violence recidivism
Review Findings on Intervention Effectiveness for Violence Against Children	Reduced recidivism rates ($d = 0.37$ - moderate effect size, ~20.5% relative reduction). Effect sizes become insignificant after correcting for publication bias ($d = 0.15$).
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Participant or treatment characteristics or the type of recidivism did not moderate intervention effects. Shorter follow-up times had higher effect sizes. The effect size was significant from calculations using proportions, but not from using average frequency of re-offending.
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Tinner et al
Publication Year	2018

Review Title	Examining subgroup effects by socioeconomic status of public health interventions targeting multiple risk behaviour in adolescence
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o identify whether public health interventions for adolescent MRB [multiple risk behaviours] increase or reduce inequalities. It was also an aim of the study to determine the extent to which SES [socioeconomic status] is reported within adolescent MRB studies and the types of measures used."
Target Population	Adolescents
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	Peer violence; IPV
Review Findings on Intervention Effectiveness for Violence Against Children	See intervention characteristics.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	The school-based skills intervention (Fourth R) found high SES young people (i.e., using parental level of education as proxy) had higher impacts on dating violence (RR= 0.49 [0.28, 0.86]; p=0.01), but no impact for low SES adolescents (RR= 0.84 [0.50, 1.14]; p=0.51). Neither group had significant impacts for peer violence. The intervention effect was greater in boys than girls.
Source(s) of Funding	Medical Research Council; Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement; British Heart Foundation, Cancer Research UK, ESRC, MRC, Welsh Government, Wellcome Trust
Quality Assessment	Critically low confidence

Authors	UNICEF
Publication Year	2020
Review Title	Action to end child sexual abuse and exploitation: A review of the evidence
Publication type	Report
Type of Review	Primary review
Aim of Review OR Review Question	"[R]eview[] the evidence on effective interventions and strategies to prevent and respond [to child sexual abuse and exploitation and] synthesize[] these findings within the overarching INSPIRE and RESPECT strategic approach for violence prevention"
Target Population	Children < 18
Geographic Specification (if any)	None specified
Examined Interventions	Not restricted
List of Violence Outcomes	Child sexual abuse & exploitation
Review Findings on Intervention Effectiveness for Violence Against Children	Among actions to support an enabling national environment, there was no evidence rated as "effective". Promising evidence is noted in both HIC and LMICs for whole-school approaches to violence prevention and is noted in HICs only for hotspot-intervention approaches to create safe environments. Among actions to support service delivery, evidence on EMDR for children who experience violence had evidence rated "effective" in HICs, but more research is needed in LMICs. Other treatment services (CBT) were rated as "effective" in HICs and Promising in LMICs. Among actions to support social and behavioural change, evidence was rated as "effective"

	(indirect evidence) for parenting programmes and home visitation programmes (both in HICs only), especially for vulnerable families. Promising evidence for both HICs & LMICs was found for school-based child sexual abuse prevention programmes (including pre-school). For adolescent girls there was promising evidence in LMICs only for empowerment or self-defence (as part of larger safe school intervention) and combined gender, economic empowerment, and vocational life skills programmes. Community mobilization (norm change through community or school-based education) and parent-child communication interventions had promising evidence in both HICs and LMICs. Comprehensive sex education (including HIV prevention) had promising evidence in LMICs only.
List of Risk & Protective Factors	[See main results.]
Review Findings on Intervention Effectiveness for Risk & Protective Factors	"Effective: Programmes that had been rigorously evaluated through at least two high or moderate quality studies using experimental or quasi-experimental design, showing statistically significant impact on either attitudes or behaviours towards child sexual abuse and exploitation and formalized to the extent that outside parties could replicate the programme; OR the intervention is recommended based on high quality meta-analyses and systematic reviews of findings from multiple evaluations." (Promising if one high or moderate quality study using experimental or quasi-experimental design (etc.).)
Intervention characteristics impacting effectiveness	For hotspot interventions, involvement of young people is critical. Whole-school approaches require coordination and financial resources within school environments and larger community. School-based child sexual abuse prevention programmes are more effective with longer duration and interactive formats. EMDR can have adapted delivery in low-resource settings. For other treatment services (CBT), interventions can be delivered through mentors or trained paraprofessionals. Community mobilization interventions are more effective with parental involvement. Comprehensive sex education may have higher effectiveness for girls if combined with economic strengthening initiatives. Parenting programmes are most effective when linked to child protection system responses.
Source(s) of Funding	End Violence Fund
Quality Assessment	Low confidence

Authors	van der Stouwe
Publication Year	2014
Review Title	The effectiveness of Multisystemic Therapy (MST): A meta-analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"1) To what extent is MST effective in the prevention of recidivism (primary outcome)? 2) To what extent is MST effective in improving juveniles' functioning on other psychosocial (secondary) outcomes? 3) Which sample, treatment and study characteristics have a moderating effect on (heterogeneous) outcomes? 4) What is the unique contribution of significant moderators when controlling for other significant moderating variables?"
Target Population	Juveniles with problem behaviours
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Recidivism
Review Findings on Intervention Effectiveness for Violence Against Children	There was no effect on violent delinquency ($k=7$, $d=0.115$), but was effective only when considering all forms of delinquency ($k=20$; $d=0.233$). Violent delinquency was tested as a moderator, so there is no additional subgroup data available for other outcomes.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Violent delinquency was tested as a moderator, so there is no additional subgroup data available for other outcomes.
Intervention characteristics impacting effectiveness	Violent delinquency was tested as a moderator, so there is no additional subgroup data available for other outcomes. General analysis notes that "MST was most effective with non-ethnic minority, (sex)offending, younger juveniles."

Source(s) of Funding	Not specified
Quality Assessment	Low confidence

Authors	Verbeek et al
Publication Year	2023
Review Title	Sexual and Dating Violence Prevention Programs for Male Youth: A Systematic Review of Program Characteristics, Intended Psychosexual Outcomes, and Effectiveness
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o synthesize the existing scientific knowledge about the characteristics, intended psychosexual outcomes and effectiveness of SDV prevention programmes specifically developed for male youth (i.e., up to 25 years old), aimed at the prevention of the broad spectrum of SDV."
Target Population	Adolescent males ≤ 25
Geographic Specification (if any)	None specified
Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	IPV victimisation, perpetration; SV victimisation, perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Evidence is mixed (data not meta-analysed): Only 12/33 effect sizes were significant for IPV or SV perpetration and the significant effect sizes were all small. No study evaluated IPV or SV victimisation among the young male samples.
List of Risk & Protective Factors	Attitudes or Knowledge; bystander intentions or behaviour
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Evidence is mixed (data not meta-analysed): Just over a third of the effect sizes (7/18 effect measures; 38.9%) for improved bystander behaviour were significant, most of which were small magnitude, and there were similarly low numbers of significant effect sizes for bystander intentions. A quarter (2/8 effect measures; 25%) of the effect sizes for improved bystander intentions were significant with higher magnitude of effect at follow-up than post-test. More evidence showing improved gender equitable attitudes than improvements in attitudes on sexual or dating violence. Less than a fifth of effect sizes (4/24 effect measures; 17%) for attitudes on sexual or dating violence attitudes were significant. Over a third (7/18 effects measures; 39%) of the effect sizes for gender-equitable attitudes were significant. Majority of attitude or knowledge-based measures were small magnitude and found at post-test, with diminished intervention effects on attitudes by follow-up. Intervention did not impact perceived behaviour control or intention to perpetrate IPV or SV.
Intervention characteristics impacting effectiveness	Authors hypothesise: Intervention effects appear more consistently significant in LMICs, larger samples, and older adolescents and young men. Suggest that intervention intensity did not produce larger effect sizes, but longer durations may facilitate sustained behaviour change. (All interventions were group-based, involved interaction, and were multiple sessions.)
Source(s) of Funding	The Netherlands Organization for Health Research and Development
Quality Assessment	Moderate Confidence

Authors	Villardón-Gallego et al
Publication Year	2023
Review Title	Early Educational Interventions to Prevent Gender-Based Violence: A Systematic Review
Publication type	Journal article
Type of Review	Primary review

Aim of Review OR Review Question	"[T]o analyse effective interventions to prevent and to face gender-based violence beginning in early childhood in order to ensure quality education for all children through violence-free schools."
Target Population	School-going children aged 3-12 years
Geographic Specification (if any)	None specified
Examined Interventions	Whole School Approach to Violence Prevention (Safe schools); Life & social skills training
List of Violence Outcomes	Child abuse & neglect; IPV victimisation or perpetration; SV perpetration or victimisation
Review Findings on Intervention Effectiveness for Violence Against Children	The Good School Toolkit reduced school staff perpetration of severe physical violence and injuries and emotional violence and reduced peer perpetration of physical and emotional violence. IMPower was tested in Kenya and among indigenous girls in the US. Both locations found reductions in reported sexual assault and sexual harassment among girls. Shifting Boundaries found reductions in sexual harassment perpetration and victimisation, sexual IPV victimisation and total IPV victimisation and perpetration.
List of Risk & Protective Factors	Attitudes or Knowledge; bystander intentions or behaviour; empowerment
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Studies evaluating gender-equitable attitudes, violence attitudes, or knowledge (e.g., self-defence, available response services, etc.) all found positive effects. IMPower found improvements in empowerment (i.e., self-confidence) among girls and found improved bystander behaviour among boys.
Intervention characteristics impacting effectiveness	Narrative synthesis found success factors include integrating the intervention into the school curriculum, apply active learning, have youth engagement in co-creating interventions, foster a safe environment at school, are theory-based or evidence-based interventions, involve communities, and adapt the interventions to the specific target or context.
Source(s) of Funding	Spanish Ministry of Science and Innovation
Quality Assessment	Critically low confidence

Authors	Wade et al
Publication Year	2022
Review Title	A systematic review and meta-analysis of the benefits of school-based, peer-led interventions for leaders
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o evaluate the effect of school-based peer-led interventions on child and adolescent peer-leaders' academic, psychosocial, behavioural, and physical outcomes."
Target Population	Healthy children and adolescents aged 5-18
Geographic Specification (if any)	None specified
Examined Interventions	Digital health intervention (Bullying prevention)
List of Violence Outcomes	Bullying victimisation or perpetration; Cyberbullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Interventions had peer-led component: One high-risk-of-bias study of online-hybrid intervention for cyberbullying, investigators found significant decreased bullying perpetration and victimisation, and cyberbullying victimisation. There was no difference in effect for intervention students and peer leaders (Palladino et al., 2012). (NB: This review does not provide a full citation for this primary study.)
List of Risk & Protective Factors	Attitudes
Review Findings on Intervention Effectiveness for Risk & Protective Factors	One research team (3 studies of 1 intervention) found improved attitudes on bullying ($d=1.02$ [0.46, 1.57]), including acceptability, help-seeking, and victim support (not an online intervention; Boulton et al., 2021abc).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.

Source(s) of Funding	New South Wales Department of Education
Quality Assessment	Moderate Confidence

Authors	Waechter & Wekerle
Publication Year	2015
Review Title	Promoting Resilience Among Maltreated Youth Using Meditation, Yoga, Tai Chi and Qigong: A Scoping Review of the Literature
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o evaluate existing evidence regarding the effects of the eastern Arts (i.e., yoga; transcendental, mindfulness, or compassionate meditation; tai-chi, qigong) on resilience (i.e., positive or improved health outcomes such as substance use, self harm, suicidality, mental health, dating violence, risky sexual practices) among high-risk adolescents receiving Child Protection Services (CPS) and/or who have a history of child maltreatment."
Target Population	Maltreated youth
Geographic Specification (if any)	None specified
Examined Interventions	Psychological therapy for violence victims (including Eastern Arts: Meditation, Yoga, Tai Chi and Qigong)
List of Violence Outcomes	Child health; child mental health
Review Findings on Intervention Effectiveness for Violence Against Children	7/8 studies identified at least one positive impact from Eastern Arts (Meditation, Yoga, Tai Chi and Qigong) on a resilience measure (emotional regulation, PTSD, etc.). The only insignificant study was among undergraduate women.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Walsh et al
Publication Year	2015
Review Title	School-based education programmes for the prevention of child sexual abuse
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To systematically assess evidence of the effectiveness of school-based education programmes for the prevention of child sexual abuse. Specifically, to assess whether: programmes are effective in improving students' protective behaviours and knowledge about sexual abuse prevention; behaviours and skills are retained over time; and participation results in disclosures of sexual abuse, produces harms, or both."
Target Population	School-going children (primary or secondary school, aged 5-18)
Geographic Specification (if any)	None specified
Examined Interventions	School-based sexual abuse awareness programmes
List of Violence Outcomes	Disclosure
Review Findings on Intervention Effectiveness	Disclosure of past or current CSA was statistically significant in favour of the intervention (OR= 3.56 [1.13, 11.24], k=3), but became statistically insignificant after adjusting for errors in unit of analysis. GRADE: Moderate quality evidence. No other measurement of

for Violence Against Children	impact on violence outcomes in primary studies. (This review is an update to Zwi et al (2007), which is included in a review of reviews (Arango et al., 2014).)
List of Risk & Protective Factors	Attitudes or Knowledge; child mental health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Intervention led to significant increases in protective behaviours (OR= 5.71 [1.98, 16.51], k=2; GRADE moderate quality evidence). No evidence of harm from intervention (i.e., anxiety or fear, k=3; moderate quality evidence). Moderate quality evidence for factual knowledge increase (g= 0.61 [0.45, 0.78], k=18) and applied knowledge increase (g= 0.45 [0.24, 0.65], k=11), both of which are updated in Lu et al (2023).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Queensland University of Technology; Australian Research Council
Quality Assessment	High Confidence

Authors	Walton & Chou
Publication Year	2015
Review Title	The Effectiveness of Psychological Treatment for Reducing Recidivism in Child Molesters: A Systematic Review of Randomized and Nonrandomized Studies
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[To examine] the effectiveness of psychological treatment interventions for child molesters."
Target Population	Male adults (18+) who committed sexual offense against a child (<18) and undergoing treatment
Geographic Specification (if any)	None specified
Examined Interventions	Sexual offender treatment programmes
List of Violence Outcomes	Recidivism; SV perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	3 out of 10 studies found reduced recidivism rates. Pattern suggests that treatments reduced recidivism however, the overall strength of evidence is mixed due to risk of bias towards findings treatment outcomes, so no overall assessment could be made on the effectiveness of the interventions.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	There was no pattern of effectiveness across intervention modalities (behaviour therapy, CBT, or relapse prevention).
Source(s) of Funding	None
Quality Assessment	Low Confidence

Authors	Whitaker et al
Publication Year	2013
Review Title	Effectiveness of Primary Prevention Efforts for Intimate Partner Violence
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o provide a comprehensive report on scientific studies aimed at preventing IPV."
Target Population	No population limits
Geographic Specification (if any)	None specified

Examined Interventions	Healthy romantic relationships education
List of Violence Outcomes	IPV victimisation, perpetration; SV victimisation, perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Among the four high-quality, school-based studies, only one found “unqualified positive impact” (Foshee et al., 2005) and one found reductions for boys only (Wolfe et al., 2009). Safe Dates had impacts at least through 4 years on psychological, sexual, and mild and serious physical IPV perpetration and physical abuse victimisation (particularly among those with prior victimisation) but no difference on physical IPV victimisation. No differential effectiveness by sex, race, or previous IPV history. Fourth R: Skills for Youth Relationships only found a significant intervention effect for boys reporting IPV at 2.5 years (OR= 2.77) and not girls. Fourth R did not have overall effect on physical peer violence, but boys in intervention reported higher condom use. One intervention reported no impact on IPV (Jaycox et al., 2006). A final programme (combining two interventions; interpersonal interactions and law or justice aspects of dating violence) had reductions in SV victimisation at follow-up for children who experienced both interventions, but reported harmful, higher physical IPV perpetration (both intervention groups) and higher SV IPV victimisation (Taylor et al., 2010). Among two high-quality, non-school-based studies focused on adolescents, there are mixed effects. For Wolfe et al 2003, Youth Relationship Project (youth whose parents were involved in CPS systems) had reductions in physical IPV perpetration and victimisation. Effects stronger for girls with perpetration and for boys with victimisation. Florsheim et al (2011) worked with pregnant teens and male partners. Although authors claim significant effects for reduced IPV up to 18 months, the p-value is > 0.05.
List of Risk & Protective Factors	Attitudes or Knowledge; substance use
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Within the two school-based studies with no consistent positive impact on IPV, there were improvements in attitudes and knowledge. No differences in substance use were found over 2.5 year period of Fourth R. Among 7/9 non-rigorous studies found improvements in at least one outcome on attitudes, knowledge, beliefs.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	Not specified
Quality Assessment	Critically low confidence

Authors	Willoughby et al
Publication Year	2024
Review Title	Interventions to Prevent and Respond to Violence Against Justice-Involved Young Women: A Scoping Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o examine (a) what is known from the existing peer-reviewed and grey literature on interventions to prevent or respond to violence against young women who have had, or are at risk of having, contact with the criminal justice system, and (b) whether any of these interventions have been found to be effective in preventing violence victimisation, revictimisation, or the impacts of violence."
Target Population	Young women <25
Geographic Specification (if any)	None specified
Examined Interventions	Life & social skills training; Psychological Therapy (CBT)
List of Violence Outcomes	IPV victimisation; PTSD
Review Findings on Intervention Effectiveness for Violence Against Children	One targeted & indicated programme found no significant impact on being in a violent or abusive relationship from PACE Center for Girls (formally known as the Practical Academic Cultural Education Center) which temporarily replaced schooling and provided counselling, life-skills curriculum, and academic or transitional support.

	Promising evidence in favour of CBT-based interventions for mitigating the mental health impacts of violence victimisation among justice-involved young women, including post-traumatic stress. Limited evidence of effectiveness for other indicated programmes.
List of Risk & Protective Factors	Healthy relationships; Attitudes
Review Findings on Intervention Effectiveness for Risk & Protective Factors	School-based life and social skills training had no impact on having healthy friendships or a supportive adult in their life. One therapy-based intervention found improvements in healthy relationships (Arnold, 2002). Mixed effects on self-efficacy in two trials (peer education for sexual health; Kelly 2007, Sekar. 2020), but the trial will null impacts on sexual self-efficacy also found improvements in attitudes on IPV (Kelly 2007).
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	NHMRC; YSAS
Quality Assessment	Low confidence

Authors	Winokur et al
Publication Year	2014
Review Title	Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment (Review)
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"To evaluate the effect of kinship care placement compared to foster care placement on the safety, permanency, and well-being of children removed from the home for maltreatment."
Target Population	Maltreated children removed from the home and placed in care
Geographic Specification (if any)	None specified
Examined Interventions	Out-of-home care
List of Violence Outcomes	Behaviour problems; mental health & wellbeing; permanency; re-abuse
Review Findings on Intervention Effectiveness for Violence Against Children	Children in kinship care (as opposed to non-kinship foster care) had fewer behavioural problems ($g = -0.33 [-0.49, -0.17]$), fewer mental health disorders ($OR = 0.51 [0.42, 0.62]$) or negative emotional health ($OR = 0.50 [0.38, 0.64]$), less placement disruption ($OR = 0.52 [0.40, 0.69]$), and less re-abuse (institutional abuse, $OR = 0.27 [0.10, 0.71]$). Children in kinship care had higher levels of competence or adaptive behaviours ($g = -0.42 [-0.61, -0.22]$) compared to children in non-kinship foster care. On re-abuse, children in foster care were 3.7X more likely to experience institutional abuse compared to children in kinship care ($k = 3$). For permanency, children in non-kinship foster care were more likely to be adopted ($OR = 2.52 [1.42, 4.49]$), but children in kinship foster care were more likely to be in guardianship ($OR = 0.26 [0.17, 0.40]$). Children in non-kinship foster care were more likely to utilise mental health services ($OR = 1.79 [1.35, 2.37]$). No evidence of harm from kinship foster care and no difference in impact for educational attainment, family relations, reunification, length of stay, or service utilisation for developmental or physician services.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Insufficient evidence for assessment.
Source(s) of Funding	SFI Campbell (previously the Nordic Campbell Center), Danish National Institute of Social Research and the Applied Research in Child Welfare (ARCH) Project (USA)
Quality Assessment	High Confidence

Authors	Yoon et al
Publication Year	2018
Review Title	The association between out-of-home placement and offending behavior among maltreated youth: A systematic review

Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"Do maltreated youth placed in out-of-home care demonstrate higher rates of offending behavior as compared to those who received in-home service? ... For maltreated youth placed in out-of-home care, does offending behavior differ by placement characteristics (i.e., type of placement, number of placements, age at first placement, and neighborhood associated with placement)?"
Target Population	Young people aged 11-35 years who experienced child maltreatment and were placed in out-of-home care
Geographic Specification (if any)	None specified
Examined Interventions	Out-of-home care
List of Violence Outcomes	Delinquency or Offending behaviour
Review Findings on Intervention Effectiveness for Violence Against Children	Mixed evidence, but majority of studies indicate higher offending behaviour for maltreated youth in out-of-home care. Some found null findings and one study found worse outcomes for those receiving only in-home services.
List of Risk & Protective Factors	None
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Not specified.
Intervention characteristics impacting effectiveness	Despite the mixed evidence on offending behaviour as a result of the intervention, there is consistent evidence on characteristics in increasing offending behaviour. Being in congregate care, experiencing higher number of placements, and being placed in out-of-home care during adolescence (11+) were all associated with higher offending behaviours. One study also found higher offending behaviour in areas of greater ethnic heterogeneity.
Source(s) of Funding	Not specified
Quality Assessment	Low confidence

Authors	Yosep et al
Publication Year	2022
Review Title	Method of Nursing Interventions to Reduce the Incidence of Bullying and Its Impact on Students in School: A Scoping Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o describe nursing interventions to reduce the incidence of bullying and its impact on students at school."
Target Population	School-going children
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; School health services (via nursing)
List of Violence Outcomes	Bullying perpetration or victimisation; mental health of victims
Review Findings on Intervention Effectiveness for Violence Against Children	Among studies for school-going children and adolescents, 1 of 2 prevention programmes reported reduction in bullying perpetration and victimisation: one study in Iran (Salimi et al., 2019) found significant reductions in bullying perpetration and victimisation (antibullying programme based on social cognitive theory); another universal prevention programme (Australia) did not impact on bullying outcomes. Among 2 resilience-based programmes: One indicated intervention reported reduction in school-wide bullying (Philippines) and both reported improvements in student's resilience or coping with bullying (Philippines + USA). Results are not quantified (effect size or significance) and measurement is not described. Sufficient data was not provided to support analysis.
List of Risk & Protective Factors	Attitudes or Knowledge; child mental health

Review Findings on Intervention Effectiveness for Risk & Protective Factors	Bullying prevention programmes improved social competence (social cognitive intervention) and student mental health (general, universal programme). A martial-arts-based intervention (Italy) improved resilience or self-efficacy and reduced aggressive or bullying behaviour (effects from bullying vs aggressive behaviours not disaggregated). Resilience-based interventions improved emotional control for victims of bullying.
Intervention characteristics impacting effectiveness	Nursing interventions presented in the article also had some involving wider stakeholders (teachers, parents). Includes both online and in-person interventions and components.
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Yosep, Hikmat, & Mardhiyah
Publication Year	2023a
Review Title	Nursing Intervention for Preventing Cyberbullying and Reducing Its Negative Impact on Students: A Scoping Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o describe the method of nursing interventions to prevent and reduce the negative impact of cyberbullying on students."
Target Population	Students
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; School health services (via nursing); Digital health interventions
List of Violence Outcomes	Bullying victimisation or perpetration; Cyberbullying victimisation or perpetration
Review Findings on Intervention Effectiveness for Violence Against Children	Online-based and school-based interventions are effective in reducing bullying or cyberbullying and perpetration or victimisation as well as from response or social competence programmes such as trauma-focused CBT. Reviewers note that school-based programmes are the most effective (though there is not clear evidence to support this statement). Results are not quantified (Effect size or significance) and measurements are not described. Sufficient data was not provided to support analysis.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Across intervention types, there is evidence to support improved empathy in students.
Intervention characteristics impacting effectiveness	Nursing interventions presented in the article also had some involving wider stakeholders (teachers, parents). Includes both online and in-person interventions and components.
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Yosep, Hikmat, & Mardhiyah
Publication Year	2023b
Review Title	School-Based Nursing Interventions for Preventing Bullying and Reducing Its Incidence on Students: A Scoping Review
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o describe school-based nursing interventions in preventing and reducing the incidence of bullying among students at school."
Target Population	School-going children (sample aged 10-18 years)
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; School health services (via nursing)

List of Violence Outcomes	Bullying perpetration or victimisation; mental health of victims
Review Findings on Intervention Effectiveness for Violence Against Children	Interventions were centred around games and psychoeducation, physical activity, skills training or counselling, and social cohesion. Interventions were effective in reducing bullying victimisation and perpetration and improving mental health or resilience of bullying victims. Majority of studies were response interventions for bullying victims and all found at least one improved measure of mental health (including PTSD and resilience) or social and emotional skills. Results are not quantified (Effect size or significance) and measurements are not described. Sufficient data was not provided to support analysis.
List of Risk & Protective Factors	Attitudes or Knowledge; child mental health
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Interventions with games can improved awareness of bullying and problem-solving skills. Physical activity interventions (e.g., martial arts) improved mental health. Skills training can improve empathy.
Intervention characteristics impacting effectiveness	Nursing interventions presented in the article also involved teachers. (One intervention prevented bullying through “developing students’ social and emotional skills” (still overall insufficient information to make any larger synthesis).)
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Yosep, Hikmat, Mardhiyah, et al
Publication Year	2023
Review Title	A Scoping Review of the Online Interventions by Nurses for Reducing Negative Impact of Bullying on Students
Publication type	Journal article
Type of Review	Primary review
Aim of Review OR Review Question	"[T]o explore method of online-based nursing intervention on students for reducing the negative impact of bullying."
Target Population	School-going children (sample aged 10-19 years)
Geographic Specification (if any)	None specified
Examined Interventions	School-based bullying prevention; School health services (via nursing); Digital health interventions; Counselling
List of Violence Outcomes	Bullying victimisation or perpetration; Cyberbullying victimisation or perpetration; Mental health of victims
Review Findings on Intervention Effectiveness for Violence Against Children	Skills-based, social-based, and counselling interventions improved at least one measure of bullying victimisation or perpetration, including cyberbullying victimisation. Counselling victims also improved mental health (anxiety or depression), resilience, and coping skills. Skills-based intervention in Brazil significantly reduced bullying victimisation. Results are not quantified (effect size or significance) and measurements are not described. Sufficient data was not provided to support analysis.
List of Risk & Protective Factors	Attitudes; School climate
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Antibullying programmes improved social support (including supportive environment) and perceived popularity and self-esteem.
Intervention characteristics impacting effectiveness	Nursing interventions presented in the article also had some involving wider stakeholders (teachers, parents). Includes both online and in-person interventions and components.
Source(s) of Funding	None
Quality Assessment	Low confidence

Authors	Yount et al
Publication Year	2017
Review Title	Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews
Publication type	Journal article
Type of Review	Review of reviews
Aim of Review OR Review Question	"[T]o assess extant literature on the impact of interventions to prevent multiple forms of violence victimisation in adolescent girls and young women in LMICs, to assess which elements of the Kabeer (1999) and Heise (1998) frameworks are most promising."
Target Population	Adolescent girls & young women (AGYW 10-24)
Geographic Specification (if any)	LMICs
Examined Interventions	Healthy romantic relationships education; Parenting programmes; Whole School Approach to Violence Prevention (Safe schools); Safe spaces; School-based sexual abuse awareness programmes; Life & social skills training; Social protection (Microfinance)
List of Violence Outcomes	IPV victimisation, SV victimisation, child abuse
Review Findings on Intervention Effectiveness for Violence Against Children	Child abuse: Good School Toolkit (effective); School-based CSA prevention (no impact); home visit for adolescent mothers (no impact). Sexual violence: Empowerment & Livelihood for Adolescents (financial skills, life skills training; effective); No Means No Worldwide (Self-defence; effective); Ishraq (Life skills and safe space, financial skills; adverse direction of effect, but not significant). IPV: WINGS or WINGS+Gender Training (adverse impact of marital control after Phase 1, but no impact by end of Phase 2); Stepping Stones (no impact); PREPARE (school-based healthy romantic relationships education; reduced IPV at 1-yr post-intervention, not at 6 months and no impact for unwilling sex at either 6/12mon). Family strengthening intervention for families affected by HIV (no impact).
List of Risk & Protective Factors	Child marriage; FGM/C
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Among primary studies that included a measure of violence victimisation, only Ishraq measured risk factors of child marriage or FGM/C. The intervention had no impact on child marriage, but was effective in reducing FGM/C for those who participated for a year or more (<13 months, null impact).
Intervention characteristics impacting effectiveness	Interventions included components on: Economic resources (cash transfers, financial support for education costs, microfinance), human resources (vocational or skills training), social resources (safe environments and social support), voice & agency (life skills), community engagement (community mobilization), and infrastructure development (teacher training or curriculum development, adolescent-friendly health services). Multicomponent programmes (with two components) had best evidence of effectiveness, either for intervention packages with multiple individual-level components, combining individual-level and community-level components, or both.
Source(s) of Funding	DFID GAGE
Quality Assessment	Critically low confidence

Authors	Zhang et al
Publication Year	2021
Review Title	Effectiveness of School-Based Child Sexual Abuse Prevention Programs in China: A Meta-Analysis
Publication type	Journal article
Type of Review	Meta-Analysis
Aim of Review OR Review Question	"[T]o examine the effectiveness of school-based CSA prevention programmes on improving children's knowledge and skills, which can prevent them from being sexually abused."
Target Population	School-going children aged < 18 years
Geographic Specification (if any)	China

Examined Interventions	School-based sexual abuse awareness programmes
List of Violence Outcomes	Child sexual abuse
Review Findings on Intervention Effectiveness for Violence Against Children	No direct violence measures were identified in primary studies for this review.
List of Risk & Protective Factors	Attitudes or Knowledge
Review Findings on Intervention Effectiveness for Risk & Protective Factors	Intervention improved children's factual and applied knowledge ($d = 2.53$ [2.03, 3.04]) and self-protective skills ($d = 2.00$ [1.39, 2.60]).
Intervention characteristics impacting effectiveness	Meta-analyses had substantial heterogeneity, but found higher gains when the intervention was implemented by researchers (vs teachers) and in preschool contexts. Knowledge: Studies implemented by researchers as instructors had a larger increase than those implemented by teachers (Researchers: $d = 3.20$ [2.54, 3.87] Teachers: $d = 2.09$ [1.88, 2.30]). Preschool students had more knowledge gains ($d = 3.99$ [3.28, 4.69]) than elementary or middle school students ($d = 2.35$ [1.92, 2.79] and $d = 2.21$ [2.07, 2.35], respectively). Skills: Studies implemented by researchers as instructors had a larger increase than those implemented by teachers (Researchers: $d = 2.78$ [2.46, 3.11]; Teachers: $d = 1.40$ [1.05, 1.74]). Preschool students had more skill gains than middle school students ($d = 2.97$ [2.38, 3.57] vs $d = 1.59$ [1.46, 1.72], respectively).
Source(s) of Funding	Central Universities & University of China
Quality Assessment	Critically low confidence

Parenting programmes (De-emphasised reviews)

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Backhaus, Blackwell, et al	2024	The effectiveness of parenting interventions in reducing violence against children in humanitarian settings in low- and middle-income countries: A systematic review and meta-analysis	Parents or primary caregivers of children aged 0-17 years in humanitarian contexts	Child maltreatment; Sexual violence	Physical or psychological violence against children (d= -0.36 [-0.69, -0.04]; 14 studies) Negative parenting (including violent discipline, d= -0.42 [-0.67, -0.12]; 17 studies) Insufficient data for reliable meta-analyses on sexual violence or maternal IPV. Certainty of evidence: very low for physical or psychological violence, low for negative parenting
Backhaus, Gardner, et al	2023a	Global review on parenting interventions for children aged 2–10 years. In World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence (pp. 66–152).	Parents or caregivers of children aged 2-10 years	Child maltreatment	Maltreatment (d= -0.34 [-0.47, -0.22]; 49 studies) Physical abuse (d= -0.27; [-0.43, -0.12]; 26 studies) Psychological abuse (d= -0.40 [-0.72, -0.09]; 12 studies) Negative parenting (d= -0.46 [-0.54, -0.38]; 159 studies) Neglect (d= -0.08 [-0.38, 0.22]; 6 studies) Certainty of evidence: moderate for child maltreatment
Backhaus, Gardner, et al	2023b	Parenting interventions for parents of very young children (age 0–2) in low- and middle-income countries: a narrative review. In World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence (pp. 210–237).	Parents or primary caregivers of children aged 0-2 years in LMICs	Child maltreatment	Insufficient evidence for conclusions on violence against children. Review of evidence found beneficial effects on risk factors for child maltreatment, including parenting knowledge, positive parenting practices and parent-child interaction, and parent depression.

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Backhaus, Gardner, et al	2023c	Parenting programmes for parents of adolescents in LMICs – adolescent sub-review. In World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence (pp. 153–185).	Parents of teenagers aged 10-17 years in LMICs	Child maltreatment	Negative parenting (d= -0.41 [-0.77, -0.05]; 11 studies) Maltreatment (d= -0.33 [-0.66, 0.00]; 4 studies) Physical abuse (d= -0.91 [-2.12, 0.30]; 2 studies) Psychological abuse (d= -0.05 [-2.62, 2.52]; 2 studies) Harsh parenting (d= -0.18 [-0.72, 0.37]; 7 studies) Certainty of evidence: Very low for maltreatment and harsh parenting
Backhaus, Gardner, et al	2023d	Parenting programmes for reducing child maltreatment and harsh parenting in low- and middle-income countries: systematic review and meta-analysis. In World Health Organization Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent–Child Relationships with Children aged 0-17 Years: Report of the Systematic Reviews of Evidence (pp. 16–65).	Parents or primary caregivers of children aged 2-17 years in LMICs	Child maltreatment	Maltreatment (d= -0.39 [-0.61, -0.17]; 20 studies) Physical abuse (d= -0.59 [-0.92, -0.26]; 13 studies) Psychological abuse (d= -0.26 [-0.48, -0.04]; 10 studies) Harsh Parenting (d= -0.37 [-0.54, -0.19]; 44 studies) Negative Parenting (d= -0.47 [-0.61, -0.32]; 58 studies) Maternal IPV (d= -0.24 [-0.50, 0.016]; 8 studies) Certainty of evidence: moderate for child maltreatment and low for harsh parenting
Backhaus, Gardner, et al	2024	Equity effects of parenting interventions to reduce violence against children: Individual participant data and aggregate-level meta-analyses	Families of children with a mean age of 2-10 years	Child maltreatment	Parenting interventions reduce both physical violence (Beta= -0.21 [-0.33, -0.19]; 15 studies) and emotional violence (d= -0.37 [-0.47, -0.27]; 56 studies). There was no differential effectiveness for disadvantaged families (poverty, education, employment, or ethnicity).
Backhaus, Leijten, et al	2023	Effects over time of parenting interventions to reduce physical and emotional violence against children: a systematic review and meta-analysis	Parents of children aged 2-10 years	Child maltreatment	Parenting interventions reduced physical or emotional violent parenting behaviours immediately post-intervention (d= -0.46 [-0.59, -0.33], 42 studies); at 1–6 months follow-up (d= -0.24 [-0.37, -0.11], 18 studies); and at 7–24 months follow-up (d= -0.18 [-0.34, -0.02], 12 studies). Effects became smaller over time.

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Beatson et al	2021	Systematic review: An exploration of core componentry characterizing effective sustained nurse home visiting programs	Disadvantaged pregnant women or mothers of infants aged <12 months	Child maltreatment	Evaluating core components of sustained nurse home visiting programmes, so not a total review of evidence base (see Molloy et al 2020). One intervention (VoorZorg in Netherlands 2007-2009; evaluations rated as high quality) had reductions in both child maltreatment investigation (RR= 0.91 [0.28, 0.96] at 36 months - Mejdoubi et al., 2015); this was the only intervention to have programme content on maltreatment or child safety (weekly). IPV victimisation during pregnancy showed reductions in physical, psychological, and sexual violence (multiple types of IPV victimisation OR= 0.49 [0.28, 0.86]) and physical assault victimisation (level 1, not severe) effects persisted through 24 months (OR= 0.46 [0.24, 0.89]). Maternal IPV perpetration during pregnancy found significant reductions in psychological and physical violence and on >2 forms of violence (OR= 0.53 [0.30, 0.94]) and there were reductions in sexual coercion through 24 months (OR= 0.10 [0.02, 0.56]). Another study found IPV reductions (RR declined 20.6% [1.1, 36.1] - Miller 2015), but there was no measurement of child maltreatment (only child accident or injury).
Bleiweiss-Sande et al	2022	Assessing Effectiveness of Early Childhood Home Visiting Models Implemented with Tribal Populations	Tribal populations	Child maltreatment	Mixed, limited evidence: "Only one programme (Family Spirit) met HHS criteria for 'evidence-based early child home visiting service model' for tribal populations." This intervention did not measure child maltreatment. Among the two programme models that measured child maltreatment (Healthy Families America; Early Start New Zealand), there were mixed findings for Early Start (1/2 studies favourable effects) and limited evidence of effectiveness for Health Families America (2/72 favourable effects.)

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Branco et al	2022	Universal Intervention to Strengthen Parenting and Prevent Child Maltreatment: Updated Systematic Review	Parents of children aged 12 years and younger	Child maltreatment	"All studies assessed parenting outcomes, and 16 of them (89%) showed the results of the effectiveness of the intervention programmes to promote positive changes in parenting practices." These measures included both physical punishment or harsh discipline, and positive parenting.
Chen & Chan	2016	Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis	Parents (not further specified)	Child maltreatment; Child maltreatment recidivism	Overall impact on child maltreatment and its risk and protective factors across all time points ($d=0.296$ [0.177, 0.416]; 31 studies). Measures of child maltreatment (including child abuse potential) were significant ($d=0.198$ [0.097, 0.299]; 24 studies). Subgroup analysis shows that indicated interventions are effective in reducing maltreatment ($d=0.280$ [0.084, 0.475; 5 studies) and there are similar results for universal and selective targeting strategies.
Coore Desai et al	2017	The prevention of violence in childhood through parenting programmes: a global review	Not restricted	Child maltreatment	Review of reviews notes measurement difficulties in child maltreatment, but there is good evidence of impact on risk and protective factors (mental health and maternal IPV).
Euser et al	2015	A gloomy picture: a meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment	Not restricted	Child maltreatment	Maltreatment effect ($d=0.13$ [0.05, 0.21]; 20 studies) becomes insignificant after adjusting for publication bias. However, only 5 individual studies (25% of the evidence base) had significant effects in reducing or preventing maltreatment, with the largest effect yielding $d=1.09$.
Fang et al	2022	Parenting Programs That Address Physical Abuse in Childhood for Families of Children With Developmental Disabilities in Mainland China: Systematic Review and Meta-Regression	Adult primary caregivers of children with developmental disabilities in mainland China	Child maltreatment	Child abuse (physical or verbal) $RR=0.51$ [0.28, 0.92] in one trial. No other studies measured direct abuse.

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Fang et al	2024	Parenting interventions that promote child protection and development for preschool- age children with developmental disabilities: A global systematic review and meta- analysis	Caregivers of preschool- age children with developmental disabilities (aged 3-6 years or enrolled in pre-school programmes)	Child maltreatment	No primary study measured occurrence of violence against children. Improvements in factors associated with violence against children: Child behaviour (d= 0.36 [0.17, 0.56]; 24 studies), Parental mental health (d= 0.42 [0.21, 0.63]; 18 studies), positive parenting (d= 0.54 [0.17, 0.91]; 12 studies), parent-child interaction (d=0.89 [0.10, 1.68]; 8 studies), parental self-efficacy (d= 0.56 [0.21, 0.91]; 7 studies), language skills (d= 0.44 [0.07, 0.81]; 9 studies) and social skills (d= 0.51 [0.31, 0.72]; 7 studies). No impact on motor skills, adaptive living skills, cognitive skills, or symptoms. Effects were maintained at short-term follow-up for child behaviour (d=0.42 [0.23, 0.6]; 7 studies), positive parenting (d=0.5 [0.25, 0.76]; 2 studies), parenting self-efficacy (d=0.5 [0.04, 0.97]; 4 studies) and social skills (d=0.23 [0.09, 0.38]; 2 studies).
Gardner et al	2023	WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years: Report of the reviews for the WHO- INTEGRATE framework	Parents or caregivers	Child maltreatment	Limited, small evidence of harm from parenting programmes. Benefits (to human rights, sociocultural acceptability, health equity, social implications, financial and economic considerations and health systems) outweigh possible adverse outcomes, though reporting needs to be improved across the evidence base. Equity-relevant evidence of intervention working for vulnerable intersectional identities, unlikely to widen inequality gaps and are effective for vulnerable families (poor, low education, etc.).

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Gillespie et al	2022	Parenting Interventions for Refugees and Forcibly Displaced Families: A Systematic Review	Parents or caregivers who experienced forced displacement	Child maltreatment; Sexual violence	Among 3 studies that measured harsh parenting or discipline, one pilot study (Mother Child Education Program (MOCEP)) found reductions in harsh discipline ($d = -0.71$), but two other studies found no impact on harsh parenting. Potential of insufficient power in pilot study. There were no documented improvements in child maltreatment or sexual violence. There are more consistent, positive impacts on parenting behaviour or attitudes (8/10) (6/9), but limited impact on parental mental health (2/7) (2/5).
Goyal et al	2013	Home Visiting and Outcomes of Preterm Infants: A Systematic Review	Preterm infants and infants with low birth weight	Child maltreatment	Insufficient, limited evidence for conclusions on violence against children. The review includes two primary studies that both found no impact.
Gubbels et al	2019	The Effectiveness of Parent Training Programs for Child Maltreatment and Their Components: A Meta-Analysis	Not restricted	Child maltreatment	Child maltreatment ($d = 0.416$ [0.334, 0.498]; 51 studies)
Gubbels et al	2021	Components associated with the effect of home visiting programs on child maltreatment: A meta-analytic review	At-risk families (identified risk factors for child maltreatment or other negative child outcomes) in Europe, Australia, New Zealand, Canada, and the United States	Child maltreatment	Child maltreatment ($d = 0.135$ [0.084, 0.187]; 65 studies). Home visitation programmes with longer follow-up and targeting ethnical diverse population had larger impacts ($d = 0.174$ & 0.131 , respectively).
Han & Oh	2022	The effectiveness of home visiting programs for the prevention of child maltreatment recurrence at home: a systematic review and meta-analysis	Parents who have previously engaged in child maltreatment	Child maltreatment recidivism	Home visit programmes decreased child maltreatment recurrence ($OR = 0.45$ [0.29, 0.68]; 4 studies).
Hermenau et al	2017	Fostering Child Development by Improving Care Quality: A Systematic Review of the Effectiveness of Structural Interventions and Caregiver Trainings in Institutional Care	Children aged 0-17 years living full-time in childcare institutions	Child maltreatment	One caregiver training intervention had moderate effect ($d = 0.64$) on violence exposure at 3 months and another had a large effect ($d = 0.99$) on physical maltreatment victimisation at 6 months post-intervention.

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Hua & Leijten	2022	Parenting Programs for Disruptive Child Behavior in China: A Meta-Analysis and Systematic Review	Parents of children aged 2-13 years in China	Child maltreatment	Harsh or inconsistent parenting ($d = -1.70 [-2.91, -0.49]$).
Knerr et al	2013	Improving Positive Parenting Skills and Reducing Harsh and Abusive Parenting in Low- and Middle-Income Countries: A Systematic Review	Parents or primary carers of children aged 0–18 years in LMICs	Child maltreatment	For harsh parenting, one study with two months follow-up found moderate to large effects ($d = 0.50$ to 1.2). One study had six year follow-up and found small impact ($d = 0.28$). One study measuring abusive parenting had no impact.
Leijten et al	2018	Research Review: Harnessing the power of individual participant data in a meta-analysis of the benefits and harms of the Incredible Years parenting program	Parents of children aged 1-12 years in Europe	Child maltreatment	Multivariate analyses found significant reductions in negative parenting, including corporal punishment ($\text{Beta} = -0.19 [-0.32, -0.05]$), threatening ($-0.20 [-0.34, -0.07]$), laxness ($-0.15 [-0.29, 0.00]$), and shouting ($-0.22 [-0.35, -0.08]$). Multivariate analyses also found improvements in parental praise (positive parenting, $\text{Beta} = 0.28 [0.12, 0.44]$), child mental health (conduct problems $-0.34 [-0.45, -0.23]$; ADHD symptoms $-0.28 [-0.41, -0.15]$), with no impact on child emotional problem, parental mental health, or other measures of positive parenting (tangible rewards & monitoring).
Levey et al	2017	A systematic review of randomized controlled trials of interventions designed to decrease child abuse in high-risk families	Pregnant women or mothers of infants at heightened risk for child abuse	Child maltreatment	Mixed, but promising evidence for high-risk families via home visitation programmes. (High-risk factors included young age, maternal depression, family stress, lack of social support, and intimate partner violence.)

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Lines et al	2018	How Do Nurses Keep Children Safe From Abuse and Neglect, and Does it Make a Difference? A Scoping Review	Interventions implemented by nurses to address child abuse or neglect	Child maltreatment	Results are mixed. Among direct measures of child abuse or neglect (n=13), 3/5 home visitation programmes reduced abuse, and all other interventions reported no direct change. Similarly mixed effects for shaken baby syndrome or abusive head trauma (1/3). Generally positive findings on risk factors (parental knowledge, attitudes, stress, mood, and perceived health), but no evidence that this leads to significant changes in abuse. In response to violence (or those at high risk), mixed results on health, development, and mortality. Two studies suggest improved academic outcomes in primary school.
McCloskey	2011	A systematic review of parenting interventions to prevent child abuse tested with RCT designs in high income countries	Parents of children aged <12 years at heightened risk for child abuse	Child maltreatment	2/3 of evidence base finds documented reductions in child abuse. Strongest evidence for shorter programmes (e.g., Parent-Child Interaction Training) and weaker evidence for longer programmes (e.g., large-scale home visitation).
McCoy et al	2020	Parenting interventions to prevent violence against children in low- and middle-income countries in East and Southeast Asia: A systematic review and multi-level meta-analysis	Parents or primary caregivers of children aged <18 years living in LMICs in East and Southeast Asia	Child maltreatment	Harsh, abusive, or negative parenting (d= -0.42 [-0.81, -0.02]; 3 studies)
Mikton et al	2014	A Systematic Review of the Effectiveness of Interventions to Prevent and Respond to Violence Against Persons With Disabilities	People with disabilities (including physical impairments, sensory impairments, mental health conditions, or intellectual impairments)	Child maltreatment	One study noted 33% reduction in child abuse potential and another study found reductions parental stress. For both studies, the label of “effectiveness” changes from “effective” to “unclear” when accounting for study ROB. No direct violence outcome measures were included in primary studies.
Molloy et al	2021	Systematic review: Effects of sustained nurse home visiting programs for disadvantaged mothers and children	Disadvantaged pregnant women or mothers of infants aged <12 months	Child maltreatment	2 out of 3 sustained nurse home visiting programmes documented lower levels of maltreatment

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Moon et al	2020	The Effects of Primary Care–Based Parenting Interventions on Parenting and Child Behavioral Outcomes: A Systematic Review	Caregivers of children aged 1-17 years	Child maltreatment	One study (Perrin et al., 2014 - unclear ROB) included multiple measures of negative parenting, which some showed evidence of effectiveness at post-intervention and 3- and 6-months post-intervention. 2/4 studies (both high ROB) found reductions in corporal punishment post-intervention and a third study not having a statistically significant effect immediately post-intervention, but did at 24 months follow-up. This third study (Chavis et al., 2013 - unclear ROB) also found reductions in spanking post-intervention. The fourth study found no impact and had high ROB (Breitenstein et al., 2016). One study measuring maltreatment risk (Shilling et al., 2016 - high ROB from blinding) found no significant impacts post-intervention.
O'Connor et al	2021	Rapid Review of Men's Behavior Change Programs	Male perpetrators of family violence, domestic violence, or IPV	Child maltreatment	One high ROB study involved parenting outcomes (Ashburn et al., 2017) which was of the Uganda REAL Fathers Initiative. The study found reductions in physical child punishment (including long-term follow-up) as well as reductions in maternal IPV and had twice the odds of using positive parenting. Among men exposed to mentoring sessions, they were twice as likely to use positive parenting practices. The intervention improved attitudes rejecting physical punishment & IPV, but had limited effects on attitudes justifying IPV or on gender norms.
Peacock et al	2013	Effectiveness of home visiting programs on child outcomes: a systematic review	Mothers and/or children aged 0-6 years from socially high-risk families	Child maltreatment	Only 3/6 trials found any reductions on child abuse or neglect, of which two only found effects in subgroups (non-depressed mothers with moderate or high anxiety and first-time mothers aged <19 years, enrolled before 30-weeks gestation).
Pinquart & Teubert	2010	Effects of Parenting Education With Expectant and New Parents: A Meta-Analysis	Expectant or new parents of infants aged <6 months	Child maltreatment	Child abuse (d= 0.13 [0.05, 0.21]; 29 studies).

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Segal et al	2012	Theory! The Missing Link in Understanding the Performance of Neonate/Infant Home-Visiting Programs to Prevent Child Maltreatment: A Systematic Review	Expectant or new parents of infants aged <6 months	Child maltreatment	Only programmes that were fully congruent and in alignment on theory matched with programme details (intervention approach (components or objective) and population and defining programme success), were effective. The relationship between program success and full or no match was statistically significant: 7/7 with full match were effective compared to 0/15 with no match. Programmes with a 'partial' match (i.e. programmes that either met the theory, components, and population without a child abuse objective, or included a child abuse objective for only part of the population) (18/30) had mixed evidence of effectiveness.
Selph et al	2013	Behavioral Interventions and Counseling to Prevent Child Abuse and Neglect: A Systematic Review to Update the U.S. Preventive Services Task Force Recommendation	Caregivers of children aged 0-18 years with no known exposure to abuse or neglect living in the United States or similar context	Child maltreatment	One clinic-based programme found reduced child maltreatment (including reduced physical assault), but home visitation programmes had inconsistent findings. Clinic-based programme (SEEK) included a risk assessment as part of the intervention.
Turnbull & Osborn	2012	Home visits during pregnancy and after birth for women with an alcohol or drug problem (Review)	Pregnant or postpartum women with problem alcohol or drug use	Child maltreatment	One low ROB study had no significant effect on child abuse or neglect (OR=0.36 [0.02, 8.77]).
van Ijzendoorn et al	2020	Annual Research Review: Umbrella synthesis of meta-analyses on child maltreatment antecedents and interventions: differential susceptibility perspective on risk and resilience	Not restricted	Child maltreatment	Child maltreatment (d= 0.27 for interventions for child abuse or families with self-reported maltreatment and d= 0.23 for interventions for officially reported child maltreatment cases).
Viswanathan et al	2018	Primary Care Interventions to Prevent Child Maltreatment Updated Evidence Report and Systematic Review for the US Preventive Services Task Force	Children aged 0-18 years with no known exposure to maltreatment	Child maltreatment	No significant results were identified in meta-analyses. Overall, there is limited and inconsistent evidence for conclusions on violence against children from primary care-based violence prevention programme.

Authors	Publication Year	Review Title	Target Population	Outcomes	Review Findings on Intervention Effectiveness
Vlahovicova et al	2017	Parenting Programs for the Prevention of Child Physical Abuse Recurrence: A Systematic Review and Meta-Analysis	Parents or primary caregivers of children aged 0-18 years with suspected or substantiated report of child physical abuse	Child maltreatment recidivism	Reduction in absolute risk of revictimisation by 11 percentage points (RD= -0.11 [-0.22, -0.004]) but this was not statistically significant as a risk ratio (RR=0.74 [0.54, 1.07]).
Waid et al	2022	Mental health targets in child maltreatment prevention programs: A systematic review of randomized trials	Families either in the general population or at heightened risk of child abuse	Child maltreatment	Interventions more often led to positive child and caregiver mental health effects (18/33) rather than preventing maltreatment (15/33).
West et al	2020	Systematic Review of Community- and Home-Based Interventions to Support Parenting and Reduce Risk of Child Maltreatment Among Families With Substance-Exposed Newborns	Pregnant women or mothers of infants aged <12 months who were exposed to illicit substances	Child maltreatment	Four studies were low ROB, of which 3 showed improved parenting measures and none assessed child maltreatment outcomes. In total, only 2 studies (high ROB) measured child maltreatment outcomes, of which one was not significant for time to referral for child protective services and the other had significant reductions in infants being placed in foster care.
Whitcombe-Dobbs & Tarren-Sweeney	2019	What evidence is there that parenting interventions reduce child abuse and neglect among maltreating families? A systematic review	Parents with alleged maltreatment of their children	Child maltreatment recidivism	Evidence is limited and mixed, but emerging evidence in favour of PCIT and SafeCare programmes. No strong evidence suggesting effectiveness of home visitation programmes. No intervention had evidence of reducing all types of maltreatment in an RCT.

Counselling & therapeutic approaches (De-emphasised reviews)

Authors	Publication Year	Review Title	Target Population	Examined Interventions	Outcomes	Review Findings on Intervention Effectiveness
BCCEWH	2013	Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence	Children exposed to domestic violence	Psychological therapy (single and multicomponent); parenting programmes; life-skills training	Child mental health; child behaviour; child-caregiver relationship	Interventions (single or multicomponent) targeting mothers and children were more effective (moderate to strong) than equivalent interventions targeting children alone (only moderate evidence). Single-component therapeutic interventions for both mother and child (mother-child therapy, parenting programmes, and play therapy) all found improvements in child or mother outcomes, including child behaviour, attachment, stress and post-traumatic stress (moderate to strong evidence). Multicomponent interventions with focus on advocacy (e.g., nurse case management) have moderate evidence in reducing trauma symptoms and stress and improving child behaviour. Multicomponent interventions with both therapy and advocacy had improved relationships, knowledge or awareness of violence and safety, and self-esteem or self-competence (moderate evidence). Multicomponent interventions with both therapy and parenting had moderate improvement in child behaviour and maternal stress (moderate evidence). Single component psycho-educational interventions (life skills training for stress or conflict management, coping or relationship skills, understanding violence, etc.) had moderate evidence for improved children's coping skills, behaviour,

Authors	Publication Year	Review Title	Target Population	Examined Interventions	Outcomes	Review Findings on Intervention Effectiveness
						emotional regulation, conflict resolution skills and knowledge about violence. Minimal evidence for single component therapeutic interventions targeted to children alone (play therapy, equine-assisted therapy, etc.). Also minimal evidence for interventions among the general population.
Bennett et al	2021	A Systematic Review of Controlled-Trials for PTSD in Maltreated Children and Adolescents	Maltreated children aged ≤ 18 years	Psychological therapy (Trauma-focused CBT, EMDR, Exposure therapy, Child Parent Psychotherapy, Animal Therapy, Art Therapy, Trauma-informed Parenting)	PTSD	Based on low ROB studies, trauma-focused CBT has the best evidence of effectiveness for reducing PTSD in maltreated, young populations. Other therapies have scarce evidence and have poor quality, with the exception of some emerging evidence on prolonged exposure therapy.
Bergsund et al	2023	The effect of relationship-based interventions for maltreated children and adolescents: a systematic review and meta-analysis	Maltreated children and young people who experienced maltreatment before 18	Child-parent psychotherapy (including attachment therapy, PCIT)	Child-caregiver relationship	Large improvements in parent interactive behaviour ($g=0.888$ [0.545, 1.230]) Moderate improvements in child attachment ($g=0.403$ [0.141, 0.665]) Small improvements in child interactive behaviour ($g=0.274$ [0.140, 0.408])
Bidonde & Meneses	2017	The effect of interventions for children who have experienced violence in close relationships: an overview of reviews	Maltreated children aged ≤ 18 years	Psychological therapy (trauma-focused CBT, PCIT, child-parent therapy, play therapy, group or psychodynamic therapy); foster care interventions	Child mental health; child behaviour; child-caregiver relationship; revictimisation	Trauma-focused CBT improved PTSD symptoms ($d= -0.40$ [-0.60, -0.20]) 12 weeks post-intervention. Uncertain impacts on parent-child relationship or impact of other psychological interventions. Unclear impacts also for foster-care interventions on outcomes (including adverse events, cognitive development, mental health, quality of life, caregiver attachment, or placement). All interventions had uncertain impact on recurrence of maltreatment.

Authors	Publication Year	Review Title	Target Population	Examined Interventions	Outcomes	Review Findings on Intervention Effectiveness
Caro et al	2023	Comparative effectiveness of psychological interventions for treating the psychological consequences of sexual abuse in children and adolescents: a network meta-analysis	Sexually abused children aged <18 years	Psychological therapy (CBT, psychodynamic therapy, family therapy, child centred therapy (CCT), EMDR)	PTSD; child mental health; child behaviour	Majority of evidence (64%) was studies on CBT. At post-treatment, some evidence suggests that CBT (child only) and child centred therapy (child-caregiver dyad) are more effective than standard management in reducing PTSD symptoms ($d = -0.87$ & -0.96 , respectively). This evidence was graded as very low certainty and there was no impact at other time points and there were no impacts on depression, anxiety, sexualised behaviour, or internalising or externalising behaviour. Limited evidence on psychodynamic therapy, family therapy, and EMDR.
Goldman Fraser et al	2013	Child Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Maltreatment	Maltreated children aged ≤ 14 years	Parenting programmes; trauma-informed therapy (including CBT); Enhanced foster care interventions	Child mental health; child behaviour; child-caregiver relationship; revictimisation; permanency	One parenting intervention within foster-care systems had moderate strength evidence for improving child mental or behavioural health ($d = 0.26$) and healthy caregiver-child relationship ($d = 0.29$). Two studies had moderate evidence for child safety, both were parenting interventions with one targeted to foster carers. No other category had moderate strength evidence for any outcome, but do all contain at least one category of low-strength evidence supporting effectiveness. No data on school-based functioning.
Graham-Kevan & Brooks	2016	Sexual Assault Referral Centre (SARC) Review of Peer-Reviewed Publications	Sexually abused children	Psychological therapy (CBT, EMDR, supportive therapy, play therapy, psychodynamic therapy, humanistic therapy)	Child mental health; child behaviour	Based on one high-quality review (Sánchez-Meca et al, 2011): Self-esteem, sexualised behaviour, and anxiety are improved most effectively with trauma-focused CBT with supportive therapy and psychodynamic components (e.g., play therapy). Behavioural and global symptoms are improved most effectively with CBT combined with supportive therapy

Authors	Publication Year	Review Title	Target Population	Examined Interventions	Outcomes	Review Findings on Intervention Effectiveness
						Depression is improved most effectively by psychodynamic therapies.
Howarth et al	2016	IMPRoving Outcomes for children exposed to domestic Violence (IMPROVE): an evidence synthesis	Maltreated children; Children exposed to domestic violence	Psychological therapy (play therapy; psychoeducation); parenting programmes; life-skills training	Child mental health; child behaviour	Across different comparisons and types of CBT, the intervention generally improved trauma symptoms and child mood or self-esteem, had mixed impacts on behavioural problems, and no impact on depression. Evidence of improved behaviour outcomes but mixed and unclear impacts for other outcomes from parenting skills and advocacy and Trauma-focused psychoeducation (life-skills training) (in isolation or combination) for child behaviour problems.
Jones	2013	Programs For Children Exposed To Domestic Violence: A Systematic Review Of Cognitive Behavioural, Expressive, And Psychoeducational Group-Based Interventions	Children exposed to domestic violence	Psychological therapy (CBT, expressive therapy [e.g., art, play, etc.], group psycho-educational therapy)	Child mental health; child behaviour	All three forms of therapy had evidence for improved child mental health or behavioural outcomes among children exposed to domestic violence only, but due to heterogeneity within and across interventions, the research was unable to identify whether one form of therapy is more effective.
Kim et al	2019	Interventions to Reduce the Problems of Abused Children and Adolescents in Residential Facilities in South Korea: An Integrative Review	Maltreated Children in residential facilities	Psychological therapy (art or music therapy, sand play, drama or film education therapy, psychotherapy; nursing)	Child mental health; child behaviour; relationship skills	Only two studies presented sufficient data to calculate effect sizes, all of which were insignificant for outcomes of self-efficacy, resilience, depression, anxiety and problem drinking. Based on reported findings, 4/9 improved self-esteem, 6/7 reduced depression or anxiety or both, and 5/5 improved interpersonal relationship techniques.

Authors	Publication Year	Review Title	Target Population	Examined Interventions	Outcomes	Review Findings on Intervention Effectiveness
Latzman et al	2019	The promotion of well-being among children exposed to intimate partner violence: A systematic review of interventions	Children exposed to intimate partner violence	Psychological therapy (individual [mother-, father- or child-only], with caregiver, or group-based)	Child mental health; child behaviour	Insufficient, mixed evidence for the population: Total behaviour (1 significant effect size out of 3 total), externalising behaviour (immediate 2/7, short term 1/4, long-term 5/6); internalising behaviour (2/7); post-traumatic stress (2/4); anxiety, depression, cognitive ability, happiness or social relationships (2/6). (Where available, pooled data was used in replacement of two individual studies for counting significant effect sizes.)
Leenarts et al	2013	Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: A systematic review	Maltreated children aged 6-18 years	Psychological therapy (CBT, trauma-focused CBT, EMDR)	Child mental health; child behaviour	"Trauma-focused CBT is the best-supported treatment for children following childhood maltreatment [$d = 0.22$ to 0.70]." There is also similar evidence to support other forms of CBT. Some other treatments (such as EMDR) have preliminary evidence to support their effectiveness, but face methodological challenges that restrict confidence in conclusions. Remaining treatments either had significant methodological limitations or only had one study included in the review.
Lindert et al	2020	Psychosocial interventions for violence exposed youth – A systematic review	Violence-exposed youth (15-24 years)	Psychological therapy (CBT, EMDR, Exposure therapy, art-related therapy, psychotherapy); Parenting programmes (home visitation); life-skills training	Child mental health	All interventions had a positive effect. Interventions improved depression or anxiety in both RCTs ($d = 0.57$ [$0.02, 1.13$]) and longitudinal studies ($d = 0.57$ [$0.27, 0.86$]). Best evidence in support of CBT and exposure therapy (with an exposure focus).

Authors	Publication Year	Review Title	Target Population	Examined Interventions	Outcomes	Review Findings on Intervention Effectiveness
Macdonald et al	2012	Cognitive-behavioural interventions for children who have been sexually abused (Review)	Sexually abused children aged ≤ 18 years	CBT	Child mental health; child behaviour; parental outcomes	CBT reduced depression in the medium term only ($d = -1.84$) and was not significant at 12-month follow-up. CBT is effective in reducing PTSD in the short, medium, and long term ($d = -0.44, -0.39, -0.38$). CBT is effective in reducing child anxiety in the short, medium, and long term ($d = -0.23, -0.38, -0.28$). Parenting skills are improved in the short term ($d = 3.86$) only, though there are few trials measuring. Two studies found improved parental emotional reaction in the short term ($d = -6.95$) only. No impact on child sexualised behaviour, externalising behaviour, parent belief of child, or parental attributions.
Macdonald et al	2016	The effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents: an evidence synthesis	Children and young people aged <25 years who experienced maltreatment before age 18	CBT; child-parent psychotherapy (including attachment therapy)	Child mental health; child behaviour	For sexual abuse victims, CBT reduced PTSD post-intervention ($d = -0.44 [-4.43, -1.53]$), depression ($d = -2.83 [-4.53, -1.13]$), and anxiety ($d = -0.23 [-0.42, -0.03]$). No impact on behaviour problems or parental support or skills. For maltreated children, attachment-focused interventions improved secure attachment ($OR = 0.14 [0.03, 0.70]$) and reduced disorganised behaviour ($d = 0.23 [0.13, 0.42]$). No impact on avoidant attachment or externalising behaviour.

Authors	Publication Year	Review Title	Target Population	Examined Interventions	Outcomes	Review Findings on Intervention Effectiveness
McTavish et al	2021	Psychosocial interventions for responding to child sexual abuse: A systematic review	Sexually abused children	Psychological therapy (CBT, EMDR, Exposure therapy, family therapy, psychotherapy; stress inoculation therapy)	Child mental health	Review informed WHO guidelines on responding to sexual abuse in children. Strongest evidence in favour of CBT for reducing PTSD symptoms, but also some mixed evidence of CBT impacting internalising behaviour, depression, and anxiety as well as externalising behaviour. Authors caution about high risk of bias across studies. Limited evidence that interventions provided to children improve outcomes. However, there is stronger evidence that cognitive behaviour therapy (CBT) with a trauma focus provided to children and involving their caregivers can reduce mental health symptoms.
Passarela et al	2010	A systematic review to study the efficacy of cognitive behavioral therapy for sexually abused children and adolescents with posttraumatic stress disorder	Sexually abused children	CBT (PTSD-focused; child only; parent only; family group); child-centred therapy	PTSD	CBT reduced PTSD symptoms (RR=0.51 [0.29, 0.88]) with no differential impact based on whether family member also participated in the therapy.
Romano et al	2021	Meta-Analysis on Interventions for Children Exposed to Intimate Partner Violence	Children and adolescents exposed to intimate partner violence	Psychological therapy (trauma-focused CBT, child-parent psychotherapy, play therapy, psychoeducation, multicomponent programmes)	Child behaviour; child mental health	Across all behaviours from pre- to post-intervention, IPV-exposed children had a mean effect size of $d = 0.73$ [0.49, 0.84] for total behaviour. This includes significant effects on externalising, internalising, trauma-related, and social behaviours. Effects from pre-intervention to follow-up of $d = 0.44$ [0.28, 0.60] for total behaviour. This includes significant effects for only externalising and internalising behaviours.
Sanchez de Ribera et al	2020	Evaluating the quality of meta-analytical reviews using the AMSTAR-2: A systematic review of meta-analytical reviews regarding child sexual abuse interventions	Sexually abused children	Psychological therapy (trauma-focused CBT, psychodrama, play therapy, eclectic interventions)	Child mental health; child behaviour	All reviews had positive effects on child mental health (including PTSD) or behavioural health, but are all limited due to poor methodological quality and high ROB.

Authors	Publication Year	Review Title	Target Population	Examined Interventions	Outcomes	Review Findings on Intervention Effectiveness
Vojt et al	2016	Health, Happiness and Wellbeing for Adolescents Transitioning to Adulthood: A Systematic Review of Individual-Level Interventions for Adolescents from Vulnerable Groups	Sexually abused adolescents or adolescents exposed to domestic violence or IPV	CBT	Child mental health	Among adolescents who were sexually abused, evidence suggests CBT (individual or group-based) can reduce stress and anxiety, but there is mixed evidence to support adolescents exposed to domestic violence or IPV.
Wang et al	2023	Effectiveness of Trauma-Focused Cognitive Behavioral Therapy Among Maltreated Children: A Meta-Analysis	Maltreated children aged ≤18 years	CBT (trauma-focused)	Child mental health; child behaviour; parental outcomes	Across intervention end, 3-6 month follow-up, and 12 month follow, there were significant and sustained improvements in PTSD ($g = 0.79, 0.42, 0.38$) and Depression ($0.71, 0.30, 0.24$). There were significant improvements up to six months for anxiety ($0.31, 0.30$) and sexualised behaviour ($0.31, 0.43$). Internalising behaviour was improved at post-intervention and 12mon only ($0.39, 0.29$). Only significant impacts immediate post-intervention for general behaviour (0.30), parenting practices (-0.25), post traumatic growth (-2.50), emotional management (-2.65). Marginal impact on externalising behaviour at 3-6 months and no impact on social competency. Parental practices were improved only at post-intervention.
Warren et al	2022	Outcomes of Parent-Child Interaction Therapy (PCIT) for families presenting with child maltreatment: A systematic review	Maltreated children aged ≤18 years	PCIT	Child mental health; child behaviour; parental outcomes; revictimisation	PCIT effective for problematic child behaviour (most studies reporting a medium to large effect sizes) and internalising or externalising behaviours (most studies had a large effect sizes). Parental stress or mental health improved as well as interaction skills (small to large range of effect sizes). Recidivism rates consistently lower for up to 5 years post-intervention (compared to

Authors	Publication Year	Review Title	Target Population	Examined Interventions	Outcomes	Review Findings on Intervention Effectiveness
						control condition). Promising evidence from PCIT on PTSD-symptom reduction (medium to large effect sizes).
Wichmann et al	2023	School-Based Interventions for Child and Adolescent Victims of Interpersonal Violence	Children who experienced interpersonal violence	Psychological therapy (mainly CBT, school-based)	Child mental health; child behaviour	School-based mental health interventions (most commonly CBT-based) reduced at least one posttraumatic symptoms (intervention either partially or fully mitigated symptoms). (More research is needed to investigate school-based mental health interventions for violence survivors on other mental health outcomes, problem behaviours, and global or academic functioning.)

Appendix 5.9: Critical Appraisal of Emphasised Reviews.

Authors	Year	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	Confidence
Al et al	2012	✓	×	✓	✓	✓	×	×	✓	✓	×	✓	✓	✓	✓	✓	×	Low
Arango et al	2014	✓	✓	✓	✓	✓	×	×	×	✓	✓	–	–	✓	✓	–	×	Moderate
Arrojo et al	2024	✓	✓	✓	✓	✓	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Atienzo et al	2017	✓	✓	✓	✓	×	×	×	✓	✓	×	–	–	✓	✓	–	✓	Moderate
Bacchus et al	2024	✓	✓	×	✓	✓	✓	✓	✓	✓	×	–	–	×	✓	–	✓	Low
Baidawi et al	2023	✓	✓	×	✓	✓	×	×	✓	✓	✓	–	–	×	✓	–	×	Low
Baldwin et al	2022	✓	×	×	✓	✓	×	×	✓	✓	×	–	–	×	✓	–	✓	Critically Low
Barros et al	2022	✓	×	×	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Barton et al	2020	✓	✓	×	✓	✓	×	×	✓	✓	✓	–	–	✓	✓	–	×	Moderate
Baumgarten et al	2023	✓	×	✓	✓	✓	×	✓	✓	✓	×	–	–	×	✓	–	×	Critically Low
Bonell et al	2013	✓	✓	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	High
Borges Machado et al	2024	✓	✓	×	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	High
Burley et al	2022	✓	✓	✓	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	High
Burrus et al	2012	✓	×	×	✓	×	×	×	✓	×	×	✓	✓	✓	✓	×	×	Critically Low
Cassidy et al	2016	✓	×	✓	✓	✓	×	✓	✓	✓	×	–	–	✓	✓	–	✓	Low
Cassidy et al	2014	✓	×	✓	✓	✓	✓	✓	✓	✓	×	–	–	✓	✓	–	×	Low
Castillo-Eito et al	2020	✓	✓	✓	✓	✓	×	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Catalano et al	2019	✓	×	✓	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Chang et al	2024	✓	✓	✓	✓	✓	×	×	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Che Yusof et al	2022	✓	✓	✓	✓	✓	×	×	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Chen & Chan	2022	✓	×	✓	✓	×	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	Low
Chen et al	2021	✓	×	×	✓	✓	✓	×	✓	×	×	✓	×	✓	✓	✓	✓	Critically Low
Chen et al	2023	✓	×	✓	✓	✓	✓	×	✓	×	×	✓	✓	✓	✓	✓	✓	Critically Low
Coulter et al	2019	✓	×	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Courtin et al	2019	✓	✓	✓	×	✓	✓	×	✓	✓	×	–	–	×	✓	–	✓	Critically Low
Cox et al	2016	✓	×	×	×	×	×	×	✓	×	×	✓	×	✓	✓	×	×	Critically Low
Cuartas et al	2024	✓	✓	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	High
De Koker et al	2014	✓	×	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low

Authors	Year	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	Confidence
De La Rue et al	2014	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	High
Decker et al	2024	✓	×	✓	✓	✓	×	×	✓	✓	×	–	–	×	✓	–	✓	Critically Low
Dedios Sanguinetti et al	2023	✓	×	×	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	Low
DeGue et al	2014	✓	×	✓	✓	×	✓	×	✓	×	×	–	–	✓	✓	–	×	Critically Low
Desrosiers et al	2020	✓	×	✓	✓	✓	✓	×	✓	×	×	–	–	×	✓	–	✓	Critically Low
Dijkstra et al	2016	✓	×	✓	✓	×	✓	×	×	✓	×	✓	✓	✓	✓	✓	✓	Low
Earnshaw et al	2018	✓	×	✓	✓	✓	×	×	✓	×	×	–	–	✓	✓	–	✓	Critically Low
Esposito et al	2024	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	–	–	×	✓	–	✓	Low
Evangelio et al	2022	×	✓	✓	✓	×	×	×	✓	✓	×	–	–	×	✓	–	✓	Low
Family Planning Victoria	2016	✓	×	✓	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	High
Fantaye et al	2022	✓	✓	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	High
Farmer et al	2023	✓	✓	✓	✓	✓	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Fellmeth et al	2023	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Filges et al	2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Finnie et al	2022	✓	✓	✓	✓	×	✓	×	✓	×	×	–	–	×	✓	–	✓	Critically Low
Flynn et al	2015	✓	×	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Fraguas et al	2021	✓	×	✓	✓	✓	✓	×	✓	✓	×	✓	✓	×	✓	✓	✓	Critically Low
Gaffney et al	2021	✓	✓	✓	✓	×	×	✓	✓	✓	×	✓	✓	✓	✓	✓	×	Moderate
Gavine et al	2016	✓	×	✓	✓	×	×	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Graham et al	2021	✓	×	✓	✓	×	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Grønnerød et al	2015	✓	×	×	✓	×	✓	✓	✓	✓	×	✓	✓	✓	✓	×	✓	Critically Low
Harrison et al	2022	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	–	–	✓	✓	–	✓	Low
Hensums et al	2023	✓	×	✓	✓	×	✓	✓	✓	×	×	✓	×	×	✓	✓	✓	Critically Low
Heyeres et al	2021	✓	×	×	×	×	✓	×	✓	✓	×	–	–	×	✓	–	✓	Critically Low
Hielscher et al	2021	✓	✓	✓	✓	×	✓	×	✓	✓	×	–	–	×	✓	–	✓	Low
Hossain et al	2018	✓	×	✓	✓	✓	×	×	✓	✓	×	–	–	×	✓	–	✓	Critically Low
Houchins et al	2016	✓	×	×	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Howey et al	2022	✓	×	×	✓	✓	✓	×	✓	×	×	–	–	✓	✓	–	✓	Critically Low
Hutson et al	2018	✓	×	✓	✓	×	×	×	✓	✓	×	–	–	×	×	–	×	Critically Low
Jennings et al	2019	✓	×	×	✓	✓	✓	×	✓	✓	✓	–	–	✓	✓	–	✓	Low
Jiménez-Barbero et al	2012	✓	×	✓	×	×	×	×	✓	×	×	–	–	×	×	–	×	Critically Low

Authors	Year	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	Confidence
Jiménez-Barbero et al	2016	✓	×	✓	✓	×	✓	×	✓	×	×	✓	✓	✓	✓	✓	×	Critically Low
Jiménez-Barbero et al	2020	✓	✓	×	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	High
Kamaruddin et al	2023	✓	×	✓	✓	×	×	✓	✓	✓	×	×	×	×	✓	×	✓	Critically Low
Kanine et al	2015	✓	×	✓	✓	×	×	×	✓	✓	×	–	–	✓	✓	–	×	Low
Kemmis-Riggs et al	2018	✓	✓	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	High
Kettrey & Marx	2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	×	✓	×	✓	Critically Low
Kettrey et al	2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Kovalenko et al	2022	✓	✓	✓	✓	×	×	×	✓	✓	×	–	–	✓	✓	–	✓	Moderate
LaBrenz et al	2020	✓	×	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Langford et al	2014	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	High
Långström et al	2013	✓	×	×	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Lee & Wong	2022	✓	×	✓	✓	✓	✓	×	✓	×	×	✓	✓	×	✓	✓	×	Critically Low
Soraya Lester et al	2017	✓	×	✓	✓	×	×	✓	✓	✓	×	–	–	×	×	–	✓	Critically Low
Sarah Lester et al	2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	–	–	✓	×	–	✓	High
Levy et al	2020	✓	×	✓	✓	×	✓	×	✓	✓	×	–	–	✓	×	–	✓	Low
Little et al	2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Lu et al	2023	✓	✓	✓	✓	✓	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	High
MacArthur et al	2018	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	High
Maclean et al	2016	✓	×	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Majed	2018	✓	×	×	✓	✓	✓	×	✓	✓	×	–	–	×	✓	–	×	Critically Low
Marx & Kettrey	2016	✓	×	✓	✓	✓	✓	×	✓	×	×	✓	✓	✓	✓	✓	✓	Critically Low
McGinn et al	2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	High
McGovern et al	2021	✓	×	✓	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	Low
McLean et al	2017	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	–	–	✓	✓	–	×	High
McNaughton Reyes et al	2021	✓	×	✓	✓	✓	✓	×	✓	✓	×	–	–	×	✓	–	✓	Critically Low
McPhail & Olver	2020	✓	×	✓	✓	×	✓	×	×	✓	×	✓	✓	✓	✓	✓	✓	Low
Meinck et al	2019	✓	✓	✓	✓	✓	×	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Melendez-Torres et al	2016	✓	✓	✓	✓	✓	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Melendez-Torres et al	2018	✓	✓	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	High
Melendez-Torres, Bonell, et al	2023	✓	✓	✓	✓	✓	✓	×	✓	×	×	–	–	×	✓	–	✓	Critically Low
Melendez-Torres, Ponsford, et al	2023	✓	✓	✓	✓	✓	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	High

Authors	Year	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	Confidence
Mertens et al	2020	✓	✓	✓	✓	✓	✓	×	×	×	×	✓	✓	×	✓	✓	✓	Critically Low
Mikhail & Nemeth	2016	✓	×	×	✓	×	×	×	✓	✓	✓	–	–	×	✓	–	✓	Critically Low
Montgomery et al	2022	✓	✓	✓	✓	×	✓	✓	✓	✓	×	✓	×	✓	✓	✓	✓	Moderate
Ng et al	2022	✓	×	✓	✓	✓	✓	×	✓	✓	×	✓	×	✓	✓	✓	✓	Low
Niccols et al	2012	✓	×	×	✓	×	✓	×	✓	✓	×	–	–	×	✓	–	✓	Critically Low
Nyoni et al	2023	✓	×	×	✓	✓	✓	×	✓	×	×	–	–	✓	✓	–	✓	Critically Low
Olié et al	2023	✓	✓	✓	✓	×	×	×	✓	✓	×	–	–	✓	×	–	✓	Moderate
Park & Kim	2023	✓	×	✓	✓	×	×	×	✓	✓	×	✓	×	×	✓	✓	✓	Critically Low
Pérez-Martínez et al	2023	✓	×	×	✓	✓	×	×	✓	✓	×	–	–	×	✓	–	✓	Critically Low
Piolanti & Foran	2022a	✓	×	✓	✓	✓	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	Low
Piolanti & Foran	2022b	✓	×	✓	✓	✓	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	Low
Piolanti et al	2022	✓	×	✓	✓	✓	✓	×	✓	✓	×	✓	✓	✓	✓	✓	✓	Low
Polanin et al	2022	✓	✓	×	✓	×	×	×	✓	✓	×	✓	✓	✓	✓	✓	✓	Moderate
Quail & Ward	2022	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	–	–	✓	✓	–	✓	Low
Ranney et al	2019	✓	×	×	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Rose	2020	✓	×	×	✓	×	×	×	✓	✓	×	–	–	✓	×	–	×	Low
Rose-Clarke et al	2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	–	–	✓	✓	–	✓	High
Rudolph et al	2024	✓	✓	×	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	Moderate
Salam et al	2016	✓	×	×	✓	✓	✓	×	✓	✓	×	✓	✓	✓	✓	×	✓	Critically Low
Santaella-Tenorio et al	2016	✓	×	✓	✓	×	×	×	✓	×	×	–	–	×	✓	–	✓	Critically Low
Schmucker & Lösel	2017	✓	✓	✓	✓	×	✓	✓	✓	×	×	✓	✓	✓	✓	✓	✓	Low
Scott et al	2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Shackleton et al	2016	✓	×	✓	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Shea et al	2010	×	×	×	✓	✓	×	✓	✓	✓	×	–	–	×	✓	–	×	Critically Low
Silva et al	2017	✓	×	✓	✓	×	×	×	×	✓	×	–	–	✓	✓	–	×	Low
Sivaraman et al	2019	✓	×	✓	✓	×	×	✓	✓	✓	×	–	–	✓	✓	–	✓	Low
Skeen et al	2019	✓	✓	✓	✓	✓	✓	×	✓	✓	×	✓	×	×	✓	✓	✓	Low
Sneddon et al	2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	–	✓	✓	–	✓	High
Soldino & Carbonell-Vayá	2017	✓	×	✓	✓	×	✓	×	✓	✓	×	✓	✓	✓	✓	×	✓	Critically Low
Sousa et al	2023	✓	×	×	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Spangaro et al	2021	✓	✓	×	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	✓	Moderate

Authors	Year	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	Confidence
St-Amand et al	2022	✓	×	✓	✓	×	✓	×	✓	✓	×	✓	×	×	✓	✓	✓	Critically Low
Stanley et al	2015	✓	×	✓	✓	×	×	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Stark et al	2022	✓	×	✓	✓	✓	×	×	✓	×	×	–	–	✓	✓	–	✓	Critically Low
Strong et al	2016	✓	×	×	✓	✓	✓	×	✓	×	×	–	–	✓	✓	–	✓	Critically Low
Suto et al	2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	–	–	✓	✓	–	✓	High
Tait & Lenton	2015	✓	×	✓	✓	×	×	✓	✓	✓	×	–	–	✓	✓	–	✓	Low
Taylor et al	2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	×	✓	✓	✓	✓	High
ter Beek, Kuiper, et al	2018	✓	×	✓	✓	×	×	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	Low
ter Beek, Spruit, et al	2018	✓	×	✓	✓	×	✓	✓	✓	✓	×	✓	✓	×	✓	✓	✓	Critically Low
Tinner et al	2018	✓	✓	✓	✓	×	×	✓	✓	✓	×	✓	×	×	✓	×	✓	Critically Low
UNICEF	2020	✓	×	✓	✓	×	×	×	✓	✓	×	–	–	✓	✓	–	×	Low
van der Stouwe	2014	✓	×	✓	✓	×	×	×	✓	✓	×	✓	✓	✓	✓	✓	×	Low
Verbeek et al	2023	✓	✓	×	✓	×	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Moderate
Villardón-Gallego et al	2023	✓	×	×	✓	×	×	×	✓	✓	×	–	–	×	✓	–	✓	Critically Low
Wade et al	2022	✓	✓	✓	✓	×	✓	×	×	✓	×	✓	✓	✓	✓	✓	✓	Moderate
Wachter & Wekerle	2015	✓	×	×	✓	×	×	×	✓	×	×	–	–	✓	✓	–	×	Critically Low
Walsh et al	2015	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	High
Walton & Chou	2015	✓	×	✓	✓	×	×	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Whitaker et al	2013	✓	×	✓	×	×	✓	×	✓	×	×	–	–	×	×	–	×	Critically Low
Willoughby et al	2024	✓	×	×	✓	✓	✓	×	✓	✓	×	–	–	✓	✓	–	✓	Low
Winokur et al	2014	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	×	✓	✓	High
Yoon et al	2018	✓	×	×	✓	✓	×	×	✓	✓	×	–	–	✓	✓	–	×	Low
Yosep et al	2022	×	×	×	✓	×	×	×	✓	✓	×	–	–	✓	×	–	✓	Low
Yosep, Hikmat, Mardhiyah, et al	2023	×	×	✓	✓	×	×	×	✓	✓	×	–	–	✓	×	–	✓	Low
Yosep, Hikmat, & Mardhiyah	2023a	×	×	✓	✓	×	×	×	✓	✓	×	–	–	✓	×	–	✓	Low
Yosep, Hikmat, & Mardhiyah	2023b	×	×	✓	✓	×	×	×	✓	✓	×	–	–	✓	×	–	✓	Low
Yount et al	2017	✓	×	✓	✓	×	×	×	✓	✓	✓	–	–	×	✓	–	✓	Critically Low
Zhang et al	2021	✓	×	✓	✓	✓	×	×	✓	×	×	✓	✓	✓	✓	×	✓	Critically Low

✓ Yes, × No, – Not Applicable (i.e., meta-analysis was not conducted)

AMSTAR2 Domains: (1) PICO 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) Account for risk of bias in interpretation; (14) Analysis of heterogeneity; (15) Analysis of publication bias; (16) Report conflicts of interest.

Confidence Levels: **High** (No or one non-critical weakness); **Moderate** (More than one non-critical weakness); **Low** (One critical flaw with or without non-critical weaknesses); **Critically Low** (More than one critical flaw with or without non-critical weaknesses)

Appendix 5.10: Detailed Syntheses & Evidence Ratings.

This section provides a detailed narrative synthesis for each identified INSPIRE intervention. The programmes are then ranked based on 1) the amount of evidence, 2) the quality of the evidence, and 3) the consistency of effectiveness (see decision matrix in Appendix 5.5). These rankings guide which interventions should be prioritised for implementation. Where available, we have included the proportion of the relevant primary studies that are based on LMIC samples; however, this information is not available for several articles, including for reviews of reviews which do not often provide sufficient information on primary studies. Outcomes are described in terms of how the reviews classified the evidence, but where necessary, we have added additional details based on the primary studies.

IMPLEMENTATION & ENFORCEMENT OF LAWS:

Strategy Overview.

This strategy includes seven reviews. The original INSPIRE framework was published in 2016 and rated all laws concerned as Prudent (WHO, 2016). Since that time, there have been strong-quality and effective programme evaluations in HICs only, including one on antibullying legislation, which was not captured in the 2016 framework. Nonetheless, there has been no substantive change in the status of the evidence of effectiveness since the original INSPIRE framework was published.

Laws banning violence against children.

This section contains references for four included reviews.

Violent Punishment: These laws “specifically prohibit punishment of children by parents, teachers, or other caregivers or authorities” (WHO, 2018, p. 39). One high-confidence review of reviews (Cuartas et al., 2024) identified three weak-quality reviews (Klevens & Whitaker, 2007; Krugman et al., 2007; Zolotor & Puzia, 2010) investigating laws that ban corporal punishment. The evidence of effectiveness is inconsistent and of variable quality. The primary studies often relied on observational data in non-randomised studies without control groups, which undermines causal inference for the impacts of prohibitions on physical punishment practices. There is similarly inconsistent evidence on

implementation of these laws to change attitudes related to corporal punishment (Cuartas et al., 2024). Changes in attitudes is a potential pathway between implementation of laws and reductions in violence.

Sexual Abuse & Exploitation: These laws “define, criminalise, and offer mechanisms for prosecution of all acts of sexual abuse and exploitation, as well as provide for protection and support for child victims” (WHO, 2018, p. 39). One low-confidence review of actions and interventions to address child sexual abuse and exploitation (UNICEF, 2020) [24% of relevant studies from LMICs] identified prudent evidence that several key laws and policies that are necessary for creating an enabling national environment, such as ratifying the UN Convention on the Rights of the Child, banning child marriage, prosecuting adult offenders, harmonising global laws on online violence, and improving access to support services.

Youth Violence: One low-confidence review (Coulter et al., 2019) [0% LMICs] included a single, strong-quality evaluation (Seelman & Walker, 2018) of two laws in the United States: 1) State-level general antibullying law and 2) State-level antibullying law enumerating sexual-minority populations as a protected class. The laws were associated with up to 7.5% of sexual-minority youth reporting reductions in bullying victimisation. There were positive equity effects (higher impact) for sexual minority boys aged <16 years.

Violence Against Women & Girls: One critically low-confidence review (DeGue et al., 2014) [no information on countries of primary studies] included two federal funding programmes in the United States on addressing sexual violence against women. However, these effects were not disaggregated by age, so the studies are excluded from this synthesis. A review of reviews to evaluate the effectiveness of interventions in reducing violence against women was recently published (Ullman et al., 2025) and is a technical update to the RESPECT Framework (WHO, 2019a). When available, intervention impacts on violence against women, primarily maternal IPV victimisation, are reported throughout the intervention categories in this appendix.

SUMMARY: There is limited recent evidence for the implementation and enforcement of laws banning various forms of violence against children. The few available studies have mixed findings with significant methodological limitations. However, laws and policies such as bans on corporal punishment have been identified as essential to creating an enabling environment for interventions to reduce violence.

	HICs	LMICs
Laws banning corporal punishment by parents, teachers, or other caregivers	Prudent	Prudent
Laws banning the sexual abuse and exploitation of children	Prudent	Prudent
Antibullying legislation (including designating sexual and gender minorities as a protected class)	Emerging	No new systematic reviews

Laws preventing problem alcohol use.

WHO defines laws preventing problem alcohol use as “laws [that] aim to reduce excessive alcohol consumption by increasing the price, establishing minimum age for purchase, limiting times and days of sale, and reducing the density of outlets” (2018, p. 39). Excessive alcohol assumption is a key risk factor for violence experiences in childhood perpetrated by peers or adults (WHO, 2016). This section contains references from two included reviews. The review with the most evidence was critically low-confidence (Baldwin et al., 2022) [0% LMICs] and investigated the impact of multiple alcohol-supply reduction policies on violence against children and noted inconclusive findings on youth violence as well as limited or no evidence on child maltreatment and intimate partner violence against adolescents, respectively. The review highlighted the need for more research to examine the impact of all-age alcohol policies on children and adolescents (Baldwin et al., 2022, p. 14). To this end, several WHO frameworks and strategies have been endorsed by member states for reducing population-level access to alcohol and problem alcohol use, regardless of age group.

Minimum alcohol-drinking age: Two legislative changes for lowering the minimum legal drinking age (from age 20 to 18 in New Zealand and from age 21 to 18 in Australia) were evaluated for their impact

on youth violence. One evaluation in New Zealand found initial increases in weekend hospitalised assaults among adolescents aged 15-17, but the effect became non-significant over time (Kypri et al., 2014) [strong quality]. This policy coincided with implementation of another policy change allowing beer to be sold in grocery stores, which may partially confound the initial findings. Another study in New Zealand among Indigenous adolescents found no impact on assault victimisation from the policy change (Kypri et al., 2015) [strong quality]. The evaluation in Australia found no significant change in assault victimisation among children and adolescents (Laslett et al., 2018) [strong quality].

Taxation & price control (minimum floor pricing): One primary study in Australia (Coomber et al., 2020) [strong quality] found taxation and price control (minimum floor pricing) to be associated with reduced rates of child protective services involvement (investigations, orders, and out-of-home care). However, there were concurrent changes in data reporting on child maltreatment, which the authors suggest may undermine the confidence in study findings.

Trading restrictions: Two studies evaluated the introduction of laws on trading restrictions in the United Kingdom (Peirce & Boyle, 2011) [weak quality] and in New Zealand (Connor et al., 2021) [strong quality] on youth violence (i.e., hospitalised assaults) among children and adolescents. Both studies evaluated the removal of 24-hour liquor licences, of which one also set trading hours (Connor et al., 2021). Neither study found significant changes in assault. A critically low-confidence review (Shea et al., 2010) [0% LMICs] also included a non-randomised study (Douglas, 1998) [weak quality] that evaluated restricted trading hours in a primarily Indigenous community in Australia and found no impact on domestic violence.

SUMMARY: The primary review (Baldwin et al., 2022) concludes the studies on laws preventing problem alcohol use have mixed findings on youth violence with significant methodological limitations. None of the primary studies included in the reviews were conducted in a LMIC. Only one primary study was identified that evaluated the impacts of alcohol-supply reduction policies on child maltreatment.

	HICs	LMICs
Minimum alcohol-drinking age (policy change) on youth violence	Prudent	Prudent
Taxation & price control on child maltreatment	Prudent	Prudent
Trading restrictions on youth violence	Prudent	Prudent

Laws limiting youth access to firearms and other weapons.

“These laws provide stricter licensing requirements for firearms, combined with targeted enforcement and other measures to prevent illegal access to firearms and other weapons by children and youth” (WHO, 2018, p. 39). This section contains a reference from one included review. This critically low-confidence review (Santaella-Tenorio et al., 2016) [0% LMICs] examined laws for preventing child access to firearms (i.e., safe storage). The review concludes that child access prevention laws are effective in reducing unintentional firearm deaths among children. Three strong-quality primary studies evaluated the effectiveness of these laws in the United States on unintentional firearm deaths, of which two identified significant reductions among children aged <15 years (Incidence Rate Ratio, IRR= 0.77 [0.63, 0.94], (Cummings, 1997); Relative Risk, RR= 0.78 [0.61, 0.99], (Hepburn et al., 2006)) and one found no impact (Lott & Whitley, 2001). Preliminary evidence also suggests there are larger intervention effects (i.e., greater reductions in unintended firearm deaths among children) if the policy allows for offender prosecution (Cummings, 1997). This study (Cummings, 1997) [strong quality] also evaluated the association of these laws with youth homicides and found no statistically significant effects. Two primary studies found reductions in unintentional firearm-related injuries among children and adolescents ((DeSimone et al., 2013) [strong quality]; (J. Lee et al., 2013) [weak quality]). No synthesis was identified which isolated the impact of population-wide legislation on firearms in reducing violence against children.

SUMMARY: There is promising evidence for child access prevention laws to reduce unintentional firearm deaths among children as well as emerging evidence on unintentional firearm-related injuries.

There is limited evidence on the impact of other firearm-related policies on violence against children. Research is available from only the United States.

	HICs	LMICs
Child access prevention laws on <i>Youth homicide</i>	Prudent	Prudent
Child access prevention laws on <i>Unintentional firearm deaths</i>	Promising evidence	Prudent
Child access prevention laws on <i>Unintentional firearm-related injuries</i>	Emerging evidence	Prudent

NORMS & VALUES:

Strategy Overview.

This strategy includes 22 reviews. Norms-related interventions were all rated as Promising in the 2016 framework and there have been additional strong-quality and effective evaluations since the 2016 publication. Community mobilisation interventions have the strongest evidence of effectiveness. Media campaigns were not included in the 2016 framework, but more evidence is needed before recommending that the intervention be prioritised for implementation. The evidence in this strategy does not significantly differ between HICs and LMICs.

Community mobilisation.

These interventions include “efforts to engage individuals, groups, and organisations throughout the community to collaboratively address a problem or create change, through participatory and capacity-building approaches” (WHO, 2018, p. 70). This section contains references for 14 interventions from nine included reviews.

A moderate-confidence review (Atienzo et al., 2017) [44% LMICs] included two community mobilisation interventions. One study in El Salvador (Berk-Seligson et al., 2014) [strong quality] implemented the *Central America Regional Security Initiative*, which involved multiple components including youth skill development, family counselling, social messaging (i.e., radio), and community

leader involvement in conflict resolution. Adults were surveyed as part of the evaluation, which identified reductions in the perception of youth gang involvement by 14% as well as general perceptions of reduced homicide and gang fights in the community (40% and 12%, respectively). The second study was of *Fica Vivo* (Staying Alive), which was implemented in Brazil and included police deployment, youth skill development, and community action on local problems, such as health or education (Silveira et al., 2010) [weak quality]. The evaluation found the average monthly homicides decreased by 52-69% up to at least seven years post-intervention. Although the intervention had components targeted to young people, no disaggregated effects were provided to investigate the impact on homicide rates among children and adolescents (victimisation or perpetration).

A high-confidence review (Rose-Clarke et al., 2019) [100% LMICs] included a peer-based intervention in India implementing edutainment and was guided by a community advisory board which involved village council leaders or teachers. This intervention – *Yuva Mitra* (Friend of Youth) – covered multiple topics and found reductions in youth-perpetrated physical abuse (urban, OR= 0.59 [0.40, 0.87] and rural, OR= 0.29 [0.15, 0.57]) and reductions in sexual abuse victimisation (urban only, OR= 0.19 [0.09, 0.41]) among adolescents (Balaji et al., 2011) [weak quality]. There was no impact on physical abuse victimisation (urban or rural).

One low-confidence review (Dedios Sanguinetti et al., 2023) [0% LMICs] identified three interventions in the United States (one strong-quality) with role models (two with peer role models, one with adult role models). These studies each identified reductions in youth violence (perpetration or victimisation), but these changes were independent of social norms, which were unchanged from the interventions. A moderate-confidence review (Barton et al., 2020) [0% LMICs] included one strong-quality evaluation from the United States (Wiist et al., 1996), which involved both youth and community-adult role models as well as providing parenting education; the evaluation also found reductions in youth violence perpetration (fighting).

A low-confidence review (Baidawi et al., 2023) [0% LMICs] found several evaluations that implemented *Communities That Care*, which involved the “formation of community coalitions of members of the public, local authorities and stakeholders that work together to plan and implement activities” (Baidawi et al., 2023, p. 8). Across five evaluations, there is consistent evidence for reduced delinquency (e.g., OR= 0.90 [0.83, 0.98], a 2% reduction in one year for arrest in the past year), but evidence suggests there was no impact in reducing physical assault (e.g., attacking to hurt) and there was possible harm in increased gang involvement among youth (OR= 1.09, [1.09, 1.17]) (Chilenski et al., 2019) [strong quality].

The same low-confidence review included mixed evidence of effectiveness for *Operation Ceasefire*, which was implemented in the United States and is a “deterrence and a multi-agency programme that targets those at high risk of violence alongside universal preventive work through approaches including policing, community mobilisation and mentoring by ex-offenders” (Baidawi et al., 2023, p. 10) [0% LMICs]. Across the seven evaluations, four included significant reductions in youth violence (assault, gun-related violence, and physical violence) and three studies had mixed findings. Most primary studies for this intervention were rated as strong quality. The review concluded that multicomponent programmes that address risk factors across the youth population and also target components to at-risk youth (including those currently perpetrating violence), aimed to address serious forms of youth violence (e.g., gun violence or homicide), and engaged community leaders were more effective (Baidawi et al., 2023, pp. 70–71).

Another low-confidence review noted that community mobilisation interventions are more effective in reducing child sexual abuse victimisation when parents are involved (UNICEF, 2020) [24% LMICs]. A low-confidence review (Levy et al., 2020) [67% LMICs] includes two additional interventions that have been identified as effective in reducing violence and improving gender-equitable attitudes. First, a programme in Uganda (*Gender Roles, Equality, and Transformations – GREAT*) found reductions in sexual assault perpetration among adolescent boys and improved gender-equitable attitudes (Dagadu et al., 2016) [strong quality]. Second, a programme in Ethiopia (*Male Norms Initiative*) demonstrated

reduced physical IPV perpetration toward adolescent girls and young women and improvements in gender-equitable attitudes (Pulerwitz et al., 2010) [strong quality].

Next, a low-confidence review (Bacchus et al., 2024) [67% LMICs] included an evaluation of *SASA!* (Uganda), which was cited for its impacts in reducing both maternal physical and sexual IPV victimisation and child exposure to IPV. However, significant methodological limitations challenge the accuracy of the confidence intervals for effect sizes on child exposure so results need to be interpreted with caution (Kyegombe et al., 2015). This intervention informed another community-based primary prevention programme in Rwanda (*Indashyikirwa*), which combined community activism, life-skills training for adults on healthy relationships, and safe spaces in supporting victims of violence. The evaluation found reductions in both violence against children (violent punishment and child witnessing IPV) and maternal IPV victimisation (Dunkle et al., 2020; Stern et al., 2022) [strong quality]. Lastly, a critically low-confidence review (McNaughton Reyes et al., 2021) [38% LMICs] included *Engaging Boys & Men* – a community-based intervention in Ethiopia – that found no significant impact in reducing adolescent IPV perpetration (composite including physical, sexual, or emotional violence) in the community-engagement-only arm and no impact when also supplemented with group intervention (Pulerwitz et al., 2015) [strong quality].

SUMMARY: Community mobilisation is often part of multicomponent interventions and there are examples of effective interventions in both HICs and LMICs, with varying quality evidence. Where evidence exists, improvements in harmful attitudes on gender or violence do not appear to be closely correlated with reductions in violence.

	HIC	LMIC
Community mobilisation on youth violence	Promising evidence	Not currently supported by evidence
Community mobilisation on IPV or non-intimate partner sexual violence against adolescents	No new systematic reviews	Promising evidence

Bystander interventions.

These interventions can be school- or community-based and “teach skills to recognise and intervene in IPV, sexual assault or harassment, or peer violence” (WHO, 2018, p. 70). This section contains references from 13 included reviews.

There was one high-confidence meta-analysis (Kettrey et al., 2019) [4% LMICs, see Miller et al (2014) discussed below], which identified studies of bystander interventions to address youth-perpetrated sexual assault. All of the included studies were school based. Of the six studies measuring sexual assault perpetration (out of 27 studies total), there was no overall impact from the intervention for any time point up to one year post intervention. Further, no primary study had a statistically significant, standardised effect size. No primary studies reported the impact of bystander interventions on sexual assault victimisation.

The effects on violence perpetration were null despite overall positive impacts on bystander outcomes, a protective factor (Kettrey et al., 2019). Bystander efficacy and intervention remained effective at four-months post-intervention ($g = 0.50$ [0.31, 0.68] and $g = 0.27$ [0.19, 0.36], respectively). Although there was a delayed effect in bystander intentions to intervene (no impact at intervention conclusion but $g = 0.41$ [0.15, 0.68] at 1-4 months post-intervention), the impacts were maintained – albeit reduced – at 12-months post-intervention ($g = 0.23$ [0.03, 0.43]). Effects on taking responsibility for intervening ($g = 0.32$ [0.04, 0.61]) and one study measuring knowledge of strategies for intervening ($g = 0.63$ [0.43, 0.83]) were only significant 1-4 months post-intervention. Participants’ ability to identify a situation as appropriate for intervention was significant at 1-4 months post-intervention ($g = 0.39$ [0.23, 0.55]). No primary studies of adolescent populations assessed the outcome at later time points.

There were mixed effects on other attitudes (Kettrey et al., 2019). Reductions in rape myth acceptance (a measure of attitudes toward sexual assault) had the greatest evidence of effectiveness post-intervention ($g = 0.37$ [0.13, 0.61]) and this impact persisted through at least 6-7 months post-

intervention. However, there were limited to no impacts on gender-equitable attitudes, victim empathy, date-rape attitudes, or noticing sexual assault.

In assessing potential effect modifiers, the authors found that age, education level, and gender distribution did not predict the magnitude of the effect on bystander intervention (Kettrey et al., 2019). The analysis also found no evidence of a moderation effect on bystander intervention from gendered portrayals of perpetrators and victims or gendered implementation (mixed- or single-sex settings).

A linked (critically low-confidence) meta-analysis examined a sub-set of these studies – those conducted in the United States – and concluded with similar findings as the global review (Kettrey et al., 2019) that there was a small effect of bystander interventions on bystander behaviour ($g = 0.28$ [0.19, 0.36]), but there was no impact on youth-perpetrated sexual assault (Kettrey & Marx, 2019) [0% LMICs].

Three other critically low-confidence reviews found conflicting results. One meta-analysis (Park & Kim, 2023) [25% LMICs] found bystander intervention programmes were effective in improving bystander behaviour for IPV and sexual assault among adolescents ($g = 0.44$ [0.24, 0.65]). No direct violence measures were identified in the primary studies included in the review. Among six studies (out of 38 total) included in a meta-analysis of adolescent dating violence prevention programmes, there was no impact on bystander behaviour from the intervention (C. Lee & Wong, 2022) [0% LMICs]. Lastly, one review (Finnie et al., 2022) [0% LMICs] found that there was a median relative increase of 18% [interquartile interval = 3, 35] in bystander action up to six-months post intervention, but the effects did not sustain long-term. This review also noted possible iatrogenic effects (i.e., less bystander action) from two trials (Finnie et al., 2022).

A moderate-confidence review of reviews (Kovalenko et al., 2022) concluded that interventions with components on bystander education was associated with improved bystander behaviour (i.e., more likely to intervene in instances of suspected or actual cases of violence). While these behaviour changes

can reduce the risk of violence, the review found limited or no evidence linking bystander education to direct reductions in perpetration (by youth) or victimisation of either IPV or sexual assault. Further, one meta-analysis (Polanin et al., 2012) [weak quality] included in the review of reviews did not conduct risk of bias assessments and did not apply appropriate statistical methods to meta-analyse data (Kovalenko et al., 2022). However, the analysis found consistent effectiveness of antibullying interventions with a bystander component to have a small, statistically significant effect size on bystander behaviour ($g = 0.20 [0.11, 0.29]$). A critically low-confidence review of digital interventions for bullying or cyberbullying prevention (Q. Chen et al., 2023) [0% LMICs] suggests bystander training to be an effective intervention component, though this is based on limited evidence.

Among low and critically low-confidence reviews, several programmes with evidence of effectiveness were identified. *Coaching Boys into Men* (E. Miller et al., 2012, 2013) [strong quality] – a norm-change intervention in the United States with a bystander component – was cited in several reviews (e.g., Graham et al., 2021; Levy et al., 2020; McNaughton Reyes et al., 2021). This intervention was based on social norms change theory with a focus on challenging gender power inequity. There was a delayed intervention effect: There was no impact on dating violence perpetration (composite measure for physical, sexual, or psychological abuse) three-months post-intervention; however, there were significant reductions ($d = -0.15 [-0.27, -0.03]$) at one-year follow-up (E. Miller et al., 2013).

Coaching Boys into Men was also modified and implemented in India for a male cricket team (E. Miller et al., 2014). This adapted intervention [strong quality (Kettrey et al., 2019)] was also cited in multiple included reviews (e.g., Catalano et al., 2019; Pérez-Martínez et al., 2023). There were no significant effects on sexual assault perpetration, bystander intention or intervention, or attitudes disapproving of violence against women. Although the primary evaluation noted improvements in gender-equitable attitudes (E. Miller et al., 2014), the effect was statistically insignificant when the effect size was standardised for meta-analysis ($g = 0.05 [-0.30, 0.40]$) (Kettrey et al., 2019).

Among other effective interventions, a critically low-confidence review (McNaughton Reyes et al., 2021) included *Green Dot* (Coker et al., 2017) [weak quality], an intervention in the United States which found positive impacts on violence victimisation and perpetration, especially for girls. This intervention primarily aims to reduce violence through increasing bystander knowledge and behaviour, whereas other interventions, such as *Coaching Boys Into Men*, primarily aim to reduce violence through changing social norms. Another low-confidence review (Levy et al., 2020) included the *Gender Equity Movement in Schools (GEMS)* intervention in India (Achyut et al., 2016) [strong quality] found improved bystander action from boys in instances of physical violence and from girls in instances of emotional violence. There were also reductions in violence perpetration by boys and improved attitudes on violence acceptability by both boys and girls. However, these reviews also include primary evidence that norms-based interventions do not have significant effects on bystander outcomes (Dedios Sanguinetti et al., 2023; Levy et al., 2020).

SUMMARY: In the one high-confidence meta-analysis available (Kettrey et al., 2019), there were no statistically significant effects from bystander interventions on sexual assault perpetration, despite evidence that the intervention can improve bystander outcomes. Additionally, no primary study had a significant effect size on sexual assault perpetration and no primary study evaluated whether bystander interventions impact violence victimisation.

	HIC	LMIC
Bystander intervention on sexual violence (including youth violence)	Not currently supported by evidence	Not currently supported by evidence

Media campaigns.

These public-awareness campaigns aim to reduce violence acceptance at the population level and can include media disseminated through one or more platforms. This section contains references from five included reviews.

A high-confidence review of reviews (Cuartas et al., 2024) found mixed evidence on media campaigns for reducing violence against children in the home (three reviews showing mostly positive impacts and an additional three reviews showing mixed results); one weak-quality review (Poole et al., 2014) included in the review of reviews focused specifically on universal campaigns in HICs and found positive evidence in addressing multiple forms of physical child abuse, including abusive head trauma among infants. However, the strength of these conclusions is limited as the review did not account for risk of bias in the primary studies, among multiple other issues in quality.

A low-confidence review of reviews (Family Planning Victoria, 2016) did not find evidence to support conclusions that media campaigns can reduce IPV against adolescents. However, the review of reviews cites one weak-quality review (Jewkes et al., 2015), which found favourable but mixed evidence on improving violence-related attitudes for adolescent boys in both HICs and LMICs. Another low-confidence review (UNICEF, 2020) [24% LMICs] notes that more research is needed on social marketing campaigns, such as *Soul City* in South Africa, before recommending these interventions to address child sexual abuse.

There was one low-confidence review (Cassidy et al., 2016) [0% LMICs] on media campaigns for addressing youth violence, which designated the evidence base as inconclusive. One randomised study of a multicomponent programme (*Resolve It, Solve It*) in the United States (Swaim & Kelly, 2008) [weak quality (Dedios Sanguinetti et al., 2023)] found significant effects for reductions in physical and verbal violence victimisation among youth. The review authors (Cassidy et al., 2016) highlight this article to argue the need for media campaign interventions to be part of multicomponent programmes rather than as a stand-alone intervention. This also matches similar conclusions about media campaigns for addressing risk factors of IPV among young people (Family Planning Victoria, 2016).

The evidence from the remaining five primary studies on youth violence (Cassidy et al., 2016) [0% LMICs] were inconclusive due to inherent challenges of measuring the association between exposure to media campaigns and violence outcomes and accounting for confounders. Nonetheless, two of the

remaining five studies were also rated as strong quality and both had at least one improved measure of violence attitudes. One potential iatrogenic effect was identified: One study (Winkel & De Kleuver, 1997) [strong quality] found that in subgroup analyses, harmful effects were identified for "re-enforced macho stereotypes and rape myths among boys" (Cassidy et al., 2016, p. 25).

SUMMARY: Evaluations of media campaigns often had methodological limitations. There is inconsistent evidence on the impact of media campaigns for reducing violence against children in the home for both HICs and LMICs (Cuartas et al., 2024). There is inconclusive evidence of effectiveness for media campaigns on youth violence, but where strong-quality evidence exists (HICs only), there are examples of effective interventions (Cassidy et al., 2016). Reviews suggest integrating media campaigns as part of multicomponent interventions to address violence against children.

	HIC	LMIC
Media campaigns on <i>child maltreatment</i>	Not currently supported by evidence	Not currently supported by evidence
Media campaigns on <i>IPV against adolescents</i>	Not currently supported by evidence	Not currently supported by evidence
Media campaigns on <i>youth violence</i>	Not currently supported by evidence	No new systematic reviews

SAFE ENVIRONMENTS:

Strategy Overview.

This strategy includes 16 reviews. Interventions fostering safe environments were all rated as Promising in the 2016 INSPIRE framework. There has been no substantive change in the status of the evidence for their effectiveness since publication of the INSPIRE framework. There is more evidence of effectiveness available for HICs than for LMICs and most interventions in this strategy are often implemented as part of multicomponent programmes. Evaluations on creating safe spaces were added to the list of INSPIRE interventions as part of this update, but more research is needed before recommending prioritisation.

Reducing violence by addressing “hotspots”.

This category of interventions target efforts to locations or areas where violence is known to regularly occur (WHO, 2018, p. 98). This section contains references for three interventions covered in eight included reviews.

A low-confidence review noted that youth involvement in these interventions is critical, particularly in identifying violence hotspots (UNICEF, 2020) [24% LMICs].

There is promising evidence of intervention effectiveness such as *Shifting Boundaries* (Building-level Intervention), which is a randomised controlled trial from the United States that included three components: “Temporary building-based restraining orders, poster campaign to increase awareness [and reporting] of dating violence, ‘hotspot’ mapping and [increased] school staff monitoring” (DeGue et al., 2014, p. 353). The researchers found significant reductions in sexual harassment among youth (perpetration and victimisation), peer sexual violence (perpetration and victimisation), and dating sexual violence (victimisation only) (B. G. Taylor et al., 2011, 2013) [weak quality (De Koker et al., 2014)]. This intervention was identified in multiple included reviews (e.g., De Koker et al., 2014; DeGue et al., 2014; Finnie et al., 2022; Levy et al., 2020; McNaughton Reyes et al., 2021; Stanley et al., 2015) [5-67% LMICs]. A critically low-confidence review (Finnie et al., 2022) also included the school-based *Start Strong Initiative*, which had a component dedicated to increased staff monitoring at violence-hotspot locations. The evaluation (S. Miller et al., 2015) [strong quality] found no impact on dating violence victimisation or perpetration (including physical, psychological, or cyber violence). Other interventions for “Safe Schools” (including modifications to the physical school environment) are discussed as part of *Education & life skills*.

One moderate-confidence review (Atienzo et al., 2017) [44% LMICs] included the Brazil-based *Fica Vivo* (Staying Alive) intervention (also discussed under *Community mobilisation*), which included increased policing of high-risk areas, and found the average monthly homicides decreased by 52-69%

up to at least seven years post-intervention (Silveira et al., 2010) [weak quality]; no subgroup effect is provided for youth homicide.

No primary study assessed the impact of hotspot policing alone. Instead, increased policing (including generally or hotspot focused) is often included as one component of a multicomponent intervention that frequently relies on community mobilisation. Interventions with increased policing (not hotspot focused), such as the *Communities That Care* and *Operation Ceasefire* initiatives (Baidawi et al., 2023) [0% LMICs], are discussed above (see *Community mobilisation*).

Further research is needed on population-level hotspot approaches. For example, the original INSPIRE Framework (WHO, 2016) includes the Cardiff Model, which provided real-time data to inform targeted policing strategies. Although the effect is not specific to adolescents or young people, the intervention is associated with significant reductions in violence-related injuries among the general population in hospital emergency departments (Florence et al., 2011).

SUMMARY: Hotspot policing is often part of a multicomponent intervention approach. Three intervention programmes were identified, of which there was no strong-quality primary study with evidence of impact in reducing violence against children. Multiple studies faced significant methodological challenges.

	HICs	LMICs
Hotspot policing in schools on youth violence or dating violence	Not currently supported by evidence	Not currently supported by evidence

Improving the built environment.

Interventions to improve the built environment “[focus] on increasing community safety through environmental planning, design, and infrastructure” (WHO, 2018, p. 99). This section contains references for two included reviews.

One low-confidence review (Baidawi et al., 2023) [0% LMICs] examined place-based interventions to address youth violence in HICs and noted a dearth of evidence on interventions aiming to modify the built environment.

The second low-confidence review (Cassidy et al., 2014) [10% LMICs] evaluated the impact of poverty deconcentration or urban upgrading interventions on youth violence. The strongest evidence is in favour of resettlement interventions, which moved families out of high-poverty communities. The most prominent example is a strong-quality randomised controlled trial of *Moving to Opportunity* in the United States (Katz et al., 2001), which found improvement in the child's perceived safety, the child witnessing someone with a weapon, and the child having seen or heard gunfire. There were also nearly 6% reductions in violent crime victimisation. The other two studies included in the low-confidence review (Cassidy et al., 2014) were from the United States and found significant (40%) reductions in homicide mortality rates, but no significant reductions in assault victimisation (Fauth, 2004; Votruba & Kling, 2009) [strong quality].

The low-confidence review (Cassidy et al., 2014) also included five studies (one weak quality) on urban upgrading interventions, which all noted at least one improved youth violence measure. However, these interventions were all significantly varied in their programme components, such as having outdoor vegetation, improved infrastructure, or exposure to business improvement districts (Cassidy et al., 2014). Therefore, more research is needed to unpack the intervention heterogeneity and replicate successful models before a particular set of programme contents can be recommended for implementation. All urban upgrading interventions were implemented in the United States, except for one study in a LMIC. A controlled pre-post evaluation of the Medellin public works project (Colombia) involved “improved transport, lighting, buildings, and police accessibility” (Cassidy et al., 2014, p. 83) and the researchers found reductions in homicide and a composite violence measure over a five-year period (Cerdeira et al., 2012) [weak quality]; effects were not disaggregated for adolescent populations.

One weak-quality study (Pacific Western Technologies, 2004) evaluated a diversification intervention, which “incentivise[d] law enforcement officers and teachers to purchase HUD [United States Department of Housing & Urban Development] properties in revitalisation zones” (Cassidy et al., 2014, p. 84). One area had decreases in violent crime, whereas another location showed harmful effects with small increases in violent crime (Pacific Western Technologies, 2004). The effects were not disaggregated for adolescent populations.

SUMMARY: The evidence base on interventions to improve the built environment is small and has substantial methodological limitations. There is evidence in support of resettlement interventions in addressing youth violence in HICs. There is substantial heterogeneity in the content of urban upgrading interventions. Only one primary study (a weak-quality evaluation of an urban upgrading intervention) was identified from LMICs. There is no strong-quality evidence in support of diversification interventions.

	HICs	LMICs
Resettlement interventions on youth violence	Promising evidence	No new systematic reviews
Urban upgrading interventions on youth violence	Not currently supported by evidence	Not currently supported by evidence
Diversification intervention on youth violence	Not currently supported by evidence	No new systematic reviews

Creating safe spaces.

These interventions aim to provide physical spaces free from violence to support empowerment, share knowledge, and provide and enhance psychosocial support (Stark et al., 2022). This section contains references from eight included reviews.

A low-confidence review (UNICEF, 2020) [24% LMICs] included preliminary evidence of child-friendly spaces in humanitarian contexts for reducing child sexual abuse (e.g., Ager & Metzler, 2012; Kostelny, 2008; Madfis et al., 2010). These child-friendly spaces “support the resilience and well-being

of children and young people through community organized, structured activities conducted in a safe, child friendly, and stimulating environment” (Save the Children, 2011, p. 2). Within these programmes, the evidence on violence victimisation is sparse and the review notes the need for more research before recommending scale-up. At least one primary study in Iraq (Metzler et al., 2014) and one review (International Federation of Red Cross & Red Crescent Societies, 2017) noted concerns of potentially increased violence on route to, and within, these spaces. However, the low-confidence review (UNICEF, 2020) containing these two papers did not specify their quality.

A critically low-confidence review of interventions on safe spaces for women and girls in humanitarian contexts included seven evaluations, none of which found reductions in violence victimisation (Stark et al., 2022) [100% LMICs]. These interventions provide an enabling environment for interventions working through different mechanisms or approaches, such as life-skills training. A prominent example is the *Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces* (COMPASS) intervention, implemented in humanitarian contexts in Democratic Republic of Congo, Ethiopia, and Pakistan (Asghar et al., 2018; Stark, Asghar, et al., 2018; Stark, Seff, et al., 2018). None of the trials found reductions in violence exposure attributable to the intervention nor were there improvements in gender- or violence-related attitudes (Jennings et al., 2019; Stark et al., 2022). These studies were rated as strong quality (Olié et al., 2023; Stark et al., 2022) except for the trial in Pakistan, which was weak quality because of its small sample size, low response rate, and no comparison group (Stark et al., 2022). At least one *COMPASS* trial was identified in multiple included reviews (e.g., Jennings et al., 2019; Levy et al., 2020; Olié et al., 2023; Spangaro et al., 2021; Stark et al., 2022; UNICEF, 2020) [24-100% LMICs].

Two reviews (low and critically low-confidence) included one intervention (*Ishraq*) in Egypt (Brady et al., 2007) [strong quality], which combined life-skills education and safe spaces for girls (Levy et al., 2020; Yount et al., 2017) [73-100% LMICs]. The researchers found no impact from the intervention on sexual violence victimisation. However, those that participated in the intervention for more than a year

had reduced odds of experiencing female genital mutilation or cutting. The intervention did not include a component targeted to boys or to perpetrators more broadly.

One low-confidence review (Bacchus et al., 2024) [67% LMICs] included an intervention for married heterosexual adult couples based in Rwanda (*Indashyikirwa*) that provided, among its four components, safe spaces in supporting victims of violence. Overall, the intervention found reductions in both violence against children (violent punishment and child witnessing IPV) and violence against women, including among women who reported physical or sexual IPV victimisation at baseline (Dunkle et al., 2020; Stern et al., 2022) [strong quality; discussed in *Community mobilisation*]. Lastly, a microfinance intervention (*Girl Empower*) for adolescent girls in Liberia (Özler et al., 2020) [strong quality] was delivered in a safe space, but had no impact on physical or sexual violence. (This intervention is included in multiple reviews (e.g., Olié et al., 2023) and is discussed in *Microfinance*.)

SUMMARY: No review was identified which included evidence of interventions in HICs for creating safe spaces. Among available evidence on humanitarian contexts, there is no evidence of reductions in violence victimisation (Stark et al., 2022). Among the studies in LMICs and humanitarian contexts, safe spaces alone are likely insufficient to reduce violence victimisation or perpetration. However, having these safe spaces are necessary for ensuring an enabling intervention environment.

	HICs	LMICs
Child-friendly spaces on <i>child sexual abuse</i>	No new systematic reviews	Not currently supported by evidence
Combined safe spaces on <i>sexual violence</i>	No new systematic reviews	Not currently supported by evidence

PARENT & CAREGIVER SUPPORT:

Strategy Overview.

This strategy includes 69 reviews. In the 2016 Framework, parenting programmes delivered alone or as part of a package of interventions included Effective ratings. Since the 2016 framework, WHO has published guidelines to support the implementation and scale-up of parenting programmes delivered

through home visitation or group-based parent education (WHO, 2022, 2024). These recommendations support the use of these programmes in both HICs and LMICs. Consequently, reviews exclusively evaluating the effectiveness of parenting programmes were de-emphasised. The evidence is significantly more limited on parenting-plus programmes in both HICs and LMICs (excluding cash-plus programmes in LMICs which are discussed in the *Income & economic strengthening* strategy).

Parent training and support (delivered through home visits or groups in community settings).

These interventions consist of “[a] set of activities or services aimed at improving how parents and caregivers approach and execute their role as parents or caregivers, specifically their parenting knowledge, attitudes, skills, behaviours, and practices” (WHO, 2022, p. viii). This section contains references from 56 included reviews.

Sixteen meta-analyses investigated the effectiveness of parenting programmes to prevent or reduce child maltreatment (Backhaus, Blackwell, et al., 2024; Backhaus, Gardner, et al., 2023d, 2023c, 2023a, 2024; Backhaus, Leijten, et al., 2023; M. Chen & Chan, 2016; Euser et al., 2015; Gubbels et al., 2019, 2021; Hua & Leijten, 2022; Leijten et al., 2018; McCoy et al., 2020; Pinquart & Teubert, 2010; van IJzendoorn et al., 2020; Viswanathan et al., 2018).

Effects were small to moderate, ranging from $d = 0.13$ to 0.59 , except for one substantial effect ($d = 1.70$) on reductions in harsh or inconsistent parenting for children with disruptive behaviour (Hua & Leijten, 2022). All meta-analyses found positive, significant effects (including in humanitarian settings) except for two reviews. The first review (Euser et al., 2015) found a significant overall effect on child maltreatment ($d = 0.13$), which became insignificant after adjusting for publication bias. The second (Viswanathan et al., 2018) focused on parenting interventions in primary care settings in HICs and found no significant overall effect on child maltreatment.

A recent review of reviews (Cuartas et al., 2024) found similar evidence in favour of parenting interventions for reducing violence against children in the home; the review documented improvements

on violence outcomes ($d = 0.11$ to 0.61) and its risk and protective factors ($d = 0.03$ to 0.52) (Cuartas et al., 2024). Also, a review (Branco et al., 2022) identified reductions in physical punishment or harsh discipline and improvements in positive parenting practices in approximately 90% of studies. Another review of reviews (Coore Desai et al., 2017) emphasised difficulties in child maltreatment measurement, which limited their ability to analyse across reviews. Nonetheless, their analysis documented good evidence of impact on risk and protective factors for child maltreatment, particularly parental mental health and maternal IPV victimisation (Coore Desai et al., 2017).

Several narrative syntheses found mixed results for child maltreatment (Harrison et al., 2022; Knerr et al., 2013; Lines et al., 2018; McCloskey, 2011; Molloy et al., 2021; Moon et al., 2020; Peacock et al., 2013; Selph et al., 2013; Waid et al., 2022). In explaining heterogeneity across evaluation findings, one review suggested that aligning theory with programme details (particularly intervention content and population specifics) predicted intervention effectiveness (Segal et al., 2012). The analysis found that all programmes (7/7) were effective when the intervention details (components, objective, population, and definition of intervention success) are aligned with theory. None of the evaluations (0/15) were effective when the theory and programme were incongruent (Segal et al., 2012).

A review of effective components in home-visitation-based parenting programmes with nurses (Beatson et al., 2021) included one programme from the Netherlands (Mejdoubi et al., 2015) [strong quality], which found reductions in child maltreatment investigations ($RR = 0.91$ at 36 months); the intervention contained discussion on the impacts of maltreatment and weekly content on child safety. This programme also found reductions in maternal IPV and contained additional content on relationship power dynamics and household-level risk factors (Beatson et al., 2021).

Parenting programmes using social and behaviour change have been identified as reducing both parental-perpetrated violence against children and co-occurring maternal IPV (Bacchus et al., 2024). When aggregated in meta-analyses, however, the impact on IPV was statistically insignificant with high heterogeneity ($d = -0.24$ [95% CI $-0.50, 0.016$], $I^2 = 70\%$; Backhaus, Gardner, et al., 2023d). Although

only a small proportion of studies investigate the outcome (10 out of 435 trials), there are nonetheless important examples of impact. For example, multiple reviews (Catalano et al., 2019; O'Connor et al., 2021; Pérez-Martínez et al., 2023) include the *REAL Fathers Initiative* in Uganda (Ashburn et al., 2017) [weak quality (Bacchus et al., 2024)], which found reductions in both physical child punishment and maternal IPV victimisation. Some attitudes on violence improved, but there were limited impacts on gender norms (Ashburn et al., 2017).

Reviews also identify parenting programmes as effective in reducing child maltreatment recidivism. One meta-analysis (Han & Oh, 2022) found reduced risk of child maltreatment recurrence (OR= 0.45 [0.29, 0.68]) and another meta-analysis (M. Chen & Chan, 2016) found a significant effect (d= 0.28 [0.08, 0.48]) in subgroup analyses for interventions with indicated targeting. Two other reviews found encouraging but inconclusive evidence for parenting interventions reducing revictimisation (Vlahovicova et al., 2017; Whitcombe-Dobbs & Tarren-Sweeney, 2019). A review of interventions to address child sexual abuse noted that parenting interventions are most effective when linked to child protective services (UNICEF, 2020).

Two reviews (Backhaus, Gardner, et al., 2024; Gardner et al., 2023) documented equity-relevant evidence that parenting interventions are equally effective for at-risk families, thus are unlikely to widen inequality gaps. Eleven reviews focused on the effectiveness of parenting programmes for seven at-risk populations. First, three reviews looked at children with disabilities (Fang et al., 2022, 2024; Mikton et al., 2014). Only one meta-analysis (Fang et al., 2022) included a primary study with a direct measure of abuse (L. Zhang et al., 2009); this weak-quality study in China found significant reductions in physical or verbal abuse (RR= 0.51 [0.28, 0.92]). In the absence of direct measures, the remaining two reviews investigated the effectiveness of parenting programmes on risk and protective factors. One meta-analysis (Fang et al., 2024) found immediate post-intervention improvements for child behaviour, parental mental health, parenting practices (including positive parenting, parental self-efficacy, and positive parent-child interactions), and some measures of child development (effect sizes range d= 0.36 to 0.89). Effectiveness was sustained at short-term follow-up for child behaviour, positive parenting,

parenting self-efficacy, and child social skills (effect sizes range $d = 0.23$ to 0.50). The final review documented inconclusive impacts, having included two weak-quality studies that found reductions in child abuse potential and parental stress (Mikton et al., 2014).

Second, there is limited evidence of effectiveness of parenting programmes in reducing violence for refugees and forcibly displaced families. One review (Gillespie et al., 2022) included three studies with measures of harsh discipline, of which one of two potentially under-powered pilot studies found reductions in harsh discipline. There was more evidence in support of improved positive parenting behaviours and knowledge or attitudes (Gillespie et al., 2022). In humanitarian settings in LMICs more broadly, parenting interventions were effective in reducing physical and psychological violence against children ($d = -0.36 [-0.69, -0.04]$, graded as very low certainty) and negative parenting (including violent discipline, $d = -0.42 [-0.67, -0.16]$, graded as low certainty), but there was insufficient data for meta-analyses on sexual violence against children or maternal IPV (Backhaus, Blackwell, et al., 2024).

Third, among families affected by substance use disorders, a review on interventions for substance-exposed newborns found mixed, weak-quality evidence on child maltreatment, but there was strong-quality evidence on improving parenting behaviours and attitudes (West et al., 2020). Another review of parenting interventions for pregnant women with problem alcohol or drug use (Turnbull & Osborn, 2012) included one strong-quality study (Quinlivan et al., 2000), which did not find a significant effect on child abuse or neglect or its risk and protective factors.

Fourth, a review of intervention studies for children living full-time in institutional childcare (Hermenau et al., 2017) found two weak-quality studies (Hermenau et al., 2011, 2015) with significant reductions in violence exposure or physical abuse victimisation ($d = 0.64$ & 0.99 , respectively). These two studies in Tanzania provided two weeks of training to institutional caregivers, but the evaluations are limited by small sample sizes and no control groups. Fifth, a review of interventions (Goyal et al., 2013) with families with preterm or low-birth-weight infants found limited, insufficient evidence of effectiveness on child maltreatment (i.e., two interventions studies both found no significant intervention effect).

Sixth, a review evaluated models of home visitation programmes for tribal populations and found limited, mixed evidence for the impact on child maltreatment (Bleiweiss-Sande et al., 2022). Another review (Shea et al., 2010) included home visitation programmes as part of a review of studies with Indigenous populations and found mixed findings.

Lastly, a review focused on “high-risk families” (e.g., young parents, those experiencing violence, etc.) and found mixed, but promising evidence in favour of home visitation programmes (Levey et al., 2017). One review (Yount et al., 2017) included parenting studies with two marginalised populations – a home visitation programme for adolescent mothers (Aracena et al., 2009) and a family strengthening intervention for families affected by HIV (Chaudhury et al., 2016) – both of which found no significant impact on child maltreatment.

Multiple reviews (e.g., Backhaus, Blackwell, et al., 2024; Coore Desai et al., 2017; McCoy et al., 2020; UNICEF, 2020) note a dearth of evidence on whether parenting interventions can prevent sexual abuse. One review (UNICEF, 2020) suggests that home visitation programmes or group-based parenting programmes effectively address risk factors for sexual abuse victimisation (including other forms of maltreatment, physical punishment, or harsh parenting). However, UNICEF (2020) also note that this evidence is primarily concentrated in HICs and more research was needed in LMICs. Nonetheless, there is consensus across reviews that there is limited or insufficient data to substantiate conclusions on the efficacy of parenting programmes for preventing child sexual abuse itself (Backhaus, Blackwell, et al., 2024; Coore Desai et al., 2017; Gillespie et al., 2022; McCoy et al., 2020; UNICEF, 2020).

In addition to the reviews assessing the impact on child maltreatment and sexual abuse, two high-confidence meta-analyses evaluated the impact of parenting programmes on abusive head trauma (Chang et al., 2024; Scott et al., 2022) [17-24% LMICs]. These interventions are similar to other parenting interventions based on their inclusion of components on psychoeducation, child behaviour management (to infant crying), and alternatives to violent parenting behaviours. Both reviews include primary studies that found positive effects in reducing infant shaking or abusive head trauma, but found

no overall significant impact in meta-analyses, which may partially be due to the weak-quality studies included in the analyses (Scott et al., 2022) [24% LMICs]. Scott et al (2022) graded the evidence as low certainty on the incidence of abusive head trauma and very low certainty on incidence of self-reported shaking of the baby. Chang et al (2024) conducted meta-analyses and identified that studies using historical controls found reductions in incidence (RR= 0.55 [0.48, 0.64]), but studies using regional controls found higher incidence (RR= 1.13 [1.01, 1.27]). This review also found improvements in parental knowledge of normal crying patterns ($d = 0.69$ [0.49, 0.89]) and knowledge of dangers of shaking ($d = 0.51$ [0.28, 0.73]). However, another meta-analysis (Scott et al., 2022) only found improved parental response to inconsolable crying (Mean Difference= 1.58 [0.11, 3.06]; moderate certainty), but no impact on other responses (very low to moderate certainties) or on parental frustration (moderate certainty). Another review of parenting interventions for young children (aged 0-2 years) also noted insufficient evidence for violence against children, but identified improvements in risk and protective factors, such as parenting knowledge, positive parenting practices, parent-child interaction, and parental mental health (Backhaus, Gardner, et al., 2023b).

Additionally, a critically low-confidence meta-analysis of parenting interventions (Burrus et al., 2012) [0% LMICs] found evidence of effectiveness in reducing youth violence (including violence or fighting, weapon carrying, delinquency, self-harm, and suicide) by approximately 30% (RR= 0.68 [0.49, 0.94]). Another critically low-confidence meta-analysis (Q. Chen et al., 2021) [6%; one trial from LMICs] found overall impacts in a meta-analysis of parenting programmes (including parent training courses or providing information) in reducing bullying victimisation or perpetration ($d = 0.64$ [0.24, 1.04]); the effect size from randomised trials of parent training courses ($d = 0.93$ [0.16, 1.69]) was larger than the effects from pre-post-tests ($d = 0.46, 0.08, 0.85$).

SUMMARY: Nearly all of the meta-analyses conclude that parenting programmes are effective in addressing child maltreatment, including programmes implemented in LMICs and humanitarian settings. There are several reviews that investigate the effectiveness of parenting programmes among

marginalised populations, of which most identify mixed effects. There is promising evidence that parenting programmes in HICs can also reduce youth violence, including bullying.

	HICs	LMICs
Parent training and support delivered through home visits or in groups in community settings on <i>child maltreatment (including revictimisation)</i>	Well-supported by evidence	Well-supported by evidence
Parent training and support on <i>youth violence (including bullying)</i>	Supported by evidence	No new systematic reviews
Parent training and support on <i>sexual abuse</i>	Not currently supported by evidence	Not currently supported by evidence
Parent training and support on <i>abusive head trauma</i>	Not currently supported by evidence	Not currently supported by evidence

Parent training and support (as part of multicomponent programmes, referred to as parenting-plus programmes).

These interventions combine training on parenting skills (e.g., positive parenting practices, parent-child communication, etc.) alongside other social interventions (WHO, 2018, p. 130). Comprehensive parenting programmes (as described in the 2016 Framework) were relabelled in this update as “parenting-plus programmes” to clarify that the intervention provides supplemental intervention components in addition to parent training and support. This section contains references from 14 included reviews. Parental involvement alone as part of an intervention (i.e., without parenting education) does not qualify as a parenting-plus programme. The strongest evidence is in favour of combining parenting programmes with cash transfers (cash-plus programming, see *Income & economic strengthening* strategy).

Only one review focused on the integration of parenting programmes into other interventions. A critically low-confidence review on combined parenting support and treatment interventions for mothers with substance use disorders found limited, mixed evidence of effectiveness in reducing child maltreatment (Niccols et al., 2012) [0% LMICs].

Several reviews suggest that active parental involvement is an important component of intervention success, including for sexual abuse awareness programmes (Rudolph et al., 2024) [18% LMICs], bullying prevention programmes (Q. Chen et al., 2021) [6% LMICs, one trial from LMICs with unspecified parental involvement], and healthy romantic relationships education (Piolanti & Foran, 2022a) [0% LMICs]. However, no review isolated the impacts of combining these programmes with a component on parenting education or training. Thus, conclusions are limited on the effectiveness of parenting-plus programmes.

While conclusions of overall interventions effects for parenting-plus programmes are limited, there are examples of effective interventions. Among dating violence prevention programmes, *Families for Safe Dates* (Foshee et al., 2012) [weak quality] had reductions in physical IPV victimisation among adolescents (OR= 0.26 [0.07, 0.94]) in the United States, but no impact on physical IPV perpetration or psychological IPV victimisation or perpetration among adolescents (McNaughton Reyes et al., 2021; Piolanti & Foran, 2022b). Next, the *Skhokho Supporting Success* intervention in South Africa (Jewkes et al., 2017, 2019) [strong quality (Farmer et al., 2023)] tested the combination of family-strengthening and school-strengthening interventions. There were no impacts on youth IPV victimisation or perpetration from the combined intervention, which was graded as low-certainty evidence (Meinck et al., 2019). However, the study found reductions in both negative parenting (from male and female caregivers) and reductions in maternal emotional IPV victimisation (Jewkes et al., 2019).

On child maltreatment, a high-confidence review (Burley et al., 2022) [0% LMICs] included one primary study in New Zealand (Fergusson et al., 2005) [weak quality] which provided financial counselling from a nurse during home visitation. The study found significant reductions in parent-reported severe physical assault ($d= 0.26$ [0.07, 0.48]) and improvements in parenting attitudes (effect sizes range $d= 0.22$ to 0.26), but there was no difference in the prevalence of families in contact with child protection services. In response to exposure to violence in the home, another intervention combining parenting education for a non-offending caregiver and child-directed psychoeducation

(Becker et al., 2008) [weak quality (Shea et al., 2010)] found significant improvements in child and parent functioning and reductions in child internalising or externalising behaviour.

Despite encouraging evidence, there are multiple interventions that were not effective. First, several reviews include the *COMPASS* interventions (e.g., Levy et al., 2020; Spangaro et al., 2021; Stark et al., 2022) that were implemented in multiple countries (see *Safe environments* above). Although both trials in Democratic Republic of Congo (DRC) and Ethiopia include a parenting component (Stark, Asghar, et al., 2018; Stark, Seff, et al., 2018), there was a stronger emphasis in the trial from DRC (Spangaro et al., 2021) [100% LMICs]. Nonetheless, neither study reduced violence against children, including sexual violence (Spangaro et al., 2021) [100% LMICs]. Second, the *Trickle Up Plus* intervention in Burkina Faso (Karimli et al., 2017) [strong quality] provided female caregivers with a savings group, seed grant, livelihood development mentoring, and an added family-coaching component (Olié et al., 2023) [44% LMICs]. For those receiving the *Trickle Up Plus* intervention (with parenting component), there were significant reductions in children, particularly girls, experiencing verbal abuse at work 24 months post intervention (no intervention impact at 12 months). There was no impact in children experiencing physical abuse at work (either time point) or any impact on physical or verbal abuse from the *Trickle Up* intervention alone (no parenting component).

One primary study identified adverse outcomes. A moderate-confidence review (Atienzo et al., 2017) [44% LMICs] included one family-based programme (Familias Unidas), which included life-skills training for adolescents in addition to parent-focused skill development (Reyes-Moreno, 2011) [weak quality]. Although there were significant reductions in antisocial behaviours, there were significant increases in intentional aggression and delinquency. However, this study did not use a control group, which introduces a significant risk of bias and undermines confidence in the study findings.

SUMMARY: There is encouraging evidence in favour of parenting-plus programmes that combine *Income & economic strengthening* and *Parent & caregiver support* (see cash-plus programmes

synthesis below). There is insufficient evidence of effectiveness for other combination interventions, including in both HICs and LMICs.

	HICs	LMICs
Combined parenting programmes + substance use treatment on <i>child maltreatment</i>	Not currently supported by evidence	No new systematic reviews
Combined parenting programmes + cash transfers on <i>child maltreatment</i>	<i>(See cash-plus programmes below)</i>	<i>(See cash-plus programmes below)</i>
Combined parenting programmes and other social interventions on <i>violence against children</i>	Not currently supported by evidence	Not currently supported by evidence

INCOME & ECONOMIC STRENGTHENING:

Strategy Overview.

This strategy includes 15 reviews. Research on interventions providing financial support were labelled differently for HICs and LMICs. No review included primary evidence for microfinance interventions in HICs. There has been no substantive change in the status of the evidence on effectiveness since the original INSPIRE technical package was published. However, cash-plus programmes were added to the list of INSPIRE interventions, which were not included in the 2016 framework but have the strongest evidence of effectiveness in this strategy.

Cash transfers (LMIC-focused).

Cash transfers are when “[m]oney is given directly to people in need, either conditionally or unconditionally” (WHO, 2018, p. 167). This section contains references for six interventions from four included reviews.

A high-confidence review (Borges Machado et al., 2024) [75% LMICs] included one study in Brazil (conditional cash transfer) that found reductions in physical child maltreatment (Carvalho et al., 2021) [strong quality] and two weak-quality studies (in Bangladesh & Gaza, both unconditional cash

transfers) that found no impact on emotional child maltreatment (Roy et al., 2019) or physical child maltreatment (Abu-Hamad et al., 2014; Roy et al., 2019). Abu-Hamad et al (2014) is also included in Courtin et al (2019), a critically low-confidence review, and is rated as weak quality for concerns in confounding and participant selection.

There is mixed evidence for the impact of cash transfers on reducing transactional sex (Borges Machado et al., 2024), with one study in Kenya identifying no impact among boys or girls from an unconditional cash transfer (Rosenberg et al., 2014) [weak quality] and another in South Africa finding significant reductions among girls (Cluver et al., 2013) [strong quality]. Cluver et al (2013) also found reductions in age-disparate sex among girls and is also included in UNICEF (2020). Nearly all of the participants in this study (99.3%) received an unconditional cash transfer (Cluver et al., 2013).

Multiple reviews (e.g., Borges Machado et al., 2024; Meinck et al., 2019) cite the primary study of *HTPN068* (Kilburn et al., 2018) [strong quality]. This trial in South Africa evaluated a cash transfer conditional on school attendance and found reductions in physical IPV victimisation among girls, but had no impact on sexual IPV victimisation.

SUMMARY: There is limited evidence (six primary evaluations) assessing the impact of cash transfers on violence against children. The evidence is mixed for these programmes in reducing child maltreatment, sexual violence, and IPV (Borges Machado et al., 2024).

	HICs	LMICs
Cash transfers only on <i>child maltreatment</i>	No new systematic reviews	Not currently supported by evidence
Cash transfers only on <i>sexual violence (inequitable sexual partnerships and sexual IPV against adolescents)</i>	No new systematic reviews	Not currently supported by evidence
Cash transfers only on <i>IPV against adolescents</i>	No new systematic reviews	Emerging (for physical IPV only)

Cash-plus programmes (LMIC-focused).

Cash-plus programmes are “social protection interventions that provide regular transfers in combination with additional components or linkages that seek to augment income effects. This is done either by inducing further behavioural changes or by addressing supply-side constraints” (Roelen et al., 2017, p. 6). This section contains references from four included reviews.

Two categories of cash-plus programmes were identified. First, one high-confidence review (Borges Machado et al., 2024) [75% LMICs] includes four studies on cash-plus parent-focused social and behaviour change communication (parent education or support, or “parenting”) programmes, which consistently found at least one improved measure for child maltreatment (Heath et al., 2020; Jocson et al., 2023; Lachman et al., 2021; Roy et al., 2019). The two strong-quality studies in the Philippines (Jocson et al., 2023; Lachman et al., 2021) were based on a conditional cash transfer, while the weak-quality studies in Mali (Heath et al., 2020) and Bangladesh (Roy et al., 2019) were based on unconditional cash transfers. Within this evidence, only measures of overall or physical child maltreatment were improved, with no impacts on emotional or psychological maltreatment (Borges Machado et al., 2024). One strong-quality evaluation (Lachman et al., 2021) was also cited in a low-confidence review (Bacchus et al., 2024) [67% LMICs] for its concurrent impacts in reducing maternal IPV victimisation in addition to reductions in overall child maltreatment. Across the four primary studies (Borges Machado et al., 2024), three studies (Heath et al., 2020; Lachman et al., 2021; Roy et al., 2019) documented reductions in maternal IPV victimisation in analyses on subgroups or the full sample and one study (Jocson et al., 2023) found no impact.

A high-confidence meta-analysis of parent- and caregiver-focused cash-plus programmes for young children (Little et al., 2021) [100% LMICs] identified two programmes in Niger & Rwanda (unconditional cash transfer and cash-for-work, respectively) measuring violence against children. The main trials of both interventions (strong-quality studies) found that cash-plus parenting programmes are more effective than cash alone in reducing violent discipline (Betancourt et al., 2020; Jensen et al., 2021; Premand & Barry, 2020); these results were not significant when combined in meta-analyses, but

the models had very wide confidence intervals on the heterogeneity measure (I^2). Neither programme found significant increases in the use of exclusive positive parenting. The trial of *Sugira Murayango* in Rwanda (Betancourt et al., 2020) found concurrent reductions in maternal IPV victimisation, but no impact in paternal IPV perpetration. Intervention effects on reduced violent discipline were maintained for at least one year post intervention (Incidence Rate Ratio, IRR= 0.74 [0.66, 0.84]), and there was no differential impact based on child's sex (Jensen et al., 2021). This intervention was also cited in Borges Machado et al (2024) and Bacchus et al (2024). The other high-confidence review also noted stronger evidence of effectiveness for cash-plus programmes compared to cash alone (Borges Machado et al., 2024).

Additionally, a high-confidence review (Borges Machado et al., 2024) [75% LMICs] evaluated cash-plus parenting programmes for their impacts on youth violence, with one weak-quality study in South Africa reporting reductions in sexual exploitation (Cluver et al., 2016) and one strong-quality study in the Philippines finding null effects on exposure to community violence (Jocson et al., 2023). Nearly all of the sample in South Africa received either an unconditional cash transfer or in-kind transfer of free schooling, or free school-provided meals (Cluver et al., 2016).

Second, cash-plus programmes combining cash transfers with youth-focused social or behaviour-change communications or life-skills training had overall positive impacts on youth violence, including sexual violence. The high-confidence review (Borges Machado et al., 2024) found three strong-quality studies with at least one outcome or study site demonstrating significant reductions in youth violence (Austrian et al., 2021; Chakrabarti et al., 2020; Palermo et al., 2021). The study in Zimbabwe (Chakrabarti et al., 2020) delivered an unconditional cash transfer and the studies in Kenya (Austrian et al., 2021) and Tanzania (Palermo et al., 2021) delivered a conditional cash transfer. (A low-confidence review (Piolanti et al., 2022) [35% LMICs] also used the Cochrane Risk of Bias Tool, but designated the evaluation by Palermo et al (2021) in Tanzania (*Ujana Salama*) as weak quality due to missing outcome data.) Nonetheless, this study (Palermo et al., 2021) found significant reductions in sexual violence victimisation among girls and sexual violence perpetration among boys. The high-

confidence review (Borges Machado et al., 2024) also identified a weak-quality study from the same trial in Tanzania with null effects on transactional sex (Ranganathan et al., 2022). The study in Zimbabwe (Chakrabarti et al., 2020) also noted reductions in child exposure to maternal IPV victimisation.

Lastly, the high-confidence review (Borges Machado et al., 2024) included one weak-quality study in Papua New Guinea (Ivaschenko et al., 2017), which evaluated a cash-for-work programme that was conditional on attendance to a life-skills programme. The evaluation found reductions in youth-violence perpetration (using threats or force) and victimisation (being attacked and fought). When disaggregating impacts of particular crimes, there was no impact on perpetration of physical or verbal assault (Ivaschenko et al., 2017).

SUMMARY: There is strong evidence in favour of combining cash transfers (including cash-for-work) and parent education or support programmes for reducing child maltreatment (Borges Machado et al., 2024). Multiple strong-quality studies also document concurrent reductions in maternal IPV victimisation. There is preliminary but encouraging evidence on the incremental impact of adding parent-focused social or behaviour-change communications to cash transfer programmes (Little et al., 2021). The evidence-base for cash-plus programmes is overall stronger than that on cash transfers alone (Borges Machado et al., 2024). There is also evidence that combining youth-focused social or behaviour-change communications or life-skills training with cash transfers can reduce measures of youth violence, including sexual violence (Borges Machado et al., 2024).

	HICs	LMICs
Cash-plus parent education or support programmes on <i>child maltreatment</i>	No new systematic reviews	Supported by evidence (compared to no intervention or cash alone)
Cash-plus parent education or support programmes on <i>youth violence (including sexual violence)</i>	No new systematic reviews	Not currently supported by evidence
Cash-plus youth-focused life-skills training on <i>youth</i>	No new systematic reviews	Supported by evidence

<i>violence (including sexual violence)</i>		
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Microfinance interventions (with or without gender norms or equity training).

These interventions include an economic strengthening component via loans, start-up grants, or savings accounts. These components are often one of several in a package of interventions. This section contains references from 10 included reviews.

A high-confidence meta-analysis (Meinck et al., 2019) [100% LMICs] identified three multicomponent interventions with sexual health and social empowerment interventions combined with social protection and found the combined intervention to be effective in reducing IPV and non-partner sexual violence victimisation among adolescents in comparison to no intervention (OR= 0.83 [0.73, 0.94]). However, more than 95% of the effect weight is from one weak-quality trial of the *Empowerment & Livelihoods for Adolescents (ELA)* intervention in Uganda (Bandiera et al., 2017), which had a significant effect (OR= 0.82 [0.72, 0.93]). Several other reviews (e.g., Catalano et al., 2019; McNaughton Reyes et al., 2021; Nyoni et al., 2023; Yount et al., 2017) [38-100% LMICs] included evidence from *ELA*. The two other meta-analysed studies were conducted in Uganda and Zimbabwe (Austrian & Muthengi, 2014; Dunbar et al., 2014) [both weak quality] and did not find significant effects; the latter intervention (Dunbar et al., 2014) worked with out-of-school, orphaned girls and is also cited in Levy et al (2020). One intervention in Kenya (*Tap & Reposition Youth Savings and Micro-Credit*) was not included in the meta-analysis (Meinck et al., 2019) and also found no significant effects (Erulkar & Chong, 2005) [weak quality]. Across the four LMIC-based studies, the certainty in the evidence was graded as very low (Meinck et al., 2019).

Other reviews included additional interventions that involved microfinance. In Liberia, one study on *Girl Empower* (Özler et al., 2020) [strong quality (Decker et al., 2024)] combined microfinance for adolescent girls (\$2/month start-up grant) plus gender-norms or equity training (savings account plus lessons on safety, financial literacy, sexual and reproductive health, life skills, etc., in addition to caregiver discussion groups). The intervention had no overall impact on physical or sexual violence

victimisation for adolescent girls. Adding an additional cash incentive for parents to enrol their daughters in the intervention had no overall impact on sexual or physical violence victimisation. However, this trial arm did have increased reporting of non-consensual touching, but it is not possible to discern whether this is attributable to increases in disclosure or increases in violence. This primary study was cited in multiple reviews (e.g., Borges Machado et al., 2024; Decker et al., 2024; Nyoni et al., 2023) [29-100% LMICs]. A critically low-confidence review (Yount et al., 2017) [100% LMICs] included the *WINGS* and *WINGS + Gender training* in Uganda and found no impact on IPV against adolescents and young women (aged 14-30 years), but adverse impacts of increased marital control after Phase 1 (Green et al., 2015) [strong quality (Borges Machado et al., 2024)].

A moderate-confidence review (Olié et al., 2023) [44% LMICs] included the *Trickle Up* and *Trickle Up Plus* interventions in Burkina Faso (Karimli et al., 2017) [strong quality], which included a livelihoods component in addition to cash and a savings account. (The plus-component group also received a family coaching intervention, discussed above in *Parenting-plus programmes*.) For those receiving the *Trickle Up* intervention alone (no plus component), there was no impact on children experiencing physical or verbal abuse at work.

One low-confidence review (Bacchus et al., 2024) [67% LMICs] included two evaluations of microfinance interventions that measured impacts on both violence against children and their female caregivers. One evaluated microloans for women combined with psychosocial support in Kenya (Sarnquist et al., 2021) [weak quality] and found reductions in maternal IPV victimisation, but no impact on violence against children. The review also included a micro-credit programme among Peruvian, female entrepreneurs and found no impact in reducing physical or psychological punishment of children (Agüero & Frisancho, 2018) [strong quality]; this programme also had no impact on IPV victimisation among women.

SUMMARY: No review included a sufficient number of quality evaluations to strongly conclude on the effectiveness of microfinance interventions. Evidence from primary studies has mixed findings with variable quality. All studies were conducted in LMICs.

	HIC	LMIC
Microfinance interventions on IPV or non-partner sexual violence against adolescents	No new systematic reviews	Not currently supported by evidence
Microfinance interventions on child maltreatment	No new systematic reviews	Not currently supported by evidence

Tax credit or welfare reform (HIC-focused).

Programmes involving direct financial support in HICs are often not labelled as cash transfers and are instead framed as tax credits, income supplementation or maintenance, or welfare reforms. This section contains references from three included reviews.

A high-confidence review of reviews (Cuartas et al., 2024) identified a weak-quality review (Maguire-Jack et al., 2022) which found mixed evidence from the United States in favour of economic support interventions for reducing violence against children in the home; these programmes provided “direct cash assistance (*Temporary Assistance for Needy Families, TANF*), subsidised childcare services (*Child Care Subsidy*), and tax-system-based income support (*Earned Income Tax Credit*)” (Cuartas et al., 2024, p. 6). However, there were unclear impacts from a food benefit initiative, the *Supplemental Nutrition Assistance Program* (Cuartas et al., 2024).

The high-confidence review of reviews (Cuartas et al., 2024) also included a weak-quality review (Klevens & Whitaker, 2007), which identified two studies with mixed findings on welfare reforms or benefits in the United States. However, each primary study found small increases in either child abuse (Paxson & Waldfogel, 1999) or neglect (Fein & Lee, 2003).

A high-confidence review (Borges Machado et al., 2024) [75% LMICs] found four studies (two strong-quality studies) in the United States with mixed effects of tax credits on child maltreatment depending

on cut-offs or thresholds of variables and subgroup analyses (Bullinger & Boy, 2023; Klevens et al., 2017; Kovski et al., 2022; Xu et al., 2021). Two additional studies (both strong-quality and based in the United States) found tax credits were associated with risk reductions in fighting and threats (Dalve et al., 2022; Moe et al., 2022).

A critically low-confidence review (Courtin et al., 2019) [17% LMICs] found mixed evidence on interventions for income supplementation or maintenance in the United States, United Kingdom, Canada, and Australia and welfare reforms in the United States. Among evaluations measuring adverse parental practices, one study for income supplementation or maintenance (Bloom et al., 2002) [weak quality] found small reductions in harsh parenting ($d = -0.10 [-0.20, -0.01]$) and four studies found no impact, including one study on income supplementation or maintenance (Gregg et al., 2009) [strong quality] and three studies on welfare reform (Beecroft et al., 2002; Bloom et al., 2000; Gennetian & Miller, 2002) [all weak quality]. Of the latter three studies on welfare reform, only one (Gennetian & Miller, 2002) identified reductions in exposure to domestic violence ($d = -0.21 [-0.40, -0.04]$).

Among four evaluations measuring child maltreatment (Courtin et al., 2019), two studies were weak quality (Cancian et al., 2013; Paxson & Waldfogel, 2003) and two were strong quality (Fein & Lee, 2000; Malcolm, 2012). Of the four studies, only two identified reductions in the outcome (Cancian et al., 2013; Malcolm, 2012), both of which were income supplementation or maintenance programmes with small effect sizes ($d = -0.07 [-0.09, -0.03]$ & $-0.04 [-0.06, -0.02]$, respectively); one study (Cancian et al., 2013) was also included in a high-confidence review (Borges Machado et al., 2024) and was rated as strong quality. Four studies also measured neglect, with one strong-quality study (Raissian & Bullinger, 2017) finding a small reduction ($d = -0.02 [-0.03, -0.01]$), one strong-quality study (Fein & Lee, 2000) finding a small increase ($d = 0.02 [0.01, 0.03]$), and two weak-quality studies (Berger et al., 2017; Paxson & Waldfogel, 2003) finding no effect. Among four studies evaluating childhood physical abuse, none found significant effects (Berger et al., 2017; Fein & Lee, 2000; Paxson & Waldfogel, 2003; Raissian & Bullinger, 2017). One strong-quality study (Fein & Lee, 2000) also found no impact on sexual abuse.

SUMMARY: The evidence is mixed for the impact of welfare reform or tax credits on measures of child maltreatment (Borges Machado et al., 2024; Courtin et al., 2019; Cuartas et al., 2024) and limited, but promising evidence in reducing youth violence in the United States (Borges Machado et al., 2024).

	HICs	LMICs
Welfare reform or provision on <i>child maltreatment</i>	Not currently supported by evidence	No new systematic reviews
Tax credits on <i>youth violence</i>	Promising evidence	No new systematic reviews

RESPONSE & SUPPORT SERVICES:

Strategy Overview.

This strategy includes 62 reviews. In the 2016 framework, multiple intervention categories included Effective ratings. Since then, WHO has published several relevant guidelines on therapeutic psychological interventions for responding to children who experienced or were exposed to violence (WHO, 2013, 2017, 2019b, 2021a). The recommendations included in the guidelines support the use of these programmes in both HICs and LMICs. Consequently, reviews exclusively evaluating the effectiveness of psychological therapies in response to violence were de-emphasised. Also, research on trauma-response interventions, including psychological therapies, has established that the type of trauma does not moderate intervention effectiveness (Danzi & La Greca, 2021). This strategy also includes other interventions not specific to psychological therapies. However, the evidence of effectiveness for these interventions has not substantially changed and is available for HICs only. Within a public health approach, these tertiary interventions (interventions with indicated targeting) reduce risk of future violence perpetration by mitigating the long-term effects from violence exposure or victimisation.

Counselling & therapeutic approaches.

These “mental health interventions ... address symptoms or diagnosis of post-traumatic stress disorder, depression, or emotional and behavioural disorders related to experiencing or witnessing violence” (WHO, 2018, p. 197). This section contains references from 33 included reviews.

Of the 23 de-emphasised reviews (i.e., reviews exclusively on interventions that have WHO guidelines available) on psychological therapies in response to violence victimisation or exposure, all reviews included evidence of effectiveness on at least one child mental health or behaviour outcome. Seventeen reviews include studies of cognitive behavioural therapy (CBT) or trauma-focused CBT (Bennett et al., 2021; Bidonde & Menseses, 2017; Caro et al., 2023; Graham-Kevan & Brooks, 2016; Jones, 2013; Latzman et al., 2019; Leenarts et al., 2013; Lindert et al., 2020; Macdonald et al., 2012, 2016; McTavish et al., 2021; Passarela et al., 2010; Romano et al., 2021; Sánchez de Ribera et al., 2020; Vojt et al., 2016; Wang et al., 2023; Wichmann et al., 2023). Available effect sizes ranged from $d = 0.22$ to 2.83 . Other included reviews found positive evidence of CBT effectiveness (Harrison et al., 2022; Sarah Lester et al., 2019; UNICEF, 2020; Willoughby et al., 2024).

Nine reviews (Bennett et al., 2021; Bidonde & Menseses, 2017; Caro et al., 2023; Graham-Kevan & Brooks, 2016; Jones, 2013; Leenarts et al., 2013; Lindert et al., 2020; Macdonald et al., 2016; McTavish et al., 2021; Wichmann et al., 2023) compared the relative amount and qualities of evidence in favour of CBT to other therapies and noted that CBT has the best evidence of effectiveness for child mental health (including post-traumatic stress disorder). Two further reviews (Goldman Fraser et al., 2013; Jones, 2013) noted limitations in the evidence base (e.g., heterogeneity and insufficient data) as precluding conclusions on the relative effectiveness of different therapies.

Two reviews focused on child-parent psychotherapy (including parent-child interaction therapy) and found improvements in child mental health and behaviour, parental health, wellbeing, and parent-child interactions, and reductions in child maltreatment recidivism (Bergsund et al., 2023; Warren et al., 2022). A critically low-confidence meta-analysis of psychological therapy for non-offending caregivers of children who experienced sexual abuse (St-Amand et al., 2022) found improved parenting practices ($d = 0.27$ [0.06, 0.48]) and had overall positive impacts for caregivers ($d = 0.50$ [0.33, 0.66]) including mental health, knowledge about sexual abuse, parenting attitudes, and emotional support for the child (effect sizes ranged from $d = 0.36$ to 0.76); there was no impact on parenting stress. Interventions that

more comprehensively addressed caregiver needs had larger effect sizes (St-Amand et al., 2022, p. 349). Interventions delivered to child and caregiver together moderated intervention effectiveness but this effect was not influenced by other intervention or population characteristics.

Among the six reviews that evaluated psychological interventions for children exposed to domestic/intimate partner violence, four reviews found improvements in mental health (BCCEWH, 2013; Howarth et al., 2016; Jones, 2013; Romano et al., 2021) and two found mixed impacts (Latzman et al., 2019; Vojt et al., 2016). Four reviews identified improvements in child behaviour (BCCEWH, 2013; Howarth et al., 2016; Jones, 2013; Romano et al., 2021) and one review found mixed results (Latzman et al., 2019).

One review (Kim et al., 2019) focused on psychological therapy for maltreated children living in residential facilities. The evidence base for interventions involving this population is limited (only two studies provide sufficient data for calculating effect sizes, of which neither was statistically significant). All or most studies measuring interpersonal relationship techniques or mental health (anxiety, depression, or both) note improvements from the intervention, but less than 50% reported improvements in self-esteem.

Other reviews investigated other mental-health-related interventions in responding to those who have experienced violence victimisation. One critically low-confidence review (Waechter & Wekerle, 2015) found positive evidence that Eastern Arts practices (meditation, yoga, tai chi, and qigong) can improve child resilience (including post-traumatic stress disorder). One moderate-confidence review (Olié et al., 2023) included one quasi-experimental evaluation of multisystemic therapy in Switzerland (Buderer et al., 2020) [weak quality], which found improvements in mental health and school attendance as well as reductions in maltreatment and the severity of neglect.

One low-confidence review (UNICEF, 2020) found evidence to support implementation of eye movement desensitisation and reprocessing in HICs. Another low-confidence review (Kanine et al.,

2015) of therapeutic day treatment preschools included one trial from the United States (Moore et al., 1998) [strong quality] which found child behaviour, mental health, and criminal justice (including violent crime arrests) outcomes maintained at 12 years post intervention.

One low-confidence review of family behaviour therapy (McGovern et al., 2021) included one trial that found a moderate effect size (value not specified) in reducing child abuse potential among mothers with a substance use disorder and who were referred to child welfare services (Donohue et al., 2014) [strong quality]; effects maintained through follow-up 10 months post intervention. (Other parenting programmes in response to child maltreatment are discussed in the strategy on *Parent & caregiver support*.)

Lastly, a review of interventions for maternal IPV and child maltreatment (Bacchus et al., 2024) included four primary studies, including two CBT-based interventions (McCracken & Deave, 2012; Stover et al., 2019), one child-parent-psychotherapy (Hooker et al., 2022), and one family therapy (Puffer et al., 2020). Although only one primary study was strong quality (Stover et al., 2019), all primary studies included at least one improved measure for maternal IPV victimisation and measures of violence against children or parenting attitudes.

SUMMARY: There is a substantial evidence base for psychological therapies in response to violence. For victims of violence, CBT has the strongest supported evidence of effectiveness. Psychological therapies have largely positive evidence for children exposed to domestic violence. WHO guidelines support the recommendation of psychological therapy for child victims of violence and their non-offending caregivers. The evidence of other therapeutic interventions remains sparse and with variable quality.

	HIC	LMIC
Psychological therapy (including CBT for trauma-response interventions) on mental health among children exposed to violence	Well-supported by evidence	Well-supported by evidence

Other therapies (excluding CBT-based interventions)	Not currently supported by evidence	Not currently supported by evidence
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Healthcare-based violence prevention programmes.

These interventions are often implemented in emergency departments in response to violence-related injury or in primary care settings with parents. This section contains references from seven included reviews.

One low-confidence review (Flynn et al., 2015) [0% LMICs] included two studies demonstrating the impact of the *Safe Environment for Every Kid* (SEEK) Model, which aimed to improve primary care provider screening, recognition, and action (along with a social worker) on risk factors for child maltreatment (Cuartas et al., 2024). One study among a high-risk population (Dubowitz et al., 2009) [strong quality] identified reductions in child abuse or neglect (OR= 1.5 [95% CI not reported], $p=0.045$) and identified long-term improvements (up to at least 3-4 years post-intervention) in parent report of severe or very severe physical assault (mean 0.11 vs 0.33, $p=0.04$). There was no impact on parent-reported nonviolent discipline, psychological aggression, or minor physical assault. Among a lower-risk population, there were significant reductions in psychological aggression (Effect Size (ES)= -0.12 [-0.24, -0.002]) and minor physical assault (ES= -0.14 [-0.28, -0.005]) at one year post intervention, but there was no difference in child abuse or neglect being documented in medical records or child protective service reports (Dubowitz et al., 2011) [strong quality]. To note, the *SEEK* model also found improved primary-care provider screening for adult intimate partner violence.

To note, this indicated intervention (i.e., interventions targeted to those who have already experienced violence) contrasts findings on prevention studies. One review (Viswanathan et al., 2018) evaluated parenting programmes implemented in primary care settings and found inconsistent evidence of effectiveness in preventing child maltreatment (discussed in *Parent training and support*). However, two meta-analyses (M. Chen & Chan, 2016; Han & Oh, 2022) found evidence of effectiveness for parenting interventions (not specific to implementation in healthcare contexts) in reducing child maltreatment revictimisation (also discussed in *Parent training and support*). Furthermore, these

findings should be interpreted in light of the WHO guidelines on the health sector response to child maltreatment, which identified low-quality evidence to recommend that “health care providers should not use a universal screening approach... to identify possible child maltreatment” (WHO, 2019b, p. 33). Instead, “healthcare providers should be alert to the clinical features associated with child maltreatment and associated risk factors, and assess for child maltreatment without putting the child at increased risk” (WHO, 2019b, p. 32); this latter recommendation is based on evidence rated as very low quality.

One critically low-confidence review of injury-recidivism prevention (Strong et al., 2016) [no information on countries of primary studies] identified consistent issues in statistical power across the evidence base. Studies that had insufficient power or did not conduct power calculations did not find significant intervention impacts. The review only identified one sufficiently powered study (a RCT from the United States) that measured violent injury recidivism (Borowsky et al., 2004) [weak quality]. This intervention was implemented in primary care settings and evaluated a parenting programme for youth identified through a violence screening procedure. The intervention found significant effects (e.g., fighting-related injuries requiring medical attention; OR= 0.20 [0.06, 0.75]), but had high risk of selection bias because of no random sequence generation or allocation concealment. There were also significant impacts in parent-reported bullying perpetration or victimisation and child report of bullying victimisation (Flynn et al., 2015). Only two of six observational studies found reductions in injury recidivism from youth violence (Strong et al., 2016).

One critically low-confidence review (Mikhail & Nemeth, 2016) [0% LMICs] evaluated programmes among victims of youth violence at trauma centres. The interventions largely relied on case management and brief intervention and, overall, had mixed results of effectiveness. Of the seven studies that directly measured re-injury, only four (all weak quality) found improvements on the outcome. One strong-quality trial (Shibru et al., 2007) investigating mortality did not find improvements in the outcome and two weak-quality studies (Cheng et al., 2008; M. A. Walton et al., 2010) evaluating self-reported fighting had null impacts.

One low-confidence review (Ranney et al., 2019) [0% LMICs] only identified one study (Chong et al., 2015) [weak quality] that evaluated a hospital-based violence prevention programme (not described further) using a non-randomised convenience sample in the United States. The intervention had no significant impact among youth who experienced a firearm-related injury on violent injury recidivism.

Three reviews include at least one trial of *SafERteens*, an intervention in the United States targeting problem alcohol use and violence (MacArthur et al., 2018; Strong et al., 2016; Tait & Lenton, 2015) [0-6% LMICs]. The studies contained arms for participants receiving the intervention with guidance from a therapist or digitally (unguided) on a computer. One trial (Cunningham et al., 2012) [strong quality (MacArthur et al., 2018)] found reductions in youth violence victimisation and perpetration at one-year post-intervention from the therapist-facilitated intervention, but no impact from the digital intervention alone. Another study (Cunningham et al., 2013) [weak quality (Tait & Lenton, 2015)] investigated the impacts on dating violence. The digital intervention was associated with reductions in moderate dating violence at three- and six-months post-intervention, but not at one-year post-intervention. Those receiving the therapist-facilitated intervention had reductions in moderate dating violence at six- and 12-months post-intervention as well as reductions in severe dating violence victimisation at three-months post-intervention only. (Moderate violence was labelled if a partner “threw something that could hurt you; twisted your arm or hair; pushed you; shoved, grabbed, or slapped you”, whereas severe violence was denoted if a partner “punched or hit you with something that could hurt; choked; slammed against a wall; beat you up; burned or scalded you on purpose; kicked you; or used a knife or gun on you” (Cunningham et al., 2013, p. 563).)

SUMMARY: Among interventions implemented in primary care settings or emergency departments, there is limited strong-quality evidence. Reviews did not identify primary evidence from LMICs. There is promising, strong-quality evidence for the *SEEK* Model, which combines primary care screening and intervention and has been tested in the United States. Findings for primary care screening and intervention should be interpreted within the context of existing WHO guidelines on the health sector

response to child maltreatment (2019b). These guidelines note that providers should 1) be trained to recognise the signs of violence, 2) ask about it safely, and 3) for identified cases, offer immediate first-line support.

	HIC	LMIC
Primary care screening & intervention on <i>child maltreatment</i>	Promising evidence	No new systematic reviews
Hospital-based violence prevention on <i>youth violence recidivism</i>	Not currently supported by evidence	No new systematic reviews
Hospital-based violence prevention on <i>IPV against adolescents</i>	Not currently supported by evidence	No new systematic reviews

Sexual offender treatment programmes.

Treatment programmes for those that have sexually offended against children often rely on cognitive behavioural therapy (CBT) or multisystemic therapy (MST) for reducing sexual violence perpetration recidivism. This section contains references from 13 included reviews.

Among the eight reviews (four meta-analyses) evaluating adult offending, none were high or moderate confidence and no review was able to identify sufficient, quality evidence to conclude that these interventions are effective in reducing adult sexual recidivism against children (Barros et al., 2022; Grønnerød et al., 2015; Långström et al., 2013; Schmucker & Lösel, 2017; Soldino & Carbonell-Vayá, 2017; Sousa et al., 2023; ter Beek, Spruit, et al., 2018; J. S. Walton & Chou, 2015) [0% LMICs]. Of these reviews, no review included evidence from LMICs, and two reviews (Sousa et al., 2023; J. S. Walton & Chou, 2015) and one meta-analysis (Schmucker & Lösel, 2017) looked at interventions exclusively among male offenders.

Four reviews (three meta-analyses) evaluated impacts for adolescent offenders against other children, or young people with problematic sexual behaviour. Among these reviews, no review identified sufficient quality evidence to conclude that these interventions are effective in reducing sexual violence perpetration recidivism (Långström et al., 2013; Schmucker & Lösel, 2017; Sneddon et al., 2020;

Soldino & Carbonell-Vayá, 2017) [0% LMICs]. No review included evidence on recidivism from studies conducted in LMICs and all reviews were low- or critically low-confidence, except for one meta-analysis which was high-confidence (Sneddon et al., 2020). To note, one critically low-confidence meta-analysis (Soldino & Carbonell-Vayá, 2017) [0% LMICs] of two primary studies (one strong quality) found preliminary evidence in favour of reductions in sexual violence recidivism among adolescent perpetrators (OR= 0.25 [0.10, 0.60]).

A low-confidence meta-analysis (van der Stouwe et al., 2014) [0% LMICs] investigated the effectiveness of multisystemic therapy for young people with problem behaviours (including sexual offending) and found an overall small, significant effect on delinquency ($d= 0.23$), but this effect was insignificant on subgroup analyses for violent delinquency.

One critically low-confidence review (Howey et al., 2022) [0% LMICs] estimated rates of sexual violence recidivism from residential treatment programmes and found similar rates to community-based treatment, but primary studies directly evaluating the comparative effectiveness of these interventions are needed.

Three reviews evaluated other outcomes among sexual violence perpetrators. First, among young people with problematic sexual behaviour, one low-confidence meta-analysis (ter Beek, Kuiper, et al., 2018) [0% LMICs] found that intervention was associated with improved psychosocial functioning ($d= 0.60$ [0.45, 0.74] – moderate effect size, ~33% improvement). Similarly, intervention was associated with reduced rule breaking and aggression ($d= 0.63$ [95% CI not reported], $p<0.001$), a sub-measure of overall psychosocial functioning (ter Beek, Kuiper, et al., 2018). There were significant effect modifiers based on victim age and the type of problem behaviour or psychosocial functioning. Effects also varied based on the type of informant, whether the study was peer-reviewed, and whether the treatment was an established method.

Second, one low-confidence meta-analysis (McPhail & Olver, 2020) [0% LMICs] of interventions among men who sexually offended against children found significant effects for therapeutic approaches to reducing sexual interest toward pre- or early pubescent children (significant effect sizes range Hedge's $g = 0.13$ to 0.75), but had no impact in increasing sexual interest toward adults. In moderator analyses, there was a stronger intervention effect for those who had high sexual interest toward pre- or early pubescent children at baseline (i.e., greater intervention effectiveness). However, 40 out of 41 included studies had serious or critical risk of bias.

Lastly, one high-confidence meta-analysis (Sneddon et al., 2020) [25% LMICs] included four small studies conducted among adolescent boys with harmful sexual behaviour. The evidence of effectiveness for the impact of CBT (compared to no intervention or an alternative intervention) was rated as very low certainty for all outcomes, including recidivism (one primary study, no evidence of effectiveness), cognitive distortions (three primary studies, mixed evidence of effectiveness), and victim empathy (one primary study, evidence of effectiveness). All primary studies relied on limited data due to small sample sizes. One primary study was conducted in South Africa (Mathe, 2007) [weak quality], but the evaluation did not assess recidivism.

SUMMARY: There is insufficient and inconclusive quality evidence on sexual offender treatment programmes. Most studies have significant risk of bias and methodological challenges, such as the lack of control groups or small sample sizes (including single-case design studies). No review included evidence on recidivism from LMICs.

	HICs	LMICs
Sexual offender treatment programmes on sexual violence perpetration recidivism among adults	Not currently supported by evidence	No new systematic reviews
Sexual offender treatment programmes on sexual violence perpetration recidivism among adolescents or young people with problematic sexual behaviour	Not currently supported by evidence	Not currently supported by evidence

Foster care interventions involving social welfare services.

Interventions in this category pertain to children who have been removed from the home after maltreatment victimisation. This section contains references from 11 included reviews.

A high-confidence review of reviews (Sarah Lester et al., 2019) found inconclusive evidence on out-of-home care for children who experienced maltreatment, abuse, or neglect. This conclusion was determined based on two reviews included in our analysis. The first – a high-confidence meta-analysis (Winokur et al., 2014) [0% LMICs] – found that children in kinship care who had experienced maltreatment had overall better outcomes than those in non-kinship foster care who had also experienced maltreatment. Compared to children in non-kinship foster care, children living in kinship care had fewer behavioural problems ($g = -0.33 [-0.49, -0.17]$), fewer mental health disorders ($OR = 0.51 [0.42, 0.62]$), less placement disruption ($OR = 0.52 [0.40, 0.69]$), and less re-abuse (institutional abuse, $OR = 0.27 [0.10, 0.71]$) as well as higher levels of competence or adaptive behaviours ($g = -0.42 [-0.61, -0.22]$) and wellbeing ($OR = 0.50 [0.38, 0.64]$) (Winokur et al., 2014, p. 2). For permanency, children in non-kinship foster care were more likely to be adopted ($OR = 2.52 [1.42, 4.49]$), but children in kinship care were more likely to be in guardianship ($OR = 0.26 [0.17, 0.40]$) (Winokur et al., 2014, p. 2). Children in non-kinship foster care were more likely to utilise mental health services ($OR = 1.79 [1.35, 2.37]$) (Winokur et al., 2014, p. 2). There were no statistical differences for educational attainment, family relations (i.e., attachment outcomes), reunification, length of stay, or service utilisation for developmental or physician services. Despite significant heterogeneity across most outcome meta-analyses, no significant effect modifiers were identified.

The second review identified in the high-confidence review of reviews (Sarah Lester et al., 2019) – a low-confidence review (Maclean et al., 2016) [0% LMICs] – found minimal evidence to support out-of-home care compared to in-home care only for maltreated children. From 40 studies statistically evaluating comparisons on health and wellbeing, the evidence of differential impact was largely null (29 studies) or harmful (7 studies), and only a few beneficial (4 studies). Of the four studies showing

beneficial effects, all had significant risk of selection bias. Another low-confidence review (Yoon et al., 2018) [0% LMICs] evaluated the impact of out-of-home care on delinquency and offending behaviour among children who experienced maltreatment. The review identified mixed evidence, with the majority of studies identifying higher offending behaviour for those removed from the home. Entering care during adolescence, living in group-care settings, and experiencing a higher number of placements were each associated with higher offending behaviour.

A high-confidence review (Kemmis-Riggs et al., 2018) [0% LMICs] found mixed intervention impacts for caregivers of children in out-of-home care. Five out of eight studies found at least one improved measure for positive parenting. Half of studies measuring child behaviour problems (externalising or internalising behaviour: 6/12) found significant reductions from the intervention. Effective programmes with reductions in problem behaviours had components for consistent discipline and positive reinforcement, trauma psychoeducation, problem-solving, parental engagement skills and parent-targeted information. Ineffective studies did not have components on participation strategies and trauma psychoeducation. There is limited, but consistent, evidence that intervention can improve attachment or relational problems (3/3 studies). Effective programmes with improved parent-child relationships had components on developing parental responses that were empathic, sensitive, and attuned to children's needs. Lastly, there was limited impact on permanency (2/6 found improved stability) and no patterns of effective programme components were noted. (To note, a review of psychological interventions for maltreated children living in residential facilities (Kim et al., 2019) is discussed in *Counselling & therapeutic approaches*.)

Another high-confidence meta-analysis (D. Taylor et al., 2021) [0% LMICs] evaluated transition support programmes and extended care policies for care leavers. The review identified insufficient evidence to conclude effectiveness of these initiatives for addressing homelessness, health, education, economic outcomes or employment, violence victimisation or perpetration, and risky sexual or substance-use behaviours. (Where available, the evidence for these outcomes is graded as very low

confidence.) Nonetheless, the review emphasised the interventions are necessary for creating an enabling environment and that further research is necessary.

A high-confidence review of reviews (Cuartas et al., 2024) found inconclusive, weak-quality evidence regarding family preservation programmes in reducing violence against children in the home (Barlow et al., 2006; Chaffin & Schmidt, 2006), though neither synthesis incorporated the last 15 or more years of research. One low-confidence meta-analysis (Al et al., 2012) [no information on countries of primary studies] found no statistical effect for out-of-home placement from intensive family preservation programmes among samples experiencing child maltreatment alone. However, the effect is significant among households with multiple issues ($d = 0.15$ [0.12, 0.19]). The review identified several moderators, including “sex and age of the child, parent age, number of children in the family, single parenthood, non-white ethnicity... [and programme] caseload” (Al et al., 2012, p. 1472). Further, “study characteristics (study design and study quality), and publication characteristics (publication type, publication year and journal impact factor)” were also identified as significant moderators of intervention effectiveness (Al et al., 2012, p. 1472).

A high-confidence meta-analysis (McGinn et al., 2020) [0% LMICs] evaluated family group decision-making on recurring maltreatment, family reunification, and kinship placement. The authors argue that the findings are inconclusive because of poor-quality evidence. A low-confidence review (LaBrenz et al., 2020) [0% LMICs] evaluated family reunification interventions on both reunification and child maltreatment revictimisation, but concluded there is insufficient and inconsistent evidence due to limited study numbers and their poor quality.

A low-confidence meta-analysis (Dijkstra et al., 2016) [0% LMICs] evaluated the effectiveness of family group conferencing on child maltreatment and found no overall impact from the intervention on reducing recurring child maltreatment. There was also no impact on out-of-home placements or involvement of youth care. Study design (retrospective vs prospective designs) was a significant effect

modifier for child maltreatment and out-of-home placement. The child's age and the proportion of the sample being ethnic minorities were moderators of out-of-home placements.

SUMMARY: There have been a number of reviews to evaluate interventions for children at risk for or victims of child maltreatment who have been removed from the home. There is significant variation in the quality of reviews. There is high-quality evidence in support of kinship care compared to non-kinship foster care for improving child behaviour and mental health, and reducing re-abuse (Winokur et al., 2014). There is mixed evidence across the interventions, of which methodological limitations contribute to this heterogeneity. No primary studies were conducted in LMICs.

	HIC	LMIC
Kinship or foster care for maltreated children	Supported by evidence (kinship care over non-kinship foster care on child behaviour problems, child mental health, and re-abuse)	No new systematic reviews
Family preservation or reunification programmes on child maltreatment recidivism	Not currently supported by evidence	No new systematic reviews
Family group conferencing or decision-making on child maltreatment recidivism	Not currently supported by evidence	No new systematic reviews
Transition support programmes and extended care policies for care leavers who experienced maltreatment	Not currently supported by evidence	No new systematic reviews

EDUCATION & LIFE SKILLS:

Strategy Overview.

This strategy includes 94 reviews. All interventions include improved evidence of effectiveness in supporting recommendations in favour of implementation. A new category for comprehensive school health services was added to the INSPIRE approaches, which identified emerging evidence in HICs only.

Safe & enabling school environments.

Safe schools (or Whole-School Approaches to violence prevention) focus on “building a positive school climate and violence-free environment, and strengthening relationships between students, teachers, and administrators” (WHO, 2018, p. 243). These interventions are often multicomponent programmes that operate at multiple levels of influence (e.g., improving students’ knowledge and behaviours, instituting new classroom rules or increased supervision, staff development, or establishing school policies against bullying) and can also involve parents (Cox et al., 2016; Soraya Lester et al., 2017; Silva et al., 2017). These interventions are a sub-type of school-based bullying prevention programmes (discussed further below). This section contains references from 26 included reviews.

A high-confidence meta-analysis of whole-school interventions (Melendez-Torres, Ponsford, et al., 2023) [22% LMICs] found reductions in violence victimisation in the short-term (OR= 0.84 [0.72, 0.98] for less than 12 months) and long-term (OR= 0.85 [0.73, 0.99] for 12 months or more) and found similar reductions in violence perpetration in both the short-term (OR= 0.85 [0.76, 0.96]) and long-term (OR= 0.79 [0.65, 0.98]). The review identified interventions that “aimed to improve student commitment to school,” thus the impact on youth violence is through indirect mechanisms (Melendez-Torres, Ponsford, et al., 2023, p. 194).

Another high-confidence meta-analysis evaluating WHO’s Health Promoting Schools framework (Langford et al., 2014) [0% LMICs] was included in multiple reviews of reviews (e.g., Harrison et al., 2022; Shackleton et al., 2016; Suto et al., 2021) and found significant reductions in bullying victimisation (OR= 0.83 [0.72, 0.96]), but no impact on bullying perpetration. These antibullying interventions had to contain “three elements: input to the curriculum; changes to the school’s ethos or environment or both; and engagement with families or communities, or both” (Langford et al., 2014, p. 1). To note, although there was no overall impact in meta-analyses on bullying perpetration, the review cites two large-scale evaluations of *KiVa* in Finland, which found significant reductions (~25%) in bullying perpetration (Kärnä et al., 2011, 2013) [both weak quality]]. These evaluations are also included in a low-confidence review (Silva et al., 2017).

One moderate-confidence review of interventions to prevent youth violence in Latin America (Atienzo et al., 2017) [44% LMICs] identified four programmes that were school-based, multicomponent interventions. The evaluations all identified at least one improved measure of youth violence (perceived, witnessed, or committed), including bullying, fighting, or general violence or aggression. All studies were weak quality. The review also included one study of a national school reform in Chile, which increased the amount of time children spent at school by almost 25% (Berthelon & Kruger, 2011) [weak quality]; the evaluation found an 11% reduction in violent crimes perpetrated by adolescents aged 14-17 years.

One critically low-confidence review (Baumgarten et al., 2023) [100% LMICs] notes preliminary, but consistent evidence that whole-school approaches can reduce physical and emotional violence perpetration by teachers (4/4 and 2/2 studies, respectively). The review also included one study measuring sexual violence perpetration from school staff, but the trial in Jamaica was underpowered and found no impact (Baker-Henningham et al., 2019) [weak quality].

A low-confidence review labelled the whole-school approach as promising evidence (i.e., at least one effective and strong-quality primary study) for reducing child sexual abuse in both HICs and LMICs, but notes that effective interventions require sufficient coordination and financial resources within the school environment and larger community (UNICEF, 2020, p. 181) [24% LMICs]. Among remaining reviews, some examples of effective programmes are frequently cited. Many reviews (e.g., Desrosiers et al., 2020; Villardón-Gallego et al., 2023; Yount et al., 2017) [36-100% LMICs] highlight the strong-quality evidence of the *Good Schools Toolkit*, which had reductions in physical violence by teachers or school staff (e.g., student report: OR= 0.39 [0.25, 0.62] in the past week) (Devries et al., 2015) [strong quality (Rose-Clarke et al., 2019)] but no impact on sexual or emotional violence from teachers or school staff (Devries et al., 2017) [strong quality (Meinck et al., 2019)]. There were also reductions in emotional peer violence (e.g., OR= 0.68 [0.51, 0.90] in the past week), but no impact on physical or sexual violence by peers (Devries et al., 2017). Secondary analysis of the *Good Schools Toolkit*

identified reductions in physical violence (OR= 0.29 [0.14, 0.59] in the past week) from teachers against students with disabilities (Devries et al., 2018) [quality not specified (Baumgarten et al., 2023)].

In HICs, one low-confidence review (Silva et al., 2017) [0% LMICs] identified mixed evidence for the *Olweus Bullying Prevention Program* implemented in the United States, Norway, Belgium, and Hong Kong; the primary study from the United States is also cited in Earnshaw et al (2018). This intervention informed the development of another intervention (Fekkes et al., 2006) [weak quality (Langford et al., 2014)]; this study was also included in a moderate-confidence review (Olié et al., 2023). Although the study found reduced bullying perpetration and victimisation at the end of the first intervention year, these findings did not persist to the end of the second year (Fekkes et al., 2006). Many reviews also include the *Shifting Boundaries* intervention, which is summarised in *Reducing violence by addressing hotspots*. One critically low-confidence review (Earnshaw et al., 2018) [5%, one trial from LMICs] included a study from the United States on whole-school approaches to stigma-related bullying on sexual orientation (*Safe Schools Program for Gay and Lesbian Students*) and found reductions in bullying (Szalacha, 2003) [weak-quality].

Several reviews, including a high-confidence review (Bonell et al., 2013) [0% LMICs], have noted the dearth of evidence evaluating a whole-school approach (particularly in improving school climate) and its effectiveness for reducing violence against children, especially in relation to the number of studies only targeting particular social skills (Soraya Lester et al., 2017). Nonetheless, the critically low-confidence review of reviews (Soraya Lester et al., 2017) cites preliminary evidence in favour of whole-school approaches to reduce peer violence victimisation. Multiple low- or critically low-confidence narrative reviews also had mixed results or limited evidence, including reviews that only have one evaluation of a whole-school approach to violence prevention (Cox et al., 2016; Gavine et al., 2016; Majed, 2018; Nyoni et al., 2023) [0-100% LMICs]. Similarly, there are conflicting conclusions whether these multicomponent, whole-school approaches are more effective than interventions targeting specific social skills or populations (Jiménez-Barbero et al., 2012, 2016; Kovalenko et al., 2022; Mertens et al., 2020; Nyoni et al., 2023; Shackleton et al., 2016) [0-100% LMICs].

SUMMARY: While there is less evidence available for whole-school approaches to violence prevention as compared to targeted skills training or behavioural approaches, there is high-confidence evidence in meta-analyses demonstrating the effectiveness of these programmes.

	HICs	LMICs
Whole-school approaches on bullying perpetration and victimisation	Supported by evidence	Supported by evidence
Whole-school approaches on child abuse (by teachers or school staff)	No new systematic reviews	Promising evidence

School health services.

School health services are “provided by a health worker to students enrolled in primary or secondary education, either within school premises or in a health service situated outside the school premises that has an official agreement with the school to provide health services to the school’s students” (WHO, 2021b, p. xiv). This section contains references from five included reviews.

A moderate-confidence meta-analysis (Montgomery et al., 2022) [0% LMICs] was used to inform the development of WHO guidelines on school health services delivered by health workers, such as nurses (WHO, 2021b). This review identified one study in the United States (Hutchinson et al., 2012) [strong quality] that included violence outcomes. Hutchinson et al (2012) found reductions in boys being in a fight in the previous year (32.6% vs 43.1%, Relative Ratio (RR)= 0.76 – graded as moderate certainty) and reductions in weapon carrying among boys (16.1% vs 25.1%, RR= 0.64 – moderate certainty). Four low-confidence reviews (Yosep et al., 2022; Yosep, Hikmat, & Mardhiyah, 2023b, 2023a; Yosep, Hikmat, Mardhiyah, et al., 2023) are described as investigating interventions involving nurses, however the results of these studies are not quantified and the reviews present insufficient data to support further analysis.

	HICs	LMICs
Comprehensive school health services on <i>bullying & youth violence</i>	Emerging evidence	No new systematic reviews

School-based sexual abuse awareness programmes.

These interventions “build awareness and teach skills to help children and adolescents understand consent, avoid and prevent sexual abuse and exploitation, and to seek help and support” (WHO, 2018, p. 243). This section contains references from 15 included reviews. No primary study directly measured the impacts of the intervention on actual rates of sexual abuse or exploitation.

Within two recent and high-confidence meta-analyses, there is significant evidence in favour of improved knowledge. Lu et al (2023) [13% LMICs] identified improvements in both assessment of factual knowledge ($g = 0.72$ [0.52, 0.93]) and assessment of applied knowledge ($g = 0.55$ [0.35, 0.74]). These effects are similar in magnitude to the previous, high-confidence update (Walsh et al., 2015) [8% LMICs], which graded the evidence as moderate certainty. Another high-confidence meta-analysis (Che Yusof et al., 2022) [38% LMICs] found that the intervention improved knowledge (factual or applied, $d = 0.90$ [0.63, 1.18] – graded as high-certainty evidence). This latter review also found significant improvements in self-protective skills ($d = 0.39$ [0.07, 0.71] – high certainty). A critically low-confidence meta-analysis of interventions in China (H. Zhang et al., 2021) [100% LMICs] also found improvements from the intervention in both factual and applied knowledge ($d = 2.53$ [2.03, 3.04]) and in self-protective skills ($d = 2.00$ [1.39, 2.60]).

To note, three of the reviews are connected: One high-confidence review (Lu et al., 2023) [13% LMICs] is a meta-analytic update to Walsh et al (2015) [8% LMICs], a high-confidence review. Walsh et al (2015) is also included in multiple reviews of reviews (e.g., Harrison et al., 2022; McLean et al., 2017; Suto et al., 2021). Walsh et al (2015) was an update to an original strong-quality review (Zwi et al., 2007) included in a moderate-confidence review of reviews (Arango et al., 2014).

There are also results based on limited study numbers in certain meta-analyses. Walsh et al (2015) [8% LMICs] identified three studies where the intervention improved disclosure of past or present sexual abuse (OR= 3.56 [1.13, 11.24] – graded as moderate certainty), but this became insignificant after correcting for errors in the unit of analysis. The researchers also found improvements in protective behaviours (OR= 5.71 [1.98, 16.51] – moderate certainty) from two studies (Walsh et al., 2015) [8% LMICs]. Che Yusof et al (2022) [38% LMICs] meta-analysed three studies and found improved attitudes toward child sexual abuse ($d=1.76$ [0.46, 3.07] – high certainty).

Among narrative syntheses, a high-confidence review of reviews (Cuartas et al., 2024) noted improved knowledge and protective behaviours from the intervention, which is similar to conclusions in another low-confidence review (Rose, 2020) [15% LMICs]. A high-confidence review (Fantaye et al., 2022) [100% LMICs] found significant evidence in favour of improved knowledge (graded as high-certainty), but significantly less evidence, though encouraging, in favour of the intervention improving attitudes, behaviours, and skills (graded as low-certainty). A low-confidence review (UNICEF, 2020) [24% LMICs] identified the evidence for school-based sexual abuse awareness programmes as promising (at least one strong-quality study) in both HICs and LMICs.

A moderate-confidence review (Rudolph et al., 2024) [18% LMICs] evaluated interventions involving parents (not specific to school-based implementation alone). The review found that among RCTs, all (100%) had improved attitudes, behaviours, intentions, and response efficacy at post-test and the majority (60% or more) found significant improvements in knowledge, self-efficacy, and capabilities at post-test. Across all studies at follow-up, the majority (60% or more) maintained significant effects, except for capabilities in which only one of two studies remained significant.

Among moderator and subgroup analyses, interventions with longer duration (four or more sessions) were more effective, but there was no intervention component significantly associated with effectiveness (Lu et al., 2023). Two reviews with narrative syntheses identified interactive activities to

be associated with consistent intervention effectiveness (Fantaye et al., 2022; UNICEF, 2020), of which one review (UNICEF, 2020) also noted that interventions were more effective with longer durations.

Although there was no impact in meta-analyses for participant gender in moderating intervention effectiveness (Lu et al., 2023), a high-confidence review identified two studies which found higher impacts among girls (Fantaye et al., 2022). There is inconsistent evidence for the impact of child age on intervention effectiveness across outcomes (Che Yusof et al., 2022; Fantaye et al., 2022; Lu et al., 2023; H. Zhang et al., 2021), though the high-confidence meta-analyses (Che Yusof et al., 2022; Lu et al., 2023) suggest higher effectiveness for children in primary school.

A critically low-confidence meta-analysis (H. Zhang et al., 2021) found higher intervention effects when programmes in China were implemented by researchers as opposed to teachers. One high-confidence meta-analysis (Che Yusof et al., 2022) investigated subgroup analyses for children with disabilities and found no significant impact in improving skills. One low-confidence review of reviews (Yount et al., 2017) [100% LMICs] included a primary study of an intervention in Taiwan (Y.-C. Chen et al., 2012) [weak-quality], which found null impacts on primary prevention skills (i.e., child knowledge about sexual abuse). A critically low-confidence review (Hossain et al., 2018) [100% LMICs] included two weak-quality primary studies which found improvements in knowledge on appropriate and inappropriate touch. There were no consistent impacts of harm, though three primary studies noted possible iatrogenic effects (e.g., increased fear or nightmares) in some children after the intervention (Walsh et al., 2015).

SUMMARY: There is significant and consistent evidence that school-based sexual abuse awareness programmes can improve multiple risk and protective factors for children, including in interventions involving parents. However, primary studies have not evaluated the impact on direct measures of violence and it is not possible to determine if the change in risk and protective factors is sufficient to have an impact on violence outcomes.

	HICs	LMICs
School-based sexual abuse awareness programmes on <i>child sexual abuse (child-directed intervention)</i>	Not currently supported by evidence	Not currently supported by evidence
School-based sexual abuse awareness programmes on <i>child sexual abuse (parent-directed intervention)</i>	Not currently supported by evidence	Not currently supported by evidence

Life & social skills training.

This section considers life and social skills training not exclusive to bullying or dating violence prevention, which are covered in separate sections. Life and social skills training “build skills for managing emotions and anger, pro-social behaviour, respectful relationships and conflict resolution” (WHO, 2018, p. 243). Interventions can include components on gender or violence sensitisation, empowerment, self-defence training, or comprehensive sex education, among others. Interventions with these components that specifically aim to reduce bullying outcomes are synthesised separately (see *School-based bullying prevention programmes*, below). This section contains references from 31 included reviews.

Four high-confidence meta-analyses on youth violence were identified. First, a meta-analysis (Castillo-Eito et al., 2020) [9% LMICs] found significant reductions in fighting ($d = 0.25$ [0.01, 0.48]), but no impact on weapon carrying. Second, a meta-analysis of three primary studies (Melendez-Torres et al., 2016) [0% LMICs] found no overall impact from community-delivered positive youth development interventions on violence perpetration, though subgroup analyses suggest a small, short-term effect ($d = 0.08$ [0.01, 0.14]); no primary studies evaluating violence victimisation were identified. Third, a meta-analysis (MacArthur et al., 2018) [6% LMICs] assessed universal school-based interventions targeting multiple risk factors on violent offending and found no significant impact. Lastly, a meta-analysis (Langford et al., 2014) [0% LMICs] including school-based interventions targeting multiple risk behaviours identified limited, mixed evidence for these programmes on reducing youth violence.

A high-confidence review of integrated academic and health education interventions (Melendez-Torres et al., 2018) [10% LMICs] found inconsistent effects on physical youth-violence victimisation and perpetration (including bullying). Nonetheless, this review included three strong-quality evaluations of *Positive Action* (in Chicago, Illinois & Hawaii), which documented reductions in youth violence perpetration and one study from Chicago measured and documented reductions in bullying (Beets et al., 2009; Lewis et al., 2013; Li et al., 2011). One moderate-confidence review (Olié et al., 2023) [44% LMICs] found mixed results of social skills training on bullying victimisation and perpetration. A high-confidence review (Jiménez-Barbero et al., 2020) [0% LMICs] included one intervention evaluation from Spain (Tejero-González et al., 2011) [strong quality] that found self-defence classes in physical education had small reductions in unprovoked violence among high-school students. The review also included an evaluation of martial-arts training among adolescents in the United States (Zivin et al., 2001) [strong quality] and found reductions in violent behaviour.

Evidence is similar among low- and critically low-confidence reviews. A critically low-confidence review of reviews (Soraya Lester et al., 2017) identified socioemotional programmes and peer mediation as having overall positive effects in preventing peer violence perpetration. However, a low-confidence review of reviews (Shackleton et al., 2016) included one weak-quality review (Blank et al., 2010) which found mixed and insufficient evidence on the effectiveness of peer mediation on bullying outcomes. Nonetheless, Soraya Lester et al (2017) noted that interventions have the strongest evidence of effectiveness when implemented in whole-school approaches or by addressing multiple levels of risk.

A critically low-confidence meta-analysis (Cox et al., 2016) [0% LMICs] identified preliminary evidence (two primary studies) that universal school-based programmes are associated with reductions in violent behaviour when directly targeted to adolescents ($d = 0.11$ [0.01, 0.20]), but no impact when interventions were targeted to parents. This review identified skill enhancement and social-norms promotion as components significantly associated with intervention effectiveness. Another low-confidence review (Gavine et al., 2016) [0% LMICs] examined universal school-based programmes

addressing youth violence (excluding bullying) and found mixed evidence on measures of violent behaviour and victimisation; this review also identified that having components on improving violence-related social norms and developing pro-social skills were associated with intervention effectiveness. Lastly, one low-confidence review (Silva et al., 2017) [0% LMICs] found mixed results of social skills training on bullying victimisation and perpetration.

A critically low-confidence review (Majed, 2018) [0% LMICs] found mixed evidence that positive youth development interventions with a physical activity component may be effective in reducing bullying perpetration. Only one of three quasi-experimental studies found significant effects in adjusted models and 95% confidence intervals were not consistently reported for either the odds ratios or the standardised effect sizes in experimental studies. One strong-quality study in the United States (Beets et al., 2009) of *Positive Action* (discussed above) found significant differences in effect size based on whether bullying perpetration was measured as teacher-report (small, $d = -0.27$) or student-report (large, $d = -0.68$). One weak-quality, experimental study in the Netherlands (Busch et al., 2013) measured both bullying victimisation and perpetration; the trial found a significant effect in reducing victimisation and perpetration (both $d = -0.53$, 95% CI not reported for the standardised effect size) from an intervention incorporating physical activity components into a whole-school approach to violence prevention.

There is similar evidence in favour of life and social skills training in addressing IPV and non-partner sexual violence against adolescents. One low-confidence review (Piolanti et al., 2022) [35% LMICs] of psychosocial programmes (broadly defined, of which 70% of primary studies were school-based psychoeducation interventions) were associated with reductions in sexual violence perpetration ($OR = 0.83$ [0.73, 0.95]) and victimisation ($OR = 0.87$ [0.78, 0.98]). (This systematic review was excluded from the decision matrix due to high heterogeneity in programme content that precludes clear programme recommendations.) Further, in LMICs, a high-confidence meta-analysis (Meinck et al., 2019) [100% LMICs] evaluated combined sexual health and social empowerment interventions (including components on gender norms and conflict resolution skills) and found significant impacts on IPV or non-partner sexual violence exposure for adolescents ($OR = 0.85$ [0.74-0.98]), but not

perpetration (both graded as low-certainty evidence). (To note, two of the four included studies in this meta-analysis are analysed under *Healthy romantic relationships education*.)

Separate from the meta-analysed data, the high-confidence review (Meinck et al., 2019) [100% LMICs] also identified three weak-quality studies of empowerment and self-defence training for girls in informal settlements in Nairobi, Kenya. Two studies (Sarnquist et al., 2014; Sinclair et al., 2013) evaluated the impact of the *No Means No* intervention and one study (Baiocchi et al., 2017) evaluated *IMPower*, which also provided a gender sensitisation intervention for boys. All three studies identified reductions in past-year sexual violence victimisation (graded as low to moderate certainty). At least one of the three primary studies is cited in multiple included reviews (e.g., Desrosiers et al., 2020; McNaughton Reyes et al., 2021; Nyoni et al., 2023; Yount et al., 2017) [38-100% LMICs]. A critically low-confidence review (Villardón-Gallego et al., 2023) [36% LMICs] also included the *IMPower* intervention in Kenya as well as an evaluation among Indigenous girls in the United States (Edwards et al., 2021) [strong quality]. The evaluations showed reductions in sexual assault and sexual harassment among girls, improved empowerment (self-confidence) among girls, and improved bystander behaviour for boys.

A critically low-confidence review evaluating the whole-school approach to address physical or sexual violence (Nyoni et al., 2023) [100% LMICs] included interventions with components on empowerment, sexual and reproductive health, or sensitisation interventions. The majority of studies with these intervention components found at least one improved outcome for physical or sexual IPV against adolescents. Also, a low-confidence review (UNICEF, 2020) [24% LMICs] identified promising evidence (at least one strong-quality primary evaluation) in LMICs (not HICs) for incorporating empowerment or self-defence as part of a larger whole-school approach to violence prevention in reducing sexual abuse against adolescent girls.

The low-confidence review (UNICEF, 2020) [24% LMICs] also classified comprehensive sex education (including HIV prevention) as promising evidence (at least one strong-quality primary study)

in LMICs (not HICs) for reducing child sexual abuse. The review notes that comprehensive sex education may have higher effectiveness for girls if combined with economic strengthening initiatives. For example, one primary study in a high-confidence meta-analysis (Meinck et al., 2019) [100% LMICs] found significant reductions in forced sex (OR= 0.82 [0.72, 0.93]) from the *Empowerment & Livelihoods for Adolescents* intervention in Uganda (Bandiera et al., 2017) [weak quality, discussed in *Microfinance*]. A critically low-confidence review (Decker et al., 2024) [29% LMICs] evaluated programmes that addressed at least two domains of sexual or reproductive health, violence, education or employment, and problem substance use and found mixed evidence for these theory-based interventions in reducing violence perpetration or victimisation.

As discussed in *Safe environments*, multiple reviews (e.g., Olié et al., 2023; Spangaro et al., 2021) [100% LMICs] include the *COMPASS* interventions, which combined safe spaces with life and social skills training (including empowerment and relationship skills); however, the evaluations found no impact on sexual violence or other violence outcomes. The standardised effect size for a digital trial on assertive resistance training in the United States (Rowe et al., 2015) [strong quality] was significant for reductions in sexual violence victimisation when calculated as a binary measure (OR= 0.47 [0.24, 0.92]) in one moderate-confidence meta-analysis (Piolanti et al., 2022) [35% LMICs], but was insignificant when expressed as a continuous measure ($d= 0.29 [-0.37, 0.95]$) in a low-confidence meta-analysis (M. Chen & Chan, 2022) [0% LMICs].

A low-confidence review of interventions for justice-involved young women (Willoughby et al., 2024) [0% LMICs] included one intervention that in the absence of formal schooling, provided comprehensive academic and social support, including a life skills curriculum (Millenky et al., 2019) [weak quality]. However there was no significant reduction in having been in a violent or abusive relationship in the past year.

A low-confidence review (Bacchus et al., 2024) [67% LMICs] included two school-based interventions which measured both violence against children and maternal IPV victimisation. One intervention

(Skhokho) in South Africa (Jewkes et al., 2019) [strong quality, discussed in *Parenting-plus programmes*] found reductions in both negative parenting and maternal emotional IPV victimisation, but no impact on victimisation or perpetration of either physical or sexual IPV or non-partner sexual violence among youth. Another study in Afghanistan (Corboz et al., 2019) [strong quality] evaluated a peace-education curriculum and found reductions in corporal punishment and observing family violence.

There is limited evidence on reducing gang involvement or gang violence, including from after-school activities. A high-confidence review (Filges et al., 2022) [0% LMICs] included one primary study (Thompson & Jason, 1988) [weak quality] that evaluated the impact of adding after-school activities to a classroom-based social development programme to reduce gang membership in Chicago and found no significant impact. A moderate-confidence review (Barton et al., 2020) [0% LMICs] included a strong-quality primary study in the United States (Shetgiri et al., 2011), which combined tutoring and after-school activities and found no reduction in fighting. The review also referenced a multicomponent intervention (including peer-led life-skills training, parenting education, and community mobilisation) and found reductions in fighting, which included gang fights as part of the measure (Wiist et al., 1996) [strong quality]. Lastly, a high confidence review of reviews (McLean et al., 2017) included two-linked empty reviews on interventions to prevent gang involvement (Fisher, Gardner, et al., 2008; Fisher, Montgomery, et al., 2008) [strong quality]. (A more recent review was published (Higginson et al., 2016), which was also an empty review with no interventions identified in LMICs for reducing youth involvement in gangs or gang violence.)

Next, a low-confidence meta-analysis (Skeen et al., 2019) [4% LMICs] evaluated universal mental health interventions for adolescents and is also included in a low-confidence review of reviews (Harrison et al., 2022). The review (Skeen et al., 2019) only found reductions in violence or bullying perpetration from face-to-face programmes with measures aggregated across all assessment periods ($d = -0.29 [-0.56, -0.02]$), but no impact in subgroup analyses on effects less than two months or from digital or hybrid interventions with either time reference. However, no programme components were

significantly associated with improved intervention effectiveness for face-to-face implementation. Digital or hybrid interventions with components on alcohol or drug education and resisting peer pressure were significantly associated with reductions in violence or bullying perpetration (both $d = -0.40$). To note, measures of heterogeneity or number of primary studies by delivery mode (face-to-face or digital or hybrid) are not provided.

Finally, a critically low-confidence meta-analysis (Marx & Kettrey, 2016) [0% LMICs] on the impact of school-based Gay-Straight Alliances identified significant reductions in homophobic victimisation ($g = -0.19 [-0.31, -0.08]$), fear for safety ($g = -0.25 [-0.31, -0.18]$), and hearing homophobic remarks ($g = 0.41 [-0.43, -0.38]$). Homophobic victimisation was higher among non-peer reviewed studies and among local samples (as compared to national samples; $\beta = 0.26 [0.02, 0.51]$); there was no effect modification based on the sampling strategy, publication year, or sample characteristics (population type (universal versus sexual minority youth only), percent male, percent Caucasian, or average age). There were no significant moderators on fear for safety and there was low heterogeneity on hearing homophobic remarks, so meta-regressions were not conducted on this outcome.

SUMMARY: There is significant heterogeneity in outcomes and programme components within life & social skills training interventions. Nonetheless, there is evidence of effectiveness across a range of programmes and outcomes. Evidence on youth violence is concentrated on evaluations in HICs. Evidence on IPV or non-partner sexual violence against adolescents is concentrated on evaluations in LMICs.

	HICs	LMICs
Life & social skills training on youth violence	Well-supported by evidence	Not currently supported by evidence
Life & social skills training on IPV and non-partner sexual violence against adolescents	Not currently supported by evidence	Promising evidence
Life & social skills training on Child maltreatment	No new systematic reviews	Emerging evidence

Life & social skills training on youth violence (gang involvement or violence)	Not currently supported by evidence	No new systematic reviews
Gay Straight Alliances on youth violence (including against sexual minority youth)	Supported by evidence	No new systematic reviews
Universal mental health promotion interventions on youth violence perpetration (including bullying)	Promising evidence	Not currently supported by evidence

School-based bullying prevention programmes.

School-based bullying prevention programmes aim to reduce bullying perpetration and victimisation through teaching conflict resolution skills, developing students' empowerment, and facilitating an improved class environment, which works by reducing aggression (Evangelio et al., 2022). This section contains references from 28 included reviews.

Among high- and moderate-confidence reviews including meta-analyses, the largest meta-analysis (100 primary studies) found significant reductions in both bullying victimisation (15-16% reduction) and bullying perpetration (18-19% reduction) (Gaffney et al., 2021) [5% LMICs]. This review is the most comprehensive meta-analysis of these interventions and is an update to a previous meta-analysis (Farrington & Ttofi, 2009) cited in multiple reviews of reviews (e.g., Harrison et al., 2022; McLean et al., 2017; Suto et al., 2021).

Further, a subgroup analysis of studies evaluating bullying within a high-confidence meta-analysis of interventions for reducing perpetration of aggression among adolescents found a small, significant effect in favour of the intervention ($d = 0.24 [0.08, 0.41]$), but no impact from the intervention on cyberbullying (Castillo-Eito et al., 2020) [9% LMICs]. One moderate-confidence meta-analysis (Polanin et al., 2022) [0% LMICs] found small reductions in both bullying victimisation ($g = -0.16 [-0.27, -0.05]$) and perpetration ($g = -0.18 [-0.28, -0.08]$).

Among low- and critically low-confidence reviews including meta-analyses of school-based programmes, three analyses (Fraguas et al., 2021; Hensums et al., 2023; Ng et al., 2022) [0-19%

LMICs] found small reductions in both bullying victimisation ($d = -0.18$ to -0.14) and bullying perpetration ($d = -0.30$ to -0.07). One meta-analysis found significant effects for bullying perpetration only ($d = -0.12$ [$-0.17, -0.06$]) (Jiménez-Barbero et al., 2016) [0% LMICs] and another meta-analysis found a small but significant effect size for bullying overall ($d = 0.13$ [$0.03, 0.24$]) (Mertens et al., 2020). Another meta-analysis (Ng et al., 2022) [12% LMICs] graded the certainty in the evidence on bullying as low or very low for all outcome measures. This meta-analysis also only found significant effects for studies with continuous data, though only two studies reported dichotomous data. Lastly, a pooled effect from two studies found no overall impact on bullying (Cox et al., 2016) [0% LMICs].

Several reviews also assessed the impacts on cyberbullying from these traditional (in-person, school-based) bullying interventions. One moderate-confidence meta-analysis (Polanin et al., 2022) [0% LMICs] found reductions in cyberbullying victimisation ($g = -0.13$, [$-0.21, -0.05$]) and perpetration ($g = -0.18$, [$-0.28, -0.09$]). Two low- or critically low-confidence meta-analyses reported reductions in cyberbullying overall or reductions in cyberbullying victimisation and perpetration (Fraguas et al., 2021; Ng et al., 2022) [12-19% LMICs]; all effect sizes were small (effect sizes range $d = -0.16$ to -0.13). One meta-analysis graded the evidence as very low certainty (Ng et al., 2022). A critically low-confidence review of reviews (Heyeres et al., 2021) found mixed evidence across reviews. However, one included meta-analysis (Gaffney et al., 2019) [weak quality] found reductions in both cyberbullying perpetration and victimisation (10-15% reductions).

A critically low-confidence meta-analysis (Kamaruddin et al., 2023) [38% LMICs] including both in-person and digital interventions found no statistically significant effect size on cyberbullying perpetration. While there was no overall impact on cyberbullying victimisation from two primary studies, one primary study of “a digital game-based learning intervention in Thailand” (Tapingkae et al., 2020) [strong quality] found significant effects ($d = -0.26$ [$-0.48, -0.04$]) (Kamaruddin et al., 2023, p. 8).

Multiple reviews in this section on school-based bullying prevention programmes are also included in a low-confidence review of reviews (Harrison et al., 2022), which concluded that school-based bullying interventions are effective in reducing both victimisation and perpetration and noted that there is weaker evidence for digital interventions.

Among digital interventions, one critically low-confidence meta-analysis (Q. Chen et al., 2023) [0% LMICs] exclusively examined digital delivery and found reductions for both bullying victimisation and perpetration and cyberbullying victimisation and perpetration (effect sizes range $d = 0.30$ to 0.37). A low-confidence meta-analysis (M. Chen & Chan, 2022) [0% LMICs] of digital health interventions included one primary study in the United States (Sanchez et al., 2017) [strong quality] which found no impact on bullying. A low-confidence review (Esposito et al., 2024) [18% LMICs] evaluated digital interventions and noted that although there are mixed impacts on bullying and cyberbullying, there are consistent positive impacts on improved attitudes or norms for bullying or cyberbullying. Another low-confidence review (Silva et al., 2017) included two strong-quality, digital interventions, with one finding reductions in bullying perpetration in the United States (Evers et al., 2007) and one study in the United Kingdom and Germany finding no impact on knowledge for coping strategies in response to bullying (Watson et al., 2010). Lastly, one moderate-confidence review (Wade et al., 2022) [0% LMICs] identified a weak-quality study in Italy (Palladino et al., 2012) of an online-hybrid intervention facilitated by peer educators to address cyberbullying. The study found significant decreases in cyberbullying victimisation as well as decreased bullying perpetration and victimisation (Palladino et al., 2012).

A moderate-confidence review of reviews (Kovalenko et al., 2022) identified three meta-analyses that showed improvements in bullying victimisation or perpetration, but four smaller, narrative syntheses identified mixed effects. Among the remaining low- and critically low-confidence narrative syntheses, three reviews conclude that the interventions are overall effective in reducing bullying victimisation and perpetration (Earnshaw et al., 2018; Hutson et al., 2018; Jiménez-Barbero et al., 2012) [3-5%; each review includes one study from LMICs], including among marginalised, minority populations

(Earnshaw et al., 2018). Two reviews identify mixed effects (Houchins et al., 2016; Silva et al., 2017) [0% LMICs]. A low-confidence review of reviews (Evangelio et al., 2022) [22% LMICs] concludes that school-based bullying prevention programmes are effective for reducing cyberbullying and cite the ViSC programme in Austria as an effective model for young students (Grading et al., 2016) [strong quality]. One small, low-confidence review (three included studies) found no evidence of impact of school-based bullying prevention programmes for adolescents in LMICs (Sivaraman et al., 2019) [100% LMICs].

In evaluating for potential effect modifiers, there is inconsistent evidence on the impacts of student age (Q. Chen et al., 2023; Fraguas et al., 2021; Harrison et al., 2022; Hensums et al., 2023; Jiménez-Barbero et al., 2012, 2016; Silva et al., 2017), gender (Fraguas et al., 2021; Hensums et al., 2023; Jiménez-Barbero et al., 2012; Polanin et al., 2022), intervention targeting (Castillo-Eito et al., 2020; Cox et al., 2016; Fraguas et al., 2021), or intervention length (Castillo-Eito et al., 2020; Fraguas et al., 2021; Jiménez-Barbero et al., 2016).

Among intervention component analyses, the most consistent evidence is in favour of developing social skills, such as coping or problem-solving skills (Castillo-Eito et al., 2020; Q. Chen et al., 2023; Cox et al., 2016; Hutson et al., 2018; Jiménez-Barbero et al., 2012; Kovalenko et al., 2022; Mertens et al., 2020). Only one review (Polanin et al., 2022) found no impact from skill-building components. Two reviews found that parental involvement was associated with intervention effectiveness (Hutson et al., 2018; Kovalenko et al., 2022). One review (Hensums et al., 2023) noted possible iatrogenic effects from non-punitive disciplinary methods, school assemblies, and playground supervision. However, multiple reviews of reviews (Harrison et al., 2022; Kovalenko et al., 2022; Quail & Ward, 2022) cite a weak-quality meta-analysis (Farrington & Ttofi, 2009; Ttofi & Farrington, 2011) [weak quality (Kovalenko et al., 2022)] that identified playground supervision as a key component in effective antibullying programmes.

SUMMARY: There is strong, consistent evidence that school-based bullying prevention programmes can reduce perpetration and victimisation of youth violence (bullying or cyberbullying), including among young, marginalised populations. There is evidence of effectiveness to support implementation of digital interventions in HICs.

	HICs	LMICs
School-based bullying prevention programmes on bullying	Well-supported by evidence	Promising evidence
School-based bullying prevention programmes on cyberbullying	Supported by evidence	Promising evidence
Digital interventions on bullying or cyberbullying	Supported by evidence	Not currently supported by evidence

Healthy romantic relationships education.

These interventions (previously named Adolescent IPV prevention programmes, or dating violence prevention programmes) aim to reduce IPV among adolescents through relationship skills training, healthy relationships education, or shifting norms on dating violence or gender inequality (WHO, 2018). Interventions are most often implemented in school settings. This section contains references from 31 included reviews.

Six reviews were rated as high confidence. Two high-confidence meta-analyses were published ten or more years ago and found no impact on IPV victimisation or perpetration at post-intervention (Fellmeth et al., 2013) [0% from LMICs] or by follow-up (De La Rue et al., 2014) [0% LMICs]. These two meta-analyses are included in two high-confidence reviews of reviews (McLean et al., 2017; Suto et al., 2021) and Fellmeth et al (2013) is included in another critically low-confidence review (Salam et al., 2016).

The other two high-confidence meta-analyses were recently published. Among composite measures, one meta-analysis of 68 trials (Farmer et al., 2023) [26% LMICs] found that there were no short-term impacts on IPV victimisation or perpetration, but there were reductions in both victimisation (OR= 0.82 [0.69-0.99]) and perpetration (OR= 0.78 [0.64-0.94]) in longer term assessments (≥ 12 months). This

suggests a delayed impact in intervention effects. However, intervention effects were insignificant when disaggregated by violence sub-type (except for online IPV victimisation and perpetration, which was measured in two studies). Publication bias and high heterogeneity (>60%) were detected in the meta-analyses, thus the review authors graded the certainty in the evidence to be low.

This review also found no long-term impacts on risk factors for IPV, including knowledge, attitudes, and beliefs (Farmer et al., 2023) [26% LMICs]. Gender ratios in trials moderated intervention effects for victimisation (i.e., trials with a larger proportion of girls had larger effect sizes), but there was no moderator effect for perpetration. Intervention effects for both IPV victimisation and perpetration were moderated by country economic classification (i.e., interventions in HICs had larger effect sizes). Network meta-analyses based on intervention type (single-component, curriculum-based, multicomponent, and multilevel) did not find differences in intervention effectiveness. The review also evaluated intervention effects on violence from non- partners and found no overall impact from the intervention.

The remaining, high-confidence meta-analysis (Arrojo et al., 2024) [0% LMICs] identified 11 trials specific to at-risk adolescent populations (selective targeting). Only the composite measure for IPV victimisation (OR= 0.74 [0.59, 0.93]) was significant in analyses. In disaggregating effects by type of IPV, only physical perpetration (OR= 0.83 [0.75, 0.92]), sexual violence perpetration (OR= 0.93 [0.70, 0.98]), and physical violence victimisation (OR= 0.80 [0.68, 0.94]) were significant. Publication bias was detected and outliers were removed from meta-analyses; this procedure reduced the heterogeneity and results remained statistically significant. There was no impact on gender-equitable attitudes.

One moderate-confidence review (Verbeek et al., 2023) [47% LMICs] evaluated programmes targeted to adolescent boys only and found mixed evidence that these interventions can reduce IPV or sexual violence perpetration (12 out of 33 effect sizes were significant, 36%). Among the effective studies, effect sizes on violence perpetration were small. No study evaluated victimisation among boys. Evidence is similarly mixed for risk and protective factors, including bystander behaviour or intentions

and gender-equitable attitudes. Fewer studies (4 out of 24 effect sizes were significant, 17%) found improvements in attitudes on sexual or dating violence. Effect sizes for changes in attitudes were small and effects diminished by follow-up. There was no impact on perceived behaviour control or intention to perpetrate IPV or sexual violence. Another moderate-confidence review (Barton et al., 2020) [0% LMICs] identified two primary studies addressing dating violence among Latinx youth, of which neither evaluation found statistically significant reductions in violence victimisation or perpetration or related risk or protective factors.

Among the low- and critically low-confidence reviews including quantitative syntheses, findings of effectiveness are mixed. One research team found reductions in physical and psychological IPV victimisation and perpetration in meta-analyses (physical IPV victimisation OR= 0.77 [0.64, 0.95]; physical IPV perpetration OR= 0.74 [0.59, 0.92]; psychological IPV victimisation g = 0.23 [0.10, 0.37]; psychological IPV perpetration g = 0.24 [0.12, 0.37]) (Piolanti & Foran, 2022b, 2022a) [0% LMICs], but no impact on sexual IPV victimisation or perpetration (Piolanti & Foran, 2022a). Two reviews (one meta-analysis) found reductions in IPV perpetration (d = 0.16 [0.06, 0.26] (C. Lee & Wong, 2022); OR= 0.6 [Interquartile Interval 0.4, 0.8] (Finnie et al., 2022)), but not IPV victimisation (Finnie et al., 2022; C. Lee & Wong, 2022) [0% LMICs].

Among the remaining low- or critically low-confidence reviews with narrative syntheses, there were mixed or preliminary evidence of effectiveness (Catalano et al., 2019; De Koker et al., 2014; DeGue et al., 2014; Desrosiers et al., 2020; Soraya Lester et al., 2017; Levy et al., 2020; McNaughton Reyes et al., 2021; Stanley et al., 2015; Tinner et al., 2018; UNICEF, 2020; Whitaker et al., 2013; Yount et al., 2017) [0-100% LMICs]. Within these reviews, several effective programmes are frequently cited, such as Safe Dates, Fourth R: Skills for Youth Relationships, Shifting Boundaries (discussed in *Safe environments*), Stepping Stones, and PREPARE. A low-confidence review (De Koker et al., 2014) [13% LMICs] and a critically low-confidence review (Finnie et al., 2022) [0% LMICs] cite that components on teaching relationship skills are associated with improved intervention effectiveness. One review (De Koker et al., 2014) noted that effective interventions operated in multiple settings (i.e.,

in both schools and communities) and involved key adult figures to adolescents and the other review (Finnie et al., 2022) noted the importance of fostering positive social norms.

Two low-confidence reviews included primary studies for digital interventions (M. Chen & Chan, 2022; Esposito et al., 2024). One meta-analysis (M. Chen & Chan, 2022) [0% LMICs] included two strong-quality, primary studies, of which only one (Levesque et al., 2016) was effective in improving IPV-related measures ($d = 0.31$ [0.21, 0.42]). However, this review did not specify whether the standardised effects are measures of dating violence, attitudes on dating violence, or a composite of both. The second low-confidence review (Esposito et al., 2024) [18% LMICs] included one weak-quality study (Peskin et al., 2014) that found reductions in emotional IPV perpetration, but not physical IPV perpetration. Also, the latter review (Esposito et al., 2024) included three studies (two strong quality) that found at least one improved outcome on norms or attitudes related to gender or violence. However, multiple reviews note that improvements in attitudes or knowledge do not consistently translate to reductions in violence victimisation or perpetration (De La Rue et al., 2014; Hielscher et al., 2021; Kovalenko et al., 2022).

A review on moderator analyses within trials of healthy romantic relationships education identified that participants' sex moderated impacts on IPV perpetration, especially physical and emotional perpetration which had higher impact among boys (Melendez-Torres, Bonell, et al., 2023) [19% LMICs]. However, participants' sex or history of IPV victimisation did not moderate IPV victimisation. Nearly all reviews evaluating for the influence of intervention length conclude that longer interventions are not consistently identified as being more effective than shorter interventions (Arrojo et al., 2024; De Koker et al., 2014; De La Rue et al., 2014; Farmer et al., 2023; Fellmeth et al., 2013; McNaughton Reyes et al., 2021; Piolanti & Foran, 2022a; Stanley et al., 2015; Verbeek et al., 2023) [0-47%]. Multiple reviews (e.g., DeGue et al., 2014; Finnie et al., 2022; Soraya Lester et al., 2017; Piolanti & Foran, 2022a) noted individual studies with possible iatrogenic effects, such as from the Law & Justice Curriculum, Interaction-based Treatment (B. G. Taylor et al., 2010a, 2010b) [both strong quality], which found increased reporting of perpetration. Parental involvement was a significant component for

reductions of physical or sexual dating violence (Piolanti & Foran, 2022a) [0% LMICs], but had no impact on psychological dating violence (Piolanti & Foran, 2022b) [0% LMICs]. Lastly, a critically low-confidence review (Pérez-Martínez et al., 2023) [80% LMICs] concludes that gender-transformative interventions targeted to young men and that challenge social norms and hegemonic masculinity can contribute to reductions on at least one measure of physical or sexual IPV.

SUMMARY: There is significant evidence evaluating the impact of healthy romantic relationships education. While both recent, high-confidence meta-analyses (Arrojo et al., 2024; Farmer et al., 2023) found statistically significant effects, the larger review (Farmer et al., 2023) graded low certainty of evidence in its conclusions. There is evidence supporting implementation in both HICs and LMICs.

	HICs	LMICs
Healthy romantic relationships education on IPV against adolescents	Promising evidence	Promising evidence
Healthy romantic relationships education on youth violence (including sexual violence from non-intimate partners)	Not currently supported by evidence	Not currently supported by evidence
Digital interventions on IPV against adolescents	Not currently supported by evidence	Not currently supported by evidence

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Appendix 5.11: Global Evidence Gaps

This appendix covers overall evidence gaps identified for each intervention category within the INSPIRE Framework. Research is necessary to close evidence gaps, particularly in LMICs, and to ensure equitable access to effective violence prevention strategies.

OVERARCHING EVIDENCE GAPS.

Across the evidence base, review evidence clusters for violence against children prevention on particular strategies and interventions, particularly within *Parent & caregiver support*, *Response & support services*, and *Education & life skills*. There are significantly fewer reviews focused on evidence for *Implementation & enforcement of laws*; *Norms & values*; *Safe environments*; and *Income & economic strengthening* as strategies to prevent violence against children.

Novel evaluation methods for both primary studies and evidence syntheses are needed to capture diverse forms of evidence relevant to the effectiveness of large-scale policy evaluations in preventing violence against children. This may require expanded inclusion criteria for systematic reviews. Because we rely on evidence presented in systematic reviews, it is not possible to evaluate whether the lack of evidence is due to lack of reviews, lack of primary studies, or both.

Specific intervention categories in our review (i.e., antibullying legislation, firearm legislation, primary care screening and intervention, and school health services) all rely solely on evidence from the United States. This can significantly limit the generalisability of the findings for these programmes across contexts. In addition, more research is needed on scaling approaches that have been determined to be effective, similar to recent guidance on scaling parenting programmes (WHO, 2024).

A final point comes from the observation that less than one-third of included reviews (30%) were assessed as high or moderate confidence. Future reviews should prioritise rigorous methodology, particularly in registering protocols *ex-ante* and using validated risk of bias assessment tools. Reviews

should clearly and comprehensively report measures and effects for both violence victimisation and perpetration. Other reviews of reviews can follow the methodology outlined in this paper for broader forms of violence against children, including for female genital mutilation or cutting, child marriage, child labour, child soldiers, etc. More research – both in primary studies and reviews – is needed to assess the impact of evidence-based interventions on online violence, especially outside of cyberbullying. Although our analysis focused on reviews of effectiveness, syntheses of other review designs (e.g., realist reviews, reviews of process evaluations or cost-effectiveness, etc.) may provide additional relevant evidence to consider in selecting interventions for implementation.

There is limited evidence on effective interventions in humanitarian settings. Among evidence on marginalised populations, there was some review evidence for children living in care and limited evidence for children with disabilities. However, more quality evidence is needed for these populations as well as for other key populations, such as isolated or street-connected children, migrant or refugee children, children living with HIV and other chronic illnesses, and child brides (Pundir et al., 2020). Disparities based on sex was most commonly investigated, but this is often only in the context of some meta-analyses or in relation to interventions targeted to a single sex (e.g., empowerment programmes for adolescent girls). High-confidence reviews are needed to investigate the effects of interventions on marginalised populations. About half of the reviews focused on marginalised populations were for children in care, but no reviews met our inclusion criteria that focused on interventions with street-connected children, child brides, or adolescent mothers, among other marginalised groups.

Few reviews and primary studies evaluated whether the interventions may have contributed to reductions in maternal IPV victimisation or if the intervention effectiveness was compromised by co-occurring maternal IPV victimisation. More broadly, both primary studies and systematic reviews need to systematically assess for the impact of interventions on risk and protective factors and whether and how these changes contribute to reductions in violence outcomes. Research is also needed to investigate the impacts of interventions on technology-facilitated violence beyond cyberbullying alone.

The original 2016 INSPIRE core document drew largely upon individual outcome evaluation studies of interventions because at the time, there were few systematic reviews available. By contrast, despite big variations in the amount and quality of review studies between interventions, this evidence update did identify reviews for most interventions. The resulting evidence effectiveness picture is largely consistent with that from 2016.

IMPLEMENTATION & ENFORCEMENT OF LAWS:

Laws banning violence against children.

No high- or moderate-confidence reviews (including meta-analyses) have been conducted to evaluate the impacts of legal reforms to ban corporal punishment. There are methodological limitations within much of the evidence base and more rigorous, primary studies are needed to better isolate the causal impact between policy change and reductions in violence against children. No review evidence is available with data covering the last 15 years of research.

No high- or moderate-confidence reviews (including meta-analyses) have been conducted on the effectiveness of laws addressing child sexual abuse or sexual exploitation (including online abuse and exploitation). Furthermore, no systematic reviews (of any confidence) met the inclusion criteria and evaluated 1) laws to abolish criminal and civil statutes of limitations to guarantee that survivors of sexual violence can bring perpetrators to justice; 2) laws to reduce the use of rape as a weapon of war in conflicted-affected regions; 3) laws to address violence against children perpetrated online; or 4) laws to address violence against women and the impact of these laws on children generally, or specifically for adolescent girls.

There is limited primary evidence on the impacts of antibullying legislation, with only one strong-quality study from the United States. More primary studies and subsequent reviews and meta-analyses are needed to better understand the consistency of effectiveness of this legislation and the effect size in reducing bullying or other forms of youth violence. Reviews should investigate whether these policies

affect socioeconomic inequalities (i.e., to identify whether policies are effective in narrowing the equity gap for marginalised, minority populations, such as sexual and gender minority youth).

Laws preventing problem alcohol use.

No high- or moderate-confidence systematic review or meta-analysis was identified which evaluated the impacts of alcohol-supply reduction policies on violence against children. More strong-quality, primary evidence is needed in order to conclude whether there is consistent evidence of effectiveness from these policy interventions. No primary studies were identified that evaluated policy changes in LMICs. More primary studies and subsequent reviews and meta-analyses are needed to evaluate the impacts of all-age alcohol policies on violence against children and adolescents.

Laws limiting youth access to firearms and other weapons.

No high- or moderate-confidence systematic review or meta-analysis was identified which evaluated the impacts of firearm legislation on violence against children. The one critically low-confidence review was only able to synthesise findings of child access prevention laws for their impact on children. No review has captured the last 10 years of research. Additional primary studies and subsequent reviews and meta-analyses are needed to evaluate whether violence against children can be reduced through the implementation of other firearm-related laws, including regulation on the use, sales, ownership, storage, and ammunition of firearms as well as legislation on punishment for firearm offenders and voluntary rendition of firearms (Santaella-Tenorio et al., 2016). The evidence identified in the review was isolated to the United States, where there is a unique policy landscape on firearm legislation. Primary studies conducted outside of the United States (in both HICs and LMICs) are needed.

NORMS & VALUES:

Community mobilisation.

No review was identified that provided conclusions on the effectiveness of community mobilisation interventions on reducing violence against children. Community mobilisation is often included as part of multicomponent interventions to address violence. Therefore, primary studies and subsequent

reviews are needed to isolate the incremental impact of this intervention approach as well as to identify essential intervention components for optimising and implementing these interventions. More primary studies are needed to assess whether community mobilisation can be effective in reducing child maltreatment as well as to better evaluate for potential differences in intervention effectiveness between HICs and LMICs.

Bystander interventions.

There is one high-confidence meta-analysis available for the effectiveness of bystander interventions on addressing sexual assault against adolescents and young people (Kettrey et al., 2019). However, this review only identified one strong-quality, primary study that was conducted in a LMIC. Thus more primary research is needed to test the effectiveness of bystander interventions in this setting. Among primary studies in the high-confidence meta-analysis, less than 25% evaluated sexual assault perpetration against adolescents and young people and none evaluated sexual assault victimisation among these populations. Primary studies should measure both perpetration and victimisation outcomes. Further analyses could be conducted to determine if there are differences in study characteristics for that did and did not measure direct violence outcomes. This may suggest whether the null findings from the high-confidence meta-analysis are likely reflective of the wider evidence base of primary studies that did not measure sexual assault perpetration.

Media campaigns.

No high- or moderate-confidence review or meta-analysis of primary studies evaluating the effectiveness of media campaigns in preventing violence against children was identified. Further, no review (of any confidence) evaluated evidence published in the past 10 years. Although reviews suggest media campaigns can be implemented as part of multicomponent interventions, additional research is necessary 1) to identify which intervention combinations are effective, 2) to evaluate the incremental effect from adding media campaigns to other intervention programmes, and 3) to determine which implementation models optimise intervention effectiveness. No strong-quality, primary studies conducted in LMICs were identified.

SAFE ENVIRONMENTS:

Reducing violence by addressing “hotspots”.

No review of any confidence was identified that provided conclusions on the effectiveness of hotspot approaches in reducing violence against children. Overall, only three primary studies were identified, none of which were both effective and strong quality. Hotspot approaches are often included as part of multicomponent interventions to addressing violence; therefore, future primary studies and subsequent reviews are needed to isolate the incremental impact of hotspot approaches. Additional primary studies are needed to evaluate hotspot approaches outside of the school setting as well as population-level approaches to violence hotspots, such as in identifying subgroup effects for adolescents on violent injury in the Cardiff Model (an intervention included in the 2016 INSPIRE Framework).

Improving the built environment.

Regarding poverty deconcentration or urban upgrading interventions, no high- or moderate-confidence review or meta-analysis of primary studies was identified. The evidence of effectiveness is based on one low-confidence review (Cassidy et al., 2014), which needs to be updated to incorporate the evidence published in the past 10 years. The review suggests that the strongest evidence is in favour of resettlement interventions. However, primary studies will be necessary to establish whether this intervention is feasible at scale. Before recommending implementation, more primary studies and evidence syntheses are necessary to evaluate urban upgrading interventions and to identify effective components and optimal intervention design. At present, there is too much heterogeneity in intervention approaches for urban upgrading to render conclusions on effectiveness. No strong-quality, primary studies in LMICs were identified for any interventions in this category, which warrants additional investigation. No strong-quality evaluations were identified for diversification interventions in either HICs or LMICs.

Creating safe spaces.

No high- or moderate-confidence review or meta-analysis of primary studies was identified that evaluated the effectiveness of interventions to create safe spaces on reducing violence against children. Safe spaces are often included as part of multicomponent interventions and additional research is needed to disentangle effects of the individual components. No review or primary study was identified which evaluated the impact of UNICEF's Child Friendly Cities Initiative (<https://www.childfriendlycities.org>).

PARENT & CAREGIVER SUPPORT:

Parent training & support (delivered through home visits or groups in community settings).

There is substantial evidence of effectiveness in support of parenting interventions in preventing violence against children, and there are WHO guidelines to support implementation. More research is needed on whether these programmes can also reduce youth violence victimisation or perpetration, especially in LMICs. Research is also needed to determine if parent training and support is effective in reducing abusive head trauma among young children. No review was identified that evaluated whether parenting interventions that are delivered digitally are effective in addressing violence against children.

Parent training & support (as part of multicomponent programmes, referred to as parenting-plus programmes).

Only one review (critically low confidence) was identified that analysed for conclusions of effectiveness on parenting-plus programmes. This review evaluated parenting support combined with treatment for substance use disorders, but only identified four primary studies, which overall had limited, mixed evidence of effectiveness (Niccols et al., 2016). No other review was identified that aimed to evaluate the effectiveness of parenting-plus programmes in reducing violence against children. While some reviews evaluated the intervention effectiveness of programmes involving parents, no review isolated the impacts from interventions that involved a parent training and support intervention in reducing violence against children. Research is needed to systematically evaluate the effectiveness of integrating parenting interventions within other health-promotion programmes, to assess the

incremental impact of introducing a component on parent training and support, and to identify effective models of combination intervention delivery. Additional research should investigate the incremental impact of adding parenting education to existing health interventions.

INCOME & ECONOMIC STRENGTHENING:

Cash transfers (LMIC-focused).

Compared with other intervention categories, there were relatively few primary studies that evaluated the impacts of cash transfers on measures of violence against children. Subsequent reviews to meta-analyse the effects of these programmes will be necessary as well as analyses to optimise the intervention design (e.g., conditional vs. unconditional transfers, cash value, etc.). Nonetheless, the evidence appears to be more promising for combining cash transfers with additional interventions (see *Cash-plus programmes*).

Cash-plus programmes (LMIC-focused).

There is promising evidence in favour of combining cash transfers with parenting programmes as well as combining cash transfers with youth-focused life-skills training. More primary studies are needed to assess the impact of these programmes in other contexts, including humanitarian settings, and to optimise intervention components and delivery models.

Microfinance interventions (with or without gender-norms or equity training).

A systematic review is needed to comprehensively evaluate the impact of microfinance interventions on violence against children. These interventions are often included as part of multicomponent programmes to address violence. Future primary studies and subsequent reviews are needed to isolate the incremental impact of microfinance as well as to identify effective intervention components, including the necessary minimum value of the loans or grants, and intervention combinations. No primary studies were identified in HICs.

Tax credit or welfare reform (HIC-focused).

Similar to cash transfers which are LMIC-focused, there is mixed evidence for the impact of tax credits or welfare reform on reducing child maltreatment in HICs and limited evidence for the impact of tax credits on youth violence. More primary studies are needed and future research should investigate whether combining financial assistance with additional interventions has added and consistent effectiveness.

RESPONSE & SUPPORT SERVICES:

Counselling & therapeutic approaches.

There is strong evidence of effectiveness in support of psychological therapy or trauma-response interventions in improving outcomes for children who have experienced violence and there are WHO guidelines to support implementation. The strongest evidence is in favour of interventions using cognitive behavioural therapy (CBT). There is also encouraging evidence in support of eye movement desensitisation and reprocessing, but more primary research is needed to evaluate this and other therapeutic alternatives to CBT.

Healthcare-based violence prevention programmes.

No high- or moderate-confidence review or meta-analysis of primary studies was identified that evaluated the effectiveness of healthcare-based violence prevention programmes on violence against children. Although two studies demonstrate the effectiveness of the *SEEK* model in reducing child abuse revictimisation, evaluations are needed to replicate this healthcare-based intervention outside of the United States. While other healthcare-based interventions broadly relied on short-duration case management, research is needed to unpack the significant heterogeneity between interventions in order to identify effective components. Overall, most studies evaluating healthcare-based violence prevention programmes focus on implementation of interventions in the United States and no evidence was identified from LMICs.

Sexual offender treatment programmes.

No high- or moderate-confidence review or meta-analysis of primary studies was identified that evaluated the effectiveness of sexual offender treatment programmes on reducing sexual violence recidivism. Additionally, the evidence base of primary studies has consistent methodological limitations, often relying on small sample sizes or no control groups. More strong-quality, primary studies are necessary before any subsequent review could have strong certainty in conclusions. No primary studies were conducted in LMICs.

Foster care interventions involving social welfare services.

There is very little evidence of effectiveness for interventions for children living in care. One high-confidence meta-analysis supports kinship care as a viable alternative to non-kinship foster care (Winokur et al., 2014). More generally, there was minimal evidence of effectiveness for other interventions, including family preservation or reunification programmes, family group conferencing or decision-making, and transition support programmes or extended care policies for care leavers; this is partially due to consistent methodological limitations in the primary studies. No primary studies for any intervention have been conducted in LMICs. There was limited evidence on response interventions for children living in other institutional care settings (e.g., orphanages, prisons, etc.).

EDUCATION & LIFE SKILLS:

Safe & enabling school environments.

There is high-confidence evidence that interventions applying Whole-School Approaches to violence prevention can reduce measures of bullying perpetration and victimisation. However, more high-confidence review evidence and strong-quality primary studies are needed to assess the effectiveness of interventions for reducing teacher- or staff-perpetrated violence. None of the primary studies on teacher- or staff-perpetrated violence against children was conducted in HICs. More quantitative research is needed to identify essential intervention components and their incremental effects as well as other moderators that influence the intervention effectiveness.

School health services.

More primary studies – particularly those conducted outside of the United States – are needed to evaluate the effectiveness of school health services on reducing violence against children. Subsequent reviews should explicitly define the interventions and the role of nurses or health-service provision in the overall intervention.

School-based sexual abuse awareness programmes.

There is consistent, high-confidence evidence that school-based sexual abuse awareness interventions improve child knowledge and protective skills. However, no primary study evaluated the impacts of these programmes on direct violence measures. At present, it is unclear if the intervention impacts on risk and protective factors are sufficiently large to affect perpetration or victimisation rates.

Life & social skills training.

There is a wide range of interventions within life & social skills training, and research is necessary to identify effective intervention components. More research is needed on the impact of these interventions on youth violence in LMICs and on IPV or non-partner sexual violence against adolescents in HICs. There is limited evidence of effectiveness for interventions to prevent youth involvement in gangs or gang violence. Gay Straight Alliances have evidence of effectiveness on reducing youth violence in the United States, but primary studies are needed to evaluate the intervention in other country contexts. Further research is needed on the violence prevention impacts from universal mental health interventions, including in LMICs.

School-based bullying prevention programmes.

There is high-confidence evidence on the effectiveness of antibullying interventions. Recommendations are stronger for HICs than LMICs. More research is needed in LMIC contexts to improve evidence rankings, especially for digital interventions.

Healthy romantic relationships education.

Although there is high-confidence review-level evidence on healthy romantic relationships education, the certainty in conclusions of effectiveness remains low. More research is needed to unpack the heterogeneity in programme effects and, in doing so, may strengthen the evidence rankings. More research is needed to evaluate whether dating violence prevention programmes have impacts on violence between non-intimate partners. Additional research is necessary to determine whether particular intervention targeting (e.g., universal versus selective targeting) or programme orientation (e.g., gender-transformative approaches, components on caregiver-focused parenting education, etc.) improves intervention effectiveness. Also, more work is needed to determine the effectiveness of digital interventions on violence outcomes.

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CHAPTER 6: DISCUSSION & CONCLUSION

I began my DPhil in 2017 and went on medical leave in 2018, returning to in-person study in Michaelmas 2022. Due to the extended time away, research had significantly advanced and the COVID-19 pandemic had altered the social reality. Return to study presented me with an opportunity to re-evaluate where my research situated within our field. In particular, it became clear that there were key research needs emerging on the science to support the INSPIRE Framework. This occurred alongside the growing concern of increased violence as a result of lockdowns and further limited access to services for children (Bhatia et al., 2021; Cappa & Jijon, 2021). The research continues to be important in the face of a new global crisis, specifically reduced access to services leading to increases in mortality globally, including among children, from global aid cuts (Cavalcanti et al., 2025; Cluver et al., 2025; Stover et al., 2025; ten Brink et al., 2025). This crisis underscores the need for research on easy-to-implement interventions that have high impact across multiple outcomes.

The goal of this thesis was to advance the science behind the INSPIRE Framework and, specifically, to understand the combination of two scalable interventions – cash transfers and parenting programmes (cash-plus parenting programmes) – in preventing violence against children and other adverse outcomes. The empirical chapters as part of this thesis demonstrate that there is strong and growing evidence of cash-plus parenting programmes as an effective tool to further prevent child maltreatment. This chapter summarises the research questions and aims of this DPhil thesis, summarises the key findings, and covers the strengths and limitations of the thesis. The implications for research, policy, and programming are discussed before highlighting the dissemination and impact of the DPhil research and providing concluding remarks.

Thesis Summary.

This thesis investigates the overarching research question of: *What are the impacts of combined economic- and care-based provisions in preventing violence against children (i.e., child maltreatment) in low- and middle-income countries and to what extent do these provisions reduce multiple adverse outcomes?*

This overarching question was investigated from multiple angles as part of three stand-alone publications:

Research Question 1 (DPhil Paper 1): *Are economic- and care-based provisions associated with lower prevalences of violence against children in Namibia? Are these provisions associated with lower prevalences of multiple adverse outcomes? Do they differ between girls and boys?*

Research Question 2 (DPhil Paper 2): *Are cash-plus parenting programmes for infants and young children more effective than cash transfers alone in preventing violence against children (child maltreatment) and improving other child health/wellbeing outcomes?*

Research Question 3 (DPhil Paper 3): *Do cash-plus parenting programmes have consistent evidence of preventing violence against children (child maltreatment) and how does this evidence compare to other interventions within the INSPIRE Framework? Is there evidence in consistently improving other outcomes as well?*

This thesis investigated the associations of economic- and care-based provisions (food security and parental support, respectively) in improving outcomes for adolescents in Namibia (*DPhil Paper 1*), a context where no randomised studies of violence prevention programmes exist. The findings suggest that improving these protective factors may translate to reductions in multiple adverse outcomes, including multiple forms of violence against children, particularly for adolescent girls. One possible intervention that delivers on these protective factors is cash-plus parenting programmes. Evidence on cash-plus parenting programmes is emerging, with all primary studies finding added effectiveness above cash transfers alone in preventing child maltreatment (*DPhil Paper 2*). When compared to other interventions, cash-plus parenting programmes have strong evidence supporting prioritised implementation for preventing child maltreatment and have better evidence than many INSPIRE interventions, including cash transfers alone and other non-economic interventions (*DPhil Paper 3*). Although parenting programmes have a substantial evidence base and are supported by WHO

guidelines on implementation, an evidence gap remains on the effect cash-plus parenting programmes relative to parenting interventions alone. The impacts of cash-plus parenting programmes may impact other outcomes as well, including violence against women (maternal intimate partner violence victimisation).

The summaries of each research paper include:

DPhil Paper 1 (Little et al., 2025): The INSPIRE Framework was conceptualised to reduce violence against children by working on mechanisms that change risk and protective factors, including the provisions/predictors tested in this paper (WHO, 2016). Employing the 2019 data from the Namibia Violence Against Children & Youth Survey, this paper found that economic- and care-based provisions (i.e., food security and parental support) are associated with lower prevalences of multiple forms of violence against girls as well as other adverse outcomes. For both boys and girls, having gender-equitable attitudes was associated with lower prevalences of multiple violence outcomes. We also found evidence of additive effects from the protective factors on multiple outcomes for adolescent girls, including child maltreatment. The findings suggest that intervention packages such as gender-transformative cash-plus parenting programmes may be effective in this context for addressing the disproportionate impact that HIV risk, violence, and early pregnancy have for adolescent girls in the country. These programmes can also be designed to contribute toward advancing gender equality, which may have benefits to both boys and girls.

DPhil Paper 2 (Little et al., 2021): This systematic review of cash-plus programmes identified four evaluations of two cash transfer programmes including a plus-component on child protection (Barnhart et al., 2020; Betancourt et al., 2020; Jensen et al., 2021; Premand & Barry, 2020). The evaluations were low risk of bias and all found the cash-plus parenting programmes were more effective than cash alone in reducing violence against children. Although the individual evaluations identified significant effects in reducing violent discipline, the effects were overall non-significant when combined in meta-analyses. However, the confidence interval on the heterogeneity measure is extremely wide (0%, 99%),

suggesting that meta-analysis results are inconclusive. No studies were identified that tested the added impact of a cash-component to a parenting intervention. Furthermore, this paper also included other plus-components paired with cash transfers. Findings from these studies suggests that not all cash-plus combinations are more effective than cash transfers alone. Intervention design may also influence effectiveness. These findings must be considered when selecting plus-interventions to add to a cash transfer.

DPhil Paper 3 (Little et al., 2026): This paper expands the intervention scope to consider the evidence in favour of cash-plus parenting programmes in comparison to other violence prevention interventions. This paper underpins an update to the INSPIRE Framework that was launched nearly a decade ago. The majority of interventions categories in low- and middle-income countries (61%) are not currently supported by evidence for prioritised implementation in addressing at least one domain of violence against children (child maltreatment, youth violence, sexual violence, and intimate partner violence as well as response services to victims). One of the programmes highly ranked for prioritisation in addressing child maltreatment is cash-plus parenting programmes. Only parenting interventions alone have more evidence in support of prioritised implementation. Both interventions also have evidence that suggest potential effectiveness in reducing maternal intimate partner violence victimisation. Furthermore, the WHO guidelines supporting implementation of parenting programmes suggest that the intervention can be delivered and scaled within social protection systems, which already aim to serve the most vulnerable (WHO, 2024, p. 43). This analysis found strong independent evidence to support this effort, identifying effectiveness compared to either cash transfers alone or no intervention.

Strengths & limitations.

Strengths.

A primary strength of the research submitted as part of this thesis is the methodological advancements for the field. The first DPhil paper (analysis of the Namibia VACS data) joins the growing evidence base on accelerators for improving multiple outcomes for children and adolescents on the African continent. This is the first paper to contribute analyses based on nationally representative data, which

can contribute to gaining interest from policymakers. This analysis is useful in contexts where no previous intervention evaluations have been conducted, and the analysis can provide evidence to inform decisions on which package of interventions to implement and test in randomised studies. This can contribute to significant cost savings and improved efficiency in reaching children and families with programming that is most likely to improve their lives. That said, this does not exclude cultural adaptation and piloting the intervention for a new context.

The second paper is novel in its contribution for situating cash transfers as the control (as opposed to no intervention, waitlist control, or placebo intervention). Using cash transfers as a control is argued to be more equitable and a better benchmark to compare intervention effectiveness, given that cash transfers alone are an easy-to-implement intervention – especially with the development of cash distribution to mobile phones (Suri, 2017) – and have consistently documented impacts in improving the health and wellbeing of households living in poverty (McIntosh & Zeitlin, 2022, 2024). This methodological development has been a key area of progress in the social protection field in producing research findings that are more useful for evidence-informed policy decisions (Blattman & Niehaus, 2014; McIntosh & Zeitlin, 2022, 2024).

In considering the added benefit of interventions on top of cash transfers, the systematic review and meta-analysis identified primary evidence of cash-plus parenting programmes to support efforts for cross-strategy action related to INSPIRE. As the evidence base further develops, meta-analyses can further refine the effect size of cash-plus parenting programmes above cash transfers alone and can be compared to the effects of other violence prevention interventions (including parenting interventions alone) through network meta-analyses.

The final paper refines a rigorous, evidence-based methodology to updating the international framework for preventing violence against children. The original INSPIRE Framework rated evidence based on the question of “*What are effective intervention models for preventing or reducing violence against children?*” The original INSPIRE Framework and Classification of Evidence of Effectiveness (Puddy

& Wilkins, 2011; WHO, 2016) largely relied on whether there are one or two studies (usually randomised) showing effectiveness. This approach to evidence synthesis does not necessarily represent the whole evidence base (the exception being the inclusion of meta-analyses if there is overall evidence of effectiveness). This lack of comprehensiveness is an issue not limited to the INSPIRE Framework, as this rating system is used in reviews specific to interventions to prevent sexual violence (Safe Futures Hub, 2024; UNICEF, 2020) and in other frameworks such as the RESPECT Framework for addressing violence against women (WHO, 2019). The RESPECT Framework was recently updated through a systematic review of reviews (Ullman et al., 2025), and used a similar classification rating as the original INSPIRE Framework, which is focused on effective models as opposed to interventions that have the most consistent evidence in improving outcomes.

Whereas the 2016 INSPIRE Framework aimed to identify effective models of interventions, this final DPhil paper looked at the consistency of effectiveness (also accounting for the quantity and quality of evaluations) to determine which interventions should be prioritised for implementation. The approach used in *DPhil Paper 3* instead asks, “*What interventions have consistent evidence of effectiveness in preventing or reducing violence against children?*” The methodological approach to this evaluation builds on an analysis of multiple HIV prevention programmes and their relevance to prevention among adolescents (Mavedzenge et al., 2014). Rather than relying solely on the number of randomised studies, we incorporate a more complex quality assessment to establish confidence labels on the conclusions of the reviews. In addition to analysing many intervention categories (more than 30 across the seven strategies), the analysis covers an estimated 3000 primary studies, a value which is infeasible in systematic reviews of primary studies alone. This paper sets a benchmark for future updates to the INSPIRE Framework as well as being applicable for updating other frameworks. Given the very fast rate that systematic reviews are published on interventions to address violence against children, future updates should separate reviews so that there is one review per strategy. Nonetheless, this will be a large project, which I would anticipate being undertaken leading up to the end of the Sustainable Development Goals and establishment of the next global development agenda.

Limitations.

The primary limitation of the thesis is the limited number of primary empirical studies that are available on the effectiveness of cash-plus parenting programmes for children and adolescents. This limitation reduces the strength of the conclusions that can be made about the overall effectiveness of the intervention. Nonetheless, there is consistent evidence that these programmes reduce violence against children as well as maternal intimate partner violence victimisation, among other outcomes. More intervention data is needed to confirm an accurate average effect size and whether the interventions work through the hypothesised pathways to achieve subsequent reductions in violence.

Other paper-specific limitations are included within their respective chapters. The primary limitation of *DPhil Paper 1* (analysis of the Namibia VACS dataset) is the challenge in establishing directionality and attributing causality in cross-sectional surveys. The primary limitation of *DPhil Paper 2* (meta-analysis of cash-plus programmes) is the limited number of studies and high heterogeneity in effect sizes across the available evidence base. The primary limitation of *DPhil Paper 3* (the INSPIRE evidence update) stem from the study design (a systematic review of systematic reviews), specifically the time-lag in the inclusion of primary studies in reviews and the risk in missing other primary studies not captured in the included reviews.

Another limitation of this thesis is the differences in age groups between the first two empirical papers. The thesis examined violence against children (those aged less than 18 years) and adolescents (aged 10-24 years) (Sawyer et al., 2018). Although there are overlaps in these age groups, two of the DPhil papers focus on specific age groups (children under 5 or adolescents aged 13 to 24 years). Nonetheless, this limitation is also a strength, specifically that the findings and conclusions in these empirical papers seem to suggest relatively consistent evidence across a wide age range.

This difference in population focus between the first two DPhil papers also reflects the state of the evidence at the time of beginning the DPhil, specifically that cash-plus programmes had only been evaluated for younger children. VACS data remain the best secondary data for studying violence against

children, but have the limitation of beginning the surveys during adolescence in measuring past-year outcomes. The survey in Namibia was implemented in 2019 (March to June) and early access was granted in 2022. Nonetheless, recent evidence from other systematic reviews (Borges Machado et al., 2024; Rogers et al., 2024) have shown that even now, there is limited empirical evidence of trials evaluating cash-plus parenting programmes for adolescents. The systematic review and evidence gap map (Borges Machado et al., 2024) only identified one recent pre-post mixed methods evaluation of a cash-plus parenting programme for adolescents within households receiving a cash transfer and found significant reductions in violence against adolescents (Jocson et al., 2023).

Implications for research (including future directions).

Equitable distribution of research.

There is a paucity of research within violence prevention for low- and middle-income countries. Within the systematic review of systematic reviews (*DPhil Paper 3*), only about 12% of the primary studies were conducted in low- and middle-income countries. Outside of my DPhil, I was also part of another review team that conducted a systematic review of reviews of interventions to prevent violence against children in the home (Cuartas et al., 2024). We found similar evidence that less than 10% of the primary studies focused on low- and middle-income countries, and the United States alone accounted for two-thirds of the primary studies. Within low- and middle-income countries, countries often only had one study except for a handful of countries with ten or less studies, such as South Africa, Kenya, Brazil, China, and Pakistan (Cuartas et al., 2024). However the vast majority of countries on the African continent, including Namibia and the Middle East, did not have any evaluation of a violence prevention intervention identified within reviews (ibid.).

Research should prioritise interventions in settings that lack previous programme evaluations. In Namibia in particular, although the country is classified as a middle-income country, there is an extremely high inequality rate (Gini coefficient= 59.1 in 2015), which is second only to South Africa in being the world's most unequal country (World Bank, 2021). Efforts are necessary to ensure that no

populations within or between countries are left behind in development and advancements in social interventions.

In the absence of intervention evaluations in contexts such as in Namibia, secondary analyses can help fill evidence gaps. The method applied to the publicly accessible and nationally representative data in *DPhil Paper 1* demonstrates a potential avenue for efficiently informing policy dialogues, which can then inform future randomised studies to evaluate the most promising intervention. Nonetheless, global funding cuts have halted planned Violence Against Children & Youth Surveys (the dataset used in this thesis). These studies were funded by USAID-PEPFAR with technical support from the U.S. Centers for Disease Control & Prevention. While these data have been pivotal in guiding context-relevant and evidence-based policy decisions, it is unclear whether these surveys will be resumed.

Methodological implications from evidence reviews on preventing violence against children.

The update to the INSPIRE Framework began as an eight-week placement with the World Health Organization, which was generously supported through my ESRC studentship which funded my DPhil. In the first few weeks of the placement, it became clear that there was far more evidence available than what researchers and I were aware of and, thus, I proposed to expand the project to do a comprehensive study of the evidence. This search included over 150 information sources (systematic review and academic databases, multilateral and bilateral organisations, grey literature, evidence-gap maps, etc.). I replicated and expanded the information sources from the searches used to create an evidence and gap map of INSPIRE interventions in low- and middle-income countries from 2020 (Pundir et al., 2020).

Searching more than 150 information sources (databases, grey literature sources, etc.) as part of the INSPIRE evidence update was far more extensive than typical numbers in traditional systematic reviews, but I strongly believe that this resulted in a significantly more complete picture of the evidence landscape. This observation may imply that systematic reviews using less thorough search methods are not comprehensively capturing all relevant evidence to the research question. For example, a systematic review of reviews of interventions to prevent violence against women was conducted alongside my

review of interventions to prevent violence against children (*DPhil Paper 3*). The review of reviews for preventing violence against women (Ullman et al., 2025) searched 15 databases and at least 3 grey literature sources (full list not available) and identified 175 reviews in an update to the RESPECT Framework (the international approach developed by UN Women and WHO to address violence against women). Although this number of included reviews is similar to the review on violence against children included in *DPhil Paper 3*, this former review did not set explicit criteria on study designs of the reviews. Had I applied their criteria to our systematic review (e.g., including both systematic and non-systematic reviews), we would have had a minimum of 500 included reviews and up to approximately 700-750 reviews. This recent update on interventions to address violence against women also builds on another systematic review of reviews conducted more than a decade ago (Arango et al., 2014; Ullman et al., 2025). I do not anticipate the difference in numbers of reviews (175 vs. 500-750) to be a true difference in evidence availability, as research on violence against women and gender-based violence is a much more established field than research on violence against children. Therefore, if the field aims to be truly ‘systematic’ in efforts to be unbiased and comprehensive in the inclusion of evidence, more exhaustive searches are likely necessary.

Whether a review can employ as exhaustive of a search as the INSPIRE evidence update will depend on multiple factors, though time availability and funding are likely two key considerations. The databases had a very high overlap (68% of the dataset were duplicates), which can be inefficient. Some artificial intelligence (AI) tools may be able to improve the speed of these stages. For example, a recent review used EPPI Reviewer Priority Screening Tool to reduce the number of studies requiring reviewer assessment by 60% (Thota et al., 2023). Artificial intelligence was not used in the reviews included in this thesis. In the spring of 2024, I worked with the Data Science team at the U.S. Centers for Disease Control & Prevention to assess whether Large Language Models could complete risk of bias assessments with higher accuracy than human assessment. Ultimately, human review and managing disagreements manually was more efficient than employing available Large Language Models (i.e., ChatGPT). Research in this area is continuing to evolve.

Within intervention categories, we also see a clustering of review evidence. Review evidence overwhelmingly concentrates in three strategies: *Parent & caregiver support*; *Response & support services*; and *Education & life skills*. While interventions in these strategies have been well-researched and contain many reviews for various intervention categories, other intervention categories contain relatively few reviews, especially *Implementation & enforcement of laws*. Where there are multiple reviews for an intervention category, reviews largely reach the same conclusions. For example, there have been 13 systematic reviews on sexual offender treatment programmes, of which four were meta-analyses. No review was rated as high or moderate confidence and none identified sufficient, robust evidence to support the effectiveness of this intervention. This would suggest that greater coordination within the research community may improve resource management, an issue the field is currently facing in response to global foreign aid cuts. The majority of included reviews (60%) did not register a protocol and perhaps higher protocol reporting would help better guide researchers about ongoing and recent efforts. The high duplication in published reviews also suggests that there is significant research that is ‘sitting on the shelf’ and is not reaching the relevant policy- or decision-makers.

Regardless, there are systematic limitations of the evidence base on interventions to prevent violence against children. Only 30% of the included reviews within the systematic review of systematic reviews were rated as moderate or high confidence. However, the calculations had to exclude two quality assessment questions (providing exclusion reasons for articles at full-text – a critical domain – and reporting funding sources of primary studies) because the overwhelming majority (75% in piloting) did not include these components. Nonetheless, sensitivity analyses between high- and moderate-confidence reviews and low- and critically low-confidence reviews did not identify significant differences in review conclusions.

Although nearly half of the included reviews included non-English studies, I was limited by my own language fluency to English-only reviews and searches. Expanding our searches to include other language searches in non-English databases would likely yield additional reviews. These databases are more likely to be region-specific, as identified in an assessment of primary studies on risk factors in

low- and middle-income countries (Shenderovich et al., 2016). These databases would likely be more relevant to systematic reviews of primary studies rather than reviews of reviews investigating intervention effectiveness across regions. Additionally, a review of clinical trials (Nussbaumer-Streit et al., 2020) suggests that the conclusions are unlikely to be affected by restricting to English-only studies, though research for clinical medicine is far more standardised than research on social interventions.

In subsequent updates to the INSPIRE Framework, a systematic review of reviews will need to be conducted for each strategy individually as the rate of review publications continues to increase faster than they can be synthesised. Ideally, there should be a governing body responsible for organising this evidence, rating incoming reviews, and synthesising conclusions for policy. Efforts are underway at the Safe Futures Hub to develop a living systematic review of interventions to address sexual violence against children. That project will be a seminal work in the field in establishing what living systematic reviews look like and how updates to the evidence base are conducted, presented, and disseminated.

Primary research on cash-plus parenting programmes.

Despite high overlap and duplication of reviews across the violence prevention field, there was minimal overlap and duplication within research on cash-plus parenting programmes. Fundamentally, more rigorous, primary studies are necessary before an accurate average effect size can be estimated, and with that, stronger overall conclusions of effectiveness. Implementing the intervention in new contexts will also facilitate conclusions on the transferability of the programme and which components may require significant cultural adaptations. Evaluating interventions in new contexts is essential, especially given the high heterogeneity in programme design/content and delivery. Notably, in both the systematic review of systematic reviews (*DPhil Paper 3*) and systematic review and meta-analysis (*DPhil Paper 2*), no primary study was identified that showed either no impacts on violence against children or evidence of harm from cash-plus parenting programmes.

Although the evidence-base is still in its infancy, all available interventions with explicit cash and parenting/child protection components show effectiveness in reducing child maltreatment. This is

encouraging evidence alongside other evidence that parenting interventions alone are effective in preventing and reducing child maltreatment (Backhaus, Gardner, et al., 2023d) and cash transfers can improve a range of outcomes (Crosta et al., 2025), including economic security, which may have indirect effects in preventing child maltreatment. Programme evaluations of cash-plus parenting programmes, including primary studies in Rwanda (Betancourt et al., 2020; Jensen et al., 2021), also identified other positive impacts, such as reductions in maternal intimate partner violence victimisation and depression, which are intermediary outcomes suggested in the conceptual framework for this thesis. Further analysis will be necessary to confirm the mediating role of these outcomes along the causal pathway.

Future research should also investigate the effectiveness of the individual components and assess for incremental and interaction effects between them. Ideally, a randomised study would have four arms: no intervention, cash-only, parenting-only, and cash-plus parenting. This could be done within a factorial RCT design to optimise intervention effectiveness. Pragmatically, no-intervention is likely unethical as we have strong evidence that cash can improve outcomes outside of violence prevention. However, a waitlist control could be used in order to establish the evidence of intervention effectiveness from the combined package. This evidence would provide two key insights: 1) Identifying added effects from the combined intervention (compared to cash-only or parenting-only arms) to understand efficiency and cost-effectiveness, and 2) Comparing the magnitude of effectiveness to other violence prevention interventions (e.g., life-skills training) which to date have not tested against a cash-only control.

Additional research is necessary to determine which intervention design models (e.g., integrated designs with parenting programmes being implemented through cash transfer programmes) are effective and if this contributes to differential effectiveness of the combined intervention.

While the ideal study design is a randomised study conducted with the individual components separate and in combination, evaluations could consider the individual scale-up of these interventions as a

natural experiment. For example, assessment of cash transfers and scale-up of primary care programmes in Brazil evaluated an alignment model of the two interventions, whereby separate scale up of both interventions (primary healthcare services and a cash transfer) did not have explicit coordination (Guanais, 2013). Using administrative data, this study showed added benefits in reducing post-neonatal infant mortality. Other innovative methods and data could be used to investigate scale up of cash transfers and parenting interventions in other countries where there may or may not be coordination in reaching vulnerable populations at scale.

Research within primary studies, especially randomised studies, will be necessary to explore the pathways proposed in the conceptual framework (see Background chapter). This would ideally use structural equation modelling to assess for possible mediators and moderators. This research could also contribute to more complex analyses to determine if and how there may be additive effects or multiplicative, synergistic, or interaction effects (i.e., greater than additive effects alone) in combining the two intervention components in cash-plus parenting programmes. However, these questions require substantial statistical power and large samples. Primary studies should also include measures for maternal intimate partner violence, which may contribute to an explanation as to whether the intervention does or does not result in reductions in violence against children.

Future research should also examine the long-term effects of cash-plus parenting programmes. To date, the longest intervention follow-up of a cash-plus parenting programme is four years post-intervention (Jensen et al., 2025), which found continued impacts from the intervention package. As mentioned in the Background chapter, some preliminary research suggests that combining the interventions may improve the effectiveness by substantially strengthening impact along the causal pathways (Roelen et al., 2017). For example, a randomised study in Liberia found sustained impacts from cognitive behavioural therapy combined with a single cash grant, but no long-term impact from either intervention alone (Blattman et al., 2017).

Across the evidence base of social interventions to reduce violence against children, there is fairly consistent evidence that effect sizes of interventions decrease or disappear by follow-up (*DPhil Paper 3*). Thus, it is likely that cash-plus parenting programmes could also benefit from supplemental efforts to prolong effect size. At the moment, the primary approach to sustaining intervention effects is through including booster sessions. It will also be important to ensure that cash transfers continue past the endline evaluation in order to avoid increases in, or returns to, economic insecurity for the household, which may result in increases in violence against children.

Methodological challenges in developing policy recommendations from limited data.

This thesis has some conflicting findings, principally that *DPhil Paper 2* does not find cash-plus parenting programmes to have added impact in meta-analyses for reducing violence against children, yet *DPhil Paper 3* makes a recommendation in favour of prioritised implementation. The data presented in *DPhil Paper 2* is based on four studies of two programmes (including one small pilot study to its larger randomised trial). While the meta-analysis of three studies found overall insignificant effects (OR= 0.83 [95% CI 0.59, 1.17]), the confidence interval on the heterogeneity measure is extremely large ($I^2 = 40\%$ [0%, 99%]). This wide confidence interval suggests that the meta-analysis findings are ambiguous and cannot be interpreted as evidence of no effect. To this end, the paper is clear in its limitations that the few study numbers and high heterogeneity imply that the estimates should be interpreted with caution and that more studies are necessary before accurate point estimates can be refined (Little et al., 2021).

Growing literature suggests that while only two studies are theoretically needed in order to pool effects, five studies is generally considered to be a minimum (Myung, 2023); a combined effect from less than five studies is unlikely to be substantially more useful than the largest individual study (Jackson & Turner, 2017). Having the minimum of five studies should create a more stable point estimate with a narrower confidence interval as well as a narrower confidence interval on the heterogeneity measure. One additional consideration could be that pilot studies should not count toward the total minimum number of studies, especially in cases like *DPhil Paper 2* where the pilot study alone contributed to less

than 3% of the combined effect and was less than 4% of the size of the main trial. Although the protocol for this systematic review (*DPhil Paper 2*) specified that three or more studies would be necessary for meta-analyses, it was anticipated that there would be a much larger evidence base of interventions than what was identified (15 studies across different cash-plus combinations).

Given the insufficient number of studies to determine a reliable and informative pooled effect via meta-analyses, it was concluded that the narrative synthesis should be used instead in evaluating recommendations for policy. This narrative synthesis showed that both programmes (four studies of two unique programmes) found consistent evidence of reduced violent discipline and one programme evaluated for enduring effects, which remained significant one-year post-intervention (Jensen et al., 2021). Two of the studies from one programme (its pilot study and main trial of effectiveness) also investigated impacts on maternal intimate partner violence, of which both found significant reductions. This finding supports the intervention pathways covered in the Background chapter that suggest how cash-plus parenting programmes may be more effective than cash transfers alone. Therefore, using these specifications (three studies of two programmes finding reductions in violent discipline and evidence of longer-term effects as well as mechanisms to support added impact above cash transfers alone) and the high-confidence rating on the review (determined by two co-authors from *DPhil Paper 3* who were not part of the research team for *DPhil Paper 2*), this intervention category qualified as “Supported by evidence” for prioritised implementation based on the evidence-decision matrix. These conclusions were also supported by the conclusions from another high-confidence review and evidence-gap map of cash-based interventions (Borges Machado et al., 2024), which noted the overall effectiveness of cash-plus programmes. This review also included the paper by Lachman and colleagues (2021), which further supports evidence on reductions in both violent discipline and maternal intimate partner violence from cash-plus parenting programmes.

This evidence-decision matrix was developed as part of *DPhil Paper 3* for ranking evidence of effectiveness across multiple intervention categories in efforts to develop rigorous and useful policy recommendations. As discussed above, the evidence ranking system for the 2016 Framework largely

relied on whether there were one or two high-quality studies with evidence of effectiveness (Puddy & Wilkins, 2011). In applications of this older evidence ranking system across multiple public health frameworks or evidence reviews, “high-quality” is often poorly defined (if at all), leaving ambiguity on whether this aspect was empirically evaluated or if it was determined based on study randomisation only. Applications of this system also suggest that systematic review evidence is only incorporated if 1) it is a meta-analysis and 2) it finds a significant pooled effect. Given the limitations of this ranking approach, I investigated other possible evidence ranking systems to use. One example was the EPIC (European Platform for Investing in Children) Framework, which incorporates evidence of effectiveness, enduring impact, and transferability (RAND Corporation, 2014). However, again, this system largely relies on an evidence base of primary studies and does not account for analyses or conclusions from systematic reviews.

Given the substantial evidence base that has developed over the past ten years on interventions to address violence against children, my goal was to develop a ranking system that was based on the conclusions of systematic reviews. This new system represents a higher threshold of evidence compared to the approach used in the 2016 Framework. This heightened threshold of evidence was also reflected in the quality assessments of systematic reviews, which using the AMSTAR2 Tool to calculate confidence ratings on the review conclusions. Simultaneously, a goal of the matrix was to incorporate rankings for primary studies; this was applied in cases where no reviews provided conclusions on the effectiveness of an intervention category (e.g., community mobilisation). In these cases, my own narrative synthesis of the primary studies across the intervention category was used to determine the policy recommendation based on the matrix components. Nonetheless, the individual systematic reviews could conduct a more thorough analysis of these primary studies than what could be done in this systematic review of systematic reviews. Thus again, the conclusions from systematic reviews were favoured in the new matrix.

It is also valuable to have this ranking system available for new, emerging areas that have not been evaluated in included systematic reviews, especially new digital interventions. A significant limitation

of using a review of reviews approach is the time lag for primary studies to be conducted and published to later be included in reviews which are subsequently captured and included in a review of reviews. Integrating a pathway for primary study evaluations enables policymakers and practitioners to quickly see how new intervention evidence compares with the current evidence base of more established interventions across the INSPIRE Framework. This is relevant both now for intervention categories not comprehensively reflected in the systematic review of systematic reviews as well as in the coming years before the INSPIRE Framework is updated again. Early dissemination of this systematic review of systematic reviews also found this addition to be useful for allowing assessments on emerging interventions, such as digital interventions, which have significant donor interest and investment. Lastly, having a pathway for conclusions from primary studies to be incorporated as part of the new evidence ranking system also explicitly defines the need for causal evidence in primary studies (e.g., randomised trials or quasi-experimental designs) rather than potentially overinflating weaker causal evidence, such as qualitative or case study data.

Overall, the matrix reflects how much high-quality evidence is available and whether the evidence shows consistency across contexts. Using a matrix rather than a simpler tiered system allowed more complex relationships between the three criteria (amount of evidence, quality of evidence, and consistency of evidence on effectiveness). For intervention categories that were identified as having consistent evidence of effectiveness in the 2025 update, their evidence rankings had similar relative strength compared with rankings in the 2016 Framework. This finding suggests that the newly developed matrix likely achieved its goal in incorporating the key pillars on evidence of effectiveness relevant to decisions on policy adoption and implementation.

Regardless, there are also limitations to the newly developed matrix in informing effective policy decisions. The matrix does not explicitly account for the transferability of an intervention. However, in efforts reflect this dimension, the syntheses conducted in *DPhil Paper 3* note where only data from one country is represented in an intervention category; this was most commonly cases where the evidence was exclusively produced from data in the United States. The matrix also does not account for whether

an intervention programme is manualised or available open access, whether it is cost effective, or whether the effect has a higher magnitude of impact compared to other interventions. Information on these dimensions may be critical to gaining policy support for implementation.

Two other gaps are noted in informing policy decisions based on the evidence-decision matrix and the broader research evidence in this thesis. First, guidance will be necessary to assist governments and organisations that are currently implementing programmes that are now labelled as “Not currently supported by evidence”. Second, the matrix provides disaggregated rankings on intervention categories by high- and low- and middle-income countries, but it does not have guidance on how policymakers should weigh this evidence in relation to practitioner-based knowledge or other sources of evidence from communities or programme implementers already working on-the-ground. Integrating these last two features – 1) how current practices to ongoing programmes no longer considered “evidence-based” should change and 2) how countries should weigh the research findings in relation to other types of evidence – is beyond the scope of this thesis but remains necessary in order to further translate the research into actionable steps and adjustments to implementation.

In total, the development and application of the new evidence-decision matrix provide comprehensive and rigorous academic evidence in recommending interventions with the highest potential for the effectiveness. Nonetheless, I recognise that evidence – and research evidence in particular – is only one piece of the policymaking ecosystem (Robinson et al., 2018). Other parts of the policymaking puzzle include ideas and ideology (e.g., political manifestos and public opinion), power dynamics (e.g., key actors and stakeholders), the policymaking environment (e.g., path dependency), and structural constraints (e.g., economics and demographics) (Cairney, 2012, 2016). Many of these areas also affect whether effective interventions in one context can be successfully transported to new settings.

Implications for policy & programming.

Interventions within the INSPIRE Framework are hypothesised to reduce violence against children by addressing risk and protective factors grouped within the seven strategies (WHO, 2016). Analysing

these mechanisms (having or not having a protective factor) can help identify possible interventions that contribute to multiple improved outcomes, including violence and other health/wellbeing outcomes such as mental health and education. This approach of using observational data can be especially helpful in contexts, such as Namibia, where limited impact evaluations are available. The method used to test INPSIRE mechanisms in Namibia could be applied in other contexts to facilitate policymaking decisions on which INSPIRE interventions may be most appropriate for the countries (such as cash-plus parenting programmes, or otherwise). This will be especially relevant to the pathfinding countries, which are 44 countries supported by the UN Special Representative to the Secretary General on Violence Against Children to adopt and strengthen multisectoral responses toward ending violence against children (United Nations, 2025).

The analysis from the VACS data in Namibia was intended to support decision-making for PEPFAR on which interventions to implement as part of their DREAMS package (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe), an initiative to reduce HIV inequalities in the African continent that place adolescent girls and young women at significantly higher risk of contracting HIV (Saul et al., 2018). The findings from analysis of the Namibia VACS would suggest that addressing economic- and care-based provisions (e.g., through an intervention package of gender-transformative cash-plus parenting programmes) in the HIV prevention strategy in Namibia could have stronger effects for girls, though boys may still benefit indirectly. However, given the cuts to foreign aid, PEPFAR is struggling to continue even basic services. Hopefully in time, there will be institutional capacity (within or outside of Namibia) to use the findings presented in this thesis to foster an enabling environment for girls in Namibia.

After more than five years of conducting analyses in various African contexts to identify high-impact entry points for interventions, our research group has identified that there are consistent findings that reductions in poverty and improvements in parenting behaviours/relationships are associated with multiple improved outcomes across populations of adolescents (Sherr, Cluver, et al., 2022). Simultaneously, there has been substantial global efforts to scale-up both parenting programmes and

cash transfers individually, especially in response to the COVID-19 pandemic. During the pandemic, parenting advice was included in national responses of 34 countries (Lachman, Nurova, et al., 2024; Shenderovich et al., 2020; Sherr, Helen, et al., 2022) and over 200 countries implemented a cash transfer (Gentilini et al., 2022).

Of the 16 meta-analyses on the effectiveness of parenting interventions alone included in the systematic review of systematic reviews (Backhaus, Blackwell, et al., 2024; Backhaus, Gardner, et al., 2023c, 2023b, 2023a, 2024; Backhaus, Leijten, et al., 2023; Chen & Chan, 2016; Euser et al., 2015; Gubbels et al., 2019, 2021; Hua & Leijten, 2022; Leijten et al., 2018; McCoy et al., 2020; Pinquart & Teubert, 2010; van IJzendoorn et al., 2020; Viswanathan et al., 2018), only two (Euser et al., 2015; Viswanathan et al., 2018) suggested that parenting programmes may not be effective. One review found an overall significant effect ($d = 0.13$), which became insignificant after accounting for publication bias (Euser et al., 2015) and the other review was specific to parenting interventions in primary care settings in high-income countries (Viswanathan et al., 2018). Although consistent evidence of effectiveness does not exempt the need for cultural adaptation and feasibility testing, it may suggest that these programmes have a higher likelihood of success, especially for manualised interventions such as Parenting for Lifelong Health.

This thesis adds to the empirical literature in establishing cash-plus parenting programmes as an effective intervention for tackling child maltreatment. It provides additional evidence of effectiveness to support the recommendation in international guidelines that “parenting interventions can be delivered by social protection systems and reach the most vulnerable families” (WHO, 2022, p. 2). Cash transfers have been actively scaled up over the last two decades, including as part of national responses to COVID-19. Thus, these systems are well-primed to reach vulnerable households. However, targeting with social protection may need to be improved and access scaled up, such as in the case of Namibia where the government aimed to increase coverage to an additional 30,000 children in the 2023-2024 fiscal year (Ministry of Gender Equality, Poverty Eradication and Social Welfare Namibia 2021; UNICEF Namibia, 2022).

Furthermore, recent research has suggested that parenting interventions alone are effective across a range of intersectional identities, including those living in poverty (Backhaus, Gardner, et al., 2024). Thus, while these interventions are unlikely to widen inequalities in violence based on these intersections, there is limited evidence to support that parenting interventions alone can reduce inequalities. Conversely, cash transfers have strong evidence at reducing poverty and income inequality (Bastagli et al., 2016; Nazareno & de Castro Galvao, 2023). Thus, the combined intervention should be investigated for its potential to reduce inequalities, particularly inequalities specific to income and its subsequent effects on violence prevention.

There are a number of considerations to account for when bringing interventions to scale. Both cash transfers and parenting interventions have been investigated and scaled separately and more-concerted efforts are needed to combine initiatives at scale. Scale-up is a question only after intervention effectiveness in the particular cultural context has been established, which often requires adaptations to the programme content and delivery (Moore et al., 2021). In violence prevention, parenting programmes and school-based interventions have the most robust evidence and efforts are underway to scale these programmes. Some key research has begun to test parenting interventions at scale (Lachman, Wamoyi, et al., 2024), which suggests that manualised interventions can be successfully scaled. In addition to establishing intervention effectiveness, scale up requires political commitment and key stakeholder involvement, sustained financing and training/capacity building, and slow expansion that is continually evaluated and improved in response to data (WHO, 2024).

The background chapter also discussed how components of cash transfers and parenting programmes can contribute toward advancements in gender equality. Fundamentally, this requires doing no harm in further entrenching existing inequalities. For example, interventions combining cash and parenting programmes should ensure that they do not increase the time poverty of women, who are disproportionately responsible for caregiving (Kuss et al., 2024). Interventions can incorporate services such as childcare during intervention delivery times, which may facilitate mothers' participation (ibid.).

Additionally, providing social protection to mothers may contribute to improved bargaining power within the household (Kuss et al., 2024).

Addressing both violence against children and women is a growing focus in the global health arena, especially because both forms of violence share common risk factors (WHO, 2016, 2019). More research is needed to evaluate which joint risk factors are present in cases of concurrent violence against women and violence against children (Pearson et al., 2022). Evident in the systematic review of systematic reviews (*DPhil Paper 3*), it remains largely unclear whether interventions to prevent violence against children are effective due to, in part, concurrent reductions in maternal intimate partner violence victimisation. Additionally, substantial evidence gaps remain on what intervention components enable ‘gender-transformative’ effects in advancing gender equality and what measures should define intervention success on gender equality (Backman-Levy & Greene, 2024; Kågesten & Chandra-Mouli, 2020). However, some of the intervention features discussed here could be considered as intervention design elements to further advance gender equality through cash-plus parenting programmes.

Dissemination & policy impact.

This section discusses how I have worked to facilitate the evidence-to-policy pipeline as part of my research process. Throughout my research career thus far, I have focused on assisting vulnerable children and adolescents in resource-constrained settings. My research agenda, including the research submitted as part of the thesis, has always been guided by my central aim to investigate questions relevant to issues policymakers are grappling with, and to inform decisions in cases where research evidence can contribute to these efforts. Fundamentally, collaboration with policymakers has been essential to my process of developing policy-relevant research questions.

There are different strategies for integrating evidence use into the policymaking process, of which this thesis drew heavily on three. First, key leaders in the field from bilateral and multilateral partners were actively engaged in the research process in designing the scope of the papers and their research

questions. This contributed to the development of meaningful policy recommendations based on the research findings. These key research partnerships and engagements included the World Health Organization, the U.S. Centers for Disease Control & Prevention, and UNAIDS Namibia. For example, the findings from *DPhil Paper 3* (systematic review of systematic reviews) are informing which interventions WHO endorses as priority interventions for implementation. The findings from this paper were one of multiple pieces of evidence that contributed to the recommendations of three breakthrough areas for intervention: Parenting programmes, safe schools, and response services (Murillo Urrutia et al., 2024). These breakthrough approaches were a key message in the first Global Ministerial Conference on Ending Violence Against Children, where I presented findings of this review.

The research partners (WHO, CDC, and UNAIDS) are also actively involved in the dissemination of the research findings. These research partners are key knowledge brokers, who translate research from social scientists into advice for governments (Cairney, 2016) and having their early engagement can facilitate uptake of the findings in informing policy and practice (Greenhalgh et al., 2004; Innvaer et al., 2002).

Second, the theoretical framework of multiple streams analysis suggests that there is a key window of opportunity where research evidence can be used to support policy change (Kingdon, 1984). In particular, this window arises when three areas – Problem, Policy, & Politics – converge: 1) There must be recognition of the social issue as one requiring a policy response; 2) There must be solutions available; and 3) There must be receptiveness to new ideas, which often occurs due to an exogenous event (Kingdon, 1984). To each of the three streams, there is global recognition that violence against children is a pressing public health issue; this thesis summarised key evidence on the consequences of violence against children in the Background chapter and why effective intervention is necessary. Second, the research findings presented in the empirical chapters provide possible solutions to reducing the prevalence of violence against children, in particular the potential of cash-plus parenting programmes. Lastly, 2024 was a pivotal year globally with the first-ever Global Ministerial Conference on Ending Violence Against Children, which presented a key political opportunity for collective action

in progressing government commitments to protecting the rights of children. The research timelines were set so that the findings for the systematic review of systematic reviews (*DPhil Paper 3*) were finalised ahead of advising UN member states in Bogotá, Colombia in November 2024.

Third, the information must be accessible in order to inform policy. Thanks to my primary DPhil funder (ESRC), all of my doctoral papers are being published open access. This is essential to promoting research uptake and avoiding papers being published behind price-inhibiting paywalls that are especially restrictive to non-academics or those in low-resource settings.

That said, academic manuscripts can be too technical for effective knowledge translation. Alternative materials and presentations were developed from the findings of the DPhil research. This included presentations to key advocacy and implementation partners (UNICEF, SIDA, Joining Forces, USAID and other US government groups and representatives, etc.) as well as publishing complementary policy briefs. There are further forthcoming knowledge products on *DPhil Paper 3* (in partnership with WHO). Findings from the empirical chapters have been included in international reports on gender-transformative education (UNGEI, 2025) and cash-plus programmes/child poverty (Save the Children, 2022).

Conclusion.

Intervening during childhood is an opportunity to achieve a “triple dividend of benefits now, into future adult life, and for the next generation of children” (Newman & Newman, 2020; Patton et al., 2016, p. 74). Not only is ending violence against children a moral necessity (children have the right to live free of violence as enshrined in the Convention on the Rights of the Child (United Nations, 1989)), it is also a costly societal problem that has a return on investment from prevention efforts (Office of the Special Representative on Violence against Children, 2022). Implementing evidence-based social interventions, such as cash-plus parenting programmes, is essential to reduce the number of children – currently more than one billion each year – who experience violence (Hillis et al., 2016).

There is growing evidence that cash-plus parenting programmes are an effective tool to effectively address violence against children and may have additional impacts on other outcomes, such as maternal intimate partner violence victimisation. Analysis of VACS data in Namibia in *DPhil Paper 1* provided an empirical assessment of the INSPIRE Framework, which demonstrated significant additive effects for economic- and care-based provisions (food security and parental support) for girls as well as significant effects from gender-equitable attitudes for both girls and boys. One possible context-relevant intervention to improve these protective factors is cash-plus parenting programmes.

Systematic review principles – namely the commitment to comprehensively and reproducibly collating an evidence base and interpreting findings in the context of study qualities (Higgins et al., 2024) – can apply to multiple types of reviews, including to meta-analyses on intervention effectiveness (*DPhil Paper 2*) or to aggregate findings across reviews (*DPhil Paper 3*). Not only does the research in this thesis show that there is evidence that cash-plus parenting may be more effective than cash alone (*DPhil Paper 2*), we also see that cash alone has limited evidence and substantial inconsistency in its effects on multiple forms of violence against children (*DPhil Paper 3*).

Cash-plus parenting programmes are theorised to have added impacts by working on and strengthening distal adult pathways via economic security, which in turn reduces intrahousehold conflict, stress, power imbalance and subsequently, improves parenting behaviours and reduces violence against children. These pathways may contribute to other improved outcomes within the Sustainable Development Goals, such as ending violence against women (Target 5.2). Protecting children from violence carries lifelong and intergenerational impacts and scale-up of effective interventions, such as cash-plus parenting programmes, can contribute to progress in accelerating prevention of violence against children. Ultimately, these interventions can help governments more efficiently achieve the Sustainable Development Goals, protect and uphold the rights of children, and improve the health and wellbeing of current and future generations of children.

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