INSPIRE EVIDENCE UPDATE

Response and support services

Objective

Improve access to good-quality health, social welfare, and criminal justice support services for all children who need them – including for reporting violence – to reduce the long-term impact of violence.

Rationale

Where basic services such as emergency care for violence-related injuries and clinical care for victims of sexual violence (including post-exposure prophylaxis for HIV) are in place, providing counselling and social services to victims and perpetrators of violence against children can help to break the cycle of violence in children's lives. These services help them better cope with and recover from the physical and mental health consequences, including trauma symptoms, resulting from these adverse experiences.

However, in low- and middle-income settings the proportion of child victims of violence receiving evidence-based health and social welfare services is very low.

Effective child-focused services, including counselling, referrals to child protection services, and access to temporary accommodation, must be established. These services require coordination among health, social welfare, justice, protection, education, and other government authorities.

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Moreover, child-friendly, confidential, and accessible mechanisms, such as hotlines or helplines, should be in place for children to report violence and begin seeking help. In addition to mechanisms for reporting violence, services must be available to identify other cases of violence against children and provide immediate and long-term care for young survivors.

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Approach

Counselling and therapeutic approaches

These mental health services address symptoms or diagnosis of post-traumatic stress disorder, depression, or emotional and behavioural disorders related to experiencing or witnessing violence.

- **Evidence:** WHO guidelines endorse psychological therapy for children and non-offending caregivers, with evidence from high-income countries as well as low- and middle-income countries. Of therapeutic modalities, cognitive behaviour therapy (CBT), including CBT with a trauma focus, has the strongest and most consistent evidence of effectiveness.

Health care-based violence prevention programmes

These interventions aim to respond to children and families who have already experienced violence and to reduce the risk for future violence. These are often implemented in emergency departments in response to violence-related injury or in primary care settings with parents.

- **Evidence:** Evidence is concentrated in high-income countries. Primary care can be a promising entry point for intervention for families with histories of child maltreatment. Current WHO guidelines for the health sector response to child maltreatment suggests providers should be alert to the clinical features associated with child maltreatment and associated risk factors. Providers should assess for child maltreatment without putting the child at increased risk. Hospital-based violence prevention programmes for reducing youth violence recidivism and intimate partner violence against adolescents has limited strong-quality evidence.

Sexual offender treatment programmes

These therapy or rehabilitation services (e.g., cognitive behavioural therapy or multisystemic therapy) aim to reduce recidivism among adults or adolescents who have committed sexual violence.

- **Evidence:** The evidence is concentrated in high-income countries and has insufficient and inconsistent evidence of effectiveness.

Foster care interventions involving social welfare services

These interventions are delivered by social services to support children removed from their homes after maltreatment victimisation.

- **Evidence:** Evidence is concentrated in high-income countries. Kinship care for children with a history of maltreatment is strongly supported over non-kinship foster care in reducing child behaviour problems, mental health issues, and re-abuse. Other interventions (family preservation or reunification programmes, family group conferencing or decision-making, and transition support and extended care policies for care leavers) have mixed findings.