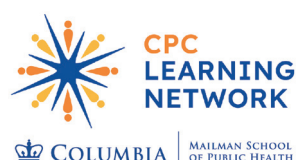




Evidence Update

INSPIRE: Seven strategies for preventing violence against children



Overview

Background: The INSPIRE Framework

Violence against children remains one of the world's most pervasive and costly public health and human rights challenges. Globally, one billion children – half of all children worldwide – experience violence each year. Physical, sexual, and emotional abuse and neglect not only cause immediate harm but also drive lifelong consequences for mental and physical health, educational attainment, and employment. Children who experience violence are at greater risk of depression, problem substance use, suicide, and perpetration of violence later in life, perpetuating intergenerational cycles of harm.

Yet prevention works. Ten years ago, the World Health Organization, the U.S. Centers for Disease Control and Prevention, and eight global partners launched *INSPIRE: Seven strategies to end violence against children*. It offered the world something that had been missing: a unified, evidence-based framework to prevent violence and to identify and assist young survivors. A decade later, new evidence confirms that the INSPIRE approach works and that countries can scale-up what we know protects children.

The INSPIRE Framework was built on three foundational pillars. Efforts to address violence against children must be 1) driven by data, 2) based on evidence, and 3) focused on prevention. INSPIRE's vision is a world where children grow up free from violence and reach their full potential.

Acknowledgements

WHO thanks the team that conducted the systematic review of systematic reviews. Madison Little led the team, whose members were Alexander Butchart, Greta Massetti, Sabrina Hermosilla, Camille Wittesaele, Isabelle Pearson, Janina Jochim, Susan Swingler, Claudia Schupp, Ines Böhret, Lakshmi Neelakantan, Sophia Backhaus, Mackenzie Martin, Meredith Mase, Sabrina Page, Roselinde Janowski, Alexandra Blackwell, Kyle Bernstein, Sabine Rakotomalala, and Lucie Cluver.

Reference for the scientific publication

Little MT, Butchart A, Massetti GM et al. 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*, 2026; 10, 49–61. [https://doi.org/10.1016/S2352-4642\(25\)00214-7](https://doi.org/10.1016/S2352-4642(25)00214-7).

A decade of action – updated with recent evidence

A new comprehensive evidence review in *The Lancet Child & Adolescent Health* systematically synthesizes evidence from more than 200 systematic reviews and 3 000 primary studies, which is the most thorough analysis to date of what works to prevent, reduce, and respond to violence against children. The new INSPIRE Evidence Update marks a decade of progress and renewed purpose.

Since the launch of INSPIRE, the framework has become a cornerstone of global prevention efforts. Since 2016, INSPIRE has guided priorities and government commitments in more than 100 countries, and more than 60 have already integrated INSPIRE into local or national policies, training, and action plans to make communities safer for children. Over the past decade, new research has emerged, particularly from low- and middle-income countries, showing how interventions can be adapted, scaled, and sustained. As evidence grew and global implementation expanded, partners recognised the need to ensure that INSPIRE remained current and grounded in the best available science.



The INSPIRE Evidence Update was designed to ensure that the global framework continues to reflect the latest research on what works to prevent and respond to violence against children. The overarching goal was to synthesise and assess the global evidence base to determine which interventions show the strongest, most consistent effects and should therefore be prioritized for implementation.

Specifically, the review sought to:

- 1 Provide a robust and transparent summary** of the scientific evidence supporting each INSPIRE strategy, which integrates new findings since 2016 and highlights interventions with demonstrated effectiveness.
- 2 Assess gaps and emerging areas**, such as the overlap between violence against children and violence against women, the high burden of violence in humanitarian settings, and the rise of online and technology-facilitated violence.
- 3 Ensure global relevance** by reflecting evidence from low- and middle-income countries and documenting where evidence is strongest, limited, or uneven.

What this review did

The INSPIRE Evidence Update synthesises findings from systematic reviews and primary studies. The review draws on studies representing diverse settings and populations, and applies a rigorous evidence-decision matrix to assess the quantity, quality, and consistency of effectiveness across contexts for each of the programmes and policies in INSPIRE's seven strategies. The analysis included 216 systematic reviews, covering more than 3 000 primary studies, and ranked more than 30 intervention categories across the seven INSPIRE strategies. This project is the world's largest evidence review to date on how to prevent and respond to violence against children.

How the review was conducted

The review, led by the University of Oxford with WHO, US CDC, and global partners, was a systematic review of systematic reviews. This review compiled and synthesized all existing systematic reviews and meta-analyses relevant to the seven INSPIRE strategies and applied a structured evidence-decision matrix to rank interventions according to the quantity, quality, and consistency of effectiveness across contexts. It aimed to identify interventions that

can be prioritized for implementation based on a rigorous evidence base. This analytic process ensured that each INSPIRE strategy is supported by clear, evidence-informed recommendations. These recommendations provide governments, donors, and practitioners with an authoritative guide for action and investment over the coming decade.

Scope and methods

- Searched 152 data sources (academic, organisational, and grey literature)
- Screened over 22 000 records and included 216 systematic reviews
- Covered more than 3 000 primary studies across 30+ intervention categories
- Focused on four key violence outcomes: child maltreatment, youth violence, adolescent intimate partner violence, and sexual violence
- Applied a structured evidence-decision matrix assessing: (1) quantity, (2) quality, and (3) consistency of effectiveness across contexts
- Analysed results separately for high-income countries (HICs) and low- and middle-income countries (LMICs)
- 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.

Key findings

- 1 INSPIRE works:** Every INSPIRE strategy has proven interventions. The evidence shows clear and compelling progress that each of the seven INSPIRE strategies now includes at least one intervention with consistent, high-quality evidence of effectiveness.

2 Three breakthrough areas show the strongest global evidence:

- Parenting programmes reduce child maltreatment (including revictimization for children in households with a history of violence) and may also lower maternal intimate partner violence victimisation
- Whole-school approaches reduce youth violence by creating safe and enabling learning environments
- Cognitive behavioural therapy improves recovery and mental health for children exposed to violence

Other interventions also have evidence of effectiveness for addressing one or more violence outcomes. These interventions are included under each strategy in the subsequent pages. For example, healthy romantic relationships education has the strongest rating in addressing adolescent dating and intimate partner violence. Notably, no interventions were identified that had consistent ineffectiveness or evidence of harm.

The new INSPIRE Evidence Update marks a decade of progress and renewed purpose. There has been substantial evidence developed around the three breakthrough interventions (parenting programmes, whole-school approaches, and cognitive behavioural therapy). While other interventions also qualify for prioritized implementation, some popular interventions show mixed or insufficient results. These programmes should be carefully evaluated before scaling. This is especially important in cases where organisations are, at present, implementing interventions that are now rated as *Not currently supported by evidence*.

Violence against children is preventable, and we now know more than ever about what works to protect children. Every INSPIRE strategy can drive real change when paired with data, commitment, and scale-up. This research solidifies the scientific foundation of INSPIRE for global action as an evidence-based approach to ending violence against children. The next decade is an opportunity to move from evidence to action and build a world where every child can grow up safe, healthy, and free from violence.

Implementation and enforcement of laws

Objective

Ensure the implementation and enforcement of laws banning violence against children, preventing problem alcohol use, and limiting youth access to firearms and other weapons.

Rationale

Developing and strengthening legal protections and policies for children and youth, in conjunction with the means to enforce these protections, is a prudent step in preventing violence against children.

Laws that prohibit behaviours, such as violent punishment and child sexual abuse, are useful in several ways. First, they show society that violent behaviour is not tolerated and can therefore reduce and prevent the normalisation of violence against children. Second, they hold perpetrators accountable for their actions. Third, laws and policies can also be useful in reducing exposure to key risk factors for violence against children by preventing problem alcohol use and limiting youth access to firearms and weapons.

Legislation can be a key part of preventing and responding to violence and promoting respect for children's rights. Effective enforcement of laws that define and prohibit all forms of violence against children may deter violence and ensure justice for victims. These protective laws are obligations for States Parties to implement as part of the UN Convention on the Rights of the Child.



Additional legislation should address key risk factors for violence against children, such as problem alcohol use and youth access to firearms and other weapons. Laws alone may not reduce violence, but their effective implementation and enforcement play an integral role in supporting and strengthening all INSPIRE strategies to end violence against children. These laws can contribute to creating an enabling environment to maximize the effectiveness of other interventions.



Approach

● Laws banning violence against children (including corporal punishment, sexual abuse and exploitation, and youth violence)

These laws 1) prohibit violent punishment of children (for example by parents or caregivers, teachers, or other authorities); 2) 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; or 3) prohibit peer-to-peer violence including through designating vulnerable subgroups as protected classes.

- **Evidence:** Laws banning violence against children remains prudent across high-, middle- and low-income countries. These laws are considered essential for creating an enabling environment for interventions to prevent violence against children. In the United States, there is emerging evidence that antibullying legislation can reduce peer victimisation, including among sexual minority youth.

● Laws that prevent problem alcohol use

These laws 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.

- **Evidence:** Evidence is concentrated in high-income countries and findings from strong-quality studies show mixed results across policies, though the studies in this area face significant methodological limitations in attributing causality from policy change to reductions in violence against children.

● 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.

- **Evidence:** In the United States, laws on secure storage of firearms (child access prevention) have promising evidence in reducing unintentional firearm deaths and emerging evidence in reducing unintentional firearm-related injuries among children. Evidence is limited for other firearm-related laws.

Intervention Type	HICs	LMICs
Laws banning corporal punishment by parents, teachers, or other caregivers	✓	✓
Laws banning the sexual abuse and exploitation of children	✓	✓
Antibullying legislation (including designating sexual and gender minorities as protected classes)	✓	—
Minimum alcohol-drinking age (policy change) on youth violence	✓	✓
Alcohol taxation and price control on child maltreatment	✓	✓
Alcohol trading restrictions on youth violence	✓	✓
Laws on child access prevention to firearms on youth homicide	✓	✓
Laws on child access prevention to firearms on unintentional firearm deaths	✓	✓
Laws on child access prevention to firearms on unintentional firearm-related injuries	✓	✓

- ✓✓ Recommendations for prioritized implementation are well-supported or supported by evidence
- ✓ Recommendations for prioritized implementation have promising or emerging evidence, or are prudent
- ✗ Recommendations for prioritized implementation are not currently supported by evidence
- No new systematic reviews

Norms and values

Objective

Strengthen norms and values that support non-violent, respectful, nurturing, positive and gender-equitable relationships for all children and adolescents.

Rationale

Changing attitudes and norms in society is an important part of preventing violence against children. Doing so often requires modifying deeply ingrained social and cultural norms and behaviours – especially the idea that some forms of violence are not only normal, but sometimes justifiable.

Examples include teachers hitting children because violent punishment is seen as legitimate; girls forced to have sex because of the sexual entitlement felt by boys and men; accepting child marriage or wife beating as normal; male peers coercing younger boys into gang violence as a “rite of passage”; and girls and boys not reporting violence because of fear of stigma and shame.



The approaches and programmes included in the *Norms and values* strategy use communication, critical reflection, and skills-building to challenge the social and gender norms that condone violent behaviour; and to strengthen or model norms that promote non-violence, gender equity, and protective behaviours.



In particular, the community mobilisation approach in INSPIRE includes effective models for implementing norms-change interventions, which can address a range of issues.

Approach

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.

- **Evidence:** Community mobilisation has promising evidence for reducing youth violence in high-income countries. In low- and middle-income countries, there is promising evidence for addressing intimate partner violence or non-intimate partner sexual violence against adolescents. Community mobilisation is often included as part of multicomponent interventions. Improvements in harmful attitudes (on violence or

gender) do not consistently correspond to changes in direct violence measures.

Bystander interventions

These interventions teach skills to recognise and intervene in intimate partner violence, sexual assault or harassment, or peer violence.

- **Evidence:** Bystander interventions are effective in improving bystander outcomes, but do not have a statistically significant effect on sexual assault perpetration. There is insufficient evidence for the impact of bystander interventions on violence victimisation.

Media campaigns

These public-awareness campaigns aim to reduce violence at the population level through one or more media platforms, including television, radio, print, or social media messages.

- **Evidence:** There are inconsistent intervention effects on measures of violence against children. Some evidence suggests integrating media campaigns as part of multicomponent programming, but more evaluations on the effectiveness of these integrated interventions are necessary.



Intervention Type	HICs	LMICs
Community mobilisation on youth violence	✓	✗
Community mobilisation on adolescent intimate partner violence or non-intimate partner sexual violence against adolescents	—	✓
Bystander interventions on sexual violence (including youth violence)	✗	✗
Media campaigns on child maltreatment	✗	✗
Media campaigns on intimate partner violence against adolescents	✗	✗
Media campaigns on youth violence	✗	—

- ✓✓ Recommendations for prioritized implementation are well-supported or supported by evidence
- ✓ Recommendations for prioritized implementation have promising or emerging evidence, or are prudent
- ✗ Recommendations for prioritized implementation are not currently supported by evidence
- No new systematic reviews

Safe environments

Objective

Create and sustain safe streets and other environments where children and youth gather and spend time.

Rationale

Creating and sustaining safe community environments is a promising strategy for reducing violence against children. This strategy concentrates on community environments other than homes and schools, as these are covered in the *Parent and caregiver support* and *Education and life skills* strategies in this package. Interventions included in this strategy on *Safe environments* focus on modifying communities' social and physical environments (rather than the individuals within it) with the aim of fostering positive behaviours and deterring harmful ones.



Changes to the physical and/or social environment may influence individual and community behaviours by changing people's perceptions, attitudes, and actions. These changes may reduce the risks of violence against – and by – children and adolescents.

Modifying the physical environment to be child-friendly and safe sends a clear message about what activities are promoted, tolerated, or accepted in public spaces.



Modifications to the social environment can include situational crime prevention techniques and broader urban planning and community development initiatives.

All efforts to create safer environments benefit from robust community participation in planning and implementation, to ensure interventions are useful and relevant and to strengthen community ownership. This participation should include children and adolescents.

Approach

Reducing violence by addressing “hotspots”

These interventions focus on areas where violence regularly occurs and work to reduce violence in those places through monitoring, awareness, and environmental changes.

- **Evidence:** There is insufficient rigorous evidence on the effectiveness of hotspot policing in schools, which is often combined with other interventions. Other interventions for “safe schools” are covered in the *Education and life skills* strategy.



Improving the built environment

These interventions focus on increasing community safety through environmental planning, design, and infrastructure.

- **Evidence:** Resettlement programmes in high-income countries, such as *Moving to Opportunity* in the United States, showed promising evidence of effectiveness on youth violence. Urban upgrading interventions had substantial differences in intervention content, which restrict conclusions on overall effectiveness. There is limited evidence from low- and middle-income countries. There is no strong-quality evidence in support of diversification interventions.

Creating safe spaces

These programmes create violence-free spaces to facilitate empowerment of children and adolescents as well as to provide psychosocial support and share knowledge.

- **Evidence:** Evidence is only available in low- and middle-income countries and humanitarian settings. These interventions alone are likely insufficient for reducing rates of violence, but may be essential in creating an enabling environment for other social interventions.

Intervention Type	HICs	LMICs
Hotspot policing in schools on youth violence or dating violence	✗	✗
Resettlement interventions on youth violence	✓	—
Urban upgrading interventions on youth violence	✗	✗
Diversification interventions on youth violence	✗	—
Child-friendly spaces on child sexual abuse	—	✗
Combined safe spaces on sexual violence	—	✗

- ✓✓ Recommendations for prioritized implementation are well-supported or supported by evidence
- ✓ Recommendations for prioritized implementation have promising or emerging evidence, or are prudent
- ✗ Recommendations for prioritized implementation are not currently supported by evidence
- No new systematic reviews

Parent and caregiver support

Objective

Reduce harsh parenting practices and create positive parent-child relationships.

Rationale

Helping parents and caregivers to understand the importance of positive, non-violent discipline in child development and of close, effective parent-child communication reduces harsh parenting practices, creates positive parent-child interactions, and helps increase bonding between parents or other caregivers and children. These factors all help prevent violence against children.

Supporting families, parents, and caregivers to learn positive parenting techniques can reduce risks of separation from children, child maltreatment, witnessing intimate partner violence against mothers or other female caregivers, and violent behaviour among children and adolescents.

Evaluations of these programmes also indicate that this type of prevention is cheaper than paying the price for the consequences of violence against children.



Evidence-based programmes that support parents are cost-effective ways to strengthen parent-child relationships, caregiving, and the health, safety and resilience of children and families. These dynamics help prevent all types of violence throughout children's lives, from infancy into adulthood.

Support for parents and caregivers can encompass general programmes provided for all families; targeted programmes for families at higher risk for violence in the home; and support for parents and caregivers where children have experienced violence.



Promotion of positive or nurturing parenting is at the core of programmes to support parents and caregivers. These techniques help mothers, fathers, and caregivers to manage children's behaviour and offer alternatives to harsh punishment, whether physical or emotional. Support for parents and caregivers also helps them understand children's development and improve parent-child communication, both of which are protective factors against physical, emotional and sexual violence. Many programmes help parents teach their children skills (such as emotional regulation, problem-solving, and social skills) that help children build resilience and avoid experiencing or perpetrating violence or bullying in the future.

Approach

• Parent training and support (delivered through home visits or in community groups)

Parenting programmes provide information and skills-building, support, and monitoring delivered by nurses, social workers, or trained lay workers through a series of home visits or community group meetings.

- **Evidence:** WHO guidelines endorse parenting programmes for reducing child maltreatment (including revictimization), with evidence from both high-income countries and low- and middle-income countries as well as in humanitarian settings.

Evidence also suggests parenting programmes may reduce co-occurring maternal intimate partner violence, although few studies have directly examined this outcome. In high-income countries only, there is promising evidence that parenting programmes can reduce youth violence, including bullying. However, there is limited evidence across

contexts that parenting programmes alone prevent child sexual abuse or abusive head trauma, and findings are more limited with mixed effects for specific at-risk populations.

• Parenting-plus programmes (parent training and support combined with other social interventions)

These programmes combine parent training and support with other services or interventions, such as substance use treatment, life-skills training, or other school-based or economic strengthening interventions.

- **Evidence:** The strongest evidence is for programmes that combine parenting support with cash transfers (covered under the *Income and economic strengthening* strategy). Other parenting-plus intervention combinations had insufficient evidence of effectiveness for prioritisation.

Intervention Type	HICs	LMICs
Parent training and support delivered through home visits or in groups in community settings on child maltreatment (including revictimization)	✓✓	✓✓
Parent training and support on youth violence (including bullying)	✓✓	—
Parent training and support on sexual abuse	✗	✗
Parent training and support on abusive head trauma	✗	✗
Combined parenting programmes and cash transfers on child maltreatment	(See cash-plus programmes under <i>Income and economic strengthening</i> strategy)	(See cash-plus programmes under <i>Income and economic strengthening</i> strategy)
Combined parenting programmes and substance use treatment on child maltreatment	✗	—
Combined parenting programmes and other social interventions on violence against children	✗	✗

- ✓✓ Recommendations for prioritized implementation are well-supported or supported by evidence
- ✓ Recommendations for prioritized implementation have promising or emerging evidence, or are prudent
- ✗ Recommendations for prioritized implementation are not currently supported by evidence
- No new systematic reviews

Income and economic strengthening

Objective

Improve families' economic security and stability, thereby reducing child maltreatment and maternal intimate partner violence.

Rationale

Income and economic strengthening interventions can benefit children by reducing child maltreatment and decreasing maternal intimate partner violence. Reducing violence between caregivers minimises the likelihood that children witness such violence and suffer the consequences, including the potential that children themselves become victims or perpetrators of violence.

In addition, increasing women's access to economic resources strengthens household economic status in ways that can prevent the abuse and neglect of children. For example, improved access enables women to increase investments in their children's education, thereby improving school attendance (a protective factor for violence against children).



Family economic stability and empowerment and access to financial resources allow parents to invest in children's health and education, increase families' economic resilience, and reduce financial stress. Cash transfer schemes often target the most vulnerable families, based on income or other factors, to determine eligibility for the programme. However, it is important that this process also avoids stigmatising families.

There may or may not be conditions that must be met in order to receive the disbursement. Efforts are necessary to ensure that interventions do not increase time poverty, especially for women, in meeting the programme conditions and collecting the disbursements.



National cash transfer programmes need sustained investment but can contribute to a range of positive outcomes, including long-term poverty reduction. Cash transfers tend to be more effective and sustainable when they integrate additional training, mentoring, and community ownership. In high-income countries, tax credits and welfare reform are primarily evaluated as the form of financial support.



Approach

● Cash transfers (LMIC-focused)

Money is given directly to people in need, either conditionally (e.g., tied to school attendance) or unconditionally.

- **Evidence:** There is emerging evidence for cash transfers reducing only physical intimate partner violence against adolescents in low- and middle-income countries. Evidence is limited and mixed for other forms of violence against children.

● Cash-plus programmes (LMIC-focused)

Cash transfers are combined with either 1) parent-focused training and support programmes or 2) youth-focused social or behaviour change communications or life-skills training.

- **Evidence:** There is strong evidence in favour of prioritising cash-plus parenting programmes for reducing child maltreatment and multiple studies report reductions in concurrent maternal intimate partner violence. There is also evidence in favour of combining cash transfers with youth-focused life-skills training for addressing youth violence (including sexual violence).

● Microfinance interventions (with or without gender norms or equity training)

Microfinance interventions consist of small loans, grants, or savings accounts that are often part of multicomponent programmes.

- **Evidence:** Evidence is concentrated in low- and middle-income countries, but had insufficient and inconsistent evidence of effectiveness in addressing violence against children.

● Welfare reform or tax credits (HIC-focused)

Financial support through income supplementation or maintenance, tax credits, or welfare reform policies. (These programmes are often labelled as cash transfers in low- and middle-income countries.)

- **Evidence:** There is promising evidence for tax credits in reducing youth violence in the United States, but there is inconsistent evidence for interventions on child maltreatment.

Intervention Type	HICs	LMICs
Cash transfers only on child maltreatment	—	✗
Cash transfers only on sexual violence (inequitable sexual partnerships and sexual intimate partner violence against adolescents)	—	✗
Cash transfers only on intimate partner violence against adolescents (physical IPV only)	—	✓
Cash-plus parent training and support programmes on child maltreatment	—	✓✓
Cash-plus parent training and support programmes on youth violence (including sexual violence)	—	✗
Cash-plus youth-focused life-skills training on youth violence (including sexual violence)	—	✓✓
Microfinance interventions on adolescent intimate partner violence or non-partner sexual violence against adolescents	—	✗
Microfinance interventions on child maltreatment	—	✗
Welfare reform or provision on child maltreatment	✗	—
Tax credits on youth violence	✓	—

- ✓✓ Recommendations for prioritized implementation are well-supported or supported by evidence
- ✓ Recommendations for prioritized implementation have promising or emerging evidence, or are prudent
- ✗ Recommendations for prioritized implementation are not currently supported by evidence
- No new systematic reviews

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.



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.



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.



Intervention Type	HICs	LMICs
Cognitive behavioural therapy on mental health among children exposed to violence	✓✓	✓✓
Training primary health care providers to recognize signs of violence, ask about it safely, and offer first-line support	✓	—
Hospital-based violence prevention programmes on youth violence recidivism	✗	—
Hospital-based violence prevention programmes on intimate partner violence against adolescents	✗	—
Sexual offender treatment programmes on sexual violence perpetration recidivism among adults	✗	—
Sexual offender treatment programmes on sexual violence perpetration recidivism among adolescents or young people with harmful sexual behaviour	✗	✗
Kinship care or kinship foster care on maltreatment recidivism, child mental health problems, or child behavioural problems (compared with non-kinship foster care)	✓✓	—
Family preservation or reunification programmes on child maltreatment recidivism	✗	—
Family group conferencing or decision-making on child maltreatment recidivism	✗	—
Transition support programmes and extended care policies for care leavers who experienced maltreatment	✗	—

- ✓✓ Recommendations for prioritized implementation are well-supported or supported by evidence
- ✓ Recommendations for prioritized implementation have promising or emerging evidence, or are prudent
- ✗ Recommendations for prioritized implementation are not currently supported by evidence
- No new systematic reviews

Education and life skills

Objective

Increase children's access to more effective, gender-equitable education and social-emotional learning and life-skills training and ensure that school environments are safe and enabling.

Rationale

Gains in education for both girls and boys, as measured by school enrolment and attendance, protect against both victimisation and perpetration of certain forms of violence, including childhood sexual violence, youth violence, partner violence, and structural risk factors for violence, such as child marriage and child labour. These advances also protect against the consequences of violence, including increased risk for HIV, sexually transmitted infections, and unintended pregnancy.

Schools provide an important space where children, teachers, and education personnel can learn and adopt pro-social behaviours that can contribute to preventing violence within the school and wider community. School-based programmes can prevent violence against children by enhancing communication, conflict management and problem-solving skills, and assisting the development of positive peer-to-peer relationships. While schools are an especially important space where violence curricula and programmes can be delivered, they can also be provided in informal settings such as community centres (for children not in school) and refugee camps. Many programmes include age-specific modules that range from pre-school to secondary-school ages.



The *Education and life skills* strategy includes efforts to support school participation, create safe and supportive school environments, and build students' skills in relationships, communication, managing emotions, conflict resolution, and self-defence. Implementation of this strategy includes supportive legislation and policy, training and capacity building for school staff, and additional support mechanisms for ensuring safe and enabling school environments.

These mechanisms also include multisectoral collaboration involving all stakeholders in education: administrators, teachers, students, parents, and the wider community.

Many of the evidence-based programmes featured in INSPIRE can be implemented by individual schools or school systems. However, the whole education sector plays a critical role in implementing the complementary approaches in this strategy. A systems approach to preventing violence through education policy may reach more children and typically involves planning, training and support for school staff, mechanisms for monitoring and accountability, dedicated resources, and collaboration with other sectors.



Safe and 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. 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 and/or wider communities.

- **Evidence:** Across high- and low- and middle-income countries, there is strong, consistent evidence that whole-school approaches reduce both bullying victimisation and perpetration. There is also evidence from low- and middle-income countries that whole-school approaches can reduce child abuse by teachers and school staff.



School health services

These services are provided by a health worker (e.g., nurses) to students enrolled in primary or secondary education, either within school premises or in a health service situated outside the school that has an official agreement to provide care to students.

- **Evidence:** There is emerging evidence from the United States that these services can reduce fighting or weapon carrying among boys.

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 seek help and support. These interventions can be directed at children or parents.

- **Evidence:** This intervention can have significant impacts on risk and protective factors for violence (e.g., knowledge and protective skills). There is insufficient evidence for the impact on direct violence measures. Therefore, it remains unclear whether improvements in risk and protective factors translate to significant reductions in violence.

Life and social skills training

These programmes build skills for managing emotions and anger, pro-social behaviour, respectful relationships, and conflict resolution. Interventions can include components on gender or violence sensitisation, empowerment, self-defence training, or comprehensive sex education, among others.

- **Evidence:** Significant heterogeneity in outcomes and programme components exist within this intervention category. There is strong evidence of effectiveness for these interventions in reducing youth violence in high-income countries, whereas there is promising evidence of effectiveness in addressing intimate partner violence and non-partner sexual violence against adolescents in low- and middle-income countries. There is also emerging evidence of effectiveness from these interventions in addressing child maltreatment in low- and middle-income countries. There is insufficient evidence on prevention of gang involvement or violence. In high-income countries, there is strong evidence of effectiveness for Gay Straight Alliances in reducing youth violence (including against sexual minority youth) and there is promising evidence for universal mental health promotion interventions in reducing youth violence perpetration (including bullying).



● School-based bullying prevention programmes

These curriculum-based programmes aim to reduce bullying (including cyberbullying) in schools by building prosocial norms, emotional regulation, and conflict resolution skills among students.

- **Evidence:** There is strong, consistent evidence that school-based bullying prevention programmes reduce both victimisation and perpetration of bullying and cyberbullying. Although there is evidence available from high-income countries as well as low- and middle-income countries, the evidence is stronger in high-income countries. Digital delivery for these interventions in addressing bullying and cyberbullying is supported by evidence in high-income countries only.

● Healthy romantic relationships education

These interventions aim to reduce adolescent intimate partner violence through relationship skills training, healthy relationships education, and challenging harmful norms on violence or gender inequality. These interventions are most often implemented in school settings.

- **Evidence:** There is promising evidence of effectiveness in addressing intimate partner violence against adolescents from high-income countries as well as low- and middle-income countries. Evidence is inconsistent for youth violence (including sexual violence from non-intimate partners). There is inconsistent evidence of effectiveness for digital delivery of the intervention.

Intervention Type	HICs	LMICs
Whole-school approaches on bullying perpetration and victimization	✓✓	✓✓
Whole-school approaches on child abuse (by teachers or school staff)	—	✓
Comprehensive school health services on youth violence	✓	—
School-based sexual abuse awareness programmes on child sexual abuse (child-directed intervention)	✗	✗
School-based sexual abuse awareness programmes on child sexual abuse (parent-directed intervention)	✗	✗
Life and social skills training on youth violence	✓✓	✗
Life and social skills training on adolescent intimate partner violence and non-partner sexual violence against adolescents	✗	✓
Life and social skills training on child maltreatment	—	✓
Life and social skills training on youth violence (gang involvement or violence)	✗	—
Gay Straight Alliances on youth violence (including against sexual minority youth)	✓✓	—
Universal mental health promotion interventions on youth violence perpetration (including bullying)	✓	✗
School-based bullying prevention programmes on bullying or cyberbullying perpetration or victimization	✓✓	✓
School-based bullying prevention programmes (digital delivery) on bullying or cyberbullying perpetration or victimization	✓✓	✗
Healthy romantic relationships education on intimate partner violence against adolescents	✓	✓
Healthy romantic relationships education on youth violence (including sexual violence from non-intimate partners)	✗	✗
Healthy romantic relationships education (digital delivery) on intimate partner violence against adolescents	✗	✗

- ✓✓ Recommendations for prioritized implementation are well-supported or supported by evidence
- ✓ Recommendations for prioritized implementation have promising or emerging evidence, or are prudent
- ✗ Recommendations for prioritized implementation are not currently supported by evidence
- No new systematic reviews

INSPIRE Evidence Update Contributors

Madison Little, University of Oxford

Alexander Butchart, World Health Organization

Greta Massetti, US Centers for Disease Control & Prevention; Georgia State University

INSPIRE Evidence Lab

Sabrina Hermosilla, Columbia University

Camille Wittesaele, University of Oxford; London School of Hygiene & Tropical

Medicine; University of Cape Town

Isabelle Pearson, London School of Hygiene & Tropical Medicine

Janina Jochim, University of Oxford

Susan Swingler, University of Oxford

Claudia Schupp, Technical University Munich

Ines Böhret, Technical University Munich

Lakshmi Neelakantan, University of Melbourne

Sophia Backhaus, University of Amsterdam

Mackenzie Martin, McMaster University; MacEwan University

Meredith Mase, US Centers for Disease Control & Prevention

Sabrina Page, University of Edinburgh

Roselinde Janowski, University of Oxford

Alexandra Blackwell, Johns Hopkins University; University of Copenhagen

Kyle Bernstein, US Centers for Disease Control & Prevention

Sabine Rakotomalala, World Health Organization

Lucie Cluver, University of Oxford; University of Cape Town

