



Achieving student well-being for all: educational contexts free of violence

Analytical report



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Achieving student well-being for all: educational contexts free of violence

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Executive summary

Article 19 of the UN Convention on the Rights of the Child (1989) states that 'Children have the right to be protected from being mistreated, physically and mentally', while Article 31 indicates that 'Every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts'. These rights are violated when children are victims of violence, a reality that affects many children in Europe and around the world. Violence against children (VAC) takes various forms, among which gender-based violence (including sexual harassment, sexual violence, and intimate partner violence), bullying (including racism and all forms of intolerance), and online violence (cyberbullying) are particularly prevalent. The current EU Strategy on the Rights of the Child (European Commission, 2021a) seeks to build the best possible life for all children in the EU and worldwide, and establishes that such a vision cannot be achieved unless VAC is tackled and eliminated.

When children suffer any form of VAC, their mental and physical health is affected, as well as their ability to attend school, interact socially and thrive. Education can play a key role in supporting children who are victims of VAC to become more resilient and can ensure a safe environment from which to gain strength to face adversity through empowerment. For children who are not victims of VAC, educational contexts can be used to prevent the risk of VAC victimisation. Likewise, educational actions and programmes can provide opportunities to promote integrated child protection systems in which various services and authorities relevant to safeguarding work together to support the child.

This analytical report presents a scientific review of the prevalence and impact of VAC (specifically, those forms that most affect school-aged children), and its relationship with educational opportunities and students' academic achievement. To advance the search for solutions that could eliminate VAC from education, the report also presents educational programmes and actions from across Europe and internationally that address various forms of VAC and serve all children – including those who are most vulnerable – to grow up happy and healthy, and to develop to their full potential. Of these programmes and actions, the report indicates those which are supported by available evidence of social impact. The report is guided by three questions:

- 1) What are the consequences of VAC for students' well-being?
- 2) What scientifically evidenced actions and programmes exist that address VAC?
- 3) How do the actions and programmes identified address the consequences of VAC?

The concepts of VAC, well-being and education are at the core of this report. The key findings of our in-depth literature review are divided into three main sections:

- 1) Scientific evidence on the negative consequences of violence against children.
- 2) Scientific evidence about programmes and actions that have been successful in addressing the consequences of VAC and promoting students' well-being.
- 3) Scientific evidence on *how* these effective actions and programmes address the consequences of VAC.

With reference to the first of these sections, the results of the literature review point to several negative effects that VAC has on children. These effects involve a worsening of the mental health of victims of VAC, the hindering of brain development, and an increase in the likelihood of poor academic achievement and early school leaving. In addition, the scientific evidence reviewed shows that children belonging to certain vulnerable groups are more likely to suffer from the effects of VAC, including an increase in those inequalities they already suffer. Such vulnerable groups include girls, children belonging to cultural and

ethnic minorities, those from low socio-economic status (SES) backgrounds, refugee children, children with disabilities and others. In presenting these findings from the literature, this section indicates that for those affected, failure to address VAC and child well-being hinders their successful participation in education, equal opportunities, and their full enjoyment of children's rights.

Following on from this review of the negative impacts of VAC on children, the second section of the report presents an in-depth analysis of the scientific literature, leading to the identification of a list of 13 programmes and actions for which there is scientific evidence showing that they address one or more consequences of VAC reported in the previous section. The third section of the report describes *how* those programmes listed in the previous section achieve their objectives of preventing and mitigating the consequences of VAC. Key elements identified in the course of this analysis include community involvement; zero tolerance to violence; teacher training; bystander intervention; and student and community training, grounded in scientific evidence impact with regard to VAC (Roca-Campos et al., 2021; Villarejo-Carballido et al., 2019).

Based on these results, the conclusions section of this report provides recommendations for the diverse agents involved in children's safeguarding.

1. Introduction

Child well-being refers to a dynamic condition in which children and youth have the opportunity to flourish and fully develop their human potential, to creatively and productively learn and play, to build meaningful bonds with others, including friendships, and to be part of and contribute to the community in which they belong (Cefai et al., 2021). It is also the experience of health and happiness, and includes mental and physical health, physical and emotional safety, and a feeling of belonging, as well as a sense of purpose, achievement and success (Council of Europe, 2022).

In order to safeguard child well-being, the EU Strategy on the Rights of the Child (European Commission, 2021a) stresses the need to protect and promote children's rights, so that all children have the opportunity to reach their full potential. Based on The Charter of Fundamental Rights of the EU, the European Union, in a coordinated strategy with the Member States, continues to put in place measures to protect the rights and promote the development of children, especially those at risk. In this context, the European Child Guarantee (European Commission, 2021b) focuses on developing actions targeting children at risk of poverty or social exclusion that will allow them to overcome the situations of vulnerability in which they find themselves.

Yet despite the advances made so far in protecting children and promoting of their rights and development, further measures are needed to tackle the remaining and emerging challenges that hinder child well-being. The promotion of child well-being is intrinsically linked to their empowerment, and to the prevention of and protection from violence in the diverse settings in which children participate. The EU Strategy on the Rights Of The Child (European Commission, 2021a) thus targets as a priority 'Combating violence against children and ensuring child protection: an EU that helps children grow free from violence'. Under this priority, the European Commission is bound to address and support all Member States in combatting all forms of violence against all children, including gender-based violence, bullying and cyberbullying. The European strategy for a better internet for kids (BIK+) is an example of this¹. Other international organisations also contribute to advancing measures to prevent VAC. UNESCO has developed indicators to measure progress towards Target 4.a of Sustainable Development Goal 4 on Education, which seeks the provision of safe, non-violent, inclusive and effective learning environments for all children and adolescents. One indicator developed by a UNESCO Task Force focuses on students' experiences of bullying during the past 12 months, by gender². The Council of Europe is also committed to improving students' well-being at school, emphasising that such improvement requires a whole-school approach that involves both teachers and parents, as well as collaboration with all agencies related to various facets of children's well-being, including health and social services, local authorities and civil society organisations³.

¹ More information on the European Strategy for a better internet for kids (BIK+) can be found here: <https://digital-strategy.ec.europa.eu/en/policies/strategy-better-internet-kids>

² More information on UNESCO's work on providing safe learning environments for all can be found here: <https://en.unesco.org/themes/school-violence-and-bullying/sdg4aprogress>

³ More information on resources provided by the CoE in this regard is available at: https://www.coe.int/en/web/campaign-free-to-speak-safe-to-learn/improving-well-being-at-school#p_101_INSTANCE_4URNYyH6gMfW

1.1. The scope of VAC

According to the WHO (*Violence against Children*, n.d.), VAC includes physical, sexual and emotional abuse and neglect by parents and other adults, as well as peer violence and intimate partner violence, against any person younger than 18 years old. This includes, among other forms, bullying, peer violence and teacher-related violence, in both face-to-face and online settings. Data gathered from the National Center for Education Statistics (USA) reveals the prevalence of this issue in the case of students. During the school year 2016-2017, the NCES found that out of the 20.2% of students who were bullied, 13% were 'made fun of, called names or insulted', 13.3% were the 'subject of rumours', 3.9% were 'threatened with harm', 5.3% were 'pushed, shoved, tripped or spat on', 1.9% were subject to attempts to make them do things they did not want to do, 5.2% were 'excluded from activities on purpose', and 1.4% reported having their 'property destroyed on purpose' (NCES, school year 2016-17). According to the Health Behaviour in School-age Children (HBSC) study, one in 10 teenagers had been victimised at least once during the preceding two months (WHO, 2020).

Experiencing or being exposed to violence from an early age can interfere with a child's normal developmental process, causing negative impacts on victims' physical and mental health. Hence, children exposed to violence experience difficulties at school, which affects academic retention and success, puts children at increased risk of social exclusion and makes them more vulnerable to the development of physical and mental health issues that can lead to self-harm and even suicide (OECD, 2020; WHO, 2016). In line with this, opportunities for all children to benefit from quality education, as well as the promotion child well-being, should not only focus on inclusive and non-discriminatory principles, but also on ensuring that such educational spaces are free from violence. To this end, successful mitigation measures and practices aimed at the prevention of and protection from VAC need to be put in place to prevent and avoid its negative consequences on student well-being.

Suffering violence at a young age is associated with long-term consequences; thus, the earlier in a child's life that VAC is addressed, the better it is for their future. A zero violence approach must be implemented from early childhood in order to promote children's physical, psychological and emotional well-being, not only in the present situation but also for their future (Oliver, 2014). Indeed, research has shown that preventive socialisation of violence⁴ fosters a reduction in violence later in life (Rios-Gonzalez et al., 2019). This report will outline the consequences of VAC on the academic achievements, social cohesion and well-being of all children, in order to later identify evidence-informed strategies that address such consequences effectively.

Despite the progress made so far in raising society's awareness on VAC, the prevalence of VAC remains high, both in Europe and internationally. Many children and young people are the victims of VAC carried out both within and outside school by peers or adults, thus hindering their learning, development and full participation in educational activities and in the overall educational community. The 2018 PISA results on bullying (2020) revealed that 23% of students in OECD countries reported being bullied at school (physical, verbal or relational bullying) at least a few times a month, with boys and students with low levels of achievement in reading being more likely to report being bullied than girls and high-achieving students. Recent systematic reviews of studies employing international data also

⁴ Preventive socialisation in relation to violence refers to promoting contexts that are free of violence from early childhood, preventing exposure to violence, and promoting the rejection of violent behaviours from children's early socialisation.

support this trend, indicating that one in every three children is a victim of some sort of bullying (Zych et al., 2015). Bullying directly affects students' well-being, with bullied students being at increased risk of experiencing negative health issues, including emotional distress and substance abuse (Livingston et al., 2019), poor physical and mental health, and difficulties in developing adult roles (Wolke & Lereya, 2015).

Moreover, bullying can take place in many of the settings in which children participate, including online environments. According to Modecki et al. (2014), who carried out a review of 80 studies on bullying and cyberbullying, the mean prevalence rate for children affected by traditional bullying was 35%, compared with 15% for cyber bullying. Children spend an increasing amount of time online, both in relation to their education, but also to their personal relationships. Online VAC includes harassment, flaming, cyberstalking and spreading rumours, among other behaviours (Capurso et al., 2017). Studies analysing research from the main databases show that one in every five children worldwide suffers from cyberbullying (Zych et al., 2015), which leads to similarly negative outcomes for physical and mental health and overall poor well-being to those identified in connection with traditional bullying (Bottino et al., 2015). Such violent experiences disrupt children's normal development and, in some cases, lead to suicide (Bauman et al., 2013). Indeed, research shows that cyberbullying is often related to other forms of violence, including bullying and sexual harassment (Villarejo-Carballido et al., 2019). Nevertheless, some studies have shown gender-based patterns, with girls being more prone to suffer emotional problems, while boys are more likely to show behavioural problems (Kim et al., 2018). Research has also found that a greater percentage of girls experience episodes of cyberbullying (23.9%) compared with boys (18.5%) (Kowalski & Limber, 2013). These data are consistent with other sources, such as *How's Life in the Digital Age?* by the OECD (OECD, 2019). The HBSC also revealed that on average, 9% of 15-year-olds report having experienced cyberbullying at least once during their lives, with girls reporting victimisation more often than boys in all countries except Denmark, Israel and Spain (OECD, 2019). Although an increasing number of countries are applying measures to combat this specific kind of bullying, LGBTIQ+ youth are also between three and five times more likely than their peers to suffer violence in schools; in fact, within the European Union, at least 68% of LGBT students have reported homophobic or transphobic bullying (IGLYO, 2018). Nevertheless, the LGBTIQI Inclusive Education Index (2018), developed by the International Lesbian, Gay, Bisexual, Transgender, Queer & Intersex (LGBTQI) Youth and Student Organization, indicates that among the Council of Europe member states, fewer than half (21) possess action plans to explicitly prevent and address bullying based on sexual orientation and gender identity or expression.

1.2. Need for a community perspective to support student well-being in schools

Scientific literature on student well-being shows that family, school and community factors all contribute to students' well-being. Research that employed data from the pilot study of the International Survey of Children's Well-Being (Lee & Yoo, 2015) found that the family, school and community lives of children are important predictors of subjective well-being, even after controlling for country-specific cultural and contextual factors. The aforementioned research identified that in all countries, the key to children's subjective well-being was the nature of their closest relationships and immediate environment. This confirms the need for families, schools and communities to work together and coordinate actions to better support children's well-being. However, according to other scientific literature, another approach appears even more effective than coordinated actions in these three separate key developmental contexts – namely, action to support child well-being in/at schools that are open to families and the whole community (León-Jiménez et al., 2020; Rodriguez-Oramas et al., 2022).

In many cases, teachers, family members and other members of the community are unaware of situations of VAC. When such cases are brought to their attention, they may lack the knowledge and mechanisms to act in the best way to protect victims. Nevertheless, schools are strategic institutions in which students, teaching staff and the extended educational community can develop the skills necessary to contribute to the preventive socialisation of violence and to fostering child well-being.

Scientific studies suggest that **school climate** is an essential factor to consider in supporting student well-being and reducing the achievement gap. A positive learning environment offers a number of benefits in supporting students' well-being. During middle school transition, such an environment is crucial to adolescents' developing of self-concept and self-esteem (Coelho et al., 2020). Furthermore, when students perceive a positive school climate and strong peer support, this supports their well-being; when the opposite is true, psychological distress and depressive symptoms may emerge (Way et al., 2007).

The role of peers is central to school climate. Indeed, studies indicate that peer support is the strongest predictor in the school climate of students' mental and emotional well-being (Lester et al., 2015). For refugee children, for example, enjoying quality friendships plays an essential protective role against bullying and the adversities they face as refugees (Samara et al., 2020). In relation to gender violence, the role of a child's peer group as one of the main socialising agents in attraction and sexual-affective relationships means that supportive, quality friendships at school offer students a protective factor against the dominant coercive discourse that pressures girls towards attraction to males with violent attitudes and behaviours. Thus, such friendships protect female adolescents against violent victimisation (Racionero-Plaza, Duque, et al., 2021). In the same vein, it is essential to promote bystander intervention to protect actual or potential victims from violence, in order to remove the impunity aggressors often enjoy (Coker et al., 2017). In order for students to become 'upstanders' – i.e. to dare to act and protect victims – it is necessary to promote such attitudes in a way that confers attractiveness on those children who support victims, portraying them as brave (Roca-Campos et al., 2021).

In relation to academic achievement, a longitudinal study in the USA analysed the association between school climate and academic grades by tracking more than 2,000 students who transitioned to high school from 16 regional middle schools. The study found that students with greater perceptions of a positive school climate showed sustained or improved academic achievement over time (Daily et al., 2020). Other research has shown that higher levels of school bonding and the development of better social, emotional and decision-making skills are related to higher test scores and higher grades (Durlak et al., 2011; Fleming et al., 2005).

Taking the above into account, combatting VAC to promote both academic success and child well-being demands an integrated strategy that places children at the centre, but also targets families and the extended community as agents that can contribute actively to promoting children's well-being and development (Serradell et al., 2020). Extant research has shown that the best interventions and responses to overcome VAC involve engaging families, students, teaching and administrative staff, and other members of the educational community in an egalitarian dialogue that tackles violence at its root, addressing the socialisation of attraction to violence and socialising the whole community to achieve this, it is imperative that such dialogues be based on scientific evidence regarding VAC. Such evidence should be presented to the whole community in order to effectively respond to and reject language and acts that promote attraction to violence.

Thus, this report focuses on actions oriented towards the protection of children, prevention of and interventions to combat VAC through a whole-school approach. Thus, the report will

highlight actions oriented towards the creation and promotion of safe spaces with the involvement of the community targeting not only individual behaviours, but also social ones, fostering a collective effort to promote the well-being of the entire community (Cefai et al., 2021). Based on such an approach, all community members are invited to participate in deciding which social interactions are acceptable, and thus encouraged, and which will not be tolerated, such as those involving violence. Hence, it is of great relevance to inform educational communities about those scientific evidence-based actions that foster a zero-violence educational environment and promote the well-being of all students.

1.3. The importance of friends and quality human relationships to child well-being

Research in various disciplines has produced evidence that points to the important role peer groups play in protecting individuals from violence or, conversely, promoting engagement in violent social experiences and relationships. Studies in affective human neuroscience have reported that adolescents in peer groups and friendships that are motivated by popularity, fame and status shape adolescents' neural reward system (which is involved in influencing what is rewarding to a person and what is not) in ways that favour risk-taking behaviours. Conversely, the neural reward system of adolescents engaged in quality peer relationships and quality friendships, characterised by trust and respect, is shaped in ways that favour behaviours that are not risky (Telzer et al., 2015). This finding has enormous implications for preventive programmes in education, as it clearly points to the important role of group-level interventions beyond individual-level ones. Likewise, these data imply that investing in cultivating quality peer relationships from early childhood is essential to avoiding violent behaviour and exposure to it, and to foster positive brain development.

What neuroscience has shown in the brain, psychology has shown developmentally. Studies carried out at the Harvard Center on the Developing Child on children facing adversity, including VAC (Shonkoff et al., 2012), have shown that for child victims of violence, positive relational experiences accumulate over time. This makes it possible to turn the balance of negative health outcomes and renders it easier to achieve positive results in the brain, in overall health and in life. These results point to resilience – the capacity of every child to recover from adversity given the appropriate relational and contextual factors – and indicate that the single most common factor for children who develop resilience is a stable, quality relationship with a supportive parent, caregiver or other adult. This finding highlights the importance of including a variety of adults in educational programmes implemented to overcome VAC. These adults must be trained as agents of resilience, always trusting the child, standing by their side, and supporting them in all ways possible.

The role of friendship and close, quality relationships in well-being has also been strongly underlined by the Harvard Longitudinal Study of Adult Development (Waldinger, n.d.). This is the longest-running longitudinal study on human development in existence. After more than 80 years following a very diverse cohort of youth in Boston, collecting data of a diverse nature (biological samples, socio-economic and educational data, marital status and family type, community involvement, close relationships and friendships, fame, income, type of job, and much more), this study has revealed that close relationships, notably friendships, protect people from life's disappointments, help them to delay physical and mental deterioration, and are better predictors of longer, healthier and happier lives than social class, intelligence quotient or even genes (Waldinger, n.d.). In other words, the Harvard Study of Adult Development has proven that embracing friendship and community helps individuals to live longer, and with greater well-being. These key findings also have important implications for education programmes aimed at supporting the well-being of all

students. Such programmes should foster environments in which quality friendships can emerge for every child and be cultivated over time. Such programmes should also provide students with opportunities to reflect on what quality friendship is, which behaviours it involves and excludes, and how to care for friends. In the light of current psychological research, if children succeed in making good friendships, they are less likely to become victims of bullying (Graber et al., 2016). Children who have quality friendships are better protected from bullies, as these friends act as a shield against attacks.

The approach of this report also aligns with the priorities 'Socio-economic inclusion, health and education: an EU that fights child poverty, promotes inclusive and child-friendly societies, health and education systems' (European Commission, 2021a, p. 6) and 'Digital and information society: an EU where children can safely navigate the digital environment, and harness its opportunities' included in the EU Strategy on the Rights of the Child (European Commission, 2021a, p. 17). Moreover, its findings may contribute directly to the European Commission's initiative 'Pathways to School Success'⁵ by providing scientific evidence on the creation of inclusive learning environments that support well-being at school for all children, with a special focus on those groups at risk of underachievement, discrimination and social exclusion.

The present report therefore aims to outline the consequences of VAC for child well-being, with the aim of offering recommendations for effective, evidence-based actions that have been found in the literature to be successful in mitigating and preventing VAC, and thus promoting child well-being, academic achievement and social cohesion for all children.

1.4. Objectives and research questions

The objective of this report is to **investigate what mitigation measures and practices have been successfully proven to work in overcoming and preventing violence against children** (sexual violence, bullying and online violence), which **affects student well-being**, and how addressing VAC using a **whole-school approach** (schools, families, communities, and institutions) contributes to **promoting student well-being and educational success**.

To that end, a systematic literature review has been conducted that addresses the following three main research questions:

- 1) What are the consequences of VAC for students' well-being?
- 2) What scientifically evidenced actions and programmes exist that address VAC?
- 3) How do the actions and programmes identified address the consequences of VAC?

⁵ More information about the initiative is available here: <https://education.ec.europa.eu/education-levels/school-education/pathways-to-school-success>

2. Methodology

A systematic literature review has been conducted, focusing on: a) the prevalence of VAC; the relationship between VAC, child well-being and academic achievement; and the consequences of VAC; and b) mitigation measures and practices that prevent VAC and address its effects on student well-being. This review focuses on certain forms of violence that are more prevalent among school students, namely: a) gender-based violence (including sexual harassment, sexual violence and intimate partner violence); b) bullying (including racism and all forms of intolerance); and c) online violence.

In addition, the report pays special attention to groups which, according to the Strategy on the Rights of the Child, are at increased risk of suffering such forms of violence: 'Children continue to be victims of different forms of violence; suffer from socio-economic exclusion and discrimination, in particular on the grounds of their sex, sexual orientation, racial or ethnic origin, religion or belief, disability – or that of their parents' (European Commission, 2021a, p. 2). The report therefore considers the following groups at higher risk of violence: girls, children from the LGBTIQ+ community, low-SES children, ethnic and racial minority children, children with disabilities, migrants and refugee children, and children belonging to minority religious communities. Furthermore, this report also considers papers focusing on a whole-school approach (schools, families, communities, and institutions) to the promotion of student well-being and educational success.

2.1. Sources and procedure

A review of scientific literature and policy documents was carried out. Searches employed specific combinations of keywords (specified below) to respond to the research questions of the report. The scientific literature reviewed consists of articles published in journals that are included in the two databases (Web of Science and Scopus) that are considered scientifically impactful by the DG Research & Innovation of the EC (European Commission, 2018). Two selection processes were carried out to identify specific articles: bottom-up and top-down. The bottom-up selection used a list of those keywords mostly closely linked to the topic of 'well-being for all students, achieving educational contexts free of violence'. This list is included in the next section of the report. This selection resulted in 71 articles that were considered the most fruitful in relation to the subject and/or which had the most scientific citations. The top-down process led to the selection of 173 scientific articles that include references to those programmes and actions already selected during the bottom-up process. After analysing the abstracts of those articles, 87 articles were selected that mention the impact of the aforementioned programmes on child well-being and in achieving educational contexts free of violence. This search and selection of scientific literature was complemented with the reading and analysis of policy documents. Special focus has been given to documents published by the EC, such as the 'EU Strategy on the Rights of the Child' (European Commission, 2021a) and the 'Proposal for a Council Recommendation on Pathways to School Success' (European Commission, 2022). EU equality strategies were also reviewed, including the EU Anti-racism Action Plan, the EU Gender equality strategy, the EU Roma Strategic Framework, the EU LGBTIQ Equality Strategy, and the EU Strategy for the Rights of Persons with Disabilities. EU-funded projects have also been analysed, as well as NESET reports such as 'A systemic, whole school approach to mental health and well-being in schools in the EU'.

2.2. Keywords

The keywords used in the literature search are related to educational actions aimed at the prevention and overcoming of VAC. Examples of keywords employed and combined in the searches include:

- a) with regard to programmes: programmes, interventions, actions, successful actions⁶;
- b) with regard to impact: results, impact, benefits, social impact, outcomes;
- c) with regard to the types of violence to be tackled: violence against children (VAC), adverse childhood experience (ACE), abusive relationships, sexual abuse, child maltreatment, gender-based violence (including sexual harassment, sexual violence and intimate partner violence), bullying (including racism and all forms of intolerance), online violence, cyberbullying;
- d) with regard to the *area of impact* (of VAC and of programmes): well-being, emotional development, socio-emotional development, sexual development, mental health;
- e) with regard to at-risk groups: girls, LGBTIQ+ children, low-SES children, ethnic and racial minority children, children with disabilities, migrant and refugee children, children belonging to minority religious communities.

2.3. Inclusion and exclusion criteria

The search primarily focused on sources relating to the EU, although the international level was also considered. An interdisciplinary approach was taken, both in the selection of top-ranked journals and the most-cited scientific articles. Priority was given to scientific articles reporting empirical research, and which provide quantitative and/or qualitative data on the three main research questions. The table below summarises the total number of articles, research reports and policy documents reviewed, together with the languages in which these documents were written.

Table 1. Summary of sources

Number of systematic review articles analysed	Number of articles reviewed	Number of research reports reviewed	Number of policy documents reviewed	Languages used
3	87	5	8	2 (English and Spanish)

To respond to Research Question 2 concerning effective programmes, actions and interventions addressing the consequences of VAC in education, two criteria were applied. First, measures and actions were selected about which scientific literature was available that presented evidence of improvements being generated by those actions in relation to one or more of the consequences of VAC (Research Question 1): in other words, measures and actions promoting child well-being about which there is evidence of social impact. Other literature exists on programmes that are presented as being relevant for addressing violence against children, but such literature provides no evidence of the impact of these programmes in mitigating the consequences of VAC. Consideration was given to literature and programmes for which there is no evidence of social impact, but separately from the effective measures.

⁶ Successful actions (Flecha, 2015) were identified according to the framework of the INCLUD-ED Project (6th Framework Programme of Research, European Commission, 2006-2011). These refer to actions that produce the best results in all socio-economic, cultural, and geographic contexts. They are universal and transferrable.

3. Results

This section presents the findings from the literature review in relation to each of the research questions. Section 3.1. presents the results for Research Question 1 – namely, the negative consequences of violence against children (VAC) identified in the literature. Section 3.2. presents the findings of the review in relation to Research Question 2; that is, which programmes and actions have proven effective in addressing (mitigating and/or preventing) one or more of the consequences of VAC. This subsection also includes information on programmes that claim to address VAC, but about which there is no scientific literature that provides evidence of their social impact. Section 3.3. presents the results for Research Question 3, and therefore explains *how* the aforementioned successful programmes and actions have achieved their effectiveness. The analytical framework used also includes at-risk groups as a specific dimension. Consequently, in all three sections of the results, attention is given to children at particular risk of VAC, such as girls, children with a minority background, children with low-SES backgrounds, LGBTIQ+ children, refugee children, and children with disabilities. Each section includes tables summarising the results.

3.1. Scientific evidence on the negative consequences of violence against children

Scientific literature provides strong evidence that VAC negatively affects childhood development. This section provides an overview of current scientific research on the negative consequences of violence and bullying on children and adolescents. For the purposes of this study, these effects are divided into three dimensions: academic achievement and school drop-out; mental and emotional well-being and brain development; and physical well-being. The analysis also considers the especially negative effects VAC has on children belonging to vulnerable groups, referring either to the most prevalent forms of VAC suffered by such children, or the specific impacts it has on their well-being.

3.1.1. Impact of VAC on academic achievement and school drop-out

A robust association exists between violence and sexual abuse, and poorer grades. In general, negative behaviours among peers, as well as disruptive and aggressive behaviour, were predictors of lower test scores (Fleming et al., 2005; Strøm et al., 2013). Students who are bullied the most tend to have lower levels of academic achievement (Wang et al., 2014), and schools in which there is more bullying achieve poorer academic results (Strøm et al., 2013).

With regard to bullying in particular, a systematic review of 30 studies dating back to 1992 from the fields of medical, psychological, educational and social sciences, found six studies on the effects of bullying on academic performance (Busch et al., 2014). The authors of these studies, which accounted for gender (Forrest et al., 2012; Juvonen et al., 2011; Rothon et al., 2011), SES (Forrest et al., 2012), and psychosocial problems (Beran and Lupart, 2009; Stavrinides et al., 2011), concluded that bullying behaviours affected school grades. Two studies indicated that bullying behaviours did not directly influence academic performance (Beran & Lupart, 2009; Forrest et al., 2012), but the adverse effects of bullying on academic achievement resulted from mediation by psychosocial problems. This last association between mental health status and academic under-performance is reiterated by later literature reviews (Suldo et al., 2014).

According to a report on school violence and bullying (UNESCO, 2021), based on data from PISA, PIRLS and TERCE, frequent bullying affects both students' feelings of marginalisation at school, and their continuity of studies and academic results. In this sense, students in OECD countries who are frequently bullied are almost three times more likely to feel marginalised at school than those who are not subject to frequent bullying (PISA). They are twice as likely to skip classes, and are more likely to feel anxious about exams. Overall, 45% of students who are frequently bullied want to drop out of school after secondary education, and tend to achieve lower scores in academic subjects (TERCE, PISA).

As reported in PISA 2018 (OECD, 2019), continuing a trend seen in PISA 2015, a smaller proportion of high-achieving students have experienced bullying, compared with the rate of bullying victims among low-achieving students – 18% versus 31%. Likewise, greater exposure to bullying was associated with lower reading achievement in all OECD countries. On average, students who were frequently bullied scored 21 points lower in reading than those who were bullied less frequently. These results are also mediated by the type of bullying: while those who reported a type of bullying that involved mockery by their peers scored, on average, 13 points lower in reading, those who reported receiving threats scored 56 points lower. With respect to well-being, all PISA 2018 data show that in most participating countries, frequently bullied students were more likely to feel sad, scared and dissatisfied with their lives than students who were not frequently bullied.

According to PIRLS (2016), students who suffer bullying have poorer educational achievements than students who never experienced it. For instance, those 4th-grade students who have never experienced bullying (57%) have an average achievement score in reading of 521, compared with those who report being bullied weekly, whose average score is 482. Similar results can be seen for literacy in science and mathematics. Among an international average of 63% fourth-graders who never or almost never experienced bullying, they achieve an average score of 503 in science, whereas students reporting being bullied approximately monthly (29%) on average score 486 points, while students who experience bullying approximately weekly (8%) score 437 points. In mathematics, the corresponding results are 71% (496 points), 23% (482 points) and 6% (428 points), respectively (TIMSS, 2019). The TIMSS assessment also revealed a similar trend among the results for 8th-graders.: being bullied has a negative impact on academic performance. Likewise, research shows that bullying is also associated with school drop-out (Cornell et al., 2013).

In relation to the specific case of sexual violence, another systematic review (Bradley & Greene, 2013) of 25 years of evidence concerning the relationship between adolescents' academic achievement and health behaviours, found an inverse association between academic achievement (measured by academic grades or GPA) and students being forced to engage in sexual activity, and among those who forced someone to engage in sexual activity.

3.1.2. Impact of VAC on mental and emotional well-being, brain development and physical well-being

Studies in the fields of neuroscience, psychology, psychiatry and other areas of medicine have accumulated strong evidence that violent relationships are harmful to health on multiple levels. Research into the negative impacts of adverse childhood experiences (ACE) on mental and physical health has provided a large amount of data showing that violent relationships in childhood negatively affect brain development, psychological functioning and the body more generally.

Statistics indicate that more than half of those girls and boys in Europe who are victims of bullying and cyberbullying acknowledge that they have suffered depression as a result of

this experience; 35% report that they have self-harmed, and 38% report having had thoughts of suicide (Dalla Pozza et al., 2016). Some have even committed suicide. A systematic review and analysis published in the *World Journal of Psychiatry* on the impact of bullying confirms these psychological sequelae, and adds others such as post-traumatic stress, anxiety, psychotic symptoms and panic (Moore et al., 2017).

Neuroscientific research has shown that adverse conditions produced by toxic stress impair brain activity and brain architecture (Shonkoff et al., 2012). In situations of toxic stress, neuronal connections can be lost and neuronal death can even occur in the hippocampus, the main subcortical structure responsible for memory, as well as in the medial prefrontal cortex, which is the area of the cerebral cortex involved in essential mental functions such as task planning and problem solving (Duman, 2009; Shonkoff et al., 2012). Moreover, research has shown that exposure to stressful experiences can alter the size and neural architecture of subcortical brain structures such as the amygdala, which may affect emotional processing, and the hippocampus (Shonkoff et al., 2012). The scientific literature provides evidence that severe stress before the age of six results in smaller brain memory structures, and a smaller volume of the hippocampus has been linked to problems later in life. These include greater vulnerability to brain and behavioural disorders when experiencing traumatic situations, a poorer antidepressive response, and memory deficits. In the case of victims of sexual abuse, it has been identified that the functioning of the so-called hypothalamic-pituitary-adrenal axis can be affected later in life. This can result in anxiety disorders, insomnia, fatigue and digestive problems, among others (Seedat et al., 2003).

Furthermore, research in epigenetics has demonstrated that toxic stress from violent social experiences can alter the epigenome, resulting in phenotypical changes that may be inherited (Zhang & Meaney, 2010; Hayes, 2018). VAC is therefore not only of concern in terms of its impacts on the victims themselves, but it is also in relation to future generations, as trauma may change their children's biology (Kaiser, 2014; Curry, 2019). Such evidence is of great importance for human and social development, and places new emphasis on the responsibility of education and society to address VAC, contributing to its elimination via the implementation of programmes that have proven to be successful in protecting children and adolescents from violent relationships. The price of not doing will be paid not only by current generations, but also those yet to come.

Physically or sexually abused children are also at greater risk of developing mental health problems later in life. The gravity of these problems may depend on the time at which the abuse started, its duration and severity (Adams et al., 2018). According to some research, abuse that occurs in children aged five or older may have the most damaging impact on mental health. Such impacts may mean that victims of childhood violence manifest dysfunctions in learning, remembering, and other high-level cognitive activities. Whether or not such difficulties are manifested, and their level of severity, will depend on the presence of protective factors in the life of a child, both at the moment of the abuse and later in life.

VAC also affects physical health. One of the main ways in which damage occurs is through the impact of emotional states on the body. Negative emotional states produced by violence debilitate the immune system, and toxic relationships increase inflammatory markers in the body, which are associated with cardiovascular diseases, viral hepatitis, liver cancer, asthma, respiratory, dental, and autoimmune diseases, among others (Araújo et al., 2009; Bierhaus et al., 2003). Ground-breaking research in genetics and biology (Blackburn and Epel, 2017) has shown that negative thought patterns linked to stressful relationships can damage telomeres – essential parts of the cell's DNA – leading to a person's premature aging, and shortening their lifespan.

Medical research has now come to explore in detail the links between abusive relationships in childhood and chronic illnesses, such as gastrointestinal conditions. These studies have not only reported the functional damage that, for example, sexual abuse in childhood can produce in the digestive system, but also how the silence imposed by society and by close adults in relation to such abuse, as well as the absence of supportive adults, can make such disorders become chronic (Callaghan et al., 2020; Drossman, 2011).

Research in the field of public health has also made important contributions that incorporate an economic perspective into the field of VAC. These studies have shown the life-course health consequences and associated annual costs of adverse childhood experiences (ACEs) (Bellis et al., 2019). A systematic review and meta-analysis on this topic across Europe and North America demonstrated that millions of adults across Europe and North America live with a legacy of ACEs. Given the negative health impacts of such experiences, this implies high costs for health systems. Findings from this study suggest that a small percentage reduction in ACE prevalence could equate to very significant annual savings for health systems. In the light of these results, researchers in this area indicate that since programmes are available to prevent ACEs and moderate their effects, implementing these and rebalancing expenditure towards ensuring safe and nurturing spaces for children and adolescents would not only ensure children's rights and improve their well-being, but would also be economically beneficial and relieve pressures on healthcare systems.

The possibility for transformative educational programmes to support excellent developmental trajectories is also supported by neuroscience, which studies the capacity of the human brain to reorganise itself depending on environmental stimuli (Kandel et al., 2013). This capacity relates to brain plasticity, and implies that while violent relationships can negatively affect an individual's brain and overall health and development, the elimination of violent stimuli from children's developmental contexts and their replacement with quality human relationships can not only mitigate such negative impacts, but can provide children with positive stimuli. These that can support positive brain development, as well as mental and physical health, and ensure excellent socio-emotional trajectories (Dunkel Schetter, 2017; Pietromonaco and Collins, 2017). The available evidence concerning such possibilities is strong. Thus, overcoming the traditional and deterministic view of some developmental theories in psychology, which have viewed sensitive periods as very restrictive, research in neuroscience has shown that 'critical periods may be less restrictive than once thought; in some cases they can be extended or "reopened"' (Kandel et al., 1991). These findings offer further solid evidence indicating the need and opportunity for schools and communities to implement safeguarding programmes that protect children and adolescents from violence, and support their well-being. Such programmes can be life-saving for children who have already suffered adversity early in life (Canzi et al., 2018).

3.1.3. Impact of VAC on at-risk groups

Violence against **girls** takes many different forms. Among other, these include gender-based violence, child sexual abuse, sexual assault, harassment, early and forced marriage, sex trafficking, child labour, domestic servitude, and female genital mutilation. Although violence against children – and against girls in particular – occurs in all contexts and countries, this risk can be increased when additional vulnerabilities intersect. One systematic review and meta-regression of nationally representative data has associated being a girl as a risk factor for sexual violence in low- and middle-income countries (Cerna-Turoff et al., 2021). Girls are at risk from multiple violations of their rights in armed conflicts, as well as being subject to gender inequality and the economic crisis as drivers of violence against them (Ellsberg, 2021). Intimate partner violence is positively associated

with stunted and poor child growth in children, with stronger associations being apparent in middle income countries and urban areas (Chai et al., 2016). Also, **children whose mothers suffer intimate partner violence** are at greater risk of disrupted school attendance (Scolese et al., 2020). Studies that have analysed violence against children in **disadvantaged socio-economic contexts** have pointed out that children are more likely to experience adverse life events, resulting in a higher prevalence of mental health issues (Ahmad et al., 2022).

Studies looking at the intersection of **race, ethnic minorities**, and violence against children have indicated that children and youth from minority backgrounds are disproportionately affected by experiences of discrimination, family violence and community violence. Consequently, they suffer depression, anxiety, post-traumatic stress, disorders relating to substance use, and suicide (Pumariega et al., 2022). Poor and ethnic minority children are at increased risk of exposure to violence and its associated negative consequences. Gender-diverse Black and Hispanic youth report the highest rates of identity-based bullying resulting on delayed wellness care, forgone medical care, non-suicidal self-harm, suicidal ideation, and greater involvement in violence (Galan et al., 2021). Girls of Black, Indigenous, mixed and Asian descent in Brazil are more likely to report experiences of bullying, suffering physical violence, forced sexual intercourse, and poly-victimisation. In particular, girls with darker skin tones and those from ethnic minorities were at significantly greater risk (de Oliveira Ramos, 2021). Likewise, American Indian and Alaska Native youth are more likely to report experiencing bullying, racism and sexual harassment resulting in depressive symptoms, suicidal ideation and alcohol use (Edwards et al., 2020).

Homophobic and transphobic bullying also occurs in schools and other educational settings. **Violence based on sexual orientation and gender identity** or expression may involve physical, sexual and psychological violence. It adversely affects students' performance, increasing drop out rates and poor grades, and negatively impacts their mental and physical well-being. It also affects their life prospects, with greater rates of attempted suicide and additional risk of developing negative mental health outcomes (Rinehart et al., 2020). A UK study of 3,275 lesbian, gay and bisexual youths found that at least 45.2% of the students had experienced suicidal ideation in the past year. Stigma and discrimination at school, negative reactions from family or peer group, as well as bullying, were associated as significant risk factors for increased suicide among LGB youths (Rimes et al., 2019). A study of 2,139 students in Spain found that sexual minorities and other minorities such as Roma students were at a highest risk of bullying victimisation (Llorent et al., 2016). Sexual and gender minority youth who are exposed to victimisation are more likely to report depressive symptoms, self-perceived stress, and substance use (Scheer, 2021). LGB youth who experience bullying at school are also more likely to use one or more illicit drugs (Tyler, 2021).

With regard to physical well-being, violence against children is also linked to injuries and somatisation. Injuries such as head trauma, burns, scalds or self-injuries have been found in child abuse victims (Jenny et al., 1999; Nock, 2009; Seifert et al., 2010; Nhassengo et al., 2021). In addition, somatisation and irritable bowel syndrome have also been associated with adults who have suffered child sexual abuse (McCauley et al., 1997; Polusny and Follette, 1995) or bullying (Malhi and Bharti, 2021).

According to the 2019 National School Climate Survey from Gay, Lesbian Straight Education Network (GLSEN), almost 60% of **LGBTIQ+ students** felt unsafe at school because of their sexual orientation, and 42.5% because of their gender expression. More than 80% of LGBTIQ+ students suffered harassment or assault on the basis of their sexual orientation, gender, actual or perceived religion, actual or perceived race or ethnicity, and actual or perceived disability. The vast majority (68.7%) experience verbal harassment,

while 25.7% of LGBTIQ+ students were physically harassed, and 11% were physically assaulted. More than 30% of LGBTIQ+ students had missed at least one entire day of school, and almost 10% had missed four or more days in the previous month. More than 70% of participants reported avoiding school functions and extracurricular activities. Overall, 17.1% of LGBTIQ+ students reported having changed schools at some point due to feeling unsafe or uncomfortable at school. More than half of LGBTIQ+ students (56.6%) who had been harassed or assaulted in school did not report it because they doubted that effective intervention from school staff would occur. 60.5% of respondents who did report the incident, shared that school staff did nothing in response or told the student to ignore it (GLSEN, 2019). At a European level, while violence against LGBTIQ+ individuals is higher in those countries in which the human rights of such groups are not respected, violence against LGBTIQ+ youth remains widespread across the continent as a whole. Many LGBTIQ+ students are forced to hide their sexual orientation or gender identity in order to avoid the victimisation in schools. In fact, data estimates that eight out of 10 respondents from European Union countries have witnessed negative comments towards someone who was perceived as being LGBTIQ+ during their school years (IGLYO, 2018).

Children and adolescents with disabilities are also at higher risk of victimisation (Jones et al., 2012). A study in Denmark of children between 7 and 18 years found that children with disabilities (mental disabilities, autism, loss of hearing, brain injury, physical disabilities and blindness) are more likely to be the victims of a reported violent crime (Christoffersen, 2019). Data show that children and adolescents with disabilities are more than three times as likely to suffer any type of violence, compared with other children. With regard to sexual violence, this likelihood increases to four or five times (FRA, 2015). Estimates suggest that up to 68% of girls and 30% of boys with intellectual or developmental disabilities will suffer sexual abuse before they turn 18 (United Nations, n.d.).

3.1.4. Summary table: list of consequences of VAC

The table below summarises the negative consequences of VAC in three main spheres of child development: 1) academic achievement and school attendance; 2) mental and emotional well-being and brain development, and 3) physical well-being. The final column of the table also summarises the main findings with regard to the impact of VAC on four specific at-risk groups: girls, children and youth from minority backgrounds, children in disadvantaged socio-economic contexts, and LGBTIQ+ youth. All information in the table is based on the results of the literature review on the impact of VAC on child development and schooling, discussed in Section 3.1.

Table 2. Summary of the negative consequences of VAC

Academic achievement and school attendance	Mental and emotional well-being and brain development	Physical well-being	Well-being of at-risk groups
Lower academic achievement, in maths, science and reading	Depression	Debilitated immune system	<i>Girls:</i> gender-based violence, sexual assault, sexual harassment, child sexual abuse, early and forced marriage, sex trafficking, child labour, domestic servitude, female genital mutilation
Affected continuity of school attendance	Self-harm	Increased inflammatory markers in the body	<i>Children and youth from minority backgrounds:</i> discrimination,

(more frequent skipping of classes)			family violence and community violence
Tendency to drop out of school after secondary education	Suicidal ideation	Gastrointestinal disorders	<i>Children in disadvantaged socio-economic contexts:</i> more likely to experience adverse life events resulting in a higher prevalence of mental health issues
School drop-out	Suicide	Damage to telomeres	<i>LGBTIQ+:</i> greater rates of attempted suicide, additional risk of developing negative mental health outcomes. Feeling unsafe at school. Verbal and physical harassment. Interrupted school attendance. Avoiding school functions and extracurricular activities
			<i>Refugee children and/or children in conflicts:</i> PTSD, stress, interrupted school attendance, school drop-out
Anxiety over exams	Post-traumatic stress	Headache and other inflammatory diseases	<i>Children with disabilities and/or learning difficulties:</i> are more likely to be the victims of a reported violent crime, among which sexual abuse stands out.
Affected socialisation	Anxiety	Injuries caused by child maltreatment	
Feeling marginalisation of at school	Psychotic symptoms	Somatic complaints	
	Panic		
	Impaired brain activity and brain architecture (affecting functions such as memory, attention, emotional regulation, and executive functioning).		
	Poorer antidepressive response		
	Greater risk of developing mental health problems later in life		
	Feeling sad, scared, and dissatisfied with one's life		

Note: This table presents the list of effects of VAC on three groups of dimensions (first three columns) and on some specific at-risk groups (fourth column). There is no correlation across rows.

3.2. Scientific evidence about actions and programmes that achieve an impact on the well-being for students

VAC negatively affects childhood development and the protection and enjoyment of children's rights. It is therefore essential that this issue is tackled, to promote child well-being and thus prevent underachievement and early school-leaving. This section presents those educational programmes, actions and interventions that address the consequences

of VAC discussed in Section 3.1., and which seek to promote child well-being and safeguard children's rights.

The section is structured into four subsections. The first of these sets out the criteria for the selection of the programmes and actions reviewed. The second subsection introduces those actions and programmes that have been proven to successfully address one or more of the consequences of VAC. This analysis is performed according to four dimensions on which VAC has a negative impact: 1) academic achievement and school drop-out; 2) mental and emotional well-being and brain development; 3) physical well-being; 4) its specific effects on at-risk groups. The third subsection covers programmes and actions that claim to have an impact on addressing and preventing VAC in education, but for which no scientific publications are available to provide such evidence. The fourth and final subsection comprises a table summarising the specific consequences of VAC successfully addressed by each of the evidence-backed programmes reviewed.

The data contained in this section are crucial for communities, institutions and policymakers to have the best knowledge and evidence available regarding how to tackle VAC from a whole-school approach, in order to successfully foster zero violence contexts and thereby improve child well-being. The programmes and actions analysed also demonstrate that ensuring the safeguarding of children requires the Member States, educational institutions, and decision-makers to cooperate with child protection services, health services, municipalities, the judiciary, law enforcement, etc. Such collaborative and coordinated work will contribute to the development and strengthening of integrated child protection systems that place children at their centre.

3.2.1. Criteria to identify successful programmes and actions

To respond to Research Question 2, which concerns effective programmes, actions, and interventions in relation to the prevention and overcoming of VAC through education, two criteria have been applied. First, measures and actions have been selected, about which there is scientific literature which presents evidence of improvements generated by those measures in relation to one or more of the consequences of VAC (Research Question 1). In other words, measures and actions to promote child well-being about which there is evidence of social impact. Second, other scientific literature exists regarding programmes that are claimed to be relevant to addressing violence against children, but about which the literature provides no evidence of impact in preventing VAC or overcoming the negative consequences of VAC reviewed in Section 3.1. Consideration is still given to literature and programmes with no evidence of social impact in the analysis and presentation of results, but separately from those measures proven to be effective.

3.2.2. Actions and programmes that successfully address the consequences of VAC

The extensive review of literature on educational interventions that provide evidence of promoting student well-being and mitigating the consequences of VAC yielded a total of 13 such programmes and actions. Evidence has been published on these 13 programmes and actions which demonstrates they successfully address one or more of the negative impacts of VAC in any of the four dimensions analysed:

- 1) academic achievement and school drop-out;
- 2) mental and emotional well-being and brain development;
- 3) physical well-being;
- 4) specific effects on at-risk groups.

A brief description of the successful programmes and actions

The following subsection provides a brief description of those actions and programmes that successfully address the consequences of VAC. More information about *how* these programmes achieve their results can be found in Section 3.3. of this report. Likewise, the **Annex** to this Report provides complementary information regarding every successful programme mentioned in this section, including details such as the project's website, objectives/focus, implementation, funding (if any), potential transferability, cost, references, and other online resources.

Attachment Aware Schools (AAS) project

The Attachment Aware Schools (AAS) project is based on community-wide collaboration via the principles of joined-up thinking and interagency collaboration. It establishes partnerships with the wider community and schools to create sustainable and replicable training that focuses on the relevance of attachment and trauma-informed practice, with a special emphasis on vulnerable groups. It addresses the needs of students and aims to enable them to expand their potential. The objectives of the project also include improving the behaviour and well-being of pupils in order to reduce exclusions, increase attendance and reduce the attachment gap. The AAS project draws on preliminary findings (Parker, Rose, & Gilbert, 2016) and the contributions of the participating schools, as well as relevant literature regarding educational change (Fullan, 2006).

Incredible Years programme

The main goal of this evidence-based programme is to prevent and treat behavioural problems in young children and promote their social, emotional and academic abilities. The programme is addressed towards family members, teachers and children, and is employed in schools and mental health centres around the world, demonstrating its transferability across cultures and socio-economic groups. The Incredible Years programme has been considered as a model by the Strengthening Families programme by the Center for Substance Abuse Prevention (CSAP), and as 'exemplary' by the Office of Juvenile Justice Delinquency Prevention (OJJDP), as well as for the Blueprints program of the OJJDP. All of the aforementioned programmes operate within the United States. In the United Kingdom, the Home Office has recommended this programme as one of the evidence-based interventions for antisocial behaviour.

NoTrap! Anti-bullying and anti-cyberbullying programme

NoTrap! is an Italian evidence-based intervention for high schools, launched in 2008. It was conceived with the objective of preventing cyberbullying and traditional bullying. The programme has been revised several times using the feedback from previous iterations, and includes two phases. The first of these is led by adults (psychologist researchers), while the second is led by 'peer educators' – that is, students who assume a role of responsibility both in their classrooms and online. These students receive specific training in fostering a cooperative approach among their classmates in face-to-face interactions, and to provide support and awareness in online contexts. NoTrap! aims to establish peer interactions based on positive, non-violent relationships. In this way, a positive classroom environment is promoted. Indirectly, the programme also aims to tackle school failure.

The Zero Violence Brave Club

The Zero Violence Brave Club is a successful action that has been selected by the European Commission to be part of the European toolkit for schools⁷, as it has been proven to provide support in overcoming school failure and improving coexistence in schools. It emphasises the idea of a safe community in the classroom, and is grounded in research evidence on the effectiveness of bystander intervention to prevent and overcome bullying and sexual-affective violence. The Zero Violence Brave Club is a space to prevent abuse and protect victims, which at the same time leads to changes in the behaviour of aggressors. In the Zero Violence Brave Club, everyone is considered a brave person by committing to respect a norm against violence, behaving accordingly, and supporting peers who are victims of violence. In other words, a person is identified as brave through behaviour that is peaceful, demonstrates solidarity and is friendship-based. This also involves standing on the side of the victim if anyone in the group acts against this norm. When a child or adolescent witnesses such an act as a bystander, s/he denounces the violent behaviour and protects the victim. Far from being denounced as a whistleblower, this child or adolescent is recognised as a brave person. This successful action uses the 'language of desire' to address abusive relationships. This means using a discourse that employs not the 'language of ethics' (what is good, what is bad), but instead acknowledges that desire is a central human drive. Hence, it makes it attractive and desirable to break the silence and take a stand in support of the victim, and conversely empties aggressive behaviour of any attractiveness.

Dialogic model of prevention and resolution of conflicts

The dialogic model of prevention and resolution of conflicts is a successful action involving the whole community (parents and other family and community members, teachers, students, etc) in the development of school norms to make the school a safe place in which everyone can enjoy well-being and excel in human development. The model is based on the principle that the best way to support victims and prevent abuse is by the entire community adopting shared safeguarding norms and acting in a united manner. In its application, the Dialogic Model for conflicts prevention and resolution follows seven steps. These go from engaging the whole community in the identification of conflicts to be addressed, to everyone being an active bystander⁸. The model begins by asking all sectors of the community (teachers, family and community members, and students) what concerns them most in relation to conflicts in the school. A diversity of approaches is employed in order to reach all agents. A mixed committee involving all parties analyses common school concerns and monitors the whole process. Importantly, when this committee works to identify common concerns, it never refers to particular children in such a way that victims and aggressors can be identified, but refers instead to types of conflicts. Thus, when referring to specific cases as illustrations of particular types of conflicts, the identity of the students involved is never disclosed. Once common concerns have been identified at the level of the school community, the students take these to their classrooms and elaborate the first ideas of the norms concerned. During teaching time, these norms are developed through egalitarian dialogue among all students. The mixed committee meets regularly to follow process, and scientific training is provided to the whole community to equip them with the knowledge and skills required to ensure coherent zero violence interactions in various developmental settings. Whenever necessary, community-level events and

⁷ <https://www.schooleducationgateway.eu/en/pub/resources/toolkitsforschools/detail.cfm?n=5886>

⁸ For further information about specific steps, see Unit 10 Step4Seas
https://www.step4seas.org/_files/ugd/8957d5_dbb45a0c2a1847c087476b3181e4b646.pdf

meetings are organised throughout the academic year to respond to emerging needs and to strengthen achievements.

Dialogic scientific gatherings and dialogic feminist gatherings

An example of successful actions, dialogic scientific gatherings and dialogic feminist gatherings are types of dialogic gathering in which students read and discuss scientific evidence on gender violence and other types of abusive relationships. The participants share and discuss scientific ideas chosen from the readings with the rest of the group, usually relating these to their own life experiences and situations in the school, community or society. Dialogic scientific gatherings or dialogic feminist gatherings have been implemented in primary and secondary schools (Racionero-Plaza et al., 2021, 2019), as well as at college level (Puigvert, 2016), as well as in out-of-home care (Salceda et al., 2020), yielding very positive results in all cases. The sessions are managed by a classroom teacher who is already familiar with the scientific evidence, and students are the main protagonists. The gatherings can also be managed by a student.

Open Doors Actions

This type of successful action is based on evidence-grounded actions that seek to reduce the risk of VAC during lockdowns. ODAs have promoted figurative 'open doors' in homes during the COVID-19 domiciliary confinement by encouraging daily online activities among children, educators and other community members. These actions have provided a safe space in which children could communicate with other adults and their peers in an environment of trust. This has allowed threatening environments to be identified, and thanks to coordination with schools and the community, has enabled action to protect the children affected by them, including those in under-served families.

Elimination of isolating gender violence

Child victims of violence need support in order to become survivors and overcome their situations. However, this support is often hindered by attacks and reprisals launched against the supporters of victims. Scientific research has shown that one of the most important reasons for not supporting victims of gender-based violence is fear of retaliation (Flecha, 2021; Melgar et al., 2021). This type of violence against supporters is referred to as isolating gender violence (IGV), as its aim is to isolate the primary victim. Very recent research into IGV has identified the most common forms of IGV as humiliation, threats, and lies intended to smear the personal and professional reputations of the supporters of first-order victims and undermine their credibility. Thus, this form of successful action is based on protecting those who support victims. Programmes and protocols these supporters are central to overcoming abusive relationships, both from a preventive and a responsive perspective.

School-based cognitive behavioural therapy programmes

This is a modality of cognitive behavioural therapy (CBT) implemented in schools with respect to children and young people with migrant or refugee backgrounds. It focuses on the trauma-related symptoms and impairment that can result from VAC, an area in which CBT is well established as an effective therapeutic modality (Bennouna et al., 2019). Such programmes centre on training school staff and external mental health professionals to engage with students in individual or group settings.

Teaching recovery techniques (TRT)

Teaching recovery techniques (TRT) is a manualised intervention based on trauma-focused cognitive behavioural therapy (TF-CBT). It was developed by the Children and War Foundation in Norway to address the needs of low-resource settings in which large numbers of children require intervention. TF-CBT involves two dimensions: stress management skills that help children to better process their trauma-related emotions and thoughts, and gradual exposure to traumatic experiences that help children to gain mastery over those situations that trigger reminders of trauma (Sarkadi et al., 2018). Previous research (Cohen, 2010; Cohen & Mannarino, 2008) has shown that TRT contributes to the normalisation of reactions to trauma, offers children emotional support, and provides them with strategies to cope with intrusive thoughts and memories, to regulate their arousal and expose themselves to avoided thoughts and situations. Sarkadi and colleagues (2018) explain that for the intervention to work properly, these strategies and techniques need to be modelled and practised during the sessions.

Building Resilience Intervention (BRI)

The Building Resilience Intervention (BRI) programme was initially developed to deal with the consequences of terrorism and war on children in Israel. The programme was initially applied in Bedouin communities. It focuses on supporting teachers to better help students suffering from post-traumatic distress to develop resilience skills. Teachers are trained in workshops that deal with, among other content, positive refocusing and reappraisal, and discussing traumatic material with students.

Parenting our Children to Excellence (PACE)

The Parenting our Children to Excellence (PACE) programme aims to build harmonious parent-child interactions. This group parenting programme, developed by Dumas and colleagues (Dumas et al., 1999), is behaviourally oriented and has been developed to promote parenting effectiveness and coping competences among children. It is a manualised programme that focuses on topics widely experienced by parents, including how to bring out the best in their children, how to set limits, how to help children behave well and how to ensure they sleep, how to encourage their early thinking skills, how to develop children's self-esteem, how to support them to do well at school, and how to anticipate challenges (Begle and Dumas, 2011).

Triple P – Positive Parenting Programme

The Triple P Positive Parenting Program seeks to enhance parental knowledge, with the aim of fostering healthy child development and reducing child abuse, mental illness, and instances of behavioural problems. It consists of five levels of intervention that include campaigns directed at all parents who want to learn more about parenting and child development, as well as levels directed at families with parental anger, depression or stress. The programme is based on the following five core principles: ensuring a safe and engaging environment; fostering a positive learning environment; promoting and using assertive discipline; maintaining reasonable expectations; and enabling parents to take care of themselves.

Academic achievement and school drop-out

Seven programmes and actions were shown to be effective with regard to the consequences of VAC on academic achievement and school drop-out. Specifically, five programmes – the **Attachment Aware Schools (AAS) project**, the **Zero Violence Brave Club**, the **dialogic model of prevention and resolution of conflicts**, **school-**

based cognitive behavioural therapy programmes, and the Incredible Years programme – have proved effective in improving the academic achievements of students, thereby mitigating the VAC consequence of *lower academic achievement*. Research into Attachment Aware Schools has shown a significant increase in students' academic achievements (in math, reading and writing) (Kelly et al., 2020; Rose et al., 2019). Studies that have assessed the impact of the Zero Violence Brave Club also report an improvement in academic performance among students who had previously being victimised, and among students with an immigrant background (Roca-Campos et al., 2021; Roca et al., 2021). Schools in very vulnerable settings which have implemented the dialogic model of prevention and resolution of Conflicts have achieved great improvements in academic achievement (Garcia Yeste et al., 2018; Díez-Palomar et al., 2021; León-Jiménez et al., 2020). Meanwhile, school-based cognitive behavioural therapy programmes have also been reported to improve school performance (Sullivan and Simonson, 2015). In addition, with regard to academic achievement, the Incredible Years programme has been associated with an increase in school readiness among socio-economically disadvantaged students, which predicts future success (Webster-Stratton et al., 2008).

The Attachment Aware Schools (AAS) project has also proved to be successful in mitigating the effects of VAC on the *continuity of school attendance*, while the Zero Violence Brave Club has demonstrated its effectiveness in addressing *school drop-out* (Duque et al., 2021). Research into the AAS project points to behavioural improvements, in terms of fewer exclusions and sanctions. According to practitioners, AAS helps students to self-regulate, solve problems more independently, and reduces the number of behavioural incidents (Rose et al., 2019). In schools in which the dialogic model of prevention and resolution of conflicts is applied, absenteeism has been significantly reduced (Garcia Yeste et al., 2018). Dialogic feminist gatherings have fostered the educational participation of students with intellectual disabilities (Rodrigues de Mello et al., 2021). The elimination of isolating gender violence is also linked to students' non-abandonment of studies and reduced absenteeism, due to being able to find support within educational institutions (Aubert and Flecha, 2021; Flecha, 2020).

Six programmes have provided evidence of social impact with regard to the mitigation of the VAC consequence of affected socialisation. The **Attachment Aware Schools (AAS)** project has also proven effective in this realm, together with the following five other projects: the **Zero Violence Brave Club**, the **dialogic model of prevention and resolution of conflicts**, **dialogic scientific gatherings and dialogic feminist gatherings**, the **NoTrap! anti-bullying and anti-cyberbullying programme**, and the **Open Door Actions**. The AAS fostered more positive relationships and a safe and confident feeling in students. Having a positive relationship with key teachers also gave some students greater security. The Zero Violence Brave Club has been shown to improve the affected socialisation of all students, but specifically that of the victimised ones (Roca-Campos et al., 2021; Duque et al., 2021). The dialogic model of prevention and resolution of conflicts has fostered a feeling of safety and support among students in schools (León-Jiménez et al., 2020). Participants, including students with disabilities, have reported finding a safe space in dialogic scientific gatherings and dialogic feminist gatherings (Rodrigues de Mello et al., 2021; Salceda et al., 2020). The NoTrap! programme reduced the level of suffering among bullying victims in terms of their social withdrawal (Palladino et al., 2019). Lastly, Open Door Actions offered a safe space for children to share their concerns during the COVID-19 lockdown (Roca et al., 2020).

Four programmes and actions have proven to be successful in addressing feelings of marginalisation in children. These programmes and actions are: the **Zero Violence Brave Club**, the **dialogic model of prevention and resolution of conflicts**, **dialogic scientific gatherings and dialogic feminist gatherings**, and **Open Door Actions**. Through the Zero Violence Brave Club, feelings of marginalisation on the part of students

victims of bullying have changed, with victims being empowered to raise their voices and their classmates supporting and accompanying them (Roca-Campos et al., 2021; Duque et al., 2021). The dialogic model of prevention and resolution of conflicts fosters solidarity towards victims and those who support them, preventing re-victimisation (Villarejo-Carballido et al., 2019; Duque et al., 2021). Students who have raised their voices to denounce their suffering have been accompanied and supported through the dialogic model of prevention and resolution of conflicts (León-Jiménez et al., 2020). Dialogic scientific gatherings and dialogic feminist gatherings foster solidarity among girls in very vulnerable situations, including girls with intellectual disabilities and those in foster care (Salceda et al., 2020; Rodrigues de Mello et al., 2021). Open Door Actions have enabled children not only to share their feelings and situation during the COVID-19 lockdown, but have also included actions in which children have helped to avoid the marginalisation of a classmate (Roca et al., 2020). According to the literature reviewed in Section 3.1.1., both affected socialisation and feelings of marginalisation are relevant factors to address in mitigating the negative influence of VAC on school achievement, as these two factors and their consequences have an indirect negative impact on school achievements and attainments.

The literature review carried out for this report has not yielded evidence of any programmes or actions that have proved successful in addressing one of the consequences of VAC, namely: anxiety over exams.

The table below summarises the main findings in relation to programmes and actions that have successfully addressed the consequences of VAC on academic achievement and school drop-out. The table shows that the Attachment Aware Schools (AAS) project and Zero Violence Brave Club are the measures that have succeeded in addressing the greatest number of consequences of VAC in this dimension.

Table 3. Programmes and actions that successfully address one or more consequences of VAC on school achievement and drop-out

	Lower academic achievement	Affected continuity of school attendance	Tendency to drop out of school after secondary education	School drop-out	Anxiety over exams	Affected socialisation	Feeling of marginalisation
Attachment Aware Schools (AAS) project	X	X				X	
Zero Violence Brave Club	X	X	X	X		X	X
Dialogic model of prevention and resolution of conflicts	X	X	X	X		X	X
Dialogic scientific gatherings and dialogic feminist gatherings			X	X		X	X

Incredible Years programme	X						
NoTrap! anti-bullying and anti-cyberbullying programme						X	
School-based cognitive behavioural therapy programmes	X						
Open Doors Actions						X	X
Eliminating IGV		X	X	X			

Mental and emotional well-being and brain development

The literature review highlighted nine programmes and actions about which there is evidence that they successfully address the consequences of VAC with regard to mental and emotional well-being and brain development. While six of these programmes are also successful with regard to the dimension of academic achievement and school drop-out, three programmes are specific to this dimension alone.

Two programmes have proven successful in addressing depression. These are the **NoTrap! anti-bullying and anti-cyberbullying programme** and **school-based cognitive behavioural therapy programmes**. NoTrap! has reduced anxiety-depression levels in bullying victims (Palladino et al., 2019). School-based cognitive behavioural therapy programmes for children and young people with migrant and refugee backgrounds have also been found to reduce the symptoms of depression and anxiety.

Two programmes have proven successful in addressing post-traumatic stress, namely: **school-based cognitive behavioural therapy programmes, and teaching recovery techniques (TRT)**. The results of school-based cognitive behavioural therapy programmes point to a reduction in post-traumatic stress disorder. As shown by previous research (Cohen, 2010; Cohen and Mannarino, 2008), TRT contributes to and provides children with strategies to cope with intrusive thoughts and memories, regulate their arousal, and expose themselves to avoided thoughts and situations.

School-based cognitive behavioural therapy programmes have also shown effectiveness in relation to stress. With regard to reducing anxiety, the **Attachment Aware Schools (AAS) project**, the **NoTrap! anti-bullying and anti-cyberbullying programme** and **school-based cognitive behavioural therapy programmes** have proved successful. Attachment Aware Schools (AAS) have enhanced a feeling of safety and confidence in students, and provided greater security through improving relationships with key teachers (Kelly et al., 2020; Rose et al., 2019). The NoTrap! anti-bullying and anti-cyberbullying programme has shown a reduction in anxiety-depression in bullying victims (Palladino et al., 2019). School-based cognitive behavioural therapy programmes have also shown positive results in anxiety symptoms.

The Zero Violence Brave Club and **eliminating IGV** have shown success in preventing and mitigating panic and fear. The Zero Violence Brave Club has been shown to provide victims of harassment with the confidence to both denounce their situation and to feel supported by their classmates, thus reducing panic and fear (Roca-Campos et al., 2021; Duque et al., 2021). The elimination of IGV has also been shown to be crucial for the victims of child sexual abuse to overcome fear and panic and to seek help. Without support, these victims acknowledge that they would not be able to reach out, or to reduce the consequences of such violence (Flecha, 2021; Aubert & Flecha 2021). Importantly, research into IGV has shown its negative health consequences on both supporters and first-order victims (Aubert and Flecha, 2021; Nazareno et al., 2022), with the latter suffering as result of seeing the suffering of those who have dared to protect them, in addition to being afraid of being left alone (Nazareno et al., 2022). Reducing fear by tackling IGV has been highly valued by survivors of child sexual abuse, who say those feelings disappeared as a result of the support they received (Aubert and Flecha, 2021). For example, victims of child sexual abuse have stated that their well-being significantly improved when they received support and were believed. This well-being was threatened when their supporters were attacked (Aubert and Flecha, 2021).

The Zero Violence Brave Club, **dialogic scientific gatherings and dialogic feminist gatherings**, school-based cognitive behavioural therapy programmes, teaching recovery techniques (TRT) and the **Building Resilience Intervention (BRI)** have all provided evidence of being effective in addressing poor antidepressive responses. With regard to antidepressive responses, the Zero Violence Brave Club has fostered in some victimised students the courage to reverse their situation, thanks to the support of their classmates and teachers (Duque et al., 2021). Dialogic scientific gatherings and dialogic feminist gatherings have fostered in participant girls a positive attitude towards egalitarian relationships and overcoming the coercive discourse (Salceda et al., 2020). School-based cognitive behavioural therapy programmes have reported improvements in personal strengths and coping skills and resilience. Teaching recovery techniques (TRT) contributes to the normalisation of reactions to trauma, and offers children emotional support (Cohen, 2010; Cohen and Mannarino, 2008). The Building Resilience Intervention (BRI) increases levels of knowledge, skills and resilience behaviour in the classroom among children affected by war or terrorism (Baum et al., 2018).

In relation to the VAC consequence of feeling sad, scared and dissatisfied with one's life, four programmes and actions have proven effective in mitigating such feelings: the Zero Violence Brave Club, the **dialogic model of prevention and resolution of conflicts**, dialogic scientific gatherings and dialogic feminist gatherings, and school-based cognitive behavioural therapy programmes. The Zero Violence Brave Club has reduced feelings of sadness, fear or dissatisfaction, mediated by the perceived support of peers and the school community as a whole (Roca-Campos et al., 2021; Duque et al., 2021). In the same vein, students involved in using the dialogic model of prevention and resolution of conflicts have been said to create stronger friendships, which decreases their feelings of sadness (León-Jiménez et al., 2020). Students with disabilities participating in dialogic scientific gatherings and dialogic feminist gatherings have acknowledged changes in their actions when they see a peer who is sad, acting with solidarity to improve their emotional state (Rodrigues de Mello et al., 2021). Lastly, school-based cognitive behavioural therapy programmes have been seen to increase levels of happiness, self-worth, confidence, self-efficacy and day-to-day enjoyment. However, the literature review has yielded no results concerning the effectiveness of these programmes and actions with regard to the following six consequences of VAC: self-harm, suicidal ideation, suicide, psychotic symptoms, impaired brain activity and brain architecture, and the greater risk of developing mental health problems later in life.

Table 4 summarises the report's main findings in relation to programmes and actions that successfully address the consequences of VAC on mental and emotional well-being and brain development. The table shows that school-based cognitive behavioural therapy programmes are the intervention that addresses the greatest number of consequences of VAC (6) in this dimension, followed by the Zero Violence Brave Club (3).

Table 4. Programmes and actions that successfully address one or more consequences of VAC on mental and emotional well-being and brain development

	Depression	Self-harm	Suicidal ideation	Suicide	Post-traumatic stress	Stress	Anxiety	Psychotic	Panic, fear	Poor antidepressive	Impaired brain activity and brain architecture	Feeling sad, scared, and dissatisfied with	Greater risk of developing mental health problems later in life
Attachment Aware Schools (AAS) project							X						
Zero Violence Brave Club									X	X		X	
Dialogic model of prevention and resolution of conflicts										X		X	
Dialogic scientific and dialogic feminist gatherings												X	
Eliminating IGV									X				
NoTrap! anti-bullying and anti-cyberbullying programme	X						X						
School-based cognitive behavioural therapy programmes	X				X	X	X			X		X	
Teaching recovery techniques (TRT)					X					X			
Building Resilience Intervention (BRI)										X			

Physical well-being

The consequences of VAC on children's physical well-being is the dimension in which the least evidence of social impact by programmes and actions has been found. The literature review on successful programmes and actions indicates that three have proven to be effective (See Table 5). One of the programmes that successfully addresses the consequences of injuries caused by child maltreatment is the **Triple P Positive Parenting Programme**. This programme shows evidence of significant reduction in dysfunctional parenting styles following participation (Whittingham et al., 2009). In addition,

participating parents have shown significant changes in being less over-reactive. Other studies have indicated that mothers have improved their parenting practices, such as reducing the use of over-reactive behaviours (such as aggression) and less ineffective strategies (such as corporal punishment). **The NoTrap! anti-bullying and anti-cyberbullying programme** has also reduced somatic complaints among bullying victims (Palladino et al., 2019). **Eliminating IGV** has been key to improving the physical well-being of child sexual abuse victims, whose symptoms of intestinal pain and insomnia disappeared when they received support; however, when their supporters were attacked and IGV was exerted on them, those symptoms re-emerged (Aubert and Flecha, 2021).

For the other five negative consequences of VAC in relation to physical well-being, the literature review yielded findings of successful programmes and actions.

Table 5. Programmes and actions that successfully address one or more VAC consequences in relation to physical well-being

	Debilitated immune system	Increased inflammatory markers in the body	Gastro-intestinal disorders	Damage to telomeres	Headache and other inflammatory diseases	Injuries caused by child maltreatment	Somatic complaints
Triple P Positive Parenting Programme						X	
NoTrap! anti-bullying and anti-cyberbullying programme							X
Eliminating IGV			X				X

At-risk groups

The literature review to identify successful actions and programmes indicates that most of these programmes have a focus on vulnerable populations. A total of 11 of those programmes and actions that have provided evidence of social impact in addressing, mitigating and preventing the consequences of VAC, have done so in relation to children and adolescents belonging to at-risk or vulnerable groups – that is, children and adolescents who find themselves in a situation of inequality due to low SES, migration or refugee status, those who belong to an ethnic and/or religious minority, who have disabilities, or belong to the LGBTIQ+ community, and so on.

The Attachment Aware Schools (AAS) project claims to have a special emphasis on vulnerable pupils, which it defines as those who have experienced significant relational traumas and losses in their short lives to date, and often have developmental vulnerabilities in their executive functioning, regulation and psychological development. This does not equate to the definition of at-risk groups provided by the Strategy on the Rights of the Child, which refers to the following groups as being at greater risk of VAC: girls, children from the LGBTIQ+ community, low-SES children, ethnic and racial minority children, children with disabilities, migrants and refugee children, and children belonging to minority religious communities. This section of the report includes only those programmes and

actions for which there is evidence of social impact in relation to the specific at-risk groups defined in the aforementioned strategy.

Out of the 11 programmes and actions identified, four have proven successful with *girls*, although not necessarily exclusively so: the **Zero Violence Brave Club**, the **dialogic model of prevention and resolution of conflicts**, **dialogic scientific gatherings** and **dialogic feminist gatherings**, and **eliminating IGV**. Girls who have taken part in the Zero Violence Brave Club say they are no longer afraid in school or in the playground because they know they are protected by their peers (Rodrigues de Mello et al., 2021; Duque et al., 2021). Small girls have dared to explain the bullying done to them, including sexual harassment such as being touched or kissed without their consent (Roca-Campos et al., 2021). The dialogic model of prevention and resolution of conflicts has given girls confidence that if they are bullied even without teachers seeing it, they will be shielded by their peers (León-Jiménez et al., 2020). Dialogic scientific gatherings and dialogic feminist gatherings have increased children's critical capacity to identify and prevent gender-based violence in their lives and sexual-affective relationships (Racionero-Plaza, 2020; Rodrigues de Mello et al., 2021; Salceda, 2020). The available data from scientific research into such gatherings indicates that participants can revise their patterns of attraction, increasingly rejecting men with aggressive attitudes and behaviours (Puigvert, 2016). Likewise, these actions have proven successful with young women in institutional care, with dialogic feminist gatherings promoting the acquisition of competencies in aspects such as attraction, election and equality in sexual-affective relationships (Vidu et al., 2020). These competencies become protective factors against victimisation through gender-based violence. Studies on such gatherings involving adolescent girls with disabilities – a group that is particularly vulnerable to suffering abusive relationships – have shown that dialogic feminist gatherings become contexts of safety, solidarity and friendship for these girls, which are protective against sexual violence victimisation (Rodrigues de Mello et al., 2021). Dialogic feminist gatherings have also been implemented successfully with young women who have been victims of gender violence (Ugalde et al., 2022). Young girls who were afraid to speak out about such experience have dared to do so in the context of such gatherings, where they were supported by the other participants. Support from the community is key to overcoming gender violence, the idea underpinning the concept and practice of isolating gender violence or IGV. By ensuring that the victim is alone – namely, by isolating her – the abuser creates the perfect situation to maintain their abuse. This is why supporters are attacked, with the objective of ending their support and thus ensuring the victim remains isolated. This is termed 'isolating gender violence', and is perpetrated against supporters (Aubert and Flecha, 2021). The support needed by girls who have been victims of gender-based violence is undermined by the IGV suffered by those who support them (Flecha, 2021).

There is evidence of nine programmes and actions achieving social impact among *children and youth from minority backgrounds or refugee children*, namely: the **Zero Violence Brave Club**, the **dialogic model of prevention and resolution of conflicts**, **dialogic scientific gatherings** and **dialogic feminist gatherings**, the **Triple P Positive Parenting Programme**, the **Incredible Years programme**, **Parenting our Children to Excellence (PACE)**, the **NoTrap! anti-bullying and anti-cyberbullying** programme, **school-based cognitive behavioural therapy programmes**, and the **Building Resilience Intervention (BRI)**.

The Zero Violence Brave Club has been implemented in schools with a majority of immigrant and Roma students (Garcia Yeste et al., 2018). The dialogic model of prevention and resolution of conflicts has been successfully implemented in schools in which 92% of students come from an immigrant background (León-Jiménez et al., 2020). Dialogic scientific gatherings and dialogic feminist gatherings have proven their effectiveness in contexts of cultural diversity (Racionero-Plaza et al., 2020; Ugalde et al., 2022). In relation

to the success of Triple P Positive Parenting Programme among families with migrant backgrounds, research shows they have derived equal benefit from the programme compared with non-migrants (Schulz et al., 2018). The Incredible Years programme has enabled ethnically diverse mothers to develop a parent-teacher bond that is shown to be a protective factor (Webster-Stratton et al., 2001). Parenting our Children to Excellence (PACE) has also been carried out with families from immigrant backgrounds (Dumas et al., 2010; Dumas et al., 2011). Dumas et al. (2011) found significant improvements in positive parenting practices and a decrease of harsh discipline, which had a positive impact on children's aggressiveness and hyperactivity, as reported by participating Latino parents. When students with migrant backgrounds are included as peer educators in the NoTrap! anti-bullying and anti-cyberbullying programme, ethnic victimisation is reduced (Zambuto et al., 2022). Eliminating IGV is successful in multicultural contexts in which attacking the victims of bullying is not tolerated (León-Jiménez et al., 2020). School-based cognitive behavioural therapy programmes have been implemented in schools with migrant and refugee children, with positive results in addressing trauma-related symptoms and impairment (Bennouna et al., 2019). Meanwhile, the Building Resilience Intervention (BRI) has been successful in supporting the well-being of children in conflicts (Baum et al., 2018).

In relation to mitigating the consequences of VAC on *children in disadvantaged socio-economic contexts*, six programmes and actions have proven successful. These are the **Zero Violence Brave Club**, the **dialogic model of prevention and resolution of conflicts**, **dialogic scientific gatherings and dialogic feminist gatherings**, the **Triple P Positive Parenting Programme**, the **Incredible Years** programme, **teaching recovery techniques (TRT)** and **eliminating IGV**. The Zero Violence Brave Club has shown positive results in low socio-economic status schools (Roca-Campos et al., 2021; Garcia Yeste et al., 2018). The dialogic model of prevention and resolution of conflicts has been effective in schools in which most students have a low socio-economic status (León-Jiménez et al., 2020). Dialogic scientific gatherings and dialogic feminist gatherings have also proven effective in low socio-economic status contexts (Racionero-Plaza et al., 2019; Ugalde et al., 2022). In the context of low-income families in Portugal, studies have indicated that mothers participating in the Triple P Positive Parenting Programme have developed improvements in parenting practices, such as a reduction in over-reactive behaviours (such as aggression) and less ineffective strategies (such as corporal punishment). The Incredible Years programme has been shown to be equally effective among disadvantaged families as it is for more advantaged ones (Gardner et al., 2010). Teaching recovery techniques (TRT) has been successfully implemented in low-resource settings, too (Sarkadi et al., 2018). Eliminating IGV has also proven successful in low socio-economic contexts (León-Jiménez et al., 2020).

The well-being of LGBTIQ+ children is also protected by three programmes, namely the Zero Violence Brave Club (Roca-Campos et al., 2021), the dialogic model of prevention and resolution of conflicts (León-Jiménez et al., 2020) and eliminating IGV (Nazareno et al., 2022).

Five more programmes and actions have proven successful in addressing the consequences of VAC in *children with disabilities*. These programmes and actions are the Zero Violence Brave Club, the dialogic model of prevention and resolution of conflicts, dialogic scientific gatherings and dialogic feminist gatherings, the Triple P Positive Parenting Programme, and Attachment Aware Schools (AAS). In the Zero Violence Brave Club, even those students diagnosed with conduct disorders that involve some aggressive behaviours have changed dramatically (Duque et al., 2021). Dialogic scientific gatherings and dialogic feminist gatherings have enabled girls with cognitive disabilities to both prevent and overcome situations of gender-based violence (Rodrigues de Mello et al., 2021). The Triple P Positive Parenting Program has also been adapted and successfully implemented among parents with children with autism spectrum disorder (Whittingham et al., 2009), with the

variant Stepping Stones. The **Attachment Aware Schools (AAS) project** has also proven effective for children with learning difficulties (Rose et al., 2019). Children with disabilities have also benefitted from eliminating IGV, with both victims and those who protect them being supported, enabling them to raise their voices in the face of sexual harassment and bullying (Duque et al., 2021).

Table 6 shows the programmes and actions that have generated evidence of social impact in relation to addressing the consequences of VAC on at-risk groups. Among the 11 programmes and actions identified, the actions that have proven effective with all at-risk groups are the Zero Violence Brave Club, the dialogic model of prevention and resolution of conflicts, dialogic scientific gatherings, and eliminating IGV.

Table 6. Programmes and actions that successfully address the consequences of VAC on children from at-risk groups

	Girls	Children and youth from minority backgrounds	Children in disadvantaged socio-economic contexts	LGBTIQ + children	Refugee children and/or children in conflicts	Children with disabilities and/or with learning difficulties
Attachment Aware Schools (AAS) project						X
Zero Violence Brave Club	X	X	X	X	X	X
Dialogic model of prevention and resolution of conflicts	X	X	X	X	X	X
Dialogic scientific gatherings and dialogic feminist gatherings	X	X	X	X	X	X
Triple P Positive Parenting Programme		X	X			X
Incredible Years programme		X	X			
Parenting our Children to Excellence (PACE)		X				
School-based cognitive behavioural therapy programmes		X			X	
Teaching recovery techniques (TRT)			X			
Building Resilience Intervention (BRI)					X	
Eliminating IGV	X	X	X	X	X	X

3.2.3. Other actions and programmes that claim to have an impact

The literature review carried out for this report also led to the identification of programmes and actions that claim to address VAC and promote students' well-being, but about which

the literature provides no evidence of social impact. In other words, the literature reviewed does not indicate whether or not these programmes and actions actually mitigate, prevent or overcome the negative consequences of VAC. Nevertheless, this section discusses these programmes and their claims. Likewise, the **Annex** to this Report provides a short description of these programmes.

A number of the programmes and actions presented as addressing child well-being but without available evidence of social impact **focus on at-risk groups**, some of which refer to children dealing with very adverse and traumatic childhood experiences. **The children's resilience programme**⁹ and the **Safe Healing and Safe Learning Space** programmes are implemented with children experiencing armed conflicts, health crises and emergency circumstances. These include children affected by abuse and exploitation, war, disaster, and those living in communities with high rates of HIV. Another programme, **Your best friend**¹⁰, aims to serve girls, young women and non-binary people.

Commonly, these programmes seek to train parents and teachers as key agents in fostering children's well-being. This emphasis on parental involvement and parental training is shared by the **children's resilience programme**¹¹ – **psychosocial support in and out of schools** and the **Positive Discipline in Everyday Parenting programme**. The latter programme was initiated by the international NGO Save the Children to reduce physical punishment of children. The conflict resolution proposed by the Positive Discipline in Everyday Parenting programme is based on trust, communication, attachment and listening to children's points of view (Durrant et al., 2014). Participation in the programme has been shown to foster a reduction in the acceptance of physical punishment by parents, and a decrease in parents' likelihood of attributing typical child behaviours as misbehaviour (Altafim and Linhares, 2016). Despite evidence of social impact with regard to changing the perceptions and behaviour of parents, this programme cannot be considered as showing evidence of social impact in terms of, for example, fewer injuries to children, as the mitigation of that VAC consequence has not been reported. The **children's resilience programme** is a joint initiative of Save the Children and the Reference Centre for Psychosocial Support of the International Federation of Red Cross and Red Crescent Societies. It aims to support the well-being of children, who in emergency circumstances are often the victims of abuse and neglect, and recognises that parents and caregivers, peers and others in the community environment are essential agents in children's well-being (Durlak et al., 2011; Meyer et al., 2017). The programme covers three domains: skills and knowledge, emotional well-being, and social well-being. These domains are addressed via diverse activities: psychological first aid after a crisis, support hotlines, discussion groups, visiting services, practical courses on reactions to crises, activities in and out of schools, and vocational training. The literature on this programme indicates that through these activities, children regain trust and confidence, they are comforted and listened to, and recover a sense of place, particularly when the activities are offered via schools. In this last regard, the programme emphasises children's attendance at school, insisting that when resilience is addressed through schools, not only do children benefit educationally, but their sense of achievement and confidence is also boosted. In addition, children's resilience programme claims that children who attend school are also less likely to be exposed to trafficking or recruitment into armed groups. However, as mentioned, no evaluation studies on this programme have been found in the

⁹ <https://pscentre.org/wp-content/uploads/2017/12/Understanding-childrens-well-being.pdf>

¹⁰ Program's website: <https://pscentre.org/wp-content/uploads/2017/12/Understanding-childrens-well-being.pdf>

¹¹ <https://pscentre.org/wp-content/uploads/2017/12/Understanding-childrens-well-being.pdf>

scientific literature to prove, for example, its capacity to mitigate the VAC consequence of affected continuity of school attendance.

In relation to the dimensions of the impact of VAC on academic achievement and school drop-out, as well as on mental and emotional well-being, the **Safe Healing and Safe Learning Space programme** for children and adolescents living in conflict and crisis settings, offers specific interventions in relation to socio-emotional learning and instrumental learning. The Social-Emotional Learning Intervention¹² is designed to strengthen the five SEL competencies – namely, brain building, emotional regulation, positive social skills, conflict resolution and perseverance, among children aged 6–11. The intervention which focuses on instrumental learning is called the Reading and Math Intervention¹³, and is designed as a set of 30-minute reading lessons and 30-minute math lessons, totalling 1 hour, for children ages 6 – 11 who are at the ‘emerging’ ability level. The programme is in line with actions and strategies that promote healthy development and are aimed at preventing toxic stress (that is, the type of stress that can have damaging effects on learning, behaviour and health across a person’s lifespan). In this sense, the Safe Healing and Safe Learning Space programme also claims to benefit brain development and physical well-being. As previously mentioned, this program is addressed towards children in settings of conflict and crisis, and therefore vulnerable children. It employs a whole-school approach and considers the involvement of parents and their training in parenting as central to supporting children’s well-being. To achieve this, the programme includes a Parenting Skills Intervention¹⁴ aimed at promoting the well-being of children and adolescents by improving parents’ stress management. While this intervention aimed at parents may affect children’s well-being, no literature could be found that evaluated such an impact.

Other programmes in this group claim to benefit children’s affected socialisation, which can result from involvement in bullying or toxic sexual-affective relationships (i.e. gender violence). In the case of bullying, the **KiVa anti-bullying programme**, developed by the University of Turku (Finland), was based on the principles of prevention, intervention and monitoring. Preventive actions include video games, among other activities, directed towards all students in order to prevent bullying. Interventions focus on students who have been involved in bullying, providing tools to find solutions. Lastly, the programme offered monitoring tools through the carrying out of annual surveys among students and staff. Research into the KiVa anti-bullying programme has pointed to its effectiveness in reducing bullying in schools (Kärnä et al., 2011; Salmivalli et al., 2011). Research by Kärnä et al. (2011) reported reductions of 30% in self-reported victimisation, and 17% in self-reported bullying. However, some studies found diverse results, depending on which grade of school is studied. In the highest school grades, no significant positive effects were seen for some of the outcomes analysed. On the contrary, the positive effects of peer-reported outcomes in these grades depended on the particular characteristics of the student and classroom (Kärnä et al., 2013). The government of Finland ceased supporting this programme in 2011 due to a lack of strong and consistent results. The **Your best friend**¹⁵ programme is set to provide guidelines to girls, young women and non-binary people if they see something they are worried about in a friend’s relationship. It aims to give them knowledge that will empower them to help their friends if they think they are in a toxic relationship, such as how to start a conversation with them. However, if the situation is dangerous, individuals are encouraged to call the respective emergency services. Tips include listening to their friends and showing that they care; giving their trust to friends so they can share their

¹² <http://shls.rescue.org/shls-toolkit/social-emotional-learning>

¹³ <http://shls.rescue.org/shls-toolkit/math/>

¹⁴ <http://shls.rescue.org/shls-toolkit/parenting-skills/>

¹⁵ Program’s website: <https://yourbestfriend.org.uk/>

stories, and not sharing their friends' story without their consent; not blaming their friends; and not putting pressure them regarding how to act.

3.2.4. Summary table: successful actions and programmes

The following table relates each successful programme and action with the VAC consequences that, according to the scientific literature, it has proven to address, for the dimensions of academic achievement and school drop-out, mental and emotional well-being, and physical well-being.

Table 7. Programmes and actions that successfully address the consequences of VAC on academic achievement and school drop-out, mental and emotional well-being, and physical well-being

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z
1	X	X				X							X													
2	X	X	X	X		X	X								X		X		X							
3	X	X	X	X		X	X										X		X							
4			X	X		X	X												X							
5	X																									
6						X		X					X													
7	X							X					X				X		X							
8						X	X																			
9												X					X									
10																										
11																	X									
12																									X	X
13		X	X	X											X							X				

Note: Columns (consequences of VAC). a= Lower academic achievement in maths, science and reading; b= Affected continuity of school attendance; c= Tendency to drop out of school after secondary education; d= School drop-out; e= Anxiety over exams; f= Affected socialisation; g= Feeling of marginalisation at school; h= Depression; i= Self-harm; j= Suicidal ideation; k= Suicide; l= Post-traumatic stress; m= Anxiety; n= Psychotic symptoms; o= Panic; p= Impaired brain activity and brain architecture; q= Poorer antidepressive response; r= Greater risk of developing mental health problems later in life; s= Feeling sad, scared, and dissatisfied with one's life; t= Debilitated immune system; u= Increased inflammatory markers in the body; v= Gastrointestinal disorders; w= Damage to telomeres ; x= Headache and other inflammatory diseases; y= Injuries caused by child maltreatment; z= Somatic complaints.

Rows (successful programmes and actions). 1= Attachment Aware Schools (AAS) project; 2= Zero Violence Brave Club; 3= Dialogic model of prevention and resolution of conflicts; 4= Dialogic scientific gatherings and dialogic feminist gatherings; 5= Incredible Years Programme; 6= NoTrap! anti-bullying and anti-cyberbullying programme; 7= School-based cognitive behavioural therapy programmes; 8= Open Door Actions; 9= Teaching recovery techniques (TRT); 10= Parenting our Children to Excellence (PACE); 11= Building Resilience Intervention (BRI); 12= The Triple P Parenting Programme; 13= eliminating IGV.

3.3. Scientific evidence regarding *how* actions and programmes successfully address the consequences of VAC

3.3.1. Promoting contexts of zero violence through the involvement of the whole community

The development of spaces free of violence is based on scientific evidence showing that socialisation that normalises and even justifies violence, rather than rejecting it, promotes a pattern of attractiveness in such behaviours (Rios-Gonzalez et al., 2019; Oliver, 2014). Such a pattern has negative consequences for both the individual and the community. A number of the programmes and actions that have been proven to address the consequences of VAC make the principle of 'zero violence' a reality, and do so by emphasising the coordinated actions of various actors, stakeholders, services, sectors and institutions, all of which are central to child and youth development. The more adults and peers are involved in creating developmental contexts free of violence, the better the results for child well-being.

The Attachment Aware Schools (AAS) project, the dialogic model of prevention and resolution of conflicts, the Zero Violence Brave Club, and eliminating IGV are exemplary in promoting contexts of zero violence through the involvement of the whole community. The **Attachment Aware Schools (AAS) project** is based on community-wide collaboration via the principles of joined-up thinking and interagency collaboration. It establishes partnerships with the wider community and with schools. **The dialogic model of prevention and resolution of conflicts** (Villarejo-Carballido et al., 2019; Duque et al., 2021) is underpinned by four key elements. 1) *A dialogic and community-based approach*. The model begins by asking all sectors of the community (teachers, family and community members, and students) what concerns them most in relation to conflicts in the school. A diversity of forms is employed to reach all agents. 2) *A mixed committee analyses common concerns and monitors the whole process*. The directive team of the school analyses all of the concerns gathered from every sector of the community, and structures them according to their themes/types of conflicts/frequency, etc. This analysis is presented to a newly created mixed commission on coexistence, formed by members of each group within the school community, all of whom work together to identify common concerns. Sometimes, the student members of this mixed committee may be delegates from every class in the school, but if the school is very large, students may be chosen by their peers for every two or three courses or at each educational level. Importantly, when this committee works to identify common concerns, it never speaks of particular children in ways that would enable victims or aggressors to be identified, but instead refers to types of conflicts. When referring to specific cases as illustrations of types of conflicts, the committee never discloses the identities of the students involved. 3) *Students lead*. Students play a leading role in addressing and in solving conflicts in their school. Thus, once common concerns have been identified at the level of the school community, the students take them to the classrooms to indicate the first ideas in relation to each norm. How is this achieved? Sometimes the commission may visit each classroom; in other situations, the commission may explain it to the delegates, who then take it to their classrooms. In the classrooms (i.e. during tutoring time), the norm is then elaborated through egalitarian dialogue among all students. 4) *Scientific training, open to all, is key throughout the process*. In the beginning, the training of all sectors is more intensive (15 hours for teachers, for example); subsequently, it is focused on topics identified as being of greater need and interest to the specific school community. Therefore, ongoing training will differ between schools, as it will respond to the specific needs involved in safeguarding each institution and community. Some of the topics for permanent training include, but are not limited to: child sexual abuse, friendship as a shield and a tool for resilience, the impact of violence on health, violence that isolates victims, and dominant coercive discourse. The form and frequency

of this permanent training varies between schools, again because its form and times will be adjusted to the needs and realities of each community. In relation to the form of training, it is common for teachers to dedicate their own in-service teacher training hours devoted to these topics. Students are trained via student workshops integrated into tutoring hours, and family and community members often attend training assemblies. The common trait of this training is that it is always grounded in scientific evidence of social impact.

In the **Zero Violence Brave Club** (Roca-Campos et al., 2021), the class decides upon a norm for safeguarding and well-being, such as “everyone has the right to dress as s/he wants and to be respected”. Everyone is a member of the Club, they are all heroes, and if someone in the group breaks the norm and behaves aggressively, then all of the group discusses what happened, and analyses it through inclusive dialogue that involves the person who behaved against the norm, if the behaviour is deemed to have really broken the norm. If the group decides that the norm was not respected, then the child or adolescent who performed that behaviour leaves the Zero Violence Brave Club for the period of time that the group has agreed through dialogue; after that time, the child or adolescent, if they show that they are brave and respect the norm, then returns to the Club with the enthusiasm of all the others. The victim feels very protected by the whole group acting united on her/his side, and the child who did not respect the norm, is given sufficient motivation to change her or his behaviour, as s/he wants to return to the group and be regarded as brave once more. Importantly, what is rejected is never the person, but the aggressive behaviour. This procedure ensures that the victim does not experience further harm, that her or his mental and physical health is protected, that the child who did not respect the norm receives sufficient motivation and a good climate for change, and that the rest of the class feel safe in a space in which it is clear that if anyone suffers violence, the whole group will stand up (León-Jiménez et al., 2020; Roca-Campos et al., 2021).

Zero violence developmental contexts also imply the protection of those who protect victims of VAC, whether those protectors are adults or children. Research has shown that in general, one of the most important reasons for not supporting victims of gender violence is fear of retaliation (Flecha, 2021; Melgar et al., 2021). The same occurs in the case of children. Existing literature provides evidence that bystander children very often remain silent about bullying, out of fear that the bully will retaliate (Nassem, 2017), or due to worries about being labelled a snitch (Allnock and Atkinson, 2019). They may even take for granted the idea that even if they do speak up, adults will not intervene (Ten Bokkel et al., 2020). If anyone in the community who protects victims is attacked because of doing so, then the victim becomes isolated, and without support, s/he cannot heal and move forward. This is why this type of violence against supporters is termed ‘isolating gender violence’ (IGV) (Melgar et al., 2021). Programmes and protocols that take a community-wide approach to eliminating IGV, with everyone in the community supporting those people who support victims and denouncing any attack on them, are essential to achieving zero-violence contexts and enhancing the well-being of all children.

3.3.2. Training for the whole community

The involvement of students, teachers, parents and other relatives, and community members in scientific training is a shared trait of many of the programmes and actions that have proven to be effective in addressing, mitigating, preventing and overcoming the consequences of VAC. In this regard, particularly illustrative cases are the dialogic model of prevention and resolution of conflicts, the Zero Violence Brave Club, dialogic scientific gatherings and dialogic feminist gatherings, the Triple P Positive Parenting Programme, the Incredible Years programme, Parenting our Children to Excellence (PACE), the Building Resilience Intervention (BRI),

school-based cognitive behavioural therapy programmes, and teaching recovery techniques (TRT). Some of these programmes train parents and family members, others train teachers, while others train children and adolescents. One provides shared training to all parties.

The Triple P Positive Parenting Programme, the Incredible Years programme, Parenting our Children to Excellence (PACE), and teaching recovery techniques (TRT) train both children and parents. A significant body of quantitative research exists regarding the results of the Triple P programme. Changes in parenting style have been reported, as have reductions in dysfunctional parenting and, in turn, an increase in warm parenting and in strong and healthy relationships has been seen (Altafim and Linhares, 2016; Heinrichs et al., 2014; Fujiwara et al., 2011; Malti et al., 2011; Portwood et al., 2009; Weymouth and Howe, 2011). Prinz and colleagues (2009) carried out a trial involving 18 counties in the US, in which counties were randomly assigned to the Triple P program or to a 'services-as-usual' control condition. The results of the trial showed preventive effects in those counties assigned to the Triple P programme, in terms of sustained maltreatment of children, child out-of-home placements, and injuries caused by child maltreatment. Another large-scale population trial in Australia reported that parents involved in the Triple P program (at any level) were more likely to apply appropriate parenting methods; a 32% reduction in coercive parenting was found (Sanders et al., 2008).

The Incredible Years programme¹⁶ focuses on training addressed towards family members, teachers and children. It aims to prevent and treat the behavioural problems of young children and promote their social, emotional and academic abilities. This parenting programme is based on group sessions of 2-3 hours, carried out for a period of between 12 and 20 weeks. These sessions include topics such as parent-child interactions, how to foster nurturing relationships, how to reduce harsh discipline, and how to foster the adults' ability to enhance children's development at a social, emotional and language level. The Parenting our Children to Excellence (PACE) programme trains families in groups of 10-15 parents, via weekly 2-hour sessions over eight weeks. These sessions include discussions, role plays and short videos, with each session addressing a different topic. Among others, the topics covered include how parents can guide and encourage their children, as well as how they can set limits and help their children at school (Lucia and Dumas 2013). Research by Begle and Dumas (2011) found that parents who attended more PACE sessions reported better outcomes, for both parent and child. In concrete terms, these parents reported lower potential for child abuse during the year following the implementation of the programme. It must be highlighted that these effects were stronger in the cases of families at high-risk of child maltreatment. Other research has pointed to positive changes in parental stress and long-term parental stress, as well as and an increase of the internal locus of control among parents who participated in the eight-week PACE training (Moreland et al., 2016; Jackson and Moreland, 2018; Lucia and Dumas, 2013). These findings are relevant, as parental stress has been associated with physical punishment (Clément and Chamberland, 2008). Similarly, teaching recovery techniques (TRT) includes five training sessions for young people, and two for their caregivers/guardians. The sessions for children incorporate the core components of TF-CBT: psycho-education, relational skills, affective modulation skills, cognitive coping and processing, trauma narrative, *in vivo* mastery of trauma reminders, and enhancing future safety and development.

Two of the measures listed at the beginning of this subsection **train teachers** scientifically. These are the **Building Resilience Intervention (BRI)**, and the **dialogic model of prevention and resolution of conflicts**. The former focuses solely on teachers, while

¹⁶ Programme website: <https://incredibleyears.com/>

the latter is addressed to **all parties**, being based on a whole-community approach. The Building Resilience Intervention (BRI) focuses on supporting teachers to better help students suffering from post-traumatic distress to develop resilience skills. Under the initiative, teachers are trained in workshops that deal with, among other content, positive refocusing and reappraisal, and discussing traumatic material with students. Assessments made before and after teachers' participation in the programme's workshops indicate that BRI increases resilience, coping and emotional regulation among teachers (Baum et al., 2018). Overall, participant teachers have reported high levels of satisfaction with the BRI workshops. This programme highlights the importance of including resilience training in teacher education.

The dialogic model of prevention and resolution of conflicts includes scientific training that is open to all – an aspect that is key throughout the process. At the outset, the training of all parties (children, teachers, parents and other relatives, and community members) is more intensive (15 hours for teachers, for example). Subsequent training focuses on topics identified as being of greater need and interest to the specific school community involved. This ongoing training will differ between schools, as it responds to the specific safeguarding needs in each institution and community. Some topics for permanent training include, but are not limited to: child sexual abuse, friendship as a shield and tool for resilience, the impact of violence on health, violence that isolates, dominant coercive discourse, etc. The form and frequency of this continuous training also varies between schools, again because its form and timing will be adjusted to the needs and realities of each community. In relation to the form of training used, it is common for teachers to dedicate their in-service teacher training hours to these topics, while students are trained via student workshops integrated into tutoring hours. Family and community members often attend training assemblies. The trait common to all of this training is that it is always grounded in scientific evidence of social impact. **School-based cognitive behavioural therapy programmes** also take a broader community approach, and train school staff and/or external mental health professionals (e.g. non-school psychologists, social workers) in the use of therapeutic approaches with students in both individual and group settings.

In relation to the **training of children and adolescents**, The **Zero Violence Brave Club** and **dialogic scientific gatherings and dialogic feminist gatherings** are exemplary. The Zero Violence Brave Club is not only a space in which conflicts can be dealt with and solved; it is also – and mostly – a formative space that helps students to become more brave. Students attend a weekly classroom assembly of around 30 minutes, during which they share examples of brave behaviours shown by students in the classroom during that week. They also discuss scientific evidence relating to the overcoming of violence, and raise conflict issues in the community to be discussed for group reflection. In addition to this fixed assembly time for the Club each week, the group meets at any time that a conflict arises. With regard to the training dimension of the Club, students freely choose those topics on which they wish to deepen their knowledge from a scientific perspective, such as the importance of friendship, how quality of human relationships can affect health, child sexual abuse, gender violence in sporadic relationships, the impact of gender violence on the brain, etc. This scientific content can be addressed through talks, videos, scientific reading matter and articles in newspapers that report scientific evidence. The discussion always takes place in relation to the content of these or other scientific materials, with participants choosing a scientific idea to share with the group. During dialogic scientific gatherings and dialogic feminist gatherings, participants read scientific articles and materials concerning gender violence, its causes, consequences and solutions. Participants share with the rest of the group scientific ideas chosen from their own reading, together their own interpretation, which often involves relating it to their own experiences or to situations within the community or society. Most of the session consists of a dialogue among students about their beliefs, thoughts, agreements and disagreements, and impressions concerning the scientific evidence, relating it to their everyday lives. This often

involves students recalling autobiographical memories of violent relationships. And, if they wish and freely choose to do so, they can review and reconstruct those memories in very transformative ways that support their well-being (Racionero-Plaza et al., 2019; Ugalde et al., 2022). Importantly, respect for every participant's privacy is a condition of participation in these gatherings: students are told that a crucial criterion for their participation is never to mention the real names of peers present in the group or known to the group. This is key element of the strong ethical principles that lie at the core of dialogic scientific gatherings and of dialogic feminist gatherings. In general, these gatherings have been proven to have an important impact in the prevention of and response to gender violence in adolescence (Rodrigues de Mello et al., 2021; Salceda et al., 2020).

3.3.3. Promoting friendships to protect children from VAC and build resilience

On the basis of evidence regarding quality friendships as a **protective factor** for victims or potential victims of various forms of violence (Racionero-Plaza et al., 2021), educational programmes which promote relationships based on friendship and solidarity can not only strengthen support for victims, but also protect other children from suffering VAC. Some of the programmes and actions identified as being successful in addressing the consequences of VAC place a focus on promoting quality friendships and quality peer relationships as a shield against VAC. Three successful programmes and actions stand out in this regard: the **Zero Violence Brave Club**, the **NoTrap! anti-bullying and anti-cyberbullying programme**, and **eliminating IGV**.

The Zero Violence Brave Club involves the socialisation of children into friendship and quality close relationships. It teaches by experience that friends and good peers are those who stand on the side of the victim. Participants are encouraged to break the silence about abusive situations, and to protect the person who suffers. In addition, because the Zero Violence Brave Club employs the 'language of desire' and presents friends and those bystanders who intervene as being brave, it renders it desirable to be a quality friend. In turn, the more friendships that are reinforced and created within the group, the more of a shield children and adolescents have to protect them from VAC, and the more resilient they will be in the face of adversities in life. During some of the training that students can opt to undertake under this programme, they can choose to read and discuss scientific texts about the power of friendships and quality human relationships to improve one's health, bring meaning in life, and improve one's overall development. Research conducted on the Zero Violence Brave Club has shown that children learn to make better friends through this action, as well as adopting better criteria to choose who their friends are. They also develop skills to cultivate and improve their friendships (Duque et al., 2021; Roca-Campos et al., 2021).

The NoTrap! anti-bullying and anti-cyberbullying programme involves 'peer educators' – namely, children who are trained to promote cooperative relationships and a positive class environment, both in and out of school. To cultivate a culture of friendship and peer positioning in the face of violent and abusive behaviours, however, it is necessary to protect those brave individuals who protect first-order victims. Child victims cannot become successful survivors unless they have support from friends and others close to them; therefore, in turn, these supporters need to be provided with protection by other friends and close individuals within the school and the community. Schools that foster a culture in which children stand up to support victims of IGV in schools, and do not allow anyone attack the supporters of victims, have been proven to increase children's well-being, improve their relationships, and enhance feelings of friendship (Duque et al., 2021; León-Jiménez et al., 2020; Roca-Campos et al., 2021).

3.3.4. Promoting children's well-being and overcoming VAC during lockdowns and other emergency situations

Among the successful programmes and actions identified in this report, some specifically seek to prevent VAC and address its consequences in cases of extreme adversity and during emergency circumstances. Examples of such situations include child victims of armed conflicts, wars, natural disasters, health crises, and so, who are at a greater risk of violent victimisation – particularly if they already belong to a vulnerable group. These programmes and actions are also crucial for migrant and refugee children, who may have been the victims of violence during their displacement experience. Four of the successful programmes and actions identified share this feature of serving children facing such circumstances. These are: **school-based cognitive behavioural therapy programmes, teaching recovery techniques, the Building Resilience Intervention, and Open Door Actions.**

School-based cognitive behavioural therapy programmes (CBT), teaching recovery techniques and the Building Resilience Intervention share a therapeutic-like approach that focuses on developing children's coping skills and fostering their resilience. Due to the effectiveness of CBT in addressing trauma-related symptoms and impairments (Bennouna et al., 2019), school-based cognitive behavioural therapy programmes help students experiencing great adversity to develop strategies that can enable them to solve their problems, regulate their emotions and establish helpful patterns of thought and behaviour (Sullivan and Simonson, 2016). Teaching recovery techniques (TRT) is based on trauma-focused cognitive behavioural therapy (TF-CBT), and therefore shares its theoretical and interventional approach with the previous programme. TRT addresses itself in particular towards children who are experiencing highly adverse circumstances, such as wars, and who are placed in settings with scarce resources. In relation to the Building Resilience Intervention (BRI), meanwhile, assessments made before and after teachers' participation in the programme's workshops indicate that BRI increased teachers' resilience, coping skills and emotional regulation, as well as supporting more resilient behaviour among the children in their classrooms (Baum et al., 2018). These three programmes highlight the importance of attending to children's mental and emotional well-being in emergency situations, and in doing so, involving a diversity of adults and professionals as sources of security and resilience.

One of the successful actions identified provided a response to address VAC during lockdowns due to the COVID-19 health crisis. Such home confinement increased the risk of VAC for many children, necessitating quick and effective interventions. The Open Doors Actions (ODAs) successfully addressed this need (Roca et al., 2020). ODAs have promoted 'open doors' in homes by encouraging daily online activities among children/adolescents, educators and other community members. Some of those activities include dialogic workspaces involving students, teachers and volunteers; dialogic gatherings with students; class assemblies and mentoring; dialogic pedagogical gatherings involving teachers and the community; mixed committees involving teachers, families and other community members; and greater use of social media as platforms where to share safeguarding messages for relatives and students. All of these activities engaged a highly diverse mix of community members and professionals, providing an open door for many children to communicate effective or potential situations of VAC, and enabling peers and adults to become more attentive to warning signals (Roca et al., 2020).

3.3.5. Summary table: how successful actions and programmes prevent and overcome the consequences of VAC

The table below relates the successful programmes and actions identified in the scientific literature with the four common factors shared by some of these measures, highlighting the ways in which these effective measures operate.

Table 8. How successful actions and programmes prevent and overcome VAC consequences

	1	2	3	4	5	6	7	8	9	10	11	12	13
Involvement of the whole community	X	X	X										X
Training based on scientific evidence		X	X	X	X		X			X	X	X	
Promoting friendships		X				X							X
Overcoming VAC during lockdowns and other emergency circumstances							X	X	X		X		

Note: Columns (programmes and actions) 1= Attachment Aware Schools (AAS); 2= Zero Violence Brave Club; 3= Dialogic model of prevention and resolution of conflicts; 4= Dialogic scientific gatherings and dialogic feminist gatherings; 5= Incredible Years programme; 6= NoTrap! anti-bullying and anti-cyberbullying programme; 7= School-based cognitive behavioural therapy programmes; 8= Open Doors Actions; 9= Teaching recovery techniques (TRT); 10= Parenting our Children to Excellence (PACE); 11= Building Resilience Intervention (BRI); 12= Triple P Positive Parenting Programme; 13= eliminating IGV.

4. Conclusions and recommendations

4.1. Student well-being, academic achievement, and the consequences of VAC

The results of this scientific literature review shed light on **the negative consequences of VAC at three levels: a) academic achievement and school drop-out; b) mental and emotional well-being and brain development; and c) physical well-being.** These findings indicate that all types of VAC cause serious harm to the well-being of children at academic, emotional, and physical levels, with some types having mid- and long-term impacts. It must be highlighted that some of these adverse effects can affect the development of a child's brain, as well as her or his mental and physical health. The literature reviewed from the field of neuroscience has made crucial contributions in this regard. First, it makes it clear that the main source of toxic stress in human development is violence; second, it finds that toxic stress has highly negative effects on an individual's mental and physical health. In a related issue, research also reveals the economic effects of VAC, including high costs to healthcare systems (Bellis et al., 2019). In particular, the literature reviewed shows the specific damage VAC does to the well-being of children belonging to at-risk groups. **Girls** are at risk of many forms of violence such as gender-based violence, child sexual abuse, sexual assault, early and forced marriage, sex trafficking, child labour, domestic servitude, and female genital mutilation. Those who belong to an **ethnic minority** are at higher risk of suffering discrimination, exposure to violence, identity-based bullying, physical violence and sexual violence. **LGBTIQ+** students have reported feeling unsafe in school due to verbal and physical harassment. **Children and adolescents with disabilities** are also at a higher risk of victimisation and of violent crimes.

Importantly, the scientific literature also provides knowledge about **programmes and actions, both at European level and internationally, that successfully address such consequences of VAC** – that is, they have yielded evidence of social impact. In concrete terms, the scientific literature has identified the following programmes and actions as successfully addressing the consequences of VAC: the **Attachment Aware Schools (AAS) project**, the **Zero Violence Brave Club**, the **dialogic model of prevention and resolution of conflicts**, **dialogic scientific gatherings and dialogic feminist gatherings**, the **Incredible Years** programme, the **NoTrap! anti-bullying and anti-cyberbullying programme**, **school-based cognitive behavioural therapy programmes**, **Open Doors Actions**, **teaching recovery techniques (TRT)**, the **Parenting our Children to Excellence (PACE)** programme, the **Building Resilience Intervention (BRI)**, the **Triple P Positive Parenting Programme**, and **eliminating IGV**.

Recommendations

- 1) VAC negatively affects the physical and mental health of victims, with impacts that can have long-term consequences and effects both for the victims and for the community. Some impacts on the child victim can involve brain damage. **Effective action towards tackling and preventing the effects of VAC demands an urgent response and a coordinated effort involving education, health services and all child protection systems and services.** Schools are close and familiar contexts that can easily become a hub via which to coordinate all adults within the community, as well as professionals in various fields committed to child safeguarding. **The programmes identified in this report as being successful are school- and community-based. If implemented via schools, these**

become contexts for multi-professional and community coordination to take place within a framework that is known in advance to be effective .

- 2) **Brain plasticity indicates the possibility for all children – including those who are already victims of VAC – to recover from such adverse experiences and excel in their cognitive, emotional and social development.** According to the literature, **the most important factor for the healthy rewiring of the brain after VAC is to enjoy developmental contexts free of violence** and full of human relationships that are grounded in trust and respect. **Schools alone cannot achieve with excellence the provision of such contexts; they need to be aligned with families and the entire community.** Teachers, communities and families together can make a difference in the life of a child victim of abuse by ensuring that schools apply programmes and actions that involve the whole community in safeguarding the life of every child. The measures adopted should be proven to be successful in mitigating the consequences of VAC, and show zero tolerance to violence.
- 3) All children, and especially victims of VAC and those at a higher risk of suffering from VAC, benefit from contexts that are full of positive and rich stimuli, among which quality human relationships stand out. According to the scientific literature, **quality friendships at school are central to protecting children from VAC victimisation and enabling them to be resilient; they can be life saving for a child.** Schools, as key contexts in child development, **can play a crucial role in fostering quality peer relationships from early childhood education onwards,** and can do so in an integrated manner across all school activities, from maths and reading to sports. **Ensuring quality peer relationships within schools requires teachers and other adults fostering solidarity among children in all school interactions, and promoting ‘upstander’ behaviour among children.**

4.2. How have successful programmes and actions tackled VAC to promote student well-being?

The scientific literature review of programmes and actions in Europe and worldwide that address and prevent VAC has identified a number of interventions that seek to safeguard children, and which involve parents, teachers and often the whole community. Moving beyond the identification of effective measures, current scientific knowledge has also identified *how* these programmes and actions are able to reverse this situation to foster excellent academic, cognitive and socio-emotional trajectories. Among the factors that these successful programmes and actions share in common, four are identified in the literature as being relevant to enhancing child well-being in schools: **1) promoting contexts of zero violence via the involvement of the whole community; 2) training and dialogue based on scientific evidence regarding violence; 3) promoting friendships to: protect children from VAC, build resilience and promote child well-being; and 4) overcoming VAC during lockdowns and other emergency circumstances.**

Those actions and programmes that focus in particular on **promoting contexts of zero violence via the involvement of the whole community** start with the priority of not allowing any form of violence in educational contexts. Without such conditions, children are socialised into normalising violence in their relationships and in society. The specific programmes that emphasise a zero-violence context share the characteristic of inter-agency collaboration, establishing partnerships between schools and the wider community,

and engaging all of the parties involved in ensuring child well-being. As examples, the *Attachment Aware Schools* project cultivates the attachment of the child to members of the 'team' that care for him or her, seeking to strengthen the child's security via positive relationships with teachers and other key adults. The *Zero Violence Brave Club* is a successful action that promotes the attractiveness to children of respecting norms of coexistence and not engaging in violent behaviours, as well as on daring to protect victims of violence. By so doing, this programme counteracts the dominant coercive discourse in society that presents males with violent attitudes and behaviours as being more attractive – a discourse that research has found to be one of the reasons behind gender violence victimisation. The *dialogic model of prevention and resolution of conflicts* is another successful action that involves the whole community in developing norms for coexistence in the school. It achieves an inclusive dialogue among all parties central to child development and well-being. This model involves fostering bystander intervention, which scientific research indicates to be very effective in overcoming abusive relationships.

According to the scientific literature, those actions and programmes which focus most specifically on the **dialogue surrounding scientific evidence about violence tend to foster the training of relatives, teachers, community members and other professionals in relation to VAC, its prevention, and responses to it**. These programmes make real the human right to science (Article 27 of the UN Declaration of Human Rights), by enabling people to learn the scientific evidence about VAC, how to overcome it, and how to benefit from such evidence. Programmes concerned with *positive discipline and positive parenting* are spreading; they are grounded in the importance of training parents to gain self-efficacy in educating their children and to avoid the use of physical punishment. Programmes which have produced evidence of social impact share the notion of strong training for relatives, teachers, and students. *Scientific and feminist dialogic gatherings* represent successful actions that have produced very positive results in the prevention of gender violence among children and youth, including through the reconstruction of memories of violent relationships in a liberating and protective direction. The *Triple P Positive Parenting Programme*, *Parenting our Children to Excellence (PACE)*, and the *Incredible Years* programme have all promoted a parenting style that nourishes child development, supports well-being and avoids VAC, with reported benefits both for parents and their children. The *Building Resilience Intervention (BRI)* programme has proven the effectiveness of training teachers to support the resilience of children who have been exposed to conflicts and wars.

The literature reviewed also shows that programmes and actions are more effective when they cultivate and foster **friendships as a protective factor against VAC**. In this regard, evidence points to the importance of group-level interventions beyond individual ones. Among those programmes and actions with evidence of social impact, *eliminating IGV* stands out – that is, the need to protect those who defend victims of violence. The victims need support in order to move forward, so is it essential to address IGV and eliminate attacks against victims' supporters. Another initiative, the *NoTrap! anti-bullying and anti-cyberbullying* programme for high schools, fosters the role students as 'peer educators', assuming responsibility for encouraging cooperative interactions both online and in the classroom.

Lastly, according to the scientific literature, **promoting child well-being and overcoming VAC during lockdowns and other emergency circumstances** has been the focus of some successful programmes and actions. The worldwide health crisis experienced as a result of COVID-19, coupled with the very vulnerable situations of migrant and refugee children, many of whom have experienced wars and conflicts, created an urgent need for schools to safeguard children under such circumstances. *School-based cognitive behavioural therapy programmes* have been implemented in schools for migrant and refugee children, helping them with problem solving, regulating emotions and

establishing helpful patterns of thought and behaviour. *Teaching recovery techniques (TRT)* has responded to the needs of low-resource settings in which many children require intervention. This practice includes sessions for children, as well as other sessions for parents and caregivers. During lockdown situations, *Open Door Actions* have promoted daily online activities involving children, educators and community members to create a safe space and identify threatening environments. This programme coordinates the efforts of various parties and services, strengthening their capacity to reach out to and protect the most vulnerable children, even without a physical presence.

Recommendations

- 1) **Of the initiatives listed in this report, only those identified as being successful actions or programmes have been proven to be effective in overcoming VAC in very diverse contexts (both European and international), and among highly diverse populations.** To date, these are: the Attachment Aware Schools (AAS) project, the Zero Violence Brave Club, the dialogic model of prevention and resolution of conflicts, dialogic scientific gatherings and dialogic feminist gatherings, the Incredible Years programme, the NoTrap! anti-bullying and anti-cyberbullying programme, school-based cognitive behavioural therapy programmes, Open Doors Actions, teaching recovery techniques (TRT), the Parenting our Children to Excellence (PACE) programme, the Building Resilience Intervention (BRI), the Triple P Positive Parenting Programme, and eliminating IGV. **Schools that are committed to preventing VAC and supporting the recovery of child victims of VAC can succeed in their objectives by implementing these scientifically evidenced programmes that have been proven to be successful, while avoiding investments in and implementation of programmes that have not yielded evidence of social impact.** The knowledge to do so is available for schools and communities. All of the programmes and actions mentioned above have been successful. Some, the successful actions, are universal and transferrable – that is, they can be replicated in new and additional contexts with successful results.
- 2) Protecting children from VAC is impossible without the elimination of isolating gender violence (IGV), which is violence perpetrated against those who support first-order victims. This type of violence has been proven to isolate the first-order victim, and research has shown that it seriously harms the health both the first-order victim and those who support them. **Schools and communities that are deeply invested in the prevention and elimination of VAC acknowledge the importance of addressing IGV as a requisite for overcoming VAC, and act accordingly. Developing policies and guidelines to protect those children and adults who protect victims of VAC in schools and communities, and engaging the whole community in ensuring the implementation of such policies, are successful tools.** Fostering bystander intervention from all members of the community without fissures is key to eliminating IGV, and thereby eliminating VAC.
- 3) Scientific evidence indicates that quality human relationships protect children from VAC and from its effects on health. **The promotion of quality friendships among children, in which they always stand up for their friends who are victims, protecting them from violence and denouncing any aggression against them, is an evidence-based resource for schools to protect children from bullying and other forms of VAC.** Friendship also enhances children's resilience and boosts child well-being. Supporting quality friendships within schools,

communities and families is a long-term investment in excellent human development, better public health, and more peaceful societies.

- 4) **Policies or scale-up actions to prevent and address VAC should also be based on scientifically evidenced programmes that had yielded a solid body of data demonstrating a reduction in VAC** and the promotion of child well-being after their implementation. Large-scale policies or interventions should also bring scientific evidence of the social impact of such programmes into dialogue with the schools in which they will be implemented, **recreating and co-constructing this scientific knowledge in each context.**

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<https://doi.org/10.1016/j.avb.2015.10.001>

Annex

Complementary information on the actions and programmes

Successful actions and programmes

Attachment Aware Schools (AAS) project	
Website	https://www.attachmentleadnetwork.net/what-is-an-attachment-aware-school.php
Main focus / objective	To improve the context of vulnerable students and look after children through increasing awareness about attachment and trauma in schools.
Where is it implemented?	Schools
Who implements it?	Teachers and staff who have received AAS training, namely: learning about neuroscience and neuropsychology related to attachment and trauma, as well as action research methods to carry out their own action research in schools, among others.
Still running?	Yes
Methodologies employed in its scientific studies	Mixed-methods evaluation: pre- and post- questionnaires and face-to-face audit interviews.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	<p>Although it focuses on pupils with attachment difficulties, the programme is designed to benefit all learners.</p> <p>According to the most recent data found (from 2019), 77 schools have implemented AAS (involving 34,000 children and adolescents).</p>
References and other resources	<p>Kelly, P., Watt, L., & Giddens, S. (2020). An Attachment aware schools programme: a safe space, a nurturing learning community. <i>Pastoral Care in Education</i>, 38(4), 335–354. https://doi.org/10.1080/02643944.2020.1751685</p> <p>Rose, J., McGuire-Snieckus, R., Gilbert, L., & McInnes, K. (2019). Attachment Aware Schools: the impact of a targeted and collaborative intervention. <i>Pastoral Care in Education</i>, 37(2), 162–184. https://doi.org/10.1080/02643944.2019.1625429</p> <p>https://www.derbyshire.gov.uk/site-elements/documents/pdf/social-health/children-and-families/children-we-look-after/the-virtual-school/attachment-aware-schools-programme.pdf</p>

Building Resilience Intervention (BRI) Program	
Website	-
Main focus / objective	To train teachers to help children with post-traumatic stress. Includes positive refocusing and reappraisal and dialogue about traumatic content.
Where is it implemented?	Schools, especially those affected by conflict and terrorism.
Who implements it?	Teachers with specific training by the programme. Training is provided by mental health professionals.
Still running?	No data available
Methodologies employed in scientific studies	Pre-/post- test design. Collection of quantitative data using six scales.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	According to the most recent data collected, it has been implemented in more than seven schools, involving more than 1,573 adolescents.
References and other resources	Baum, N.L., Stokar, Y.N., Ginat-Frolich, R., Ziv, Y., Abu-Jufar, I., Cardozo, B. L., Pat-Horenczyk, R., & Brom, D. (2018). Building Resilience Intervention (BRI) with teachers in Bedouin communities: From evidence informed to evidence based. <i>Children and Youth Services Review</i> , 87, 186–191. https://doi.org/10.1016/j.childyouth.2018.02.036

Dialogic model of prevention and resolution of conflicts	
Website	https://www.step4seas.org/_files/ugd/8957d5_dbb45a0c2a1847c087476b3181e4b646.pdf
Main focus / objective	To develop school norms and a violence-free context through involving the whole educational community.
Where is it implemented?	At schools and high-schools, out-of-home care, and other educational contexts, formal or non-formal, including the online context. Internationally applied.
Who implements it?	Teachers, family members, other staff and children.
Still running?	Yes
Methodologies employed in scientific studies	Case study methods, in-depth interviews, communicative discussion groups, communicative observations of interactions, documentation analysis, and evidence record tables to dialogically collect relevant qualitative and quantitative data on the implementation and impact of the DMPRC.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	This is a successful action, and therefore universal and transferable. There are no costs associated either with its application or with its transfer, only those involved in regular teacher training.
References and other resources	<p>Duque, E., Carbonell, S., de Botton, L., & Roca-Campos, E. (2021). Creating Learning Environments Free of Violence in Special Education Through the Dialogic Model of Prevention and Resolution of Conflicts. <i>Frontiers in Psychology</i>, 12, 662831. https://doi.org/10.3389/fpsyg.2021.662831</p> <p>Rios-Gonzalez, O., Puigvert Mallart, L., Sanvicén Torné, P. & Aubert Simón, A. (2019) Promoting zero violence from early childhood: a case study on the prevention of aggressive behavior in Cappont Nursery, <i>European Early Childhood Education Research Journal</i>, 27:2, 157-169, DOI: 10.1080/1350293X.2019.1579544</p> <p>Serradell, O., Ramis, M., De Botton, L., & Solé, C. (2020). Spaces free of violence: the key role of Moroccan women in conflict prevention in schools. A case study. <i>Journal of Gender Studies</i>, 29(2), 161–173. https://doi.org/10.1080/09589236.2019.1620096</p> <p>Villarejo-Carballido, B., Pulido, C.M., de Botton, L., Serradell, O. (2019). Dialogic Model of Prevention and Resolution of Conflicts: Evidence of the Success of Cyberbullying Prevention in a Primary School in Catalonia. <i>International Journal of Environmental Research and Public Health</i>, 16, 918. doi: 10.3390/ijerph16060918</p>

Dialogic scientific gatherings and dialogic feminist gatherings	
Website	https://comunidadesdeaprendizaje.net/actuaciones-de-exito/tertulias-literarias-dialogicas/tertulias-feministas-dialogicas-tfd/#:~:text=Las%20Tertulias%20Feministas%20Dial%C3%B3gicas%20son,Puigvert%2C%20L
Main focus / objective	For students to read and discuss scientific evidence on gender-related issues, and critically reflect on topics such as gender violence, abusive relationships, how to change previous socialisation regarding violence and how to help others who may be suffering violence, among other topics.
Where is it implemented?	Schools, out-of-home care, higher education context
Who implements it?	Teachers, social workers, parents
Still running?	Yes
Methodologies employed in scientific studies	Pre- and post- test design. Longitudinal studies of repetitive measures. Vignette studies. Quantitative and qualitative data collected via questionnaires, interviews, focus groups and scales.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	<p>Implemented internationally in 20 schools (primary, secondary and adult education), three universities and one out-of-home care setting.</p> <p>This is a successful action, and therefore universal and transferable. There are no costs associated either with its application no with its transfer, only those involved in regular teacher training.</p>
References and other resources	<p>Puigvert, L. (2016). Female University Students Respond to Gender Violence through Dialogic Feminist Gatherings. <i>International and Multidisciplinary Journal of Social Sciences</i>, 5(2), 183-203. doi: 10.17583/rimcis.2016.2118</p> <p>Racionero, S., Ugalde, L., Merodio, G., & Gutiérrez, N. (2020). "Architects of their own brain". Social impact of an intervention study for the prevention of gender-based violence in adolescence. <i>Frontiers in Psychology</i>. https://doi.org/10.3389/fpsyg.2019.03070</p> <p>Salceda, M., Vidu, A., Aubert, A., & Roca, E. (2020). Dialogic Feminist Gatherings: Impact of the Preventive Socialization of Gender-Based Violence on Adolescent Girls in Out-of-Home Care. <i>Social Sciences</i>, 9(8), 138; https://doi.org/10.3390/socsci9080138</p> <p>Ugalde, L., Racionero-Plaza, S., Munté, A., & Tellado, I. (2022). Dialogic reconstruction of memories of violent sexual-affective relationships via dialogic gatherings of "Radical Love". <i>Children and Youth Services Review</i>. https://doi.org/10.1016/j.childyouth.2022.106548</p>

Elimination of isolating gender violence	
Website	-
Main focus / objective?	To eliminate attacks against those who support victims of gender-based violence, and in doing so, ensuring that victims receive the help they need in order to become survivors and overcome their situations.
Where is it implemented?	In any context: child and youth education (both in and out of schools), higher education, work context.
Who implements it?	Any member of the setting: teachers, students, parents.
Still running?	Yes
Methodologies employed in scientific studies	In-depth interviews, case study methods, communicative discussion groups, analysis of lectures, surveys.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	This is a successful action, and therefore universal and transferable. There are no costs associated either with its application or to its transfer, only those involved in regular teacher training.
References and other resources	<p>Aubert, A., & Flecha, R. (2021). Health and Well-Being Consequences for Gender Violence Survivors from Isolating Gender Violence. <i>International Journal of Environmental Research and Public Health</i>, 18(16), 8626. https://doi.org/10.3390/ijerph18168626</p> <p>Melgar, P., Geis-Carreras, G., Flecha, R., & Soler, M. (2021). Fear to Retaliation: The Most Frequent Reason for Not Helping Victims of Gender Violence. <i>International and Multidisciplinary Journal of Social Sciences</i>, 10(2). https://hipatiapress.com/hpjournals/index.php/rimcis/article/view/8305</p> <p>Nazareno, E., Vidu, A., Merodio, G., & Valls, R. (2022). Men Tackling Isolating Gender Violence to Fight against Sexual Harassment. <i>International Journal of Environmental Research and Public Health</i>, 19(4). https://doi.org/10.3390/ijerph19041924</p> <p>Vidu, A., Puigvert, L., Flecha, R., & López de Aguilera, G. (2021). The Concept and the Name of Isolating Gender Violence. <i>Multidisciplinary Journal of Gender Studies</i>, 10(2), 176-200. https://hipatiapress.com/hpjournals/index.php/generos/article/view/8622</p>

Incredible Years programme	
Website	https://incredibleyears.com/
Main focus / objective	To prevent and treat behavioural problems and to foster social, emotional and academic abilities of young children.
Where is it implemented?	In schools or in the home
Who implements it?	Trained facilitators and teachers
Still running?	Yes
Methodologies employed in scientific studies	Site-randomised control trials
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	<p>The programme has been successfully implemented among socio-economically disadvantaged and ethnically diverse populations. It has shown similar results among both disadvantaged and more advantaged families.</p> <p>Cost of trainings ranges from \$240 to \$5,240.</p> <p>The most recent data found indicates of the programme has so far involved 481 children, 153 teachers and 768 students.</p>
References and other resources	<p>Hurlburt, M.S., Nguyen, K., Reid, J., Webster-Stratton, C., & Zhang, J. (2013). Efficacy of the Incredible Years group parent program with families in Head Start who self-reported a history of child maltreatment. <i>Child Abuse & Neglect</i>, 37(8), 531–543. https://doi.org/10.1016/j.chiabu.2012.10.008</p> <p>Webster-Stratton, C., Reid, M.J., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. <i>Journal of Child Psychology and Psychiatry, and Allied Disciplines</i>, 49(5), 471–488. https://doi.org/10.1111/j.1469-7610.2007.01861.x</p>

NoTrap! anti-bullying and anti-cyberbullying program	
Website	https://www.notrap.it/
Main focus / objective	To tackle both traditional bullying and cyberbullying involving students as peer educators. Positive and non-violent relations are fostered.
Where is it implemented?	Italian high-schools.
Who implements it?	Psychologist researchers provide the training. During the second phase, peer educators (students) are also trained.
Still running?	Yes
Methodologies employed in scientific studies	Quasi-experimental trials
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	According to the most recent data found, the programme has been implemented with 1,200 students.
References and other resources	<p>Palladino, B.E., Nocentini, A., & Menesini, E. (2016). Evidence-based intervention against bullying and cyberbullying: Evaluation of the NoTrap! program in two independent trials. <i>Aggressive Behavior</i>, 42(2), 194–206. https://doi.org/10.1002/ab.21636</p> <p>Palladino, B.E., Nocentini, A., & Menesini, E. (2019). How to Stop Victims' Suffering? Indirect Effects of an Anti-Bullying Program on Internalizing Symptoms. <i>International Journal of Environmental Research and Public Health</i>, 16(14). https://doi.org/10.3390/ijerph16142631</p>

Open Door Actions	
Website	https://jlxofre.wixsite.com/opendoors
Main focus / objective	These actions have fostered safety, communication with other adults and peers and identified threats in a lockdown situation. They include coordination between schools and the community.
Where is it implemented?	In and outside schools, and in the home.
Who implements it?	Teachers, parents, children, other education and social work professionals.
Still running?	Yes
Methodologies employed in scientific studies	Case study methods, dialogic recreation of knowledge (DRK), qualitative data collected via interviews with a communicative orientation, communicative life stories, communicative focus groups, analysis of dialogues in social media and of qualitative and quantitative data in tables of collaborative register.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	<p>This is a successful action, and therefore universal and transferable. There are no costs associated either with its application nor with its transfer, only those involved in regular teacher training.</p> <p>Up to now, ODAs have been implemented in nine schools, including special education schools.</p>
References and other resources	<p>Roca, E., Melgar, P., Gairal-Casadó, R., & Pulido-Rodríguez, M. A. (2020). Schools that 'open doors' to prevent child abuse in confinement by COVID-19. <i>Sustainability: Science Practice and Policy</i>, 12(11), 4685. https://doi.org/10.3390/su12114685</p> <p>Ruiz-Eugenio, L., Roca-Campos, E., León-Jiménez, S., & Ramis-Salas, M. (2020) Child Well-Being in Times of Confinement: The Impact of Dialogic Literary Gatherings Transferred to Homes. <i>Frontiers in Psychology</i>. 11:567449. https://doi.org/10.3389/fpsyg.2020.567449</p>

Parenting our Children to Excellence (PACE)	
Website	-
Main focus / Objective	Eight-week preventive intervention aimed at parents of preschool children. It seeks to build positive parent-child interactions and promote effective parenting and child coping competences.
Where is it implemented?	In day care centres
Who implements it?	Trained leaders and assistants of PACE
Still running?	Yes
Methodologies employed in scientific studies	Post-assessment and/or one-year follow-up assessment, pre- and post-intervention measurements employing validated scales and ad-hoc questionnaires.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	According to the most recent data found, 1,344 parents have participated in this training. The programme has been proven to be effective among parents of both African American and Caucasian preschoolers.
References and other resources	<p>Begle, A.M., & Dumas, J.E. (2011). Child and parental outcomes following involvement in a preventive intervention: efficacy of the PACE program. <i>Journal of Primary Prevention</i>, 32(2), 67–81. https://doi.org/10.1007/s10935-010-0232-6</p> <p>Dumas, J.E., Arriaga, X.B., Begle, A.M., & Longoria, Z.N. (2010). "When Will Your Program Be Available in Spanish?" Adapting an Early Parenting Intervention for Latino Families. <i>Cognitive and Behavioral Practice</i>, 17(2), 176–187. https://doi.org/10.1016/j.cbpra.2010.01.004</p> <p>Begle, A.M., Lopez, C., Cappa, K., Dumas, J.E., & de Arellano, M.A. (2012). Ethnicity differences in child and parental outcomes following involvement the PACE programme, <i>Behaviour Research and Therapy</i>, 50, 1, 56-64. https://doi.org/10.1016/j.brat.2011.09.009</p>

School-based cognitive behavioural therapy (CBT) programmes	
Website	–
Main focus / objective	Therapeutic modality to reduce trauma-related symptoms and impairment.
Where is it implemented?	In schools
Who implements it?	School staff trained in the programme, or external professionals. CBT can be implemented by educators without clinical training.
Still running?	Yes
Methodologies employed in scientific studies	Systematic reviews of programme effectiveness, treatment and control groups, randomised controlled Trials, follow-up measurements.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	Has been implemented with diverse students, including migrant and refugee children and young people.
References and other resources	<p>Bennouna, C., Khauli, N., Basir, M., Allaf, C., Wessells, M., Stark, L. (2019). School-based programs for Supporting the mental health and psychosocial well-being of adolescent forced migrants in high-income countries: A scoping review. <i>Social Science & Medicine</i>, 239. https://doi.org/10.1016/j.socscimed.2019.112558</p> <p>Das, J.K., Salam, R.A., Lassi, Z.S., Khan, M.N., Mahmood, W., Patel, V., & Bhutta, Z.A. (2016). Interventions for Adolescent Mental Health: An Overview of Systematic Reviews, <i>Journal of Adolescent Health</i>, 59 (4), Supplement, S49-S60.</p> <p>Kavanagh, J., Oliver, S., Caird, J., et al. (2009). <i>Inequalities and the mental health of young people: A systematic review of secondary school-based cognitive behavioural interventions</i>. EPPI-Centre, Social Science Research Unit, Institute of Education: London.</p> <p>Ehnholt, K.A., Smith, P.A., & Yule, W. (2005). School-based cognitive-behavioral therapy group intervention for refugee children who have experienced war-related trauma. <i>Clin. Child Psychol. Psychiatry</i>, 10, pp. 235-250, 10.1177/1359104505051214</p> <p>Sullivan, A.L., & Simonson, G.R. (2016). A systematic review of school-based socioemotional interventions for refugee and war-traumatized youth. <i>Review of Educational Research</i>, 86(2), 503-530. https://doi.org/10.3102/0034654315609419</p>

Teaching recovery techniques (TRT)	
Website	https://refugeeswellschool.org/intervention/teaching-recovery-techniques-in-service-teacher-training/
Main focus / objective	To promote the mental health of migrant and refugee children. This includes stress management skills and gradual exposure of children to their traumatic experiences. Addressed towards children with severe post-traumatic stress symptoms.
Where is it implemented?	Asylum health care centres, NGO centres, school health services and group homes for unaccompanied minors.
Who implements it?	Trained school welfare personnel
Still running?	Yes
Methodologies employed in scientific studies	Pre- and post-test measurements using validated scales, randomised controlled trials, and qualitative interviews.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	According to the most recent data found, 139 unaccompanied minors have received the programme in areas such as Palestine and Gaza, Thailand, the UK, and Sweden.
References and other resources	<p>Barron, I.G., Abdallah, G., & Smith, P. (2013). Randomized control trial of a CBT trauma recovery program in Palestinian schools. <i>J Loss Trauma</i> 18(4):306–321.</p> <p>Barron, I., Abdallah, G., & Heltne, U. (2016). Randomized control trial of teaching recovery techniques in rural occupied Palestine: effect on adolescent dissociation. <i>J Aggress Maltreatment Trauma</i> 25(9):955–973.</p> <p>Pityaratstian, N., Piyasil, V., Ketumarn, P., et al. (2015). Randomized controlled trial of group cognitive behavioural therapy for post-traumatic stress disorder in children and adolescents exposed to tsunami in Thailand. <i>Behav Cognit Psychother</i> 43(05):549–561</p> <p>Qouta, S.R., Palosaari, E., Diab, M., et al. (2012). Intervention effectiveness among war affected children: a cluster randomized controlled trial on improving mental health. <i>J Trauma Stress</i> 25(3):288–298</p> <p>Sarkadi, A., Ådahl, K., Stenvall, E., Ssegonga, R., Batti, H., Gavra, P., Fängström, K., & Salari, R. (2018). Teaching Recovery Techniques: evaluation of a group intervention for unaccompanied refugee minors with symptoms of PTSD in Sweden. <i>European child & adolescent psychiatry</i>, 27(4), 467–479. https://doi.org/10.1007/s00787-017-1093-9</p>

Triple P Positive Parenting Programme	
Website	https://www.triplep.net/glo-en/home/
Main focus / objective	To increase caregivers' knowledge about fostering healthy child development. Helps parents who want to enhance their knowledge with regard to positive parenting, as well as families with parental problems.
Where is it implemented?	In person or online
Who implements it?	Triple P practitioners
Still running?	Yes
Methodologies employed in scientific studies	Pre- and postintervention measures, randomised controlled trials, intervention and waitlist control groups, follow-ups.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	The programme has been implemented with children with autism disorder, as well as parents with migrant backgrounds. It has always produced positive results. To date, four million children and their families from 31 different countries on various continents have benefited from Triple P.
References and other resources	<p>Fujiwara, T., Kato, N., & Sanders, M.R. (2011). Effectiveness of Group Positive Parenting Program (Triple P) in changing child behavior, parenting style, and parental adjustment: An intervention study in Japan. <i>Journal of Child and Family Studies</i>, 20(6), 804–813. http://dx.doi.org/10.1007/s10826-011-9448-1</p> <p>Heinrichs, N., Kliem, S., & Hahlweg, K. (2014). Four-year follow-up of a randomized controlled trial of Triple P group for parent and child outcomes. <i>Prevention Science</i>, 15(2), 233–245. http://dx.doi.org/10.1007/s11121-012-0358-2</p> <p>Leung, C., Sanders, M.R., Leung, S., Mak, R., & Lau, J. (2003). An outcome evaluation of the implementation of the Triple P-positive parenting program in Hong Kong. <i>Family Process</i>, 42(4), 531–544.</p> <p>Matsumoto, Y., Sofronoff, K., & Sanders, M.R. (2007). The efficacy and acceptability of the Triple P-Positive Parenting Program with Japanese Parents. <i>Behaviour Change</i>, 24(4), 205–218.</p> <p>Matsumoto, Y., Sofronoff, K., & Sanders, M.R. (2010). Investigation of the effectiveness and social validity of the Triple P positive parenting program in Japanese society. <i>Journal of Family Psychology</i>, 24(1), 87–91.</p> <p>Nogueira, S., Abreu-Lima, I., Canário, C., & Cruz, O. (2021). Group Triple P – A randomized controlled trial with low-income mothers. <i>Children and Youth Services Review</i>, 121, 105862. https://doi.org/10.1016/j.childyouth.2020.105862</p> <p>Prinz, R. J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The U.S. Triple p system population trial. <i>Prevention Science</i>, 10(1), 1–12.</p> <p>Sanders, M.R., Markie-Dadds, C., Tully, L.A., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. <i>Journal of Consulting and Clinical Psychology</i>, 68(4), 624–640. https://doi.org/10.1037/0022-006X.68.4.624</p>

Zero Violence Brave Club	
Website	https://www.schooleducationgateway.eu/es/pub/resources/toolkitsforschools/detail.cfm?n=5886
Main focus / objective	School intervention led by students themselves to tackle bullying and other types of abusive relationships. Students form a club in which members are seen as 'brave' because they always act as upstanders and protect victims of violence.
Where is it implemented?	In schools
Who implements it?	Teachers with evidence-based training and students in pre-primary, primary and secondary education, including special education schools.
Still running?	Yes
Methodologies employed in scientific studies	Qualitative study of seven schools in Spain, case study methods employing interviews, focus groups, and evidence record tables.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	<p>This is a successful action, and therefore universal and transferable. There are no costs associated either with its application, or with its transfer, only those involved in regular teacher training.</p> <p>It has been implemented internationally.</p>
References and other resources	<p>Duque, E., Carbonell, S., de Botton, L., & Roca-Campos, E. (2021). Creating Learning Environments Free of Violence in Special Education Through the Dialogic Model of Prevention and Resolution of Conflicts. <i>Frontiers in Psychology</i>, 12, 662831. https://doi.org/10.3389/fpsyg.2021.662831</p> <p>Roca-Campos, E., Duque, E., Ríos, O., & Ramis-Salas, M. (2021). The Zero Violence Brave Club: A Successful Intervention to Prevent and Address Bullying in Schools. <i>Frontiers in Psychiatry</i>, 12, 601424. https://doi.org/10.3389/fpsyt.2021.601424</p>

Other Programmes

KiVa anti-bullying program	
Website	https://www.kivaprogram.net/
Main focus / objective	To prevent, intervene and monitor bullying in schools.
Where is it implemented?	In schools
Who implements it?	Teachers
Still running?	Yes
Methodologies employed in scientific studies	Comparing students at intervention schools with those at control schools at various time points. Evaluation was carried out using best-practice methodology and stringent standards for effectiveness.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	Costs are agreed through a licensing agreement.
References and other resources	<p>Kärnä, A., Voeten, M., Little, T.D., Poskiparta, E., Kaljonen, A., & Salmivalli, C. (2011). A large-scale evaluation of the KiVa antibullying program: grades 4-6. <i>Child Development</i>, 82(1), 311-330. https://doi.org/10.1111/j.1467-8624.2010.01557.x</p> <p>Kärnä, A., Voeten, M., Little, T.D., Alanen, E., Poskiparta, E., & Salmivalli, C. (2013). Effectiveness of the KiVa Antibullying Program: Grades 1-3 and 7-9. <i>Journal of Educational Psychology</i>, 105(2), 535-551. https://doi.org/10.1037/a0030417</p>

Safe Healing and Learning Space (SHLS)	
Website	http://shls.rescue.org/
Main focus / objective	To foster the learning and development of children and adolescents living in conflict and crisis settings.
Where is it implemented?	Applicable to camp or host community settings in both rural and urban areas
Who implements it?	Trained facilitators
Still running?	Yes
Methodologies employed in scientific studies	No studies published regarding the impact of SHLS in scientific journals that meet the selection criteria for this report.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	Materials are available online at no cost.
References and other resources	https://rescue.app.box.com/s/4dqchbdz1quzugps1yvddadjj0e2zx5oi

Your Best Friend project	
Website	https://yourbestfriend.org.uk/
Main focus / objective	To guide girls, young women and non-binary people in how to act if they suspect something is wrong in a friend's relationship. Offers tips, support services and resources.
Where is it implemented?	Online and face-to-face
Who implements it?	Individuals who have read the training materials.
Still running?	Yes
Methodologies employed in scientific studies	No studies have been published concerning the impact of the Your Best Friend project in scientific journals that meet the selection criteria for this report.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	Online available materials at no cost.
References and other resources	https://files.yourbestfriend.org.uk/Peer_Supporter_Session_Plans_Pack.pdf https://files.yourbestfriend.org.uk/Peer_Supporter_Facilitation_Pack.pdf

Children's Resilience Programme: psychosocial Support in and out of Schools	
Website	https://pscentre.org/?resource=crp-understanding-childrens-wellbeing-english&selected=single-resource
Main focus / objective	To foster the skills, knowledge, emotional and social well-being of children who have suffered abuse and neglect in emergency situations.
Where is it implemented?	In and outside schools (child-friendly spaces, child clubs, youth clubs).
Who implements it?	Parents and other caregivers, teachers and community providers who have received the BRI training.
Still running?	Yes
Methodologies employed in scientific studies	No studies have been published concerning the impact of the Children's Resilience Programme in scientific journals that meet the selection criteria for this report.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	<p>Materials for training are available online at no cost.</p> <p>The materials are designed to address children who have suffered abuse and neglect, whatever their country or context.</p>
References and other resources	https://pscentre.org/wp-content/uploads/2017/12/Understanding-childrens-wellbeing.pdf

Positive Discipline in Everyday Parenting (PDEP) program	
Website	https://pdel.org/positivedisciplineineverydayparenting/
Main focus / objective	To reduce physical violence against children and promote parents' self-efficacy through parental training in nonviolent instruction, conflict and problem management.
Where is it implemented?	Community agencies, schools and health centres.
Who implements it?	Parent educators, NGO staff, teachers, child-care workers and other professionals working directly with families.
Still running?	Yes
Methodologies employed in scientific studies	Pre- and post-test questionnaires, phenomenological approach, focus groups using semi-structured interviews. Use of standardised PDEP pre- and post-programme parent questionnaires (Durrant et al., 2014) to measure changes in parents' attitudes and beliefs over the course of the programme.
Other relevant information (transferability potential and costs, approximate number of schools/learners covered)	The most recent data indicates that about 7,000 parents have been trained in the programme. PDEP has been implemented in diverse countries including Canada, Australia, Japan and the Philippines.
References and other resources	<p>Durrant, J.E., Plateau, D.P., Ateah, C., Stewart-Tufescu, A., Jones, A., Ly, G., Barker, L., Holden, G.W., Kearley, C., MacAulay, J., Peters, R.D., & Tapanya, S. (2014). Preventing punitive violence: Preliminary data on the positive discipline in everyday parenting (PDEP) program. <i>Canadian Journal of Community Mental Health = Revue Canadienne de Sante Mentale Communautaire</i>, 33(2), 109–125. https://doi.org/10.7870/cjcmh-2014-018</p> <p>Durrant, J. E., et al. (2020). Addressing punitive violence against children in Australia, Japan and the Philippines. <i>Journal of Pacific Rim Psychology</i>, 14. https://doi.org/10.1017/prp.2020.12</p> <p>Stenason, L., Moorman, J., & Romano, E. (2020). The Experiences of Parents and Facilitators in a Positive Parenting Program. <i>The Qualitative Report: an Online Journal Dedicated to Qualitative Research Since 1990.</i>, 25(1).</p>

