Universal Prevention of Technology-Facilitated Gender-Based Violence

Toolkit technical report

Ella James-Brabham, Iman Idrees, Ciara Keenan, Lauren Murphy, Karen Allen, Laura-Ashleigh Bird, Sa'fiya Coburn-Service, Jessica Hinks, Jenny Towers

November 2026

About National Children's Bureau

This report has been produced by the National Children's Bureau on behalf of the Youth Endowment Fund. The National Children's Bureau works collaboratively across the issues affecting children to influence policy and get services working together to deliver a better childhood. They were commissioned by the Youth Endowment Fund (YEF) as their Toolkit Partner. The Toolkit partnership is managed on behalf of NCB by Dr Ciara Keenan and Dr Ella James-Brabham. Any queries relating to the methods should be directed to ckeenan@ncb.org.uk or ejamesbrabham@ncb.org.uk.

About Youth Endowment Fund

The Youth Endowment Fund's mission is to prevent children and young people becoming involved in violence. They do this by finding out what works and building a movement to put this knowledge into practice. The fund was established in March 2019 by children's charity Impetus, with a £200m endowment and ten-year mandate from the Home Office. For more information, please visit www.youthendowmentfund.org.uk.

Acknowledgements

Our deepest appreciation goes to all those who shared their insights and expertise to enhance the quality of this research. Special acknowledgement is due to Dr Laura Knight, Head of Toolkit and VAWG, Nigel Tungwarara and Dr Chad Hemady, Senior Research Managers at the Youth Endowment Fund, for their diligent work and unwavering support throughout this project. Our sincere appreciation also goes to the entire team at the EPPI-Centre, whose dedication and countless hours have been instrumental in the development of this work.

Abstract/Plain Language Summary

The primary objective of this report is to evaluate the evidence regarding the effectiveness of **universal** interventions targeting **Technology-Facilitated Gender-Based Violence** as an approach to prevent violence, crime and offending among children and young people.

Technology-facilitated gender-based violence (TF-GBV) refers to acts of violence, harassment, coercion, abuse, or exploitation that are committed, enabled, or amplified through digital technologies, and target individuals on the basis of their gender, gender identity, sexual orientation, or gender expression. Examples of TF-GBV include online sexual solicitation, image-based abuse, cyberstalking, online harassment, sexual extortion, exposure to harmful gender-based content, and emerging forms of abuse involving artificial intelligence such as sexual deepfakes and synthetic child sexual abuse material.

Universal interventions are prevention programmes delivered to whole populations or groups, regardless of individuals' level of risk, prior victimisation, or offending history. These interventions are commonly delivered through schools, communities, parents and caregivers, digital platforms, or public awareness campaigns. Universal TF-GBV interventions aim to promote safer online behaviour, improve knowledge and attitudes, challenge harmful attitudes, and prevent TF-GBV before it occurs.

This review identified nine effectiveness studies through systematic searches of bibliographic databases and relevant grey literature sources, followed by screening against predefined eligibility criteria. Together, these studies examined 179 outcomes across gender-based violence (GBV), mechanisms that may contribute to changes in GBV, violence outcomes more broadly, and all related outcomes. Six studies provided implementation insights.

Key findings

- Across **GBV (perpetration and victimisation) outcomes**, Universal TF-GBV interventions showed a beneficial effect (g=-0.14) equating to a Moderate YEF impact rating, based on a meta-analysis of 89 measured outcomes across 8 studies. However, this effect did not reach statistical significance, indicating insufficient evidence to conclude that the intervention had a reliable impact on GBV outcomes. There is an overall evidence security rating of Level 1 (Very Low) for this finding.
- Across the proposed **GBV mechanisms of change**, Universal TF-GBV interventions showed a Small beneficial effect on bystander behaviour (g = -0.05, nine outcomes across three studies) and knowledge and attitudes (g = -0.08, 45 outcomes across six studies). Neither effect was statistically significant, meaning there was insufficient evidence that the interventions improved these outcomes. The evidence security rating was Level 2 (Low) for bystander behaviour, and Level 1 (Very Low) for knowledge and attitudes.
- Across **all violence outcomes**, Universal TF-GBV interventions showed a moderate beneficial effect (g=-0.13), equating to a 18% reduction in violence outcomes, based on a meta-analysis of 93 outcomes from 8 effectiveness studies. However, this effect did not reach statistical significance. There is an overall evidence security rating of Level 1 (Very Low) for this finding.
- Across **all related outcomes**, Universal TF-GBV interventions showed a moderate beneficial effect (g=-0.13), based on a meta-analysis of 179 outcomes from 9 effectiveness studies. However, this effect did not reach statistical significance. There is an overall evidence security rating of Level 1 (Very Low) for this finding.

- Limited evidence from two studies suggests Universal TF-GBV interventions are similarly effective across gender and age groups, with no evidence of differential effects among the populations studied.
- Universal TF-GBV interventions generally reported high attendance and programme exposure, suggesting that most participants received a substantial proportion of intended intervention content; however, fidelity was assessed inconsistently across studies, and some studies did not report fidelity measures.
- Studies identified provider skills, training, organisational support, and context as important influences on implementation. For school-based studies, curriculum pressures, limited staff engagement, workforce capacity, and resource constraints were commonly reported barriers.
- Interactive and participatory delivery methods, including discussions, role play, simulations, videos, and virtual reality, were generally perceived positively by participants and educators and were associated with higher reported engagement.
- Children and young people participating in the interventions reported that they had increased their awareness of abuse, strengthened their confidence in responding to violence and seeking support, and that they valued inclusive, discussion-based learning.
- No studies reported implementation costs, resource requirements, or cost-effectiveness, limiting understanding of the feasibility and scalability of Universal TF-GBV interventions.

Conclusion

Our meta-analyses found that Universal TF-GBV interventions had moderate beneficial effects across combined GBV perpetration and victimisation outcomes, broader violence outcomes, including both GBV and non-GBV violence, and across all outcomes relating to children and young people. Small beneficial

effects were identified for GBV- related bystander behaviour and GBV- related knowledge and attitudes.

However, most effects were not statistically significant, and findings varied widely between studies. The results suggest that a new but similar study could find meaningful benefits, no effect or, in some cases, potential harm. Overall, there is some evidence that Universal TF-GBV interventions can improve GBV-related and other outcomes for children and young people, but the size and reliability of these effects remain uncertain.

The available implementation evidence suggests that Universal TF-GBV interventions are generally delivered using interactive and participatory approaches that support discussion, reflection, and engagement with programme content. Important influences on implementation quality included provider training, facilitation skills, organisational support, and the availability of sufficient delivery time. Inclusive and relevant content appeared to support participant engagement. However, the evidence base remains limited. No studies reported economic outcomes, meaning that conclusions regarding the affordability, scalability, and cost-effectiveness of Universal TF-GBV interventions cannot be drawn from the current evidence.

YOUTH ENDOWMENT FUND

NATIONAL CHILDREN'S BUREAU

Table of Contents

Abstract/Plain Language Summary 3

List of Tables 9

List of Figures 11

List of abbreviations 12

Preface on Terminology 13

Objective and Approach 14

Description of the Intervention 17

How Effective is the Intervention? 24

How Secure is the Evidence? 49

Who does it work for? 52

What factors affect implementation? 54

How much does it cost? 82

Conclusion and Takeaway Messages 84

References 97

Appendix 1. Methods of the systematic review 101

Appendix 2. Location Details 116

Appendix 3. Characteristics of included studies for meta-analysis 117

Appendix 4. Characteristics of included studies for implementation 134

Appendix 5. Characteristics of studies on children and young people's views 141

Appendix 6. Measured outcomes across included studies for meta-analysis 142

List of Tables

Table 1: Distribution of Child-Related Outcomes Across Outcome Categories within the YEF Outcomes Framework 26

Table 2: *Robust Variance Estimation (RVE) output for meta-analysis on GBV perpetration and victimisation outcomes* 29

Table 3: *RVE Output for meta-analysis on GBV perpetrator outcomes* 32

Table 4: *RVE Output for meta-analyses on specific GBV perpetrator outcomes* ... 33

Table 5: *RVE Output for meta-analysis on TF-GBV victimisation outcomes* 34

Table 6: *RVE Output for meta-analyses on specific GBV victim outcomes* 35

Table 7: *RVE Output for meta-analysis on GBV bystander outcomes* 36

Table 8: *RVE Output for meta-analysis on GBV knowledge and attitudes outcomes* 37

Table 9: *RVE Output for meta-analysis on GBV outcomes* 38

Table 10: *RVE Output for meta-analysis on all violence outcomes* 40

Table 11: *RVE Output for meta-analysis on violence perpetration outcomes* 41

Table 12: *RVE Output for meta-analysis on violence victimisation outcomes* 42

Table 13: *RVE Output for meta-analysis on all children's outcomes* 43

Table 14: Eligibility criteria for Universal TF-GBV studies 100

Table 15: *Full-text screening results* 104

Table 16: Reasons for exclusion after full text screening 105

Table 17: List of linked studies 106

Table 18: Quality appraisal ratings for studies included in the Universal TF-GBV strand 109

List of Figures

Figure 1: Absolute risk reduction in GBV attributed to Universal TF-GBV interventions compared to business as usual. 31

Figure 2: *Absolute risk reduction in violence associated with Universal TF-GBV interventions compared to business as usual. Note. these charts are not directly comparable between approaches as the outcomes and axes may differ* 41

Figure 3: Influence diagnostics for individual studies 45

Figure 4: Leave-one-out sensitivity analysis 46

Figure 5: Heterogeneity across leave-one-out sensitivity analysis 47

Figure 6: PRISMA Flow Diagram 109

List of abbreviations

BAU	Business As Usual
CDA-Stop	Cyberdating Abuse Stop
CI	Confidence Interval
CPD	Continuing Professional Development
CSAM	Child Sexual Abuse Material
EDIE	Equity Diversity Inclusion Equality
EGM	Evidence and Gap Map
GBV	Gender-Based Violence
ICC	Intracluster Correlation Coefficient
ICT	Information and Communication Technology
IPV	Intimate Partner Violence
ITP	Incremental Theory of Personality
ML	Maximum Likelihood
OSF	Open Science Framework
QED	Quasi-Experimental Design
RCT	Randomised Controlled Trial
RVE	Robust Variance Estimation
SE	Standard Error
SEND	Special Educational Needs and/or Disabilities
SES	Socio-Economic Status
SMD	Standardised Mean Difference
TAU	Treatment As Usual
TF-GBV	Technology-Facilitated Gender-Based Violence
UK	United Kingdom
USA	United States of America
VR	Virtual Reality
YEF	Youth Endowment Fund
YEF-EQA	Youth Endowment Fund Evidence Quality Assessment

Preface on Terminology

This review draws on evidence spanning the past two decades, during which language around personal characteristics has evolved. At times, we may have to reproduce original terminology used in studies which we recognise today as being outdated and unacceptable offensive terms. This only occurs when the terminology is used in direct quotations or refers to an outcome that the author measured that remains relevant to our analysis. The wider narrative will adhere to current inclusive-language standards guided by the National Children's Bureau, Youth Endowment Fund, and Race Equality Foundation. The team acknowledges limitations in terminology and strives for respectful and precise representation throughout. The full preface on terminology can be accessed here.

Objective and Approach

The objective of this report is to review the evidence on the effectiveness of **universal** interventions in reducing and/or preventing **Technology-Facilitated Gender-Based Violence**, and related violence and offending outcomes.

Digital technologies have created new contexts for gender-based violence while also extending the reach, persistence and potential impact of existing forms of abuse. Technology-facilitated gender-based violence (TF-GBV)refers to acts of violence, harassment, coercion, or abuse that are committed, enabled, or amplified through digital technologies that target individuals on the basis of their gender, gender identity, sexual orientation, or gender expression.[1]

Rather than representing a single form of violence, TF-GBV encompasses a diverse and continually evolving set of behaviours. These include online sexual solicitation and exploitation; the production, dissemination, and consumption of child sexual abuse material (CSAM); sexual extortion; exposure to unwanted sexual content; online stalking and surveillance; threats of sexual violence; image-based abuse; gender-based hate speech; coordinated harassment and doxxing; and exposure to online misogyny, manosphere content and other harmful gender-based ideologies.[2]

The forms that TF-GBV takes continue to change alongside developments in digital technology. Artificial intelligence, for example, can create or intensify forms of abuse through both generation or manipulation of sexualised content. This includes synthetic CSEM, where AI is used to generate sexualised images depicting children without relying on an original abusive image; sexual deepfakes and "nudified" images, where existing photographs or videos are digitally altered to depict a person as nude or engaged in sexual activity; and the manipulation of existing photographs and videos to depict children in sexualised contexts.[4] Emerging virtual and conversational technologies may also facilitate abuse, including avatar-based abuse in virtual and extended-reality environments, and

chatbot-enabled or chatbot-simulated GBV, where conversational AI is used either to facilitate abusive behaviour or to generate interactions that reproduce sexual or GBV.[3,4]

TF-GBV affects a substantial proportion of children and young people. Childlight's[2] report estimates that 1 in 5 children in Western Europe have experienced online sexual solicitation or grooming before the age of 18. Exposure to unwanted sexual content was reported by 7% of children before the age of 18. TF-GBV is also associated with wide-ranging adverse consequences for sexual, physical, emotional, psychological, social, political and economic harm, as well as mental health and physical harm.[5]

Recent systematic reviews provide relevant but mixed evidence on interventions addressing GBV. De La Rue et al.[6] found that school-based dating-violence prevention programmes improved adolescents' knowledge and attitudes, but did not find a statistically significant impact on perpetration or victimisation. Lee and Wong[7] similarly found improvements in knowledge and attitudes, as well as a significant reduction in perpetration. The review did not find a significant effect on victimisation nor bystander behaviour. However, these reviews examined adolescent dating violence more broadly. The present review extends this evidence by examining universal interventions that explicitly aim to prevent or reduce TF-GBV as well as related violence and offending outcomes.

This report focuses on Universal TF-GBV interventions, which are offered to an entire population or population group, for example all pupils within a school regardless of individuals' assessed risk, previous victimisation or prior offending. Interventions may be delivered through schools, community settings, parents, public communication campaigns or digital technologies.[a]

This technical report draws on a comprehensive systematic review methodology and includes:

- **Eight reports,** providing data from 9 study arms with independent control groups contributed to **effectiveness** outcomes data for meta-analysis: 93 violence outcomes across eight studies; 143 GBV outcomes across nine

studies, and 179 outcomes across the whole of the YEF outcomes framework.

- **Six studies** providing **implementation** insights. Three of these were also included in the analysis of effectiveness. Findings are organised into two overarching domains: (a) implementation processes and delivery [a]capacity, and (b) delivery characteristics.

The remainder of this report is structured as follows: First, the **Description of the Intervention** outlines the key components of Universal TF-GBV interventions and its intended implementation. Second, **How Effective is the Intervention?** presents findings from our meta-analysis on GBV, violence and crime reduction and broader social outcomes. Third, **Who Does it Work For?** examines evidence on the populations that benefit most from Universal TF-GBV interventions. Fourth, **What Factors Affect Implementation?** explores key factors which influence the implementation of Universal TF-GBV interventions. Fifth, **How Much Does It Cost?** reviews available cost data. Finally, the **Conclusion and Takeaway Messages** summarise key findings and recommendations, followed by **Appendices** detailing the systematic review methodology and characteristics of included research.

[a] The scope and definition of Universal TF-GBV interventions used in this review were established during the scoping phase.[1]

Description of the Intervention

In the following section details are provided on the interventions which inform this report, noting their key components, any equipment, materials, supplies or training required, the duration and intensity of interventions, who delivered the interventions, and where and how the interventions were delivered.

Features of the approach

The included interventions varied in aims and content. For the purposes of describing the evidence, interventions were grouped according to their primary focus and intended mechanism of prevention. Two broad groups were identified: interventions focused primary on sexual violence, sexual harassment and GBV prevention, and interventions focused primary on dating and relationship violence prevention. These categories are intended to describe the principal focus of each programme. Some interventions address multiple, overlapping forms of abuse. most either aimed to prevent sexual violence, sexual harassment, and gender-based harms, or focused on dating and relationship-based violence among adolescents.

The first group of interventions focused on sexual violence, sexual harassment, and GBV prevention. Ging et al.,[8] reported school-based workshops to improve young people's understanding of sexual and gender-based violence in online and offline contexts, while Calvete et al.[9] described a self-affirmation and incremental theory of personality intervention[b] to reduce cyberbullying and risky interactions linked to online grooming. Reeves and Crowther[10] used social media simulations to develop young people's critical thinking about radicalisation and child sexual exploitation, including grooming risks.

[b] Incremental theory of personality promotes the belief that behaviours and personality traits can change.

Two studies[11,12] evaluated Virtual-PRO, a programme designed to prevent adolescent sexual harassment by encouraging active bystander behaviour. Versloot-Swildens et al.[13] reported on Love is..., a comprehensive sex education programme designed to promote sexual health and prevent sexual harassment in secondary schools. This programme contained a module on social media use, which included content around sexting and grooming.

Two interventions from this group were gender specific. Culyba et al.[14] reported on Manhood 2.0, an adapted sexual violence prevention programme for young men. Adaptations to Manhood 2.0 included content on racial justice, intersectionality, social media, pornography, female-controlled contraception, and bystander intervention skills. Hartmann et al.[15] reported on the girls' programme within No Means No, an empowerment-based self-defence intervention, which aimed to prevent sexual violence by equipping girls with practical knowledge and verbal and physical self-defence skills.

The second group comprised interventions focused primary on healthy relationships, dating violence and relationship abuse. Fernández-González et al.[16] described an intervention which used the incremental theory of personality to reduce dating violence perpetration and victimisation by promoting the belief that behaviours can change. Peskin et al.[17] reported on Me & You: Building Healthy Relationships, which aimed to promote healthy emotional, physical, sexual and cyber relationships and prevent dating violence. Finally Jaureguizar et al.[18] reported on Cyberdating Abuse Stop (CDA-Stop), which aimed to prevent cyberviolence in adolescent romantic relationships by developing social skills, promoting healthy relationships, increasing knowledge of cyberviolence and teaching ways to respond or protect against it.

Key components of Universal TF-GBV interventions

Across the studies, interventions commonly combined building knowledge and awareness with practicing skills and other interactive activities.

Interventions frequently aimed to increase young people's understanding of violence, harassment and abuse in both online and offline contexts. Content included:

- **Knowledge and attitudes around sexual and gender-based harassment and violence**.[8,9,11,12,15] This included awareness raising, exploring gender-based beliefs and norms, awareness and recognition of grooming, victim-blaming attitudes, coping as a victim and prevalence for different groups including boys and girls and LGBTQ+ people. In Ging et al.,[8] the content was tailored to participants' genders.
- **Healthy relationship education**.[14,17,18] This included gender stereotypes, relationship violence, norms relating to violence, active consent, cyber domestic violence, sexting, technological risks and power differentials. The intervention reported in Culyba et al.[14] included additional content on racial justice, intersectionality, social media and pornography.
- **Bystander approaches**.[8,11,12,14] Programmes aimed to increase awareness of situations where intervention might be required, strengthen personal responsibility, build empathy for victims and teach specific bystander actions. Activities included practising bystander intervention, discussing consequences of action or inaction, and using scenarios to rehearse appropriate responses.
- **Social and emotional skills.**[9,11,12,16–18] Five[9,11,12,17,18] interventions included content which aimed to develop social skills, emotional regulation, empathy or moral reasoning. Two[9,16] studies encouraged behaviour change through content which emphasised the malleability of personality and behaviour. In Calvete et al.,[9] students chose two or more personality values they considered important, completed writing exercises about why they mattered and read articles about how personality factors could be changed. In Fernández-González et al.,[16] students read scientific evidence about how behaviour is controlled by thoughts and feelings and can be changed, and completed writing exercises about their learning.

- **Practical skills and self-defence.**[15] One intervention focused on practical tools for sexual assault situations. No Means No taught girls practical self-defence skills and developed their knowledge, while also aiming to improve self-efficacy, gender norms and reduce victim-blaming attitudes.
- **Sex education.**[13] One study involved a comprehensive sex education programme intended to promote sexual health and prevent sexual harassment. Content included sexuality, gender-identity, sexual desires and boundaries, pornography, social media and sexual health, with different content for boys and girls.

In respect of teaching methods, sessions were interactive. Common activities included group discussions, role play, reflective tasks, decision-making games, quizzes, videos and responding to hypothetical scenarios.[8,9,11–14,16,17] These included exercises where participants provided advice to peers in hypothetical cyberbullying, sexual solicitation and sexting situations,[9] critically analysed gender norms,[14] and shared a personal experience with rejection or disappointment, before writing short paragraphs encouraging the belief that people can change.[16]

Several interventions used technological components. Reeves and Crowther[10] used simulations, modelled on common social media platforms, to develop critical thinking about grooming, child sexual exploitation and radicalisation. Participants rated posts according to risk, responded using emojis and completed tasks to identify groomers. Two studies[11,12] utilised the Virtual-PRO programme to encourage bystander intervention in sexual harassment. This programme was delivered through both 2D videos[11] and 3D virtual reality (VR) formats[12] and aimed to prevent adolescent sexual harassment by encouraging bystander behaviour and increasing awareness, empathy, moral reasoning and coping strategies. The VR version included immersive scenarios experienced from the perspectives of both victim and bystander.

While most interventions focused solely on children and young people, the intervention described by Peskin et al.[17] included additional parent and school

components. The parent component involved parent–child activities and newsletters focused on healthy relationships, communication skills and strategies for leaving unhealthy relationships. The school component included teacher training on recognising and responding to dating violence and a school newsletter.

Equipment, materials or supplies

Structured intervention materials were required, including classroom activities, facilitator materials and resources for students. Versloot-Swildens et al.[13] reported a student book, while Peskin et al.[17] noted additional parent–child activities and newsletters for both parents and schools. Calvete et al.[9] and Fernández-González et al.[16] would also require scientific information about brain, personality and behaviour change, to support understanding of how behaviour and personality can change. They would also need testimonials from older students, reflective writing exercises and hypothetical scenarios.

Digital equipment or online resources were also necessary. Common requirements included computers, presentations, interactive apps, videos and animations. Peskin et al.[17] described a computer-based interactive app with animations, peer video role-modelling, interactive quizzes and role play skills practice. The intervention described by Reeves and Crowther[10] required computers and a social media simulation. Specialist equipment was required for the VR version of Virtual-PRO,[12] such as headsets, the Virtual-PRO application and VR scenarios.

Peskin et al.[17] and Hartmann et al.[15] incorporated referral pathways for students who disclosed experiences of violence.

Who delivers Universal TF-GBV interventions

Five interventions were delivered by researchers or research assistants.[9,11,16–18] In Sanchez-Jimenez et al.[12] use of the technology was supported by researchers,

although it was unclear who was responsible for delivering the group portions of the intervention.

Teachers delivered the intervention in three studies.[8,10,17] Though in two of these, teachers delivered in collaboration with other professionals: In Peskin et al,[17] delivery was conducted by researchers and teachers, while in Ging et al.,[8] teachers and professional facilitators delivered the intervention.

Community-based or specialist providers delivered other interventions. These included local community leaders in Culyba et al,[14] instructors representing young people from local communities in Hartmann et al.,[15] and healthcare workers matched to student groups by gender in Versloot-Swildens et al.[13]

Training for the providers of Universal TF-GBV interventions

Six studies[8,10,13–15,17] stated that intervention providers received training, however limited detail was provided about the content of this training. Versloot-Swildens et al.[13] reported that training focused on healthy sexual development, programme objectives, curriculum content, teaching methodologies, and care workers' professional attitudes. It also included training on recognising and responding to sexual harassment and providing appropriate support. In Reeves and Crowther,[10] the half-day training covered the simulation content, how to use the simulations with young people, and up-to-date information on grooming, child sexual exploitation, and radicalisation.

In Culyba et al.,[14] the three-day training comprised two days focused on the curriculum and delivery methodology, followed by a third day of piloting. Providers were offered additional support through shadowing, co-facilitation, supervision, and quarterly conferences. Hartmann et al.[15] and Culyba et al.[14] also reported monitoring of fidelity or implementation quality.

How was the intervention delivered

Interventions were primarily delivered face-to-face in groups.[8,10,11,13–15] In two studies[9,16] interventions were delivered face-to-face, but tasks were primarily completed individually.

Peskin et al.[17] reported a mixture of face-to-face and computer-based activities, some of which were undertaken individually while others in groups. Similarly in Sanchez-Jimenez et al.,[12] the intervention included face-to-face group-based discussions and activities, alongside virtual reality activities completed individually via computers and headsets.

Where Universal TF-GBV interventions are delivered

Ten studies were conducted in schools,[8–13,15–18] and one study was conducted in community settings such as churches and libraries.[14]

Duration and intensity of Universal TF-GBV interventions

Varying information was provided regarding duration and intensity of the included interventions.

In respect of the number of sessions, this ranged from interventions of a single session,[9,16] to moderate intensity interventions of four to six sessions,[11–14] while the higher intensity interventions involved 12-13 sessions.[17,18] The length of individual sessions ranged from 25 minutes[17] to three hours,[14,15] with most lasting between one and two hours.[9,11,12,16,18]

Where reported, interventions mostly lasted less than six weeks,[9,13–16] or two[12] to two and a half months.[17]

In respect of the total duration of interventions, duration ranged from one hour[9,16] for the shortest interventions, to five to eight hours for moderate intensity interventions,[11–13,15,17] with the longest interventions lasting 12[18] to 18[14] hours.

How Effective is the Intervention?

This section examines the effectiveness of Universal TF-GBV interventions in reducing violence, including GBV, and other related outcomes through a systematic review and meta-analysis, to provide a robust and objective summary of existing evidence, incorporating advanced statistical techniques, including robust variance estimators [19], for improved accuracy.

Quantitative data from **9 effectiveness studies** met the inclusion criteria as detailed in Appendix 1. These came from 8 sources, including one source that reported two independent studies. These provided information across a variety of **179 outcomes** related to the impact of Universal TF-GBV interventions for children and young people.

These studies, included in the meta-analysis, assessed the effectiveness of Universal TF-GBV interventions across a total of **5,437 children and young people.** All 9 effectiveness studies employed RCTs as their study designs.

The 9 effectiveness studies varied considerably in their methodological design and reporting characteristics (see Appendix 3 for individual study details).

Some studies allocated to intervention or control at the level of individual participants (n = 3, 33%), while the majority of studies allocated whole clusters (n = 6, 67%) such as neighbourhoods and schools.

The effectiveness studies have spanned the past two decades, with the earliest conducted in 2019[17] and the most recent in 2025[15].

The studies were conducted in four different countries including:

- Spain (n = 5, 56%)
- USA (n = 2, 22%)
- South Africa (n = 1, 11%)
- Netherlands (n = 1, 11%)

Fuller descriptions of the included studies are available in Appendix 3. Studies were assessed for methodological quality using the YEF-EQA critical appraisal tool[c] and were rated as follows:

- High (n = 2, 22%)
- Moderate (n = 7, 78%)

All studies received funding and reported their sources. Two studies received financial support from National Government Health/Social Science research bodies (22%), one study received funding from State/Local Government Justice or Youth Service bodies (11%), whilst the remaining six studies received mixed/shared funding (67%). Of those studies which received mixed/shared funding, three were funded by a combination of State/Local Government Justice or Youth Service and National Government Health/Social Science research bodies (50%), two were funded by a mixture of National Government Health/Social Science and academic/university bodies (33%), and one received grants from National Government Health/Social Science, academic/university and State/Local Government Justice or Youth Service bodies (17%).

Six studies declared no conflict of interest (67%), whilst three studies did declare conflicts. Culyba[14] stated that an author received royalties for content written for UptoDate, an evidence-based clinical database providing medical resources, although the study does not expand on why this may be a potential conflict. Hartmann[15] declared that one author was an employee of the institution involved in implementing the intervention being evaluated (No Means No, South Africa), but stated that efforts had been made to ensure objectivity and integrity of the paper, including having other research team members conduct the analysis. Finally, Versloot-Swildens[13] outlined that the first author worked as an employee for the care facility providing the intervention, however, went on to state that there

[c] The YEF Technical Guide outlines the YEF-EQA appraisal criteria, and provides further details on the process.

were no commercial or financial relationships that could be an issue, and all analyses were conducted by an independent expert.

Treatment intensity was classified by the research team into three distinct tiers. Very intensive programmes involved substantial time commitments (often ≥6 months, multiple weekly sessions, and multi-component delivery), while moderately intensive programmes typically consisted of weekly or bi-weekly sessions over 8–16 weeks. Low intensity interventions were brief, usually involving 10 or fewer sessions. The majority of included studies were classified as low intensity (n = 7, 78%), whilst the two remaining studies were moderate intensity (22%). Interventions varied in duration, with three lasting less than 1 week (33%); two lasting between 1 week to 1 month (22%); and three lasting 1-3 months (33%). One study did not state how long the intervention lasted (11%).

Interventions were predominantly delivered in-person within a school setting (n = 5, 56%), while a further three studies used a combination of digital/computerised methods alongside in-person delivery in a school setting (33%). One study was delivered in-person within community facilities (11%). Interventions were delivered by a range of professionals, with the majority delivered by researchers (n = 5, 56%). Two studies used trained service providers to deliver the interventions (22%); one study used health professionals (11%); and one was delivered using a combination of researchers and teachers (11%).

In terms of demographic representation, most studies had mixed-sex samples, with these being a relatively even split of males and females (n = 7, 78%). One study included only females (11%), and another included only males (11%).

Regarding developmental stages, the majority of studies included adolescents/teenagers aged between 13 and 17 years old (n = 8, 89%). One study

included children and young people with a slightly wider age range of 13 to 19 years (11%)[d].

Reporting on the ethnic and racial composition of participants varied across the included studies. Of the 9 included, 6 did not report any demographic information related to ethnicity (67%). The three studies that did include this information reported diverse/balanced samples where more than half of participants were from Black and Global Majority backgrounds (33%).

In terms of socio-economic status, three studies included children and young people from mixed-income families (33%), while the remaining six studies did not provide explicit information on the socio-economic status of the included children and young people (67%).

Measured outcomes

Across the 9 effectiveness studies, 179 outcomes were identified and extracted, spanning **8 outcome categories** within the YEF Outcomes Framework[e], and an additional **10 GBV outcome categories**. Outcomes presented in Table 1 could be assigned to more than one category, therefore, the categories presented are not mutually exclusive and do not sum to the total number of outcomes identified.

Table 1: *Distribution of Child-Related Outcomes Across Outcome Categories within the YEF Outcomes Framework*

Outcome	Number of outcomes (k)	Number of studies (n)

[d] Where studies include wider age bands, data must be extractable for participants aged 0–17 (or the sample mean age must be ≤17 and the vast majority of participants under 18) for inclusion.

[e] The YEF Outcomes Framework identifies specific outcomes linked to reducing the risk of children and young people becoming involved in crime and violence, providing a structured approach for measuring the impact of interventions.

Crime and offending	50	4
GBV: perpetration	50	4
GBV: knowledge and attitudes	45	6
Victim of crime	39	7
GBV: victimisation	39	7
GBV: Sexual violence perpetration	36	4
GBV: IPV/Dating relationship violence perpetration	30	3
GBV: Sexual violence victimisation	27	7
GBV: IPV/Dating relationship violence victimisation	27	3
GBV: Technology-facilitated GBV victimisation	21	7
GBV: Technology-facilitated GBV perpetration	18	4
Ability to resolve conflicts	12	1
Helping others	9	3
GBV: bystander behaviour	9	3
Family relationships and support	8	1
Regulating and managing emotions	8	3

Bullying	6	3
Meaningful relationships	6	1

The review examined the effects of interventions across four outcome domains: GBV outcomes, mechanisms of change, all violence outcomes (GBV and non-GBV violence outcomes), and all children's outcomes combined. For GBV and violence outcomes, both overall and disaggregated analyses were conducted where sufficient data was available, including analyses by perpetration and victimisation and, for GBV outcomes, by specific forms of violence, and an overall GBV outcome analysis (GBV outcomes and GBV mechanisms of change). The 'all child related outcomes' analysis provided an overall estimate of intervention effectiveness across all eligible outcomes.

To inform our GBV estimate, outcomes must be a measure of violence, abuse, harm, coercion or exploitation, either directed at or experienced by an individual, due to their sex, gender, gender identity, gender expression or sexual orientation. This includes violence, either perpetrated or experienced, in intimate relationships, sexual violence, harmful practices, technology-facilitated abuse, and wider gender-based harassment or abuse.

Across the 8 studies that met these criteria, we identified 89 GBV outcomes. Of these, 50 related to GBV perpetration and 39 related to GBV victimisation. These measures assess a variety of GBV perpetration and victimisation, including online and in-person sexual harassment, rape, intimate-partner violence/domestic violence, and homophobic teasing.

Violence outcomes were defined in line with the Youth Endowment Fund (YEF) as encompassing violent incidents, behaviours, and offences that may be physical, verbal, psychological, or sexual in nature.[20] To inform our violence estimate, outcomes must be a measure of violent crime or violent offending, including GBV, or a measure of overt or relational aggression that was directed at another person. Measures of bullying can inform the violence estimate where the study

reports bullying as repeated physical violence or repeated verbal harassment. Also included in the overall violence estimate are instances of violent victimisation.

Across the 8 studies that met these criteria, we identified 93 violence outcomes. Of these, 56 related to violence perpetration and 37 related to violence victimisation. The violence measure includes the GBV outcomes as well as a small number of outcomes measuring violence towards peers, including in-person and online bullying.

Outcomes were derived in two ways, predominantly through utilising standardised survey measures (k=173; 97%), whilst a small number used responses to hypothetical scenarios (k=6; 3%).

All measures were self-reported, with surveys and responses to hypothetical scenarios completed by the young people themselves (k=179, 100%).

GBV Outcomes

Meta-analysis of GBV outcomes

Eighty-nine outcomes measuring **GBV**, including perpetration and victimisation outcomes specifically, were identified by the team across eight studies: 2 Type A and 6 Type C. This provides an overall security rating of Level 2. Following assessment of the meta-analysis results, the evidence security rating was downgraded to **Level 1** because of substantial heterogeneity.

All outcomes measured forms of GBV perpetration and victimisation such as peer dating violence perpetration and any offline sexual harassment in the past 12 months.

A total of $k = 89$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.15$, (95% CI: -0.38, 0.09); p=0.179.

This estimate was not statistically significantly different from zero $t = -1.50$, $p = 0.179$.

***Table 2**: Robust Variance Estimation (RVE) output for meta-analysis on GBV perpetration and victimisation outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.14	0.10	-1.50	6.93	.179	NS	Moderate	1

In practical terms, this indicates that Universal TF-GBV programmes led to a moderate reduction in GBV perpetration and victimisation-related outcomes across eight studies. Based on YEF impact categorisation, the effect size (g = -0.14) corresponds to a "moderate impact" rating. However, as the p-value is above .05, the reader cannot rule out the possibility that the true average effect is actually zero. The prediction interval is very wide (-0.70 to 0.41) and indicates that the true effect in a new (but similar) study could plausibly range from a large reduction to a large increase in GBV perpetration and victimisation-related outcomes.

According to the Q-test, high heterogeneity was present; $\tau^2 = 0.07$, $I^2 = 77.9\%$, $Q(df = 88) = 397.38$, $p<0.001$. This indicates considerable variability among effect sizes, beyond what would be expected by chance.

The SMD of -0.14 corresponds to a relative risk reduction of 19% in the risk of re-committing GBV, with an absolute risk reduction of 3%. Based on this estimate, GBV outcomes were observed in 14% of people receiving a Universal TF-GBV intervention, compared to 17% receiving no intervention (see Figure 1).

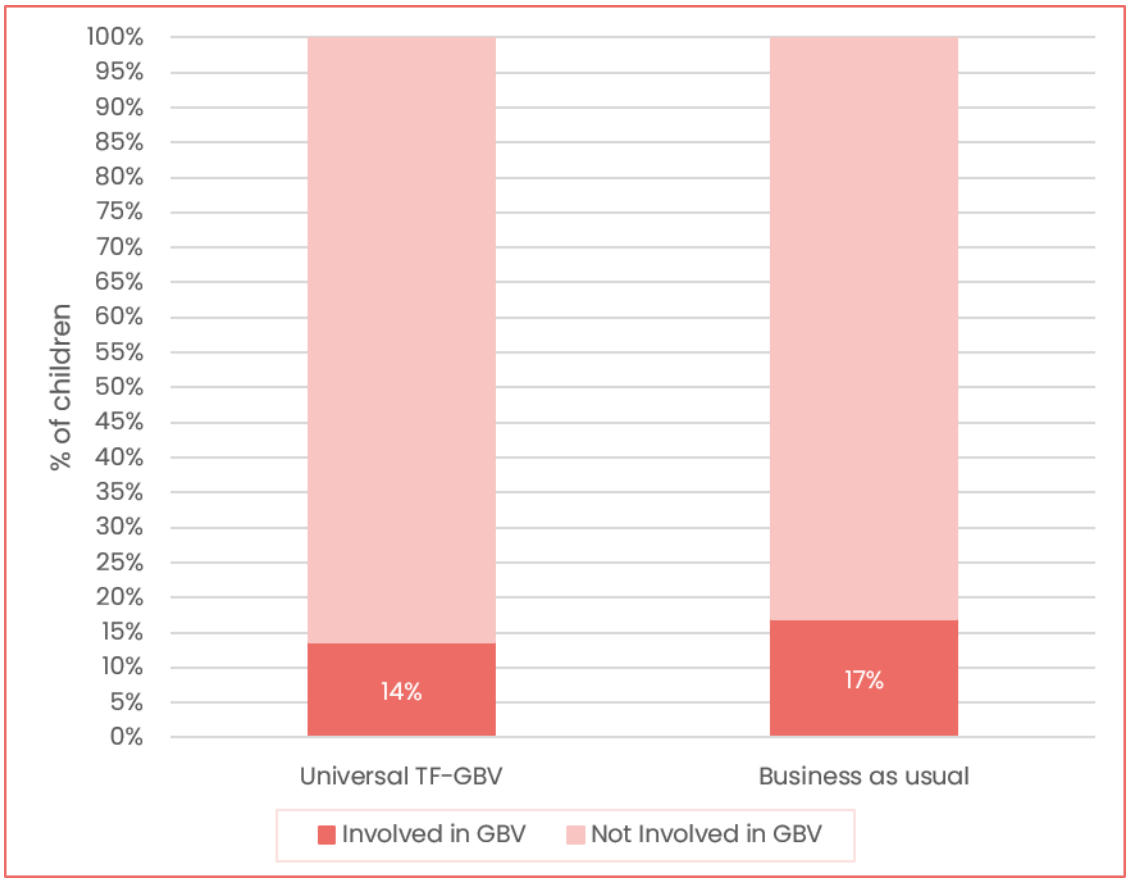


***Figure 1**: Absolute risk reduction in GBV attributed to Universal TF-GBV interventions compared to business as usual.*
Note. these charts are not directly comparable between approaches as the outcomes and axes may differ

Meta-analysis of GBV perpetration outcomes

The team identified 50 GBV outcomes measuring **GBV perpetration** specifically across four studies: 2 Type A and 2 Type C. This provides an overall security rating of Level 2. Following assessment of the meta-analysis results, the evidence security rating was downgraded to **Level 1** because of substantial heterogeneity across studies.

All outcomes measured various forms of GBV perpetration, including IPV/dating violence, sexual violence and TF-GBV e.g. 'any cyber-sexual abuse' and 'homophobic teasing'. Excluded from this analysis were GBV knowledge and attitudes, as these are explored in a separate analysis later.

A total of $k = 50$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.28$, (95% CI: -0.92, 0.36); p=0.260.

This estimate was not statistically significantly different from zero $t = -1.39,\ p = 0.260$.

Table 3: *RVE Output for meta-analysis on GBV perpetrator outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.28	0.20	-1.39	3.00	.260	NS	High	1

In practical terms, this indicates that Universal TF-GBV had a large impact on GBV perpetrator outcomes across four studies. Based on YEF impact categorisation, the effect size (g = -0.28) corresponds to a "large impact" rating. However, as the p-value is above .05, the reader cannot rule out the possibility that the true average effect is actually zero. The prediction interval is very wide (-1.14 to 0.59) and indicates that the true effect in a new (but similar) study could plausibly range from a large reduction to a large increase in GBV perpetrator outcomes.

According to the Q-test, high heterogeneity was present; $\tau^2 = 0.15$, $I^2 = 84.5\%$, Q(df = 49) = 316.13, p<0.001. This indicates considerable variability among effect sizes, beyond what would be expected by chance.

Types of GBV perpetration

The team conducted separate meta-analyses to examine intervention effects on specific forms of GBV perpetration (Table 4).

Table 4: *RVE Output for meta-analyses on specific GBV perpetrator outcomes*

	K (n)	Estimate	SE	t-stat	d.f (Satt)	CI (PI)	p-val (Satt)	I^2	YEF impact rating
IPV/dating relationship violence	30 (3)	-0.39	0.24	-1.61	2.00	-2.42, 0.64 (-1.31, 0.53)	.248	85%[a]	High
Sexual violence	36 (4)	-0.27	0.19	-1.40	3.00	-0.88, 0.34 (-1.09, 0.55)	.256	75%[b]	High
TF-GBV	18 (4)	-0.27	0.19	-1.40	3.00	-0.88, 0.34 (-1.08, 0.55)	.256	86%[c]	High

Note. *k = number of effect sizes, n = number of studies,* I^2 *= I-squared*

[a] According to the Q-test, high heterogeneity was present; $\tau^2 = 0.16$, $Q(df = 29) = 187.35$, $p<0.001$.

[b] According to the Q-test, moderate heterogeneity was present; $\tau^2 = 0.14$, $Q(df = 35) = 139.77$, $p<0.001$.

[c] According to the Q-test, high heterogeneity was present; $\tau^2 = 0.14$, $Q(df = 17) = 124.77$, $p<0.001$.

Meta-analysis of GBV victimisation outcomes

The team identified 39 GBV outcomes measuring **TF-GBV victimisation** specifically across seven studies: 1 Type A and 6 Type C. This provides an overall security rating of Level 2. Following assessment of the meta-analysis results, the evidence security rating was downgraded to **Level 1** because of substantial heterogeneity across studies.

All outcomes measured TF-GBV victimisation e.g. 'ever victimised by cyber DV (dating violence)'.

A total of $k = 39$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.17$, (95% CI: -0.39, 0.05); p=0.112.

This estimate was not statistically significantly different from zero $t = -1.86$, $p = 0.112$.

***Table 5**: RVE Output for meta-analysis on TF-GBV victimisation outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.17	0.09	-1.86	5.89	.112	NS	Moderate	1

In practical terms, this indicates that Universal TF-GBV had a moderate impact on TF-GBV victimisation outcomes across seven studies. Based on YEF impact categorisation, the effect size (g = -0.17) corresponds to a "moderate impact" rating. However, as the p-value is above .05, the reader cannot rule out the possibility that the true average effect is actually zero. The prediction interval is very wide (-0.62 to 0.29) and indicates that the true effect in a new (but similar) study could plausibly range from a large reduction to a large increase in TF-GBV victimisation outcomes.

According to the Q-test, moderate heterogeneity was present; $\tau^2 = 0.05$, $I^2 = 50.8\%$, $Q(df = 38) = 77.19$, $p < 0.001$. This indicates considerable variability among effect sizes, beyond what would be expected by chance.

The team conducted separate meta-analyses to examine intervention effects on specific forms of GBV victimisation (Table 6).

Table 6: *RVE Output for meta-analyses on specific GBV victim outcomes*

	K (n)	Estimate	SE	t-stat	d.f (Satt)	CI (PI)	p-val (Satt)	I^2	YEF impact rating
IPV/dating relationship violence	27 (3)	-0.20	0.22	-0.90	2.00	-1.13, 0.74 (-1.04, 0.65)	.463	61%[a]	Moderate
Sexual violence	27 (7)	-0.15	0.08	-1.75	5.88	-0.36, 0.06 (-0.56, 0.26)	.131	38%[b]	Moderate
TF-GBV	21 (7)	-0.20	0.08	-2.44	5.67	-0.40, -0.00 (-0.59, 0.19)	.053	37%[c],	Moderate

Note. *k = number of effect sizes, and n = number of studies,* I^2 *= I-squared*

[a] According to the Q-test, high heterogeneity was present; $\tau^2 = 0.14$, $Q(df = 26) = 66.68$, $p<0.001$.

[b] According to the Q-test, moderate heterogeneity was present; $\tau^2 = 0.04$, $Q(df = 26) = 41.83$, $p = 0.026$.

[c] According to the Q-test, moderate heterogeneity was present; $\tau^2 = 0.03$, $Q(df = 20) = 35.05$, $p = 0.020$.

GBV mechanisms of change

Separate meta-analyses were conducted to examine intervention effects on GBV mechanisms of change: bystander behaviour outcomes and knowledge and attitude outcomes.

Meta-Analysis of GBV Bystander Behaviour Outcomes

The team identified 9 outcomes measuring **GBV bystander behaviours** specifically across three studies: 2 Type A and 1 Type C. This provides an overall security rating of **Level 2**.

All included outcomes measured forms of GBV bystander behaviours e.g. 'intentions to intervene'.

A total of $k = 9$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.05$, (95% CI: -0.61, 0.52); p=0.721.

This estimate was not significantly different from zero $t = -0.42$, $p = 0.721$.

Table 7: *RVE Output for meta-analysis on GBV bystander outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.05	0.11	-0.42	1.71	.721	NS	Small	2

In practical terms, this indicates that Universal TF-GBV had a small impact on GBV bystander outcomes across three studies. Based on YEF impact categorisation, the effect size (g = -0.05) corresponds to a "small impact" rating. However, as the p-value is above .05, the reader cannot rule out the possibility that the true average effect is actually zero. The prediction interval is quite wide (-0.37 to 0.27) and indicates that the true effect in a new (but similar) study would likely range from a high increase to a high reduction in GBV bystander outcomes.

According to the Q-test, there was no evidence of heterogeneity; $\tau^2 = 0.01$, $I^2 = 0\%$, Q(df = 8) = 5.11, p = 0.746. This suggests that the observed effects were highly consistent across studies.

Meta-Analysis of Knowledge and Attitudes Outcomes

The team identified 45 outcomes measuring **GBV knowledge and attitudes** specifically across six studies: 2 Type A and 4 Type C. This provides an overall security rating of Level 2. Following assessment of the meta-analysis results, the evidence security rating was downgraded to **Level 1** because of substantial heterogeneity across studies.

All included outcomes measured forms of GBV knowledge and attitudes, from both a perpetration and victimisation perspective e.g. 'victim blaming attitudes' and 'belief in the need for help'.

A total of $k = 45$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.08$, (95% CI: -0.20, 0.03); p=0.121.

This estimate was not statistically significantly different from zero $t = -1.97$, $p = 0.121$.

***Table 8**: RVE Output for meta-analysis on GBV knowledge and attitudes outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.08	0.04	-1.97	3.91	.121	NS	Small	1

In practical terms, this indicates that the intervention may be associated with a small beneficial impact on GBV knowledge and attitudes across six studies. Based on YEF impact categorisation, the effect size (g = -0.08) corresponds to a "small

impact" rating. However, as the p-value is above .05, the reader cannot rule out the possibility that the true average effect is actually zero. The prediction interval is very wide (-0.28 to 0.11) and indicates that the true effect in a new (but similar) study could plausibly range from a large increase to a moderate reduction in GBV knowledge and attitudes.

According to the Q-test, high heterogeneity was present; $\tau^2 = 0.01$, $I^2 = 71\%$, $Q(df = 44) = 151.66$, $p<0.001$. This indicates that the observed effects varied considerably, beyond what would be expected by chance.

Meta-analysis of GBV related outcomes

The team identified 143 **GBV** related outcomes, including GBV perpetrator, victim and mechanisms of change, across nine studies. These included GBV perpetration, victimisation, bystander behaviour, knowledge and attitudes: 2 Type A and 7 Type C. This provides an overall security rating of Level 2. Following assessment of the meta-analysis results, the evidence security rating was downgraded to **Level 1** because of substantial heterogeneity across studies.

The majority of included outcomes measured forms of GBV perpetration and victimisation, including IPV/dating violence, sexual violence and TF-GBV e.g. 'visual/verbal sexual aggression'. A small number of outcomes also measured GBV knowledge and attitudes, as well as bystander behaviours.

A total of $k = 143$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.16$, (95% CI: -0.31, -0.01); p=0.043.

This estimate was statistically significantly different from zero $t = -2.41$, $p = 0.043$.

***Table 9**: RVE Output for meta-analysis on GBV outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.16	0.07	-2.41	7.9	.043	*	Moderate	1

In practical terms, this indicates that the intervention had a moderate beneficial impact across GBV outcomes. Based on YEF impact categorisation, the effect size (g = -0.16) corresponds to a "moderate impact" rating. While the p-value is below .05, confidence in these findings remains Very Low. The prediction interval is wide (-0.55 to 0.23) and indicates that the true effect in a new (but similar) study could plausibly range from a large reduction to a large increase in GBV outcomes.

According to the Q-test, high heterogeneity was present; $\tau^2 = 0.04$, $I^2 = 80\%$, $Q(df = 142) = 708.74$, $p<0.001$. This indicates considerable variability among effect sizes, beyond what would be expected by chance.

Meta-analysis of all violence outcomes

Universal TF-GBV is associated with a small impact on violence, corresponding with a 18% reduction in violence, based on 93 measured outcomes across eight studies.

The team identified 93 outcomes measuring **violence** (including GBV and non-GBV violence) specifically across eight studies: 2 Type A and 6 Type C, giving an overall security rating of Level 2. Following assessment of the meta-analysis results, the evidence security rating was downgraded to **Level 1** because of substantial heterogeneity across studies.

Most violence outcomes measured forms of GBV perpetration and victimisation e.g. 'adolescent relationship abuse', with several outcomes measuring bullying.

A total of $k = 93$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.13$, (95% CI: -0.36, 0.10); p=0.233.

This estimate was not statistically significantly different from zero $t = -1.31$, $p = 0.233$.

***Table 10**: RVE Output for meta-analysis on all violence outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.13	0.10	-1.31	6.93	.233	NS	Moderate	1

In practical terms, this indicates that the intervention may be associated with a moderate reduction in violence-related outcomes across eight studies. Based on YEF impact categorisation, the effect size (g = -0.13) corresponds to a "moderate impact" rating. However, as the p-value is above .05, the reader cannot rule out the possibility that the true average effect is actually zero. The prediction interval is very wide (-0.68 to 0.42) and indicates that the true effect in a new (but similar) study could plausibly range from a high reduction to a high increase in violence-related outcomes.

According to the Q-test, high heterogeneity was present; $\tau^2 = 0.07$, $I^2 = 78.5\%$, Q(df = 92) = 428.24, p<0.001. This indicates considerable variability among effect sizes, beyond what would be expected by chance.

The SMD of -0.13 corresponds to a relative risk reduction of 18% in the risk of violence involvement, with an absolute risk reduction of 2.88 percentage points. Among those who participate in Universal TF-GBV interventions, 13% go on to be involved in violence, compared to 16% of those who do not receive Universal TF-GBV interventions (Figure 2).

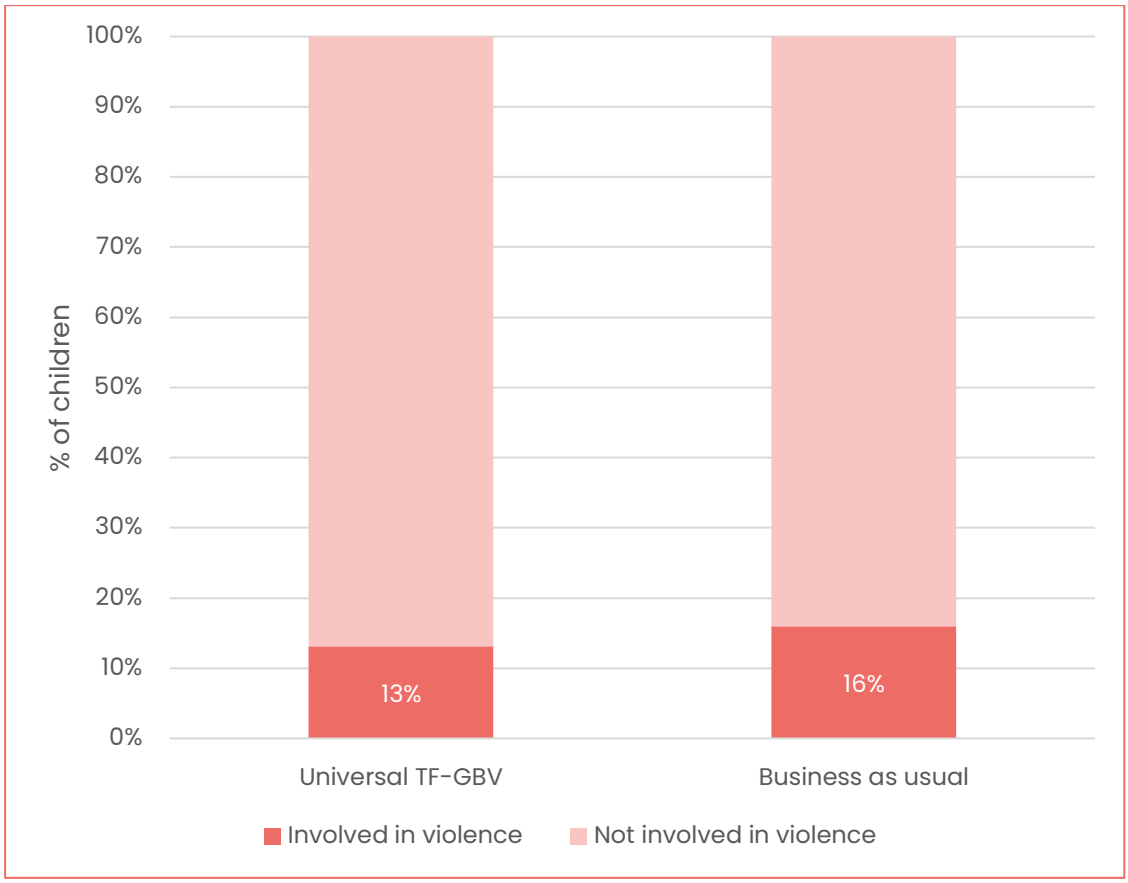


Figure 2: *Absolute risk reduction in violence associated with Universal TF-GBV interventions compared to business as usual.*
Note. these charts are not directly comparable between approaches as the outcomes and axes may differ.

Meta-analysis of violence perpetration outcomes

Fifty-six outcomes measuring **violence perpetration** specifically were identified across six studies: 2 Type A and 4 Type C. This provides an overall security rating of Level 2. Following assessment of the meta-analysis results, the evidence security rating was downgraded to **Level 1** because of substantial heterogeneity across studies.

Most violence perpetration outcomes measured forms of GBV such as any non-partner sexual violence, while several outcomes measured violence directed towards peers.

A total of $k = 56$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.19$, (95% CI: -0.55, 0.18); p=0.246.

This estimate was not statistically significantly different from zero $t = -1.32$, $p = 0.246$.

Table 11: *RVE Output for meta-analysis on violence perpetration outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.19	0.14	-1.32	4.99	.246	NS	Moderate	1

In practical terms, this indicates that the intervention may be associated with a moderate reduction in violence perpetration-related outcomes across six studies. Based on YEF impact categorisation, the effect size (g = -0.19) corresponds to a "moderate impact" rating. However, as the p-value is above .05, the reader cannot rule out the possibility that the true average effect is actually zero. The prediction interval is very wide (-0.90 to 0.53) and indicates that the true effect in a new (but similar) study could plausibly range from a large reduction to a large increase in violence perpetration-related outcomes.

According to the Q-test, high heterogeneity was present; $\tau^2 = 0.11$, $I^2 = 83.9\%$, Q(df = 55) = 342.25, p<0.001. This indicates considerable variability among effect sizes, beyond what would be expected by chance.

Meta-Analysis of violence victimisation outcomes

The team identified 37 outcomes measuring **violence victimisation** specifically across seven studies: 1 Type A and 6 Type C. This provides an overall security rating of Level 2. Following assessment of the meta-analysis results, the evidence security rating was downgraded to **Level 1** because of substantial heterogeneity across studies.

All violence victimisation outcomes measured forms of GBV e.g. 'dating violence victimisation'.

A total of $k = 37$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.17$, (95% CI: -0.39, 0.06); p=0.114.

This estimate was not statistically significantly different from zero $t = -1.86$, $p = 0.114$.

***Table 12**: RVE Output for meta-analysis on violence victimisation outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.17	0.09	-1.86	5.86	.114	NS	Moderate	1

In practical terms, this indicates that Universal TF-GBV had a moderate but meaningful impact on violence victimisation-related outcomes across seven studies. Based on YEF impact categorisation, the effect size (g = -0.17) corresponds to a "moderate impact" rating. However, as the p-value is above .05, the reader cannot rule out the possibility that the true average effect is actually zero. The prediction interval is very wide (-0.63 to 0.29) and indicates that the true effect in a new (but similar) study could plausibly range from a large reduction to a large increase in violence victimisation-related outcomes.

According to the Q-test, moderate heterogeneity was present; $\tau^2 = 0.05$, $I^2 = 52.7\%$, Q(df = 36) = 76.07, p<.001. This indicates some variability amongst effect sizes.

Meta-analysis of all related outcomes

Including the violence outcomes and GBV-specific outcomes described above, the team identified 179 measured outcomes from nine studies: 2 Type A and 7 Type C. This provides an overall security rating of Level 2. Following assessment of the meta-analysis results, the evidence security rating was downgraded to **Level 1** because of substantial heterogeneity across studies.

A total of $k = 179$ outcomes were included in the analysis. The estimated average outcome based on the random-effects model was $\hat{\mu} = -0.13$, (95% CI: -0.28, 0.02); p=0.073.

This estimate was not statistically significantly different from zero $t = -2.07$, $p = 0.072$.

Table 13: *RVE Output for meta-analysis on all children's outcomes*

	Estimate	SE	t-stat	d.f (Satt)	p-val (Satt)	Sig	YEF impact rating	YEF evidence security rating
Intercept	-0.13	0.06	-2.07	7.95	.072	NS	Moderate	1

In practical terms, this indicates that the intervention had a moderate beneficial impact across multiple relevant YEF outcomes, including violence and GBV. Based on YEF impact categorisation, the effect size (g = -0.13) corresponds to a "moderate impact" rating. However, as the p-value is above .05, the reader cannot rule out the possibility that the true average effect is actually zero. The prediction interval is wide (-0.51 to 0.25) and indicates that the true effect in a new (but similar) study could plausibly range from a large reduction to a large increase in relevant outcomes.

According to the Q-test, high heterogeneity was present; $\tau^2 = 0.03$, $I^2 = 78.3\%$, $Q(df = 178) = 818.73$, $p<0.001$. This indicates considerable variability among effect sizes, beyond what would be expected by chance.

Publication bias

The meta-analyses included only a small number of studies (3 to 9 per analysis). This makes any formal assessment of publication bias infeasible. As the Cochrane Handbook notes, funnel plots and related methods are generally uninformative when fewer than 10 studies are available, as tests with fewer studies lack adequate power to distinguish real bias from chance.[21]

Our searches and inclusion criteria were intentionally broad and objective, encompassing both academic and grey literature to reduce the risk of publication bias. Nonetheless, the possibility remains that other evaluations with null or negative findings were either not reported or not accessible, consistent with the "file drawer problem."

Sensitivity analyses

An examination of the studentized residuals revealed that several studies had values larger than ±3.56 and may be potential outliers in the context of this model. Cook's distance was used to identify outcomes that disproportionately influenced the overall effect. Using a threshold of 0.023, 11 outcomes were identified as potentially influential (Figure 3). However, leave-one-out analyses indicated that no single study or outcome had a substantial impact on the overall findings, with the largest change in the pooled effect estimate being only 0.006 (Figure 4). Heterogeneity was also largely unaffected by the removal of individual outcomes. The original I^2 value was 84%, and across leave-one-out models I^2 ranged from 82% to 85% (mean = 85%, Figure 5). These findings suggest that the overall results were robust and were not driven by any single outcome.

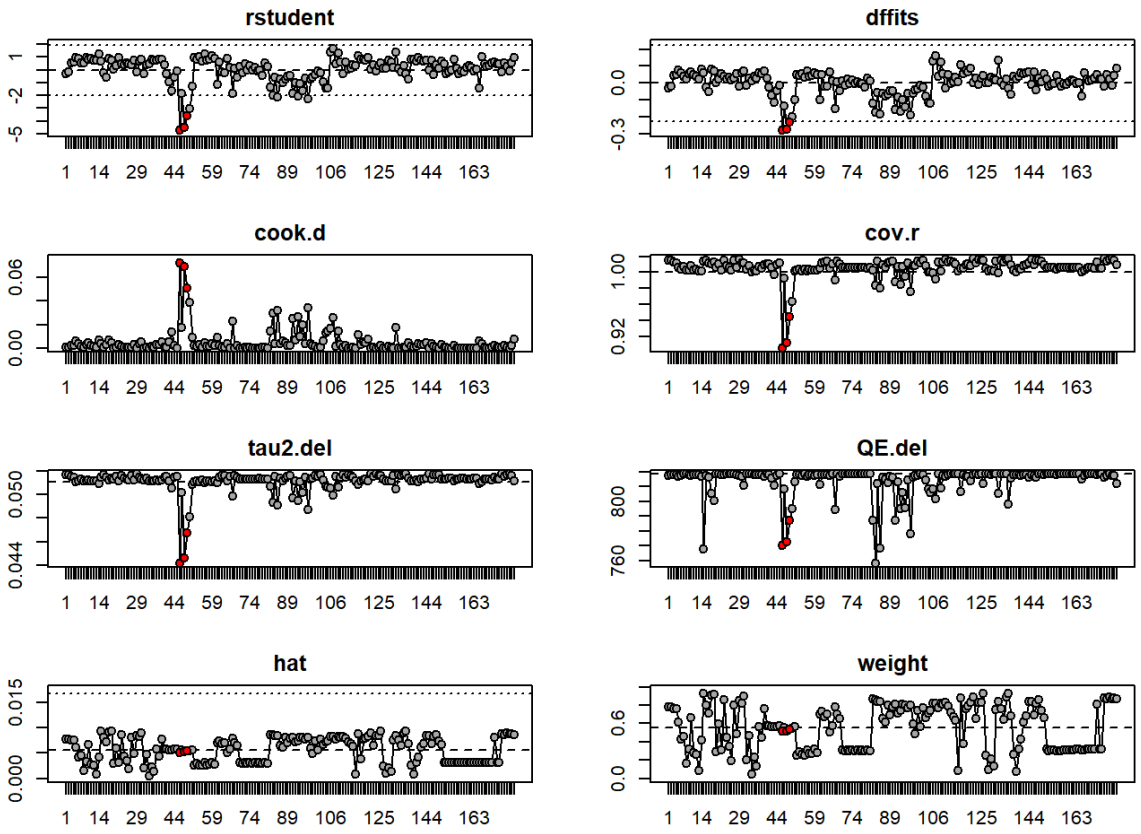


***Figure 3*: Influence diagnostics for individual studies**

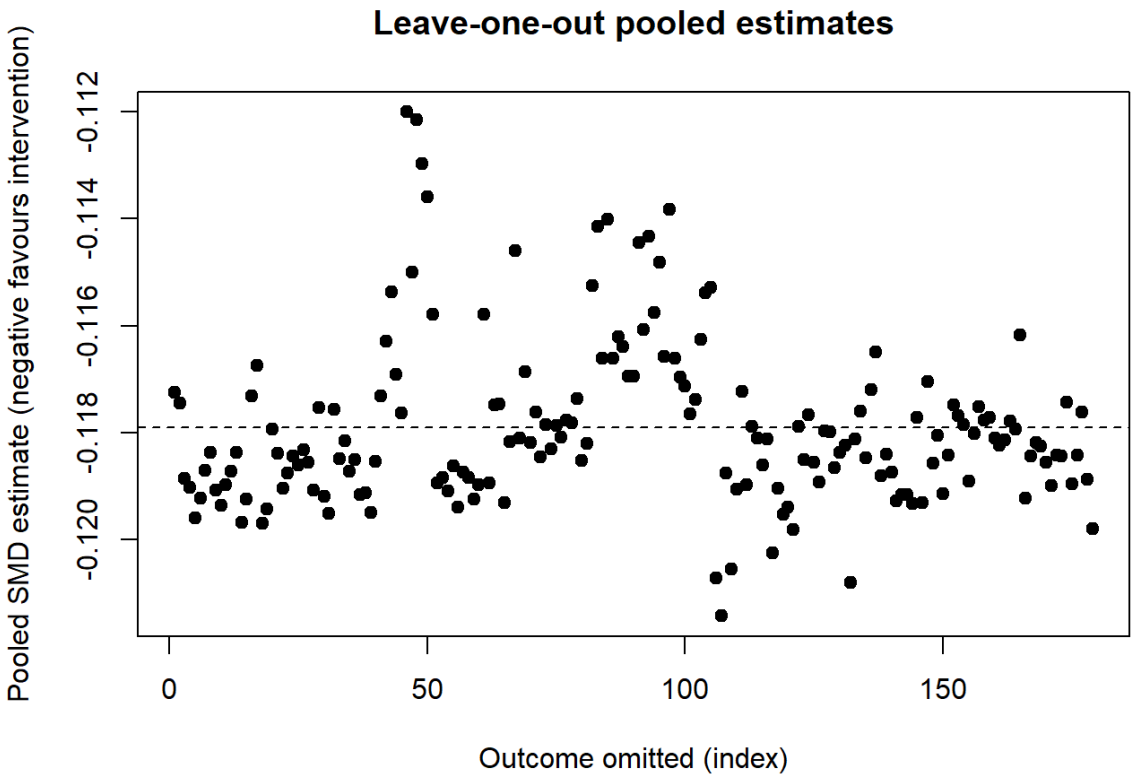


***Figure 4*: Leave-one-out sensitivity analysis**

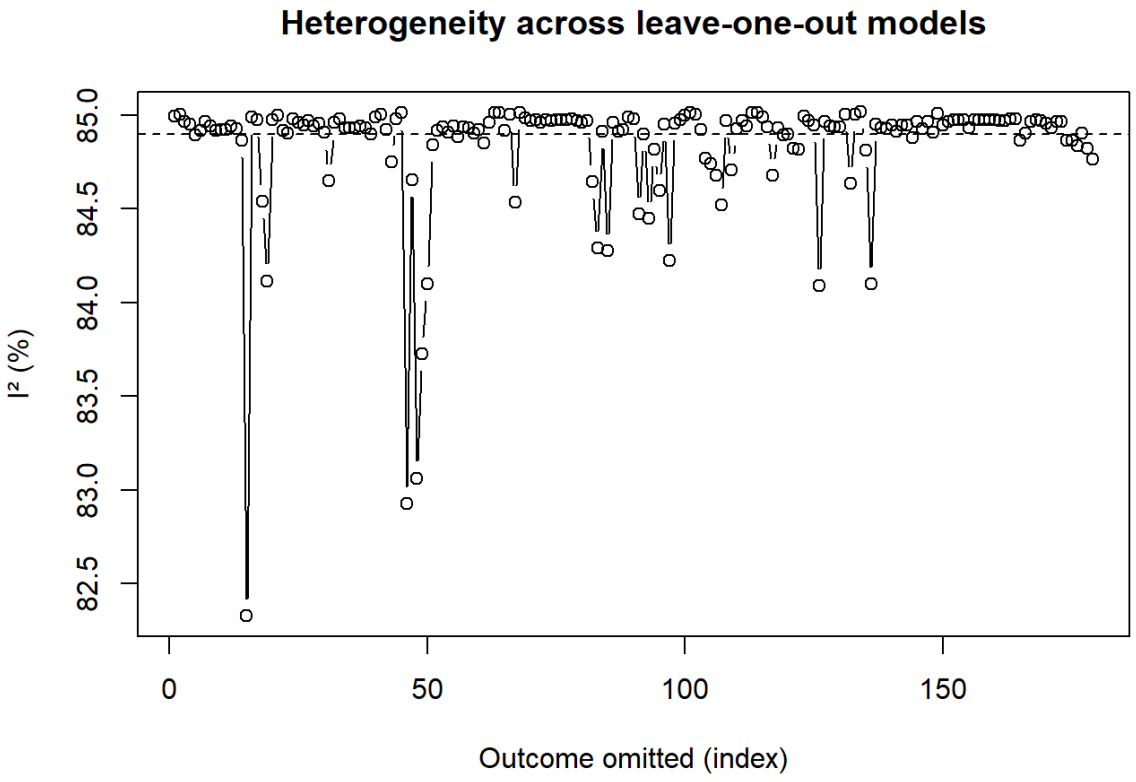


***Figure 5*: Heterogeneity across leave-one-out sensitivity analysis**

Overall, the main conclusion appears reasonably robust. The pooled effect remained beneficial across a sensitivity analyses, with no clear evidence that the findings were driven by a single outcome. Although several outcomes were identified as potentially influential and some studies displayed outlying residuals, the impact of removing individual outcomes on the pooled estimate was minimal. However, substantial residual heterogeneity remained throughout the analyses, suggesting that the magnitude and direction of the intervention effect varied across studies and that the findings should therefore be interpreted with caution.

How Secure is the Evidence?

GBV outcomes

Our confidence in the findings on the prevention and reduction of GBV outcomes, including perpetration and victimisation, is **very low.** The evidence for GBV outcomes achieved an initial security rating of Level 2 (low confidence). This is based on eight impact evaluations assessing the impact of Universal TF-GBV interventions on children and young people.

The studies included:

- Eight RCTs (two high-quality Type A studies and six moderate quality Type C studies)

Heterogeneity was high (I^2 = 78%). In line with Toolkit guidance, the evidence was downgraded by one level due to substantial unexplained heterogeneity. Therefore, the final evidence security rating was **Level 1** (very low confidence).

GBV mechanisms of change:

GBV bystander behaviour

Our confidence in the findings on the prevention and reduction of GBV bystander outcomes is **low.** The evidence for violence achieved an initial security rating of Level 2 (low confidence). This is based on three impact evaluations assessing the impact of Universal TF-GBV interventions on children and young people.

The studies included:

- Three RCTs (two high-quality Type A studies and one moderate quality Type C studies)

There was no evidence of heterogeneity (I^2 = 0%). Therefore, the evidence security rating remained at **Level 2** (low confidence).

GBV knowledge and attitudes

Our confidence in the findings on the prevention and reduction of GBV knowledge and attitudes outcomes is **very low.** The evidence for violence achieved an initial security rating of Level 2 (low confidence). This is based on six impact evaluations assessing the impact of Universal TF-GBV interventions on children and young people.

The studies included:

- Six RCTs (two high-quality Type A studies and four moderate quality Type C studies)

Heterogeneity was high (I^2 = 71%). In line with Toolkit guidance, the evidence was downgraded by one level due to substantial unexplained heterogeneity. Therefore, the final evidence security rating was **Level 1** (very low confidence).

All violence

Our confidence in the findings on the prevention and reduction of violence outcomes is **very low.** The evidence for violence achieved an initial security rating of Level 2 (Low confidence). This is based on eight impact evaluations assessing the impact of TF-GBV on children and young people.

The studies included:

- Eight RCTs (two high-quality Type A studies and six moderate quality Type C studies)

Heterogeneity was high (I^2 = 79%). In line with Toolkit guidance, the evidence was downgraded by one level due to substantial unexplained heterogeneity. Therefore, the final evidence security rating was **Level 1** (very low confidence).

All related outcomes

Our confidence in the findings on all related outcomes is **very low.** The evidence for all related outcomes achieved an initial security rating of Level 2 (Low

confidence). This is based on nine impact evaluations assessing the impact of Universal TF-GBV interventions on children and young people.

The studies included:

- Nine RCTs (Two high-quality Type A studies and seven moderate quality Type C studies)

Heterogeneity was high (I^2 = 78%). In line with Toolkit guidance, the evidence was downgraded by one level due to substantial unexplained heterogeneity. Therefore, the final evidence security rating was **Level 1** (very low confidence).

Who does it work for?

This narrative summary of equity-related outcomes supplements the meta-analysis by providing additional insights into how Universal TF-GBV interventions may affect different demographic groups.

Two studies[9,16] provided detail in relation to personal characteristics that help to explain for whom Universal TF-GBV interventions work. The studies covered gender and age. Both studies were conducted in Spain and were assessed as moderate quality according to the YEF-EQA tool.

Studies reporting participant characteristics (e.g. gender) without examining their relationship to outcomes of interest, or their relevance to understanding who benefits most from Universal TF-GBV interventions, are not included in this section. No studies explored ethnicity, socio-economic status, education, Special Educational Needs and/or Disabilities (SEND), care-experience, neurodiversity, intersectionality or place of residence.

Gender

Two studies examined whether sex moderated the effects of brief interventions based on the incremental theory of personality (ITP) for preventing harmful adolescent behaviours. Calvete et al.[9] conducted two pilot RCTs evaluating a one-hour intervention combining self-affirmation and the incremental theory of personality (SA + ITP) to prevent cyberbullying and online grooming among adolescents. Fernandez-Gonzalez et al.[16] conducted a double-blind RCT evaluating a one-hour ITP intervention designed to prevent dating violence perpetration and victimisation. All three trials examined whether intervention effectiveness differed by sex.

Across both pilot RCTs conducted by Calvete et al.,[9] sex was not significantly associated with cyberbullying perpetration or sexualised interactions with adults, and there was no evidence that sex moderated intervention effects on either outcome. In Fernandez-Gonzalez et al.,[16] boys reported higher levels of dating

violence victimisation than girls at baseline, particularly for online victimisation behaviours, although no significant sex differences were found for perpetration. Despite these baseline differences in victimisation, no significant interactions between time, intervention condition, and sex were observed for any perpetration or victimisation outcomes, indicating that intervention effectiveness did not vary by sex.

Taken together, findings were consistent across the three RCTs, with no significant differences in intervention effects between male and female participants. The results suggest that there was no evidence that intervention effects differed by sex within these studies. However, this conclusion is based on a small number of studies evaluating only brief ITP-based Universal TF-GBV interventions and should be interpreted with appropriate caution.

Age

One study examined whether age moderated the effects of a brief intervention combining self-affirmation and the incremental theory of personality (SA + ITP) for preventing cyberbullying and online grooming among adolescents. Calvete et al.[9] conducted two RCTs and assessed age as a potential moderator of intervention effectiveness. Across both trials, age was not significantly associated with cyberbullying perpetration or sexualised interactions with adults, and there was no evidence that age moderated the effectiveness of the intervention on these outcomes. Consequently, age was excluded from the final analytical models in both studies. These findings suggest that the intervention was similarly effective across the age range included in the trials, providing no evidence of age-related differences in intervention impact. However, evidence was limited to a single study and may not capture potential differences in effectiveness across wider age groups.

What factors affect implementation?

Six studies provided evidence related to the implementation of Universal TF-GBV interventions.[8,10,11,15,17,18] Using the YEF-EQA tool, three papers were classified as moderate quality studies,[11,17,18] two as low quality studies,[8,15] and one as a very low quality study.[10] Two studies were conducted in the UK,[8,10] two in Spain,[11,18] one in the USA,[17] and one in South Africa.[15] Individual study details are available in Appendix 4.

Factors examined in this review are organised into two overarching domains: (a) implementation processes and delivery capacity, and (b) delivery characteristics.

Implementation process and delivery capacity

Implementation processes and delivery capacity include implementation variables such as fidelity, intervention providers and training, reach and penetration, and adaptations to address equity-related characteristics.

To briefly summarise, key findings from this section identified the following implementation-related themes across Universal TF-GBV interventions:

- Structured delivery procedures, standardised implementation processes, and attendance monitoring were commonly used to support intervention fidelity, although the comprehensiveness of fidelity assessment varied across studies.
- High attendance and programme exposure were reported across interventions, suggesting that most participants received a substantial proportion of the intended intervention content.
- Provider credibility, facilitation skills, and confidence in discussing sensitive topics were identified as important influences on implementation quality and participant engagement.

- Training, ongoing support, observation, and feedback were reported as important components of implementation and were perceived to support provider knowledge, confidence, and delivery quality.
- School-based delivery models achieved substantial reach among participating students, particularly where interventions were integrated into existing curriculum structures and routine school activities.
- Contextual and organisational factors, including competing curriculum demands, staff engagement, workforce capacity, language accessibility, and resource constraints, were reported as influencing implementation quality.
- Limited evidence suggested that culturally relevant, inclusive, and developmentally appropriate content may support engagement; however, few studies evaluated the impact of equity-focused adaptations on implementation or outcomes.

Fidelity

Fidelity refers to the degree to which an intervention was delivered as intended. It is also an important determinant of whether observed outcomes can be attributed to the intervention itself rather than to variations in implementation.

Three studies examined the fidelity of universal interventions targeting TF-GBV.[11,15,17] Although the interventions varied substantially in scope and delivery format, common approaches to supporting implementation fidelity were reported across studies. Interventions ranged from a multilevel, technology-enhanced dating violence prevention programme (Me & You, Peskin et al.),[17] to a school-based bystander intervention delivered using virtual reality (Virtual-PRO, Rodrigues-deArriba et al),[11] and an empowerment-based self-defence programme (No Means No, Hartmann et al.).[15] Across all studies, fidelity was promoted through structured programme delivery, standardised implementation procedures, and monitoring of participant attendance. However, the robustness of fidelity assessment and reporting varied considerably across studies.

Participant attendance and programme exposure

Participant attendance was the most consistently reported indicator of fidelity across studies and suggested that most participants received a substantial proportion of the intended intervention. In Peskin et al.'s evaluation of Me & You,[17] a multilevel dating violence prevention programme, intervention components included classroom lessons, computer-based activities, and wider parent and school elements. Approximately 70% of students received at least 10 of 13 lessons, while 68% completed at least four of five computer-based sessions.[17] Similarly, Rodrigues-deArriba et al.[11] monitored attendance across both the virtual reality (VR) and non-VR versions of Virtual-PRO, a universal school-based bystander intervention designed to reduce sexual harassment by addressing sexist attitudes, moral disengagement, and willingness to intervene. Attendance rates were comparable across delivery modes, with 78.1% of participants in the VR condition and 74.6% in the non-VR condition attending at least five sessions. The highest attendance was reported for the COVID-adapted No Means No programme,[15] where 93% of participants attended at least six of eight empowerment-based self-defence sessions delivered during school hours.

Taken together, these findings indicate that intervention dosage was largely achieved across studies despite differences in programme intensity, content, and technological delivery. However, attendance data alone provide only a partial indication of fidelity and do not establish whether intervention content was delivered consistently or as intended.

Adherence to intervention delivery

The studies differed substantially in the extent to which adherence to intervention protocols was directly assessed. Peskin et al.[17] provided the most comprehensive assessment through facilitator fidelity logs completed after each lesson. These logs documented completion of planned classroom and computer-based activities, adaptations made during delivery, and implementation challenges enabling fidelity to be measured directly. Fidelity assessments showed that 59% of

lessons were delivered with all planned activities completed, while 18% of lessons included only partial completion of intended activities. Although fidelity information was unavailable for 23% of lessons, the use of systematic monitoring provided stronger evidence of adherence than attendance measures alone.

In contrast, fidelity assessment in Virtual-PRO focused primarily on standardisation of delivery procedures and participant attendance. The intervention benefitted from a relatively simple implementation structure. Both groups received the same content in the same school setting, differing only in whether multimedia materials were delivered via immersive VR or conventional video. While this design supports implementation consistency, no direct assessment of facilitator adherence or content delivery was reported. Consequently, fidelity was largely inferred from standardisation procedures rather than empirically measured.

Hartmann et al.[15] adopted a broader implementation evaluation approach that combined attendance logs with implementation reports and qualitative stakeholder interviews. This provided insight into how the intervention functioned within schools but generated less direct evidence regarding adherence to specific programme components. Fidelity assessment therefore emphasised implementation processes and feasibility rather than strict monitoring of curriculum delivery.

Implementation barriers and contextual factors

Implementation challenges were reported to varying degrees across studies. Hartmann et al.[15] provided the most detailed account of barriers affecting fidelity. Although attendance remained high, schools experienced considerable disruption following the COVID-19 pandemic, including reduced instructional time, rotating timetables, examination schedules, and competing curriculum demands. These pressures resulted in shortened sessions and content being postponed or carried over into subsequent lessons, potentially reducing consistency of programme delivery. Additional challenges included limited engagement from

teaching staff beyond those directly coordinating the programme, large class sizes, shortages of Afrikaans-speaking instructors, and the need to simplify programme materials for younger learners. These findings demonstrate that high participant attendance does not necessarily equate to high implementation fidelity, as contextual factors may affect the consistency and quality of delivery.

Peskin et al.[17] identified fewer barriers affecting classroom delivery itself, but highlighted challenges associated with implementing and monitoring the intervention's parent component, which included take-home activities intended to reinforce classroom learning. Low return rates of signed activity slips meant that fidelity for parent engagement could not be adequately assessed, while budgetary constraints prevented the collection of implementation data from parents and school personnel. Consequently, although fidelity appeared acceptable for the student-facing component, evidence regarding the multilevel aspects of the intervention remained incomplete. This introduces uncertainty regarding the implementation of potentially important intervention components beyond the classroom setting.

By comparison, Rodrigues-deArriba et al.[11] reported few implementation challenges. This may reflect the highly structured nature of the six-session intervention and the standardised school-based delivery model. However, because fidelity monitoring relied primarily on attendance records, it is difficult to determine whether the absence of reported barriers reflected genuinely effective implementation or limited assessment of implementation processes.

Influence of intervention complexity on fidelity assessments

Differences in fidelity assessment appeared partly related to intervention complexity. Me & You[17] was the most complex intervention, incorporating interconnected student, parent, and school components grounded in social cognitive theory, socioemotional learning, and the socioecological model. While comprehensive facilitator monitoring was employed for classroom delivery,

implementation data were unavailable for several intervention components, limiting assessment of fidelity across the programme as a whole.

In contrast, Virtual-PRO[11] comprised six highly structured classroom sessions delivered under controlled school conditions, making implementation easier to standardise. However, the comparatively simple intervention structure was accompanied by a narrower assessment of fidelity focused primarily on attendance and implementation consistency.

Although No Means No involved a relatively discrete curriculum delivered by trained instructors, Hartmann et al.[15] extended fidelity assessment beyond adherence and attendance to include organisational readiness, school engagement, and implementation context. This broader approach provided valuable insight into factors influencing delivery but offered less direct evidence regarding adherence to specific intervention content.

Together, the evidence suggests that Universal TF-GBV interventions were implemented with generally acceptable, albeit variable, levels of fidelity. Across all three studies, participant attendance was high and most participants received the majority of intended intervention sessions, indicating that programme exposure and dosage were largely achieved. However, confidence in implementation fidelity varied according to the comprehensiveness of assessment methods.

Intervention providers and training

Intervention providers and the training they receive can influence implementation quality, fidelity, and participant engagement. This may be particularly important in Universal TF-GBV interventions, where delivery often involves facilitating discussion around sensitive topics, promoting critical reflection, and responding appropriately to safeguarding concerns.

Two studies reported information on intervention providers and training involved in Universal TF-GBV interventions.[10,15] Although the interventions employed

different delivery models, both highlighted the importance of provider knowledge, facilitation skills, and organisational support for effective programme delivery.

Provider expertise and intervention delivery

The studies adopted distinct approaches to intervention delivery. Reeves and Crowther[10] examined social media simulations designed to educate young people about online grooming for sexual exploitation and radicalisation. Rather than relying on external specialists, the intervention was delivered by educators working in schools and further education colleges. This model embedded intervention delivery within existing educational structures, and enabled educators to integrate the simulations into their teaching practice.

In contrast, Hartmann et al.[15] evaluated the No Means No empowerment-based self-defence programme, which was delivered by trained No Means No instructors recruited from the communities they served rather than by school staff. The intervention also incorporated certified social workers who provided support to young people disclosing experiences of violence. This specialist delivery model reflected the sensitive nature of the programme content and ensured access to providers with dedicated training in both the intervention curriculum and safeguarding procedures.

These contrasting approaches highlight differing assumptions regarding provider expertise. Yet, despite these differences, both studies highlighted the importance of provider credibility and competence in facilitating participant engagement. For instance, the inclusion of dedicated No Means No social workers was viewed as one of the programme's greatest strengths, with stakeholders reporting that learners valued having a neutral, trusted individual to whom they could disclose experiences of violence. Collectively, the findings suggest that effective implementation is likely to depend less on professional role alone and more on whether providers possess the knowledge, skills, and confidence required to engage participants and deliver content appropriately.

Training, capacity building, and ongoing support

Two studies reported formal pre-delivery training, although the scope and intensity of training differed. Reeves and Crowther[10] found that educators completed a 3.5-hour Continuing Professional Development (CPD) programme covering both intervention content and broader issues relating to sexual exploitation, grooming, and radicalisation. Importantly, training was reported to have benefits beyond intervention delivery. Many educators described increased understanding of these issues, with some viewing the simulations as valuable professional development resources regardless of whether they had subsequently used them with students. Several educators also reported sharing knowledge with colleagues and applying learning to safeguarding practice and policy development within their institutions. This suggests that provider training may contribute to wider organisational capacity for addressing TF-GBV and related online harms.

Hartmann et al.[15] similarly reported formal instructor training on both the curriculum and teaching methodology, but also described ongoing quality assurance through observation by programme managers and regular feedback to instructors. Compared with the one-off CPD model reported by Reeves and Crowther,[10] this approach provided a more structured mechanism for supporting implementation quality and maintaining consistency of delivery over time.

Provider characteristics and quality of delivery

Across both studies, providers consistently identified facilitation skills as a key determinant of intervention quality. Reeves and Crowther[10] reported that educators viewed the effectiveness of the simulations as highly dependent on the skills of the person delivering them, particularly their ability to facilitate discussion, encourage critical reflection, and help students identify key learning points. This suggests that the intervention's impact depended not only on the quality of the digital resource itself but also on educators' ability to translate simulated experiences into meaningful learning.

Similarly, stakeholders in Hartmann et al.[15] frequently attributed successful delivery to the personal qualities of programme instructors. Instructors were described as engaging, relatable, and effective at building rapport with learners. Their enthusiasm and communication style were perceived as important for encouraging participation, particularly among students who might otherwise be reluctant to engage. The findings from both studies suggest that implementation quality depends not only on adherence to programme protocols but also on providers' interpersonal and facilitation skills.

Organisational support and wider implementation capacity

The evidence also highlights the importance of organisational support beyond individual provider training. In Reeves and Crowther,[10] educators reported transferring knowledge gained through the intervention to colleagues and wider safeguarding activities, indicating that training may strengthen institutional responses to online exploitation more broadly. In Hartmann et al.,[15] teachers reported learning practical communication and self-assertion skills through their involvement with the programme, which increased their support for the intervention and willingness to reinforce programme messages.

However, Hartmann et al.[15] also found that engagement was not uniform across school staff. Teachers who had not been involved in planning or coordinating implementation were sometimes resistant to programme delivery due to concerns about disruption to curriculum time. This finding suggests that provider training and enthusiasm alone may be insufficient to support implementation where broader organisational buy-in is lacking.

The inclusion of dedicated social workers within No Means No further illustrates the importance of implementation infrastructure. Stakeholders viewed access to a neutral and trusted professional as a programme strength, particularly given the potential for violence-related disclosures during intervention delivery. This highlights the value of specialist support mechanisms when implementing interventions addressing sensitive TF-GBV-related issues.

Reach and penetration

Reach and penetration provide insight into the extent to which interventions engage their intended populations and become embedded within organisational settings. Reach concerns the proportion and representativeness of individuals exposed to an intervention, whereas penetration reflects the extent to which an intervention is adopted within institutions or integrated into routine practice.

Four studies reported information relevant to reach and penetration.[10,11,15,17] The evidence suggests that Universal TF-GBV interventions were generally successful in reaching participating student populations once implemented. However, evidence of penetration beyond immediate delivery settings was limited, with few studies examining organisational adoption, sustainability, or integration into routine practice.

Reach within target populations

All four interventions achieved substantial reach among participating student populations, although the extent to which participants represented the wider eligible population varied. Me & You[17] was implemented across 10 middle schools and targeted ethnically diverse sixth-grade students within a large urban school district. The intervention was integrated into existing school subjects allowing delivery during normal school hours, and used passive parental consent procedures, reducing barriers to participation and facilitating broad exposure among eligible students. Similarly, Virtual-PRO[11] reached 847 adolescents aged 12-17 years across six public secondary schools, while No Means No[15] enrolled 1,540 young people across 15 schools in South Africa, targeting girls aged 10-19 years and, in one study arm, boys through a parallel curriculum. These findings suggest that school-based delivery models can achieve substantial reach when interventions are embedded within existing educational structures.

Retention and continued participation were also generally strong. In Virtual-PRO,[11] 77% of participants completed assessments at all three measurement points, with

most attrition resulting from school absence rather than active withdrawal. Likewise, attendance data from Me & You[17] and No Means No[15] indicated that most enrolled participants received a substantial proportion of intervention sessions, suggesting that interventions not only reached students initially but maintained engagement throughout delivery.

Organisational adoption and penetration

Evidence relating to penetration was less consistently reported. The clearest indicator of organisational reach was provided by Rodrigues-deArriba et al.[11] who reported that 22 eligible public secondary schools were invited to participate in the evaluation of Virtual-PRO, with six agreeing to take part. Although the intervention successfully engaged a large number of students within participating schools, uptake among eligible schools was relatively modest, suggesting limited penetration into the wider school system.

Similarly, Peskin et al's. Me & You[17] intervention was delivered across participating schools as part of a structured trial and incorporated student, parent, and school-level components. Integration into existing subjects, including health, science, and physical education classes, demonstrates a degree of compatibility with routine educational delivery. However, the study did not report broader uptake beyond participating schools, nor did it examine whether schools continued implementation following the trial. As a result, evidence regarding penetration beyond initial adoption remains limited.

Integration beyond classroom delivery

Some evidence suggested that interventions extended beyond direct student delivery into wider organisational practices. Reeves and Crowther[10] reported that social media simulations addressing online grooming and exploitation were used across multiple educational contexts, including whole-class teaching, personal and social education, information and communication technology (ICT) lessons, and one-to-one tutorials. This flexibility suggests that the intervention was

capable of reaching young people through a range of curriculum pathways rather than a single delivery context.

More importantly, some educators reported using knowledge gained through the intervention and associated training to strengthen safeguarding practices within their institutions. Several participants recommended changes to school safeguarding policies, indicating a degree of penetration beyond classroom-level implementation into broader organisational processes. This was particularly evident in primary school settings relative to secondary schools, where educators were more likely to report recommending policy changes (59% vs 27%). Although these findings do not demonstrate formal institutional adoption, they suggest that intervention influence may extend beyond direct participant reach to affect organisational responses to online harms.

Barriers to penetration and sustainability

The available evidence also identified factors that may constrain penetration within educational settings. Hartmann et al.[15] found that while designated school coordinators viewed No Means No positively and considered it a valuable complement to existing Life Skills education, support from the wider teaching workforce was less consistent. Teachers who were not directly involved in implementation sometimes viewed the programme as competing with curriculum priorities, reducing available instructional time and limiting integration into routine school practice. These findings suggest that positive perceptions among programme champions may not be sufficient to achieve wider organisational adoption.

Stakeholders further suggested that extending the intervention beyond participating students to include parents, communities, or whole-school approaches could increase reach and strengthen programme impact. This highlights the distinction between successfully reaching enrolled participants and achieving broader penetration across social and organisational systems that influence young people's experiences of TF-GBV.

Representativeness and scope of participation

Few studies reported detailed information regarding the representativeness of participants relative to wider target populations. Me & You[17] was explicitly designed for ethnically diverse minority youth and achieved participation within this target population, while Virtual-PRO[11] and No Means No[15] reached large numbers of adolescents across multiple schools. However, limited information was available regarding the characteristics of those who did not participate, declined participation, or were excluded from implementation settings. Consequently, it is not possible to determine whether interventions reached all relevant population groups equally or whether particular groups remained underserved.

At the organisational level, evidence of representativeness was similarly limited. The low school recruitment rate reported by Rodrigues-deArriba et al.[11] suggests that participating schools may not fully represent the broader eligible school population, raising questions about the scalability and wider system-level reach of the intervention.

Adaptations for equity-related characteristics

Adaptations for equity-related characteristics refer to deliberate modifications to intervention delivery intended to improve accessibility, acceptability, and effectiveness for populations with differing needs and circumstances while maintaining the intervention's core components.

Four studies reported information relevant to adaptation, although the extent and purpose of modifications varied considerably.[8,10,15,17] Evidence regarding equity-focused adaptation was limited. Only one intervention (Me & You)[17] reported a systematic adaptation process informed by cultural tailoring and participant consultation, while the remaining studies either described contextual modifications to support implementation or identified gaps in representation and inclusivity. No study directly evaluated whether adaptations improved intervention effectiveness or engagement for specific population groups.

Cultural relevance and representation

The strongest evidence of deliberate adaptation was reported by Peskin et al.[17] in the development of Me & You, a multilevel technology-enhanced dating violence prevention programme for ethnically diverse early adolescents. Adaptations were informed by intervention mapping, formative research, and consultation with an adolescent advisory board. Modifications addressed both surface-level cultural factors, such as the use of culturally relevant music, clothing, and settings, and deeper cultural considerations, including family values and representation of ethnic minority peer role models. The intervention also incorporated personalised digital content, allowing students to select the gender of relationship partners during virtual role-play exercises and receive tailored feedback based on their responses. These adaptations were intended to increase cultural relevance and inclusivity for a diverse urban population, although their independent contribution to engagement or effectiveness was not assessed.

In contrast, Reeves and Crowther[10] identified potential limitations arising from a lack of adaptation. Educators reported that some students struggled to identify with characters within the online grooming simulations because they appeared older or more socioeconomically advantaged than the young people participating in the intervention. While the authors argued that the simulations were intended primarily as discussion tools rather than universally relatable narratives, these findings suggest that character representation may influence engagement and perceived relevance. No adaptations addressing ethnicity, socioeconomic background, gender, or other equity characteristics were reported.

Gender and sexuality inclusivity

Two studies highlighted the importance of addressing diversity in experiences of gender-based violence, although few described formal adaptations. Me & You[17] sought to promote inclusivity by recognising both boys and girls as potential victims and perpetrators of dating violence and by using gender-neutral

language where possible. This reflects an intentional effort to avoid reinforcing gender stereotypes within programme content.

In contrast, Ging et al.[8] did not describe deliberate adaptations to intervention content or delivery for different demographic or equity groups. However, participant characteristics influenced engagement, with boys more frequently expressing resistant responses to workshop content than girls. The authors argued that future implementation should adopt a more intersectional, whole-school approach that recognises both male victimhood and gendered privilege, suggesting that adaptations to intervention framing may improve engagement across different groups.

Participants also identified several areas where greater inclusivity was needed. Students recommended broader representation of LGBTQ+ experiences, including same-sex relationships and the experiences of transgender, non-binary, and gender non-conforming young people. Participants also argued that greater attention should be given to male victimisation while acknowledging the influence of masculine norms on disclosure and help-seeking. Although these recommendations were not implemented or evaluated within the study, they suggest that participants perceived existing content as insufficiently reflective of diverse experiences and identities. The authors consequently advocated for a more intersectional approach that recognises both gendered inequalities and variation in experiences across different groups.

Adaptations for additional needs and accessibility

Evidence relating to adaptation for disability or special educational needs was particularly limited. Reeves and Crowther[10] reported responses from a small number of educators working with students with special educational needs and disabilities (SEND). Although no formal adaptations were described or evaluated, educators suggested that the simulations could be particularly valuable for young people considered vulnerable to grooming, including autistic students and those with Asperger's syndrome. However, the study did not report detailed

findings for these groups, making it difficult to determine whether the intervention was equally accessible or effective for young people with additional needs. The authors consequently highlighted the need for further research examining the impact of the simulations among learners with SEND and other groups who may be at increased risk of online exploitation.

Hartmann et al.[15] identified several accessibility-related considerations during implementation of the COVID-adapted No Means No programme. Stakeholders reported that some content required simplification for younger learners and noted that limited availability of Afrikaans-speaking instructors created barriers for some participants. These findings suggest that language and developmental appropriateness may influence accessibility and engagement, although no formal evaluation of these issues was undertaken.

Contextual and implementation adaptations

Hartmann et al.[15] reported planned adaptations implemented in response to the COVID-19 context. To accommodate pandemic-related school constraints, programme duration was reduced from 12 hours to eight hours, while elements involving physical contact were removed from the girls' curriculum and replaced with greater emphasis on verbal self-defence skills. These changes were designed to preserve the programme's core empowerment-based principles while improving feasibility and safety during implementation. Stakeholders additionally suggested expanding content relating to sexuality, bullying, substance misuse, and community awareness, indicating an ongoing need to align intervention content with local priorities and participant experiences.

Although these adaptations were motivated primarily by feasibility rather than equity considerations, they illustrate how interventions may be modified to accommodate contextual constraints while maintaining core programme objectives.

Delivery characteristics

Delivery characteristics encompass delivery method, delivery setting, and duration or dosage of the intervention.

To briefly summarise, key findings from this section identified the following implementation-related themes across Universal TF-GBV interventions:

- Interactive and participatory delivery methods, including discussions, simulations, role play, videos, case studies, and virtual reality, were consistently identified as important facilitators of participant engagement.
- Participants generally responded positively to experiential learning approaches, reporting that practical and realistic activities helped them understand and reflect on TF-GBV-related issues.
- Technology-enhanced approaches, including social media simulations and virtual reality, were perceived as engaging, although less resource-intensive formats were also viewed positively and may offer similar implementation benefits.
- Participant engagement appeared to be influenced by how intervention content was framed, with some evidence that content perceived as less inclusive or overly focused on particular groups generated resistance among some participants. Participant feedback suggested that perceptions of inclusion, representation, and relevance may influence engagement with intervention content, although these factors were not systematically examined.

- School settings were viewed as a practical and acceptable context for delivery, particularly when interventions were integrated into existing curriculum structures and aligned with educational priorities.

- Organisational culture, staff support, and wider school climate were reported to influence implementation, with whole-school approaches perceived as potentially more supportive than isolated classroom delivery.
- Resource constraints, competing curriculum demands, technological infrastructure, and broader community challenges were identified as factors that could affect delivery quality and completeness, even where participation remained high.
- Participants generally considered intervention dosage to be adequate, although school timetable constraints sometimes reduced the amount of time available to deliver programme content as intended.

Delivery method

Delivery method refers to the way in which an intervention's content is delivered and experienced in practice, including the structure, format, and techniques used to engage participants. It shapes how participants interact with programme content, how skills are developed, and the extent to which interventions are perceived as accessible, relevant, and engaging.

Five studies reported findings relevant to intervention delivery methods.[8,10,11,15,18] Across studies, active and participatory approaches appeared to facilitate engagement, whereas less relatable delivery approaches or those provoking defensiveness could reduce participant responsiveness.

Interactive and experiential learning

Across studies, delivery methods emphasising active participation were generally viewed as important facilitators of engagement. Ging et al.[8] reported positive responses to workshops incorporating videos, Post-it note exercises, and small-group discussions. Participants frequently highlighted the interactive nature of these activities and the accessibility of the language used, suggesting that participatory approaches helped make complex concepts relating to sexual and gender-based violence more understandable and relevant.

Similar findings were reported for the Cyberdating Abuse Stop (CDA-Stop).[18] The programme was a school-based intervention designed to target cyberviolence in adolescent relationships by promoting healthy relationships, developing social skills, and enhancing adolescents' ability to recognise and respond to cyberviolence. Participants described practical case studies, simulated situations, videos, and interactive activities as particularly valuable for learning to recognise and respond to cyberviolence within relationships. These experiential elements appeared to support both understanding and empathy by allowing participants to apply concepts to realistic scenarios rather than engaging solely with didactic information. Participants also reported that the programme's duration and structure provided sufficient opportunity to consolidate learning.

Likewise, the No Means No[15] programme employed an empowerment-based pedagogy centred on experiential learning, including role play, discussion, skills practice, and interactive exercises. This approach is consistent with other interventions that used participatory learning methods to develop behavioural and interpersonal skills. However, limited evidence was reported regarding participants' experiences of the delivery format itself.

Collectively, these findings indicate that delivery methods encouraging participation, reflection, and skills practice may be particularly well suited to Universal TF-GBV interventions, which often seek to influence attitudes, decision-making, and behavioural responses rather than simply increase knowledge.

Digital and immersive delivery approaches

Two studies specifically examined technology-enhanced delivery methods. Reeves and Crowther[10] utilised interactive social media simulations that replicated online environments and encouraged learners to engage with realistic scenarios by using emojis and rating levels of concern using a traffic-light system. Educators identified discussion as the primary mechanism through which learning occurred with simulations promoting reflection, independent thinking and peer learning. Small-group activities were considered particularly valuable

for stimulating meaningful discussion. Some educators suggested that additional interactive features could further strengthen engagement, although resource constraints limited further development.

Rodrigues-deArriba et al.[11] provided the strongest direct comparison of delivery formats by evaluating Virtual-PRO using either immersive virtual reality or equivalent two-dimensional video content. While participant satisfaction was high in both conditions, indicating that the intervention content remained engaging regardless of delivery format, satisfaction ratings were consistently higher among participants experiencing the VR version. This suggests that immersive technology enhanced participant engagement and perceived programme quality. The findings indicate that while virtual reality may increase appeal and immersion, simpler and less resource-intensive digital formats may still achieve high levels of acceptability. Notably, the non-VR version achieved comparable improvements across most measured outcomes, with immersive delivery providing additional benefit only for intentions to intervene as a bystander. This indicates that while immersive technologies may enhance participant engagement, less resource-intensive delivery methods may provide a cost-effective alternative without substantially reducing programme effectiveness.

Delivery method as a barrier to engagement

Although delivery methods were generally viewed positively, several studies identified factors that could reduce engagement. Ging et al.[8] found that participant responses were not uniformly positive, with some students, particularly boys, expressing resistance to workshop content. The authors argued that participants' responses were influenced by how certain issues were framed and discussed during delivery, noting that concepts such as "toxic masculinity" occasionally provoked defensive reactions. This suggests that the presentation and facilitation of intervention messages may influence engagement and be as important as the content itself, particularly when addressing sensitive topics that challenge existing beliefs or social identities.

Hartmann et al.[15] identified additional implementation challenges related to delivery. Stakeholders reported that large group sizes sometimes constrained participation and suggested that some curriculum topics could be broadened to better reflect issues relevant to learners, including bullying, substance misuse, and wider community influences. These reports suggest that even highly interactive approaches may require adaptation to participant needs and implementation contexts to maintain engagement.

Similarly, Reeves and Crowther[10] identified opportunities to increase the interactivity of simulation-based learning. Although participants generally viewed the simulations positively, some educators believed that additional opportunities for active engagement could further improve learning and participation.

Delivery setting

Delivery setting refers to the organisational and environmental context in which an intervention is delivered, including the physical location, service system, organisational culture, leadership, workforce structures, and wider inter-agency environment. These contextual features can shape implementation processes, participant engagement, fidelity, and sustainability. This section focuses on evidence from primary studies regarding how characteristics of delivery settings facilitated or hindered implementation, rather than describing the settings themselves or examining setting-level differences in effectiveness.

Four studies reported findings relating to delivery setting.[8,10,15,17] The evidence suggests that school settings provided a practical platform for reaching large numbers of young people and embedding interventions within existing educational provision. However, implementation was influenced by organisational culture, resource availability, competing educational priorities, and wider community contexts.

Compatibility with educational settings

Two studies highlighted the advantages of delivering interventions within schools. Peskin et al.[17] integrated Me & You into existing curriculum subjects, including

physical education, health, and science, allowing programme delivery during routine school hours without requiring additional timetabled sessions. The intervention also incorporated teacher training and staff newsletters to extend awareness of dating violence and referral pathways throughout the school environment. Research staff worked closely with schools to identify appropriate classes and prepare technological infrastructure before implementation. Although the study reported limited information regarding setting-specific influences on implementation quality, these arrangements suggest that alignment with existing school structures facilitated programme delivery.

Similarly, stakeholders in Hartmann et al.[15] viewed the No Means No programme as complementary to existing Life Skills provision and considered sexual violence prevention an important unmet need within schools. Positive stakeholder perceptions appeared to be linked to the programme's alignment with existing educational priorities and curriculum provision, suggesting that compatibility with existing school structures may support implementation.

Organisational culture and school climate

The evidence suggests that broader aspects of school culture may influence how participants engage with intervention content. Ging et al.[8] argued that the wider ethos of schools shaped students' responses to discussions of sexual and gender-based violence. Specifically, students often interpreted issues of violence through individualised or gender-neutral frameworks, which the authors linked to wider neoliberal and meritocratic discourses prevalent within educational settings. This appeared to limit engagement with discussions of structural gender inequalities and gendered power relations. The findings suggest that implementation may be influenced not only by intervention content but also by the values, norms, and assumptions embedded within the delivery environment. Consequently, the authors argued that isolated classroom interventions may be

less effective than whole-school approaches that reinforce intervention messages throughout the wider school culture.

A similar theme emerged in Hartmann et al.,[15] where prevailing norms of silence surrounding sexual violence sometimes reduced teachers' willingness to engage with or reinforce programme content. However, stakeholders also reported that increasing public awareness of gender-based violence following the COVID-19 pandemic had begun to create a more supportive context for programme implementation. Together, these findings indicate that the social and cultural environment of the setting can act as both a facilitator and a barrier to implementation.

Resource and infrastructure constraints

Studies reported setting-related barriers associated with the availability of physical and technological resources. Reeves and Crowther[10] reported that some educators experienced difficulties delivering online grooming simulations because of limited access to technology within schools. Challenges included the lack of classroom computers, insufficient devices for students, and constraints on providing small-group activities. Educators suggested that the effectiveness of the delivery model depended partly on schools having adequate technological infrastructure and physical space to support interactive learning.

Although less prominently discussed, Peskin et al.[17] also required technological infrastructure to support computer-based elements of the intervention, necessitating collaboration with school staff before implementation to ensure that software was installed and available for use. These findings suggest that TF-GBV interventions may depend on setting-level resources that are not uniformly available across schools.

Influence of wider contextual factors

Hartmann et al.[15] provided the most detailed account of how wider contextual conditions affected implementation. Stakeholders reported that schools operated within communities experiencing high levels of violence, poverty, food insecurity,

and social instability. Community protests and concerns about school safety further disrupted educational activities and created additional challenges for programme delivery. These broader contextual factors interacted with post-COVID educational disruption, including rotating attendance schedules and increased pressure on classroom time, reducing schools' capacity to accommodate intervention delivery.

Despite these challenges, stakeholders reported a number of perceived school-level benefits associated with programme implementation, including increased learner willingness to discuss sexual violence, greater disclosure of abuse, reduced bullying, improved acceptance of diversity, and enhanced learner confidence. Likewise, educators in Reeves and Crowther[10] reported that the training and resources provided through the intervention prompted reflection on existing safeguarding arrangements, leading to recommendations for strengthening school policies and procedures. Although these observations do not directly assess intervention effectiveness, they suggest that the school setting may provide opportunities for interventions to influence wider aspects of the social environment beyond individual participants.

Duration/dosage

Duration and dosage refer to the length, frequency, intensity, and cumulative exposure associated with an intervention, including how long programmes are delivered, how often participants engage, and the extent to which support is sustained over time. This section focuses on evidence from primary studies regarding how characteristics of intervention duration and dosage facilitated or hindered implementation, rather than describing intervention dosage itself or examining dosage-related differences in effectiveness.

Three studies reported findings relevant to duration and dosage.[15,17,18] The evidence suggests that participants generally perceived intervention dosage to be adequate and that most participants received a substantial proportion of intended content. However, implementation constraints, particularly within school

settings, could limit the intended dosage and affect the completeness of programme delivery.

Perceptions of adequacy

Limited evidence was available regarding participants' perceptions of intervention dosage. The clearest evidence was reported by Jaureguizar et al.[18] in the evaluation of Cyberdating Abuse Stop (CDA-Stop). Participants generally viewed the programme length positively and considered the number of sessions sufficient to develop their understanding of cyberviolence and healthy relationships. Feedback suggested that the intervention provided adequate time to cover key content without appearing unnecessarily lengthy. No concerns were reported regarding programme duration, nor were barriers relating to attendance, completion, or perceived intervention burden identified. These findings suggest that participants considered the intervention dosage appropriate for achieving its educational objectives.

Barriers to delivering intended dosage

Exposure to the intervention, including participant attendance and receipt of programme content, is discussed earlier in the report (see the section on Fidelity). Hartmann et al.[8] provided the most detailed insight into challenges affecting delivery of the planned programme dosage. Although attendance levels were high, school-level constraints frequently reduced the amount of time available for programme delivery. Sessions that were intended to last one hour were often shortened to 40–45 minutes because of timetable pressures, competing curriculum demands, examinations, and broader post-COVID disruptions within schools. As a result, instructors were sometimes unable to complete planned content within a single session and were required to carry activities forward into subsequent lessons.

Both implementation staff and school stakeholders reported that the available time was insufficient to cover all curriculum components effectively. This indicates that receipt of the intended number of sessions does not necessarily guarantee

receipt of the intended intervention dosage if session duration is reduced or content is compressed. In this case, constraints on delivery time may have affected programme quality even where attendance remained high.

Duration as a facilitator of sustainability

Hartmann et al.[15]reported stakeholder views that extending programme delivery over a longer timeframe, including delivery across an academic year, could improve reinforcement of key messages and increase the sustainability of learning. Although these suggestions were not formally evaluated, they indicate that intervention stakeholders perceived the existing dosage as potentially insufficient to maximise longer-term impact. This contrasts with findings from CDA-Stop,[18] where participants viewed the existing dosage as adequate, suggesting that perceptions of optimal duration may vary according to intervention content, delivery context, and intended outcomes.

Experiences of children and young people

Findings relating to children and young people's experiences of school-based interventions addressing TF-GBV were drawn from one moderate quality study[18] and one low quality study.[8] While both interventions were generally experienced positively, young people consistently highlighted the importance of inclusive content, opportunities for open discussion, and practical guidance that reflected the realities of their lives and future relationships. Participants also identified areas where intervention content could be strengthened to improve engagement, particularly through greater representation of diverse experiences and more nuanced discussions of gender.

Across both studies, children and young people consistently valued opportunities to discuss complex issues such as sexual violence, gender norms, healthy relationships, and online abuse in a structured environment. Many felt that the interventions increased their awareness of abusive behaviours and improved their understanding of how to respond to harmful situations. Participants in the CDA-Stop[18] programme, for example, highlighted the relevance of the content to

their future lives, with one young person explaining that when they begin socialising and forming romantic relationships, "now we'll know how to deal with these things." Similarly, young people in the sexual and gender-based violence workshops engaged actively with discussions and demonstrated critical reflection on issues relating to violence, consent, and gender inequalities.[8]

A prominent theme across studies was the development of knowledge and recognition of abusive behaviours. Participants described learning to identify forms of violence and control that they had not previously recognised. Adolescents taking part in CDA-Stop[18] reported greater awareness of behaviours such as "blackmailing you with photos," suggesting the programme helped them recognise cyberdating abuse and coercive online behaviours. Likewise, participants in the sexual and gender-based violence workshops demonstrated an increased understanding of different forms of victimisation and their social contexts.[8] These findings suggest that young people perceived participation as improving their ability to recognise abusive or unhealthy relationship behaviours.

Another common theme was increased confidence in responding to violence and seeking support. Participants across studies described gaining practical strategies for managing abusive situations and supporting themselves or others. Young people in the CDA-Stop[18] intervention emphasised the importance of help-seeking, with one participant stating, "You always have to discuss it with someone... with a sensible person because in the end, somehow they're always going to help you in some way," while another suggested seeking help "with a professional." Participants also described developing confidence in setting boundaries and ending unhealthy relationships, explaining that they would "make it clear that what they're doing isn't acceptable and you leave them." Similarly, participants in Ging et al.[8] reflected on barriers to disclosure and reporting, particularly for boys, and highlighted the importance of creating environments where seeking support is normalised. One participant noted that young men often feel pressure to appear resilient because "they're supposed to be stronger and not viewed as they can be harassed."

The influence of gender norms emerged as a key theme across participant accounts. Young people in Ging et al.[8] demonstrated considerable awareness of how societal expectations shape experiences of violence and help-seeking. Participants frequently discussed the pressures facing boys and young men, describing how masculine ideals could discourage disclosure of victimisation. As one participant explained, "being a boy at this age, it's like you're being a bit of a wuss going to get help... You're just meant to get on with it and shrug it off." At the same time, participants recognised that violence is often gendered and disproportionately affects girls and women. Rather than rejecting these discussions, many advocated for more nuanced approaches that addressed both gendered inequalities and the ways in which social expectations affect boys and men.

A further theme in Ging et al.[8] concerned representation, inclusivity, and the desire for interventions to reflect diverse experiences. Across discussions, participants expressed a preference for content that acknowledged a wider range of relationships, identities, and victimisation experiences. For instance, participants highlighted the importance of recognising male victims of sexual violence, with one young person commenting that a male victim "might feel a bit invalidated that it wasn't included." Participants also called for greater representation of LGBTQ+ identities and same-sex relationships, arguing that materials "didn't really show a big range" and "didn't show people of same-sex couples or anything." This feedback suggests that young people value interventions that balance discussion of gendered patterns of violence with recognition of diverse experiences and identities.

Related to this was a theme of resistance and perceived exclusion evident in Ging et al.[8] Although overall experiences were positive, some participants, particularly boys, expressed discomfort with aspects of the content. These reactions often stemmed from perceptions that the workshops portrayed men primarily as perpetrators. For example, some participants felt that the materials "showed men as all monsters" or suggested that "every man is bad and that they'll all rape

someone." Importantly, these comments were frequently accompanied by constructive suggestions for improvement, including the inclusion of positive male role models, greater discussion of male victimisation, and a stronger focus on bystander behaviours. This indicates that resistance was not necessarily opposition to violence prevention messages themselves, but rather a response to feeling excluded or negatively represented within the intervention content.

Taken together, findings suggest that children and young people value prevention programmes that increase understanding of abuse, provide practical help-seeking and relationship skills, and create opportunities for discussion and reflection. Across studies, participants emphasised the importance of interventions being inclusive, representative, and sensitive to the ways in which gender norms shape experiences of violence. They also highlighted the need for programmes to engage boys and young men constructively while maintaining a clear focus on addressing gender-based violence and promoting healthy relationships.

How much does it cost?

Across the studies evaluating Universal TF-GBV interventions for children and young people, no information was reported on programme costs, resource requirements, or cost-effectiveness. While studies described intervention content, delivery methods, staff training, fidelity monitoring, and implementation processes, none estimated the costs associated with programme development, delivery, technology, staffing, supervision, or ongoing support.

This lack of detail represents an important gap in the evidence base, particularly given the wide variation in intervention delivery models. Several interventions included potentially resource-intensive components, such as facilitator training, computer-based platforms, virtual reality technology, specialist instructors, social worker support, and multicomponent delivery involving students, parents, and schools. However, no studies examined the costs associated with these

components or whether more resource-intensive approaches produced additional benefits.

The absence of economic evidence is particularly important within the field of gender-based violence prevention, where schools and community organisations often operate within limited budgets and face competing priorities. Decisions about adopting and sustaining Universal TF-GBV interventions depend not only on effectiveness but also on whether programmes can be delivered affordably and at scale. Furthermore, several studies identified implementation challenges relating to staff capacity, training, technological infrastructure, language provision, and organisational support, all of which are likely to have resource implications that remain unknown.

Overall, economic considerations remain largely absent from the Universal TF-GBV intervention literature. Future evaluations should incorporate measures of implementation costs and cost-effectiveness alongside effectiveness and implementation outcomes to support decisions about programme adoption, scale-up, and long-term sustainability.

Conclusion and Takeaway Messages

The findings from this systematic review and meta-analysis indicate that Universal TF-GBV interventions show a moderate beneficial effect on GBV outcomes, and wider violence and related harms among children and young people. A small beneficial effect is found for GBV mechanisms of change, including bystander behaviour and knowledge and attitudes. However, most effects were not statistically significant and should be interpreted with caution.

Across the meta-analyses, effect estimates were consistently beneficial for those who had received a Universal TF-GBV intervention over those who had not. However, the estimated effect sizes were generally small-moderate, evidence security was rated Low or Very Low, and most effects were not statistically significant. Therefore, while the findings show a beneficial effect of Universal TF-GBV interventions, uncertainty around the evidence means they should be interpreted with caution.

GBV Outcomes

Across the headline analysis of **GBV**, including perpetration and victimisation outcomes, Universal TF-GBV interventions showed a moderate beneficial effect (g = -0.14), based on 89 measured outcomes across eight studies. When examined separately, interventions showed a large beneficial effect on **GBV perpetration** (g = -0.28) and a moderate beneficial effect on **GBV victimisation** (g = -0.17), although neither effect was statistically significantly different from zero. Effects consistently favoured those who received a Universal TF-GBV intervention across specific forms of GBV, including IPV/dating relationship violence, sexual violence and TF-GBV. However, these estimates were not statistically significantly different from zero. Heterogeneity was moderate or high across all analyses. Alongside limitations in study quality, this resulted in Low or Very Low evidence security ratings. The prediction interval across these analyses was very wide, indicating that the true effect in a new (but similar) study could plausibly range from a large

reduction to a moderate-large increase in GBV perpetration and victimisation-related outcomes. Therefore, although the findings suggest Universal TF-GBV interventions lead to moderate-high reductions in GBV perpetration and victimisation, considerable uncertainty remains about the magnitude and consistency of these effects.

These findings are broadly consistent with previous reviews of adolescent dating-violence prevention, although these examined GBV more broadly rather than TF-GBV specifically. De La Rue et al.[6] found no significant effects on perpetration or victimisation, while Lee and Wong[7] found a significant reduction in perpetration but not victimisation.

Overall, effects on young people's experiences of GBV perpetration and victimisation are not yet consistently demonstrated across the wider evidence base. While Universal TF-GBV interventions primarily seek to change individuals' knowledge, attitudes and behaviours, GBV is also driven by wider social, structural and digital-platform factors.

GBV Mechanisms of Change

Universal TF-GBV interventions also showed beneficial effects on the proposed mechanisms of change. A small beneficial effect was found for **bystander behaviour** (g = -0.05), based on nine effect sizes across three studies. This effect was not statistically significant. This corresponds to a Small YEF impact rating. No heterogeneity was detected, and the evidence security rating was Low due to limitations in study quality. The prediction interval indicated that the true effect in a new but similar study could plausibly range from a large increase to a large reduction.

A small beneficial effect was found for **knowledge and attitudes** (g = -0.08), based on 45 effect sizes across six studies, although this was not statistically significantly different from zero. This corresponds to a Small YEF impact rating. Heterogeneity was high and, alongside limitations in study quality, resulted in a Very Low evidence security rating. The prediction intervals were very wide and

indicated the true effect could plausibly range from a large reduction to a moderate increase. Therefore, although the findings provide some support for the proposed mechanisms of change, considerable uncertainty remains about the magnitude and consistency of these effects.

The wider evidence is mixed. A review found improvements in knowledge and attitudes, but less consistent effects on bystander behaviour.[7] Taken together, these findings suggest that there is currently limited evidence that Universal TF-GBV interventions consistently improve knowledge and attitudes. Importantly, improvements in these outcomes do not necessarily translate into changes in behaviour or reductions in GBV perpetration and victimisation. Given that attitudes and behaviours are also shaped by wider social norms, peer influences and structural factors, individual-level interventions alone may have limited influence on these outcomes.

Overall GBV-Related outcomes

When the analysis was broadened to include all GBV-related outcomes, including GBV perpetration, victimisation, bystander behaviour, and knowledge and attitudes, Universal TF-GBV interventions showed a statistically significant beneficial effect (g = -0.16), based on 143 measured outcomes across nine studies. This corresponds to a Moderate YEF impact rating. Heterogeneity was high and, alongside limitations in study quality, resulted in a Very Low evidence security rating. The prediction interval was wide, indicating that the true effect in a new but similar study could plausibly range from a large reduction to a moderate increase in GBV-related outcomes. The overall finding is encouraging, however, there is considerable uncertainty about whether similar interventions would produce consistent benefits.

Bringing these outcomes together provides an overall picture of whether interventions influence the wider prevention pathway, including both GBV behaviours and the proposed mechanisms of change.

Wider Violence Outcomes

When the analysis was broadened further to **Wider Violence Outcomes**, including both GBV and non-GBV violence outcomes, Universal TF-GBV interventions were associated with an estimated 18% relative risk reduction in violence, equivalent to an absolute risk reduction of 2.88 percentage points. This means that around 13% of children and young people receiving Universal TF-GBV interventions went on to be involved in violence, compared with 16% of those in comparison conditions. This estimate was based on a moderate beneficial effect (g = -0.13) across 93 measured outcomes from eight studies and corresponds to a Moderate YEF impact rating. However, the effect was not statistically significant. Heterogeneity was high and, alongside limitations in study quality, resulted in a Very Low evidence security rating. The prediction interval was very wide, indicating that the true effect in a new but similar study could plausibly range from a large reduction to a large increase in violence-related outcomes.

When examined separately, interventions showed a moderate beneficial effect on **violence perpetration** (g = -0.19), based on 56 measured outcomes across six studies, and a moderate beneficial effect on **violence victimisation** (g = -0.17), based on 37 measured outcomes across seven studies. Neither effect was statistically significant. Heterogeneity was high and, alongside limitations in study quality, resulted in Very Low evidence security ratings. Prediction intervals for both outcomes were very wide, indicating that the true effects in a new but similar study could plausibly range from a large reduction to a large increase in violence perpetration- and victimisation-related outcomes.

These findings suggest that the potential effects of Universal TF-GBV interventions may extend beyond TF-GBV outcomes to violence more broadly. However, only six non-GBV effect sizes were added in addition to those included in the GBV analysis, so the findings largely reflect GBV outcomes and provide limited evidence about effects on wider violence. Considerable uncertainty also remains about the magnitude, direction and consistency of the effects.

All Related Outcomes

When all related outcomes were pooled, Universal TF-GBV interventions showed a moderate beneficial effect (g = -0.13), based on 179 measured outcomes across nine studies. This corresponds to a Moderate YEF impact rating. However, this effect was not statistically significantly different from zero. Heterogeneity was high and, alongside limitations in study quality, resulted in a Very Low evidence security rating. The prediction interval was wide, indicating that the true effect in a new but similar study could plausibly range from a large reduction to a large increase in related outcomes.

Bringing these outcomes together provides an overall assessment of effects across the full range of related outcomes included in the review. The average effect remained beneficial, but the analysis combines substantively different outcomes and should not be interpreted as demonstrating effectiveness in every outcome domain. Overall, the findings indicate a general small-moderate beneficial effect, but considerable uncertainty remains about whether similar interventions would produce consistent benefits across different outcomes.

Overall interpretation

Across analyses, effects typically favoured those receiving Universal TF-GBV interventions than those in the control group. However, many effects were not statistically significant and had wide prediction intervals, indicating uncertainty about whether similar effects would be found in new but comparable contexts.

What works?

Evidence from six studies indicates that Universal TF-GBV interventions were primarily implemented within school settings and commonly used interactive, participatory delivery approaches integrated into existing educational structures. High levels of participant attendance and programme exposure were achieved across interventions, indicating that school-based delivery can support broad reach among young people when programmes are compatible with curriculum requirements and delivered during routine school hours. Similarly, while

interventions generally achieved their intended dosage, implementation quality could be undermined when school-level constraints reduced the time available to deliver content as planned.

Provider skills, training, organisational support, and the ability to facilitate discussions on sensitive topics emerged as important influences on implementation. Training was reported to increase provider knowledge and confidence, while supervision, observation, and feedback were used to support delivery quality. Common barriers included competing curriculum demands, limited staff engagement, workforce capacity constraints, technological infrastructure, and wider contextual pressures.

Interactive and experiential delivery methods, including discussions, simulations, role play, videos, case studies, and immersive digital technologies, were generally viewed positively by participants and educators. These approaches were reported to support engagement, discussion, and reflection on sensitive topics. Participant feedback also highlighted the importance of content being inclusive, relevant, and reflective of diverse experiences.

Evidence relating to adaptations was limited. Some interventions incorporated efforts to improve cultural relevance, inclusivity, or accessibility, while participants identified representation and relevance as important considerations. However, few interventions reported systematic equity-focused adaptations, and there was little evidence regarding their impact on implementation or outcomes.

Although interventions achieved substantial reach within participating schools, evidence regarding organisational penetration beyond participating settings was limited. Some evidence suggested that interventions could influence wider school practices, including safeguarding activities, while participants and stakeholders highlighted the potential value of reinforcing intervention messages through whole-school approaches and supportive school cultures.

The evidence base remains limited, with relatively few studies reporting detailed implementation outcomes and considerable variation in the quality of

implementation reporting. In particular, no studies reported information on programme costs, resource requirements, or cost-effectiveness. As a result, while the available evidence provides a broadly consistent picture of the factors that facilitate or challenge the implementation of Universal TF-GBV interventions, conclusions regarding the affordability, scalability, and long-term sustainability of Universal TF-GBV interventions cannot yet be drawn.

These findings should be interpreted within the context of the available evidence. All implementation studies included in this review were conducted in school settings, meaning the findings primarily reflect factors influencing implementation within educational environments, such as curriculum integration, school culture, staff capacity, and competing educational priorities. There was no evidence relating to implementation in other settings relevant to TF-GBV prevention, including community organisations, youth services or healthcare settings. Consequently, it is not possible to determine whether the implementation factors identified in this review would apply equally outside schools, limiting the transferability of findings beyond educational settings.

Who benefits most?

Findings were constrained by the lack of evidence on how experiences of Universal TF-GBV differed across demographic or personal characteristics. Only one study assessed age as a potential moderator of intervention effectiveness.[9] Across two RCTs, there was no evidence that intervention effects differed by age within the study samples. However, this evidence was limited to adolescents participating in a single intervention programme and does not permit broader conclusions about age-related differences in effectiveness. No studies explored education, care-experience, neurodiversity, intersectionality or place of residence. Therefore, it is important that future research explores equity-related variables in the context of Universal TF-GBV approaches.

We planned and pre-specified subgroup analyses for gender, ethnicity, and socio-economic status (SES) at protocol stage. However, these analyses could

not be conducted quantitatively because the evidence base did not provide extractable effects across at least two subgroup levels[f] (and, in some cases, subgroup data were not reported at all). As a result, subgroup findings are presented narratively only. These limitations highlight the importance of future evaluations collecting and reporting outcome data by relevant demographic and equity-related characteristics to facilitate assessment of differential intervention effects across population subgroups.

Limitations

Challenges with the studies measuring effectiveness

The review was limited by the small number of effectiveness studies available. Although the meta-analyses included a relatively large number of measured outcomes, these were drawn from only nine studies, with many outcomes clustered within the same studies. The evidence base was particularly small for analyses of specific forms of GBV, and no included effectiveness studies were conducted in the UK. This limits the extent to which the findings can be applied to UK policy and practice.

It is important to note that the broader violence analysis was driven predominantly by GBV-related outcomes. Only a small number of effect sizes related to non-GBV violence outcomes were included, meaning the pooled estimate largely reflects impacts on GBV rather than a substantial independent evidence base for wider crime and violence prevention. As such, conclusions about broader violence outcomes should be interpreted cautiously.

Substantial heterogeneity was observed across most analyses. This may reflect the breadth of the Universal TF-GBV category, with interventions varying in their

[f] At least two subgroup levels are required to estimate a between-group difference (i.e., to test whether effects differ across subgroups); with only one level, the subgroup comparison is not estimable.

populations, content, intensity and delivery, as well as the forms of harm, mechanisms of change and outcomes targeted. There was also variation in how directly interventions focused on TF-GBV. Some had a specific TF-GBV focus, while others explicitly aimed to address TF-GBV within a broader GBV or violence-prevention programme. These differences may help explain the variation in effects and make it difficult to identify the contribution of TF-GBV-specific intervention components.

Given the small number of studies, subgroup or moderator analyses could not be conducted to explore sources of heterogeneity. Therefore, this review cannot determine whether effects vary according to intervention focus, content, intensity or delivery, or between different populations, settings and outcome types. It also cannot determine whether interventions focused specifically on Universal TF-GBV are more or less effective than broader universal programmes that include TF-GBV as one component.

Most outcome-specific estimates favoured Universal TF-GBV interventions but were not statistically significant, and prediction intervals frequently included both benefit and harm. Alongside limitations in study quality, this resulted in Low or Very Low evidence security ratings, meaning findings should be interpreted with caution.

Challenges with the studies measuring implementation

Measuring the implementation of Universal TF-GBV interventions presents several challenges. Six studies were eligible for inclusion; however, the breadth and quality of implementation reporting varied considerably. Although evidence was identified across all implementation domains, some areas, particularly fidelity and delivery methods, received substantially greater attention than others. This limits the extent to which robust conclusions can be drawn regarding the factors that support successful implementation.

All implementation studies were conducted in school settings and focused primarily on intervention effectiveness rather than implementation processes.

Consequently, implementation data were often reported as secondary findings. Fidelity monitoring, for example, was frequently included to support internal validity rather than as a dedicated assessment of implementation quality. Furthermore, implementation was measured inconsistently across studies. Fidelity was often inferred from attendance records and session completion rather than assessed through direct measures of adherence, quality of delivery, or participant responsiveness. While some studies employed more comprehensive methods, including facilitator monitoring and process evaluation, others relied largely on attendance data and standardised delivery procedures, limiting comparability across studies.

There was also limited attention to equity within implementation measurement. Although some studies reported cultural adaptations, accessibility considerations, or efforts to improve inclusivity, few systematically assessed whether implementation varied across population groups or examined the impact of adaptations on engagement and participation. As a result, there is limited evidence regarding how implementation quality may differ according to characteristics such as ethnicity, gender, disability, language, or socioeconomic circumstances.

The implementation evidence is also limited in its applicability beyond schools. All studies were conducted in educational settings, and only two were undertaken in the UK. It is therefore unclear whether the implementation facilitators and barriers identified in this review would apply equally to interventions delivered in other settings relevant to TF-GBV prevention, such as youth services or community organisations.

Finally, although studies frequently described programme delivery, staff training, fidelity procedures, and implementation barriers, none reported information on implementation costs, resource requirements, or cost-effectiveness. The absence of economic evidence limits understanding of the feasibility, scalability, and long-term sustainability of Universal TF-GBV interventions in routine practice.

Final thoughts and recommendations

Overall, this review suggests that Universal TF-GBV interventions have small-to-moderate beneficial effects. Although effects consistently favoured participants receiving Universal TF-GBV interventions, most were not statistically significantly different from zero. Heterogeneity was generally high, and prediction intervals were wide, indicating that for many outcomes, the true effect in a new but similar study could plausibly range from a substantial benefit to no effect or, for some outcomes, potential harm. The Low or Very Low evidence security ratings mean that the findings should therefore be interpreted cautiously. Decisions to adopt or continue these interventions should therefore not be based on the pooled estimates alone. Schools and other delivery settings should consider the relevance of an intervention to their population and context, its underlying theory of change, the resources required for delivery, and the strength of evidence supporting the intervention itself.

Where Universal TF-GBV interventions are implemented, the available evidence highlights interventions can be implemented successfully within school settings, particularly when they use interactive delivery methods, are supported by trained facilitators, and align with existing school structures. However, the implementation evidence base remains small, with limited information on equity adaptations, long-term implementation, and costs. Further research is needed across a wider range of settings and populations.

Based on our systematic review and meta-analysis, we make the following key recommendations:

- Consider Universal TF-GBV interventions as a potentially beneficial approach. However, the Low or Very Low evidence security ratings mean that decisions to implement these interventions should reflect the current uncertainty in the evidence.

- Build robust monitoring and evaluation into implementation. Prediction intervals indicate that new, but similar interventions could have no effect or potentially increase harm. Evaluations should therefore assess both intended and unintended outcomes and identify whether effects differ across groups and contexts.
- Strengthen the evidence for UK policy and practice. None of the effectiveness studies meeting the inclusion criteria were conducted in the UK, and the available evidence was generally of limited quality. High-quality UK evaluations are therefore needed to assess effectiveness, implementation, reach, equity, sustainability and cost-effectiveness in UK settings.
- Improve reporting on who benefits most. Future research should report outcomes more consistently by gender, ethnicity, developmental stage, and neurodevelopmental profile so that conclusions can be drawn more confidently about equity and differential impact.
- Design and evaluate interventions that are inclusive, culturally relevant, and accessible to diverse groups of children and young people, including those with different identities, backgrounds, and support needs.
- Consider approaches beyond individual behaviour change. TF-GBV is also shaped by wider structural and digital-platform factors, including platform design, recommender systems and commercial practices. Future research should examine whether individual-level interventions are sufficient to reduce TF-GBV, or whether complementary approaches targeting these wider drivers, such as platform-level interventions and regulation, are needed.
- Strengthen implementation evaluation using direct fidelity measures, assessment of implementation across different groups and settings, and more consistent reporting of barriers and facilitators to delivery.

- Routinely collect and report information on implementation costs, staffing, training, technology, and support requirements to improve understanding of feasibility, scalability, and long-term sustainability.

References

Studies included in the effectiveness section are marked with an asterisk (*), studies included in the implementation section are marked with a dagger (†), studies included in both effectiveness and implementation sections are marked with both an asterisk and a dagger (*†) at the beginning of the reference.

1. Hemady C, Tungwarara N, Knight L. Scoping Note: Technology-Facilitated Gender-Based Violence Universal and Targeted Interventions, and Cyberbullying Interventions. Youth Endowment Fund. [OSF].

2. Childlight. INTO THE LIGHT Index on Global Child Sexual Exploitation and Abuse. 2025. https://www.childlight.org/uploads/publications/intothelight2025/STAR_2025.pdf

3. Hemady C, Valdebenito S, Hayre C, Meinck F, Fry D. A scoping review of threats, enabling technologies, and forms of AI involvement associated with child sexual exploitation and abuse. Open Science Framework. Preprint posted online 2026. doi:https://doi.org/10.31235/osf.io/f8ygp_v1

4. McGlynn C, McDermott Y, Macdonald S, Toparlak RT, Tarrant F, Treacy S. How AI Chatbots Are Reshaping Violence Against Women and Girls.

5. Technology-Facilitated Gender-Based Violence: Preliminary Landscape Analysis.

6. De La Rue L, Polanin JR, Espelage DL, Pigott TD. A Meta-Analysis of School-Based Interventions Aimed to Prevent or Reduce Violence in Teen Dating Relationships. Rev Educ Res. 2017;87(1):7-34. doi:10.3102/0034654316632061

7. Lee C, Wong JS. Examining the effects of teen dating violence prevention programs: a systematic review and meta-analysis. J Exp Criminol. 2022;18(1):1-40. doi:10.1007/s11292-020-09442-x

8. Ging D, Ringrose J, Milne B, Horeck T, Mendes K, Castellini Da Silva R. Moving beyond masculine defensiveness and anxiety in the classroom: exploring

gendered responses to sexual and gender based violence workshops in England and Ireland. Gend Educ. 2024;36(3):230-247. doi:10.1080/09540253.2024.2315052

9. Calvete E, Cortazar N, Fernández-González L, et al. Effects of a Brief Preventive Intervention in Cyberbullying and Grooming in Adolescents. Psychosoc Interv. 2021;30(2):75-84. doi:10.5093/pi2020a22

10. Reeves J, Crowther T. Teacher feedback on the use of innovative social media simulations to enhance critical thinking in young people on radicalisation, extremism, sexual exploitation and grooming. Pastor Care Educ. 2019;37(4):280-296. doi:10.1080/02643944.2019.1618377

11. Rodríguez-deArriba ML, Muñoz-Fernández N, Durán-Guerrero E, Ortega-Rivera J, Jódar-Marín JÁ, Sánchez-Jiménez V. Does virtual reality increase the success of interventions? Comparing non-VR and VR Virtual-PRO programmes' efficacy for the prevention of sexual harassment among adolescents. Cyberpsychology J Psychosoc Res Cyberspace. 2025;19(2). doi:10.5817/CP2025-2-1

12. Sánchez-Jiménez V, Rodríguez-de Arriba ML, Ortega-Rivera J, Muñoz-Fernández N. Can Virtual Reality be Used for the Prevention of Peer Sexual Harassment in Adolescence? First Evaluation of the Virtual-PRO Program. Psychosoc Interv. 2024;33(1):29-42. doi:10.5093/pi2024a1

13. Versloot-Swildens MC, De Graaf H, Twisk JWR, Popma A, Nauta-Jansen LMC. Effectiveness of a Comprehensive School-Based Sex Education Program for Young Adolescents in the Netherlands. J Youth Adolesc. 2024;53(4):998-1014. doi:10.1007/s10964-023-01903-6

14. Culyba AJ, Fuhrman B, Barker G, Abebe KZ, Miller E. Primary Versus Secondary Prevention Effects of a Gender-Transformative Sexual Violence Prevention Program Among Male Youth: A Planned Secondary Analysis of a Randomized Clinical Trial. J Interpers Violence. 2023;38(19-20):11220-11242. doi:10.1177/08862605231179717

15. Hartmann M, Mutangabende S, Nash S, et al. Effectiveness of an empowerment-based self-defense program among South African girls: results from a cluster-randomized control trial in schools. BMC Womens Health. 2025;25(1):119. doi:10.1186/s12905-025-03647-w

16. Fernández-González L, Calvete E, Sánchez-Álvarez N. Efficacy of a Brief Intervention Based on an Incremental Theory of Personality in the Prevention of Adolescent Dating Violence: A Randomized Controlled Trial. Psychosoc Interv. 2020;29(1):9-18. doi:10.5093/pi2019a14

17. Peskin MF, Markham CM, Shegog R, et al. Adolescent Dating Violence Prevention Program for Early Adolescents: The Me & You Randomized Controlled Trial, 2014–2015. Am J Public Health. 2019;109(10):1419-1428. doi:10.2105/AJPH.2019.305218

18. Jaureguizar J, Redondo I, Dosil-Santamaría M, Aróstegui I. The efficacy of the CDA-Stop school intervention programme to prevent cyberviolence in adolescent couples aged 12 to 17 in the Basque Country / La eficacia del programa de intervención escolar CDA-Stop para prevenir la ciberviolencia en parejas adolescentes de 12 a 17 años del País Vasco. J Study Educ Dev Infancia Aprendiz. 2025;48(3):630-662. doi:10.1177/02103702251337432

19. Pustejovsky JE, Tipton E. Meta-analysis with Robust Variance Estimation: Expanding the Range of Working Models. Prev Sci. 2022;23(3):425-438. doi:10.1007/s11121-021-01246-3

20. Youth Endowment Fund. Children Violence and Vulnerability. 2023.

21. Higgins J, Thomas J, Chandler J, et al. Cochrane Handbook for Systematic Reviews of Interventions, Version 6.5.

22. Rutterford C, Copas A, Eldridge S. Methods for sample size determination in cluster randomized trials. Int J Epidemiol. 2015;44(3):1051-1067. doi:10.1093/ije/dyv113

23. Azam MdT, Bush HM, Coker AL, Westgate PM. Effect sizes and intra-cluster correlation coefficients measured from the Green Dot High School study for guiding sample size calculations when designing future violence prevention

cluster randomized trials in school settings. Contemp Clin Trials Commun. 100831. doi:10.1016/j.conctc.2021.100831

24. Viechtbauer W. Bias and Efficiency of Meta-Analytic Variance Estimators in the Random-Effects Model. J Educ Behav Stat. 2005;30(3):261-293. doi:10.3102/10769986030003261

25. Cochran WG. The Combination of Estimates from Different Experiments. Biometrics. 1954;10(1):101. doi:10.2307/3001666

26. Higgins JPT, Thompson SG. Quantifying heterogeneity in a meta-analysis. Stat Med. 2002;21(11):1539-1558. doi:10.1002/sim.1186

27. Riley RD, Higgins JPT, Deeks JJ. Interpretation of random effects meta-analyses. BMJ. 2011;342(feb10 2):d549-d549. doi:10.1136/bmj.d549

28. Viechtbauer W, Cheung MWL. Outlier and influence diagnostics for meta-analysis. Res Synth Methods. 2010;1(2):112-125. doi:10.1002/jrsm.11

29. Begg CB, Mazumdar M. Operating Characteristics of a Rank Correlation Test for Publication Bias. Biometrics. 1994;50(4):1088. doi:10.2307/2533446

30. Sterne JAC, Egger M. Regression methods to detect publication and other bias in meta-analysis. In: Publication Bias in Meta-Analysis: Prevention, Assessment and Adjustment. Wiley:99-110.

31. R Foundation for Statistical Computing. R: A language and environment for statistical computing. Published online 2020. https://www.R-project.org/

32. Viechtbauer W. Conducting Meta-Analyses in R with the **metafor** Package. J Stat Softw. 2010;36(3). doi:10.18637/jss.v036.i03

Appendix 1. Methods of the systematic review

Protocol

Prior to initiating this systematic review, we developed a comprehensive protocol for an Evidence and Gap Map (EGM) outlining the research objectives, eligibility criteria, search strategy, data extraction, quality appraisal, and synthesis methods. This protocol was registered and is available on the Open Science Framework (OSF),[g] ensuring transparency and adherence to predefined methods.

Eligibility Criteria

To define the scope of relevant research, we applied the following criteria from the outset:

Table 14: *Eligibility criteria for Universal TF-GBV studies*

Eligibility criteria	Inclusion criteria	Exclusion criteria
Population	All children and young people aged 18 years and below in any given setting. Adults (e.g., education staff, parents/carers, youth workers) in the child's reference network as long as the intervention aims to address TF-GBV outcomes affecting children and young people. This includes studies where the immediate outcomes are adult-facing (e.g., joined up	Populations explicitly selected due to perpetration risk/history of TFGBV

[g] Protocol is available to access here: https://osf.io/vamxy

	services, w/c is an outcome included in the EGM protocol), and provided these outcomes are relevant in the ToC and therefore linked to preventing or responding to TFGBV affecting children (e.g. knowledge or attitudes to GBV).	
Intervention	Universal Interventions in which Technology-facilitated GBV perpetration or victimisation is an explicit and substantive intervention aim, active component, module, mechanism, or measured outcome. Where the relevant content is minor, incidental, or only mentioned in passing, the study will not be included unless a relevant TFGBV outcome is measured. Interventions which explicitly target gender-based harms that are enabled, amplified, or mediated through digital technologies	Interventions that do not explicitly target gender-based harms that are enabled, amplified, or mediated through digital technologies.
Comparator	Business as usual / treatment as usual (BAU/TAU), no intervention, waitlist, or minimal-contact control	Observational studies including case studies, cross-sectional, cohort, longitudinal.
Dose	Any	N/A

Setting	Any	N/A
Activities	Any	Programmes with modules that do not address technology-facilitated forms of abuse.
Participation	Any	N/A
Who delivers the intervention	Any	N/A
Timing	Any	N/A
Study design	Randomised controlled trials (RCTs) and robust quasi-experimental designs (QEDs) e.g. those using difference-in-difference, synthetic controls, regression discontinuity, propensity score matching, or instrumental variables.	Studies without a credible counterfactual e.g. pre/post designs, QEDs with non-robust matching techniques Observational studies including case studies, cross-sectional, cohort, longitudinal

Details of searching

Prior to running academic database searches, the review team had already identified a number of potentially relevant studies from existing sources (n=112). These included studies coded within the Evidence and Gap Map by the previous team, studies already included at the EGM stage by the current team, and references identified from previous reviews. In addition, a further set of records was identified through academic database searching, and searches to identify grey literature.

The academic search strategy was developed iteratively and refined through testing in MEDLINE. A set of pre-identified benchmark studies were identified by YEF at scoping stage, selected for their relevance to the review parameters and their coverage of key populations, interventions, and outcomes, was used to assess the sensitivity of the search. The strategy was refined until all benchmark studies were successfully retrieved, providing confidence that the search was capable of identifying relevant literature. The search was designed to capture Universal TF-GBV interventions, Targeted TF-GBV interventions, and Cyberbullying interventions.

The final MEDLINE search strategy was subsequently adapted, with appropriate modifications to controlled vocabulary, syntax, and field codes, for use across additional databases and platforms.

Searches were conducted in the following sources:

- Ovid MEDLINE (ALL)
- Child Development & Adolescent Studies (EBSCOhost)
- Open Dissertations (EBSCOhost)
- Criminal Justice Abstracts (EBSCOhost)
- ERIC (EBSCOhost)
- APA PsycInfo (Ovid)
- PsycArticles (Ovid)
- Embase (Ovid)

These databases were selected to ensure comprehensive coverage across psychology, education, criminal justice, health, and grey literature sources. The core conceptual structure of the search was retained across platforms, with database-specific adaptations applied to maximise sensitivity while maintaining relevance.

In addition to searches of databases, we searched several relevant repositories and sources of grey literature, including YEF evaluation reports, the ESRC Data Archive, the Education Endowment Foundation's projects and evaluation reports,

the College of Policing Crime Reduction Toolkit, the Youth Justice Board Resource Hub, and the GOV.UK Evaluation Registry.

Details of screening

A total of 7,743 records were identified as potentially relevant for the Universal GBV report. These records were first deduplicated in EndNote, leaving 6,676 records to be imported into EPPI-Reviewer. Following further deduplication in EPPI-Reviewer, and the addition of 19 records identified via other sources, 5,268 records remained for title and abstract screening.

A team of reviewers conducted initial title and abstract screening. A total of 2,349 records were marked as included and 2,919 as excluded. As a quality assurance check, a random sample of 10% of records were reviewed by senior team members.

A team of reviewers then screened the full text for all included studies. Senior reviewers conducted a check of any exclusions, and any discrepancies were discussed as a team and reconciled.

Of the 2,349 records screened at full-text level, 2,128 were excluded (see Table 15). Where full data was not reported within the paper, the team attempted to contact lead authors to request further data.

Table 15: *Full-text screening results*

Reason for exclusion	Number of Records Excluded at Full-Text Level
Outcomes or intervention not relevant	1,277
Study design not meeting robust causal threshold	419

PDF not accessible	302
Did not target CYP	54
Duplicate	44
Language	32

Following full-text screening, 221 studies were flagged as potentially relevant for inclusion in the current report. When combined with the 112 records identified in the existing EGM, this gave a total of 333 records assessed as potentially relevant for inclusion.

Table 16: *Reasons for exclusion after full text screening*

Reason for exclusion	Number of Records Excluded
Retained as EGM records but not causal or relevant to the strand	310
Identified as belonging to another Toolkit strand	4
Linked	3
Comparison group not business as usual	3
Outcomes not relevant	1
Study design	1

Initially the team identified 23 Universal TF-GBV interventions which all went through our normal process for inclusion based on the eligibility criteria outlined in Table 14. Following this assessment, 14 records were identified as fitting the

scope for Universal TF-GBV. This number reduced to 11 unique records as three records were multiple reports of another study (Table 17).

Table 17: *List of linked studies*

Master study	Linked studies
Culyba (2023)	Abebe (2018); Miller (2020)
Peskin (2019)	Henson-Garcia (2025)

Of the 11 unique study records, 6 studies provided implementation evidence, and 9 studies provided effectiveness evidence. Of these 9 studies, 1 did not provide usable quantitative data for meta-analysis. The reasons for excluding this one record from the meta-analysis were as follows:

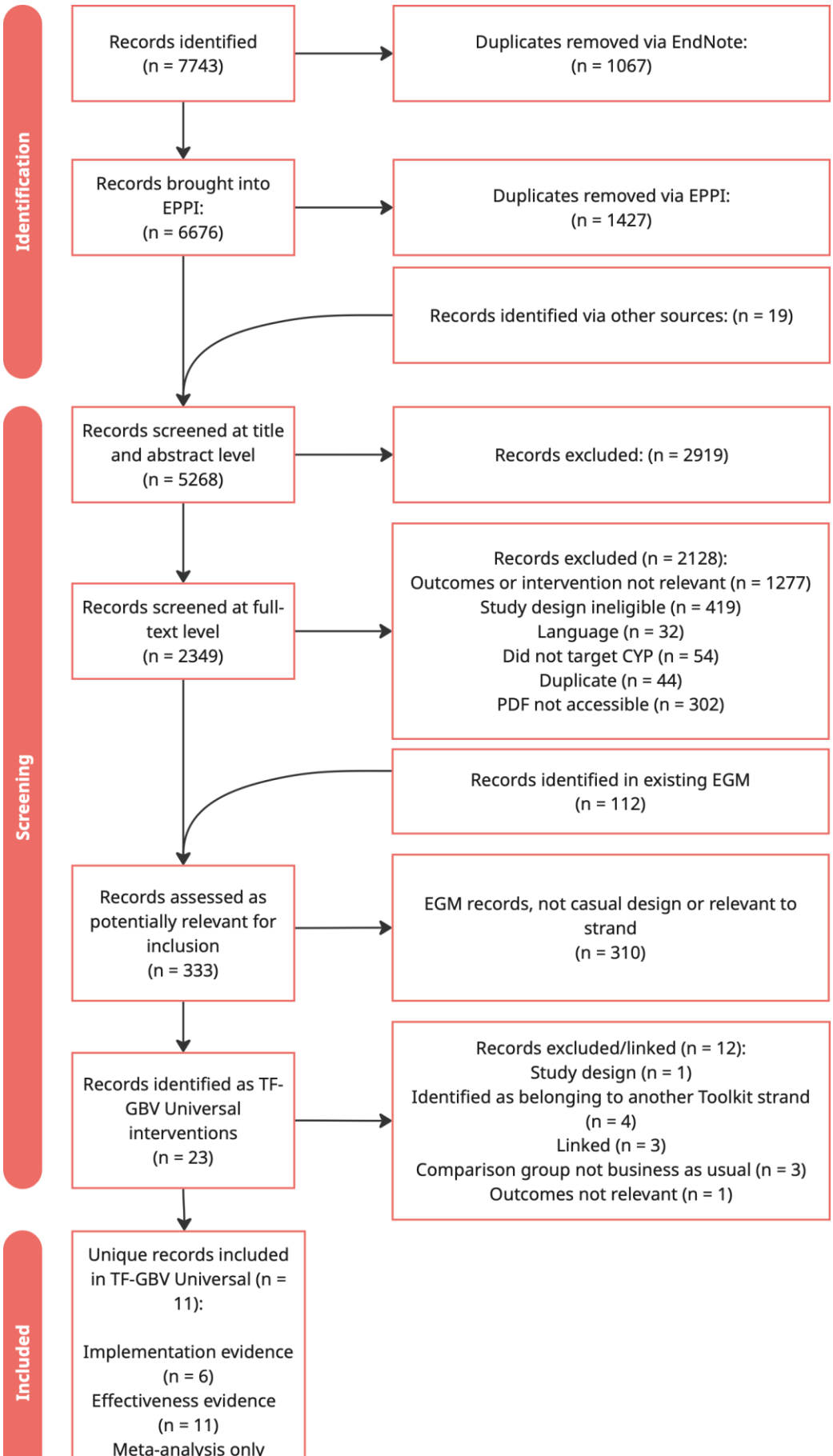
- **Jaureguizar (2025)** - met the inclusion criteria for an impact evaluation, using a cluster-randomised by class design. However, the study could not be included in the final meta-analysis due to missing information. An analysis with all participants was conducted, however scores were only presented for individual scale items, with no summative statistics given. Additional analyses were also conducted by the author comparing participants who reported perpetrating cyberviolence with participants who reported experiencing cyberviolence victimisation at baseline. However, the authors analysed these differences using mixed-ANOVA's but did not report participant numbers for the groups. The lack of participant numbers meant that effect sizes could not be calculated for these outcomes. The study authors were contacted to request the missing data and participant information, but no response was received. The study was therefore excluded from the meta-analysis but was retained in the narrative synthesis of the effectiveness evidence.

Therefore, this report includes **11 unique studies**:

- **6 studies** which provided implementation evidence,

- **11 studies** which provided effectiveness evidence in the broader review by contributing to the Description of the Intervention section,
- 8 studies, including one multi-arm trial that contributed independent comparisons, which provided usable quantitative data for the meta-analysis, resulting in **9 effectiveness study** contributions overall

All exclusions made following full-text screening were reviewed by a senior reviewer to ensure consistency and accuracy.


Identification
Records identified (n = 7743)
Duplicates removed via EndNote: (n = 1067)
Records brought into EPPI: (n = 6676)
Duplicates removed via EPPI: (n = 1427)
Records identified via other sources: (n = 19)
Screening
Records screened at title and abstract level (n = 5268)
Records excluded: (n = 2919)
Records screened at full-text level (n = 2349)
Records excluded (n = 2128):
Outcomes or intervention not relevant (n = 1277)
Study design ineligible (n = 419)
Language (n = 32)
Did not target CYP (n = 54)
Duplicate (n = 44)
PDF not accessible (n = 302)
Records identified in existing EGM (n = 112)
Records assessed as potentially relevant for inclusion (n = 333)
EGM records, not casual design or relevant to strand (n = 310)
Records identified as TF-GBV Universal interventions (n = 23)
Records excluded/linked (n = 12):
Study design (n = 1)
Identified as belonging to another Toolkit strand (n = 4)
Linked (n = 3)
Comparison group not business as usual (n = 3)
Outcomes not relevant (n = 1)
Included
Unique records included in TF-GBV Universal (n = 11):
Implementation evidence (n = 6)
Effectiveness evidence (n = 11)
Meta-analysis only

Of the 8 included studies, 1 included two multi-arm trials that contributed independent comparisons for inclusion in the meta-analysis, resulting in 9 effectiveness study contributions overall

Figure 6: *PRISMA Flow Diagram*

Quality appraisal process for effectiveness studies

The YEF-EQA tool was used across all studies to systematically assess the quality, reliability, and relevance of the research.

Table 18: *Quality appraisal ratings for studies included in the Universal TF-GBV strand*

Study ID	Overall quality of the study	Study Design
Calvete (2021)	Moderate	RCT
Culyba (2023)	High	RCT
Fernández-González (2020)	Moderate	RCT and PE
Hartmann (2025)	Moderate	RCT and PE
Jaureguizar (2025)	Moderate	RCT and PE
Rodriguez-deArriba (2025)	Moderate	RCT
Peskin (2019)	Moderate	RCT and PE
Sanchez-Jimenez (2024)	High	RCT
Versloot-Swildens (2024)	Moderate	RCT

How the findings were analysed and combined

Preparing the data frame for analysis

All quantitative studies contributing to the meta-analysis met the review's eligibility criteria for causal evidence and were randomised controlled trials (RCTs). For all studies, the primary effect size was the standardised mean difference (SMD) expressed as Hedges' g. Estimates from the meta-analysis therefore represent the average causal effect of the interventions on the outcomes examined, while assessments of study quality, heterogeneity, and statistical precision inform the level of confidence that can be placed in these estimates.

As is common in meta-analysis, the team encountered several challenges in harmonising effect sizes across studies. First, there was a need to standardise the direction of SMD values so that negative values consistently indicate a favourable intervention effect. To achieve alignment across all outcomes, we reviewed all effect size direction labels and, where necessary, multiplied positive SMD values by –1 for outcomes where a lower score signified improvement This ensured that all SMDs reflected the same directional meaning, **that negative SMD values always indicate beneficial effects.** This approach supports clear interpretation and comparability across studies within the meta-analysis.

In the study by Peskin et al.,[17] a post-intervention pooled standard deviation was not reported. Therefore, the baseline standard deviation was used as the standardising factor for the adjusted post-intervention mean difference when calculating the SMD. This approach enabled the adjusted treatment effect estimate to be expressed on a common effect size scale and included in the meta-analysis despite the absence of a reported post-intervention pooled standard deviation.

Fifty-one outcomes across 3 studies were reported as odds ratios (OR) and 18 outcomes across one study were reported as risk ratios (RR). To enable pooling with continuous outcomes, these effect estimates were approximately converted

into an equivalent SMD by multiplying the natural log of the RR $\times \frac{\sqrt{3}}{\pi}$ (approximately 0.5513).[h] In practical terms:

$$SMD\ (Cohen's\ d)\ \approx \frac{\sqrt{3}}{\pi}\ln(OR/RR)\ =\ \frac{\ln(OR/RR)}{1.814}$$

Additionally, 162 outcomes across six studies were from cluster randomised controlled trials. In a cluster trial, randomisation occurs at a group-level (e.g. school, classroom). People within the same cluster tend to be more similar to each other than to people in other clusters. There is therefore less information about the effectiveness of an intervention in a trial of 100 people in 10 schools than in a trial of 100 people randomised individually. This non-independence of participants within clusters must be accounted for or the effect size will be over-estimated. For cluster randomised trials which reported the effect sizes from cluster-adjusted analyses (e.g. mixed-effects models, generalised estimating equations) along with their standard errors or confidence intervals, we converted those estimates directly to Hedges' g and derived the standard error of g from the reported uncertainty, with no further adjustment required. However, for cluster randomised trials analysed as if they were individually randomised, the effect size precision was adjusted using a design effect [22]. The design effect (DE) was defined as:

$$DE = 1 + (M - 1)\rho$$

Where M is the average cluster size and ρ is the intracluster correlation coefficient (ICC). For these studies we retained the point estimate of g but inflated its standard error by DE (equivalently, we reduced the effective sample size in each arm by dividing the original sample size by DE before computing the sampling variance). When ICCs were not reported (23 effect sizes across 3 reports), we used values from similar studies in the same substantive area, matching

[h] Because this transformation is a linear scaling, the standard error of the SMD can be obtained by applying the same $\frac{\sqrt{3}}{\pi}$ factor to the standard error of the log OR

outcome type and reporter (self-report, parent, or teacher) as closely as possible.[23]

Meta-analysis

A random-effects model was fitted to the data. The amount of heterogeneity (i.e., τ^2), was estimated using the restricted maximum-likelihood estimator.[24] In addition to the estimate of τ^2, the Q-test for heterogeneity[25] and the I^2 statistic[26] are reported. In case any amount of heterogeneity is detected, a prediction interval for the true outcomes is also provided.[27]

Sensitivity analyses

Studentized residuals and Cook's distances are used to examine whether studies may be outliers and/or influential in the context of the model.[28] Studies with a studentized residual larger than the $100\times(1-0.05/(2\times k))$th percentile of a standard normal distribution are considered potential outliers (i.e., using a Bonferroni correction with two-sided $\alpha=0.05$ for k studies included in the meta-analysis). Studies with a Cook's distance larger than the median plus six times the interquartile range of the Cook's distances are considered to be influential. The rank correlation test[29] and the regression test,[30] using the standard error of the observed outcomes as predictor, are used to check for funnel plot asymmetry. The analysis was carried out using R (version 4.4.2)[31] and the metafor package (version 4.8.0).[32]

Implementation data

Information on factors that influenced, or were perceived to influence, implementation was extracted from studies where this was reported by study authors.

The data extraction for the toolkit extends the approach used in the EGM. For the EGM, the focus was on whether implementation outcomes were measured, that is, whether studies reported indicators of how well a programme or intervention was

implemented. In contrast, the toolkit data extraction focuses on explanatory factors, capturing why implementation did or did not proceed as intended and what influenced these processes. These factors are typically conceptualised as barriers and facilitators to implementation.

In line with this approach, evidence on barriers and facilitators is organised into two overarching domains: (a) implementation processes and delivery capacity, and (b) delivery characteristics. Within these domains, findings are presented under the following categories:

Implementation processes and delivery capacity

- **Fidelity:** The extent to which interventions are delivered as intended, including the quality and consistency of implementation, barriers and facilitators to high-fidelity delivery, and any monitoring or feedback mechanisms.
- **Intervention providers and training:** The individuals responsible for delivering the intervention (e.g. teachers, school staff, external specialists) and the nature of their training and ongoing support. This includes consideration of how delivery may vary depending on provider characteristics and their experiences of implementation.
- **Reach and penetration:** Reach refers to the proportion and representativeness of the target population engaged, while penetration reflects the extent to which an intervention is embedded within services or systems. This includes evidence on participation, coverage, and integration into routine practice.
- **Adaptations for equity characteristics:** Any deliberate modifications made to ensure accessibility, acceptability, and effectiveness across different populations (e.g. adaptations related to ethnicity, disability, gender, or socio-economic deprivation), including how such adaptations influence engagement and, where reported, effectiveness.

Delivery characteristics

- **Delivery method:** The format and techniques used to deliver the intervention and engage participants, including factors influencing engagement across different delivery approaches.
- **Delivery setting:** The context in which the intervention is delivered (e.g. schools, community settings, online environments), including how setting influences implementation quality and presents specific barriers or facilitators.
- **Duration/dosage:** The length, intensity, and frequency of delivery, including barriers and facilitators to achieving sufficient dosage and any implications for implementation quality.

Six studies included in this review contributed evidence across these domains. Findings for each category were synthesised narratively.

Appendix 2. Location Details

	Number of UK Studies	Number (and Location) of International Studies
Contributing to Evidence Quality Rating	0	Spain (N=5); US (N=2); South Africa (N=1); Netherlands (N=1)
Contributing to Estimated Impact on All Violence	0	Spain (N=5); US (N=2); South Africa (N=1)
Contributing to Estimated Impact on GBV	0	Spain (N=5); US (N=2); South Africa (N=1); Netherlands (N=1)
Contributing to EDIE Data	0	Spain (N=2)
Contributing to Implementation Data	2	Spain (N=2); US (N=1); South Africa (N=1)
Contributing to Cost Data	0	0

Appendix 3. Characteristics of included studies for meta-analysis

Studies contributing to the estimated impact on violence are marked with an asterisk (*).

Authors (Year)	Country	Study Design	Intervention	Population / Place	Delivery Setting	Intervention Provider	Comparison	Outcomes Measured	Quality Level	Findings
***Calvete (2021)**	Spain	RCT	Self-affirmation plus Incremental Theory of Personality (SA + ITP) is designed to strengthen self-integrity and improve empathy in adolescents, measured	Secondary school students aged 12-15 years	School	Researcher	Minimal contact control	Violence; Bullying; Victim of crime; Gender-based violence outcomes (all); GBV Knowledge and attitudes; GBV	Moderate	The SA + ITP intervention showed preliminary promise in reducing online risk behaviours. The intervention did not directly reduce sexualised interaction with adults, but significantly reduced

			across two studies.					Victim; Sexual violence (victim); Tech-facilitated GBV (victim)		adolescents' aggressive or risky responses after online victimisation or sexual solicitation.
***Culyba (2023)**	USA	RCT	Manhood 2.0 is designed to prevent sexual violence and adolescent relationship abuse through discussions and skill-building	13 - 19 year old males from areas characterised by high racial segregation and poverty	Community setting (such as community centres, churches, YMCA's and libraries)	Community leaders	Minimal contact control (job-readiness training program frequently used in the setting)	Violence; Crime and offending; Bullying; Helping others (prosocial behaviours);	High	The intervention was associated with significant improvements in the recognition of abusive behaviours and intentions to intervene but did not reduce perpetration. Participants with

			activities on gender, masculinity, power, healthy relationships, violence prevention, sexual health, and bystander intervention.					Gender-based violence outcomes (all); GBV Bystander; GBV Knowledge and attitudes; GBV Perpetrator; IPV/Dating Relationship Violence (perpetrator);		a history of sexual violence and adolescent relationship abuse showed greater reductions in peer violence at follow-up than those with no history, while the control group demonstrated greater reductions in several other violence-related outcomes.

								Sexual violence (perpetrator); Tech-facilitated GBV (perpetrator)		
***Fernández-González (2020)**	Spain	RCT	The Incremental Theory of Personality intervention aims to reduce dating violence perpetration and	High school students aged 13-17 years	School	Researcher	Minimal contact control	Violence; Crime and offending; Victim of crime; Gender-based violence outcomes (all);	Moderate	The intervention was associated with a significant reduction in both traditional and online dating violence perpetration. No significant differences were observed for

			victimisation among adolescents by promoting the belief that behaviour can change.					GBV knowledge and attitudes; GBV perpetrator; GBV victim; IPV/Dating relationship violence (perpetrator); sexual violence (perpetrator); Tech-facilitate		traditional or online dating violence victimisation.

								d GBV (perpetrator); IPV/Dating relationship violence (victim); Sexual violence (victim); Tech-facilitated GBV (victim)		

Hartman n (2025)	South Africa	RCT and PE	No Means No (NMN) - COVID adapted is an empowerme nt-based self-defence programme designed to prevent sexual violence among girls, equipping them with practical tools and knowledge for sexual	Adolescent s aged 10-19 years	School	Trained NMN instructors	Treatment as usual	Victim of crime; Gender-based violence outcome s (all); GBV Knowled ge and attitudes; GBV victim; IPV/Datin g relations hip violence (victim); Sexual	Moder ate	Among girls, the intervention was not associated with significant reductions in online and offline sexual violence at 12-month follow-up. Self-defence knowledge significantly improved at 3-month follow-up among intervention participants compared with controls. This effect was only significant in the

			assault situations.					violence (victim); Tech-facilitated GBV (victim);		girls' and boys' intervention group, not the girls-only intervention group. No significant differences were observed for gender norms or victim-blaming attitudes.
***Peskin (2019)**	USA	RCT and PE	Me & You: Building Healthy Relationships (Me & You) is designed to promote healthy	Sixth grade students (aged 11-14 years) attending middle schools	School	Researchers and teachers	Treatment as usual	Violence; Crime and offending; Ability to resolve conflict;	Moderate	The intervention was associated with significant reductions in dating violence perpetration (including physical,

			relationships and prevent dating violence through the development of communication, consent, online safety, and healthy relationship skills.					Family relationship and support; Meaningful relationships; Regulating and managing emotions; Victim of crime; Gender-based violence outcomes (all); GBV		psychological, and threatening behaviours) and threatening and sexual dating violence victimisation at 12-month follow-up. No significant effects were observed for overall dating violence victimisation. Significant improvements were observed in dating violence norms, constructive conflict resolution

								Knowledge and attitudes; GBV perpetrator; GBV victim; IPV/Dating relationship violence (perpetrator); Sexual violence (perpetrator); Tech-facilitated GBV		skills, and attitudes towards sexting, in the intervention group, although only improvements in dating violence norms were maintained at 12-month follow-up.

								(perpetrator); IPV/Dating relationship violence (victim); Sexual violence (victim); Tech-facilitated GBV (victim)		
Rodríguez-deArriba (2025)	Spain	RCT	Virtual Reality Prevention Programme (Virtual-PRO)	Adolescents aged 12-17 years attending	School	Researcher in the presence	Treatment as usual (waitlist)	Helping others (prosocial	Moderate	The intervention showed modest positive effects on verbal/visual

			is designed to prevent sexual harassment and encourage active bystander behaviour by improving awareness of sexual harassment, addressing social-moral reasoning and gender-based beliefs, and teaching intervention and victim	secondary school		of class teacher		behaviours); Regulating and managing emotions; Victim of crime; Gender-based violence outcomes (all); GBV bystander; GBV knowledge and attitudes; GBV		victimisation, online sexual victimisation and moral disengagement at follow-up, compared to the control group. Hostile sexism scores remained stable from post-test to follow-up for the intervention group but increased in the control group. There were no effects of the intervention found for benevolent

			coping strategies. This study tested the intervention without the use of virtual reality headsets, instead multimedia content is played to the participants via 2D videos.					victim; Sexual violence (victim); Tech-facilitated GBV (victim)		sexism or bystanders' intention to intervene.
***Sanchez-Jimenez (2024)**	Spain	RCT	Virtual Reality Prevention Programme (Virtual-PRO) is designed to	Adolescents in compulsory	School	Researchers assisted with VR component.	Treatment as usual (wait list)	Violence; Crime and offending;	High	The intervention was associated with significant reductions in hostile sexism,

			prevent sexual harassment and encourage active bystander behaviour by improving awareness of sexual harassment, addressing social-moral reasoning and gender-based beliefs, and teaching intervention and victim	secondary education		Unclear who delivered classroom activities		Helping others (prosocial behaviours); Regulating and managing emotions; Victim of crime; Gender-based violence outcomes (all); GBV bystander; GBV		moral disengagement, verbal/visual sexual victimisation, and online sexual victimisation. Bystander intention to intervene when the victim was not a friend also significantly increased. No significant differences were observed for physical sexual victimisation, physical, visual/verbal, or

			coping strategies.					knowledge and attitudes; GBV perpetrator; GBV victim; Sexual violence (perpetrator); Tech-facilitated GBV (perpetrator); Sexual violence (victim); Tech-facilitate		online sexual aggression, or bystander intention to intervene when the victim was a friend.

								d GBV (victim)		
Versloot-Swildens (2024)	Netherlands	RCT	"Love is..." is designed to provide comprehensive sex education to promote sexual health and prevent sexual harassment in secondary schools.	Eighth and Ninth grade secondary school students	School	Health professional	Waitlist control	Gender-based violence outcomes (all); GBV knowledge and attitudes	Moderate	The intervention was associated with a significant reduction in cyber victim-blaming attitudes immediately post-intervention compared with the control group, although this effect was not maintained at the 6-month follow-up. No significant differences were observed for attitudes towards

										dating violence or gender stereotypes.

Appendix 4. Characteristics of included studies for implementation

Authors (Year)	Country	Study Design	Intervention (Name and brief description)	Quality Level	Summary of Findings
Ging et al., (2024)	UK	PE	Two school-based workshops on sexual and gender-based violence and activating for change coproduced with School of Sexuality Education and the Association of School and College Leaders.	Low	**Implementation processes and delivery capacity** • **Adaptations for equity characteristics:** Students suggested that the workshops should better represent LGBTQ+ experiences and male victims of sexual violence. **Delivery characteristics** • **Delivery method:** Participants found the delivery method engaging, commenting positively on the interactive nature of the workshop through the use of videos, Post-it note activities, breakout discussion rooms, and relatable language. • **Delivery setting:** The authors argue that the neoliberal and meritocratic ethos present within many schools encouraged students to frame gender-based violence as

					gender-neutral, potentially limiting engagement with discussions of structural gender inequalities.
Hartmann et al (2025)	South Africa	Cluster RCT & PE	**No Means No (NMN):** An empowerment-based self-defence (ESD) programme which aims to prevent sexual violence among girls aged 10-19, by equipping them with practical tools and knowledge for sexual assault situations.	Low	**Implementation processes and delivery capacity** • **Fidelity:** High participant attendance indicated good implementation fidelity, but delivery was constrained by post-COVID school pressures, limited teaching time, and inconsistent whole-school buy-in. • **Intervention providers and training:** Trained community-based instructors and dedicated social workers were viewed as highly engaging and effective, although limited involvement of wider school staff reduced implementation support. • **Reach and penetration:** The programme achieved good reach among enrolled participants but limited penetration within schools due to inconsistent teacher engagement and limited integration into routine school practice. • **Adaptations for equity characteristics:** COVID-related adaptations (reduced duration and modified physical activities) improved feasibility, while stakeholders identified

					further adaptations needed for younger learners, language accessibility, and broader programme content. **Delivery characteristics** • **Delivery method:** Interactive, experiential teaching methods (e.g., role play and skills practice) were well received and promoted learner engagement, although large group sizes and content limitations reduced effectiveness. • **Delivery setting:** Schools generally viewed the programme as appropriate and beneficial, but implementation was hindered by contextual factors including poverty, community violence, COVID-related disruption, and competing educational demands. • **Duration/dosage:** Although attendance was high, shortened class periods often prevented delivery of the full curriculum, with stakeholders recommending longer sessions and an extended programme duration
Jaureguizar et al. (2025)	Spain	Cluster RCT & PE	**Cyberdating Abuse Stop (CDA-Stop):** A	Moderate	**Delivery characteristics**

			school-based intervention designed to target cyberviolence in adolescent relationships by promoting healthy relationships, developing social skills, and enhancing adolescents' ability to recognise and respond to cyberviolence.		• **Delivery method:** Participants viewed the delivery of the intervention positively, commenting on the sessions being enough to deliver the content, and the relatable case studies used, allowing participants to apply their knowledge. • **Duration/dosage:** Participants generally perceived the programme dosage positively, suggesting that the number of sessions was sufficient to cover the intended content.
Peskin et al (2019)	USA	Cluster RCT & PE	**Me & You**: a multilevel, technology-enhanced adolescent dating violence (DV)	Moderate	**Implementation processes and delivery capacity** • **Fidelity:** Overall implementation fidelity was moderate, with 59% of lessons delivered as intended and around 70% of students receiving at least 10 of the 13 lessons, although fidelity data for parent components were limited.

			prevention programme and adapted from the *It's Your Game (IYG)* programme. It aimed to reduce dating violence perpetration and victimisation among ethnically diverse early adolescents by promoting healthy relationship skills, communication, emotion regulation, decision-making, and awareness of unhealthy relationship behaviours, including emotional, physical,		• **Reach and penetration:** The programme reached ethnically diverse sixth-grade students across 10 middle schools and was integrated into existing school lessons, but evidence on broader uptake or routine embedding within schools was not reported. • **Adaptations for equity characteristics:** The intervention was extensively culturally adapted for ethnically diverse early adolescents through culturally relevant content, inclusive gender representation, tailored computer activities, and input from a diverse adolescent advisory board. **Delivery characteristics** • **Delivery setting:** Delivery within existing school subjects (e.g., physical education, health, and science) and collaboration with school staff facilitated implementation, although setting-specific barriers and facilitators were not explored. • **Duration/dosage:** Most students received a substantial intervention dose (70% attended at least 10 of 13 lessons),

			sexual, and cyber abuse.		but the study did not examine how variation in programme exposure affected implementation quality or outcomes.
Reeves et al., (2019)	UK	PE	Social media simulations used to develop critical thinking in young people around grooming and online safety.	Very low	**Implementation processes and delivery capacity** • **Intervention providers and training:** Educators received 3.5 hours of training to deliver the simulation. Educators reported that their knowledge of the issues discussed improved. However, the effectiveness of the intervention depended on the skills of the educator delivering it. • **Adaptations for equity characteristics:** Some criticised that the characters did not reflect the demographics of the students using the simulations. Further research is needed to understand the impact on young people with SEND. • **Reach and penetration:** Educators used the training to strengthen safeguarding practice within their schools by recommending changes to school safeguarding policies. **Delivery characteristics** • **Delivery setting:** Some schools face barriers due to limited access to the technology required.

					• **Delivery method:** Educators consistently identified discussion as the principal mechanism through which learning occurred. Small-group work was viewed as particularly effective for stimulating purposeful discussion and peer learning.
Rodrigues-deArriba (2025)	Spain	Cluster RCT & PE	**Virtual-PRO (and non-VR version)** is a universal school-based bystander intervention designed to prevent sexual harassment among adolescents by reducing sexist attitudes and moral disengagement, decreasing sexual victimisation, and increasing young people's intention to	Moderate	**Implementation processes and delivery capacity** • **Fidelity:** Implementation fidelity appeared high, with similar programme adherence across the VR and non-VR conditions (approximately three-quarters attended at least five sessions). • **Reach and penetration:** The intervention reached 847 adolescents across six public secondary schools, but only 6 of the 22 invited schools participated, indicating moderate penetration into the eligible school population despite good participant retention. **Delivery characteristics** • **Delivery method:** Both VR and non-VR delivery methods were well received and produced comparable outcomes for most measures, although the VR format was associated

			intervene as bystanders		with higher participant satisfaction and greater improvements in bystander intervention intentions.

Appendix 5. Characteristics of studies on children and young people's views

Authors (Year)	Country	Study Design	Quality Level	Summary of Findings

Ging et al. (2024)	UK	PE	Low	**Experiences of children and young people:** Using focus groups, the study explored the views of 13–17 year-old adolescent participants on the first of two school-based workshops on sexual and gender-based violence. Three key themes emerged from the discussions: overemphasis on male perpetrators in heterosexual relationships, defensiveness around perceived 'anti-men' culture, and a lack of inclusivity of diverse gender experiences.
Jaureguizar et al. (2025)	Spain	Cluster RCT & PE	Moderate	**Experiences of children and young people:** Adolescents reported positively on the intervention, providing feedback on the importance of the topic, and enhanced confidence in recognising and responding to cyberviolence.

Appendix 6. Measured outcomes across included studies for meta-analysis

YEF outcome framework category *Category description (as described in the framework)*	Measured outcomes *(descriptions by study authors)*	Studies
Violence	"Posttest: cyberbullying perpetration"; "Any SV or ARA"; "Any SV (partner or nonpartner)"; "Any ARA"; "Any physical or sexual intimate partner violence"; "Any nonpartner SV"; "Any sexual harassment"; "Any incapacitated sex"; "Incapacitated sex, partner intoxicated"; "Incapacitated sex, provided partner substance"; "Any cyber–sexual abuse"; "Any form of SV/ARA"; "Adolescent relationship abuse"; "Sexual violence"; "Incapacitated sex"; "Sexual harassment"; "Cyber sexual abuse"; "Peer violence"; "Bullying"; "Homophobic teasing"; "Dating Violence Perpetration (DVP)"; "Dating Violence Perpetration online"; "Dating Violence Perpetration traditional"; "Ever perpetrated DV"; "Ever perpetrated Physical DV"; "Ever perpetrated Psychological DV"; "Ever perpetrated Threatening DV"; "Ever perpetrated Cyber DV"; "Ever perpetrated Sexual DV"; "Peer dating violence perpetration"; "Visual/verbal sexual aggression"; "Physical sexual aggression"; "Online sexual aggression"	**(n = 6, k = 93)** Calvete (2021)a; Calvete (2021)b; Culyba (2023); Fernández-González (2020); Peskin (2019); Sanchez-Jimenez (2024);

Crime and offending	"Any SV or ARA"; "Any SV (partner or nonpartner)"; "Any ARA"; "Any physical or sexual intimate partner violence"; "Any nonpartner SV"; "Any sexual harassment"; "Any incapacitated sex"; "Incapacitated sex, partner intoxicated"; "Incapacitated sex, provided partner substance"; "Any cyber–sexual abuse"; "Any form of SV/ARA"; "Adolescent relationship abuse"; "Sexual violence"; "Incapacitated sex"; "Sexual harassment"; "Cyber sexual abuse"; "Peer violence"; "Dating Violence Perpetration (DVP)"; "Dating Violence Perpetration online"; "Dating Violence Perpetration traditional"; "Ever perpetrated DV"; "Ever perpetrated Physical DV"; "Ever perpetrated Psychological DV"; "Ever perpetrated Threatening DV"; "Ever perpetrated Cyber DV"; "Ever perpetrated Sexual DV"; "Peer dating violence perpetration"; "Visual/verbal sexual aggression"; "Physical sexual aggression"; "Online sexual aggression"	**(n = 4, k = 50)** Culyba (2023); Fernández-González (2020); Peskin (2019); Sanchez-Jimenez (2024)
Ability to resolve conflict	"Self-efficacy to resolve conflict"; "Constructive conflict resolution skills"; "Destructive conflict resolution skills"	**(n = 1, k = 12)** Peskin (2019)
Bullying	"Posttest: cyberbullying perpetration"; "Bullying"; "Homophobic teasing"	**(n = 3, k = 6)**

		Calvete (2021)a; Calvete (2021)b; Culyba (2023)
Family relationship and support	"Parent-child communication about relationships"; "Parent-child closeness"	**(n = 1, k = 8)** Peskin (2019);
Helping others (prosocial behaviours)	"Intentions to intervene"; "Positive bystander behaviors"; "Negative bystander behaviors"; "Bystanders intention to intervene"; "Bystander intention to intervene (victim is a friend)"; "Bystander intention to intervene (victim is not a friend)"	**(n = 3, k = 9)** Culyba (2023); Rodrigues-deArriba (2025); Sanchez-Jimenez (2024)
Meaningful Relationships	"Social support"	**(n = 1, k = 6)** Peskin (2019)
Regulating and managing emotions	"Moral disengagement"; "Positive coping strategies"	**(n = 3, k = 8)** Peskin (2019); Rodrigues-deArriba

		(2025); Sanchez-Jimenez (2024)
Victim of Crime	"Posttest: sexualized interaction"; "Dating Violence Victimisation (DVV)"; "Dating Violence Victimisation online; "Dating Violence Victimisation traditional"; "Any rape past 12 months"; "Any offline sexual harassment past 12 months"; "Any online sexual harassment past 12 months"; "Verbal/visual sexual victimisation"; "Online sexual victimisation"; "Ever Victimised by DV"; "Ever Victimised by Physical DV"; "Ever Victimised by Psychological DV"; "Ever Victimised by Threatening DV"; "Ever Victimised by Cyber DV"; "Ever Victimised by Sexual DV"; "Visual/verbal sexual victimization"; "Physical sexual victimization"; "Online sexual victimization"	**(n = 7, k = 39)** Calvete (2021)a; Calvete (2021)b; Fernández-González (2020); Hartmann (2025); Peskin (2019); Rodrigues-deArriba (2025); Sanchez-Jimenez (2024);
GBV Outcomes (all)	"Posttest: sexualized interaction"; "Any SV or ARA"; "Any SV (partner or nonpartner)"; "Any ARA"; "Any physical or sexual intimate partner violence"; "Any nonpartner SV"; "Any sexual harassment"; "Any incapacitated sex"; "Incapacitated sex, partner intoxicated"; "Incapacitated sex, provided partner substance"; "Any cyber–sexual abuse"; "Gender-equitable attitudes"; "Recognition of abuse"; "Intentions to intervene"; "Positive bystander behaviors"; "Negative bystander behaviors"; "Any form of SV/ARA"; "Adolescent relationship	**(n = 9, k = 143)** Calvete (2021)a; Calvete (2021)b; Culyba (2023); Fernández-González (2020); Hartmann (2025); Peskin (2019); Rodrigues-deArriba (2025); Sanchez-

	abuse"; "Sexual violence"; "Incapacitated sex"; "Sexual harassment"; "Cyber sexual abuse"; "Homophobic teasing"; "Dating Violence Perpetration (DVP)"; "Dating Violence Victimisation (DVV)"; "Dating Violence Perpetration online"; "Dating Violence Perpetration traditional"; "Dating Violence Victimisation online"; "Dating Violence Victimisation traditional"; "Any rape past 12 months"; "Any offline sexual harassment past 12 months"; "Any online sexual harassment past 12 months"; "Knowledge and attitudes about self-defence"; "Gender norms and attitudes"; "Victim blaming attitudes"; "Verbal/visual sexual victimisation"; "Online sexual victimisation"; "Benevolent sexism"; "Hostile sexism"; "Bystanders intention to intervene"; "Ever perpetrated DV"; "Ever perpetrated Physical DV"; "Ever perpetrated Psychological DV"; "Ever perpetrated Threatening DV"; "Ever perpetrated Cyber DV"; "Ever perpetrated Sexual DV"; "Ever Victimised by DV"; "Ever Victimised by Physical DV"; "Ever Victimised by Psychological DV"; "Ever Victimised by Threatening DV" "Ever Victimised by Cyber DV"; "Ever Victimised by Sexual DV"; "Attitudes about sexting"; "Belief in the need for help"; "Parent-child communication about relationships"; "Norms for boy-against-girl violence"; "Norms for girl-against-boy violence"; "Peer dating violence perpetration"; "Bystander intention to intervene (victim is a	Jimenez (2024); Versloot-Swildens (2024)

	friend)"; "Bystander intention to intervene (victim is not a friend)"; "Visual/verbal sexual victimization"; "Physical sexual victimization"; "Online sexual victimization"; "Victim Blaming"; "Gender Stereotypes"; "Dating Violence"	
GBV Bystander	"Intentions to intervene"; "Positive bystander behaviors"; "Negative bystander behaviors"; "Bystanders intention to intervene"; "Bystander intention to intervene (victim is a friend)"; "Bystander intention to intervene (victim is not a friend)"	**(n = 3, k = 9)** Culyba (2023); Rodrigues-deArriba (2025); Sanchez-Jimenez (2024)
GBV Knowledge and Attitudes (perpetrator and victim)	"Gender-equitable attitudes"; "Recognition of abuse"; "Knowledge and attitudes about self-defence"; "Gender norms and attitudes"; "Victim blaming attitudes"; "Norms for boy-against-girl violence"; "Norms for girl-against-boy violence"; "Attitudes about sexting"; "Belief in the need for help"; "Parent-child communication about relationships"; "Hostile sexism"; "Benevolent sexism"; "Victim Blaming"; "Gender Stereotypes"; "Dating Violence"	**(n = 6, k = 45)** Culyba (2023); Hartmann (2025); Peskin (2019); Rodrigues-deArriba (2025); Sanchez-Jimenez (2024); Versloot-Swildens (2024)
GBV Perpetrator	"Any SV or ARA"; "Any SV (partner or nonpartner)"; "Any ARA"; "Any physical or sexual intimate partner violence"; "Any nonpartner SV";	**(n = 4, k = 50)**

	"Any sexual harassment"; "Any incapacitated sex"; "Incapacitated sex, partner intoxicated"; "Incapacitated sex, provided partner substance"; "Any cyber–sexual abuse"; "Any form of SV/ARA"; "Adolescent relationship abuse"; "Sexual violence"; "Incapacitated sex"; "Sexual harassment"; "Cyber sexual abuse"; "Homophobic teasing"; "Dating Violence Perpetration (DVP)"; "Dating Violence Perpetration online"; "Dating Violence Perpetration traditional"; "Ever perpetrated DV"; "Ever perpetrated Physical DV"; "Ever perpetrated Psychological DV"; "Ever perpetrated Threatening DV"; "Ever perpetrated Cyber DV"; "Ever perpetrated Sexual DV"; "Peer dating violence perpetration"; "Visual/verbal sexual aggression"; "Physical sexual aggression"; "Online sexual aggression"	Culyba (2023); Fernández-González (2020); Peskin (2019); Sanchez-Jimenez (2024)
GBV Victimisation	"Posttest: sexualized interaction"; "Dating Violence Victimisation (DVV)"; "Dating Violence Victimisation online"; "Dating Violence Victimisation traditional"; "Any rape past 12 months"; "Any offline sexual harassment past 12 months"; "Any online sexual harassment past 12 months"; "Verbal/visual sexual victimisation"; "Online sexual victimisation"; "Ever Victimised by DV"; "Ever Victimised by Physical DV"; "Ever Victimised by Psychological DV"; "Ever Victimised by Threatening DV"; "Ever Victimised by Cyber DV"; "Ever Victimised by	**(n = 7, k = 39)** Calvete (2021)a; Calvete (2021)b; Fernández-González (2020); Hartmann (2025); Peskin (2019); Rodrigues-deArriba (2025); Sanchez-Jimenez (2024)

	Sexual DV"; "Visual/verbal sexual victimization"; "Physical sexual victimization"; "Online sexual victimization"	
IPV / Dating Relationship Violence (perpetrator)	"Any SV or ARA"; "Any SV (partner or nonpartner)"; "Any ARA"; "Any physical or sexual intimate partner violence"; "Any form of SV/ARA"; "Adolescent relationship abuse"; "Sexual violence"; "Dating Violence Perpetration (DVP)"; "Dating Violence Perpetration online"; "Dating Violence Perpetration traditional"; "Ever perpetrated DV"; "Ever perpetrated Physical DV"; "Ever perpetrated Psychological DV"; "Ever perpetrated Threatening DV"; "Ever perpetrated Cyber DV"; "Ever perpetrated Sexual DV"; "Peer dating violence perpetration"	**(n = 3, k = 30)** Culyba (2023); Fernández-González (2020); Peskin (2019)
Sexual Violence (perpetrator)	"Any SV or ARA"; "Any SV (partner or nonpartner)"; "Any ARA"; "Any physical or sexual intimate partner violence"; "Any nonpartner SV"; "Any sexual harassment"; "Any incapacitated sex"; "Incapacitated sex, partner intoxicated"; "Incapacitated sex, provided partner substance"; "Any cyber–sexual abuse"; "Any form of SV/ARA"; "Adolescent relationship abuse"; "Sexual violence"; "Incapacitated sex"; "Sexual harassment"; "Cyber sexual abuse"; "Dating Violence Perpetration (DVP)"; "Dating Violence Perpetration traditional"; "Ever perpetrated DV"; "Ever perpetrated Sexual DV"; "Visual/verbal sexual aggression"; "Physical sexual aggression"; "Online sexual aggression"	**(n = 4, k = 36)** Culyba (2023); Fernández-González (2020); Peskin (2019); Sanchez-Jimenez (2024)

Tech-Facilitated GBV (perpetrator)	“Any SV or ARA”; “Any cyber–sexual abuse”; “Any form of SV/ARA"; “Cyber sexual abuse”; "Dating Violence Perpetration (DVP)"; "Dating Violence Perpetration online"; "Ever perpetrated DV"; "Ever perpetrated Cyber DV"; “Visual/verbal sexual aggression”; “Online sexual aggression”	**(n = 4, k = 18)** Culyba (2023); Fernández-González (2020); Peskin (2019); Sanchez-Jimenez (2024)
IPV / Dating Relationship Violence (victim)	"Dating Violence Victimisation (DVV)"; "Dating Violence Victimisation online"; "Dating Violence Victimisation traditional"; “Any rape past 12 months”; “Any offline sexual harassment past 12 months”; “Any online sexual harassment past 12 months”; "Ever Victimised by DV"; "Ever Victimised by Physical DV"; "Ever Victimised by Psychological DV"; "Ever Victimised by Threatening DV"; "Ever Victimised by Cyber DV"; "Ever Victimised by Sexual DV"	**(n = 3, k = 27)** Fernández-González (2020); Hartmann (2025); Peskin (2019)
Sexual Violence (victim)	“Posttest: sexualized interaction”; "Dating Violence Victimisation traditional"; “Any rape past 12 months”; “Any offline sexual harassment past 12 months”; “Any online sexual harassment past 12 months”; “Verbal/visual sexual victimisation”; “Online sexual victimisation”; "Ever Victimised by DV"; "Ever Victimised by Sexual DV"; “Visual/verbal sexual victimization”; “Physical sexual victimization”; “Online sexual victimization”	**(n = 7, k = 27)** Calvete (2021)a; Calvete (2021)b; Fernández-González (2020); Hartmann (2025); Peskin (2019); Rodrigues-

		deArriba (2025); Sanchez-Jimenez (2024)
Tech-Facilitated GBV (victim)	“Posttest: sexualized interaction”; "Dating Violence Victimisation (DVV)"; "Dating Violence Victimisation online"; “Any online sexual harassment past 12 months”; “Verbal/visual sexual victimisation”; “Online sexual victimisation”; "Ever Victimised by DV"; "Ever Victimised by Cyber DV"; “Visual/verbal sexual victimization”; “Online sexual victimization”	**(n = 7, k = 21)** Calvete (2021)a; Calvete (2021)b; Fernández-González (2020); Hartmann (2025); Peskin (2019); Rodrigues-deArriba (2025); Sanchez-Jimenez (2024)