School Nurses Beyond First Aid: Development and Validation of the School Nursing Framework for Violence Prevention and Response in Philippine Basic Education

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ABSTRACT

Background: School nurses have traditionally been viewed as providers of first aid and managers of school-related illnesses; however, their potential contribution to violence prevention, child protection, and multidisciplinary school health remains underutilized, particularly in Philippine basic education. As school violence continues to threaten students' safety, mental health, and academic success, there is a need for an evidence-based framework that clearly defines and expands the professional roles of school nurses. This study aimed to develop and validate the School Nursing Framework for Violence Prevention and Response (SNF-VPR) for Philippine basic education.

Methods: A sequential exploratory mixed-methods framework development design was employed. The study comprised four phases: an integrative literature review, qualitative interviews with 30 stakeholders (school nurses, school principals, guidance counselors, teachers, and parents), framework development through evidence synthesis, and expert validation using a three-round modified Delphi technique involving 18 multidisciplinary experts. Qualitative data were analyzed using thematic analysis, while content validity was established using the Item Content Validity Index (I-CVI), Scale Content Validity Index (S-CVI/Ave), and Kendall's coefficient of concordance.

Results: Five interconnected domains emerged: Violence Prevention and Health Promotion; Early Identification and Risk Assessment; Crisis Intervention and Care Coordination; Recovery, Reintegration, and Family Support; and Leadership, Advocacy, and Policy Development. These domains were synthesized into the SNF-VPR, which positions the school nurse as the central coordinator of multidisciplinary violence prevention and response. Expert validation demonstrated excellent content validity (S-CVI/Ave = 0.98; I-CVI = 0.94–1.00) and strong agreement (Kendall's $W = 0.89$, $p < .001$), indicating that the framework is relevant, comprehensive, applicable, and feasible.

Conclusions: The SNF-VPR moves school nursing beyond a traditional first-aid role by providing the first evidence-informed, context-specific framework for violence prevention and response in Philippine basic education. The framework offers a standardized guide for nursing practice, strengthens multidisciplinary child protection efforts, and provides a foundation for policy development, professional education, and future implementation research.

Keywords: school nursing; school violence; bullying; child protection; violence prevention; framework development; Delphi technique; school health; Philippines.

INTRODUCTION

School violence remains one of the most pressing public health and educational concerns worldwide because of its profound consequences for children's physical health, psychological well-being, academic achievement, and lifelong development. The World Health Organization (WHO, 2020) recognizes violence against children as a major preventable public health problem, estimating that approximately one billion children experience physical, emotional, or sexual violence each year. Likewise, UNESCO (2019) reported that nearly one in three learners worldwide has experienced bullying in school, highlighting violence as a persistent barrier to safe, inclusive, and equitable education. Beyond immediate physical injuries, exposure to school violence has been associated with anxiety, depression, self-harm, substance use, poor academic performance, school absenteeism, and increased risk of violence later in life (Armitage, 2021; Hertz et al., 2013; Modecki et al., 2014). These findings demonstrate that school violence is not solely a disciplinary concern but a complex public health issue requiring coordinated interventions across the education, health, and social service sectors.

Bullying represents the most common manifestation of school violence and continues to be the focus of international prevention efforts. Olweus (1993) conceptualized bullying as repeated aggressive behavior characterized by an imbalance of power between the perpetrator and the victim, establishing the theoretical foundation for contemporary bullying research. Expanding this perspective, Espelage and Swearer (2003) proposed a socioecological model in which bullying results from interactions among individual, family, peer, school, and community factors. Consequently, interventions that target only individual behaviors often fail to produce sustained improvements. Supporting this view, Gaffney, Farrington, and Ttofi (2019) demonstrated through a global meta-analysis that comprehensive whole-school interventions are significantly more effective in reducing bullying than isolated disciplinary approaches. Collectively, these studies emphasize that violence prevention requires coordinated, multidisciplinary strategies rather than reactive responses following violent incidents.

Recognizing the multidimensional nature of school violence has prompted a gradual expansion of school health services. Traditionally, school nurses were viewed primarily as providers of first aid and managers of communicable diseases. Contemporary school nursing, however, has evolved into a specialty that integrates health promotion, mental health support, safeguarding, care coordination, leadership, and population health. Kolbe (2019) argued that comprehensive school health services contribute not only to improved health outcomes but also to enhanced educational attainment by reducing absenteeism, supporting healthy behaviors, and improving students' readiness to learn. Similarly, Yoder (2020) concluded that the presence of school nurses is consistently associated with improved student health, better management of chronic conditions, increased attendance, and enhanced academic outcomes. These findings demonstrate that school nurses occupy a unique position at the intersection of healthcare and education, enabling them to address both the health and social determinants of learning.

The evolving scope of school nursing likewise positions nurses as key contributors to violence prevention and child protection. The Framework for 21st Century School Nursing Practice developed by Maughan et al. (2016) identifies care coordination, leadership, community partnership, quality improvement, and evidence-based practice as essential competencies of modern school nursing. Likewise, Willgerodt, Brock, and Maughan (2021) emphasized that contemporary school nurses function as leaders in population health management, interdisciplinary collaboration, and systems improvement rather than solely as providers of episodic clinical care. These expanded professional responsibilities suggest that school nurses possess the competencies necessary to prevent violence, identify students at risk, coordinate multidisciplinary interventions, and advocate for safer school environments.

Despite these developments, the role of school nurses in addressing school violence remains insufficiently defined, particularly within low- and middle-income countries. Existing research has primarily examined the prevalence of bullying, psychological consequences of victimization, and effectiveness of school-based interventions, while comparatively few studies have focused on how school nurses contribute across the continuum of violence prevention, early identification, crisis intervention, recovery, and policy advocacy. As

noted by Lineberry and Ickes (2015), school nurses frequently encounter students experiencing bullying, abuse, emotional distress, or psychosocial difficulties before these concerns become apparent to other professionals, yet their responsibilities in violence prevention are often inconsistently defined across educational systems.

The Philippine context presents additional challenges. Although the Anti-Bullying Act of 2013 (Republic Act No. 10627) and the Department of Education Child Protection Policy (DepEd Order No. 40, s. 2012) require schools to establish mechanisms for preventing and responding to violence, implementation remains variable across educational institutions. Sanapo (2017) reported that verbal, relational, and physical bullying remain prevalent among Filipino learners, with many victims choosing not to disclose their experiences because of fear, stigma, or limited confidence in institutional responses. These findings indicate that legislative measures alone are insufficient without clearly defined professional roles, coordinated multidisciplinary systems, and evidence-based guidance for school health personnel.

A review of the literature further revealed the absence of a comprehensive framework that explicitly defines the role of school nurses in preventing and responding to school violence within Philippine basic education. While international frameworks describe the broad competencies of school nursing, they do not provide context-specific guidance for integrating violence prevention, child protection, multidisciplinary collaboration, and school health practice within the Philippine educational system. This gap limits the standardization of school nursing practice and may contribute to inconsistencies in violence risk assessment, referral, documentation, recovery planning, and policy implementation.

Guided by the World Health Organization's Public Health Approach to Violence Prevention, the Framework for 21st Century School Nursing Practice, and the Philippine child protection policy framework, the present study sought to develop and validate the School Nursing Framework for Violence Prevention and Response in Philippine Basic Education. Specifically, the study aimed to identify the essential roles of school nurses in addressing school violence, develop a contextually relevant evidence-based framework through literature synthesis and stakeholder consultation, and establish its content validity using expert consensus. The proposed framework is intended to provide standardized guidance for school nursing practice, strengthen multidisciplinary collaboration, inform policy development, and ultimately contribute to safer, healthier, and more inclusive learning environments for Filipino learners.

METHODS

Research Design

This study employed a sequential exploratory mixed-methods framework development design to develop and validate the School Nursing Framework for Violence Prevention and Response (SNF-VPR) for Philippine basic education. The study was conducted in four sequential phases: (1) an integrative literature review, (2) a qualitative exploration of stakeholder perspectives, (3) framework development, and (4) expert validation using a modified Delphi technique. This design enabled the systematic integration of scientific evidence, stakeholder experiences, and expert consensus in constructing an evidence-informed and contextually relevant framework. The study was guided by the conceptual framework development procedures of Jabareen (2009), the mixed-methods approach of Creswell and Plano Clark (2018), and the Medical Research Council Framework for Developing and Evaluating Complex Interventions (Skivington et al., 2021).

Phase I: Integrative Literature Review

An integrative literature review was undertaken to identify evidence on school violence, bullying prevention, school nursing, child protection, and multidisciplinary school health. Electronic databases, including PubMed, Scopus, CINAHL, Web of Science, and Google Scholar, were searched for peer-reviewed literature published between 2010 and 2025 using combinations of the keywords *school violence*, *bullying*, *school nurse*, *school nursing*, *violence prevention*, *child protection*, *school health*, and *framework*. Policy documents and practice

guidelines from the World Health Organization (WHO), UNESCO, the National Association of School Nurses (NASN), and the Department of Education (DepEd) were also reviewed.

The literature was synthesized to identify existing concepts, competencies, and models related to school nurses' roles in violence prevention and response. The findings informed the development of the interview guide and the preliminary conceptual framework.

Phase II: Qualitative Exploration

Participants and Setting

The qualitative phase was conducted in selected public and private basic education schools in the CALABARZON Region, Philippines. Purposive sampling was used to recruit stakeholders directly involved in school health and child protection. Thirty participants were included: 10 school nurses, 5 school principals, 5 guidance counselors, 5 teachers, and 5 parents.

Eligible participants had at least one year of professional experience and were actively involved in school health services, learner welfare, or violence prevention initiatives.

Data Collection

Semi-structured individual interviews were conducted using an interview guide developed from the findings of the integrative review. The guide explored participants' perceptions regarding the current and expected roles of school nurses in preventing and responding to school violence, essential competencies, barriers to practice, interprofessional collaboration, and recommendations for strengthening school nursing services.

Interviews lasted approximately 45–60 minutes, were audio-recorded with participants' permission, and continued until thematic saturation was achieved.

Data Analysis

Interview recordings were transcribed verbatim and analyzed using the six-phase thematic analysis described by Braun and Clarke (2006). Two researchers independently coded the transcripts, compared codes, and reached consensus on the final themes through iterative discussion. Credibility was enhanced through member checking, peer debriefing, and maintenance of an audit trail to ensure transparency and trustworthiness.

Phase III: Framework Development

The preliminary School Nursing Framework for Violence Prevention and Response (SNF-VPR) was developed by integrating findings from the literature review and qualitative exploration. Framework construction followed the concept-building procedures described by Jabareen (2009). It was anchored on three complementary foundations: (1) the World Health Organization's Public Health Approach to Violence Prevention, (2) the Framework for 21st Century School Nursing Practice (Maughan et al., 2016), and (3) the Philippine child protection policy framework.

The framework conceptualized school nurses as central agents in violence prevention and response through five interconnected domains:

1. Violence Prevention and Health Promotion
2. Early Identification and Risk Assessment
3. Crisis Intervention and Care Coordination

4. Recovery, Reintegration, and Family Support

5. Leadership, Advocacy, and Policy Development

These domains were organized within a systems-based framework illustrating the relationships among foundational inputs, nursing processes, multidisciplinary collaboration, immediate outputs, and long-term outcomes.

Phase IV: Expert Validation

Delphi Panel

A modified Delphi technique was used to establish the content validity of the preliminary framework. Eighteen experts were purposively selected based on the following criteria: doctoral degree or recognized specialty certification; at least five years of professional experience in school nursing, public health nursing, pediatric nursing, mental health, psychology, education, or child protection; and demonstrated expertise through scholarly publications, professional leadership, or policy development related to school health or violence prevention.

Delphi Procedure

Three Delphi rounds were conducted electronically. During each round, experts evaluated each framework domain for relevance, clarity, comprehensiveness, applicability, and feasibility on a 4-point Likert scale (1 = not relevant to 4 = highly relevant). Qualitative comments and recommendations were also solicited and incorporated into subsequent revisions. Consensus was predefined as 80% agreement or higher among panel members.

Data Analysis

Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participant characteristics and expert ratings.

Content validity was determined using the Item Content Validity Index (I-CVI) and the Scale Content Validity Index (S-CVI/Ave) following the recommendations of Polit and Beck (2006). Agreement among Delphi experts was assessed using Kendall's coefficient of concordance (W). Qualitative feedback from the Delphi process was analyzed through content analysis and integrated into the final version of the framework.

Ethical Considerations

Ethical approval was obtained from the Institutional Research Ethics Committee before the conduct of the study. Administrative permission was secured from participating schools and relevant educational authorities. Written informed consent was obtained from all participants before data collection.

Confidentiality and anonymity were maintained by assigning identification codes and removing personal identifiers from interview transcripts and research records. Participation was voluntary, and participants were informed of their right to withdraw from the study at any stage without penalty. All study procedures complied with the Declaration of Helsinki and the Philippine National Ethical Guidelines for Health and Health-Related Research (2022).

RESULTS

Integrative Literature Review

The literature search yielded 2,184 records from electronic databases and organizational websites. Following the

removal of duplicates and screening of titles and abstracts, 126 full-text articles and policy documents were assessed for eligibility. Forty-eight sources met the inclusion criteria and were synthesized. The final evidence base included systematic reviews, qualitative and quantitative studies, professional guidelines, and policy documents related to school violence, school nursing, child protection, and violence prevention.

Five recurring concepts consistently emerged from the literature: **(1) violence prevention and health promotion, (2) early identification and risk assessment, (3) crisis intervention and care coordination, (4) recovery, reintegration, and family support, and (5) leadership, advocacy, and policy development**. These concepts provided the initial theoretical foundation for the proposed framework.

Participant Characteristics

Thirty stakeholders participated in the qualitative phase, including 10 school nurses, 5 school principals, 5 guidance counselors, 5 teachers, and 5 parents from selected public and private basic education schools in the CALABARZON Region. Participants had professional experience ranging from 2 to 26 years (mean = 10.4 years). School nurses represented the largest participant group because of their direct involvement in school health services and child protection programs.

Qualitative Findings

Thematic analysis generated five themes that described the expected roles of school nurses in preventing and responding to school violence. These themes were highly consistent with the findings of the integrative literature review and collectively informed the development of the proposed framework.

Participants consistently viewed **violence prevention and health promotion** as the primary responsibility of school nurses, emphasizing health education, anti-bullying initiatives, and promotion of a positive school climate. They further identified **early identification and risk assessment** as essential nursing functions, highlighting routine health assessments, recognition of behavioral and psychosocial warning signs, and early referral of at-risk learners.

Participants likewise emphasized **crisis intervention and care coordination**, describing school nurses as professionals responsible for immediate assessment, psychological first aid, documentation, referral, and coordination with teachers, guidance counselors, parents, healthcare providers, and child protection agencies. Beyond crisis management, participants underscored the importance of **recovery, reintegration, and family support**, recognizing the need for continuous monitoring, psychosocial support, family engagement, and assistance in learners' successful return to school. Finally, **leadership, advocacy, and policy development** emerged as a distinct nursing responsibility, reflecting participants' expectations that school nurses should contribute to school safety policies, staff capacity building, violence surveillance, and institutional quality improvement.

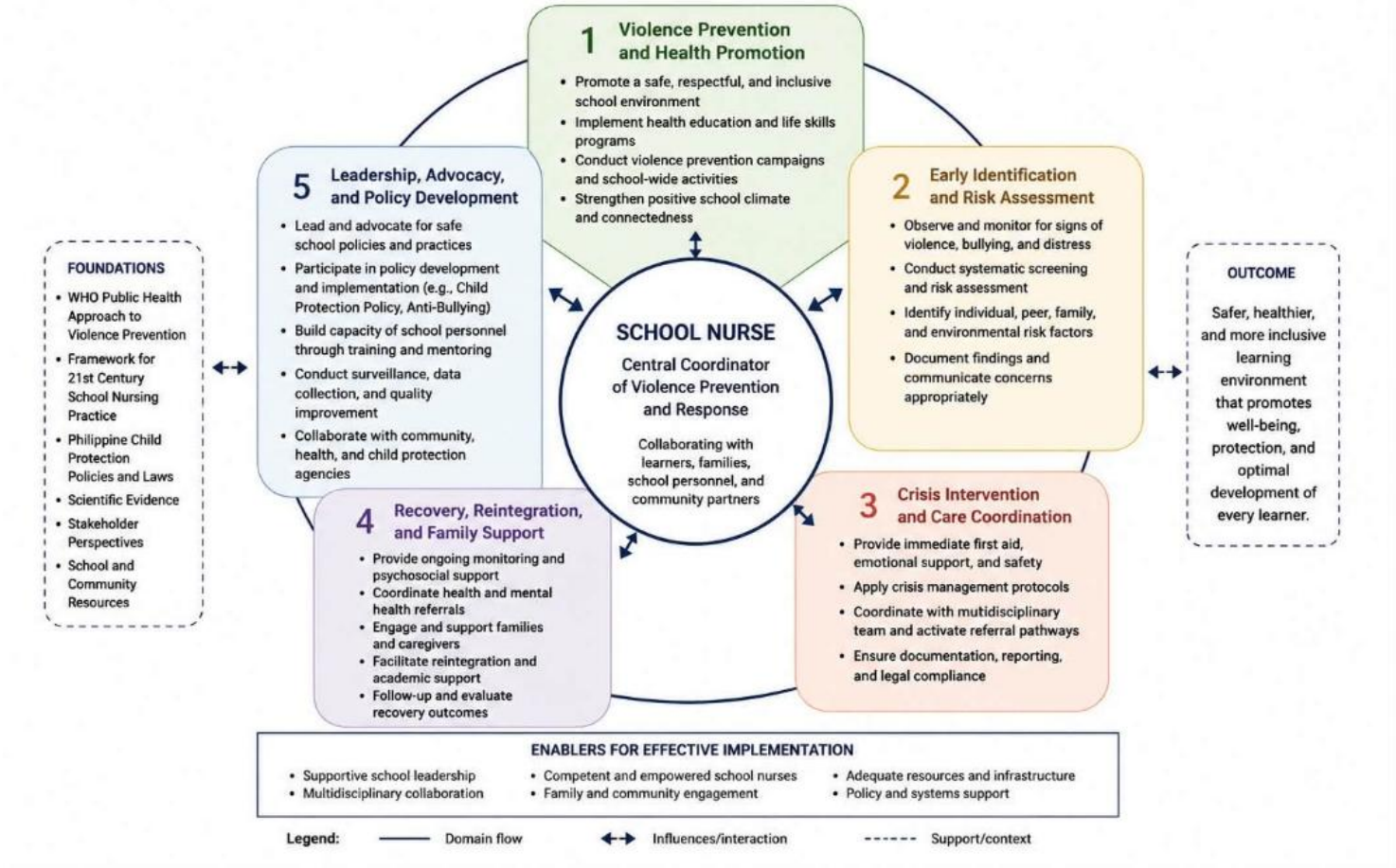
These findings demonstrated a shared perception that school nurses should function not only as healthcare providers but also as leaders in violence prevention and multidisciplinary child protection.

Development of the School Nursing Framework

Findings from the integrative literature review and qualitative exploration were synthesized to develop the **School Nursing Framework for Violence Prevention and Response (SNF-VPR)** (Figure 1).

The framework conceptualizes the **school nurse as the central change agent** within a multidisciplinary school health system. It is supported by six foundational inputs: the World Health Organization's Public Health Approach to Violence Prevention, the Framework for 21st Century School Nursing Practice, Philippine child protection policies, current scientific evidence, stakeholder perspectives, and available school and community resources.

Figure 1. School Nursing Framework for Violence Prevention and Response (SNF-VPR) in Philippine Basic Education



The framework defines five interconnected domains of school nursing practice:

1. Violence Prevention and Health Promotion
2. Early Identification and Risk Assessment
3. Crisis Intervention and Care Coordination
4. Recovery, Reintegration, and Family Support
5. Leadership, Advocacy, and Policy Development

These domains operate within a continuous cycle supported by collaboration among teachers, guidance counselors, school administrators, parents, healthcare professionals, and community agencies. Collectively, the framework aims to achieve standardized school nursing practice, earlier identification of violence, coordinated multidisciplinary responses, improved referral systems, stronger family engagement, safer school environments, enhanced child protection, improved student health, and strengthened school health systems.

Expert Validation

The preliminary framework was evaluated by 18 multidisciplinary experts through a three-round modified Delphi process. Consensus was achieved for all framework domains following the third round.

The framework demonstrated excellent content validity, with Item Content Validity Index (I-CVI) values ranging from 0.94 to 1.00 and an overall Scale Content Validity Index (S-CVI/Ave) of 0.98, indicating that experts considered the framework highly relevant and representative of school nursing practice.

Experts likewise assigned high ratings for relevance (Mean = 3.96 ± 0.18), clarity (3.95 ± 0.20), comprehensiveness (3.92 ± 0.23), applicability (3.94 ± 0.21), and feasibility (3.90 ± 0.24). Agreement among Delphi panel members was high (Kendall's $W = 0.89$, $p < .001$), demonstrating substantial consensus regarding the framework's structure and content.

Qualitative feedback from the Delphi panel resulted in several refinements, including clearer integration of trauma-informed nursing care, explicit inclusion of cyberbullying prevention, strengthening of multidisciplinary referral pathways, and clarification of the leadership and policy advocacy domain. These revisions enhanced both the conceptual coherence and practical applicability of the final framework.

Overall, the findings indicate that the School Nursing Framework for Violence Prevention and Response is an evidence-informed, contextually relevant, and content-valid model that clearly defines the roles of school nurses across the continuum of violence prevention and response in Philippine basic education.

DISCUSSION

The present study developed and validated the School Nursing Framework for Violence Prevention and Response (SNF-VPR), providing an evidence-informed model that defines the role of school nurses in addressing school violence within the Philippine basic education system. By integrating evidence from an integrative literature review, stakeholder perspectives, and multidisciplinary expert consensus, the framework responds to an important gap in school nursing literature. Although previous studies have established the prevalence and consequences of school violence, few have translated this evidence into a comprehensive practice framework that clearly delineates nursing responsibilities across the continuum of violence prevention and response. The proposed framework therefore extends existing knowledge by positioning school nurses as central agents in promoting safe, healthy, and inclusive school environments.

A key contribution of the framework is its recognition of violence prevention as the foundation of school nursing practice. Rather than emphasizing crisis response alone, the framework adopts a preventive orientation consistent with the World Health Organization's Public Health Approach to Violence Prevention, which advocates primary prevention as the most effective strategy for reducing violence among children and adolescents (WHO, 2020). This finding also supports the work of Gaffney et al. (2019), who demonstrated that comprehensive whole-school interventions are significantly more effective than isolated disciplinary approaches in reducing bullying and victimization. By positioning prevention and health promotion as the first domain, the framework reinforces the public health philosophy of nursing and emphasizes the importance of creating supportive school environments before violence occurs.

Another strength of the framework is the integration of early identification, risk assessment, crisis intervention, and care coordination into a continuous clinical process. Previous studies have shown that school nurses frequently encounter learners exhibiting physical injuries, psychosocial distress, or behavioral changes associated with bullying and interpersonal violence (Lineberry & Ickes, 2015). However, these responsibilities have often been described independently rather than as interconnected components of nursing practice. The present framework demonstrates that effective violence management begins with timely recognition of risk factors, followed by systematic assessment, coordinated referral, multidisciplinary collaboration, and appropriate follow-up. This process-oriented perspective reflects the realities of school nursing practice and reinforces the importance of collaboration among nurses, educators, guidance counselors, parents, healthcare providers, and child protection agencies.

The framework likewise emphasizes recovery, reintegration, and family support, recognizing that the consequences of school violence frequently extend beyond the immediate incident. Learners affected by violence may experience persistent emotional distress, reduced academic engagement, impaired peer relationships, and long-term mental health concerns (Armitage, 2021; Hertz et al., 2013). Consequently, effective nursing care should not conclude after crisis stabilization but should continue through monitoring, referral, family engagement, and support for successful reintegration into the school environment. Incorporating this domain

broadens the scope of school nursing from episodic clinical care to continuous, person-centered support that reflects the holistic philosophy of nursing.

Perhaps the most distinctive feature of the proposed framework is the inclusion of leadership, advocacy, and policy development as an integral component of school nursing practice. Existing literature increasingly recognizes school nurses as leaders in health promotion and systems improvement (Maughan et al., 2016; Willgerodt et al., 2021). The findings of the present study extend this perspective by demonstrating that stakeholders expect school nurses to contribute to child protection policy implementation, violence surveillance, staff capacity building, quality improvement, and institutional decision-making. Positioning leadership as a core nursing function acknowledges that sustainable violence prevention depends not only on individual clinical competence but also on organizational commitment and interprofessional collaboration.

The proposed framework also advances school nursing by integrating international evidence with the Philippine educational context. While the Framework for 21st Century School Nursing Practice provides a broad description of school nursing competencies, it does not specifically operationalize nursing roles in school violence prevention within Philippine basic education. Likewise, the implementation of the Anti-Bullying Act of 2013 and the Department of Education Child Protection Policy has largely focused on administrative procedures, with limited guidance regarding the specific contributions of school nurses. By aligning international school nursing principles with national child protection policies and stakeholder perspectives, the SNF-VPR offers a contextually appropriate model that may strengthen the implementation of school violence prevention initiatives in Philippine schools.

The framework has important implications for nursing education, practice, and policy. For nursing education, it provides a competency-based framework to strengthen instruction in violence prevention, trauma-informed care, child protection, mental health promotion, and interprofessional collaboration. For practice, it offers standardized guidance that may reduce variation in violence risk assessment, documentation, referral, and follow-up across schools. At the policy level, the framework may inform the development of national school health standards, competency guidelines, and continuing professional development programs that recognize school nurses as essential members of multidisciplinary child protection teams. Standardizing these roles may improve coordination among education, health, and social welfare sectors while enhancing the quality of school health services.

Several limitations should be considered when interpreting the findings. The qualitative phase involved stakeholders from selected schools within one Philippine region, which may limit the transferability of the findings to other educational settings. Furthermore, although the framework demonstrated excellent content validity through expert consensus, its effectiveness has not yet been evaluated through field implementation. Future studies should examine the implementation of the framework in diverse school settings and determine its impact on school violence reporting, multidisciplinary collaboration, nursing practice, student well-being, and school safety outcomes using implementation research or quasi-experimental designs.

Overall, the School Nursing Framework for Violence Prevention and Response represents an important contribution to school nursing scholarship by providing one of the first validated, context-specific frameworks that explicitly defines the professional role of school nurses in addressing school violence in the Philippines. By conceptualizing nursing practice as a continuum encompassing prevention, assessment, coordinated intervention, recovery, leadership, and policy advocacy, the framework expands the traditional scope of school nursing and offers an evidence-based foundation for strengthening child protection, school health services, and violence prevention initiatives.

CONCLUSIONS

This study successfully developed and validated the **School Nursing Framework for Violence Prevention and Response (SNF-VPR)**. This evidence-informed and contextually relevant framework defines the professional roles of school nurses in addressing school violence within Philippine basic education. By integrating evidence from an integrative literature review, stakeholder perspectives, and expert consensus, the framework identified

five interconnected domains of school nursing practice: **Violence Prevention and Health Promotion; Early Identification and Risk Assessment; Crisis Intervention and Care Coordination; Recovery, Reintegration, and Family Support; and Leadership, Advocacy, and Policy Development**. The framework demonstrated excellent content validity and strong expert consensus, supporting its relevance, clarity, comprehensiveness, and applicability as a guide for school nursing practice.

The findings affirm that school nurses are uniquely positioned to serve as central agents in school violence prevention and response. Beyond providing emergency and clinical care, school nurses contribute to health promotion, early identification of at-risk learners, multidisciplinary care coordination, recovery support, leadership, and policy advocacy. The proposed framework provides a structured and evidence-based model that strengthens the integration of school nursing into child protection initiatives and multidisciplinary school health systems. As one of the first validated frameworks specifically developed for the Philippine educational context, the SNF-VPR offers a valuable foundation for advancing school nursing practice, promoting safer learning environments, and informing future research and policy development.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed:

School Nursing Practice. School nurses should adopt the School Nursing Framework for Violence Prevention and Response (SNF-VPR) as a guide for planning, implementing, and evaluating comprehensive interventions related to violence prevention, early risk identification, crisis management, recovery, and family engagement. Standardized application of the framework may improve the consistency and quality of school health services across educational settings.

Educational Institutions. Public and private basic education institutions should strengthen multidisciplinary school violence prevention programs by formally integrating school nurses into Child Protection Committees, school safety planning, mental health promotion activities, violence surveillance systems, and crisis response teams. Institutional support should also be provided to enable school nurses to perform leadership and coordination functions effectively.

Policy and Program Development. The Department of Education, in collaboration with the Department of Health, the Professional Regulation Commission, the Philippine Nurses Association, and other relevant stakeholders, should consider the SNF-VPR in developing or updating school health policies, child protection guidelines, competency standards, and continuing professional development programs for school nurses.

Nursing Education. Colleges and universities offering nursing programs should strengthen curricular content related to school nursing, violence prevention, trauma-informed care, child protection, mental health promotion, and interprofessional collaboration. The framework may also serve as a reference for developing competency-based learning outcomes and clinical training experiences in community and school health nursing.

Research. Future studies should implement and evaluate the SNF-VPR in diverse educational settings to determine its effectiveness in improving school violence prevention, multidisciplinary collaboration, student safety, psychosocial outcomes, and school health service delivery. Implementation studies, quasi-experimental designs, and longitudinal evaluations are recommended to establish the framework's impact and facilitate its refinement across different educational contexts.

The development of the **School Nursing Framework for Violence Prevention and Response** represents an important step toward strengthening the role of school nurses in promoting child protection, health, and educational success. Continued implementation, evaluation, and refinement of the framework may contribute to the establishment of evidence-informed school health policies and safer, healthier, and more inclusive learning environments for Filipino learners.

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