

Appendix 3- Supporting Evidence

The following pages provide summarising details of the included interventions supporting the report. An overview of the programmes is detailed and information provided on:

- the adversity (ACEs) they target;
- the modality of delivery they adopt;
- the specific characteristics of the population they target;
- the content provided;
- the countries where the programme has been implemented;
- the measured child and parent(s) outcomes; and
- the related economic considerations (if any)

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List of Abbreviations

CASEL - Collaborative for Academic, Social, and Emotional Learning

CEBC - California Evidence-Based Clearinghouse for child welfare

EIF - Early Intervention Foundation

IPV - Interpersonal Violence

NCP - National Center for Parent, Family and Community Engagement

Nest WW4K - What Works for Kids

SAMSHA - Substance Abuse and Mental Health Services Administration

UNICEF - United Nations International Children's Emergency Fund

UNODC - United Nations Office on Drugs and Crime

WHO - World Health Organization

WSIPP - Washington State Institute for Public Policy

Table 1. Parenting and home visiting interventions.

Programme	ACEs Addressed	Modality of Delivery	Target Population	Context: What is provided, By whom, Over what period, How often,	Countries where implemented	Improved Outcomes	Economic considerations
1-2-3 Magic	Verbal abuse (including Emotional and Psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect	Group-based	Parents with children aged 2 to 12 years old (also used with children with special educational needs)	Two sessions of 3 hour focusing on support and behaviour management delivered by trained practitioners or staff, also available in videos. Manualised programme and training is available.	USA, Australia, Canada, Japan,	In Child <ul style="list-style-type: none"> • Reductions in children challenging behaviour (Altafim and Linhare, 2016; Axford et al., 2015; CEBC). In Parent(s) <ul style="list-style-type: none"> • Improvements in practices, relative to controls (Altafim and Linhare, 2016; Axford et al., 2015; CEBC). • Improvements in parental mental health illness e.g. depression, anxiety (CEBC; Altafim and Linhare, 2016). 	No available evidence.
Adults and Children Together Raising Safe Kids (ACT-RSK)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Incarceration (parental)	Group-based	Parents and/or Caregivers with children up to 8 years (and applied to incarcerated fathers)	Parental universal programme designed to promote positive parenting and reduce child maltreatment (i.e. educating about non-violent parenting). Nine educational session of 2 hour, delivered by trained staff for 8 weeks to groups of parents (max. of 10-12). Manualised programme and training is available.	USA Japan Peru Greece Columbia Brazil Puerto Rico Columbia Croatia Bosnia Ecuador Guatemala Taiwan	In Child <ul style="list-style-type: none"> • Reductions in children challenging behaviour (Hardcastle et al., 2015; Altafim and Linhare, 2016; Chen and Chan, 2016; CEBC). In Parent(s) <ul style="list-style-type: none"> • Improvements in positive parenting practices, knowledge and beliefs e.g. reduction in harsh and physical discipline (Hardcastle et al., 2015; Altafim and Linhare, 2016; Chen and Chan, 2016). 	No available evidence.

<p>Chicago Parenting Programme (CPP)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect</p>	<p>Group-based</p>	<p>Parents with children aged 2 to 5 years OR at risk of abuse or neglect OR low income families</p>	<p>Parenting-skill training programme: Two trained leaders facilitate practical classes focusing on problem solving and managing children challenging behaviours, using video material. Typically, 11 weekly 2 hour group-sessions, may be supplemented by 1 booster session 4-8 weeks later (approximately 4 months). Manualised programme, training is available.</p>	<p>USA</p>	<p>In Child</p> <ul style="list-style-type: none"> • Reductions in child challenging behaviour (van Aar et al., 2017; CEBC; SAMHSA) <p>In Parent(s)</p> <ul style="list-style-type: none"> • Improvements in parenting practices (e.g. reduction in corporal punishment) and in related self-efficacy, in parents attending most sessions (CEBC; SAMHSA) 	<p>Costs average was \$27 per session for parent. However, low enrolment and low attendance negatively affect the economic gain of the programme. There was no differences in attendance, enrolment and engagement and expenses in families enrolled with a voucher discount (Gross et al., 2011).</p>
<p>Child FIRST (Child and Family Interagency Resource Support and Training)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Mental illness</p>	<p>Home visiting</p>	<p>Families 'at risks' e.g. children with emotional problems OR at risk of abuse or neglect OR low income families</p>	<p>Home based child-parent psychotherapeutic intervention embedded in a system of care. Over a year, two practitioners (i.e. a mental health clinicians and a health clinical coordinator) provide therapeutic sessions, coordination and support with other health services, in 45-90 minutes sessions. Content is guided by parental need.</p>	<p>USA</p>	<p>In Child</p> <ul style="list-style-type: none"> • Positive impact on child language (Avellar et al., 2014; Lowell et al., 2011; Blueprints) <p>In Parent(s)</p> <ul style="list-style-type: none"> • Improvements in maternal mental health symptoms and stress (Avellar et al., 2014; Lowell et al., 2011; Blueprints) • Some evidence in reductions of child maltreatment (Blueprints; Avellar et al., 2014) 	<p>No available evidence.</p>

<p>Circle of Security</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Incarceration (parental)</p>	<p>Group-based OR Home visiting</p>	<p>Families 'at risk' e.g. disadvantaged children aged between 1 and 5 years. AND applied to incarcerated mothers or foster/kinship care</p>	<p>Targeted programme focusing on attachment, provided by Head Start services. Individual plan for each dyad are created to develop parents' parental skills with the help of video-feedback. The course is formed by 2 phases: first the identification and following the therapy, by trained and qualified staff (e.g. psychologists) to a group of six parents or delivered to each family at home (4 to 20 sessions of 1.5 hours). The programme is delivered in various sectors (hospital, homes and welfare services). The programme is manualised and has available training.</p>	<p>USA, Australia, Canada, Germany, Italy, Japan, New Zealand, Norway, Romania</p>	<p>In Child</p> <ul style="list-style-type: none"> Improving children's overall well-being especially in those highly irritable (EIF, 2017; CEBC) <p>In Parent(s)</p> <ul style="list-style-type: none"> In parents who attended the programme improvements in parenting practices were observed in pre-post scores moderate by more adaptive attachments styles (EIF 2017; CEBC) 	<p>The programme was rated by EIF as having a medium-low cost (an average of £100-£499 per unit) to set up and deliver relative to other programmes (EIF, 2017)</p>
<p>Family Check-up model (FCU; also known as Positive Family Support) & Every Day Parenting</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect</p>	<p>Individual (home visiting sessions are also available)</p>	<p>Parents and/or caregivers (low socioeconomic status) with children from age 2 to 17 years.</p>	<p>Family centred intervention. The programme is formed by of 3 phases: the establishment of a family resource centre with the curriculum, the brief assessment phase (FCU) and a family management training phase (the Everyday Parenting curriculum) from trained staff (2 to 13</p>	<p>USA UK</p>	<p>In Child</p> <ul style="list-style-type: none"> Reductions in parents and teachers reports of children's challenging behaviours relative to controls (Dishion et al., 2014; CEBC; Blueprints; EIF) <p>In Parent(s)</p> <ul style="list-style-type: none"> In parents who attended the programme improvements in parenting practices were observed in 	<p>Estimates show a 46% chance for the programme to produce benefits greater than the costs to implement (WSIPP). Rated as low-middle cost for UK by the EIF (2016).</p>

	Domestic violence Mental illness Alcohol abuse Drug abuse			sessions). The programme is tailored to address the specific needs of each family and can be integrated into multiple settings (e.g. home, schools, health centres). FCU promotes positive parenting and addresses children's behavioural and social-emotional problems by motivating parents to use validated parenting practices to support the child competence, mental health, and harm-risk reduction. Clinical qualified staff is required and a manual and training are available also online.		pre-post scores moderate by more adaptive attachments styles (EIF 2017; CEBC)	
Family Foundations (FF)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Parental separation Domestic violence	Group-based	All parents of children: Antenatal up to 2 years of age. Variations of the programme exist for targeted populations e.g. low income families, teen parents or families with children with autism	Universal programme composed of a series of classes delivered before and after birth that focuses on supporting couples having a baby. Two practitioners (1 female & 1 male) co-lead 9 group sessions (with 5 sessions before the birth and booster sessions following birth, usually 2 hour weekly). Groups are usually of 6 to 10 couples. These sessions focus on parental adjustment (stress, depression, and	USA UK	<p>In Child</p> <ul style="list-style-type: none"> Improvements in child's overall cognitive, mental health and behavioural adjustment (Blueprints; CEBC; SAMHSA) <p>In Parent(s)</p> <ul style="list-style-type: none"> Improvements in parental practices, parental cooperation, parental practices and in parent-child interactions (Asmussen et al., 2016; Blueprints; CEBC; SAMHSA) Improvements in parental maternal health illness e.g. stress, anxiety and 	No available evidence.

	Mental illness			violence), social-emotional skills, self-regulation and sensitivity. A programme manual and training are available.		depression (Asmussen et al., 2016; Blueprints; CEBC)	
Healthy Families America (HFA)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Mental illness	Home visiting	Screened families that were assessed as 'at risk families' e.g. of child abuse or neglect or other ACEs OR families with low income. For families with children from 0 to 5 years of age.	HFA are home visits for child well-being and aims to reduce child mostly maltreatment but also other poor outcomes related to other ACEs (see CEBC), by promoting positive child-parent relationships. Families are first screened and then enrolled during pregnancy. Trained professionals usually implement visits to identified families in the first 6 months from child's birth, depending on the family needs (usually 29-34 visits are implemented).	USA Hawaii One Apache (Navajo communities) Alaska	In Child <ul style="list-style-type: none"> Children with mother in the programme resulted having less developmental challenges (Green et al., 2014; CEBC) In Parent(s) <ul style="list-style-type: none"> Mothers assigned to the HFA programme had increases in positive parenting practices and reductions in maternal stress (LeCroy and Davis, 2017; Green et al., 2014; CEBC) Increases in maternal mental health (LeCroy and Davis, 2017; CEBC) Reductions in rates of self-reported IPV (Bair-Merritt et al., 2010) and suggests to prevent child abuse and neglect (Avellar et al., 2014; Dew and Breakey, 2014) 	USA estimates show that the programme has the chance to produce 42% benefits greater than the costs (WSIPP).
Home Instructions for Parents of Preschool Youngsters (HIPPY)	Verbal abuse (including emotional and psychological abuse) Physical abuse Emotional neglect	Home visiting (may have additional parent community sessions)	Parents in areas with low education resources and children aged between 3 and 5 years old.	Home school readiness programme. Throughout the academic year, trained peer parent educators assist parents with limited education or who may not feel sufficiently confident to prepare their children for	USA Argentina, Canada, Denmark, Germany, Italy, Israel,	In Child <ul style="list-style-type: none"> Improvements in child overall development (CEBC) In Parent(s) <ul style="list-style-type: none"> Improvements in children academic outcomes, such as achievement and attendance (Brown and Lee, 2014; Nievar et al., 2011; CEBC) 	USA estimates show that HIPPY has a chance to create 46% benefits greater than the costs (WSIPP)

	Physical neglect			school, with a set of carefully developed school readiness curriculum and materials. 30 home visits throughout the academic year (additionally regular parent group sessions are suggested).	Switzerland, Netherlands, South Africa, Turkey, New Zealand	<ul style="list-style-type: none"> Improvements in parental practices and confidence (Nievar et al., 2011; CEBC) 	
Incredible Years series (IY)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect	Group-based	Parents with children of different ages (from 0 to 12 years old), teachers or children with behavioural problems (In Wales also applied to foster care parents managing children with conduct problems)	Series of three separate curriculums (universal, targeted and for children with early symptoms), delivered by a practitioners and facilitators. Frequency and intensity varies depending on the module.	USA, UK (including Wales) Denmark, Finland, Republic of Ireland, Netherlands, Norway, Portugal, Russian Federation, Spain, Sweden	<p>In Child</p> <ul style="list-style-type: none"> Improvements in child social-emotional and behavioural development (CEBC; Blueprints; SAMHSA) Reduction of children challenging behaviours (Bywater et al., 2011; CEBC; Blueprints; SAMHSA; Menting et al., 2013; van Aar et al., 2017) Improvement in parent child interactions (CEBC; Blueprints; SAMHSA) <p>In Parent(s)</p> <ul style="list-style-type: none"> IY showed increases following the programme in positive parenting skills/practices (Furlong et al., 2012; CEBC; Blueprints; SAMHSA; UNODC, 2010) Significant improvements were observed for parental mental well-being and in the home environment (Furlong et al., 2012) 	The parenting IY estimates have shown to produce 55% benefits greater than the costs, whereas both the parenting and child programme have shown 12% benefits greater than the costs (WSIPP). UK analysis showed a 68% of the children part-taking in the programme decreased their conduct disorder for a cost ranging from £1612 to £2418 per child (Edwards et al., 2016)

Mellow babies and parenting	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Mental illness Alcohol abuse Drug abuse	Home visiting	Parents of children from 0 to 8 years of age at high risk of adverse outcomes	The Mellow is group-based intervention and includes an emphasis on developing parental sensitivity, but also incorporates components emphasising both parental mental health (e.g. cognitive behavioural strategies). It can be delivered by non-specialists with minimal training. Ongoing supervision is provided.	UK	In Child <ul style="list-style-type: none"> • Reductions in problematic behaviour (CEBC; Macbeth et al., 2015; Axford et al, 2015) In Parent(s) <ul style="list-style-type: none"> • Improvements in maternal well-being (CEBC; Macbeth et al., 2015; Axford et al., 2015) 	No available evidence
New Beginnings programme (NBP)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Parental separation	Group-based	Families 'at risk' e.g. of child abuse or neglect or other ACEs. In children from antenatal period until age 1 years.	NBP is a dual component intervention, focusing on: improvements in parenting skills and children's development (resilience), and specifically families experiencing parental separation and difficulties in their relationship. 12 week sessions of 2 hours by trained mental health staff. Programmes is manualised and training is available.	USA UK	In Child <ul style="list-style-type: none"> • Decreases in children externalising behaviour (McClain et al., 2010) In Parent(s) <ul style="list-style-type: none"> • Divorced families improved parent-child relationships, parental practices and mental health illness (e.g. depression) (Wolchik et al., 2013; EIF, 2017; McClain et al., 2010; Purewal Boparai et al., 2018; Oh et al., 2018; Blueprints; SAMHSA) • Reductions in substance related disorders in male participants (Wolchik et al., 2013; Blueprints; SAMHSA) 	No available evidence

<p>Nurse Family Partnership (NFP) or Family Nurse Partnership (FNP)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Mental illness Alcohol abuse Drug abuse</p>	<p>Home visiting</p>	<p>Families 'at risk' e.g. first-time young mothers or low income households. From antenatal period until 2 years of age.</p>	<p>Nurses conduct regular home visits, providing personal support and health advice and child development education to at risks families. Can be weekly, fortnightly, or monthly.</p>	<p>USA UK Canada Australia Netherlands South Africa</p>	<p>In Child</p> <ul style="list-style-type: none"> • Some increases were found in overall development (Blueprints, CEBC, SAMHSA), however there are some mixed findings (Avellar et al., 2014). • Reductions in sex partners, less medical/welfare use, reduced rates of probation or convictions or arrests and in alcohol consumption and cigarette use (Eckenrode et al., 2010; Kitzman et al., 2010; Mejdoubi et al., 2014; Blueprints, CEBC, SAMHSA) and mortality rates (Olds et al., 2014) • Improvements in academic performance (Kitzman et al., 2010, Blueprints, CEBC, Nest WW4K; SAMHSA) <p>In Parent(s)</p> <ul style="list-style-type: none"> • Increases in mother's responsive interactions (Olds et al., 2002; 2014) and increases in breastfeeding durations (Mejboudi et al., 2014) (Blueprints, CEBC, SAMHSA) • Reduction in rates of child maltreatment, neglect and domestic violence and of mothers becoming perpetrators and mortality rates (Olds et al., 2014) • Reduction in smoking for mothers in a Netherlands sample (Mejboudi et al., 2014; Blueprints, CEBC, SAMHSA) 	<p>USA estimates show a significant chance to produce benefits greater than the costs (53%; WSIPP). On the other hand, UK estimates of NFP show greater costs compared to usual care (£1812-1993 per participant; Corbacho et al., 2017; Robling et al., 2016), these findings may be due to UK-USA differences (e.g. usual health care services and in length of outcomes measured)</p>
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Parenting for Lifelong Health (PLH)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence	Group-based	Low and middle income families. Children from antenatal period up until 17 years of age.	Programmes focusing on preventing child maltreatment, IPV and other forms of related violence, they may use modelling approaches. Programmes include different age appropriate modules (young infants, older infants, kids and teens). 14 sessions weekly with a trained facilitator.	South Africa, Democratic Republic of Congo, El Salvador, Kenya, Lesotho, The Philippines, South Sudan, Tanzania	In Parent(s) <ul style="list-style-type: none"> Increases to positive parenting practices and parent-child relationships, relative to controls (Cooper et al., 2009; WHO, 2016) Reductions in emotional and sexual abuse reports from children and caregivers (WHO, 2016) 	No available evidence
Parents as teachers (PAT) Or Parents as First Teachers (PAFT)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse	Home visiting	Parents (mostly mothers), with children from birth up to age 3 or up to pre-school years	Comprehensive curriculum working with parents to improve their practices, with the aim of promoting healthy child development and education by focusing on the early detection of developmental delays. The programme can be implemented or offered in conjunction with other programmes in early care and educational settings. PAT is delivered by trained staff weekly (or monthly, depending on family needs) in 1 hour sessions.	USA Indian reserves Alaska Australia Canada China Germany Mexico New Zealand	In Child <ul style="list-style-type: none"> Increases in children cognition e.g. problem-solving and literacy (UNODC, 2010; CEBC) Increase in school readiness (CEBC) In Parent(s) <ul style="list-style-type: none"> Increases in parental practices especially for lower income parents (EIF, 2016) and were more involving in schooling (UNODC, 2010; CEBC) Some inconsistent reductions in rates of abuse and neglect were observed (Avellar et al., 2014; UNODC, 2010; CEBC; EIF, 2016) 	USA estimates of PAT show 26% chances of the programme to produce benefits greater than the costs (WSIPP)

<p>Parents/ Family Matter!</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Alcohol abuse Drug abuse</p>	<p>Group-based</p>	<p>Low and middle income families. Children aged from 9 to 14 years.</p>	<p>Parent focus intervention, promoting practices related to effective parenting and communications around sex and substances issues (delivered via booklets). Six sessions of 3 hours delivered in communities by certified facilitators.</p>	<p>In 8 African countries e.g. Kenya</p>	<p>In Child</p> <ul style="list-style-type: none"> Increases in children knowledge and communication on sexual risk topics (WHO, 2016; UNICEF, 2014; UNODC, 2010) <p>In Parent(s)</p> <ul style="list-style-type: none"> Significant increases from pre to post-test in parents knowledge, monitoring, communications on sexual risk topics (WHO, 2016; UNICEF, 2014; UNODC, 2010) 	<p>No available evidence</p>
<p>Play and Learning strategies (PALS I & II)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse</p>	<p>Home visiting</p>	<p>PALS I for families with infants and PALS II for families with toddlers and pre-schoolers.</p>	<p>Certificated trained coaches deliver 90 minute one-to-one practical sessions to help parents master positive parenting skills and strengthen the parent-child bonds to stimulate the child's social-emotional, cognitive and language development. Videotaped examples are used for parents to support modelling behaviour and practices. Sessions are delivered weekly with various materials (held over 11-14 weeks; with flexibility in the length).</p>	<p>USA</p>	<p>In Child</p> <ul style="list-style-type: none"> Increases in academic success (Avellar et al., 2014) <p>In Parent(s)</p> <ul style="list-style-type: none"> Increases in parental practices but these seem inconsistent between some studies (Avellar et al., 2014; Landry et al., 2012; CEBC) Improvements in maternal mental health (Guttentag et al., 2006; CEBC) 	<p>No available evidence</p>

<p>Positive Parenting Programme (Triple P)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness</p>	<p>Multiple options: online delivery, one-to-one and group-based</p>	<p>Parents with children up to 12 years of age.</p>	<p>Programme focusing on support and education, containing 5 levels: media campaigns, low intensity single sessions to more comprehensive and targeted sessions. Content, time, and trained staff varies depending on the levels.</p>	<p>USA, UK (including Wales), Australia, Canada, Hong Kong, Japan, Russia, Belgium, Switzerland, Germany, Romania</p>	<p>In Child</p> <ul style="list-style-type: none"> Increases in the social-emotional development of the child and good mental health (CEBC; SAMHSA; EIF; Blueprints) Reduction of child maltreatment rates and hospitalisations and injuries and child challenging behaviours (CEBC; SAMHSA; EIF; Blueprints; Chen & Chan 2016; NCP 2015; Dretzke et al., 2009) <p>In Parent(s)</p> <ul style="list-style-type: none"> Effectively improved parenting practices and a positive supportive family environment and parental engagement in school (CEBC; SAMHSA; EIF; Blueprints; UNODC, 2010) Reduction in parental stress and overall mental health (CEBC; SAMHSA; EIF; Blueprints; WHO 2014; Altafim and Linhare., 2016) 	<p>Cost vary depending on the level. The overall programme system has been estimated to produce 63% benefits greater than the costs in USA. However, these USA estimates of the single level four showed greater benefits, with an estimate of 86% when targeting the individual and 100% when targeting groups (WSIPP). In UK the Triple P was rated EIF as medium or low cost (depending on the level) to set up and deliver in the UK (EIF, 2016).</p>
<p>Safe Environment for Every Kid (SEEK)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect</p>	<p>One-to-one. SEEK encourages use of family members for support.</p>	<p>Families with children aged 0-5 years</p>	<p>Programme utilising paediatric primary care as an opportunity to help prevent child maltreatment in families who may have risk factors for child maltreatment. Children receive this care during paediatric visits in the first 5 years, and during these visits</p>	<p>USA Australia Canada Vietnam</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> Parents following SEEK screen reported increases in mental health e.g. reductions in depression, stress (Bellis et al., 2011) Families following SEEK screen reported reductions in alcohol and substance misuse, IPV and showed to successfully reduce the number of incidents reported in clinical records 	<p>No available evidence.</p>

	Physical neglect Domestic violence Alcohol abuse Drug abuse Mental illness Incarceration (parental)			parents are screened with the Parent Questionnaire regularly. The trained professional then offers referrals to resources and mental health help e.g. Motivational Interviewing. Also, the generally good relationship between health professionals and parents offers an opportunity to identify and help address prevalent psychosocial problems. Online videos and materials are available.		related to child maltreatment (WHO, 2014, 2016; Finkelhor, 2017)	
SafeCare	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect	Home visiting	Parents with young children who are at risk of being reported for maltreatment, especially young or first time mothers	Parenting structured intervention targeting risk factors for neglect and abuse; focusing on enhancing parents' sensitivity and responsiveness to the child. Trained professional deliver 3 modules: safety proofing, teaching/coaching to recognise signs/symptoms and monitoring child's health. Recommend weekly sessions of 1 hour or 1.5 hours each, for 18-20 weeks.	UK USA EU	In Parent(s) <ul style="list-style-type: none"> • Effective to improve children adjustment and parenting practices (e.g. sensitivity; Chaffin et al., 2012). • Changes in parenting skills, parental stress and mental ill health, moderated changes in children challenging behaviour (Carta et al., 2012; CEBC; SAMHSA). 	The programme estimates suggest that its implementation would produce 92% benefits greater than the costs (WSIPP)

<p>SOS-help for parents!</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Mental illness Alcohol abuse Drug abuse</p>	<p>Group-based</p>	<p>Low income families</p>	<p>Delivered in health care settings by trained physicians and covers 6 major themes, presented and discussed with videos and activities and guidebooks (6 weekly, 1 hour sessions).</p>	<p>USA Iceland Iran Pakistan</p>	<p>In Child</p> <ul style="list-style-type: none"> Decreases children’s challenging behaviour (Altafim and Linhares, 2016; Oveisi et al., 2010) <p>In Parent(s)</p> <ul style="list-style-type: none"> Increases in positive parenting (Altafim and Linhares, 2016; WHO, 2016) Decreases child maltreatment (neglect and abuse) (WHO, 2016; Altafim and Linhares, 2016) 	<p>No available evidence.</p>
<p>Strengthening Families Programme (SFP)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Alcohol abuse Drug abuse</p>	<p>Group-based</p>	<p>Families at risk e.g. parents with low income or substance abuse or at risk of child abuse and neglect. Children from antenatal period up until 17 years of age.</p>	<p>Parenting training programme: that includes life-skills sessions, in order to increase resilience and overall family functioning, by reducing behavioural, emotional, and social problems in children. Sessions vary in time and content, materials such as DVDs may be used.</p>	<p>USA UK Australia Asia Canada Germany Ireland New Zealand Poland</p>	<p>In Child</p> <ul style="list-style-type: none"> Reductions in children’s challenging and criminal behaviours and in alcohol initiation and transition to other substances (Kumpfer et al., 2010; SAMHSA; CEBC; Blueprints; UNODC, 2010) Reductions in school problems (SAMHSA; CEBC; Blueprints) <p>In Parent(s)</p> <ul style="list-style-type: none"> Increasing parenting skills, attachment and family cohesion (Kumpfer et al., 2010; SAMHSA; CEBC; Blueprints; UNODC, 2010) 	<p>SFP estimates Chance to produce 76% benefits greater than the costs to implement the programme. SFP costs \$835 per individual (WSIPP)</p>

	Incarceration (parental)						
Systematic Training for Effective Parenting (STEP)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Incarceration (parental)	Group-based	High risk families (until adolescence) Focusing especially on incarcerated parents	Multicomponent parenting educational and practical curriculum delivered weekly (2 hour) for usually seven weeks by trained counselling staff in multiple settings (home, clinics, kinship care, schools and community). Teaches parents about child development and managing child behaviour. There are 3 separate age appropriate modules (early childhood, children from age 7 to 12 and teens). Manual and training are available for the programme.	USA Australia Lithuania	In Parent(s) Increases of parental knowledge and practice following the programme in parents, relative to controls, effects were maintained during follow-up (CEBC; NCP, 2015; Jonyniene et al., 2015)	

Table 2. Mentoring interventions.

Programme	ACEs Addressed	Modality of Delivery	Target Population	Context: What is provided, By whom, Over what period, How often,	Countries where implemented	Improved Outcomes	Economic considerations
Across Ages	Alcohol abuse Drug abuse	One-to-one	Youth between the ages of 9 and 13; especially for high risk students incurring in drug/substance misuse	School & community based programme that pairs mentors (55 years or older) with young adolescents (specifically middle school students) to prevent risky behaviours and problems especially associated with drugs and alcohol. Usually 2 hour weekly sessions, with a monthly weekend events for their families and the mentee and mentor.	USA	In Child <ul style="list-style-type: none"> • Promising effects in overall well-being and functioning; such as increases in self-control, self-confidence and knowledge (CEBC; SAMHSA) • Changes in knowledge, attitudes and behaviours involving alcohol and substances, relative to control groups (CEBC; SAMHSA) • Increases in school attendance and attitudes towards school (CEBC; SAMHSA) 	No available evidence
Big Brothers Big Sisters (BBBS)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Alcohol abuse	One-to-one	Youth between the ages of 5 and 18 years. Low income families.	Mentoring programme based in communities. The programme matches adult volunteer mentors to an "at risk child or adolescent" aiming to reduce risky behaviours. Weekly meetings are delivered in locations based on personal choices (e.g. doing activities and attending events), for an average of three hours	USA Republic of Ireland Australia New Zealand Canada India	In Child <ul style="list-style-type: none"> • Improvements in social and emotional well-being (Dolan et al., 2011) and decreases in anxiety (De Wit et al., 2007). • Reducing the initiation of alcohol and substance misuse (Bandy and Moore, 2008) and aggression and violence rates (DuBois et al., 2002; Grossman and Tierney, 1998; CEBC; Blueprints; SAMHSA). 	BBBS estimates including only taxpayer costs show that the programme produce 13% benefits greater than the costs to implement it. However, estimates don't seem to produce any benefits relative when including volunteer's costs (WSIPP)

	Drug abuse Mental illness Incarceration (parental)			sessions per month over a period of nine months.		<ul style="list-style-type: none"> Increases in positive social interactions and relationships with parents and peers (Rhodes et al., 2000). Increases in academic skills (e.g. increases in reading and maths scores) and academic achievement (Thompson and Kelly-Vance; 2001; Rhodes et al., 2000). However, those who were re-matched showed negative impacts (Grossman et al., 2012; CEBC; Blueprints; SAMHSA). 	
Coaching for communities	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Alcohol abuse Drug abuse Mental illness Incarceration (parental)	Group-based and one-to-one	Youth (no specific age range) displaying antisocial behaviour	Community based programme aiming to reduce risky behaviours, such as substance misuse and focusing in the prevention of crime. The programme involves a 5 day residential retreatment and a 9 months mentoring sessions.	UK	In Child <ul style="list-style-type: none"> Improvements in pro-social behaviour and self-esteem, with parallel reductions in negative emotions (Barry et al., 2018; Clarke et al., 2015). Reductions in challenging behaviours (Barry et al., 2018; Clarke et al., 2015). 	

<p>Empowering Parents Empowering Communities (EPEC)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Alcohol abuse Drug abuse Mental illness Incarceration (parental)</p>	<p>Group-based</p>	<p>Parents (or primary caregivers) of disadvantaged families with children aged 2 and 11 years old.</p>	<p>Peer led training programme that aims to improve the parent-child relationship, reduce parental distress and children behavioural problems. Sessions are delivered by trained facilitators (that are parents living in the community) in groups of 7 to 14 parents and are 8 weekly sessions of two hours each.</p>	<p>UK</p>	<p>In Child</p> <ul style="list-style-type: none"> Reduction in child's challenging behaviours, relative to children in the control group (Asmussen et al., 2016; Axford et al, 2015) <p>In Parent(s)</p> <ul style="list-style-type: none"> Improvements in parenting practices (Day et al., 2012; Asmussen et al., 2016; Axford et al, 2015) 	<p>EIF estimated the programme with a low cost rating of 1 (see EIF Guidebook)</p>
<p>Empowerment and Livelihood for adolescents (ELA)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Alcohol abuse Drug abuse Mental illness Incarceration (parental)</p>	<p>Group-based</p>	<p>Teen girls</p>	<p>Community based peer led programme running in low income counties. ELA aims to empower girls via mentoring in order to increase their opportunities. The programme offers life skills training (including social and microfinance training). The programme is delivered in adolescent's community centres and clubs.</p>	<p>Afghanistan Africa Bangladesh Uganda</p>	<p>In Child</p> <ul style="list-style-type: none"> Rates in a RCT in Uganda showed a decrease in pregnancy rates, unprotected sex (Bandiera et al., 2012; UNICEF, 2014; WHO, 2016) Improvements in girls activities to gather income (UNICEF, 2014; WHO, 2016) 	<p>No available evidence.</p>

Fostering Healthy Futures	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Alcohol abuse Drug abuse Mental illness Incarceration (parental)	Group-based classes and one-to-one sessions	Youths between the ages of 9 and 11 years old who have been placed in out of home care as a result of maltreatment	Mentoring and skill group programme to prevent risky behavioural outcomes associated with maltreated youth. Preadolescents attend group classes to build coping skills (1.5 hour sessions weekly for 30 weeks) and are paired with a graduate student mentors for single mentoring sessions (2 or 4 hour sessions weekly for 30 weeks).	USA	In Child <ul style="list-style-type: none"> Increases in overall functioning and mental well-being (Taussig et al., 2010; CEBC) Reductions in rates of residential treatment centre (Taussig et al., 2012; CEBC) 	No available evidence
Resilient Peer treatment	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect	Group-based (Classroom setting)	Children with a history of maltreatment	Dyadic pairing of children: a peer-play buddy is matched with a target child for play in the class-room. The play buddy was coached by a play supporter educator. Educators or parent's volunteers are trained as supporters. Play sessions are three per week spread over two months for a total of 15 sessions.	USA	In Child <ul style="list-style-type: none"> Increases positive affect, collaboration and social interactions in free play situations for children victims of neglect or abuse, relative to controls (Chu and Lieberman, 2010; MacMillan et al., 2009) 	No available evidence

Teens and Toddlers	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Alcohol abuse Drug abuse Mental illness Incarceration (parental)	One-to-one	13-14 year old girls at risk of teenage parenthood, from disadvantaged or lower income families	Community based sexual health intervention, aimed to decrease teenage pregnancy and increase aspirations and educational attainment. One to one coaching session implemented in secondary schools. Teens support a child for one hour and a half sessions in a nursery setting (for 18 to 20 weeks) and is involved in group work and in keeping a journal.	UK	In Child <ul style="list-style-type: none"> Relative to controls, following the programme students showed improvement in secondary outcomes (e.g. low self-esteem; and sexual health knowledge). No improvements were observed for primary outcomes (e.g. teenage pregnancy). The programme has been suggested to be refined (Bonell et al, 2013; Barry et al., 2018). 	No available evidence
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Table 3. Interventions building resilience.

Programme	ACEs Addressed	Modality of Delivery	Target Population	Context: What is provided, By whom, Over what period, How often,	Countries where implemented	Improved Outcomes	Economic considerations
Attachment and behavioural Catch-up (ABC)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Alcohol abuse Drug abuse	One-to-one (Sessions are video recorded)	Parents (or caregivers) of children between 6 and 24 months that experienced early adversities (e.g. maltreatment)	Parent training programme focusing on strategies to interpret children’s behavioural signals and to provide a responsive environment. The programme includes home-work (e.g. parents make observations on the child and have suggested daily activities to complete) and web-cam supervision “in the moment” (live feedback). Weekly one hour sessions recommended for the duration of 10 sessions. Sessions are led by certified trained professionals (e.g. midwives, social workers) “parent coaches” and are video recorded and delivered in the families “homes”, these include temporary living situations such as shelters.	USA	In Child <ul style="list-style-type: none"> Improvement in overall functioning, children behaviour (e.g. reductions in avoidance and problematic behaviour), in distress (e.g. cortisol levels) and in building a trusted adult relationship (CEBC; SAMHSA; Bernard et al., 2012; Dozier et al., 2009) Increase in rates of secure attachment (CEBC; Axford et al, 2015; Berlin et al., 2014; Bernard et al., 2012) In Parent(s) <ul style="list-style-type: none"> Increases in scores of positive supportive parenting practices measured post-ABC treatment relative to the control group (CEBC; Berlin et al., 2014). Additionally, mothers who received ABC showed enhanced psychophysiological processing of emotional faces, measured by EEG activity (CEBC; Bernard et al., 2015) 	No available evidence.

Electronic check up to go (e-CHUG)	Alcohol abuse Drug abuse	Online sessions	College students and females aged between 18 and 45 years old.	20-30 minutes Web-based intervention focusing on substance misuse delivering personalised feedback	USA Alaska	In Parent(s) <ul style="list-style-type: none"> Promising reductions in risky alcohol use among college students, low-income women at reproductive age or pregnant women (Schölin, 2016; Delrahim-Howlett et al., 2011; Carey et al., 2009) 	No available evidence
Life Goal Collaborative Care (LGCC)	Mental illness Alcohol abuse Drug abuse	Group-based or one-to-one sessions	Adults with chronic mental and physical health problems (from 26 years old)	Multi-component collaborative approach model, in which individuals are active in setting their own wellness goals. It includes a combination of elements from psychotherapy, motivational and coping skills. LGCC involves 4-6 weeks of self-management sessions and a maintenance session led by a trained health professional, including positive lifestyles, health system support and clinical information's and resources.	USA France Netherlands	In Parent(s) <ul style="list-style-type: none"> Improvements in overall physical and mental functioning, quality of life and reductions in depressive symptoms when compared to TAU (Kilbourne et al., 2012; 2013a; 2013b; 2017; SAMHSA) 	No available evidence
Life space crisis intervention (LSCI)	Mental illness Alcohol abuse Drug abuse	Group-based or one-to-one	Adult staff working with children and youth showing behavioural problems (e.g. aggressive behaviour and or	Interactive and therapeutic training in order to help children during crisis and stressful events. The programme focuses on behaviour change and on teaching specific techniques. Usually a 3 days training	USA	In Child <ul style="list-style-type: none"> Positive promising effects were observed in adolescent social, emotional and behavioural disorders e.g. aggression and conflicts (CEBC) Improvements in academic performance e.g. higher rates of attendance, and improvements in 	No available evidence

			lack of social skills)	courses held by trained staff. LSCI may be delivered to various settings, for example to staff working in schools, prisons or community centres.		teacher-child relationships were observed (CEBC)	
Mindfulness	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Mental illness Alcohol abuse Drug abuse Parental separation	Group-based	Children or Adults (all ages)	The focus is on developing skills to cope with stress and focusing on living in the moment in order to improve well-being and the quality of life: it teaches pupils mindfulness as a way of dealing with stressors. These are implemented for an average of 2 hours either daily or weekly in schools and other settings e.g. Mindfulness in Schools Programme; and may be combined with other interventions (e.g. CBT).	Worldwide including USA UK EU	In Child <ul style="list-style-type: none"> Promising findings are seen in children and adolescent when adopting mindfulness based cognitive therapy, promoting attention and reducing anxiety and behavioural problems (Semple et al., 2010; CEBC; SAMHSA) In Parent(s) <ul style="list-style-type: none"> Improvements in general somatic health, mental health functioning, quality of life and reductions stress, depression and anxiety symptoms (Bethell et al., 2016; SAMHSA; CEBC; McDonnell & Garbers, 2017; Korotana et al., 2016; Luchenski et al., 2017) 	No available evidence
Parents Anonymous	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect	One-to one, and group-based. Helplines are also available	Parents (or caregivers), Grandparents and Foster Parents of children (0-18 years) with behavioural problems	Multi-component prevention and treatment programme aimed to strengthen families at risk of being involved with child welfare systems and mitigating the effects of families exposed to ACEs. The programme includes weekly home-parent training	USA	In Parent(s) <ul style="list-style-type: none"> Parents Anonymous showed improvements in parenting skills with for example reductions in aggressive parenting behaviour and risk factors related to maltreatment (Gray et al., 2016; Polinsky et al., 2010; CEBC) Improvements in mental health, reflected reduction in parental 	No available evidence.

	Physical neglect Domestic violence Mental illness Alcohol abuse Drug abuse Parental separation			(1-2 hours weekly), helplines, and support groups (2 hours weekly). Sessions are led by a trained certified social worker or psychologist and a parent group leader, and recommended for a minimum of 3 months ongoing till 18 months.		distress following six months after the intervention (Polinsky et al., 2010; CEBC) • Reductions in alcohol and drug use following six months after the intervention (Polinsky et al., 2010)	
Stepping stones	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence Alcohol abuse Drug abuse	Group-based	Adults aged between 15 and 26 years old	Skill training package originally designed to prevent HIV infection and improve sexual health; has now incorporated elements of violence prevention and gender equality to promote communication and relationships. Single sex sessions are run in low medium income countries.	Worldwide including EU Africa, Asia, South America	In Parent(s) • Reductions in men in rates of IPV, violent behaviour and incidents, in developing countries. Effects were found also in shifting attitudes related to risky sex behaviour (e.g. HIV, condom use) and gender inequality (WHO 2014; 2016; Gibbs et al., 2015; Skevington et al., 2013)	No available evidence
Treatment Foster Care Oregon (TFCO) or Multi-dimensional Treatment Foster care (MTFC)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence	One-to-one and group-based	Youth removed from their homes between the age of 12 and 18 years with history of crime in their families	Multi-component training programme (i.e. behaviour modification) that aims to help youth live successfully in the community and to support relatives (e.g. adoptive and biological parents). The programme is accessed by referrals from welfare or health services or juvenile courts. MTFC last 6-9 months and is delivered by trained staff and foster care	USA UK Canada Denmark Ireland Netherlands Norway Sweden	In Child • Reductions in adolescent risky sexual behaviours, antisocial behaviours such as delinquency rates (e.g. arrests) and fewer self-reported rates of violence and illicit drug use (Blueprints; CEBC; Rhoades et al., 2013; 2014; Leve et al., 2013)	70% chance that the programme will produce benefits greater than the costs to implement it (WSIPP)

	Mental illness Alcohol abuse Drug abuse Incarceration (parental)			homes in weekly sessions. The programme includes a consistent supervision, and a reinforcing and supporting environment based on cooperation between multiple agencies (e.g. schools) to develop positive living skills.			
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Table 4. School-based interventions.

Programme	ACEs Addressed	Modality of Delivery	Target Population	Context: What is provided, By whom, Over what period, How often,	Countries where implemented	Improved Outcomes	Economic considerations
AI's Pals	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Mental illness Alcohol abuse Drug abuse	Group-based	Children aged between 3 and 8 years old	Classroom-based comprehensive prevention programme that aims to develop resilience by developing core life skills such as social emotional skills (e.g. cooperation, self-control, problem solving), in order to prevent substance misuse, conflict, bullying and increase positive relations. Trained teachers deliver 46 fun play lessons with puppets and music, that last 10 to 15 minutes (usually two lessons a week).	USA, Bermuda, Canada,	In Child <ul style="list-style-type: none"> Children part-taking in the programme increase their likelihood to use positive behaviours, parallel to increases in social-emotional skills and coping skills (CASEL 2012; SAMHSA) Reductions in challenging behaviours and anxiety symptoms (CASEL 2012; SAMHSA) 	The material costs approximately \$745 and evaluation services costs \$300 per classroom (for a minimum of 4 classes). Training costs vary on class sizes and location (Nest WW4K).
All stars and Project star (or Midwestern Prevention Project)	Mental illness Alcohol abuse Drug abuse	Group-based (with some one-to one sessions if necessary)	Adolescents/ Middle School students (11-17 year olds)	The goal of the programme is to prevent and delay the multiple negative consequences of substance misuse (especially alcohol, tobacco and marijuana). The programme consist of 18 interactive sessions of 45 minutes implemented in schools, by teachers, specialist or social-workers. Multi-package material to	USA Mexico Puerto Rico U.S. Virgin Islands	In Child <ul style="list-style-type: none"> Following the program students showed increases in knowledge, beliefs and attitudes towards substances (Harrington, et al., 2001; SAMHSA) Reductions following the programmes in reports of substance misuse (alcohol, inhalants and tobacco) and increases post-programme in reports 	72% chance that the programme will produce benefits greater than the cost to implement it (WSIPP).

				support the programme are available. The programme is also supported by parents, community and mass media campaigns.		of personal commitment (Jackson et al., 2012; Porath-Waller et al., 2010) <ul style="list-style-type: none"> Increases post-programme in scores of school bonding and engagements (Durlak et al., 2011; SAMHSA) 	
A Stop Smoking in Schools Trial (ASSIST)	Drug abuse (Tobacco)	Group-based	Middle School Students/ Early adolescents (12-14 years)	Universal smoking prevention intervention. Students nominated by their peers are trained for 2 days on the risk of smoking. The trained students then conducts the smoke-free sessions, over 10 weeks.	UK EU	In Child <ul style="list-style-type: none"> Over 1 year follow-up students that followed the programme, relative to controls, reported reductions in smoking. Effects were seen in both genders (Starkey et al., 2009; Blueprints) 	ASSIST costs ~£1,500 per child not smoking at 2 years. The intervention is cost-effective under realistic assumptions regarding the extent to which these reductions in adolescent smoking lead to lower smoking prevalence and/or earlier smoking cessation in adulthood (Hollingworth et al., 2012).
CLIMATE School	Alcohol abuse Drug abuse (Cannabis)	Group-based	Teenagers aged between 13 and 17 years old.	Classroom-based programme designed with-in the school health curriculum, focusing on alcohol and cannabis harm and reduction through 12 weekly lessons of 40 minutes. Each lesson is half internet based, following a cartoon based story line and the other half is teacher-led.	Australia UK USA	In Child <ul style="list-style-type: none"> Compared to controls, students that attended CLIMATE showed increases in knowledge of alcohol and Cannabis harms (Newton et al., 2010) and reduction in distress and disengagement (Newton, et al., 2014). Reductions in alcohol and cannabis consumption (Newton et al., 2009 2010; Teesson et al., 2012; Champion et al., 2013) 	No available evidence

Drug Abuse Resistance Education (DARE and DARE-plus)	Alcohol abuse Drug abuse	Group-based	Children between the age of 9 and 11 years	School based drug and violence programme. Lessons are interactive and are delivered for 10-17 weeks by local trained and accredited police officers. The course builds life skills and knowledge about peer pressure and risks associated to alcohol and substance misuse.	USA UK EU	In Child <ul style="list-style-type: none"> Improvements in knowledge and attitudes in student's part-taking in the programme in comparison to controls (Evans and Tseloni, 2019; Hodder et al., 2017) 	The programme was estimated to produce 49% benefits greater than the cost (WSIPP).
Families and Schools Together (FAST)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse	Group-based	Families with school aged children at risk of abuse and of school failure. FAST is offered in schools with high rates of poverty or other risk factors.	Groups of 8 or 12 families, meeting every week for a total of eight sessions of two hours and a half. Meetings are after school and aim to increase parent's involvement, family's health and well-being, and to support the family and prevent risky behaviours in both parents and children. A team of trained facilitators lead the session.	USA Canada UK EU Iran Malaysia Philippines Australia Russia Tajikistan	In Child <ul style="list-style-type: none"> Increases overall functioning: children's social and cognitive skills (Kratochwill et al., 2009; CEBC; SAMHSA) Decreases children problematic behaviours (e.g. aggression) (Asmussen et al., 2016; CEBC; SAMHSA) Increases school competencies and decreases the probability of school drop-out (or mobility in black American students) (Fiel et al., 2013; Kratochwill et al., 2009; McDonald et al., 2012) In Parent(s) <ul style="list-style-type: none"> Increases in parental knowledge, self-efficacy, family connectedness and stress reductions (CEBC; SAMHSA) 	50 % chance that FAST programme will produce benefits greater than the costs to implement it (WSIPP).

Good Behaviour Game (GBG)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse	Group-based	Children aged from 5 to 11 years old	Classroom behaviour management strategy (2 years in length) that teachers use along with standard curricula to prevent later criminality and violence. Following the assessment of the classroom teachers split the class in teams for games with rewards.	USA UK EU	In Child <ul style="list-style-type: none"> • Reductions in challenging behaviours, risky sexual behaviours, drug misuse, in students relative to control (Kellam et al., 2014; Leflot et al., 2010; Mihalic et al., 2011) 	GBG was estimated to produce 70% benefits greater than the costs needed to implement the programme (WSIPP).
Guiding Good Choices (GGC)	Alcohol abuse Drug abuse	Group-based	Adolescents aged from 9 to 14 years old and their parents	Formerly known as "Preparing for Drug free years", is family training, focusing on resistance and education set in school, consisting of five sessions of 2 hours each weekly delivered by trained educators. Parents need to attend all session, children are only required to attend 3.	USA UK EU Canada Cyprus	In Child <ul style="list-style-type: none"> • Increases in social-emotional skills and related prosocial behaviour (Mason et al, 2009; SAMHSA; Blueprints) • Reductions in consumption of alcohol and drugs frequency and problems (e.g. sexual risky behaviours)(Mason et al, 2009; NICE 2014; SAMHSA; Blueprints) 	GGC estimates show 56% greater benefits than the costs to produce them (WSIPP).

I Can Problem Solve (ICPS)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness	Group-based	Children aged from 4 to 12 years old	Universal school based programme focusing on enhancing interpersonal cognitive processes, in order to shape children behaviours influencing how they conceptualise their actions, using games, stories, puppets to promote prosocial behaviours. ICPS consist of three age specific lessons (preschool, kindergarten and primary school), varying from 59 to 83 sessions of 20 minutes, three to five times a week during the academic year.	USA EU Brazil India Israel South Korea Turkey	In Child <ul style="list-style-type: none"> Improvements in social-emotional skills and pro-social behaviours (CASEL 2012; CEBC; SAMHSA) Reductions in challenging behaviours (CASEL 2012; CEBC; SAMHSA) 	No available evidence.
Life Skill Training (LST)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Alcohol abuse Drug abuse	Group-based	Adolescents aged between 12 and 17 years old	Universal prevention programme focusing on social influence and on the enhancement of core skills in order to reduce for substance misuse (alcohol, tobacco, cannabis and multi-use) and violence. LST is classroom based programme contains 30 sessions over 3 years delivered by certified trained teachers.	Worldwide including USA UK EU Canada Australia New Zealand	In Child <ul style="list-style-type: none"> Reductions on the consumption frequency of alcohol, drugs, tobacco and multi-drug use and violence rates (Hodder et al., 2017; Velasco et al., 2017; SAMHSA; Blueprints) 	Chance of the programme of creating benefits greater than the cost are 66% (WSIPP).

<p>Linking the Interest of Families and Teachers (LIFT)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Mental illness Incarceration (parental)</p>	<p>Group-based</p>	<p>Children aged between 6 and 11 years old.</p>	<p>Universal programme developed in schools and communities with high levels of juvenile delinquency. LIFT is designed to reinforce links between schools and communities, in order to reduce violence, crime and increase positive social and behavioural skills. LIFT is multicomponent programme with a classroom session usually 20 one-hour session and a parents training usually once a week for 6 weeks. Additionally, weekly news letters and activities are created to support the school-parent connection.</p>	<p>USA UK</p>	<p>In Child</p> <ul style="list-style-type: none"> • Reductions in alcohol and substance misuse, arrests and physical aggression (NICE, 2014; DeGarmo et al., 2009; Robertson and Sims, 2016; Hodder et al., 2017) 	<p>No available evidence.</p>
<p>Parents Corps</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness</p>	<p>Group-based</p>	<p>Children aged between 3 and 5 years old (from low income communities)</p>	<p>Family-centred intervention that is delivered as enhancement to pre-kindergarten programmes serving children living in low income neighbourhoods. Building strong early foundations for their healthy developments by trained mental health professionals.</p>	<p>USA</p>	<p>In Child</p> <ul style="list-style-type: none"> • Reductions in children challenging behaviour (Brotman et al., 2011; SAMHSA; CEBC) • Improvements' in academic performance (Brotman et al., 2013; CEBC; SAMHSA) <p>In Parent(s)</p> <ul style="list-style-type: none"> • Improvements in parental practices (Brotman et al., 2011; SAMHSA; CEBC) 	

Positive Action (PA)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Mental illness Alcohol abuse Drug abuse	Group-based	Children aged between 5 and 14 years old	Multi component social emotional classroom- (extended to communities) based programme aiming to improve academic success, prosocial behaviour and decrease problematic behaviour. The contents also aim to develop a positive wider school context. Trained teachers deliver grade specific classes covering six themes/units, that last 15 minutes (usually twice a week). Materials are provided.	USA Hawaii	In Child <ul style="list-style-type: none"> Students attending the programme reported significant lower substance use rates, sexual risky and violent behaviours, relative to controls (Beets et al., 2009; Lewis et al., 2013; SAMHSA; Blueprints) For students attending the programme, relative to controls, improvements in academic outcome and attendance, and decreases in disciplinary referrals were reported (Snyder et al., 2010; Bavarian et al., 2013; SAMHSA; Blueprints) 	Chance of the programme of creating benefits greater than the cost are 87% (WSIPP).
Project Northland	Mental illness Alcohol abuse Drug abuse	Group-based	Adolescents/ Middle School students (aged 12-18 years old)	Multilevel universal intervention targeting the prevention of substance misuse in schools and communities. The programme is delivered weekly over 6 years (3 years for the shorter version) and adopts interactive session that may be peer led. The programme involves also workshops with parents, while in communities it promotes the reduction of youth access to alcohol (i.e. alcohol free norms)	USA EU UK Australia Canada Colombia Croatia Finland Japan Korea Russia Ukraine	In Child <ul style="list-style-type: none"> Following the programme changes in attitudes towards substances were reported in the first two years of the implementation, with greater impact in younger students (Blueprints; SAMHSA) Relative to control groups, students that participated in the programme showed reductions in weekly alcohol intake, with effects also on tobacco and marijuana smoking. However, effects seem to vary depending on various factors, such as delivery and gender (Blueprints; SAMHSA). 	73% chance that the programme will produce benefits greater than the cost to implement it (WSIPP).

<p>Promoting Alternative Thinking Strategies (PATHS)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse</p>	<p>Group-based</p>	<p>Children between the age of 5 and 11 years</p>	<p>Social emotional learning curriculum aimed to increase personal or school related competencies and decrease aggressive behaviour. Classroom grade by grade format, trained teachers deliver approximately 40 sessions twice a week that last 20 to 30 minutes, over the school year.</p>	<p>USA UK EU Australia Croatia Turkey</p>	<p>In Child</p> <ul style="list-style-type: none"> • Improvements in social emotional competence and knowledge were reported in students attending the programme (SAMHSA; Blueprints; EIF; CASEL, 2012; Hodder 2017; Altafim & Linhares, 2016; WHO 2016). • Strong effects were shown in the reduction of challenging behaviours and delinquency rates (e.g. fewer police contacts) (Averdijk et al, 2016; Malti et al. 2011; Crean & Johnson, 2013; CEBC; SAMHSA; Blueprints; EIF) • Improvements in school climate and in attention and academic skills were reported by teachers (Fishbein et al., 2016; Arda & Ocak 2012; CEBC; SAMHSA; Blueprints) 	<p>The programme was estimated to create 63% benefits greater than the costs (WSIPP).</p>
<p>SAFE DATES</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence</p>	<p>Group-based</p>	<p>Adolescents aged from 12-14 years old.</p>	<p>Ten session dating abuse prevention programme, addressing gender stereotypes, consisting of both school and community components. Sessions are 45-50 minutes; booster session are available.</p>	<p>USA UK EU Australia Canada Chile Iceland Japan Taiwan Thailand</p>	<p>In Child</p> <ul style="list-style-type: none"> • Reductions on attitudes and behaviours related to abuse perpetration, sexual, dating violence (Foshee et al., 2014; Walsh et al., 2015; Asmussen et al 2016) 	<p>An example of initial investment for 20 teachers delivering each to a class of 25 pupils (for one year) consist of approximately \$8.700 (Blueprints)</p>

School Health and Alcohol Harm Reduction Project (SHAHRP)	Alcohol abuse Drug abuse	Group-based	Children aged between 12 and 13 years old.	Classroom-based programmes, teacher-led, focusing on harm reduction and alcohol risky consumption through 17 or 12 interactive skills-based activities, conducted over 8-10 lessons, over 5-7 weeks. The programme is manualised and teachers are trained.	EU USA Australia Brazil Canada	In Child <ul style="list-style-type: none"> Positive changes in attitudes and knowledge related to drinking (McKay et al. 2012; 2014) Reductions in total alcohol consumption, risky consumption and harms related to alcohol misuse. These effects were maintained over one year follow-up (McKay et al. 2012; Hale et al., 2011; Teesson et al., 2012; NICE, 2014; Hodder et al., 2017) 	No available evidence
Seattle Social Development Project (SSDP)	Emotional, Verbal and Psychological abuse Physiological abuse Sexual abuse Alcohol Substance Mental illness Domestic violence	Group-based	Children aged between 6 and 12 years old.	Social development programme combined with teacher training and parent education aimed reduce violence, substance misuse and risky sexual behaviour. Delivered in school and centres.	USA UK	In Child <ul style="list-style-type: none"> Reductions in substance and alcohol misuse, sexual risky behaviours and violence rates (Hodder et al., 2017) 	SSDP was estimated to create 66% benefits greater than the costs (WSIPP).

Second Step	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Alcohol abuse Drug abuse	Group-based	Children aged between 4 and 14 years old	Social emotional skill programme, aiming to reduce impulsive and aggressive behaviour while increasing social competence. The programme is classroom-based (divided into two groups preschool and primary school children) and provides on the side parent training. Trained teachers deliver five teaching kits, usually 15 to 28 lessons per year of 25-40 minutes.	USA EU	In Child <ul style="list-style-type: none"> • Students following the programme, relative to controls, showed improvements in social competence and prosocial behaviours (CASEL, 2013; SAMHSA) • Decreases in challenging behaviours (and bullying) were reported by teachers in children following the programme, relative to control groups (Espelage et al., 2013; 2015; Lowe et al., 2015; CASEL, 2012; SAMHSA) 	No available evidence
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Table 5. Community-based interventions.

Programme	ACEs Addressed	Modality of Delivery	Target Population	Context: What is provided, By whom, Over what period, How often,	Countries where implemented	Improved Outcomes	Economic considerations
Bucharest Early Intervention project (BEIP)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Incarceration (parental)	Delivered either one-to-one or group-based.	Infants and children that have been abandoned or orphans	High quality foster care intervention for children abandoned in Bucharest	Romania	In Child <ul style="list-style-type: none"> Increases in overall cognitive and social-emotional functioning (e.g. memory, attachment), with reductions in mental health issues. Much evidence focuses on brain activity and structures (Vanderwert et al., 2016; Purewal Boparai et al., 2018; Oh et al., 2018) 	No available evidence
Communities that Care (CTC)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect	Group-based	Community, Youths and Families	CTC is a public health approach process, a delivery system more than a programme per se, designed to enhance the health development of children and young people and reduce problems such as violence, substance abuse, mental illness, school failure and antisocial behaviour. CTC	USA UK EU Australia Canada Colombia Croatia Cyprus	In Child <ul style="list-style-type: none"> Reductions in substance (including tobacco) and alcohol misuse and reductions in delinquent behaviour in communities adopting the programme, relative to control communities (Oesterle et al., 2015; Hawkins et al. 2009, 2014; Fagan et al., 2012; Blueprints; CEBC; Nest WW4K; SAMHSA). 	CTC estimates have shown to produce 82% benefits greater than the cost to implement the programme (WSIPP). The programme has also shown to bring monetary benefits to health services (Kuklinski et al., 2015).

	Mental illness Alcohol abuse Drug abuse Incarceration (parental)			builds community capacity to plan and deliver effective developmental prevention services that are evidence based and respond to local needs, this is deliver by extensive training events and assistance to guide them through five phases of planning and delivery.			
Domestic Abuse Intervention Project (DAIP) - The Duluth Model	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence Incarceration (parental)	Group-based and one-to-one	Adults male offenders who are Court-ordered or Voluntary participants	DAIP was designed as a coordinated community response and includes law enforcements, monitoring, emergency housing, criminal civil courts and human services providers, working together to make communities safer for victims of domestic violence. DAIP involves a 28 weekly sessions of education programme, lasting 1.5 hours. The programme has been frequently used as an IPV programme and is been criticised as adopting gender-specific views.	USA UK	In Parent(s) <ul style="list-style-type: none"> Mixed findings (Haggård et al; 2015; Heise, 2011): consistent with the literature in the area participants in the programme eventually reoffended, however some reductions following the programme were observed in individuals who completed the 24 week programme in both physical and verbal aggression (Herman et al., 2014; CEBC). 	Duluth model are estimated to produce 24% greater benefits than the cost to implement them (WSIPP).

<p>Enhanced Foster Care Interventions and Social welfare services</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Incarceration (parental)</p>	<p>Group-based</p>	<p>Vulnerable "at risk" children</p>	<p>Multi-agency services for children in need of a safe family environment and placed in out-of-home care (e.g. foster parents, kinship, institutions, and orphanages). These services support and prevent negative impacts of institutionalisation. Review evidence show that "enhanced" foster care programmes with trained social workers are more effective than traditional foster care in supporting children's development.</p>	<p>USA UK EU Africa</p>	<p>In Child</p> <ul style="list-style-type: none"> Results from reviews show that enhanced foster and welfare services show positive effects in their mental health and social-behavioural development (WHO 2016; Bick et al., 2015; MacMillan and Wathen, 2014; Winokur et al., 2018; Bellis et al., 2011) 	<p>A EU reports states that foster care services are more cost-effective than residential care (WSIPP)</p>
<p>Intervention for Micro-Finance for AIDS and Gender Equity (IMAGE)</p> <p>Micro Finance Programme</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Incarceration (parental)</p>	<p>Group-based</p>	<p>Women from lower income families</p>	<p>Community based anti-poverty and empowering micro-finance programme. These programmes target gender inequality, norms and domestic violence. These tend to expand women's aspirations and encourage collective actions, with some providing also basic numeracy and business skills.</p> <p>An example in South Africa is IMAGE that combines with 10 one-hour sexual and HIV education sessions and micro-loans.</p>	<p>South Africa Asia Latin America Bangladesh</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> Micro-finance programmes showed reductions in IPV rates (WHO, 2016; Sanyal, 2009). However, some studies show opposite trends, with stronger effects found when these programmes are integrated with other interventions (Heise et al., 2011). In the example of Sub-Saharan Africa more research is required (van Rooyen et al., 2012). 	<p>Cost- effectiveness of these programmes were found when implemented with gender training interventions (Jan et al., 2010)</p>

<p>NON-Duluth Model</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence Incarceration (parental)</p>	<p>Group-based or one-to-one</p>	<p>Adults offenders or Voluntary participants</p>	<p>Varied community responses (including law enforcements, monitoring, housing, criminal civil courts and human services providers) working together for victims of domestic violence. The programme doesn't adopt gender-specific views.</p>	<p>USA Canada</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> • 33% reductions in recidivism were found to be more effective for these relative to the Duluth model (Miller et al., 2012) 	<p>No available evidence</p>
<p>Oportunidades Cash Transfer Programme</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence Incarceration (parental)</p>	<p>Group-based or one-to-one</p>	<p>Lower income families</p>	<p>Community based anti-poverty and empowering finance programmes. These involve cash transfers to low income families in order to raise enough funds for access to health and education (i.e. social protection). They may be implemented in conjunction with other programmes (e.g. parenting programmes). An example in Mexico is Oportunidades programme the transfers were dependent on families meeting certain criteria (e.g. children schooling).</p>	<p>USA Latin America, Mexico, Nicaragua, Africa</p>	<p>In Child</p> <ul style="list-style-type: none"> • Reductions in challenging and aggressive behaviours (WHO, 2016; Cancian et al., 2013) • Increases in school enrolment, especially for girls (Heise et al., 2011; WHO , 2016) <p>In Parent(s)</p> <ul style="list-style-type: none"> • Improvements in parental monitoring (WHO, 2016; Cancian et al. 2013) • Reductions in alcohol misuse and child maltreatment and IPV (WHO, 2016; Bobonis and Castro, 2013). However, some increases in rates of sexual harassments were found in girls part-taking in the programme in Uganda (Austrian and Muthengi, 2014) 	<p>No available evidence</p>

<p>Project Safe Neighbourhoods</p> <p>or Neighbourhood watch</p>	<p>Sexual abuse Alcohol abuse Drug abuse Incarceration (parental)</p>	<p>Group-based</p>	<p>Community</p>	<p>Community based preventing and deterrence strategy. These are national initiatives that have focused on creating partnerships between law enforcements and criminal justice agencies and other organisations.</p>	<p>USA UK Latin America Caribbean</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> • Reductions in neighbourhood crime and violence (McGarrell et al., 2009; Meares et al, 2009) 	<p>No available evidence</p>
<p>Promising School-Community-University Partnership to enhance Resilience (PROSPER)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Mental illness Incarceration (parental)</p>	<p>Group-based</p>	<p>Community, Youths and Families</p>	<p>PROSPER is a partnership-based prevention model that involves a series of partnerships between practitioners and communities, school and universities (3 system partnership). PROSPER is a delivery system more than a programme per se attempting to implement, monitor and evaluate evidence-based programmes in the community, via training.</p>	<p>USA</p>	<p>In Child</p> <ul style="list-style-type: none"> • Reductions overtime in attitudes and alcohol and substance misuse (including tobacco) (Spath et al. 2011, 2013). Reductions in delinquency and challenging behaviours (Hodder et al., 2017; Spoth et al., 2015; Blueprints) • Improvements in the quality of child-father affective relationships (Redmond et al., 2009; Blueprints) <p>In Parent(s)</p> <ul style="list-style-type: none"> • Significant improvements were shown in parenting practices (e.g. child monitoring and management; Redmond et al., 2009; Blueprints) 	<p>The programme estimates show to produce 59% benefits greater than the costs to implement the programme (WSIPP, 2017).</p>
<p>RISHTA project</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse</p>	<p>Group-based</p>	<p>Adult men living in low income families</p>	<p>Multifaceted community-based programme working to integrate harmful alcohol use into the ongoing work on wide range of sexual health outcomes (e.g. HIV and</p>	<p>India</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> • Reductions in alcohol use, related sexual risky behaviour, and parallel improvements in gender equitable attitudes (Heise et al., 2011; 	<p>No available evidence</p>

	Sexual abuse Domestic violence			reproductive health). It targets changes in social norms and education via videos, drama and group reflections. Additionally, trained staff regularly engage the community in bars and community gathering places.		Schensul et al., 2010, 2015; Fulu et al., 2014; Kostick et al., 2011)	
Sexual Assault Referral Centres (SARCs) or SANE programmes or Rape crisis centres or Women Advocacy Projects	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence	One-to-one and group-based	Domestic violence survivors	Community-based social service resource for anyone seeking help from domestic violence. The aim is to support the client, including health care, housing, forensic recovery and criminal justice.	Worldwide including UK USA	In Parent(s) <ul style="list-style-type: none"> Significant improvements were shown in parenting practices (e.g. child monitoring and management; Redmond et al., 2009; Blueprints) Reduction of perpetuation of sexual assault and the promotion of recovery are suggested, however more robust research is needed (Hughes et al, 2014; Guy et al. 2014; Bellis et al., 2011; Robinson, 2009) 	No available evidence
Soul City Similar Programmes known as; Yaari Dosti Coaching boys into men	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence	Group-based or online and campaigns	Adults and adolescents men and women	Community-based education programme aiming to change social norms and promote gender equity and prevent violence, in order to encourage disclosure. These may vary greatly in delivery and modality. Typically, small group weekly	USA Brazil India Ethiopia Tanzania Croatia Vietnam South Africa	In Parent(s) <ul style="list-style-type: none"> Soul City mostly increased knowledge and awareness in IPV (DeGue et al., 2014; Heise et al., 2011; Ricardo et al., 2010). Reduction in sexual harassment and violence against women and increase use of condoms reported by men (Miller et al., 2012). 	No available evidence

Shifting boundaries				workshops over 4-6 months or they can be campaigns. For example, Soul City in South Africa is working with partner groups to deliver a social change via a TV programme.			
Staff training based on the Crisis/ Vulnerability/ Trauma interventions/ models Examples include Identification and Referral to Improve Safety (IRIS)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Incarceration (parental)	Group-based	Community Staff	Multi-agency programmes. Team training programme which involves police, social workers and other staff training in dealing with risky behaviours and particular emergencies (e.g. mobile crisis responses). Usually involves partnerships with mental health providers in the community. For example, in England IRIS provides training for primary health care staff on victims of abuse. In Sweden the STAD Project training staff in bars for increases on alcohol laws. Whereas in Wales a specific ACE-Informed training is been piloted	UK EU Sweden Finland USA	In Parent(s) <ul style="list-style-type: none"> Increases in knowledge, confidence and skills to manage issues (Bellis et al., 2011; Pithouse and Crowley, 2016; Ford et al., 2019; O'Campo et al., 2011) STAD showed reductions in violence (Bellis et al., 2011). IRIS showed improvements in the identification and referrals of women experiencing abuse (Feder et al., 2011) 	No available evidence
Strong African American Families (SAAF)	Sexual abuse Mental illness Alcohol abuse Drug abuse	Group-based / Community based	Africa American families of youth living in rural communities (10-18)	Family centred prevention intervention, for black teens and their caregivers, living in rural communities. The programme is culturally tailored and involves 7-week interactive 2 hour sessions	USA	In Child <ul style="list-style-type: none"> Reductions in delinquency and challenging behaviours (Hodder et al., 2017; Spoth et al., 2015; Blueprints) Reductions in conduct problems and depressive symptoms were observed 	No available evidence

			years of age)	addressing specific contents (e.g. substance misuse or other risky behaviours) and family scenarios. SAAF is delivered in community settings by trained facilitators and adopts DVD material to support learning.		<p>(Brody et al., 2010; Kogan et al., 2012a; 2012b; 2016; Blueprints; CEBC; SAMHSA)</p> <ul style="list-style-type: none"> The programme show effectiveness in reducing substance misuse and sexual risky behaviours were found e.g. condom use. (Brody et al., 2010; 2012; Kogan et al., 2012a; 2012b; Blueprints; CEBC; SAMHSA) <p>In Parent(s)</p> <ul style="list-style-type: none"> Shows small effect sizes in increasing parental skills e.g. management and communication.(Kogan et al., 2012a; 2016) 	
<p>SURE START Children Centres</p> <p>Trouble Families initiatives</p>	<p>Verbal abuse (including emotional and psychological abuse)</p> <p>Physical abuse</p> <p>Sexual abuse</p> <p>Emotional neglect</p> <p>Physical neglect</p>	One-to-one and group-based	Families with children	Early years centres rooted in the community to address their needs, providing families support and evidence based programmes for parents and children (e.g. Triple P).	UK	<p>In Child</p> <ul style="list-style-type: none"> Increases in children social emotional development in children partaking in the programmes, relative to controls (Hutchings et al., 2017, Bate and Foster, 2017) <p>In Parent(s)</p> <ul style="list-style-type: none"> Increases in the quality of the home environment, in parenting practices and reductions in parental depression (Hutchings et al., 2017, Hughes et 	No available evidence

	Mental illness Alcohol abuse Drug abuse Incarceration (parental)					al., 2015; Bate and Foster, 2017; WHO, 2013; Asmussen et al., 2016)	
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Table 6. Early identification (Screening Programmes).

Programme	ACEs Addressed	Modality of Delivery	Target Population	Context: What is provided, By whom, Over what period, How often,	Countries where implemented	Improved Outcomes	Economic considerations
Brief Alcohol Screening for College Students (BASICS)	Alcohol abuse	One-to-one	Adolescents aged between 18 and 24 years old in college who regularly drink heavily.	BASICS enhances motivation to change drinking patterns over 2 brief empathetic and non- judgmental interviews.	USA	In Child <ul style="list-style-type: none"> Compared to controls, students receiving BASICS showed improvements in social health functioning over the following 6 months (SAMSHA; Blueprints) Student receiving BASICS had significant reductions in quality and frequency of alcohol use (Kulesza et al., 2013; Di Fulvio et al., 2012) 	69% chance that BASICS would produce benefits greater than the cost (WSIPP)
Brief Alcohol Screening: AUDIT ICD-10 SBIRT	Alcohol abuse	One-to-one	Adolescents aged between 18 and 24 years old in college who regularly drink heavily.	Reducing problem drinking interventions that focus on harmful and hazardous drinkers can have benefits by prompting change in drinking patterns it prevents other risky behaviours (e.g. violence). These are usually implemented with referrals to specific services/communities.	USA UK EU	In Child <ul style="list-style-type: none"> Reductions in alcohol consumptions are shown following screening and implementation of brief interventions (Donoghue et al., 2014; Walton et al., 2010). However, these programmes are not suggested to be implemented in emergency departments (Drummond et al., 2014) 	Between 62% (for SBIRT) and 72% (alcohol brief screen in hospital) chance that the programme will produce benefits greater than the costs (WSIPP)

Paediatric Symptom Checklist (PSC)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Domestic violence	One-to-one	Children and teens	Psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioural problems among children and teens with items pertaining to symptoms of internalising, externalising, and attentional disorders/behaviours.	USA	In Child <ul style="list-style-type: none"> • Reductions in children injuries and aggressive behaviours (Flynn et al., 2015; Vega-Arce and Nunez-Ulloa, 2017) and more children received treatments (Hacker et al., 2015) 	No available evidence
Parent Screening Questionnaire (PSQ) - SEEK version	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Domestic violence	One-to-one	Parents of children aged 0 to 5 years old.	The SEEK version of the PSQ has an emphasis on safety (fire alarms, gun in home), domestic violence exposure, parental/care- giver drug abuse, maternal depression, and major parental stress. The screen is used in the SEEK model.	USA	In Parent(s) <ul style="list-style-type: none"> • Small increase in knowledge in parents (Flynn et al., 2015; Feigelman et al., 2009; 2011) • Promising findings in the prevention of child maltreatment in low risk populations (Dubowitz et al., 2009; 2012) 	No available evidence

<p>Screening for Intimate partner violence COMBINED with interventions.</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Domestic violence</p>	<p>One-to-one</p>	<p>Mothers and females</p>	<p>Health Care Investigation about Intimate partner violence, that links with relevant services. An example is U.S. Preventive Services Task Forces. Yet, screening for intimate partner violence is not currently suggested in UK.</p>	<p>USA EU South Africa Canada New Zealand</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> Reviews on screening for IPV in healthcare settings show that screening shows no adverse effect and is likely to increase the identification rates, yet more research is needed to justify universal screening (O'Doherty et al., 2015; Moyer, 2013; Taft, et al., 2013; McLennan and MacMillan, 2016) 	<p>No available evidence</p>
<p>WE CARE family psychosocial screening tool</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Domestic violence</p>	<p>One-to-one</p>	<p>Parents of children aged from 2 months to 10 years old</p>	<p>The WE CARE tool assesses parental drug use, parental depression, domestic violence exposure, child abuse, housing situation, education, and employment. After screening, various procedures are followed to address identified problems (e.g. referrals to parenting programs or social workers). Typically, clinicians are trained to discuss the results of screening with parents.</p>	<p>USA</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> Systematically screening during child care can lead to the receipt of more community resources for children and families (Flynn et al., 2015; Garg et al., 2015; Vega-Arce and Nunez-Ulloa, 2017) 	<p>No available evidence.</p>

Table 7. Specific interventions.

Programme	ACEs Addressed	Modality of Delivery	Target Population	Context: What is provided, By whom, Over what period, How often,	Countries where implemented	Improved Outcomes	Economic considerations
<p>Alcohol Brief Interventions (ABIs)</p>	<p>Alcohol abuse</p>	<p>One-to-one or group-based. Online option also available.</p>	<p>Adults or adolescents with alcohol disorders or dependency. Also targeted at hazardous drinkers and pregnant women at risk of drinking.</p>	<p>Brief advice to people, to support alcohol abstinence or reduction, via brief counselling, screening and monitoring. May be combined with other approaches (e.g. Motivational Interviewing, CBT) or pharmacological interventions. Frequency may vary and multiple health professionals may be involved (e.g. therapist, nurse, doctors, and social workers). An example is the Stage of Change matched Brief Intervention. These may also be applied with screening that may result in a referral (SBIRT).</p>	<p>Worldwide including USA UK Australia EU India Mexico Norway South Africa Sweden</p>	<p>In Child</p> <ul style="list-style-type: none"> Findings show reductions in alcohol consumption for adolescents and college students (Tanner-Smith & Lipsey, 2015; Carey et al., 2009) <p>In Parent(s)</p> <ul style="list-style-type: none"> Findings from meta-analysis and reviews show significant reductions in alcohol consumption for adults and in primary care populations, with effects persisting in follow-ups of one year or longer (Rosebaun et al., 2018; Kaner et al., 2018; Montag et al., 2015) 	<p>ABIs estimates shows an 86% chance to produce benefits greater than cost (WSIPP)</p>

Arkansas CARES programme	Mental illness Alcohol abuse Drug abuse	Group-based	Mothers with dual diagnosis of mental health and substance abuse, that are pregnant or already with children	Family support treatment provided in long-term residential settings, is based on a family model and provides services that include education, parent training and child health care. To enter the programme a referral is needed.	USA	In Parent(s) <ul style="list-style-type: none"> Improvements in a number of domains impacting mental health, such as improvements in stress and employment (Conners et al., 2006; CEBC) Reductions in risky behaviours, such as substance misuse, arrest (Neger and Prinz, 2015; Conners et al., 2006; CEBC) 	No available evidence
Community Reinforcement Approach (CRA + vouchers) or Community Reinforcement and Family training (CRAFT)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Drug abuse	One-to-one and group-based	Adults aged 18 years and older with a diagnosis of cocaine abuse.	24 weeks' clinical aftercare treatment. CRA is an intensive psychosocial therapy training sessions (usually 60 minutes) emphasizing changes in substance use and coping skills, boosted with a motivational and contingency management intervention based on vouchers, as incentives to remain in treatments, verified by toxicology test at least one per month, by trained health care staff.	USA Spain	In Parent(s) <ul style="list-style-type: none"> Overall increases were found in substance abusers on psychosocial functioning (CEBC; SAMHSA; Secades-Villa et al., 2011; Garcia-Rodriguez et al., 2011) Those treated, compared to controls showed reductions in substance misuse (or maintenance of abstinence) and increases in the engagement and entry to treatment (CEBC; SAMHSA; Secades-Villa et al., 2011; Garcia-Rodriguez et al., 2009, Garcia-Fernandez, et al., 2011; Roozen et al., 2010) 	56% chance that CRA + vouchers will produce benefits greater than the costs to implement the programme

<p>Matrix Model Intensive Outpatient Treatment program (IOP)</p>	<p>Alcohol abuse Drug abuse</p>	<p>One-to-one or Group-based</p>	<p>Adults with substance abuse and dependence</p>	<p>Standalone intensive outpatient programme to treat and support individuals with use disorders. The programme includes individual, family and group counselling sessions by trained health staff and topics cover coping and recovery skills, self-help, relapse prevention, education. Usually treatment last 4 or 6 months with weekly multiple sessions (in average 3 hours 3 times a week). The programme is especially structured for clients who abuse or are dependent of stimulant drugs and methamphetamine and cocaine.</p>	<p>USA</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> IOP is improved in treatment benefits clinical attendance, retention and supported a greater rate of abstinence (e.g. clean urine samples), relative to individuals in TAU (Peters and Silvestri, 2016; SAMSHA). 	<p>52% chance that IOP will produce benefits greater than the costs (WSIPP)</p>
<p>NICE recommendations for prevention and intervention</p>	<p>Alcohol abuse Drug abuse</p>	<p>Group-based</p>	<p>Adults with alcohol or substance dependence</p>	<p>These reflect a variety of assessments, management and interventions for alcohol and drug misuse. These include early identification, screening, support, psychological, pharmacological interventions, services and housing.</p>	<p>UK Applied in part or in full for many countries including USA, EU, Australia, Canada.</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> NICE recommendations tackle alcohol-related harm by developing and delivering treatment services and prevention (NICE 2010; 2014) 	<p>No available evidence</p>

Table 8. Psychotherapy approaches.

Programme	ACEs Addressed	Modality of Delivery	Target Population	Context: What is provided, By whom, Over what period, How often,	Countries where implemented	Improved Outcomes	Economic considerations
<p>Child Parent Psychotherapy (CPP)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence</p>	<p>Multiple options available: One-to-one OR group-based OR home visiting</p>	<p>Delivered to the dyad (children and parents or caregivers, including foster parents), usually with children who have experienced traumatic events (e.g. abuse, violence, loss) and are experiencing behavioural, emotional, or mental health problems (e.g. PTSD).</p>	<p>Clinic-based programme focusing on improving parent and child relations. CPP focuses on attachment theories. Sessions typically involve the dyad, encouraging the parent and child to interact in the context of play. Delivery, intensity, frequency and setting varies (e.g. children centres, hospitals, or homeless shelters). Sessions may incorporate video-feedbacks. Typically, they are weekly 60-90 minutes' sessions, taking place over five to twelve sessions.</p>	<p>High economic income countries such as USA UK EU</p>	<p>In Child</p> <ul style="list-style-type: none"> • Improvements in children's behaviour, safety and well-being, with observed reductions in PTSD symptoms (SAMHSA). Positive effects were found related to welfare outcomes e.g. fewer returns to foster care (Chinitz et al. 2017) <p>In Parent(s)</p> <ul style="list-style-type: none"> • Improvements in parenting skills and interactions and attachment (Asmussen et al., 2017; Chinitz et al. 2017; Toth et al., 2006; Axford et al., 2015; Stronach et al, 2013; SAMHSA) • Reductions of maternal symptoms of anxiety and depression (CEBC; SAMHSA) 	<p>No available evidence.</p>

Cognitive Behavioural Therapy (CBT)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Domestic violence Parental separation	One-to-one	Adults with PTSD, Adults with Trauma or Diagnosed disorder (anxiety or depression)	Typically for moderate cases, occurs twice a week over the first 4 weeks and weekly thereafter up to 16-20 sessions, for a recommended duration of 12-20 weeks.	Worldwide including USA, UK, EU	In Parent(s) <ul style="list-style-type: none"> • Increase in symptom and disease management (Korotana et al.,2016) • Reduction in depressive, anxiety and PTSD symptoms (Papazoglou, 2017; • Vittengl et al., 2016; Harkness et al., 2012; CEBC). • Reductions in health risk behaviours, such as substance abuse (Korotana et al., 2016; McDonnell & Garbers, 2017). 	100% benefits greater than the cost (WSIPP, 2017)
Cognitive behavioural analysis system of psychotherapy (CBASP)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Domestic violence	One-to-one	Adults chronically depressed and/or with a history of maltreatment	Developed for chronically depressed adults and adapted for patients with maltreatment histories. 7-8 months, 1 hour weekly sessions.	Worldwide in high economic countries	In Parent(s) <ul style="list-style-type: none"> • Improvement in social functioning and reductions in depressive symptoms (Korotana et al., 2016; Schramm et al., 2011; CEBC) 	No available evidence

	Parental separation						
Cognitive Behavioural Intervention in Schools (CBITS)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Psychological Neglect Physical neglect Domestic violence	One-to-one or group-based (Delivered in schools)	Delivered to students (aged between 8 and 15 years old) who screened positive for exposure to a traumatic event and symptoms of PTSD related to that event	School-based, group and individual intervention designed to reduce symptoms of PTSD and behavioural problems amongst students exposed to traumatic life events. The goals of the intervention are to improve functioning, improve peer and parent support, and enhance coping skills. The programme includes 10 student group sessions, up to 3 individual student sessions, 2 parent sessions and a teacher educational session.	USA	In Child <ul style="list-style-type: none"> Improvements in student's social competences and in trauma and stress related symptoms (e.g. PTSD, DEPRESSION and anxiety) (SAMHSA; CEBC; Jaycox et al., 2010; Schultz et al., 2010; Morsette et al., 2009) 	100% benefits greater than the cost (WSIPP)
Cognitive processing Therapy (CPT)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence Mental illness	One-to-one, or group-based, or a combined approach	Adults with a history of abuse, such as rape and crime victim's and PTSD symptoms and diagnosis.	CPT developed initially for rape victims and expanded to a variety of trauma, including PTSD symptoms. The programme contains a specific protocol for survivors of sexual abuse (CPT-SA). Socratic dialogue to identify and change maladaptive beliefs related to the trauma. Individual sessions are usually 50 min. once or twice per week. Group sessions are usually 90 min. weekly sessions. The programme is	Worldwide in high economic countries such as USA UK EU	In Parent(s) <ul style="list-style-type: none"> Reduction in anxiety, depression, shame, guilt (Korotana et al., 2016; Butollo et al., 2016; Galovski et al., 2012; CEBC; SAMSHA) Decrease likelihood of interpersonal violence (Korotana et al., 2016) 	100% benefits greater than the cost (WSIPP)

				a 12 session treatment (however fewer or extra sessions may be implemented depending on the needs).			
Emotion Focused Therapy (EFT)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence	One-to-one or couples	Adapted to survivors of childhood trauma	Treatment focusing on emotional processing and regulation. Typically, 8-20 sessions.	USA South Africa UK and other high economic countries	In Parent(s) <ul style="list-style-type: none"> Improvements in social and stress related symptoms, trauma-avoidance and intrusion symptoms (Korotana et al., 2016; Dalton et al., 2013; Paivio et al., 2010) 	No available evidence
Emotional Regulation	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence	One-to one or group-based	Adults with trauma (including PTSD or ACEs)	Interventions focusing on emotion regulation, usually lasting over one year. The programme is mostly integrated with other therapeutic modalities. The programme is often administered within a residential or inpatient setting.	USA	In Parent(s) <ul style="list-style-type: none"> Reductions in anxiety, distress and self-blame (Korotana et al., 2016). Yet, studies are limited in methods and numbers; more evidence is needed. 	No available evidence

Expressive Writing (EW)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence Parental separation	One-to-one	Adults with depression, PTSD or ACEs	EW involves disclosing details about a negative, stressful, or traumatic event, which is typically performed via writing in a specific, structured, time-limited manner (30 minute sessions).	USA	In Parent(s) <ul style="list-style-type: none"> Improvements in overall psychological functioning (i.e. post-traumatic growth), observable in reductions in measures of depressive and PTSD symptoms (Korotana et al., 2016; Smyth et al., 2008) Effects from one study (not replicated in RCTs) show recovery from sexual problems and dysfunctions when the treatment focuses on sexual schema (Meston et al., 2013) 	No available evidence
Eye Movement Desensitization and Reprocessing (EMDR)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence	One-to-one	Adults with traumatic memories or PTSD or anxiety	Treatment for traumatic memories and PTSD and adapted to anxiety disorders. Individual are instructed to generate lateral eye movements while simultaneously engaging in imagine recall of a traumatic memory. This procedure is repeated until the individual reports desensitisation (i.e., a minimal level of distress). Additionally, instructions may encourage the individual to keep alternative positive cognitions in mind during the recall.	USA UK EU and other high economic countries	In Parent(s) <ul style="list-style-type: none"> Improvement in general mental functioning and reduction in trauma related symptoms, such as PTSD, depression, intrusion and avoidance (Korotana et al., 2016; Watts et al., 2013; CEBC; SAMSHA) 	100% benefits greater than the cost when applied to PTSD, whereas 80% when applied to child trauma (WSIPP)

<p>Feminist Therapy</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence</p>	<p>One-to-one or group-based</p>	<p>Females with PTSD or ACEs</p>	<p>Typically, these treatments encourage participants to examine societal factors that contribute to sexual abuse against women and children, with the goal of empowering these individuals and change inappropriate gender related social norms.</p>	<p>USA UK EU and other high economic countries</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> • Reductions in anxiety, PTSD and other trauma related symptoms e.g. internalisation, avoidance (Korotana et al., 2016) 	<p>No available evidence</p>
<p>Infant Parent Psychotherapy (IPP)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Psychological Neglect Physical neglect Domestic violence</p>	<p>Multiple options: One-to-one OR group-based OR home visiting</p>	<p>Delivered to the dyad (infants and parents or caregivers, including foster parents), usually with children who have experienced traumatic events e.g. abuse, violence, loss.</p>	<p>Delivered by a practitioner, or therapist or social worker through weekly hour-long sessions for a period of a year or longer. These sessions can take place in the clinic or the family home and include joint play activities with the child. During these sessions, the practitioner uses empathic, non-didactic therapeutic methods and suggests positive explanations for the child's behaviour.</p>	<p>USA UK EU</p>	<p>In Child</p> <ul style="list-style-type: none"> • Reductions in children PTSD symptoms and behavioural problems (Axford et al, 2015) <p>In Parent(s)</p> <ul style="list-style-type: none"> • Improvements in parenting skills and attachment security (Axford et al, 2015; Chu and Lieberman, 2010; Fonagy et al., 2016; Stronach et al., 2013) • Reductions in maternal stress and PTSD symptoms (Axford et al, 2015; Fonagy et al., 2016) 	<p>No available evidence</p>

<p>Interpersonal Psychotherapy (IPT)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence</p>	<p>One-to-one or couples</p>	<p>Adolescents (aged 12 to 18 years old) and adults with diagnosed depression or PTSD or bipolar events or psychotic, or suicidal thoughts or learning difficulties.</p>	<p>Trained mental health professionals delivering over 12-16 weeks through weekly 35- to 90-min sessions, delivered in multiple sessions (e.g. schools, clinics).</p>	<p>USA UK and other high economic countries</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> Improvements in mental health of women following the programme, relative to controls, were related to reductions in depressive and PTSD symptoms (Grote et al., 2012; Pigeon et al., 2009; Talbot et al., 2011; Toth et al., 2013). Whereas contrasting findings were observed for improvements in social functioning (Korotana et al., 2016; CEBC; SAMHSA) 	<p>No available evidence</p>
<p>Living in the Face of Trauma (LIFT)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Mental illness Alcohol abuse Drug abuse Domestic violence</p>	<p>Group-based</p>	<p>Adults (26-55 years old) with HIV and a history of trauma (usually abuse)</p>	<p>Same gender support-group based therapy (with clients with similar sexual orientation). Past and present coping methods are discussed and healthy coping strategies are then practiced in a 90 min. session delivered weekly, for 15 weeks, by two co-therapists to groups of about 10 clients each.</p>	<p>Worldwide in high economic countries such as USA EU</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> Reduction in distress and related traumatic symptoms (Korotana et al., 2016; SAMSHA) and of maladaptive coping strategies (Sikkema et al., 2013) Reduction in risky behaviours, such as substance misuse, sexual risk e.g. HIV (Korotana et al., 2017; Meade et al., 2010; SAMSHA) 	<p>No available evidence</p>

<p>Mindfulness-based therapy (MB) or Mindfulness-based Stress Reduction (MBSR) or Mindfulness-based Cognitive Therapy (MBCT)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental illness Alcohol abuse Drug abuse Domestic violence Parental separation</p>	<p>Group-based or one-to-one</p>	<p>All ages and referrals from primary care services</p>	<p>MB adapted teachings from Buddhist psychology that value a state of heightened self-consciousness and non-judgmental attention to moment-to-moment experience. Mindfulness has been used as a standalone intervention, incorporated into larger intervention programmes (e.g. MBSR and MBCT), and has been used with heterogeneous presenting problems.</p>	<p>Worldwide including USA UK EU</p>	<p>In Child</p> <ul style="list-style-type: none"> Improvements in general well-being and functioning, emotional regulation, stress and trauma related symptoms of depression or anxiety are observed in young and older children taking part in the treatment (e.g. MBCT, MBSR) relative to control groups (Biegel et al., 2009; CEBC; SAMHSA) <p>In Parent(s)</p> <ul style="list-style-type: none"> Improvements in general well-being (i.e. self-esteem and quality of life), emotional regulation and mental health (e.g. stress and trauma related symptoms of depression, anxiety) (Korotana et al., 2016; Caldwell & Shaver, 2014; Williams et al., 2014; Khoury et al., 2013; Eberth & Sedlmeier, 2012; Kimbrough et al., 2010; CEBC; SAMHSA) In a range of medical and primary care samples improvements in somatic symptoms and pain relief, were observed, these were mostly associated to improvements in cortisol secretion. Positive effects on health harming behaviours, such as substance misuse (including alcohol and tobacco) have also been reported (Korotana et al., 2016; CEBC; SAMHSA) 	<p>No available evidence</p>
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<p>Motivational Interviewing (MI)</p>	<p>Alcohol abuse Drug abuse</p>	<p>One-to-one</p>	<p>Adults with current substance misuse</p>	<p>MI helps people consider behaviour change and increase motivation, by focusing on cognitive dissonance; It is not a persuasive or confrontational approach; It is empathic and non-judgemental. Ultimately, the client is responsible of the decision to change.</p>	<p>USA UK EU and other high economic countries</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> • Meta-analysis demonstrate that MI is an effective treatment showing small but positive effects for a wide range of problems, such as substance misuse, gambling, depression, anxiety and general health-promoting behaviours (Lundahl et al., 2010) • Meta-analysis show that MI is effective in reducing substance misuse e.g. alcohol or drugs. (Lundahl et al., 2010) 	<p>No available evidence</p>
<p>Multisystemic Therapy (MST)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence</p>	<p>Group-based</p>	<p>High risks families (e.g. families with trauma/ACEs) Parents and children from 11 to 17 years, usually with children that have possible substance abuse issues, or who are involved in antisocial behaviour, and are involved in the justice system.</p>	<p>MST is an intense family-community based therapy treatment aimed at addressing conflict within the family nucleus. The clinical treatment uses CBT elements to improve cohesion, healthy relationships, and solve potential environmental triggers that lead to problematic behaviours. Delivery varies in settings. Typically delivered at home. Intensity and frequency of the programme vary. Typically, they are weekly 60 minutes sessions, taking place over four to six months.</p>	<p>USA, UK, Australia, Canada, Norway, Netherlands, New Zealand, and other high economic countries</p>	<p>In Child</p> <ul style="list-style-type: none"> • Reductions in problematic behaviour 2 years post-treatment and in parental reports of aggressive-violent behaviour (Blueprints) <p>In Parent(s)</p> <ul style="list-style-type: none"> • Improvements in parenting practice and family cohesion (Asmussen et al., 2017) • Reductions in felony/crime rates and non-violent behaviour were observed in participants following MST, relative to control interventions (Sawyer et al., 2011; Butler et al., 2011; Borduin et al., 2009; Wegner et al., 2014) 	<p>MST is estimated to bring 73% benefits greater than the costs needed to be implemented. Yet, there are variability in these estimations with benefits rates decreasing when estimated specifically for juveniles with substance use disorder (51%) or with serious emotional disturbance (61%) or convicted with sex-offenses (18%) (WSIPP)</p>

Prolonged Exposure	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence	One-to-one or group-based	Adults and adolescents with anxiety, trauma and chronic PTSD	Prolonged exposure is as a stand-alone intervention, but more commonly is incorporated with other treatments. The idea is that repeated exposure to the threatening stimulus (virtual or in vivo) may reduce distress and correct expectations regarding the danger.	USA UK EU and other high economic countries	In Parent(s) <ul style="list-style-type: none"> • Reductions of emotional distress and trauma symptoms e.g. avoidance, intrusion, anxiety, PTSD and depression. (Korotana et al., 2016). 	No available evidence.
Psychodynamic therapy	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence Parental separation	One-to-one or group-based	Adults with depression, PTSD or ACEs	Psychodynamic therapy involves the exploration of aspects of the self that are not fully known, especially as they are identified within the therapeutic relationship. The focus is on affect, expression of emotion, and interpersonal relationships; identification of recurring themes and patterns; and exploration of fantasies.	USA UK EU and other high economic countries	In Parent(s) <ul style="list-style-type: none"> • Improvements in global and social functioning and in symptoms of PTSD and depression in women. These were maintained post-treatment relative to other treatment groups (Korotana et al., 2016; Elkjaer et al., 2014; Vitriol et al., 2009) 	No available evidence
Psycho-educational	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence	One-to-one or group-based	Adults with a history of trauma (PTSD or ACEs)	Various forms of Psychoeducational-based interventions for individuals with ACEs have been evaluated. These interventions are typically provided in addition to another intervention such as process-oriented group	USA UK EU and other high economic countries	In Parent(s) <ul style="list-style-type: none"> • Improvements in women and men who were abused in childhood attending these programmes, showing reductions in PTSD and depression symptoms (Korotana et al., 2016; Hopton & Huta, 2013; Rowe et al., 2014). However, more studies and RCTs are required. 	No available evidence.

Seeking Safety	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Alcohol abuse Drug abuse Domestic violence	One-to-one, or group-based, or a combined approach	Adults with a history of trauma/PTSD and comorbid substance or alcohol abuse	25 sessions/topics to increase safe coping, delivered individually or in groups (max of 50 clients) in different settings (e.g. prison, residential centres). The treatment is also manualised and can be combined to other programmes.	USA UK and other high economic countries	In Parent(s) <ul style="list-style-type: none"> • However, more studies and RCTs are required. Reductions on Trauma related symptoms (e.g. PTSD) and psychopathology (Korotana et al., 2016; Hien et al., 2010a, SAMSHA) • Reductions in substance use and sexual risks (Korotana et al., 2016; Morgan-Lopez et al., 2013; Hien et al., 2010b, SAMSHA) 	88% benefits greater than the cost (WSIPP, 2017)
Sexual Health Intervention	Physical abuse Sexual abuse Domestic violence	Group-based	Adults who are HIV-positive and have a history of trauma (usually of childhood sexual abuse)	A series of different programmes, using a CBT approach which focus on sexual health.	USA UK and other high economic countries	In Parent(s) <ul style="list-style-type: none"> • Improvements in depressive and PTSD symptoms, for interventions addressing directly trauma related to childhood abuse (Korotana et al., 2016; Williams et al., 2013) • Reduced sexual risky behaviours in women and men who received the programme relative to controls (Korotana et al., 2016) 	No available evidence
Skills training in affective and interpersonal regulation followed by modified prolonged exposure (STAIR/MPE)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence	One-to-one	Adults survivors of childhood or chronic violence (usually of childhood abuse)	Two phase treatment: The first phase (STAIR) involves eight weekly, 1 hour sessions and the second phase (MPE) involves eight twice-weekly 1.5 hour sessions.	USA	In Parent(s) <ul style="list-style-type: none"> • Improvement post-treatment in women taking part, relative to controls, in emotional regulation and interpersonal skills and PTSD symptoms. These were maintained across 9 months (Korotana et al., 2016; Cloitre et al., 2010) 	No available evidence

Stabilizing group treatment	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence	Group-based	Adults who report childhood abuse-related complex PTSD	Present focused treatment for complex PTSD symptoms. A 20 session psychoeducation treatment using CBT strategies	USA	In Parent(s) <ul style="list-style-type: none"> Treatment alongside with TAU or compared to TAU reduced PTSD and other related mental health symptoms (e.g. reductions in borderline symptom and improvements in attention (Korotana et al., 2016; Dorrepaal et al, 2010; 2012) 	
Trauma Focus CBT (TF-CBT)	Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Emotional neglect Physical neglect Mental Illness Domestic violence Parental separation	One-to-one	Adults or children (aged between 3 and 12 years old) with PTSD, or victims of child maltreatment and other adversities	Trauma sensitive CBT approach shown to be "the" intervention for adults with PTSD (NICE, 2005). 30-45 min. weekly sessions for separate individuals or 1 hour in groups, for a recommended duration of 12-18 sessions.	Worldwide in high economic countries including USA UK EU	In Child <ul style="list-style-type: none"> Reduction in symptoms e.g. PTSD, depression, shame (SAMHSA) Increased perceived feeling of personal safety (Deblinger et al., 2010). Reduction in behaviour problems and externalisations (SAMHSA; Deblinger et al., 2010) In Parent(s) <ul style="list-style-type: none"> Improvement in parenting skills (Deblinger et al., 2010) Reduction in depressive, anxiety and PTSD symptoms (Korotana et al., 2016; Oral et al., 2016; Deblinger et al., 2010; CEBC) and in parental reactions to child's experience of sexual abuse (SAMHSA). 	

<p>Trauma Recovery and Empowerment Model (TREM)</p>	<p>Verbal abuse (including emotional and psychological abuse) Physical abuse Sexual abuse Domestic violence</p>	<p>One-to-one or group-based</p>	<p>Women with severe psychiatric disorders and histories of interpersonal violence and trauma (including ACEs)</p>	<p>Manualised group intervention. TREM recognises the complexity of long-term adaptation to trauma and addresses a range of difficulties common among survivors of sexual and physical abuse. Focusing primarily on the development of specific recovery skills and current functioning, TREM utilizes techniques shown to be effective in trauma recovery services. The group's content and structure are also informed by the role of gender in the ways women experience and cope with trauma.</p>	<p>USA UK EU and other high economic countries</p>	<p>In Parent(s)</p> <ul style="list-style-type: none"> • Improvements in anxiety for women who received TREM, relative to control groups (Korotana et al., 2016; Fallot & Harris, 2002; Bowland et al., 2012) • Reductions of alcohol and drug use and in reported exposure to stressful events, in women following TREM treatment at six and twelve months relative to TAU (Korotana et al., 2016; Fallot & Harris., 2002) 	<p>No available evidence</p>
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