Public Health England

Protecting and improving the nation's health

Rapid review on safeguarding to inform the Healthy Child Programme 5 to 19

Appendices

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Appendix A: search and review process

Two main searches were undertaken. The first was for systematic review evidence for fro 2006 onwards, effectively covering the 10-year period from 2006 to 2015.[1] The second search sought to identify additional primary studies – randomised controlled trials (RCTs) – not included in the systematic reviews. The period covered by this latter search was determined on a case-by-case basis depending on the most recent systematic review in the respective subject area. Both of the systematic searches were supplemented by a consultation of selected subject experts in the field, who were invited to identify relevant studies (systematic reviews or RCTs). This consultation also served as a helpful check on the comprehensiveness of the searches undertaken.

1. Systematic review level evidence

A range of electronic databases was searched to identify systematic reviews of interventions that met the agreed inclusion criteria.

Databases searched

The following key electronic health, social science and education databases were searched for systematic reviews: Web of Knowledge, PsycInfo, PsycArticles, Google Scholar, NICE, Cochrane Library, Campbell Library, Health Technology Assessment Database (NIHR Centre for Reviews and Dissemination CRD Database), PubMed, EPPI-Centre database of systematic reviews, and Applied Social Sciences Index and Abstracts (ASSIA).

Inclusion criteria

Systematic reviews, meta-analyses or reviews of reviews in the English language, published from January 2006 onwards, that meet the following criteria:

[1] The original search and review work was completed in mid-2015. In order to check that the findings of this review were up-to-date ahead of report sign-off, a subsequent search for relevant systematic reviews took place in April 2017. On the basis of this, 2 extra systematic reviews were added (Euser et al., 2015; Chen and Chan, 2016 [published with advance access in 2015]). This ensured that all relevant systematic reviews published up until the end of 2015 are included in this review. A further 6 reviews published in 2016 and 2017 that meet the inclusion criteria were identified (Altafim and Linhares, 2016; Huey et al., 2016; Salam et al., 2016; Wong et al., 2016; Coore-Desai et al., 2017; Jennings et al., 2017). Owing to time and resource limitations it was not possible to undertake data extraction and critical appraisal for these, but it is the judgement of the authors of the present review that the conclusions of these additional studies do not contradict – and indeed are broadly in line with – the conclusions of this report. Other potentially relevant studies published in 2015-2017 were also screened in April 2017 but excluded for reasons listed in the Introduction chapter to the report.

- Population – Detailing evidence on the effects of interventions on children and young people within the age range 5 to 19 years.
- Interventions – Universal and selective interventions, services and programmes that are aimed at preventing or intervening early with safeguarding issues for children and young people. This includes public health interventions for children and young people who present low level safeguarding concerns, and interventions that seek to meet the safeguarding needs of young carers.
- Outcomes of interest – A range of outcomes, including the following:
    - Child protection and welfare
    - Child sexual abuse and exploitation
    - Intimate Partner Violence (IPV)
    - Female Genital Mutilation (FGM)
    - Gangs and gang violence
- Study designs – All systematic reviews, meta-analyses and reviews of reviews were included.
- Years – Studies needed to have been published in the period January 2006 to 2015

Search terms

A broad set of terms was used to increase the sensitivity of the search:

- Terms to identify systematic reviews or reviews of reviews: (systematic review* OR review* OR meta-analys* OR metaanalys*)
- Terms to identify the population: (Teen* OR Adolescen* OR Young people OR Young person OR child* OR boy* OR girl* OR youth OR juvenile OR schoolchild*)
- Terms to identify intervention: (intervention OR program* OR service OR prevention)
- Terms to identify the target of the intervention:
    - Child protection and welfare (ill-treat* OR maltreat* OR abus* OR neglect, AND, physical OR emotional OR sex*)
    - Child sexual abuse and exploitation (sex* AND coerc* OR intimidat* OR exploit* OR abuse OR attack* OR offence* OR offense* OR molest*, ALSO rape OR incest)
    - Female genital mutilation (female* OR woman OR women OR girl* AND genital AND/OR mutilation OR circumcis* OR cutting, ALSO FGM)
    - Domestic violence (violen* OR sexual abuse OR physical abuse OR psychological abuse, OR batter*, OR assault*, OR aggress* AND, domestic, OR famil*, OR parent*, OR carer, OR partner, OR couple*, OR husband, OR wife, OR women, OR spous*, OR intimate, OR cohabitat*)
    - Gangs and gang violence (gang OR group AND violen* OR aggress* OR injury).

The Campbell Systematic Review Database, Cochrane and the EPPI Centre database were searched chronologically for relevant reviews. For the NICE guidance, public health guidelines and clinical guidelines were searched for the relevant subject areas.

Selection process

Studies were selected for inclusion by 2 reviewers based on abstracts and, where necessary, full papers. Disagreements were resolved through consultation with the project lead.

Limitations

The review only included papers published in English and excluded systematic reviews that do not focus on intervention effectiveness.

As agreed with Public Health England, the review did not include interventions designed to address issues arguably connected but not entirely concerned with safeguarding, for example bullying and obesity.

As the review focuses on promotion, universal prevention and selective prevention, studies were also excluded if they focus primarily on interventions for children where maltreatment has already occurred, such as interventions designed to ameliorate or mitigate the impact of safeguarding failures (for example survivors of child sexual abuse).

Other exclusion criteria were as follows:

- Studies that extend beyond the focus of the review on promotion, universal prevention and selective prevention
- Studies that do not clearly cover any part of the 5 to 19 years age range, or which cover only a small part of the age range of interest as part of a wider age range (for example 0 to 5s)
- Studies that duplicate other included reports published in another form (for instance an article in a peer-reviewed journal that is essentially a summary of a Cochrane review)
- Studies that are earlier versions of a subsequently updated review that is included (such as a Cochrane review from 2010 that was updated in 2014)
- Studies that are hard to access (commonly PhD dissertations and conference proceedings)
- Studies that are literature reviews but which do not explicitly use a systematic review approach
- Studies that focus on preventing youth violence but do not explicitly focus on preventing gang-related youth violence

- Studies in a location with poor applicability to a UK setting (reviews were prioritised reviews where a clear majority of the included studies were conducted in developed or high-income countries).[2]

Data extraction and critical appraisal

A range of data was extracted from each of the included reviews using a standard data extraction form. As part of this, all included systematic reviews were critically appraised to assess the reliability of the reported findings. The form included the following categories and was accompanied by training and written guidance for reviewers:

Content
Intervention(s) reviewed
Intervention aim
Intervention delivery
Intervention frequency and duration
Intervention target and setting
Timing or age of recommended recipient

Critical appraisal
Review addresses a clearly focused question
Type of studies included
Comprehensive search undertaken
Quality of included studies assessed
What results are presented?
Precision of results
Applicable to UK settings – what is the context?
Do benefits outweigh harms and costs?

Results
Included studies
Outcomes measured
Results
Author conclusions

Other information
Messages about how best to identify families in need of additional support
Messages on effective implementation
Recommendations for workforce skills and training
Recommended further research

2 The exception is Chapter 5 on FGM, as no systematic reviews or primary studies meeting the inclusion criteria and on this subject could be identified in high-income countries.

2. Primary study evidence

The search for primary studies focused on identifying relevant randomised controlled trials (RCTs) published since the most recent systematic review in the respective subject areas.[3] As with systematic reviews, studies were selected for inclusion by 2 reviewers based on abstracts and full papers. Disagreements were resolved through consultation with the project lead. Individual studies that had already been reported in reviews included in the study were excluded.

Databases searched

The databases of Web of Knowledge, PsycInfo, PsycArticles, Google Scholar, Health Technology Assessment Database (NIHR Centre for Reviews and Dissemination CRD Database), PubMed, and Applied Social Sciences Index and Abstracts (ASSIA) will be searched.

Inclusion criteria

Original research published in the English language meeting the following criteria:

Population
Detailing evidence on the effects of interventions on children and young people aged 5-19 years.

Interventions
Universal and selective interventions, services and programmes that are aimed at preventing safeguarding issues for children and young people aged 5-19 years.

Outcomes of interest
A range of outcomes, including the following:

- Child abuse and neglect
- Child sexual abuse and exploitation
- Intimate partner violence (IPV)

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3 Time periods covered by the RCT searches were as follows: child abuse and neglect (2013-2015); child sexual abuse and sexual exploitation (2014-2015); FGM (2011-2015); IPV (2013-2015); and gang violence (2007-2015). Searches were conducted from the date of the most recent systematic review, the exceptions being where only a small number of studies had been identified and there was a concern that some may have been missed (for example gang violence), or where a new systematic review was subsequently published (for example IPV). Owing to when the searches took place, it is possible that RCTs published in the later part of 2015 were not identified (likely to be a small number, if any). Primary studies included in Chapter 2 are additional to (i.e. not cited in) the 2 additional reviews that were identified in April 2017 and subsequently added to that chapter.

- Female genital mutilation (FGM)
- Gangs and gang violence

Study designs
Randomised controlled trial (RCT) design studies.

Years
This depended on the latest date used in the search process conducted in the most recent systematic review for each subject area. The search for RCTs began from that point. For example, if a review published in 2014 searched for studies up until the end of 2013, the new search started from January 2014.

Search terms
The identical broad set of terms described above was used, with one exception as follows (in place of terms to identify 'Systematic reviews or reviews of reviews'):

- Randomised controlled trial, OR randomized controlled trial, OR random assignment, OR random allocation, OR RCT

Selection process
Studies were selected for inclusion by 2 reviewers after a title and abstract screen. Final inclusion decisions were taken based on full papers. Disagreements were resolved through consultation with the project lead.

Limitations
Studies not published in English, or already reported in one of the systematic reviews, or focusing on children who have already been abused or maltreated (i.e. mitigating the impact of safeguarding failures) were excluded. Studies that claim to be RCTs but that do not use random allocation were excluded.

Other exclusion criteria were as follows:

- Studies that do not clearly cover any part of the 5 to 19 years age range, or cover only a small part as part of a wider age range (for example 0 to 5s)
- Studies that duplicate other included studies published in another form (for instance an unpublished paper subsequently published in article form in a peer-reviewed journal)
- Studies that are hard to access (commonly PhD dissertations and conference proceedings)
- Studies that focus on preventing youth violence but not explicitly on preventing gang-related youth violence
- Studies that are in a location with poor applicability to a UK setting (studies in developed or high-income countries were prioritised)

Data extraction and critical appraisal
A range of data was extracted from each of the included studies using a standard data extraction form. The form included the following categories and was accompanied by training and written guidance for reviewers:

Intervention
Intervention aim
Intervention target and setting
Intervention content (including frequency and duration)
Intervention delivery

Critical appraisal
Study addresses a clearly focused issue
Assignment randomised
Groups similar at start of study
Participants properly accounted for at conclusion
Groups treated equally apart from experimental intervention
Coders blind to treatment
Precision of results
Applicable to UK settings
Are the benefits worth the harms and costs?

Results
Outcomes measured
Effect of intervention (including size of effect)
Author conclusions
Recommendations for further research

3. Final stages for sections 1 and 2

The following steps were taken with the data extracted from the systematic reviews and primary research studies, to synthesise the findings into the report:

Data analysis

Data extracted from each of the included reviews and RCT studies were analysed thematically to help understand the following:

- The best ways of intervening via promotion and universal and selective prevention to improve outcomes in the identified topic areas – this focuses on evidence of effectiveness
- Key messages on how best to identify families in need of additional support (for example when this should be done, where, by whom, using what assessment tools)
- Key messages on how to ensure the effective implementation of safeguarding

- Key messages for workforce skills and training

Quality assurance

Suitably qualified staff undertook the search and review work. They received training beforehand and bespoke guidance to supplement their existing knowledge and experience. In order to help ensure consistency and accuracy, a proportion (c.10%) of data extraction forms were completed by 2 researchers working independently and and then compared. Reviewers also received comments on their reviews (from NA and KL) and were asked to make amendments accordingly – both to those reviews and others where similar issues arose. All completed data extraction forms were read by at least 2 members of the team and, in some cases, amended further after checking the original source.

Comment and feedback

The draft review was shared for comment with members of the expert advisory group and the funder, and draft individual chapters were shared with expert peer reviewers. Chapters were revised in the light of comments received.

References

Altafim, E. R. P., and Linhares, M. B. M. (2016). Universal violence and child maltreatment prevention programs for parents: a systematic review. *Psychosocial Intervention*, 25 (1), 27-38.

Chen, M., and Chan, K. L. (2016). Effects of parenting programs on child maltreatment prevention: a meta-analysis. *Trauma, Violence, & Abuse*, 17 (1), 88-104.

Coore-Desai, C., Reece, J-A., and Shakespeare-Pellington, S. (2017). The prevention of violence in childhood through parenting programmes: a global review. *Psychology, Health and Medicine*, 22 (S1), 166-186.

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Jennings, W. G., Okeem, C., Piquero, A. R., Sellers, C. S., Theobald, D., and Farrington, D. P. (2017). Dating and intimate partner violence among young persons aged 15-30: evidence from a systematic review. *Aggression and Violent Behavior*, 33 (1), 107-125.

Salam, R. A., Faqqah, A., Sajjad, N., Lassi, Z. S., Das, J. K., Kaufman, M., and Bhutta, Z. A. (2016). Improving adolescent sexual and reproductive health: a systematic review of potential interventions. *Journal of Adolescent Health*, 59 (4 Suppl), S11-S28.

Wong, J. S., Gravel, J., Bouchard, M., Descormiers, K., and Morselli, C. (2016). Promises kept? A meta-analysis of gang membership prevention programs. *Journal of Criminological Research, Policy and Practice*, 2 (2), 134-147.

Appendix B: Data extraction tables for systematic reviews

Preventing child abuse and neglect (pp. 14-68)

Preventing child sexual abuse and exploitation (pp. 69-80)

Preventing intimate partner violence (IPV) (pp. 81-153)

Preventing female genital mutilation (FGM) (pp. 154-166)

Preventing gang involvement and gang violence (pp. 167-188)

Preventing child abuse and neglect

Barlow et al. (2006)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Barlow et al. (2006)	This is a review of systematic reviews. Reviewed systematic reviews "in which the primary studies evaluated the effectiveness of targeted or indicated interventions for child physical abuse or neglect." (p. 6). Interventions included home visiting programmes, multimodal	To prevent child physical abuse, to reduce or ameliorate abuse and neglect.	Early multimodal preventative programmes: multi-component community-based interventions typically comprising family support, preschool education or childcare and community development. Parenting programmes: either on a one-to-one basis or in groups with the aim of changing parenting practices. IFPS: Intensive support for families at	Early multimodal preventative programmes: no details of delivery. Parenting programmes: brief – up to 30 weeks. No frequency data. Intensive family preservation services (IFPS): no data.	The inclusion criteria for the review in relation to participants were "[p]arents at risk of abusing or who had already abused or neglected their children." Early multimodal preventative programmes: No data reported. Parenting	Early multimodal preventative programmes: no data. Parenting programmes: no data. Intensive family preservation services (IFPS): no data.

	interventions, parenting programmes, intensive family preservation, and social support/other interventions. Home visiting not reported here as it is implemented when the child was less than 5 years old [not relevant for age-group covered by this review for PHE].		risk of out of home placement. No data on delivery team.		programmes: High-risk parents/ at-risk families (parents who have abused their children or are at risk of becoming abusive). Also low IQ. IFPS: families whose children are at risk of out-of-home placement.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Barlow et al. (2006)	Yes – what is the available evidence from	Systematic reviews.	Yes. Electronic database search: Medline, Psych	Two reviewers assessed the quality of reviews	Effect sizes, relative risk or percentage	Effect sizes reported with 95% confidence	Uncertain. It is unclear where the included	Some cost-benefit analysis undertaken,

	systematic reviews about the effectiveness of interventions to prevent or treat child physical abuse and neglect?		Info, CINAHL and Social Science Citation Index.	independently, rated them out of 9 (based on quality of search, clearly focused question, clarity and precision of results, transferability etc.) and excluded those that scored below 4.	reduction due to intervention.	intervals where available.	studies took place, although the authors' conclusions note that many did not take place in the UK yet the interventions have been adapted for use in a UK context.	finding that programmes were cost-effective.

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Barlow et al. (2006)	15 systematic reviews of relevant RCTS, QEDs, controlled and uncontrolled studies, meta-analyses of mainly non-	Early multimodal preventative programmes: further abuse, rates of abuse or neglect, out-of-home	Early multimodal preventative programmes: Difficult to disaggregate effect of each mode or component. Some large effects on measures of parenting and abuse, reductions in further abuse. Moderate effects of hospital-based perinatal programmes, perinatal coaching with home visiting, and agency counselling, (none from	"The included reviews identified some evidence to support the use of parenting programmes based on approaches such as cognitive behavioural therapy, parent-child interaction therapy and other well-recognised models such as the Webster-Stratton Incredible Years series to improve some aspects of parent, child and family functioning, both preventively and

	randomised designs, comparative studies, mixed method studies, and studies of unspecified design.	placement, parental knowledge attitudes and behaviour. Parenting programmes: parenting practices, basic childcare, safety, nutrition, problem solving, positive parent-child interactions and child behaviour management. IFPS: out-of-home placements and family and child functioning.	support groups) on parental knowledge attitudes and behaviour. Parenting programmes: moderate overall impact. Large improvement in parental knowledge, moderate in terms of behaviour and small in terms of attitude. IFPS: significant improvements in family functioning, parental disposition, children's performance, delinquency, relationships with peers, child symptomatology and maltreatment after the intervention, improved parental reports of child care and children's conduct. Other interventions including social support, and family-focused: family-focused interventions effective in improving different aspects of family functioning that are related to child abuse and neglect, such as child management skills and skills to regulate negative emotional states. MST more effective than behavioural interventions for family functioning but not for parental mood and parenting behaviours such as use of physical	therapeutically. Currently there is, however, inadequate evidence about their impact on objective measures of child abuse and neglect, due in part to the absence of long-term follow-up." (p. 24). "There is considerable scope for preventing many of the problems that are associated with abusive and neglectful parenting through the implementation of early interventions aimed at improving parenting practices. - There is also considerable scope for intervening with parents who have abused or neglected their children with a view to improving outcomes such as parenting practices. - Overall, the most effective interventions (both targeted and indicated) comprised multiple components that were flexible and capable of addressing the different facets of abusive and neglectful parenting. - Effective parent-focused interventions included home visiting and behavioural parent training combined with cognitive behavioural therapy to help regulate

			force, where cognitive behaviour therapy was more effective. Didactic programmes more effective than supportive or a combination of both on parental knowledge, behaviour or outlook. One review found a moderate effect of social support programmes but another found no effect.	negative emotional states. - Other potentially helpful family-focused interventions include multi-systemic family therapy programmes, family-focused casework and IFPS. - There is considerable scope for the routine use of some of the above interventions as part of services to both prevent and treat physical abuse and neglect in the UK and other western developed countries. - Some of these interventions could be implemented as part of existing services for children in the UK and elsewhere." (p.26).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Barlow et al. (2006)	Comprehensive family assessments should be given to families at risk to identify negative interactions in the first instance, followed by a tailored, flexible and	Authors conclude that effectiveness seems to be positively correlated to duration – longer studies with many visits had larger effect sizes than shorter programmes. The lowest	"…there have been extensive changes made to the ways in which services and professionals work together to reduce abuse in the UK. However, more still needs to be done	More interventions should be evaluated in terms of cost-effectiveness and cost benefit.

	multimodal intervention.	effect was for programmes with 12 or fewer visits and that were less than 6 months in duration. Authors recommend the use of multi-component interventions such as programmes that combine both home visiting and centre-based services for children with additional social support.	to provide families who are at risk of abuse or who have a history of physical abuse with access to programmes specifically aimed at changing their parenting practices and regulating negative emotional states" (p.25).	

Chen and Chan (2016)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Chen and Chan (2016)	Primary, secondary or tertiary parenting programmes that particularly focused on child maltreatment. Programmes involved home visiting or parent training.	To prevent or reduce child maltreatment and modify associated factors (studies focusing specifically on sexual abuse were excluded).	No information.	No information.	Programmes were delivered to parents: general populations (32% of the 7,142 participants), families at-risk of maltreatment (61% of participants) and families where maltreatment had previously occurred (7% of participants). “A total of 13 programs involved both mothers and fathers as participants, and 18 programs only had mothers as participants. The majority of participants in the parenting programs were under the age of 30, with young children below the age of 5. Most participants had lower income or were	Little information, except that the majority of participants were under 30 years with children aged under 5.

					unemployed, with low levels of education. Single parents constituted a considerable percentage of the sample population, ranging from 12% to 100%." (p. 93).	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Chen and Chan (2016)	Yes: what is the effectiveness of parenting programmes in preventing child maltreatment?	"RCT designs with at least one control group and one intervention group" (p. 89)	Yes, 9 databases were searched "to identify studies published on or before September 2013 [...] As an additional search strategy, we manually searched the references of	Yes – using a modified CONSORT checklist containing 10 items relating to the research method. "None of the studies achieved the maximum quality	Effect size (Cohen's d) from meta-analysis	95% CI and p-value	Yes – studies mostly conducted in developed countries (US, Canada, Australia, New Zealand, England), with 2 from Thailand	No information.

			review articles and contacted authors of published articles to acquire gray literature, including unpublished studies and program reports from research groups." (p. 89).	score. The scores ranged from 6 to 11." (p. 93). The maximum possible score was 12.			and Iran respectively.	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Chen and Chan (2016)	37 studies evaluating 31 programmes were included. Sample sizes ranged from 30 to 1,173.	"The research outcomes were extracted at posttest and follow-up periods and included 3 main parts, namely, the reduction in child	In summary: parenting programmes reduced substantiated and self-reported child maltreatment reports and reduced the potential for child maltreatment. Programmes also reduced risk factors and enhanced protective factors associated with child maltreatment. Effects on parental depression and stress were limited.	"[P]arenting programs effectively prevent child maltreatment by reducing risk factors and enhancing protective factors […] [They] can be used as effective primary, secondary, and tertiary interventions for child maltreatment." (p. 101).

		maltreatment, the reduction in parental risk factors, and the enhancement of parental protective factors. The measurement of child maltreatment included substantiated child maltreatment rate […] and reported child maltreatment […]. Because many studies used the Child Abuse Potential (CAP) Inventory, we also examined the probability of child maltreatment […].” (p. 90). Eight studies reported official reports of child maltreatment, 11 studies used CAP and 11 reported	Child maltreatment: • “Twenty-nine programs demonstrated positive impacts on child maltreatment prevention and only 2 reported negative impacts […] The total weighted effect size was 0.296 under the random effects model.” (p. 93) Risk factors: • “a moderate effect on the reduction in ineffective parenting (d=.612).” (p. 95) • “The effect size on the reduction of parental depression was very small (d = .026)” • “Parenting programs demonstrated minor negative effects on the reduction in parental stress (d = –.002).” • “The effect on poor parents’ relationship was also minor and negative (d = –.034); however, there was only one study evaluating this outcome…” *Protective factors*: • “a positive effect on the enhancement	“The results of this study demonstrate that parenting programs may have a long-term positive effect in preventing child maltreatment from posttest to follow-up periods. However, only 13 studies conducted follow-up evaluations, and these program effects were evaluated at 9 different time points. We cannot draw conclusions about variation in program effect over time […] The effect sizes of different program outcomes varied greatly, and there was also wide variation within the group of studies using the same measurement. The effects were positive for studies using most outcome measures, although there was bias in the use of these measurements. The official child maltreatment reports, CTSPC, and CAP, are the

		on the reduction in risk factors using the Parent-Child Conflict Tactics Scale (CTSPC).	of positive parenting (d = .342).” (p. 95) • “increased disagreement with inappropriate child-rearing attitudes (d = .523)” (p. 95) • “a moderate effect on the enhancement of parent-child interaction (d=.515)” (p. 95) • “parents were more satisfied with their parenting and felt more confident about being a parent (d = 0.22)” (p. 95) There were some moderator effects: “[F]ive moderator variables contributed to between-group variance, namely, country income level (Q_b = 16.428, p<.05), study sample size (Q_b = 12.56, p<.05), program dosage (Q_b = 23.189, p<.05), early start (Q_b = 4.833, p<.05), and participant type (Q_b = 7.414, p<.05). Other moderator variables, including sample type, service delivery method, the involvement of home visitors, and the qualification of the intervener, did not contribute to significant between-group variance.” (p. 97).	most direct means to measure program effects, and a total of 24 parenting programs employed these measurements. The results of our analysis demonstrate a small but positive effect in reducing the number of substantiated child maltreatment reports, psychological aggression, harsh discipline, corporal punishment, and neglect. The effect size of CAP was particularly consistent (I^2 ¼ 8.325). Parents were found to be less likely to maltreat their children after intervention. However, given that the decrease in CAP score might not guarantee the reduction in the probability of future abuse, we should be cautious when applying this finding into practice […].” (pp. 97-98).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Chen and Chan (2016)	No information.	"[H]igh dosage of parenting programs may not guarantee favorable effects for the participants." (p. 100) "The starting time of parenting programs influences program effects. Parenting programs that started on or before the prenatal period were helpful in preventing child maltreatment from ever occurring." (p. 100). "Compared to programs with mother as the sole participants, the programs involving fathers achieved lower effect size. The finding may indicate that fathers did not gain as much as mothers	"Parents' risk of child maltreatment decreased after the interventions, regardless of the qualification of the direct service providers of the parenting programs." (p. 100).	"Researchers should examine what works (and how it works) in the intervention process […], thereby clarifying the mechanisms underlying successful programs. "More studies are needed to study program effectiveness at follow-up periods and discuss how the positive effects may be sustained. "[F]urther moderator analyses are needed because there is still wide variance within single moderator variable groups. "It would also be meaningful to explore whether focusing on a special group of people [for example parents with disabilities] increases the efficacy of intervention programs." (p. 101).

		from parenting program, although fathers play an important role in parenting and the parent-child relationship. Modification of parenting programs to suit fathers may require more attention." (p. 100). "[T]he program effects were not significantly associated with the service delivery method or the use of home visitors." (p. 100).		

Euser et al. (2015)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Euser et al. (2015)	Parent programmes to prevent or reduce child maltreatment. Programmes fell broadly into 3 categories: (1) those focused on providing support (for example social, emotional, material) to improve overall family functioning; (2) those providing training for parents to improve their parenting skills; and (3) those combining parent training and	To (1) prevent the occurrence of child maltreatment in the general population or with at-risk but non-maltreating families, or (2) to reduce the incidence of child maltreatment in maltreating families. [Only (1) is within the scope of the review. When the age group of focus was taken into	Support groups in centre-based settings, or personal home visits, or a combination of the two. All were delivered by (para)professionals. [All 3 relevant studies were delivered to individuals. One was delivered in the home and 2 in centres.]	"The number of sessions and the duration varies from program to program." p.3) [All 3 relevant studies included 24 sessions.]	Three categories: (1) general population, (2) at-risk families, and (3) maltreating families, Settings were centres or the family home.	Eight of the 27 samples (covering 20 interventions) included children aged 5-19 years. Of these, only 3 targeted at-risk populations. The remaining 5 targeted maltreating families and are thus beyond the scope of this review.

	support.	account, only 3 interventions were directly relevant to the present review: Behavioural Couples Therapy, Parents Skills Behavioural Couples Therapy, and Family Connections.]				

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Euser et al. (2015)	Yes: how effective are parent programmes in preventing or reducing	RCTs (23) – cluster RCTs were excluded	Yes: "Eligible studies were identified using a systematic search in 3 electronic databases (Web of	Risk of bias was coded for but the results are not	Meta-analysis, followed by moderator and meta-regression	95% CI and p-value	Arguably yes: "The large majority of the studies (n=23;	No information.

	child maltreatment?		Science, ERIC, and PsychInfo) using the terms child abuse and/or child neglect and/or child maltreatment combined with interven* or preven*, and written in English. Studies published up until the end of 2012 were identified, and no earliest time point was specified." (p. 4)	presented in the article.	analyses		85%) were conducted in the USA […] the 4 studies from outside the USA were all from different countries." (p. 8).	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Euser et al. (2015)	23 articles covering 27 independent samples. [Only 3 studies	Studies were only included if they reported on actual maltreatment outcomes	There was no overall effect on maltreatment, but there were moderator effects (for example where programmes included parent training, or where duration and number of sessions were moderate rather than short or long).	"[T]he current meta-analysis did not show significant combined effects of intervention programs in randomized controlled

	are directly relevant for the current review. Two of these had a small sample of 15 each, and the third of 154. Three different programmes were evaluated.]	(details of measures not reported).	"The combined effect size of the 27 intervention effects on maltreatment in the general population, families at-risk for maltreatment or maltreating families was d = 0.13(N=4883; 95 % CI: 0.05-0.21; p<.01), in a heterogeneous set of outcomes (Q = 56.06, p < .01). The trim-and-fill approach showed that 9 studies should be trimmed and filled (Fig. 3), with a resulting non-significant adjusted combined effect size of d = 0.02 (95 % CI: −0.06, 0.11). This pattern of results suggests publication bias favoring the publication of smaller studies with significant findings." (p. 8). "Although no significant combined effect was found, moderator analyses indicated significant differences in effects among subsets of studies […] The moderator analysis for focus of the intervention program showed a significant contrast: programs with a focus on parent training, either with (d=0.37) or without support (d=0.37) were significantly more effective than programs that solely provide support (d=0.03), Q(3) = 15.85, p<.01. Furthermore, interventions with a moderate number of sessions (16-30; d=0.37) were significantly more effective compared to interventions with fewer (d=0.05) or more sessions (d=0.03), Q(2) = 9.65, p<.01. The moderator analysis for duration of the intervention showed comparable results: only interventions with a duration of 6 to 12 months yielded significant effect sizes (d=0.23), whereas interventions with a	trials on the reduction or prevention of child maltreatment in the general population, at-risk or maltreating families. Taking into account the presence of publication bias against smaller studies with non-significant results in this research domain, we failed to find a significant overall effect." (p. 10) "[S]ome interventions were effective in improving parenting or child health, but did not effectively prevent or reduce child maltreatment." (p.11) "More RCTs are needed to further unravel which factors are associated with program effectiveness. Because currently existing programs

			duration shorter than 6 months (d=0.22) or longer than twelve months (d=0.04) did not significantly reduce child maltreatment, Q(2) = 6.04, p<.05." (p. 8). However, taking into account year of publication and sample size, neither duration of programme nor number of sessions significantly predicted intervention effects. "Interventions were significantly more effective in maltreating samples (d=0.35) than in at-risk samples (d=0.05), Q(1) = 9.31, p<.01." (p. 8) However, "controlling for year of publication and sample size, interventions targeting maltreating samples did not yield larger effect sizes compared to at risk samples." (p. 10). "Meta-regression analyses with one predictor at a time revealed that intervention effects were significantly moderated by year of publication (z=2.11, p<.05, k=27) and sample size (z=−2.83, p<.01, k=27). Studies that were published more recently and studies with smaller sample sizes yielded larger effect sizes. Furthermore, age of the child at the start of the intervention yielded a significant positive regression weight (z=4.27, p<.001, k=27), indicating that interventions targeting families with older children had larger effects. Neither socioeconomic status nor ethnicity of the sample significantly influenced the effectiveness of interventions." (p. 8) "The effect of child age at the	appeared to only reduce and not prevent child maltreatment, efforts in the field of preventive intervention should also focus on the development and testing of preventive programs for families at risk for child maltreatment." (p. 1).

			start of the intervention failed to be a significant moderator when year of publication and sample size were taken into account (z=1.74, p=.08, k=27).” (p. 10).	

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Euser et al. (2015)	No information.	“Programs with a moderate duration (6 to 12 months) or a moderate number of sessions (16 to 30) yielded significantly higher effect sizes compared to shorter or longer programs and programs with fewer or more sessions.” (p. 11). “[W]e found significant intervention effects in	No information.	“First, we clearly need more RCTs that examine the effect of intervention programs on the prevention or reduction of child maltreatment, also outside the USA and in low- and middle-income countries […] Moreover, effectiveness studies of intervention programs that aim to reduce or prevent child maltreatment should take child maltreatment as their primary outcome measure […] [E]ffect sizes of intervention programs will be more reliable when more than one method is used to examine how often child maltreatment occurs […] [F]uture studies should examine whether they are also effective in reducing the number and duration of out-of-home placements […] [F]uture research should focus on the development and testing of prevention

		mal-treating samples, but not in at-risk samples, indicating that programs are only effective in reducing (but not preventing) child maltreatment." (p. 11).		programs. Results of our meta-analysis indicate that so far intervention programs are only effective in reducing child maltreatment, and thus only protect children when the harm has been done." (p. 12)

Klevens and Whitaker (2007)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Klevens and Whitaker (2007)	Universal and high risk, preventative and therapeutic for any type of child maltreatment. Interventions implemented before the occurrence of abuse or maltreatment.	To prevent the occurrence of child physical abuse, neglect or unspecified child maltreatment. A focus on child abuse was the most common (41.5% interventions).	No information.	"Interventions ranged from 12 min to 1,140 hr with a median of 22.9 hr spread over 1 day to 312 weeks with a median of 19 weeks" (pp. 366, 370).	Universal (35.6%) and high risk populations (64.4%); no further information. Interventions took place across a variety of settings (for example health centres (10%), schools (6.9%, mass media (2.1%)) but most commonly at home (25%) and in community centres (25%).	Not specified – it can be inferred, from intervention setting, that some interventions were targeted at school-aged children and parents.

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Klevens and Whitaker (2007)	Yes. To identify gaps in the development of primary prevention programmes to prevent child maltreatment and to recommend future directions for developing interventions from a public health perspective.	Reports of interventions aiming to reduce child abuse; the majority had no evaluation component (51.1%), others included inter alia process evaluation, randomised controlled trial, and time series designs.	Yes. Systematic review of literature for 1980-2004 using existing databases (Medline, PsycINFO, ERIC (1980-2004), National Criminal Justice Reference Service, National Child Abuse and Neglect Clearinghouse, Inside Conferences (1993-2003), Conference Papers Index (1973-2003),	No.	Narrative summary of studies, and table identifying studies as evaluated and non-evaluated interventions by risk factor.	High level – stated change or not.	Insufficient information to assess (countries in which studies took place not mentioned)	Not assessed.

			Google, and Youth Tree USA). References cited in literature reviews published in the past 5 years were reviewed manually to identify any missing relevant publications.					

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Klevens and Whitaker (2007)	140 studies of 188 interventions. "Evaluation (n) (%) - None (96) 51.1 - Process (1) 0.5 - One group post-measure (2) 1.1	Impact on child maltreatment and on a range of risk factors, organised in the following categories: individual (for example low level of education, unwanted	Half of the programmes identified reported some type of evaluation, but less than a quarter (n=46) were deemed to be 'rigorous' evaluations (defined as a randomised controlled trial, controlled trial with no baseline differences or baseline differences controlled for in analyses, or interrupted time series).	"[T]here were several notable gaps in the body of work. First, only about one fourth of those programs included a rigorous evaluation. Thus, the effectiveness of a majority of primary prevention programs for child maltreatment is still unknown." (p. 370). "Only 3 programmes specifically targeted neglect, the most common form of child maltreatment" (p. 370).

	- One group pre–post (31) 16.5 - Nonequivalent groups (14) 7.4 - Controlled trial (12) 6.4 - Randomized controlled trial (32) 17.0 - Time series/regression analysis (2) 1.1" (p. 366)	pregnancy, parenting skills); family (for example stress, family conflict/partner violence); neighbourhood (for example child care, access to services); and societal (social tolerance of abuse).	Of these, 17 studies measured programme impact on child maltreatment, with 9 finding reductions. An additional 20 programmes measured programme impact on one or more of the targeted risk factors, with 18 reporting reductions. More than one third of programmes identified targeted ≥3 risk factors, and almost all risk factors were targeted. Some factors were very popular (for example social isolation, parenting knowledge, access to services) whereas efforts to modify others were very limited (for example teenage pregnancy*, cognitive inflexibility, attributional biases, social skills deficits, harsh discipline, family conflict and partner violence*, poverty*, social disorganisation, lack of cohesion, fragmented services, and social norms tolerating violence toward children*). [Those with asterisks are highly prevalent in the general population.]	"Even among programmes that purported to address physical abuse and neglect, the elements that specifically addressed neglect were unclear." (p. 370). "There is an uneven distribution of primary prevention strategies that address modifiable risk and protective factors across the social ecological model […] There were limited efforts to modify some risk factors, mainly, teenage pregnancy, cognitive inflexibility, attributional biases, social skills deficits, harsh discipline, family conflict and partner violence, poverty, social disorganization, lack of community cohesion, fragmented social services, and social norms that tolerate violence toward children." (p. 370). "[T]his review found a large number of primary prevention programs for child maltreatment that addressed a broad range of risk factors. Yet few have been rigorously evaluated, and, of those, only a handful has demonstrated impact on child maltreatment or its risk factors." (p. 373).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Klevens and Whitaker (2007)	No information.	No information.	No information.	"[I]t is equally important to measure final outcomes such as child maltreatment and other related health outcomes until the link between risk factors and outcomes is known with greater certainty." (p. 370). "Researchers/policy analysts should take advantage of experimental research in welfare reform and poverty reduction efforts to examine how those efforts may affect on child maltreatment. Given that most children living in poverty are not maltreated, efforts to develop prevention programs among the poor would benefit greatly from research identifying protective factors in the midst of poverty." (p. 371). "[E]valuation of existing interventions and the development of new preventive interventions should target prevalent and, heretofore, neglected risk factors such as poverty, social norms tolerating violence toward children, partner violence, and teenage pregnancy." (p. 373). The authors advocate the further development and evaluation of programmes "delivered by the public or to the public or that require the least effort by recipients" (p. 372) because they

				are “theoretically appealing from a cost-containment perspective” (p. 372). Examples include: “policies that increase the value society places on children (e.g., tax policies, public investment in child care and education, salaries of caregivers and teachers) or that protect the welfare of families with children (e.g., livable minimum wage, subsidized housing in safe communities, increasing the availability of affordable high-quality child care, paid maternity/paternity leave) and promoting scientifically based child-rearing strategies through mass media” (p. 372). “Community-level interventions that increase social cohesion or community organization […] as well as interventions enhancing availability, coordination, and integration of social services needed by families and children […] would also fall into the category of interventions delivered to the public and should be further developed and rigorously evaluated.” (p. 372).

Lundahl et al. (2006)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Lundahl et al. (2006)	Parent training programmes (group or individual) to reduce parents' risk of abusing a child. Little information provided about intervention content, but "the programmes evaluated generally assessed some aspect of parents' personal functioning and/or indicators of child-rearing skills" (p. 252). Programmes were divided into behavioural, non-behavioural or a mixture.	Reduce parents' risk of abusing a child (physical/ emotional abuse plus neglect, not sexual abuse).	Delivered to a group or an individual, sometimes supplemented with home visits. No information as to who delivers the programmes.	Limited information but frequency varied across programmes: authors divided programmes into low or high number of sessions (those in the low number of session groups received 12 sessions or fewer).	Parents either convicted of child abuse or at risk of abusing. Home or office setting.	No information about the ages of children in the studies or programmes. (The ages of children were coded for use in a moderator analysis but no data on ages are provided.)

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Lundahl et al. (2006)	Yes – to examine the effectiveness of parent training programmes targeting parents judged to be at risk of abusing a child.	Inclusion criteria stated that studies needed to have pre- and post-intervention data on at least 5 participants and contain enough data to calculate an effect size.	Yes – 3 databases searched, and broad search terms used, though unpublished studies eliminated.	Yes – methodological rigour of studies coded on an 8-point scale.	Meta-analyses with fail-safe *n;* average effect sizes for each outcome. Presence of moderators such as study design, sample characteristics, delivery method etc.	Effect sizes (Cohen's d). 95% confidence intervals.	Unclear – countries not specified.	Not assessed. Notes that it would be assumed that adding home visitation would increase cost, but that judicious use of home/on-site delivery may mitigate costs associated with office overheads.

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Lundahl et al. (2006)	23 studies (17 pre-post only designs; 4 studies comparing one treatment group to one control group; 2 studies comparing 2 treatment groups to one control group).	4 outcomes were measured: parents' attitude towards abuse; emotional adjustment; child-rearing skills; and actual documented abuse. The measures used were frequently standardised, and were parent self-report, observations and state records assessing need for care and recidivism rates.	"Immediately following parent training, parents evidenced moderate, but significant, positive gains in all outcome constructs." (p. 255) Moderate average effect sizes provided for each outcome: parental attitudes towards abuse (0.60); emotional adjustment (0.53); child-rearing skills (0.51); and documented abuse (0.45). No values were homogenous, however, as evidenced by significant Q_W statistics. For the parental attitudes, emotional adjustment, and child-rearing behaviour outcome classes, the fail-safe *n*s [i.e. the number of unpublished studies with an effect size of 0.00 needed to reduce an overall obtained effect size to a certain level] were 22, 21, and 20 respectively. For the documented abuse outcome, the fail-safe *n* was only 3.75. The small amount of studies specifically targeting documented child abusers showed greater emotional gains compared to those only targeting parents at risk of becoming an abuser (d=1.26 vs. d=0.45 p<0.05).	"Our results indicate parent training is effective in reducing the risk that a parent will physically abuse, verbally abuse, or neglect a child. Immediately following parent training, parents reported significant and meaningful changes in attitudes and emotions linked to abuse and observed child-rearing behaviors and substantiated abuse." (p. 258). The results of this study help elucidate the best conditions under which parent training can be most effective in reducing parental abuse or neglect. Parent training

			Moderator analysis – the inclusion of home visitors produced significant changes in attitudes ($p < .05$) and child-rearing behaviours ($p < .10$), and conducting the training in both home and office settings increased effectiveness and was significantly better than office-only delivery in changing attitudes and behaviours ($p < .01$). Higher number of training sessions ($p<0.05$), and delivery through both group and individual modes rather than any one mode ($p<0.01$) improved child rearing attitudes but not behaviours. No mediator analyses were conducted. Follow-up did not measure child abuse, but found durability of impact on child-rearing attitudes, child-rearing behaviours and emotional adjustment. "Positive changes in emotional well-being and child-rearing behaviors slipped by approximately 40% toward pretreatment levels […] all changes at follow-up were meaningful and support the use of parent training." (p. 260) Effect sizes may be negatively associated with rigour ratings – studies with poorer methodology achieved higher effect sizes, meaning that better studies may demonstrate a more realistic outcome for parent training programmes and thus have lower effect sizes.	programmes should include both a group and an individual delivery element to maximise gains, in addition to a home visitor. "Non-behavioral programs shifted parental attitudes more than did behavioral programs, and behavioral programs taught child management skills better than did non-behavioral programs. Rather than choosing between a behavioral or non-behavioral program, elements of both should be considered. Indeed, our data suggest that mixing these 2 theoretical orientations does not result in undesired outcomes and tends to promote positive outcomes." (p. 260).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Lundahl et al. (2006)	No information.	The inclusion of home visitors in the programmes may provide parents with emotional support and better allow them to individualise the lessons they have learned in the training classes. One on one support may provide time and space for parents to work on changing attitudes and beliefs. Success is more likely when programmes offer a home visitor or offer treatment in a combination of settings as well as including an individualised treatment component. The review found that "a higher number of sessions was associated with greater changes in attitudes linked to abuse but not with child-rearing behaviors. Although speculative given that this mixed finding is inconsistent with predictions, it may be that parents' attitudes and beliefs are more difficult to change compared to child-rearing practices… Parental attitudes changed more through a mixture of	No information.	Authors recommend that more research needs to be conducted with families with documented cases of child abuse to see if the results will hold. "Also, we note that the studies in this sample defined abuse broadly with little or no differentiation between physical abuse, neglect, or verbal abuse. This lack of specificity may undermine decision making at the individual case level." (p. 260). "Parents who completed parent training were more likely to rely on noncoercive strategies, such as

		group and individual delivery than either mode alone… Parent training programs that relied solely on group delivery were less effective in changing child-rearing practices compared to those that involved some amount of individual delivery, though this finding was not statistically significant in the present study but has been documented elsewhere." (p. 259). "Programs that included behavioral principles showed more positive changes in parental behavior compared to studies that did not… By contrast, nonbehavioral programs were more successful in changing attitudes linked to abuse possibly because such programs stress the importance of adopting democratic or authoritative parenting philosophies… Rather than choosing between a behavioral or non-behavioral program, elements of both should be considered." (p. 260).		expression of warmth and democratic reasoning, when interacting with their children and were less likely to rely on coercive strategies, such as the use of physical force or threats…The above mentioned general findings offer generic support for providing parent training to parents considered to be at risk to abuse a child. Yet, such generic findings do little to guide the design of future parent training programs. Examining the influence of certain predefined characteristics of the programs across studies can, however, yield information that can guide the design of future parent training programs" (p. 259).

McCloskey (2011)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
McCloskey (2011)	Parenting interventions. "Programs were often designed to change parental attitudes, modify behaviors or attitudes associated with abuse, reduce parental stress, improve general parenting knowledge and skills, reinforce positive relationship dynamics, reduce coercion, and in some cases reduce child conduct problems associated with abuse histories" (p. 9).	To reduce the risk of child abuse and neglect in families.	A range of people delivered the interventions: psychologists, case managers, mental health professionals, therapists, and paraprofessionals.	"The duration of programs lasted from about 2 weeks to more than a year" (p. 9). However, included interventions were delivered mostly weekly for between 6 to 16 weeks. Most clinic-based interventions lasted 8-16	Parents of infants, toddlers or children under 17 who are abusive or are at risk of being abusive: "The parent had to show either heightened statistical risk for child abuse or neglect (e.g., teenage parent, substance dependency) or a documented history of some form of child maltreatment." (p. 9). The majority of parents were low-income	The review targeted studies of parents of children aged 0 to 17, but in the included studies children were all aged under 12. Of the 22 studies, 9 focused on children aged 0 to 5 and 11 included children aged 5 and above. For 2 studies the age range was unclear.

	Review included home visiting, group-based parenting programmes and more therapeutic interventions delivered on a one-to-one basis.			weeks. Sessions tended to be around 1 to 2 hours each.	mothers with less than a high school education. In the US, most studies enlisted minorities. Settings were the family home and clinics.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
McCloskey (2011)	Yes. To evaluate how parenting programmes succeed at: (1) eliminating child abuse as manifest in official reports and in-person	RCTs or studies with a form of random allocation.	Yes. Electronic database searches (Medline, PubMED, PsychINFO, Cochrane Library, Web of Science, Google Scholar) plus references from	Yes. Cochrane grading system was used (rating RCTs from A to C). Studies were scored 0 to 6 for risk of bias. "Studies with	Narrative summary of results; original p values from each study reported.	p values but no effect sizes.	Yes. Studies mostly conducted in English-speaking high-income countries: USA (15), Australia (2), Canada (2), New	Not assessed.

	assessments; (2) altering parenting behaviours or attitudes associated with abuse; and (3) enhancing parent-child relationships and positive parenting skills as buffers against abuse.		review articles, author personal contacts, and grey literature. Main results are based only on studies published in peer-reviewed journals.	fatal flaws and very low sample sizes preventing generalisa-tion were also excluded." (p. 8).			Zealand (1), UK (1), Iran (1).	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
McCloskey (2011)	22 RCTs	Parent self-report of child abuse potential, parent-child relationship, parenting practices and attitudes. Child maltreatment or harsh parenting was the target	Although 11 of the 22 included studies targeted children in the relevant age group (5 to 19 years), only 7 of these were primary prevention (the remaining mostly focused on preventing re-occurrence of child abuse). The	"Two-thirds of the studies showed positive effects of parenting interventions on either child abuse rates in official records or according to parents' self-reports. Studies which included multiple measures of parental attitudes or

		risk behaviour for measurement; close correlates of abuse were also measured – parenting stress, parenting style, and attitudes. Measures were self-report, observational, interview-based or agency record-based.	findings from the primary prevention studies [i.e. focused on preventing the occurrence rather than the re-occurrence of abuse] are as follows: One study of supporting fathers' involvement found a significant intervention effect on parent-child relationship, but not on parental stress or parenting attitudes. Another study found that methadone maintained parents improved on reliable change index, CAPI [Child Abuse Potential Inventory] and Parenting Stress Index due to the Parents Under Pressure intervention. A study of Incredible Years found significant effects on parent-child interaction (although the review authors suggest the measure was subject to bias), and another found Incredible Years to be effective for positive discipline, co-parenting, harsh parenting and quality of the home environment. A study of SOS! Group Training	behavior tended to report more significant results. Despite the relative success of some programs, several home visiting evaluations reported almost entirely null results. Portability of these programs may be of limited value. Any intervention would need to be adapted to suit local realities." (p. 3) "Overall, most of the intervention programs yielded encouraging results. Yet, one-third (7 of the 22) reported no differences between intervention and control groups on abuse-related measures." (p. 34) "Some findings strongly support parenting interventions; others raise questions about their value. Home visiting programs which are an important context for the delivery of counseling and parenting training appear least effective insofar as their impact on child abuse rates. Still, the highly promising work of Bugental et al., (2009) suggests that there are ways to augment these programs

			found a significant effect on self-reported abuse measured using the Conflict Tactics Scale. Two studies evaluated Triple P. Triple P was effective for reducing abuse reports, out-of-home placements and injuries. An expanded version of Triple P showed no further advantages over the standard programme.	and make them more effective. Parent-Child Intervention Therapy [school-aged children] is consistently strong in directly reducing child abuse rates. It may be difficult to transport, but possibly worth the effort. It remains uncertain how enduring the effects of this treatment program are. Finally, Cowan et al.'s (2009) program to transform men into compassionate fathers holds great promise, especially for those who want to reverse the trend in gender-based violence" (p.36).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
McCloskey (2011)	No information.	Notes that some programmes such as Parent-Child Interaction Therapy are difficult to transport to new contexts. “Any intervention would need to be adapted to suit local realities” (p.3).	Interventions such as Parent-Child Interaction Therapy require implementers to be trained as a therapist. Other effective interventions include CBT, which also requires trained professionals to administer. There are some messages about how to develop culturally appropriate interventions in less resourced settings, with the implication that this would need specialised training for the workforce on how to work with cultural norms and lack of resources.	Very few research recommendations made: the authors suggested that “more needs to be done in the field towards promoting uniform measurement” (p. 36).

Mikton and Butchart (2009)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Mikton and Butchart (2009)	Universal or selective child maltreatment prevention interventions. 7 main types of interventions were covered: home visiting, parent education, child sexual abuse prevention, abusive head trauma prevention, multi-	Preventing child maltreatment.	Parent education programmes were delivered in groups, covering parenting knowledge and skills. Child sexual abuse prevention programmes were universal programmes, covering body ownership, touch and recognition of abusive situations, and disclosure. The delivery of multicomponent interventions covered family support, parenting skills, preschool education and child-care.	Not specified.	Interventions had to be universal or selective; indicated interventions were excluded. Parent education programmes targeted at parents and delivered in centres. Child sexual abuse prevention programmes were delivered to children in schools.	Age of children not specified in search criteria and not always clear from narrative summary of included studies, but clear that some studies that were identified included school-aged children and their parents. [The review included early childhood home visitation programmes and programmes to prevent abusive

	component interventions, media-based interventions, support and mutual aid groups.		There were no details of the delivery of media-based interventions. The delivery agent was not specified for any programme type.		Multicomponent interventions were targeted at parents and children, in multiple settings. It was not specified at whom media-based interventions were targeted.	head trauma (also referred to as Shaken Baby Syndrome), both of which by definition lie outside the age-range 5 to 19 years that is the focus of this review.]

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Mikton and Butchart (2009)	Yes – sought to synthesise evidence on the effectiveness of universal and selective	A systematic review of reviews. Included systematic or comprehensive reviews	Yes, focused on recent evidence (2000-2008) and searched	Yes. AMSTAR used to rate systematic review quality: "The mean	Evidence for effective-ness scores – adapted from an	Tabled summary of effective-ness scores with	Yes – 82.9% of outcome evaluations from systematic reviews	Not assessed.

	child maltreatment prevention programmes	evaluating the effectiveness of universal or selective (but not indicated) interventions. For inclusion, reviews needed to include at least one of the following outcomes: physical abuse, sexual abuse, neglect, or emotional abuse perpetrated by a parent or caretaker against a child (bullying and witnessing intimate partner	numerous electronic databases. "Only easily accessible reviews were included (i.e. published in a peer-reviewed journal, a book, or online)." (p. 353)	AMSTAR score of 6.3 indicated that the quality of the systematic reviews is […] only moderate." (p. 358) Quality of individual outcome studies rated as follows: internal validity rated by study design (RCT, non-randomised controlled, or no control group); and construct validity of outcome measure (direct	existing system.	legend.	conducted in US. Other studies primarily from North America, Europe and Australasia. 0.6% of the studies were conducted in country settings not applicable to the UK (China and Colombia).	

		violence were excluded).		measure of child maltreatment, proxy measure, or risk factors).				

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Mikton and Butchart (2009)	26 systematic reviews met the inclusion criteria, summarising 298 outcome evaluations and 85 reviews and commentaries. Systematic reviews composed of 140 RCTs, 82 non-RCTs, 45 studies with no control group,	Direct measures of child maltreatment and risk factors were measured and reported for all categories of review. It was not specified what these were for parent education programmes, multicomponent interventions or media interventions.	Evidence for parent education programmes was mixed, with 2 meta-analyses reporting small-to-medium effect sizes, while others described effects on the risk factors for child maltreatment but no evidence of effectiveness on actual child treatment Child sexual abuse prevention programmes, delivered in schools, consistently reported effectiveness for strengthening protective factors but not for reducing actual abuse. Evidence for the effectiveness of multi-component interventions was found to be mixed, insufficient or promising. Two media reviews found mixed or insufficient evidence, while one identified a large effect size for the reduction of risk factors for child maltreatment	“Cumulative knowledge on child maltreatment prevention is ill served by an ever increasing accumulation of methodologically questionable studies.” (p. 358) “There is evidence that 4 of the 7 main types of universal and selective interventions to prevent actual child maltreatment are

	9 classed as "other", 4 "not clear from report", and 18 "missing" (Pg. 357).	For child sexual abuse, outcomes measured were: resilience factors such as knowledge of sexual abuse, protective behaviours, and future sexual abuse were measured.	"Four of the 7 types of universal and selective interventions examined in the 26 reviews are promising for preventing actual child maltreatment: home visiting, parent education, abusive head trauma prevention and multi-component programmes […] The evidence, in relation to actual child mistreatment, on the 3 remaining types – child sexual abuse prevention, media-based interventions, and social support and mutual aid groups – is either insufficient or mixed." (pp. 357-358) "Of the 3 meta-analyses that examined the association between methodological quality and effect size, all found that studies with poorer methodological quality had larger effect sizes." (p. 358)	promising [home visiting, parent education, abusive head trauma prevention and multi-component programmes] but methodological weaknesses in both the reviews and the individual studies included in them render this conclusion tentative." (p. 359)

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Mikton and Butchart (2009)	No information.	No information.	No information.	"More controlled trials using actual outcomes of maltreatment are needed" (p. 358) with a higher standard of methodological rigour.

Mishna et al. (2011)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Mishna et al. (2011)	Cyber abuse prevention interventions. Interventions comprised preventive education concerning cyber safety for children and young people. Four types were deemed to be of interest: technology to block or filter access to inappropriate online content; cyber abuse prevention programmes for children; cyber abuse prevention programmes for parents; and therapeutic interventions for child victims of cyber abuse. In the event, evaluations of 3 programmes were identified: I-SAFE and Missing (both	To increase children and young people's internet safety knowledge and decrease risky online behaviour.	Two delivered by teachers, 1 programme delivered by researcher.	Duration varied from 1-6 weeks, with sessions lasting 40-50 minutes each.	Universal prevention for children and young people who use the internet. School settings.	Included studies of programmes targeting young people in grades 5 to 8 (aged 10 to 14) although inclusion criteria covered a wider age-range (5 to 19 years).

	psychoeducational prevention programmes), and HAHASO ("Help, Assert Yourself, Humor, Avoid, Self-talk, Own it") (an anti-bullying programme).					

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Mishna et al. (2011)	Yes. To examine the effectiveness of cyber abuse interventions in increasing Internet safety knowledge and decreasing risky online behaviour.	Experimental or 2-group quasi-experimental research design that included a no treatment or minimal treatment control group; with random allocation or parallel-group design created through	Yes. Electronic databases searched; key journals handsearched; personal communication with experts to request articles; grey literature search. Focused on evaluations in	No: articles screened for relevance but not assessed for quality.	Effect sizes. No meta-analysis due to heterogeneity.	Effect sizes reported for each outcome, with standard error and z score with indication of statistical significance for differences between treatment	Yes: 2 US, 1 Canada.	Not assessed.

		naturally occurring groups.	the past 10 years.			and control groups.		

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Mishna et al. (2011)	3 pre-post designs with a control group, non-random allocation.	1 study measured multiple aspects of internet safety knowledge; 1 study measured multiple aspects of change in internet safety behaviours and attitudes; 1 study measured multiple aspects of cyber-bullying behaviour. There is little information about the measures used; one study used known rating scales. There is no information on whether the measures are reported by teachers, parents or	"Significant results were found between pre- and posttest scores related to Internet safety knowledge. Most results related to risky online behavior were not significant." (p. 5) Generally, intervention effects for internet behaviour were in the right direction but did not reach significance. Overall, results were mixed. Taking the 3 interventions in turn: I-SAFE: comparisons of effect sizes between treatment and control groups were significant at the $p<0.05$ level, except for the 'inappropriate online behaviour' outcome. Results indicate that children retained knowledge but did not change behaviour.	"Results provide evidence that participation in psycho-educational Internet safety interventions is associated with an increase in Internet safety knowledge but is not significantly associated with a change in risky online behavior" (p. 5).

		the students themselves; measures appear to be to be student self-report but this is not explicitly stated.	Missing: Most comparisons between groups were nonsignificant at the $p<0.05$ level. The majority of attitudes and behaviour were unchanged after the intervention, except for likelihood of revealing personal information, which was reduced. HAHASO: All but one effect size was negative, indicating that the control groups had more changes between pre- and post-test than treatment groups, although none of the differences between treatment and control were statistically significant at $p<0.05$.	

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Mishna et al. (2011)	Students receiving interventions were more likely to discuss online safety with friends – this may make it more likely that online issues will be shared and thus risks identified earlier.	Successfully implemented interventions require the teachers delivering them to have a sound knowledge of the	Teachers need training and education about the internet and to be competent at using technology so they can effectively educate young people about the risks.	"Additional research is vital to greater understanding in this important field. The research implication growing out of this review is that additional research is necessary to explore the link between Internet safety knowledge generation and risky online behavior. While research that can clearly delineate the

	Parents, caregivers and teachers need to be better educated regarding technology and the internet and need to engage more with children who use it.	internet and be adept at using technology. “Educational initiatives for parents must include a contextualized understanding of the importance of technology in the lives of children and youth in order to build an appreciation of the complexity of online risk behavior.” (p. 12)		impact of psychoeducational interventions on Internet safety knowledge is important, the link between psychoeducational interventions and risky online behavior change remains unclear. “Further research is also necessary to explore the impact of these forms of interventions on younger children as well as older youth, given that the studies in this review focused only on middle school children in grades 5 to 8. Additionally, research that explores the use of technological interventions with children and youth is necessary to explore opportunities to reduce risk through software filtering and blocking programs. Lastly, research that explores anti-bullying strategies with a greater focus on cyber bullying is vital in order to examine opportunities to reduce cyber bullying among children and adolescents.” (p. 12).

Poole et al. (2014)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Poole et al. (2014)	Universal interventions with a population-level mass media campaign component aimed at preventing child physical abuse (CPA) or corporal punishment (CP) delivered via various forms of mass communication or in community services with wide population access. Five of the 15 campaigns reported on included at least	Preventing or reducing child physical abuse or corporal punishment	Not specified further than "various forms of mass communication (for example, TV, radio, bill-boards, posters, report cards) or were delivered via community services with broad population access (e.g. hospitals, pediatric offices or schools)." (p. 391) It is stated that most campaigns	Campaigns ranged from 6 weeks to 9 years with most lasting 1 to 2 years.	Universal with populations including from general public to adults >18 years, caregivers, and parents of children of a specific age (ranging from newborns to 18 years old). The setting for the intervention	Target audiences for the campaigns included the general public, adults aged over 18 years, parents/caregivers (generally), and parents and caregivers with children of a certain age (including as young as newborns). Seven studies focused exclusively on newborns or parents of children aged 0 to 5 [i.e. outside the scope of the prevent review].

	the universal Level 1 media component of the Triple P programme.		used broadcast media (for example public service announcements), others used print media, online resources or telephone support.		varied from media-based to community-based in hospitals, schools, or paediatric offices.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Poole et al. (2014)	Yes – to better understand the impact of universal campaign interventions with a media component aimed at preventing	Evaluations reporting on outcomes (no other criteria).	Yes. Five search methods used: search of standard journal databases (for example PubMed, PsycINFO); search of Google; review of literature	No.	Narrative summary of change, statistical values also included for some studies.	Significance (t-values, p-values, and degrees of freedom), odds ratio, confidence intervals, effect size (Cohen's d), percentage	Yes – all from high-income countries. Just over half of studies included from the US (n=9), others from	Not assessed.

	child physical abuse.		reviews of general child abuse campaigns; review of websites of health or public health organisation websites; direct contact of authors and/or sponsoring organisations for which campaigns but no evaluations had been identified.			prevalence and change.	Australia (n=2), UK (n=2), New Zealand (n=2), Canada (n=1), and Japan (n=1).	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Poole et al. (2014)	17 studies – RCT was the most common type (n=7), although time	The following outcomes were measured: Behaviours (for example calls to	Child abuse outcomes The incidence of child physical abuse was measured in 3 studies, 2 of which are relevant for the current review (the third focused on preventing abusive head injuries in young children). The first study reported a	"CPA incidence was assessed in only 3 studies and decreased significantly in 2.

	series (n=2), pre/post (n=3), time series (with comparison) (n=1) and survey designs (n=4) were also included. 6 studies reported formative evaluation procedures and nearly all reported at least one form of process evaluation.	helplines, incidences of abusive head injuries, substantiated child maltreatment, child maltreatment injuries) Attitudes (for example towards family violence) Beliefs (for example preventing child abuse and neglect, parental confidence) Knowledge (for example about child development or sources of help with parenting) Intentions (for	decrease from pre- to post-intervention of 97.7% in the incidence of child abuse reports related to report cards that were part of the intervention (statistical significance not reported). The second study was an RCT and found a significant reduction in substantiated child maltreatment (d=1.09, p<0.03) and in child maltreatment injuries (d=1.14, p<0.02). Other behaviour change This was measured in 11 studies. Positive effects were seen for: child behaviour problems; dysfunctional or coercive parenting; increases in calls to helplines to report child abuse cases; increases in the number of callers wanting to seek assistance from the helpline or report parental alcohol and drug abuse; increases in the number of attempts by parents and/or community members to prevent child abuse through strategies promoted in the campaign, such as assisting parents by watching their children and sharing information about excessive infant crying with other caregivers. Attitudes Attitudes were assessed in 7 studies but only one found a significant improvement in positive attitudes towards preventing child abuse from pre- to post-intervention and across 2 groups. Knowledge	Studies also found significant reductions in relevant outcomes such as dysfunctional parenting, child problem behaviors and parental anger as well as increases in parental self-efficacy and knowledge of concepts and actions relevant to preventing child abuse […] The evidence base for universal campaigns designed to prevent CPA remains inconclusive due to the limited availability of rigorous evaluations; however, Triple-P is a notable exception. Given the potential for such interventions to shift population norms relevant to CPA and reduce rates of CPA, there is a need to further develop and

		example to use positive discipline strategies)	Knowledge was assessed in 6 studies. Positive effects were seen for: child development and community resources (i.e. knowing where to get information about parenting). Parental self-efficacy and anger [additional indicators that were frequently assessed] Significant increases in parenting self-efficacy or competence were reported in 3 of 4 studies, while significantly decreased parental anger or frustration was reported in 2 of 3 studies. One study assessed and found improvements in parents' intentions to use appropriate and positive child discipline strategies. Six of the 17 studies focused specifically on Shaken Baby Syndrome (SBS) [results not reported here as outside the age group covered by the review (5 to 19 year-olds)]. Five studies in this review involved Triple P: 2 examined the entire Triple P programme and 3 examined Level 1 only. All Triple P studies were RCTs except for one non-equivalent groups design. Significant changes in beliefs, knowledge, parental emotions and/or behaviours were seen in all 5 studies. Key significant findings include: decreases in child problem behaviours, decreases in dysfunctional parenting, and increases in parental self-efficacy.	rigorously evaluate such campaigns." (p. 388) "[M]any of the interventions reviewed produced significant parent and child behavioural effects." (p. 427) "[O]f the 2 interventions that demonstrated statistically significant decreases in CPA, one targeted reductions in SBS [Shaken Baby Syndrome] and addressed all identified 8 risk factors and the other used the full Triple P program and addressed 7 of the identified risk factors." (pp. 427-428).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Poole et al. (2014)	No information.	Study identified how frequently certain risk factors were targeted but was unable to link this to programme effectiveness. "The following risk factors were most frequently targeted in campaigns: lack of knowledge regarding positive parenting techniques, parental impulsivity, the stigma of asking for help, inadequate social support and inappropriate expectations for a child's developmental stage." (p. 388) Two potentially important factors were identified: (a) cultural relevance and (b) tailoring content to child developmental stage: "Beyond the key risk factors that we tracked, program effectiveness might well be tied to other key intervention adaptations and sensitivities that were not well documented, such as attention to issues of cultural relevance and stages of	No information.	"[T]here is a need to better understand what risk factors are targeted and how successfully, specifically in universal campaigns for CPA prevention." (p. 390) "We would encourage future program evaluators to address both of these issues whenever possible: that is, to explicitly assess key targeted risk factors and, of course, to use the strongest methodologies possible to ensure greater confidence in results." (p. 428). "Triple P and effective SBS program materials should undergo further rigorous evaluation to confirm their effectiveness in reducing CPA. The use of helplines also appears promising and should be integrated

		child development. On the former issue, while many of the reviewed campaigns reached broad audiences, not all of the campaigns were designed to be culturally sensitive or tailored to different ethnic groups […] Extent of intervention tailoring to relevant stages of child development might also be an important factor in program success, particularly given that appropriate parenting instructions and CPA risk varies by child age." (p. 428). "We recommend, at minimum, incorporating the most promising risk factors into CPA prevention programming, including reducing parental impulsivity, reducing the stigma associated with asking for parenting help, increasing social support for parents, increasing knowledge and use of positive parenting techniques and increasing knowledge of appropriate expectations for a child's developmental stage." (p. 429).		into future interventions and further evaluated." (p. 429). "Overall, more rigorous evaluations should be conducted in order to broaden the evidence base for these types of interventions. Future evaluation studies would benefit from the inclusion of clear program theory descriptions along with a clear review of targeted risk factors and their linkages with program messages and components. Further development and testing of universal CPA prevention campaigns is important given their potential for community-level impact." (pp. 429-430).

Preventing child sexual abuse and exploitation

Topping and Barron (2009)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Topping and Barron (2009)	School-based child sexual abuse prevention programmes. In studies included, programme content varied but core themes included *inter alia* teaching children to: recognise sexual and other types of abuse; distinguish between appropriate touching; tell the difference between good and bad secrets; say 'no' or avoid unwanted approaches; and tell an adult. Regarding pedagogical	To prevent child sexual abuse.	Various. Most programmes were led by teachers (occasionally with trained facilitators present). Other providers included programme staff members, trained volunteers, counsellor, school nurse, mental health professionals, theatre group,	Most programmes were one to 2 sessions lasting 45 minutes to one hour, although range was 1 to 26 sessions lasting between 10 to 20 minutes and 1 to 2 hours.	School children age 5 years and older. School-based setting.	Broad range of ages, most studies focusing on ages 5 and older (most for primary school children and weighted towards younger ages). Programmes included children from Kindergarten to grade 9 (ages 5to 16), but one programme has participants from ages 16 to 28 and one programme is targeted at parents.

	elements: all programmes included discussion; several involved modelling (for example plays, puppet shows) or interactive learning (for example role play, skills rehearsal); a minority used picture cards, posters, comic strips, abuse prevention songs, and pencil-and-paper exercises.		high school students, social service staff, amateur actors, community workers.			

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehen-sive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Topping and Barron (2009)	Yes – to systematically and critically review evidence from 1990- for the effectiveness	Efficacy evaluations, defined as having an "evaluation methodology with specified	Yes – keywords identified from multiple sources, computerised searches undertaken,	Yes – detailed assessment of methodologi-cal limitations of studies	Effect sizes presented, meta-analysis conducted, narrative summary of results presented by	Table of p values and effect sizes presented for studies where	Yes – studies mainly from North America and the UK (occasionally from	Not assessed: no studies looked at cost-effectiveness.

	of school-based programmes for the primary prevention of child sexual abuse.	assessments of specified outcomes" and "data on the outcomes" (p. 435). No need for control or comparison groups owing to dearth of such studies.	supplemented with a manual search of the 2 most pertinent journals. All studies selected for inclusion also had their own reference lists considered for inclusion; resources used were journals and unpublished reports. Search focused on the period 1990 to 2005.	presented.	outcome and certain socio-demographic characteristics.	this was possible.	Australia, New Zealand and other areas of Europe).	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Topping and Barron (2009)	22 studies of 18 different school-based child sexual abuse prevention programmes (11 with control group, 8 without control group, 3 with partial control group)	9 outcomes were measured: personal safety knowledge, self-protection skills, emotional impact, risk perception, touch discrimination, reported response to actual threat or abuse, changes in disclosures, maintenance of gains, negative programme effects. Wide range of measures used but few used in more than one study and few had known	Most studies reported positive and statistically significant results but most studies also had methodological limitations and none of the studies reported any details regarding implementation fidelity or cost-effectiveness. All programmes targeted reduced abuse but could not reliably and validly measure the outcome (p. 454). Follow-up evidence is poor and any positive effects are mainly confined to knowledge gains. Negative programme effects were found in over half of studies (mostly mild, short and small in number, and including fear, embarrassment, wariness of touch). In more detail: Most studies found a significant impact on increasing all children's knowledge or awareness and/or abuse prevention skills. There was little evidence of change in disclosure. There was limited follow-up evidence of the actual use and effectiveness of prevention	"Programs delivered in school offer wide access but compared with clinical programs are likely to be briefer and involve less expert and confident leaders. There are a small number of studies of any quality. Nonetheless, given the positive claims in such studies about gains in knowledge, the continuation and extension of such programs may seem somewhat supported. "However, this critical review cautions against such a superficial interpretation. Although many studies showed positive and statistically significant effects of some sort, effect-size analysis indicated that, in some cases, this reflected sample size, and the real gains were very diverse. Not one of the 22 studies reviewed included data on implementation fidelity. Consequently, we do not know what these studies were actually evaluating. Evidence on

		psychometric properties.	skills. Evidence for the maintenance of gains was mixed. 11 studies indicated gains in self-protection skills. “Only one study reported no difference in self-protection skills between control and experimental groups.” (p. 447) “Over a third of studies reported some kind of emotional gain for participants. Measures used included an anxiety inventory, a self-esteem inventory and a locus-of-control scale.” (p. 447) Effect on perceptions of risk was inconclusive based on the mixed results of included studies. “Over half the studies reported some negative effects for participants. These were rarely measured in a consistent or standardized way. They tended to be based on parental or teacher observations rather than asking the children themselves. Negative effects reported were mostly small in number, mild in nature, and of short duration.” (p. 452)	maintenance of program gains at follow-up is sketchy and largely confined to knowledge gains. Evidence on generalization of gains into real-life contexts is even harder to find. What evidence there is relies on a small number of retrospective self-report surveys concerning unknown programs. Worryingly, there is evidence of negative program effects from many studies, even when not looked for systematically. Furthermore, there is no published evidence on cost-effectiveness of programs. “All programs targeted reduced abuse, but could not reliably and validly measure that outcome.” (p. 454) Based on programmes that showed 4+ gains and moderate-to-high effect sizes, the authors concluded that effective school-based sexual abuse prevention programmes need to: incorporate modelling, group discussion and skills rehearsal; be at least 4 to 5 sessions long; have the capacity to be delivered by a range

				of personnel; and involve active parent input (evidence for the latter was limited).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Topping and Barron (2009)	The advantages of school-based programmes are that they: are able to reach all children; locate the programme in a system that can offer continuity of support; and can raise awareness in salient peer and adult groups (including parents). Two papers identified worse outcomes for children from low socio-economic backgrounds. The first of these attributed worse skills and knowledge to negative parental reaction to disclosure and	As discussed above, the authors concluded that effective school-based sexual abuse prevention programmes need to: incorporate modelling, group discussion and skills rehearsal; be at least 4 to 5 sessions long; have the capacity to be delivered by a range of personnel; and involve active parent input (evidence for the latter was limited). More effective	Authors noted that "Programs delivered in schools offer wide access but compared with clinical programs are likely to be briefer and involve less expert and confident leaders." (p. 454)	Extensive research recommendations made (pp. 455-457). These include *inter alia*: more experimental design studies (i.e. RCTs); better methodological quality; improved reporting; attention to fidelity and cost-effectiveness; larger sample sizes; more studies of older children; investigation of most protective core knowledge and skills; testing variations of aspects of delivery (for example length, provider, amount of training for providers, amount of parent involvement); and ensuring that measures extend beyond knowledge to other areas. In addition: "For future research, the theoretical underpinnings of the program components need to be made clear, even if these are various" (p. 442).

	low parental involvement, and the second found lower response in terms of self-esteem, but not skills and knowledge, and did not explore this association.	programmes can be operated by a variety of personnel.		"Future research must systematically address developmental and cultural differences with fine granularity, identifying specific concepts presenting difficulty and designing programs accordingly." (p. 446) The authors recommend that longer-term follow-ups are implemented to assess whether negative impacts of some of the programmes are transitory and can be ameliorated.

Walsh et al. (2015)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Walsh et al. (2015)	School-based education programmes for the prevention of child sexual abuse. Intervention content takes different forms, which are located on a continuum from didactic approaches (for example passively received talk or lecture) to more active approaches based on behavioural modeling, (for example role play, practising self-protection skills).	Child sexual abuse prevention.	Mixed but *inter alia* volunteers, educators, counsellors, school nurses, teachers, school psychologists, school social workers, unspecified 'instructors', employees of child abuse prevention agency, school district sexual abuse coordinators, mental health professionals, community workers.	Duration of interventions was between a single 45-minute session and 8 20-minute sessions on consecutive days.	Target: school children. Universal prevention. School setting (23 primary schools, 1 special school for adolescents with intellectual disabilities).	5 to 18 year olds.

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Walsh et al. (2015)	Yes. To systematically assess evidence of the effectiveness of school-based education programmes for the prevention of child sexual abuse.	RCTs, cluster RCTs and quasi-RCTs in which participants were sequentially allocated.	Yes – searching of databases (CENTRAL, Ovid MEDLINE, EMBASE plus 11 others) and trial registers, reference lists and search of list-servs for unpublished studies.	Yes – assessment for various biases. Used GRADE evidence rating method. Overall quality deemed 'moderate'.	Meta-analysis for each outcome.	Odds ratios with 95% confidence intervals and p value for each outcome.	Yes – 24 trials, in high or upper-middle income economies (16 US, 3 Canada, 1 China, 1 Germany, 1 Spain, 1 Taiwan, 1 Turkey).	Not assessed.

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Walsh et al. (2015)	24 trials (7 RCTs, 11 cluster-RCTs, 6 quasi-RCTs).	6 outcomes measured: protective behaviours; knowledge of sexual abuse or sexual abuse prevention concepts; retention of protective behaviours over time; retention of knowledge over time; harm (anxiety and fear); and disclosures of sexual abuse. Type of outcome measure included	Evidence for effectiveness of intervention on protective behaviours (odds ratio (OR) 5.71, 95% confidence interval (CI) 1.98 to 16.51), Evidence for effectiveness of intervention on questionnaire-based knowledge (standardised mean difference (SMD) 0.61, 95% CI 0.45 to 0.78), but with substantial heterogeneity Evidence for effectiveness of intervention on vignette-based knowledge (SMD 0.45, 95% CI 0.24 to 0.65), but with substantial heterogeneity. Evidence for effectiveness of intervention on knowledge retention beyond the immediate assessment (SMD 0.78, 95% CI 0.38 to 1.17) to 6 months (SMD 0.69, 95% CI 0.51 to 0.87). No increase or decrease in anxiety or fear in intervention participants (as an indicator of harm from intervention) (SMD -0.08, 95% CI -0.22 to 0.07). Evidence for effectiveness of intervention on disclosure of previous or current sexual abuse (OR 3.56, 95% CI 1.13 to 11.24), with no heterogeneity. However, adjusting for clustering made results statistically insignificant (ICC: 0.1 OR 3.04, 95% CI 0.75 to 12.33;	Sexual abuse prevention strategies must be targeted at the child but increased child awareness about sexual abuse does not absolve adults of their responsibility to protect them. “The studies included in this review show evidence of improvements in protective behaviours and knowledge among children exposed to school-based programmes, regardless of the type of programme. The results might have differed had the true ICCs [intracluster correlation coefficients] or cluster-adjusted results been available. There is evidence that children's knowledge does not deteriorate over time, although this requires further research with longer-term follow-up. Programme participation does not generate increased or

		parent and student self-report questionnaires or vignettes, and official records of sexual abuse disclosures to school staff, child protective services or police.	ICC: 0.2 OR 2.95, 95% CI 0.69 to 12.61). Insufficient data for subgroup analyses (with the exception of participant age, for which subgroup analyses were conducted). Retention of protective factors was only reported by 3 of the 24 trials and this data was incomplete, therefore it was not included in a meta-analysis.	decreased child anxiety or fear, however there is a need for ongoing monitoring of both positive and negative short- and long-term effects. The results show that programme participation may increase the odds of disclosure, however there is a need for more programme evaluations to routinely collect such data." (p. 8).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Walsh et al. (2015)	Children's social networks (community/society/family) need to be closely monitored so that early intervention can be applied in the case of suspected or intended abuse to prevent it from happening in the first place.	Implementation of interventions in schools should be part of a wider community initiative promoting child safety.	Community capacity for sexual abuse prevention may be raised by training teachers and involving parents in programme content.	"Further investigation of the moderators of programme effects is required along with longitudinal or data linkage studies that can assess actual prevention of child sexual abuse." (p. 8) "Future evaluations must be

				more comprehensive, use valid, reliable, standardised measures, and be more precisely reported, according to evidence-based guidelines for reporting of clinical trials such as the CONSORT (Consolidated Standards of Reporting Trials) Statement." (p. 57). "Longer follow-up periods for measurement of study outcomes beyond 6 months are essential to monitor maintenance effects." (p.58).

Preventing intimate partner violence (IPV)

British Columbia Centre of Excellence for Women's Health (2013)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
British Columbia Centre of Excellence for Women's Health (2013)	The review examined "interventions to identify, prevent, reduce and respond to domestic violence between family members or between people who are (or have been) intimate partners." (p. 10). The review examined 5 types of	Identifying, preventing, reducing and responding to domestic violence.	For the 4 sub-types of the first category, namely interventions to prevent domestic violence from happening: (i) Prevention approaches for young people: delivered often by teachers or not reported. (ii) Media campaigns:	For the 4 sub-type of the first category, namely interventions to prevent domestic violence from happening: (i) Prevention approaches for young people: 2-day healthy relationship programme, 5 2-hour sessions, 7-8	The review focused on interventions/approaches that were based in health care, social care and specialised domestic violence service settings. For the 4 sub-type of the first category, namely interventions to prevent domestic violence from happening: (i) Prevention approaches for young people: urban socio-economically disadvantaged youth delivered in education	There are no details of specific age ranges across the studies. The inclusion criteria indicated populations of adults, young people/teenagers, 'elders' (65+ years) and children. Results are not separated for age, other than questions relating to children who are exposed to domestic violence.

	intervention (the first of which is most relevant for the current review and therefore the focus of attention): 1. Interventions to prevent domestic violence from happening, of which there were 4 sub-types: (i) prevention approaches for young people; (ii) media campaigns; (iii) interventions implemented in health settings; and (iv) interventions in community settings for at-risk women.		delivered via a variety of radio, TV, print (newspaper, posters, leaflets) and online articles and advertisements. Print items included in health and social care facilities. (iii) Interventions implemented in health settings: domestic violence leaflet in emergency room [Accident & Emergency] washroom. (iv) Interventions in community settings for at-	educational sessions. (ii) Media campaigns: 12 90-second episodes of a radio drama; TV and online for 4 weeks; multimedia over 7 months, print and television over 9 months. (iii) Interventions implemented in health settings: not reported. (iv) Interventions in community settings for at-risk women: Community-	setting; adolescent African-American males in a correction facility; educational package for schools and youth groups. (ii) Media campaigns: listeners of radio station, potential domestic violence victims and bystanders in whole populations in rural areas; potential abusers and victims. Setting includes general public sphere but also health and social care settings. (iii) Interventions implemented in health settings: Emergency department [Accident & Emergency]. For patients and visitors. (iv) Interventions in community settings for at-risk women: Includes women aged 22 to 55	

	2. Interventions or approaches to help safely identify and, where appropriate, intervene to prevent, domestic violence. 3. Interventions or approaches which are effective in helping all those working in health and social care to respond to domestic violence. 4. Interventions and approaches which are effective in identifying and responding to children who are exposed to		risk women: home visiting programme delivered by graduate students, therapists and programme director	based clinic or home visiting for pregnant teenagers over 10 weeks; weekly groups of 10 to 30 adolescent parents for 12 weeks.	years, with mild or moderate learning disabilities, also adolescent parents. Interventions delivered in the home, at high school, in an adult day care centre.	

	domestic violence in the various settings identified. 5. The most effective types of partnership and partnership approaches for assessing and responding to domestic violence.					

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
British Columbia Centre of Excellence for Women's	Yes. Five specific questions are addressed in the	Study types included RCTs, case-control studies, interrupted	Yes. Twenty-four databases were searched from 2000 to May 2012. Ninety-two websites were	Yes. Used the standard tools for National Institute for	Narrative review of findings.	p-values are reported within the narrative for	Yes. Studies were conducted in US (105), UK (21),	Not assessed.

Health (2013)	review.	time series, cohort studies, cross-sectional studies, observational studies, systematic reviews or qualitative studies that were not already covered in an included systematic review. Interventions that involved activities of the police, criminal justice, education, early years and services for young people that	searched manually for relevant grey literature materials. Citation lists for all included studies were scanned, a collective virtual inquiry process was conducted and a call for evidence was issued by NICE.	Health and Clinical Excellence (NICE) public health evidence reviews.		individual studies.	Canada (14), Scotland (2), Australia (1), Netherlands (1), New Zealand (1), Spain (1), Germany (1) and Sweden (1). “Studies from non-OECD countries (low- and middle-income countries) and select OECD countries were excluded because of the likely difficulty in	

		were not linked to health and social care were excluded.					generalising the findings from such studies to the UK context." (p. 24) It is noted, however, that some studies were conducted with specific minority groups.	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
British Columbia Centre of Excellence for Women's Health (2013)	Studies covered the prevention of domestic violence (14 primary studies plus 2 systematic	DV prevention "The majority of studies measured attitudes and knowledge or exposure to educational	DV prevention "While there is limited evidence on primary prevention programs for young people, there is modest evidence that prevention programs that target young people at risk for partner violence may improve knowledge, attitudinal (towards violence and gender roles) and interpersonal	DV prevention "The contextual literature recommends the development of further tailored, community based approaches to violence

	reviews), identification of domestic violence (28), responses to domestic violence (76: victims, 33; perpetrators, 33; elders, 3; couples, 7), interventions for children exposed to domestic violence (13) and partnership approaches to assessing and responding to domestic violence (21)	materials and messages, rather than behavioural outcomes" (p. 50). Responses to DV victims Outcomes varied according to the intervention approach but included access to support, mental health outcomes and incidences of IPV. Responses to DV perpetrators Attitudinal, psychological and interpersonal outcomes among abusers. Partnership approaches to DV Various abuse-related measures, including family	outcomes... media campaigns have the potential to raise awareness of DV and services but may be hindered by issues with implementation… Only weak evidence was available for prevention interventions implemented in health care settings… there was weak evidence related to prevention programs implemented in community settings for high-risk women." (pp. 11-12) Responses to DV victims "There is moderate evidence that advocacy services may improve women's access to community resources, reduce rates of IPV, improve safety, decrease depression, reduce various stressors, and improve parenting stress and children's well-being […] There is moderate evidence that skill building (teaching, training, experiential or group learning) on a range of topics with victims of partner violence has positive effects on victims' coping, well- being, decision-making abilities, safety and reduction of coercive and violent behaviour… There is moderate evidence that counselling interventions may improve: PTSD symptoms, depression, anxiety, self-esteem, stress management, independence, support, re-occurrence of violence, birth outcomes for pregnant women, motivational level, readiness to change, and/ or forgiveness… There is moderate evidence that therapy interventions may be effective for improving various PTSD	prevention, along with interventions that address multiple levels of prevention." (p. 12) Responses to DV "Overall, there is a lack of research to address 'honour' based violence or forced marriage, and a lack of evidence on tailored approaches for diverse women and women at different levels of risk." (p. 15) Partnership approaches to DV "In general, the majority of studies found that partnership approaches were associated with improvements in various abuse-related measures… A key aspect of improving the response to DV is the involvement of related service systems, such as the alcohol treatment

		conflict, re-victimisation, response to and safety for victims and referrals to support services.	symptoms, depression, trauma symptoms, psychological and social outcomes, parenting/ family- related outcomes and in some cases may reduce likelihood of future IPV or re-abuse." (p. 14) Responses to DV perpetrators "There is moderate evidence that individual interventions for abusers may improve: aggressive feelings towards partner, attitudinal change, understandings of violence and accountability, or short-term help seeking. Some interventions also reported improvements in violent behaviours or recidivism, while others demonstrated no effect… Overall, interventions appeared to have a greater effect on attitudinal outcomes rather than recidivism/violence outcomes." (p. 14) "There is inconsistent evidence that these interventions (short duration group approaches) reduce recidivism/ abuse outcomes... However, there is moderate evidence that these short duration group interventions improve attitudinal, psychological and interpersonal outcomes among abusers… There is inconsistent evidence regarding the effect of long duration group interventions for male abusers on recidivism or abuse outcomes… The evidence of effectiveness for long duration group interventions on attitudinal,	system." (pp. 305-306)

			psychological and interpersonal outcomes is also inconsistent." (p. 15) Partnership Approaches to DV "There is moderate that partnerships to address DV were effective at: increasing referrals, reducing further violence, or supporting victims of DV... There is also moderate evidence that partnership approaches have been effective in improving relationships, practices and policies of partner agencies to address DV" (p. 18)	

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
British Columbia Centre of Excellence for Women's Health (2013)	"Moderate evidence revealed that the length of the tool used, the types of questions asked … and screening tool used […] resulted in differences in identification (rates, types of violence and groups identified) […] however […] it is not possible to determine which particular tool or tools are most effective [...] some moderately rated studies reported that	DV prevention "Only weak evidence was available for prevention interventions implemented in health care settings […] there was weak evidence related to prevention programs implemented in community settings for high-risk women […] While evidence was limited to 2 studies, findings suggest	"The evidence on the effectiveness of provider education interventions for improving screening practices or clinical enquiry is inconsistent. Interventions were typically aimed at increasing health care providers' ability to	*DV prevention* "The need for longitudinal research to examine the effect of prevention programming on behaviour change has also been noted […] More robust studies are required to determine effective approaches to preventing DV among these groups."

	women were more likely to disclose IPV in a self-report compared to a face- to-face format […] There is moderate evidence that cueing improves discussion of, disclosure of and referrals or services provided for DV among some populations." (p. 12) "There is weak evidence that the implementation of policy or organizational changes to screening for DV improves screening rates, referral rates and/or provider comfort with and ability to screen… There is moderate evidence that universal screening or routine enquiry for DV in pregnancy, when supported by staff training and organizational support, improves screening practices and documentation of DV." (p. 13) "While interventions and approaches examined do reveal some modest improvements in rates of identification or	that engaging high risk groups may require tailored and innovative approaches to programme delivery." (pp. 11-12) Partnership approaches to DV "Studies identified the following enabling factors as key to partnership working: strong leadership, management and coordination, active membership, community involvement, strong relationships and communication, training and resources, are associated with effective partnership working. However, the following barriers were reported: lack of resources (financial and human), differences in the culture of agencies/ organizations, leadership and management issues, lack of commitment, limited monitoring, and addressing diverse	raise the issue, screen for or detect DV among their patients. Some studies reported an increase in awareness, screening and documentation of DV; in other studies, improvements were modest or limited." (p. 13)	(p. 12) DV identification "Further research is required to examine and address the barriers providers face in identifying and responding to DV." (p. 13) Responses to DV "Further research is required to address the need for a spectrum of services, and tailored and coordinated responses for those who have experienced DV." (p. 15) Partnership approaches to DV "There was a lack of research addressing 'honour'-based violence, approaches for diverse sub-groups of women and men, or integrated DV and substance use services." (p. 18)

	practices and knowledge related to the identification of DV, there appear to be significant challenges in achieving identification, referral and support goals. Although few studies examined interventions beyond the point of identification, some studies reported low rates of follow-up with women who had been identified as at risk." (p. 13)	populations. Issues related to the inconsistent following of protocols or guidelines, and confidentiality issues among multi-disciplinary case review teams were commonly cited challenges" (p. 17)		

De Koker et al. (2014)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
De Koker et al. (2014)	Interventions that seek to prevent and/or reduce intimate partner violence (physical, sexual and psychological) perpetration and victimisation among adolescents. "All interventions but one included a curriculum that consisted of sessions on, for example, personal safety, sexuality, and related health problem-solving or communication skills." (p. 5)	Primary and/or secondary prevention of interpersonal violence perpetration and victimisation among adolescents (the age of the majority of the sample had to be 11 to 19 years).	Teachers delivered 2 of the interventions. Other interventions were delivered by attorneys, school staff, sports coaches or trained facilitators.	The duration of interventions ranged from 1 to 5 months. Where reported, session duration ranged from 45mins to 3 hours. Total hours of delivery was reported for 4 of the 6 interventions and ranged from 3 to 50 hours, with an even distribution through this range.	The review includes universal interventions only and all studies recruited from schools. Five interventions were school-based, with 2 of these including a community component. One intervention was community-based and was delivered on school premises but outside of school hours. Studies that	Across the studies ages ranged from 11 to 26 years. One trial did not report on age but participants were recruited from middle school where the age range is 11 to 14 years.

					focused on a specialised population, such as young drug users or adolescents in juvenile institutions, were excluded.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
De Koker et al. (2014)	Yes – to evaluate the effects of interventions to prevent (primary and secondary) IPV perpetration and victimisation	RCTs, cluster RCTs or quasi-RCTs of interventions aiming to prevent perpetration and victimisation of any kind of	Yes. "PUBMED, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Science Direct, EMbase, PsychLIT, ISI	Yes. "Three authors independently completed a risk of bias assessment for each included study using the Cochrane Collaboration's	A narrative summary of results with effect sizes with 95% confidence intervals and p-value reported for individual studies.	95% confidence intervals and p-values.	Yes. Trials were conducted in America [assumed to be US, though not stated explicitly] (4), Canada (1)	Not assessed.

	among male and female adolescents.	interpersonal violence, targeting adolescents aged 10-19 years. Any intervention addressing a specialised group (for example young drug users or adolescents in juvenile institutions) was excluded.	Web of Science, Scopus, and the Cochrane database of Systematic Reviews." (p. 4)	tool." (p. 4)	"A meta-analysis was not performed because of variations in interventions and outcome measures among the 6 trials." (p. 11).		and South Africa (1).	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
De Koker et al. (2014)	The review included 8 articles and one trial report, describing 6 RCTs.	Perpetration and victimisation of intimate partner violence (physical,	"Three of the 6 interventions demonstrated positive effects on IPV outcomes for both sexes. Two trials, Safe Dates and Fourth R, found that those in the intervention arm	"Interventions targeting perpetration and victimization of IPV among adolescents can

	All trials were cluster RCTs with units of randomisation including communities, schools, classes or classes and schools.	sexual and/or psychological).	reported less perpetration of physical IPV. The Safe Dates trial found that those in the intervention arm reported less sexual and psychological IPV perpetration compared with those in the control arm. The Shifting Boundaries trial found that those in the 2 intervention arms (the school-based and the combined class- and school-based intervention groups) reported less IPV perpetration and victimization (types not specified). The classroom-only intervention was not effective in reducing IPV perpetration and victimization. Three interventions Ending Violence, Stepping Stones, Coaching Boys found that there was no statistically significant impact on any of the IPV outcomes measured; however, the prevalence of perpetration was lower among men in the Stepping Stones intervention arm, compared with those in the control arm 2-year follow-up." (p. 9)	be effective. Those interventions are more likely to be based in multiple settings, and focus on key people in the adolescents' environment." (p. 1)

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
De Koker et al. (2014)	No information.	Effective interventions "were based in multiple settings (school and community) and focused on key adults in the adolescents' environment (such as teachers, parents, and community members). They addressed relationship skills and measured more than one type of IPV (e.g. physical and sexual)." (p. 11). Interventions that were not effective "were of shorter duration […] they consisted of curriculum only" (p. 12).	No information.	"Future trials should assess perpetration and victimization of IPV among male and female adolescents with and without prior experiences with IPV, taking gender differences into account." (p. 1)

De La Rue et al. (2014)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
De La Rue et al. (2014)	School-based interventions designed to prevent and/or reduce teenage dating violence (interventions could also seek to change other outcomes). In order to be included, programmes needed to seek explicitly to reduce teen dating violence behaviours, change attitudes towards teen dating violence, increase bystander intervention to	To prevent and/or reduce teen dating violence or sexual violence in intimate relationships.	Interventions were delivered by teachers (15), community professionals (4) or research staff/graduate students (4)	The majority of interventions ranged from 1 day to 15 weeks, with the exception of one 60-week intervention. The duration of sessions, where reported, ranged from 40 to 80 minutes. The frequency of sessions was only reported for one programme, where 5 1-hour sessions were delivered over 5 days.	Interventions were delivered to pupils in school settings (middle and high schools). Studies of interventions that used other settings (for example community centres) were excluded. The age group of	Interventions were delivered in middle and high school across grades 6 to 12, where pupils are aged 11 to 18 years.

	reduce perpetration or increase peer support for victims of dating violence. Authors grouped programmes into categories: universal, psycho-educational, individual or classroom level.				interest was children and young people in grades 4 to 12 (9 to 18 years).	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
De La Rue et al. (2014)	Yes. Review evaluated the impact of dating violence prevention programmes implemented	Studies needed to have a well-defined control group. Evaluation methods included	Yes. “Various electronic bibliographic databases were searched in July 2013, along with government databases,	Yes. “The review team assessed the methodological quality of studies using the risk of bias tool developed by the	Effect sizes from meta-analysis. The number of studies included in each meta-analysis	95% confidence intervals.	Yes. All but one of the studies was conducted in the US (the one other study was	Not assessed.

	in middle and high schools on changing attitudes or beliefs supportive of teen dating violence, reducing incidents of dating violence perpetration, or reducing incidents of dating violence victimisation.	RCTs, quasi-RCTs and quasi-experimental designs. Studies comparing interventions to another dating violence programme that is considered to be effective were excluded.	grey literature databases, and citations in other reviews." (p. 5).	Cochrane Methods group." (p. 23). Studies included had medium-high risk of bias.	ranged from 3 to 13.		conducted in Canada).	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
De La Rue et al. (2014)	23 studies, reported in 21 papers, of school-based interventions for	Attitudes towards teenage dating violence, perpetration and victimisation of	Statistically significant post-test effects favouring the intervention were reported for knowledge (ES = .22, CI = .05, .39), attitudes (ES = .14, CI = .10, .19), rape myths acceptance (ES = -.47, CI = -.68, -.26),	"The results of this review are tentatively encouraging, but also highlight the need for modifications to

	preventing and/or reducing teenage dating violence. Studies included RCTs (10), QEDs (12) and a quasi-RCT (1).	teenage dating violence (verbal, relational, physical, sexual), knowledge around teenage dating violence, acceptance of rape myths and Conflict Tactics Scale. Only one study measured bystander behaviour, so this could not be reviewed.	victimisation (ES = -.21, CI = -.41, -.02), and Conflict Tactics Scale (ES .18, CI = .12, .23). There was no post-test effect on perpetration. Follow-up effects were reported for knowledge (ES = .36, CI = .01, .71), attitudes (ES = .11, CI = .01, .22) and perpetration (ES = -.11, CI = -.21, -.01). There were no follow-up effects for victimisation or the Conflict Tactics Scale. Only one study reported rape myth acceptance at follow-up, so analysis was not conducted. “This systematic review found that prevention programs do have an impact on teen dating violence knowledge and attitudes. At post-test, students in the intervention conditions increased their knowledge and endorsed attitudes that were less accepting of violence in relationships. In addition, at post-test, prevention students were less accepting of rape myths and reported an increased awareness of appropriate approaches to conflict resolution. The positive results for teen dating violence knowledge and attitudes were supported at follow-up. However, the results for dating violence perpetration and victimization were less encouraging. Although only a limited number of studies focused on these outcomes, the results indicated that	programs in order to support schools using time and resources to implement teen dating violence prevention programs. Specifically, programs will need to be refined so that they support behavior change, with future research focusing on program development that explicitly seeks to incorporate skill-building components in an effort to impart behavior change.” (p. 7). “[T]he plethora of programs presented and the limited evidence to support behavior change creates challenges in recommending specific approaches for schools.” (p. 55)

			prevention programs are not impacting these behaviors to a great extent. Moderation analysis did not find any significant variables that impacted the effect sizes." (pp. 6-7)	

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
De La Rue et al. (2014)	No information.	There were no significant moderating effects of intervention duration, facilitator, percentage of males, or average age. "[T]his review was not able to identify how program type (i.e., universal, psycho-educational, individual or classroom level) contributed to	There was no significant moderating effect relating to who delivered the programme (teacher vs. other). There is no further information on facilitator skills or training.	"[F]uture research should explore the role of bystanders more explicitly, examining how prevention programs may shift the peer culture to be less tolerant of dating violence." (p. 7) "[R]esearchers should attempt to clarify whether changes in knowledge and attitudes will actually lead to behavior change […] Moving forward, studies need to incorporate both measures of perpetration and victimization, and work with schools to satisfactorily address issues around confidentiality and mandated reporting. In addition, it will likely prove beneficial to develop more nuanced measures of these constructs given the low prevalence of many of these behaviors within adolescent relationships […] Developmental timing is also key. Prevention studies should employ

		differential efficacy in preventing perpetration and victimization in dating relationships." (p. 55).		longitudinal studies including youth from early to late adolescence to examine predictors of the onset of and changes in teen dating violence behaviors over time. It may be that increases in knowledge and changing attitudes allow students to make healthier choices when they face increasing levels of intimacy in their dating relationships […] [T]his review was not able to identify how program type (i.e., universal, psycho-educational, individual or classroom level) contributed to differential efficacy in preventing perpetration and victimization in dating relationships. It may be helpful for research to focus on specific programs that are effective and easily accessible to schools, and explore how modifications specific to the needs of the individual school impact the effects of the program." (pp. 54-55)

DeGue et al. (2014)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
DeGue et al. (2014)	Programmes for the primary prevention of sexual violence perpetration. Interventions consisted of: interactive presentations, didactic-only lectures, film/media presentations, active participation (for example role play), live theatre/dramatic performances, written materials, poster campaigns, community activities/policy	To prevent sexual violence perpetration. (The review was not confined to interpersonal violence i.e. it also covered sexual violence where the perpetrator might be a stranger.)	Interventions were delivered by: professionals in related fields; peer facilitators; teachers/school staff; advanced student facilitators; or 'other'. The majority were implemented by peer facilitators, advanced students, or school/agency staff. One-quarter of interventions were	Frequency ranged from 1 to 8 sessions, (mean 2.6 sessions per programme). Duration ranged widely from 10 to 450 minutes (mean 75 minutes per session). Total exposure was equally weighted between session lengths of less than one hour (49.5%) and	The intervention target was predominantly college students, (60%) but also involved 5 to 9th graders (ages 10 to 15). The majority of interventions were set on college campuses (70%). Other settings were high school,	Age range 10 to 47.5 years (mean age 18.9 years).

	development.		implemented by professionals with expertise and extensive knowledge of the programme (for example programme developers, sexual violence prevention practitioners).	more than one hour (50.5%). Most programmes were one session only (72.7%).	middle school, elementary school, the community and other/mixed settings.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
DeGue et al. (2014)	Yes. "The review had 2 goals: 1) to describe and assess the breadth, quality, and evolution of evaluation	Experimental studies, quasi-experimental studies, single-group pre-post design.	Yes – online database searches, manual reviews of journals, personal communications with authors to retrieve	Yes – authors specified definition of rigorous evaluation design and strength of evidence of	Narrative summary of results.	No quantitative results presented.	Uncertain. Article gives no information as to where the studies took place.	Not assessed.

	research in this area; and 2) to summarize the best available research evidence for sexual violence prevention practitioners by categorizing programs with regard to their evidence of effectiveness on sexual violence behavioral outcomes in a rigorous evaluation." (p. 346)	Studies where 2 interventions were combined and compared to a control group were excluded. Studies that compared 2 interventions in the absence of a no intervention control group were also excluded.	unpublished reports, hand-searching of reference lists.	effectiveness.				

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
DeGue et al. (2014)	140 studies in 104 evaluation reports: 82 experimental studies, 35 quasi-experimental, 23 pre-post.	8 outcome types measured relating to sexual violence: sexually violent behaviour; rape proclivity; attitudes; knowledge; bystanding behaviour; bystanding intentions; relevant skills; affect/arousal to violence. All measures were self-report, unless specified. Other types of outcome measure included teacher reports and FBI annual data on rape occurrences.	The majority of studies had mixed effects. For the target age group for the present review (i.e. 5 to 19 year-olds), 2 programmes (both universal school-based dating violence prevention programmes) had positive effects. Safe Dates had a positive effect on victimisation and perpetration of self-reported sexual violence involving a dating partner (4 years after receiving the programme). Shifting Boundaries (school building level version i.e. addressing policy and safety concerns in school) was effective in reducing self-reported perpetration and victimisation of sexual harassment and peer sexual violence, as well as sexual violence victimisation (but not perpetration). Shifting Boundaries (classroom level) reported no effect. Law and Justice curriculum and Interaction-based Treatment reported potential harmful effects through rigorous evaluation.	"The majority of sexual violence prevention strategies in the evaluation literature are brief, psycho-educational programs focused on increasing knowledge or changing attitudes, none of which have shown evidence of effectiveness on sexually violent behavior using a rigorous evaluation design. Based on evaluation studies included in the current review, only 3 primary prevention strategies have demonstrated significant effects on sexually violent behavior in a rigorous outcome evaluation." (p. 346)

			SHARRP Consent 101 and Acquaintance Rape Education programme reported positive effects on sexual violence behavior in a non-rigorous evaluation or positive effects on risk factors or related outcomes in a rigorous evaluation. Coaching Boys into Men and Expect Respect are regarded as having "substantial potential for impacting sexually violent behavior if subjected to rigorous evaluation on those outcomes" (p. 359). This is because they exhibit some of the features associated with positive effects (see 'Other information' section below). [No effect sizes given. Patterns of intervention effects (positive, negative, mixed or null) are given as percentages for each outcome type.] On null effects, authors noted that "most of these programs have shown positive effects on other related outcomes, including potential risk factors or moderators. In some cases, positive effects on behavioural outcomes were identified using non-rigorous evaluation designs" (p.358).	"[M]ore rigorous evaluation research on various prevention approaches is needed before we can expect to see measurable reductions in sexual violence at the population level." (p. 356). "In summary, after nearly 30 years of research, the field has produced very few evaluation studies using a research design that, if well-conducted, would permit conclusions regarding the effectiveness of the intervention for preventing sexually violent behavior. This shortage of rigorous research accounts, in large part, for the lack

			On harmful effects, authors suggested that they may reflect “increased awareness and enhanced reporting in the intervention group” (p. 358) or alternatively that participants “had an adverse reaction to the content” (p. 358). They further suggest that “It is possible that many, if not most, of the interventions identified as having insufficient evidence or being in need of more research would not prove effective if rigorously evaluated. Most of the programs reviewed were brief, one-session psycho-educational programs conducted with college students […] [N]one of these programs have provided consistent evidence of impact on sexual violence outcomes, and most have not shown evidence of lasting impact on the risk factors or related outcomes that were measured.” (pp. 358 to 359)	of evidence-based interventions available to practitioners to date.” (p. 356).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
DeGue et al. (2014)	Authors suggest targeting younger populations: "There is consensus that college men and women are at a particularly high risk for sexual violence perpetration and victimization, making this a key population for intervention. However, because many college men have already engaged in sexual violence before arriving on campus or will shortly thereafter […],	Several acknowledged characteristics of effective prevention strategies could be applied more to interventions to prevent sexual violence: Comprehensive: They could be more comprehensive in terms of having multiple intervention components and affecting multiple settings to address a range of risk and protective factors for sexual violence. The programmes evaluated tend to be one-dimensional (single setting and narrow set of strategies to address individual attitude sand knowledge regarding sexual violence). Learning methods: They could apply more varied and active skills-based learning methods (to help participants acquire and retain knowledge and skills) rather than relying on single	It is known generally that "[e]ffective programs tend to have staff or implementers that are stable, committed, competent, and can connect effectively with participants […] Sufficient "buy-in" to the program model is also important to credibly deliver and reinforce program messages." (p. 357). However, only about one-	Overall: "[F]urther investment in rigorous evaluation research is critical to ensuring sustained movement toward the identification of evidence-based strategies for the prevention of sexually violent behavior. Such research should focus on comprehensive, theory-based strategies across levels of the social ecology and build on the best available research evidence to identify a complement of effective approaches for implementation and move us closer to ending sexual violence in communities." (p. 360). Relationships: Programmes are beginning to do more in terms of nurturing positive relationships between participants and their parents, peers or other adults (for example involving parents in dating violence prevention, or training young

	prevention initiatives that address this age group may miss the window of opportunity to prevent sexual violence before it starts. Primary prevention efforts may be best targeted at younger populations—before college." (p. 356).	and often more didactic approaches. Sufficient dose: They could provide a sufficient (higher) higher dose to change behaviour and have lasting effects: "[I]nterventions with consistently positive effects in this review tended to be 2 to 3 times longer, on average, than interventions with null, negative, or mixed effects" (p. 357). Of course, "[t]he most efficient interventions would balance the necessity of providing a sufficient dose to achieve intended outcomes with the need for long-term sustainability and scalability." (p. 357). General: "[W]e join others in the field […] in calling for a paradigm shift in sexual violence prevention that moves us away from low-dose educational programming in adulthood and toward investment in the development and rigorous evaluation of more comprehensive, multi-level strategies (for example, those that include individuals, parents, and peers) that target younger populations and seek to	quarter of the interventions reviewed were implemented by professionals with expertise related to sexual violence prevention and extensive knowledge of the programme model (for example programme developers, sexual violence prevention practitioners). The majority were delivered by peer facilitators, advanced students or school/agency staff without subject expertise.	people to serve as active bystanders). These approaches have yet to demonstrate effects on sexual violence perpetration in rigorous evaluations but research is ongoing. Cultural fit: "Future program development and evaluation research efforts should gauge the extent to which interventions with culturally specific approaches result in increased cultural relevance, recruitment, retention, and impact on preventing sexual violence." (p. 357) Broader focus: "Explicit attention to an expanded range of risk factors in intervention development and a broader set of behavior change theories […] may result in more integrative and effective models of prevention." (p. 359). Staff and training: "The sexual violence prevention field would benefit from more extensive descriptions of program staff and training and implementation research to determine characteristics of program staff that may enhance the

		modify community and contextual supports for violence.” (p. 359).		preventative effects of our programs” (p. 357).

Fellmeth et al. (2013)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Fellmeth et al. (2013)	Universal or targeted educational (mostly) and skills-based programmes aimed at preventing relationship and dating violence in adolescents and/or young adults. The review focuses on primary and secondary preventive interventions. Only interventions that "actively provide the participants with knowledge and skills aimed at preventing initial or further relationship violence" (p. 6) were included.	The prevention of initial or further relationship and dating violence.	"Interventions were delivered by study authors, established teaching staff in the institutions being studied or members of a third-party organisation specialising in the delivery of such interventions." (p. 23)	"The duration of interventions ranged from a single, 50-minute session to 18 sessions delivered over 4 months" (p. 20). It was most common for interventions to provide information delivered in a single session ranging from 50-90 minutes.	Interventions were delivered in university (25), high school (10) and the community (3). The majority of interventions were delivered universally, with 5 studies targeting high-risk groups such as adjudicated adolescent males, individuals or couples known to be at high risk of dating	Adolescents aged 12-18 and young adults aged 19-25 years. [Results not disaggregated to adolescents only.]

	Any intervention that did not clearly state the prevention of dating or relationship violence in the aims was excluded, as were multiple intervention programmes where the effects of violence prevention components could not be isolated.				aggression and individuals with a history of maltreatment.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Fellmeth et al. (2013)	Yes. To assess the efficacy of educational and skills-based interventions	Study designs included RCTs, cluster-RCTs and	Yes. “We searched the Cochrane Central Register of Controlled Trials (CENTRAL),	Yes. “One review author assessed the risk of bias in each study using The Cochrane	A meta-analysis of 33 studies is reported. The number of studies included for	95% confidence intervals.	The studies were conducted in the US (n=37) or the Republic of Korea (n=1).	Not assessed.

	designed to prevent relationship and dating violence in adolescents and young adults.	quasi-RCTs.	MEDLINE, EMBASE, CINAHL, PsycINFO, 6 other databases and a trials register on 7 May 2012. We handsearched the references lists of key articles and 2 journals (Journal of Interpersonal Violence and Child Abuse and Neglect). We also contacted researchers in the field." (p. 2)	Collaboration's 'Risk of bias' tool […] with each of the other review authors independently conducting a 'Risk of bias' assessment and comparing their results to those of the first review author." (pp. 13-14).	each outcome ranged from 4 to 22. Results are presented using effect estimates (risk ratio and standard mean difference). An additional 5 studies were excluded from the meta-analysis and a narrative is provided on these.		However, the authors comment that "Interventions addressing relationship violence are likely to be highly culturally sensitive and it is important to understand what types of interventions are effective in different settings." (p. 40)	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Fellmeth et al. (2013)	The review included 38 studies of educational and skills-based programmes aimed at preventing relationship and dating violence in adolescents and/or young adults. Studies included 18 RCTs, 18 cluster-RCTs and 2 quasi-RCTs. The meta-analysis included 33 of these studies.	Episodes of relationship and dating violence, attitudes towards relationship and dating violence, behaviour in dating and relationship violence, knowledge of dating and relationship violence and skills related to dating and relationship violence.	There was an overall effect on knowledge (EE = .44, CI = .28, .60). However, there was substantial heterogeneity (I^2 = 57%). There was no effect on episodes of relationship violence events (categorical data) (RR = .77, CI = .53, 1.13), occurrence of relationship violence (continuous data) (SMD = -.05, CI = -.19, .09), attitudes (SMD = .08, CI = -.06, .22), behaviour towards relationship violence (SMD = -.07, CI = -.31, .16) or skills related to relationship violence (SMD = .03, CI = -.11, .17). “Overall, therefore, this review has found no evidence of an effect of interventions on the outcomes reported.” (p. 32)	“Studies included in this review showed no evidence of effectiveness of interventions on episodes of relationship violence or on attitudes, behaviours and skills related to relationship violence. We found a small increase in knowledge but there was evidence of substantial heterogeneity among studies.” (p. 3) “Importantly, our results show no evidence of effect, rather than evidence of no effect. Therefore, current interventions should not necessarily be stopped, but rather further research and more methodologically sound studies should be conducted.” (p. 39)

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Fellmeth et al. (2013)	No information.	"Because schools play an important role in the development of social behaviour, they provide an appropriate environment to target children and adolescents in the prevention of dating violence and subsequently other forms of relationship violence." (p. 7) "[W]e found significant subgroup differences between interventions aimed at general audiences and those aimed at high-risk audiences in the episodes of relationship violence experienced […] and attitudes towards relationship violence." (p. 29). In both cases the difference was in favour of	"Most studies provided training (to varying degrees) for the personnel delivering the interventions. Of these, some described ways of minimising the potential for performance bias, such as providing personnel with a script or detailed guidance to follow." (p. 23)	"The current evidence is predominantly focused on assessing changes in attitudes and knowledge. Research into the effects of interventions on incidence of relationship or dating violence, and exploration of the relationship between attitudes and knowledge and skills, behaviour and episodes of violence are needed […] It is possible that in order to reduce the occurrence of relationship violence effectively, a number of interventions across both educational and community settings as well as within homes and families is required." (p. 39) "Further studies with longer-term follow-up are

		the high-risk group. There were no significant subgroup differences across duration of sessions or the number of sessions received.		required, and study authors should use standardised and validated measurement instruments to maximise comparability of results." (p. 3)

Lundgren and Amin (2015)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Lundgren and Amin (2015)	Intimate partner violence (IPV) and sexual violence (SV) prevention. The interventions can be categorised as parenting programmes (n=8), targeted interventions for children and adolescents exposed to violence (n=3), school-based (n=31; including 10 interventions to prevent sexual assault among university students), community-based (n=16), and economic	To prevent IPV and SV.	School-based interventions use methods such as: computer-based interactive learning; participatory-based learning (games, theatre, and debates); curriculum-based learning; parent, peer mediator, and teacher training; and community involvement. Some programmes also map and address violence "hot spots." Dating violence prevention	There is very little information regarding intervention frequency and duration. One programme lasted 6 weeks, one programme lasted 10 months.	Universal and indicated prevention. Target populations were: parents; school children and university students; and children and adolescents who had experienced child maltreatment or who were exposed to parental IPV.	10-26 years. The review initially targeted interventions for 10-19 year olds but found too few so it expanded the criteria to 15-26 year olds as well. "Eight programs targeted youth under 15 years, although 2 programs focused on 14 to 16-year olds, one on 11 to 17-year olds, and one on 10 to 17-year

	empowerment (n=2). [Programmes that targeted children and adolescents who had experienced maltreatment or been exposed to parental IPV, and sexual assault prevention programmes are not relevant here.]		programmes use group education and activities (theatre, poster contests, and community service), peer mentor training, relationship skill-building, and "bystander" approaches. Community-based programmes include group education, community mobilisation, social norm marketing, media campaigns, mentorship, and identification of safe spaces.		Parenting programmes were delivered in one-to-one settings or in group settings. A significant proportion of interventions were school-based or community-based. Economic empowerment programmes were for women and girls only.	olds." (p. 544)

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Lundgren and Amin (2015)	Yes. To identify effective approaches to prevent adolescent IPV and SV and to identify critical knowledge gaps.	Not specified beyond quantitative and/or qualitative evaluation results of a violence prevention intervention. Included RCTs, QEDs, pre-post designs, systematic reviews, meta-analyses and other	Yes. Electronic search for peer-reviewed and grey literature. PubMED, GoogleScholar, PsycINFO and SciVerse Science Direct were searched. Relevant websites were searched, as was Google for unpublished research. Previous SV literature review references were hand-searched. Comprehensive list of search	Yes. Rated as effective / emerging / ineffective / unclear based on the strength of evidence, generalisability of results to developing country settings and replication beyond the initial pilot.	Narrative summary.	No quantitative results.	"When available, preference was given to interventions tested in low- and middle-income countries, although studies from higher income countries were included if there was strong evidence of their effectiveness. " (p. S44)	Not assessed.

		designs.	terms included.				Despite this, most studies were from the US (plus at least one programme each from Tanzania, Spain, India and Uganda).	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Lundgren and Amin (2015)	61 interventions identified. At least 14 interventions evaluated with comparison groups (6 RCT, 8 QED).	2 categories of outcomes measured: attitudes (norms, bystander acceptance); and behaviour (experience, perpetration). Almost all studies measured changes in gender attitudes and the acceptability of IPV and SV.	Results separated by programme type. Parenting programmes are effective in high-income countries. Parenting programmes can reduce conduct disorders and later antisocial behaviour, both linked to future partner violence. They can also prevent child maltreatment, associated with IPV and SV. However, there is no longitudinal evidence to support saying that parenting programmes have an impact on IPV and SV. School-based programmes showed emerging evidence for improving gender-equitable	"The results of this review suggest that promising approaches to prevent intimate partner violence and sexual violence among adolescents should be replicated and scaled up in different settings, including school-based dating violence, parenting,

		It is unclear what measures were used; some were self-report.	attitudes and self-reported likelihood to intervene in situations of bullying and partner violence. Dating violence prevention programmes were shown to be effective in preventing physical, sexual and emotional violence in adolescent dating relationships and may also help to prevent IPV and SV among adults. Some community-based interventions saw mixed results and some decreased self-reported perpetration of violence and harassment with increases in equitable gender norms, awareness of SV and the likelihood of intervening in violent situations. Evidence from sports programmes was shown to be mixed. Those programmes targeting boys and young men were shown to be effective in reducing self-reported violence perpetration but there was no effect for girls. There was limited effectiveness that economic empowerment interventions prevent IPV or SV among adolescents.	and community-based interventions." (p. S42) "However, lack of rigorous evidence limits conclusions regarding the effectiveness of adolescent IPV and SV prevention programs and indicates a need for more robust evaluation." (p. S42)

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Lundgren and Amin (2015)	No information.	"Results suggest that programs with longer term investments and repeated exposure to ideas delivered in different settings over time have better results than single awareness-raising or discussion sessions." (p. S42) Authors advocate policy-level efforts to promote greater gender equality (for example regarding access to employment) and to increase safe spaces for adolescents (for example improving street lighting). Efforts involving community leaders and members are	No information.	Longer-term follow-ups need to be conducted to assess the effects of programmes: "Given that the most promising interventions seek to build social, economic, and health assets, longitudinal studies are needed to determine whether they lower the likelihood of relationship violence over time." (p. S49) "[T]here is little empirical evidence on the essential elements of successful programs, such as the ideal dosage of interventions or whether single or mixed sex groups are more effective." (p. S49) "Efforts are needed to expand the evidence base to include wider geographic scope, particularly in low- and middle-income countries, and to encompass settings beyond schools. Also, only a handful of programs focused on boys and girls less than 15 years, and there are few tested interventions for vulnerable groups such as migrants, out-of-school youth, or domestic workers." (p. S49)

		needed to challenge social norms that condone gender-based violence. Examples include: social marketing or mass media/edutainment efforts aimed at adolescents; and integrating curricula on preventing gender-based violence (for example healthy relationship skills, gender equitable norm foundation) into school-based sexual and reproductive health and HIV programmes (for example life skills education, comprehensive sexuality education)		"Active and meaningful youth and girl participation in gender-based violence prevention efforts is not well described in the studies reviewed and needs greater emphasis, as do strength-based approaches which build on adolescent and community assets." (p. S49) "Achieving real impact will require working at scale over a sustained period. Only a handful of successful programs have been replicated, and no documentation was found of any operating at scale. In fact, the scalability of programs that promote gender-equitable attitudes is often questioned given required resource levels. During piloting, implementers must keep in mind resources constraints to avoid developing programs that cannot be sustained or scaled up." (p. S49)

Petering et al. (2014)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Petering et al. (2014)	Prevention programmes for intimate partner violence in the general youth population and the at-risk youth population. General population programme content included changing attitudes toward dating violence, increasing awareness of IPV, increasing knowledge of the consequences of IPV. Two programmes contained content relating to sexual harassment, substance use and condom use. At-risk youth programme	To prevent youth intimate partner violence (IPV), and to decrease youth IPV victimisation and perpetration. "[M]ost interventions were designed to change behavior in multiple domains including knowledge, attitudes,	Health teachers in school-based programmes. Male coaches were used for a sports-based programme for male athletes.	General population programme interventions ranged from a single 40-minute session to a 21-lesson curriculum of approximately 28 total hours. "At-risk youth programme interventions ranged from a brief 3-session class to 24 sessions implemented over a 6-month period. Most	Target: At-risk youth and general youth populations (one programme targeted parents of adolescents; one programme targeted males only). 7 included studies were conducted with general youth populations and 6 with at-risk youth populations At-risk youth population included: youths with previous experience of violence; low-income Latino / Hispanic American youth; youth in a high-risk school programme; youth with maltreatment histories; female youth receiving teen	Young people aged 12 to 26.

	content included activities designed to change behaviour in multiple domains (knowledge, attitudes, perpetration and victimisation behaviors, conflict resolution skills, and communication patterns). Two programmes contained unique content relating to legal issues and ethnic pride.	perpetration and victimization behaviors, conflict resolution skills, and communication patterns." (p. 124)		interventions included short weekly sessions (45 to 90 minutes) except for one 8-hour intervention that was implemented over a 2-day period." (pp. 113, 123)	pregnancy assistance. Setting: The general population programme setting was public schools with the exception of one programme, which mailed materials to parents. For the at-risk youth, targets and settings included specialised school settings for high-risk youth; public middle schools; and community agencies.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Petering et al. (2014)	1) How does IPV prevention programming implemented	Experimental (RCT); pre-test/post-test non-experimental	PRISMA guidelines followed. Databases searched.	Research judged as high quality if it included sampling	Qualitative synthesis.	No quantitative results.	Yes: 10 US; 1 Canada; 2 unspecified locations, but assumed to be	Not assessed.

	in at-risk youth populations compare with programming implemented in the general youth population?	design		procedures, study design, control group, random assignment, assessment instruments and outcome measures.			US. [One programme specifically targeted Hispanic/Latino youth which may not be applicable to UK settings.]	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Petering et al. (2014)	13 studies were included (6 for homeless youth; 7 for general population) General population studies were 6 RCTs and one non-	General population: All measured physical abuse, some measured psychological or physical violence, often using a modified version of the Conflicts Tactics Scale or other recognised validated tool. 9 primary outcomes measured across all studies: attitudes toward	Results are presented in a narrative synthesis and are not broken down by quantitative outcome. Overall, the review found substantial variation in results over both populations. Results for general youth population Most programmes found positive effects for some	General youth population “Recent IPV prevention research with the general youth population has produced mixed results. This review found many intervention programs that resulted in significant change in the desired direction but measures were inconsistent, positive trends seemed to dissipate at long-term follow-up, and studies were limited by either small sample sizes or nonexperimental designs.

	experimental pre/posttest design. At-risk youth studies were 4 non-experimental pre/post-test designs and 2 randomised experimental designs.	IPV and gender norms; conflict resolution skills; healthy relationship skills; help-seeking behaviors; knowledge of the criminal justice system related to IPV; bystander efficacy; emotional distress; increased knowledge and awareness of IPV; victimisation and perpetration across various domains (physical, sexual, psychological, and emotional). Outcomes predominantly measured with valid and reliable rating scales; apart from one developed by authors and one dichotomous scale. One study failed to include any measure of youth-related violence behaviours.	aspects, with one study [21-lesson curriculum lasting 28 hours] finding positive effects for peer dating violence at the 2.5 year follow-up. A family intervention led to a decrease in acceptance of dating abuse and a delayed onset of physical dating abuse victimisation. One study tested 2 types of intervention: one focused on interaction styles and the other on law and justice. While both positively affected student awareness, attitudes and knowledge, only the students engaged in the interaction curriculum showed decreases in rates of victimisation. An athletic coach intervention resulted in positive bystander effects but had no significant effects on perpetration and recognition of abusive behaviors. Mediators were also tested; one study (of Safe Dates) found results were mediated by increased knowledge of dating violence norms, gender role norms and	Overall, there are still very few prevention programs that are implemented widely and have shown strong positive results directly related to IPV victimization and perpetration. Unfortunately, these programs are limited by their generalizability (suburban, school-based high school youth), the settings where they are implemented (school), age range (14 to 18 years), and length (intensive). Fortunately, the developers of these programs are beginning to adapt the interventions to new populations […] and new settings […] but the results are mixed and still emerging." (p. 124) At-risk youth population "This review found that most IPV prevention programs among at risk youth appear to be in a developmental stage. Four of the 6 at-risk studies had nonexperimental designs […] Variation in measurements and instruments across these studies made it difficult to compare results and reach conclusions about program

			awareness of community services. Results for at-risk youth population “Many of the interventions saw significant change in the desired direction” (p.125). [An 18-session programme] showed the most substantial changes following intervention (in both victimisation and perpetration). Girls reported a higher level of initial abuse and perpetration but also experienced greater changes compared with boys.	effectiveness.” (pp. 126-127) General and at-risk youth populations “The strongest studies across both groups showed changes in IPV-related behavior over long periods […] but these results were from programs that have been implemented for more than 20 years, which raises concern about the possibility of key changes in youth dating norms, school policies, and social structures that may affect the relevance of their results. These studies also had the strongest design with randomization, large sample sizes, and multiple follow-up periods. Both programs were highly intensive because they were implemented schoolwide over 10 […] and 21 sessions.” (p. 130)

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Petering et al. (2014)	One purpose of this review was to assess programmes' potential applicability to homeless young people. Authors note the difficulty of applying early intervention strategies with this population as these primary prevention programmes target behaviours at the earliest stage. Since many young people may have already experienced violence in childhood before becoming homeless, this is likely to present challenges in later IPV prevention efforts. This suggests that it is difficult to identify people in need of additional support with intimate partner	The strongest programmes were the longest in duration and the most intensive. Authors appear to suggest that programmes should be given the resources to be implemented over a longer time period as this is more likely to allow time for behavioural change: "Intensity appeared to be important in overall program success. Very few programs were shorter than 10 hours, and the shorter programs showed little to no results. Effective reduction in IPV perpetration and victimization requires behavioral change, which may not be feasible in a brief format." (p.127)	Authors recommend using youth peers as leaders. Incorporating a network-based peer-leader model for intimate partner violence may be beneficial as has been seen in HIV-prevention programmes. The implication with this is that the homeless youth peers would need training for a leader role.	"It is important that future research on IPV prevention focus on consistency with target outcomes and measures. A consistent measure of IPV perpetration and victimization is necessary to make comparisons to previous results and accurate conclusions regarding the efficacy and effectiveness of the programs. The development of a measure that accurately captures IPV youth would improve the state of future IPV prevention research." (p. 129) "Future IPV prevention research should also be consistent in design and include a long-term follow-

	violence prevention.	"The focus should be on increasing knowledge and awareness of IPV as well as knowledge of healthy relationship patterns at a younger age. There should be a strong focus on help-seeking; empowerment; access to resources such as law enforcement, lawyers, and housing; increased bystander efficacy; and immediate and long-term safety because the likelihood of being exposed to victimization is also high." (p.128)		up after the initial posttest assessment. This review found that in the few studies with a 6-month follow-up, many results that were positive at posttest had dissipated. Therefore sufficient follow-up seems necessary to develop conclusions regarding the intervention's long-term effectiveness. As with measures, consistency is necessary in accurate comparison of program effectiveness research. Additionally, incorporating booster sessions into future programing may contribute to long-term effectiveness of IPV prevention programs." (p. 130).

Stanley et al. (2015a)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Stanley et al. (2015a)	"[I]nterventions addressing domestic abuse for children and young people under 18 years of age in the general population." (p. xxiii) [This study was a mixed knowledge review comprising 4 overlapping phases. This review of the study focuses primarily on the systematic review phase (the other phases involved a mapping survey, a review of grey literature and a consultation with experts, young people and practitioners).]	Prevention of domestic violence (victimisation and perpetration) in young people.	Interventions were delivered by teachers and school sports coaches but also by a range of external volunteers and professionals, including lawyers, counsellors, and police officers.	Duration varied greatly across the interventions and ranged from 3 35-minute sessions to 21 sessions (totalling 28 hours). The majority of interventions contained around 10 to 15 sessions.	All interventions except one were school-based. The majority of interventions were delivered in urban settings.	Programmes targeted young people in grades 6 to 12 (11 to 18 years). Many programmes targeted a range of grades. The authors did not locate any formal research examining programmes for children aged under 10 years.

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Stanley et al. (2015a)	Yes: "What is the nature of, underlying theory for, and evidence of effect of interventions designed to help children and young people avoid and/or deal with domestic abuse, and what interventions work to trigger effective mechanisms for change in specific	Meta-analyses, research reviews, controlled studies, before-and-after studies, independent case evaluations, qualitative and ethno-graphic studies. (p. 9)	Yes. A wide range of databases were searched, supple-mented by other methods (for example formal contact with leading authors in the field).	Yes: "[Q]uality screening was undertaken using relevant Critical Appraisal Skills Programme (CASP) tools." (p. 9)	Narrative summary of results along with a table indicating the specificity of findings.	Varies from study to study – confi-dence intervals, Cohen's d, SE, odds ratio, SD,	Varies. In the quantitative part of the systematic review, all studies except one were from high-income countries. Of the 9 controlled studies, 8 were in US and 1 in Canada. Of the other studies with quantitative data, 7 were in US, 3 in Canada, 2 in UK and 1 in India. In the grey	Attempted but "Very little evidence was identified on costs and cost-effectiveness." (p. v)

	groups and individuals in which specific contexts?" (p. 6)						literature review, all studies were from the UK. However, "[t]he systematic review identified concerns about the transferability of school programmes, which appear to have a considerable degree of cultural specificity." (p. xxv)	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Stanley et al. (2015a)	In total there were 31 papers in the systematic review, covering 23 separate programmes. 28 articles reported quantitative data, covering 20 separate programmes – 13 papers reported data from 9 "controlled" studies and 15 papers reported on 14 "Cohort and case–control studies" (p. 55). Six papers	Knowledge; attitudes/beliefs; behaviours (for example communication skills, help seeking); and incidence of victimisation and perpetration.	Overall: "The evidence for interventions achieving changes in knowledge and attitudes was stronger than that for behavioural change." (p. v) "The systematic review found that where statistically significant findings were reported, the effect sizes were generally low or moderate. Larger effect sizes were seen in measures of knowledge and attitudes, although the differences in these tended to decrease over time. The only relatively large and statistically significant finding in a well-designed study in relation to behaviour was found in perpetration of physical dating violence in the previous year in Wolfe et al.' s evaluation of the 'Fourth R' programme, where the effect was only in boys. An increase in help-seeking was evident in some studies." (p. xxvi) "The reviews of the qualitative and	Overall conclusions from the study: "- Many of the long-term costs of domestic abuse are borne by the health service; there is, therefore, a strong argument for health services contributing more funding to prevention initiatives for children and young people. - Evidence about the lack of transferability of programmes suggests that strategic planning and development should focus on developing and testing interventions that are already being widely delivered in the UK. - Improving the readiness of schools to deliver programmes should include training and information reporting on current evidence for the school's leadership, governors and parents. - The values and attitudes of the peer group emerged as a crucial mechanism for change and it is therefore appropriate to continue to deliver interventions to whole populations of children and young people. While schools provide a natural choice of

	reported qualitative data (including 3 of those that reported quantitative data). In addition, 18 independently conducted evaluations (details of study design not clear) of programmes were found through UK grey literature.		grey literature showed that children and young people who received these interventions generally enjoyed them and found them valuable. Their criticisms were focused on a need for programmes delivered in school to be longer." (p. xxvi) "Shifting social norms in the peer group emerged as a key mechanism of change." (p. v) Two authors (Taylor et al (Shifting Boundaries) and Jaffe et al) identified negative effects from the programmes: increases in sexual harassment and perpetration of violence and negative changes in attitude scores. Gender analysis revealed mixed effects and no difference in response in 8/21 papers. Media campaigns emerged as increasingly important in shaping the climate within which a specific intervention is received and they also function as a source for materials used in the delivery of preventative	setting for programme delivery, young people outside mainstream schools should not be omitted, as this group is likely to include young people at high risk who may require additional services. - Programme take-up and effectiveness appear to be influenced by those children and young people who are at high risk of experiencing domestic abuse in their own or their parents' relationships. Identifying this group of children so that they can receive further support could happen in the course of delivering interventions to a whole class or school. - School-based programmes should build close links with relevant support services that can respond to children's and young people's disclosures of domestic abuse and offer additional interventions to those at high risk. - Interventions need to acknowledge diversity among children and young people, and programmes need to be developed for LGBT and disabled young people as well as for those from minority ethnic groups. - Teachers require training and support from those with specialist knowledge

			programmes. Findings from grey literature were similar. “Evaluations of 13 programmes reported findings that suggested that children and young people gained increased knowledge and understanding of the nature and extent of domestic abuse after participating in programmes. In addition, where addressed, learning was reported about help-seeking, rights in relationships and gender equality. Some attitude change was reported in 5 studies. In only one programme was behavioural change reported as an outcome – the ‘Educational Domestic Abuse Project’ (‘Project Salus’) – although no detail was presented in the report.” (p. 92) “The lack of strong evidence for effects on perpetration and victimisation across the included programmes might be because follow-up needs to be longer than even the longest study reported here (4 years post intervention), as knowledge and awareness may become important to young people only as they mature	and skills in domestic abuse. This training could be provided at the level of teachers’ qualifying education as well as at post-qualification level. - A statutory basis for delivering these interventions would enable schools, programme designers and staff to take a longer-term view which could include building ongoing evaluation, including analysis of costs, into programme delivery.” (pp. xxvi-xxvii) “Most of the studies focused on young people in the age range 10-16 years. We were unable to find any controlled studies relating to children below the age of 10 years and those that included 10-year-olds reported their data alongside those from older children in their studies. Given the lack of even a moderate effect on most outcomes except short-term knowledge achieved by most of the programmes included in this review, it might be assumed that values, attitudes and behaviours are firmly established via family and community and early socialisation by the time children are 10 years old or older. Interventions undertaken with younger children might

			and as they engage in relationships over time. This remains to be demonstrated in (very) long-term formal controlled studies." (p. 76)	yield better results. There is available evidence for such interventions in the grey literature…" (p. 77)

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Stanley et al. (2015a)	"The evidence from the included studies that those who drop out of general population programmes are, in general, those who are likely to be less prosocial suggests that these programmes might be good at screening for such at-risk individuals, but may not be the most appropriate	"The review emphasised the importance of a school's 'readiness' to introduce preventative interventions which need to be supported across all aspects of school life. Involving young people in the design and delivery of programmes increases authenticity and this emerged as a key ingredient in achieving impact. Longer interventions delivered by appropriately trained staff appeared likely to be more effective." (p. v) Some studies identified concerns about the transferability of school programmes, which appear to have a considerable degree of cultural specificity: "excessive	"Teachers emerged as well placed to embed interventions in schools but they require training and support from those with specialist knowledge in domestic abuse." (p. v) […] "This training could be provided at the level of teachers' qualifying education as well as at post-qualification level." (p. xxvii) "Improving the readiness of schools to deliver programmes should include training and information reporting on	Recommendations based on the whole study: "Future UK research should include the rigorous testing of home-grown programmes, and the evaluation of interventions for younger children and of media campaigns." (p. xxi) Rigorous testing of

	approach for those who are most in need of effective interventions." (p. 57) "There are indications in a number of the included studies of a strong influence from small groups of students who were at higher risk at baseline […] This might suggest that a whole-population approach can function as a screening tool to identify those young people who are at greater risk of either perpetrating or becoming victims of interpersonal abuse, and who might then benefit	fidelity to a programme can also be a limitation when the context that the programme was originally designed for is very different from that to which it is being rolled out […] Indeed, these studies suggest that dynamic sensitivity to local context is much more likely to trigger mechanisms of change based on that specific context than strict allegiance to the original programme design, despite evidence of contextual non-alignment." (p. 76) "Survey mapping implementation noted provision appeared patchy, there was a problem with sustainability with limited funding, mostly not from health services. Most preventative interventions are delivered in secondary schools, although, increasingly, programmes are being developed and delivered for children in primary schools, where the focus is on keeping safe and on issues such as friendship, bullying and respect rather than explicitly addressing interpersonal abuse" (p. xxiv) "[P]rogramme implementation needs to pay attention to the wider social context,	current evidence for the school's leadership, governors and parents." (p. xxvi) "For most staff, the training was crucial to their being able to deliver or support a programme." (p. 87) "An Ofsted report that identified that only 39% of secondary schools were teaching PSHE was cited. The low status of the subject and the lack of PSHE training at the qualifying level meant that although some teachers had accessed specialist PSHE training post qualification, some of those teachers delivering material on healthy relationships were not trained PSHE teachers and lacked the relevant skills and confidence" (p. 119) "it was argued that training was essential to achieve programme fidelity" (p. 130)	home-grown school-based domestic abuse prevention programmes in the setting of the UK is recommended. School-based interventions for younger children delivered in the UK context require independent and longer-term evaluation. Media campaigns that aim to prevent domestic abuse need to be more rigorously and independently evaluated. Careful consideration needs to be given to which outcome measures are appropriate when evaluating these

	from more in-depth support." (p. 76) "One function of interventions delivered in schools might be to identify these young people [at increased risk] and to offer them further interventions that provide more intensive support, that appeal to them and that are not stigmatising. This reiterates the arguments reported above concerning the need for programmes delivered in schools to be linked to services for responding to disclosures of	to assess local readiness for the programme to be put into place." (p. 68) "The strength of the relationship between the school and the external provider of a programme was considered to be essential for its successful implementation." (p. 123) "It was generally agreed that programmes needed to be 'tailored to the [local] culture' […] and that consideration needed to be given to a community's or a school's readiness for an intervention." (p. 129) "At the macro level of national policy, the experts involved in the consultation groups and interviews noted that framing the delivery of preventative interventions in domestic abuse as a statutory requirement made for wider and more consistent implementation as well as providing a strong message from government that contributed to shifting social norms." (p. 158) "Media campaigns emerged as increasingly important in shaping the climate within which a specific	"The cost of any training for the facilitators also needs to be considered: time and travel costs of the trainer, training material, and travel for trainees and the cost of covering their absence. In the case of all of the programmes identified here, facilitator training was mentioned as being a necessity, although no detailed information on training was collected." (p. 135) "The consultation element of this study suggested that more attention should be given to the readiness of schools to deliver programmes: this would include the availability of training for and of support from the school's leadership, governors and parents, as well as considering issues such as school values and the wider curriculum. Information about the current state of the evidence base could be included in such training, and the research team have	preventative interventions. Future evaluation of the cost-effectiveness of preventative initiatives in domestic abuse should include a rigorous costing methodology. The mixed-methods approach used for this study has proved fruitful, and integrating qualitative research in an evaluation is likely to be more informative than confining programme testing to randomised controlled trials. Public health initiatives are complex and wide reaching. Evaluation should acknowledge this by

	abuse.” (p. 161)	intervention is received and they also function as a source for materials used in the delivery of preventative programmes.” (p. xxv)	produced a short briefing paper summarising the study findings, which is aimed at senior management teams in schools.” (p. 167)	adopting a broad perspective, taking account of costs and benefits to all sectors of society.” (p. xxvii)

Whitaker et al. (2006)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Whitaker et al. (2006)	Interventions targeting the primary prevention of perpetration behaviour related to intimate partner violence. (Studies of interventions designed to prevent victimisation were excluded.) "Although the search for primary prevention efforts was intended to be broad and possibly include a variety of strategies, all the articles that ultimately met the inclusion criteria	Primary prevention of the perpetration of intimate partner violence.	Interventions were delivered by teachers (4 evaluations), community-based professionals such as social workers, advocates, police officers and abuse survivors (5) or both (2). One of these studies reported that research staff delivered part of the intervention (teachers and community staff were also	Six studies reported on intervention duration, ranging from 2 to 36 hours. The majority of interventions were brief, with only 2 consisting of more than 5 hours delivery. Where reported, delivery ranged from half a day to 4 months.	Of the 11 interventions, the majority (9) were delivered in school settings. One was delivered in school and community settings and one was delivered in the community. The majority of interventions were universal,	Programmes targeted middle school students, high school students and adolescents aged 14 to 16 years (collectively this covers the age-range 10-18 years). Across the 9 studies that reported on age, the mean was 14.6 years.

	were adolescent dating violence prevention programs." (p. 153).		involved).		with one community-based intervention targeting 14-16 year olds at risk of developing abusive relationships.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Whitaker et al. (2006)	Yes – reviews the impact of adolescent partner violence prevention programmes that	Primary interventions that targeted perpetration behaviours. Programmes	Yes. "Several electronic databases were searched: PsychInfo, Sociological Abstracts, Medline, National Criminal Justice Reference	Yes. "We rated quality of each study using an overall measure of study quality that included the various	Narrative summary of results. A table is also included that indicates the direction of effects for individual	Details of statistical analyses are not reported.	Uncertain. The review does not report the countries where studies took place. It is noted though that	Not assessed.

	target the perpetration of partner violence, and their future development and evaluation.	that aimed to prevent victimisation were excluded. A pre/post design, or a design using a comparison group (RCT / quasi-RCT) was required.	Service (NCJRS), Educational Resources Information Center (ERIC), Criminal Justice Periodicals Index, Applied Social Sciences Index and Abstracts, and Wilson Social Sciences Abstracts." (p. 153) The authors identified papers published in English between 1990 and March 2003. The paper had to be in a peer-reviewed article, book chapter or government report.	threats to validity [...] we also created an index of quality for the evaluation methods." (p. 153) "Study quality was generally poor due to relatively short follow-up periods, high attrition rates and poor measurement." (p. 151)	studies.		"only one study reported an intervention that was designed for a specific racial or ethnic group, and only one other study reported a programme being conducted predominantly in a community of colour." (p. 162)	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Whitaker et al. (2006)	Fifteen articles were identified and these included 11 different evaluations. Of these, 6 were RCTs, one of which had no control group (allocated to 2 interventions). Three were quasi-RCTs, and 2 used a pre/post design.	Knowledge (typically of information targeted by the intervention), attitudes (around justification, norms, date rape and sex roles) and behaviour relating to intimate partner violence perpetration.	"Overall, 9 of the 11 studies reported at least one positive intervention effect (i.e., for knowledge, attitude, or behavior)." (p. 160) Attitudes: Nine studies reported change in attitudes, one "reported some attitudinal changes in the non-desired direction for boys in the intervention group, and this trend increased at the 6-week interview […] 5 of 9 reported a positive intervention effect, and 3 reported no effect of the intervention." (p. 160) Knowledge: Six studies reported change in knowledge. Five reported outcomes favouring the intervention group, 2 of these also reported positive effects at follow-up. One reported outcomes favouring the intervention group for 5 of 9 items. Behaviour: 'Of the 4 studies that measured behavior, 2 found a positive intervention impact. Those 2 studies had the most comprehensive interventions, using both individual-	"In summary, current primary prevention efforts for the perpetration of partner violence consist almost exclusively of universal, school-based, dating violence prevention programs that target individual-level factors. The programs reviewed showed little variability with regard to theoretical foundations, intervention strategies, or targeted populations. Conclusions about the effectiveness of school-based dating violence prevention programs are premature, but such programs are likely to be an important component of primary prevention strategies for partner violence. More work is needed regarding program development to expand the theoretical basis for interventions, and to develop targeted and culturally

			level curricula and other community-based interventions." (p. 1). One of these studies reported that "girls and boys in the intervention group were 3.2 and 1.9 times less likely than girls and boys in the control group, to have perpetrated physical partner violence." (p. 160)	sensitive interventions in settings other than schools." (p. 164)

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Whitaker et al. (2006)	No information.	The 2 studies that identified intervention effects on behaviour included both individual-level curricula and other community-based activities (i.e. they were more comprehensive in their approach).	While details of facilitator training are included, there is no analysis of whether any particular training or skills set led to better outcomes.	"[M]ore data are needed to make stronger conclusions, and more work must be done to understand how the content of such programs changes behavior and the specific change mechanisms that they employ." (p. 160) Recommendations for intervention development include: an expansion of the range of theoretical bases for programmes i.e. beyond a combination of feminist theory and social-learning (or cognitive-

				behavioural) theory; tailoring interventions to make them culturally sensitive/specific; the development of targeted interventions (i.e. selective programmes to directly address risk factors believed to lead to partner violence, such as being abused or neglected, witnessing partner violence at home, and substance use); and identifying new settings for interventions (in particular non-school-based settings such as community organisations to reach young people at risk who might not engage with school activities). Studies need to: plan for longer follow-up periods; measure behaviour as well as knowledge and attitudes; ensure sufficient retention; and undertake mediator analyses to test the theoretical predictors of behaviour change.

Whitaker et al. (2013)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Whitaker et al. (2013)	Intimate partner violence prevention (victimisation and/or perpetration). Studies were curriculum-based (with the exception of one which consisted of a booklet and follow-up calls with parents). Generally, interventions focused on physical and psychological partner violence, though some	To prevent intimate partner violence (IPV) (victimisation and/or perpetration). [Focus on primary prevention]	Little information; all programmes delivered by "interventionists" (p. 181) with the exception of one parent-delivered programme.	Not all studies reported information. For those that did, the frequency was between 3 and 21 sessions (mean 8.3) and the duration of the programmes was between 3 and 36 hours (mean	Mostly targeted at middle school/high school teenagers. Beyond this, 3 studies respectively targeted: women (mean age 41); college students (mean age 20); and engaged couples (mean age 23). Study settings were mostly school (68%); 32% were conducted in non-school settings such as college campuses, juvenile court, youth centres or other community locations, or in families' locations of choice.	Mostly middle or high school aged teenagers (grades 6 to 12, approximately 11 to 18 years old).

	targeted sexual violence as well. Content was varied across programmes; elements included changes in social norms, positive relationship skills development, and the legal aspect of partner violence.			11 hours).	The majority of programmes were universal prevention; 3 exceptions were those that targeted, respectively, young people with histories of maltreatment, adjudicated youth and pregnant teenagers. Most (17/19) were delivered in group settings.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Whitaker et al. (2013)	Yes. To provide a comprehensive report on scientific studies aimed	Experimental or quasi-experimental studies with a control or comparison	Yes – electronic database searches (of PubMed and Web of Science); hand	Yes – studies were divided into rigorous / non-rigorous design according to	Narrative summary of results.	Some odds ratios and some 95% confidence intervals presented	Yes. All but one study (Kenya) conducted in the US.	Not assessed.

	at preventing IPV.	group.	searches of the bibliographies of included articles.	whether they had: randomised designs; measurement of IPV behaviour; sufficient follow-up; and independent assessors.		from the papers (not an analysis by review authors).		

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Whitaker et al. (2013)	19 (15 RCTs and 4 QEDs).	IPV behaviours, attitudes, beliefs, knowledge, and other variables relevant to IPV and to the particular intervention (for example help-seeking, communication skills, related outcomes	The article focuses on the impact on IPV outcomes for those studies deemed to be the most methodologically rigorous. 9 studies were deemed to be highly rigorous in design (randomised designs, measurement of IPV behaviour, sufficient follow-up, independent assessors). Of these 9, 7 demonstrated some positive impact on IPV behaviour. For school-based studies (n=4): 1 study [Safe Dates] found a positive effect on	"Seven of the 9 [studies] reported some positive impact on IPV behavior, reducing perpetration, victimization, or both, with no negative impacts. However, no studies were replicated (i.e., each intervention has only a single study to support its effectiveness). Also, although many of the interventions report common

		targeted). All studies used self-report measures. Some also used partner-report measures.	partner violence perpetration (psychological abuse, mild physical abuse, and sexual abuse) and on physical IPV victimisation (this was at 4-year follow-up); 1 study [Fourth R] found less IPV in intervention schools than in control schools but this effect was present for boys only (i.e. not girls); 2 other school-based studies did not find statistically significant effects on behavioural measures (although in 1 of these studies one of the interventions had an iatrogenic effect, with greater perpetration of physical and sexual partner violence compared to control). Thus "only one [Safe Dates] found unqualified positive effects on IPV behaviour" (p. 186). For non school-based studies (n=5): "[A]ll 5 reported some positive results on reducing IPV behaviour (although [X study] results did not reach traditional levels of statistical significance at p = 0.06)" (p. 186). 1 study (of a programme for young people whose parents were involved in the child protection system) found a positive intervention effect (reduction in both physical abuse perpetration and victimisation) with subgroup findings (perpetration effects stronger for girls, victimisation effects stronger for boys) and	intervention elements, it is not possible to dissect programs into elements to determine the active ingredients. Thus, drawing strong conclusions about any particular program, the group of programs, or the key ingredients in the effective programs remains very difficult at the present time." (p. 186) "There are certainly several programs with findings that provide optimism with regard to dating violence prevention. That said, the IPV prevention field has progressed in a somewhat unorganized manner, without a unifying theme or theory to guide prevention efforts. The various programs reviewed here included many similar constructs in their interventions—attitude change interventions, social interactions, information about gender roles—and some seemed to produce

			mediation analyses (no between group difference for any presumed mediators – for example emotional support, positive conflict resolution); 1 [in Kenya, focused broadly on women's health] found a positive intervention effect for IPV victimisation but not controlling behaviours, or attitudes towards IPV or gender roles; 2 couples interventions showed positive findings (for example IPV, relationship skills), although in one [for pregnant teenagers and their male partners] the positive result for IPV was of borderline significance.	positive effects (e.g., Foshee's Safe Dates [1996]), while others did not (Taylor et al.'s [2010] interaction-based intervention). Thus, there is much more work to do to understand which programs are effective, why they are effective, and how to disseminate them broadly without compromising effectiveness." (p. 190).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Whitaker et al. (2013)	Primary prevention should target everyone. For selective prevention, there are clear socio-demographic, family and individual risk factors for IPV perpetration and victimisation. Author identifies groups that are at high-risk for IPV: young,	The scope of intervention settings is expanding beyond middle and high schools (for example to parents, couples, community venues, elementary schools). Important because these	No information.	There is a question over whether IPV prevention efforts should target specific IPV-related knowledge, attitudes (for example gender roles) and behaviours (for example interactions with intimate

	pregnant teenagers and their partners; adjudicated youth who had committed violent offences; teenagers whose parents were involved in child protective systems; and poor parenting behaviours (linked longitudinally to the development of IPV in teenagers). "One challenge when working with selective populations is that, depending on the age of the target, many of the individuals in the intervention have already perpetrated or experienced IPV. Thus, there is a need to consider prior IPV involvement in designing and delivering interventions and to conceptualize some effects as secondary, rather than primary, prevention." (p. 189)	settings have proven useful for changing other forms of adolescent behaviour (for example parent interventions and teenage conduct, sexual behaviour and substance use). However, some venues not really used for example media-based approaches (important given young people's exposure to media) or policy interventions.		partners) or target more general social, emotional and behavioural skills. "Future investigations that focus primarily on changing knowledge or attitudes may need to validate the hypothesized change process by testing mediational models of effects on IPV behaviors." (p. 189)

Preventing female genital mutilation (FGM)

Berg and Denison (2012b)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Berg and Denison (2012b)	Interventions to reduce the prevalence of female genital mutilation/cutting (FGM/C). Four types of intervention: (1) Training health professionals regarding attitudes towards FGM, knowledge in caring for women and of complications. (2) Education of female students, to shape participants' beliefs and knowledge through talks, group discussions, role-play and educational aids. (3) Multifaceted community activities that included educational outreach, behaviour change communication, and	To prevent female genital mutilation / cutting.	There is no information available regarding who specifically delivered the interventions.	No information regarding frequency. Duration of interventions ranged from 2 weeks at the individual level to 11 months at community level.	Targeted at: health personnel; female students; community populations, village populations. Also included girls aged 10 or under who were not involved in the interventions but who were used as markers of prevalence of FGM/C before and after interventions. Six of the 8 studies had primarily Muslim	Health personnel (median age 38); female students (mean age 19); community population (mean age between 26 and 34); village population (mean age 35/36).

	community-level advocacy (meetings, theatre, mass media). (4) Empowerment through education (programme delivered by Tostan non-profit organisation) that included 4 educational modules for women to develop a participatory approach to stopping FGM.				participants. Interventions were delivered in groups or in one-to-one settings in clinics, a university, a refugee camp, and village locations.	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehen-sive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Berg and Denison (2012b)	Yes. To review the best available evidence on interventions designed to prevent FGM/C.	Study designs with a comparison group: randomised controlled trials and controlled before-after	Yes – 13 electronic databases searched, reference lists hand-searched, personal communication with experts to	Yes. Study quality was evaluated as 'weak', 'moderate' or 'strong' using the McMaster University, Effective Public Health	Narrative summary and meta-analysis.	Relative risk, adjusted absolute risk difference, 95% confidence intervals.	No in the sense that all studies were set in Africa in cultures where FGM/C is prevalent (Burkina	Not assessed.

		studies.	identify additional papers. Search terms provided in footnote.	Practice Project, Quality Assessment Tool for Quantitative Studies (bias, design, collection methods). The authors categorised all the studies as weak, (none were RCTs). The quality of evidence was assessed through GRADE.			Faso, Egypt, Ethiopia, Somalia, Kenya, Mali (2 studies), Nigeria, and Senegal), although there are families in the UK from countries where the prevalence of FGM is high.	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Berg and Denison (2012b)	Eight before-and-after studies with control group (i.e. QEDs). All but one study had a no intervention comparison group. One study had an educational module for the control group.	6 outcomes were measured: knowledge, awareness, beliefs/attitudes, intentions, behaviours, and prevalence of FGM/C. Measures were self-report; information was collected via face-to-face structured interviews or questionnaires. Prevalence of FGM/C was measured in girls aged 10 or under. No biological	Training of health personnel The intervention did not have an effect on outcomes measured (for example participants' knowledge of FGM/C or their wish to play a role in educating health clinic clients about FGM/C). However, the authors stated that the study is very old (1998) and that knowledge among health personnel in Mali and their willingness to abandon the practice may be higher today. Education of female students This intervention had a statistically significant effect on knowledge about the dangers of FGM/C (the only outcome reported). Multifaceted community activities Mixed evidence of impact within and between studies but some evidence of statistically significant positive effects on outcomes such as the belief that FGM/C compromises the rights of women, knowing the harmful consequences of FGM/C, women encouraging someone not to perform FGM/C on their daughter and not intending to do it themselves either, and men not believing there are benefits to FGM/C. One study found a statistically significant effect favouring the comparison group for the belief that FGM/C violates women's rights.	"Findings indicate that 19 of 49 outcomes (with baseline similarity) were significantly different at study level, mostly favoring the intervention, but results from 4 meta-analyses showed considerable heterogeneity. The limited effectiveness and weak overall quality of the evidence from the studies appear related to methodological limitations of the studies and shortcomings in the implementation of the interventions. Nevertheless, the findings point to possible advantageous developments from the interventions." (p. 135). "This systematic review

		outcome measures, such as physical examinations, were used.	Village empowerment (Tostan) One study found no effect (being opposed to FGM/C). There was mixed evidence of impact within and between the other 2 studies, with some evidence of statistically significant positive effects on outcomes such as girls under 10 years who had been cut, knowledge of consequences of FGM/C, disapproving of FGM/C and no intention to perform FGM/C on daughter (men only). Four meta-analyses were possible: 1. Two of the multifaceted interventions did not demonstrate an increased belief that FGM violates human rights: RR =1.30(CI 0.46–3.66). 2. Two of the village empowerment studies were included in 3 meta-analyses, which showed: (i) no statistically significant impact on women's knowledge of the harmful consequences of FGM/C (RR 1.85 (CI 0.65–5.22)); a statistically significant impact on men's knowledge of the harmful consequences of FGM/C (RR =2.11 (1.00–4.42)); and (iii) a statistically significant effect on reducing the prevalence of FGM among girls aged 10 and younger ((RR = 0.77, CI 0.64–0.92).	of the effectiveness of the best available evidence of FGM/C abandonment interventions included 8 diverse studies from Africa. Although the studies were characterized by low methodological quality and low quality of documentation, requiring that we view their results cautiously, the results nevertheless point to possible advantageous developments as a result of the interventions. Thus, these studies, which can be considered first-generation evaluations of interventions to prevent FGM/C, offer reason to be optimistic that with sustained efforts, FGM/C may be ended within a few generations." (p. 145).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Berg and Denison (2012b)	No information.	"Programs to stem FGM/C should marshal local resources—for example, by drawing on the authority of key opinion leaders. Because the practice is strongly reinforced by social norms and belief systems, encouraging the larger community and the authorities who uphold social customs to question unhealthy norms is essential." (p. 143). The authors suggested that 2 reasons for lack of evidence of effectiveness are probable: (1) Lack of 'fit' or relevance owing to inadequate pre-programme planning i.e. not studying target population sufficiently and therefore not designing culturally relevant programmes. (2) Weak implementation fidelity (for example low exposure to the intervention).	There may be a potential benefit to be gained from using local health workers to educate women about FGM/C dangers but only if sufficient training is provided. In the case of the intervention that involved training health personnel, the original study's authors concede that the training was too short.	Comparison group studies need to have baseline equivalence in terms of prognostic factors (studies of community-based interventions included in this review were biased in favour of intervention group). Also, prevalence of FGM/C measured using biological data from medical examination is the preferable outcome measure (rather than intention to perform FGM/C, or prevalence measured via self-report). "To stem the practice [of FGM/C] future intervention studies should be developed in partnership with local communities (and with the particular categories of individuals and institutions most appropriate for the setting) and be situated within appropriate historical, cultural, and policy contexts." (p. 143).

Berg and Denison (2013)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Berg and Denison (2013)	Anti-Female genital mutilation/cutting (FGM/C) interventions. Multiple papers reporting 4 interventions in 7 countries/contexts. There were 5 broad categories of intervention: training, formal classroom education, media communication, outreach and advocacy, and informal adult education (the programme	To prevent female genital mutilation and cutting in girls.	No information on who delivers the programme.	There are few details on interventions' frequency or duration. 1 programme lasted 2 hours, other programmes lasted between ~12 months and 18 months 1 programme occurred over 2 sessions.	Men and women: includes health personnel, female students and community members/villagers. Most settings not specified, but include health clinics, a hostel, refugee camp, and communities/villages.	Participants' ages are not specified. Participants are adult but the intervention relates to preventing FGM/C in participants' daughters.

	developed by Tostan, a non-profit organisation). Close replication of data reported in previous FGM paper, with more recent follow-up data on TOSTAN programme.					

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Berg and Denison (2013)	Yes. To review the effective-ness of anti-FGM/C interven-tions from a realist	Randomised controlled trials, quasi-randomised trials, controlled before-and-after studies, and	Yes. Electronic databases [African Index Medicus, Anthropology Plus, British Nursing Index and Archive, The Cochrane Library	Yes. Methodologi cal quality of studies was assessed using design-specific	Narrative summary. Meta-analysis for synthesis 1.	Absolute and relative risk.	No in the sense that interventions were implemented in sub-Saharan Africa, although there	Not assessed.

	perspective, which entails addressing context-mechanisms-outcomes (CMO) configurations to help explain interventions' success and failure.	interrupted time series designs. Context factors were identified with cross-sectional quantitative studies, qualitative studies, and mixed-methods studies.	(CENTRAL, CDR, DARE), EMBASE, EPOC, MEDLINE, PILOTS, POPLINE, PsychINFO, Social Services Abstracts, Sociological Abstracts, WHOLIS) were searched. Databases of grey literature and those of relevant organisations were searched. Back-referencing and forward-citation was conducted. Experts were contacted.	checklists.			are families in the UK from countries where the prevalence of FGM is high.	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions

Berg and Denison (2013)	35 (8 effectiveness studies (controlled before-and-after studies) and 27 context studies).	"Intervention outcomes were comprehensive, including rates of FGM/C, behaviour and intentions related to FGM/C and attitudes towards and beliefs and knowledge related to the practice." (p. 323). Specific outcome measures not reported.	Overall, the success of the interventions was described as "limited" (p. 332). Results were separated by programme type. Health personnel training programme Improvements in reducing the practice of FGM/C were observed but this was found not to be due to the intervention (no statistically significant impact). Female students' education programme Increased knowledge about the dangers of FGM/C (statistically significant). Communication programme Statistically significant positive effects on the proportion of: women who encouraged someone not to perform FGM/C on their daughter; women with no intention of performing FGM/C on their own daughter; men who did not believe there were benefits from FGM/C; and men who believed most community members favoured discontinuation of FGM/C. Outreach and advocacy programmes One study found a statistically significant increase favouring the comparison group in the proportion of people who believed that FGM/C compromised women's human	"The results of this analysis point to conditions that facilitate the success of FGM/C abandonment programmes in different settings. Health professionals in countries which practice FGM/C, advocates, educators, law-makers and organizations such as the UN and WHO may benefit from incorporating this knowledge into future efforts to reduce the risk of FGM/C." (p. 322). "The general implication for future programmes to reduce the prevalence of FGM/C is that gathering appropriate and sufficient data before developing a strategy to address a group's particular needs and wishes will facilitate a

			rights. The other study found a statistically significant increase in the proportion of community members who: had no intention to perform FGM/C; believed that FGM/C compromised women's human rights; and knew of harmful consequences of FGM/C. Tostan adult education programme Three studies, which showed a decrease in the proportion of 0-10 year-old girls who were cut (RR 0.77) and an increase in: the proportion of women who knew at least 2 consequences of FGM/C (RR 2.92); the proportion of men who knew at least 2 consequences of FGM/C (RR 3.10); the proportion of women who regretted having had daughter cut (RR 1.26); the proportion of men who had no intention to perform FGM/C on daughter (RR 1.05); the proportion of men who disapproved of FGM/C (RR 1.10); the proportion of women who disapproved of FGM/C (RR 1.04); and the proportion of men who believed FGM/C was unnecessary (RR 1.06).	positive outcome." (p.332).

Other information

Author (Year)	Messages about how	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations

	best to identify families in need of additional support			
Berg and Denison (2013)	No information. reported	Exposure is key. For the community programme, the dosage of programme messages appeared to be an important factor; outcomes improved with higher exposure to activities and media information. Lack of implementation fidelity was given as a reason for the limited effects of some types of intervention. In most cases the driving force for changing FGM/C-related behaviour was thought to be the dissemination of information, especially on the consequences of FGM/C for the individual concerned, in the belief that this would improve knowledge and in turn change attitudes. However, the authors suggested that future	Getting religious leaders involved and in agreement to promote the religious undesirability of the FGM/C custom would help to get families onside. “The involvement of skilled, community-based facilitators with background characteristics similar to those of the target population will help to ensure that the language and messages used are relevant, appropriate and make the target population relate better to a sensitive, context-bound issue such as FGM/C.” (p. 332). In the case of Tostan, the negligible and small positive effects (depending on context) may be explained in part by insufficient training of facilitators, as they were uncomfortable with the module topics. There were also difficulties recruiting and retaining facilitators from the target communities. Thus cultural sensitivities will need to be addressed for future iterations of the programme and strategies for training and retaining the workforce developed.	No specific research recommendations made, only recommendations for future programme development.

		programmes need to involve gathering appropriate and sufficient data before developing a strategy to address a particular group's needs. For example: (i) if there is a strong link between FGM/C and religion, a focus could be on religious interpretation of the custom's undesirability rather than stressing health complications or human rights; and (ii) where FGM/C is practised widely and a deep-seated tradition, efforts might be framed in terms of related issues, such as parents' concern for the health and well-being of their daughters.	In the communication programme, careful reflection on what FGM/C meant in the target culture and why it was perpetuated rather than outright condemnation appeared to be a valuable method of delivery. Authors recommend that where FGM/C is entrenched in the traditions and religions of the country, that programme content and delivery is framed around wider issues such as the health and wellbeing of the daughters. Religious sensitivities need to be considered. In the case of one outreach and advocacy intervention, "it is possible that efforts by a Christian group to end a practice which is closely linked with Islam antagonised the target community" (p.327).	

Preventing gang involvement and gang violence

Fisher, Gardner and Montgomery (2008)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Fisher, Gardner and Montgomery (2008)	Cognitive behavioural interventions for preventing gang involvement. The cognitive-behavioural element had to be the majority (i.e. 50% or more) of the intervention. No further details since no relevant studies were identified for the review.	To prevent gang involvement among youth aged 7 to 16 not already in a gang.	N/A (no relevant studies identified).	N/A (no relevant studies identified).	Children not already in a gang. No information for setting because no relevant studies were identified.	Young people aged 7 to 16.

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Fisher, Gardner and Montgomery (2008)	Yes. To determine the effectiveness of cognitive-behavioural interventions for preventing youth gang involvement for children and young people (ages 6 to 17).	RCTs or quasi-RCTs.	Yes –3-part strategy: electronic searching of multiple databases; personal communications (contacting relevant organisations / individuals / list-servs; and hand-searching pertinent reference lists and websites.	Yes – quality screening resulted in all studies being excluded.	None.	N/A (no relevant studies identified).	N/A (no relevant studies identified).	N/A (no relevant studies identified).

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Fisher, Gardner and Montgomery (2008)	None. 13 potentially relevant studies were identified but 9 of these were excluded	No outcomes measured as no studies were included. However, the 11 pre-specified outcomes to be measured were: Primary Gang membership status; convictions for	N/A – "No randomised controlled trials or quasi-randomised	"This review found no evidence from randomised controlled trials or quasi-randomised controlled trials regarding the effectiveness or ineffectiveness of cognitive-behavioural interventions for gang

	because the programme was not suitable (i.e. not focused on gang prevention, did not include a cognitive behavioural element) or the study was not an evaluation. The remaining 4 evaluations were excluded for reasons of study design and poor quality (none qualified as an RCT or quasi-RCT). All 4 concerned the Gang Resistance Education And Training (GREAT) programme in the US.	gang-related delinquent behaviour and criminal offences Secondary Measures of behavioural, cognitive or social skills; delinquent behaviour and criminal offences external to gang activities; association with delinquent peers; illegal drug abuse; hospitalisation or injury; firearm possession; truancy; achievement of scholastic benchmarks; employment status. Many intended outcome measures not specifically reported but were to include: a peer delinquency scale, hospital records, self report, school report, conviction records. Authors state outcome measures would have needed to meet minimum standards of having their psychometric properties published, and being self-report or completed by an independent rater or relative.	controlled trials were found that fulfilled the inclusion criteria" (p. 12).	prevention. Four excluded studies examining Gang Resistance Education and Training (GREAT) found mixed but generally weak indications of programme effect […] However, […] study design excluded all of these studies from analysis. Therefore, based on the findings of this systematic review, it is impossible to reach any conclusions regarding the effectiveness or ineffectiveness of cognitive-behavioural interventions for preventing youth gang involvement." (p. 12) "The only possible conclusions from this review […] are the urgent need for additional primary evaluations of cognitive-behavioural interventions for gang prevention and the importance of high standards required of the research conducted to provide meaningful findings that can guide future programmes and policies." (p. 3)

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Fisher, Gardner and Montgomery (2008)	N/A (no relevant studies identified).	N/A (no relevant studies identified).	N/A (no relevant studies identified).	"[T]he main recommendation for future practice is to demand rigorous primary evaluations that include gang-related outcomes for any existing or developing cognitive-behavioural prevention programmes. Such rigorous evaluations are urgently needed to develop this research field and guide future funding and intervention profiles […] The paucity of research and the insufficient attention to methodological rigour in conducting and funding these evaluations, 2 of which were executed under the auspices of the United States Bureau of Alcohol, Tobacco, and Firearms and the National Institute of Justice, are unacceptable. Researchers, funding institutions, and policy makers all must demand higher standards of social research to succeed in reducing youth gang involvement and the associated crime and delinquency." (p. 13)

Fisher, Montgomery and Gardner (2008)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Fisher, Montgomery and Gardner (2008)	Opportunities provision to prevent youth gang involvement. Opportunities provision techniques include tutoring, remedial education, job training and job placement. Opportunities provision had to be the majority component of the intervention. No further information on interventions since no relevant studies were identified.	To prevent gang involvement among youths aged 7 to 16 not currently involved in a gang.	N/A (no relevant studies identified).	N/A (no relevant studies identified).	Young people aged 7-16 who were not already in a gang. No information for setting because no relevant studies were identified.	Young people aged 7 to 16.

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Fisher, Montgomery and Gardner (2008)	Yes – to determine the effectiveness of opportunities provision for preventing youth gang involvement for children and young people aged 7 to 16.	RCTs and quasi-RCTs.	Yes – 3-part search strategy undertaken: electronic database searches; personal communications (for example contacting relevant organisations, individuals and list-servs); and pertinent websites/ reference lists hand-searched.	Yes – according to quality categories described in the Cochrane handbook. However, the quality screening process excluded all studies.	None – no randomised controlled trials or quasi-randomised controlled trials were identified.	N/A (no relevant studies identified).	N/A (no relevant studies identified).	N/A (no relevant studies identified).

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Fisher, Montgomery and Gardner (2008)	None. 18 papers were potentially relevant and had full text assessments, but 16 were excluded as unsuitable (i.e. were not evaluations, were not addressing a gang prevention programme, did not include any gang-related outcomes, did not include any opportunities provision components, or presented preliminary findings for outcomes reported in another paper). 2 reports were at least partially relevant, but were excluded because of methodological flaws (for example no comparison group, qualitative case study).	As no studies were included there were no outcomes to be measured. However, the authors pre-specified 10 outcomes that they were intending to measure: Primary Gang membership; gang-related delinquent behaviour and criminal offences. Secondary Employment status; truancy; achievement of scholastic benchmarks; delinquent behaviour and criminal offences external to gang activities; association with delinquent peers; illegal drug abuse; hospitalisation or injury from gang-related or delinquent activities; firearm possession. Potential measurement instruments were to have included self-report measures or official reports (for example from school, police, probation services or court).	N/A. There are no results as no relevant studies were identified. All identified studies were excluded for irrelevant study design or unacceptable methodological flaws.	"No evidence from randomised controlled trials or quasi-randomised controlled trials currently exists regarding the effectiveness of opportunities provision for gang prevention. Only 2 studies addressed opportunities provision as a gang prevention strategy, a case study and a qualitative study, both of which had such substantial methodological limitations that even speculative conclusions as to the impact of opportunities provision were impossible. Rigorous primary evaluations of gang prevention strategies are crucial to develop this research field, justify funding of existing interventions, and guide future gang prevention programmes and policies." (p. 2)

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Fisher, Montgomery and Gardner (2008)	N/A (no relevant studies identified).	N/A (no relevant studies identified).	N/A (no relevant studies identified).	"The complete lack of evidence from randomised controlled trials, quasi-randomised controlled trials, or excluded studies found by this extremely sensitive search of all available literature makes it very difficult to advise practitioners as to future intervention and policy efforts. The only possible conclusion is the urgent need for good quality primary research regarding opportunities provision for gang prevention. Consequently, the only potential recommendation for practitioners is to demand rigorous evaluations of gang prevention programmes that include opportunities provision components, evaluations that can guide future funding and intervention profiles. "As stated above, the paucity of good quality research regarding gang prevention programmes and specifically gang prevention programmes based on opportunities provision must be addressed. That this review found only 2 excluded studies with considerable methodological flaws so as to prevent even speculative conclusions is a reflection of this paucity and the insufficient international commitment to delinquent youth,

				gangs, and good quality social research. This research void must be remedied to ensure responsible funding choices and succeed in reducing youth gang involvement and the associated crime and delinquency. A review looking at the impact of opportunities provision on delinquency more generally would perhaps be of value." (p. 8)

Hodgkinson et al. (2009)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Hodgkinson et al. (2009)	Interventions to reduce or prevent gang-related criminal activity. Types included: educational, enforcement, criminal justice, legal, psychological, organisation and management, opportunities provision, community mobilisation, social inclusion, comprehensive, situational, vocational skills training, other, diversion. The in-depth review focused on multifaceted or comprehensive interventions (i.e. involving more than one of the above types of intervention). More interventions take an incentives approach rather than a sanctions approach, despite	To reduce or prevent gang-related anti-social or criminal behaviour.	Delivered by the community and agencies, including youth workers, aggression retrainers, and detached workers.	No details about interventions' frequency or duration.	Gang members had to be one of the populations targeted (they did not have to be the only one i.e. could also include those at risk of becoming gang members). The majority of interventions took place at least partially on the street. Other locations included schools, organised community settings, home, police premises, criminal justice	Up to 25 years old. Interventions were broken down into age groups. 22% of participants were in a mixed age group; 70% of studies did not specify ages.

	commitment to comprehensive approach interventions. Interventions include *inter alia*: outreach programmes, counselling, aggression retraining, gang injunctions, programmes tackling abandoned buildings and known drug dens, community monitoring and deterrence interventions, detached work procedures, interventions that enhance communications between different agencies, crisis intervention work.				institution, correctional institutions, other educational institutions and the workplace. (Interventions could involve more than one of these settings.)	

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Hodgkinson et al. (2009)	Yes: 1. Are com-prehensive	For the in-depth review: evaluations	Yes – comprehensive search: 59 databases	Yes – Maryland Scale used; each study	Narrative synthesis and meta-analysis	Effect sizes; 95% confi-	All studies for the in-depth review were	Not assessed: “None of the studies in the

	interventions more effective at reducing gang related criminal activity and anti-social behaviour than usual service provision? 2. What interventions are effective in preventing or reducing gang-related criminal activity and anti-social behaviour?	(naturally occurring and researcher-manipulated) with a comparison group (i.e. scoring ≥3 on the Maryland Scale of Scientific Methods).	including social science, health, education, psychology and criminology, 4 websites and 6 sources of grey literature in addition to hand-searching bibliographies.	also assigned a weight of evidence classification based on methodological quality, appropriateness of study design and relevance of study design to review question.	where possible.	dence intervals.	conducted in the US; authors specifically note that they cannot be sure of the transferability of the intervention to a UK context.	review consider the cost benefit of any of the interventions.” (p. 61)

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Hodgkinson et al. (2009)	208 studies were identified and mapped but 17 met the criteria for in-depth review: 10 naturally occurring evaluations (i.e. Maryland Level 3) and 7 researcher-manipulated evaluations (i.e. Maryland Level 4). No RCTs (Maryland Level 5).	1 of 3 key outcomes measured in all studies: reduction in crime; change in subject behaviour; change in the attitudes of the community. Other outcomes measured include arrest rates, recidivism rates, instances of violent crime, narcotic offence rate, homicide rate, court appearances, general offences and instances of gang crime.	Overall, and according to authors of the evaluations concerned: 10 studies had positive results; 5 studies had mixed or inconclusive results; and 2 studies had negative results. (Caution is advised as these differ from the results of the effect sizes given in the papers.) Only one outcome was focused on in detail in the review results (i.e. by authors of the systematic review). For those studies that had outcomes related to reduction in crime: 7 studies had positive results, 4 had inconclusive or mixed results, 1 had negative results. However, in a meta-analysis involving 9 of the 12 studies (3 were excluded because they were outliers), the pooled effect size (corrected Hedges' g) was 0.09 (CI 0.00-0.18). The result was not statistically significant (p=0.062). "The synthesis found that, overall, the comprehensive interventions	"The review identified a number of mechanisms of change which were present in those interventions associated with positive outcomes. In the higher quality studies with positive effects, the comprehensive interventions included one or more of the following mechanisms of change: • case management / provision of a personalised holistic approach; • community involvement in the planning of interventions; • community involvement in the delivery of interventions; • expertise shared between agencies; • delivery of incentives to change offending

			had a positive, but not statistically significant, effect on reducing crime outcomes compared with usual service provision (i.e. whatever was in place either in a comparison area or before the specific intervention).” p. 5) Exploratory subgroup analysis was undertaken, which found that that “comprehensive interventions which include the mechanisms of personalisation, community involvement in planning and delivery, and/or sharing of expertise between agencies may have greater effect” (p. 60).	behaviour, as part of a wider comprehensive intervention approach. “It is not clear whether mechanisms of change are effective in isolation, or in some combination with others to produce the desired outcome. In addition, the evidence does not suggest an association between the number of components in a comprehensive intervention and effect size. These issues warrant further investigation in the evaluation of new comprehensive interventions” (p.6).

Other information

Author (Year)	Messages about how to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Hodgkinson et al. (2009)	No information.	Multi-agency working (shared decision-making, information sharing, pooling of resources, and shared expertise) was associated with small but non-statistically significant positive effects. Involvement of the community in planning and delivery of intervention was associated with positive and narrowly statistically significant positive effects. Offering incentives (with or without sanctions) records a statistically significant positive result. The evidence for interventions providing sanctions was weaker. Interventions using marketing/ publicity or problem solving approaches showed positive but not	"Involving local communities may lead to an improved understanding of the problem and improved motivation of the community to do something about the problem because they feel empowered and listened to by people in positions of power. The distinction is whether communities are actively involved	"There is insufficient evidence to justify a policy recommendation to use or not to use comprehensive interventions as a means of tackling gang violence. Nevertheless the pooled estimate of effect of the high/medium quality studies is positive. This pooled effect size of d=0.09 may in conventional interpretation (e.g. Cohen, 1998) appear to be 'small'. However there is an argument that an effect of this size obtained from real 'field based' experiments could be important. A second issue is that all the interventions evaluated in the studies included in this review took place in the USA, and Review Group cannot therefore be sure of the transferability to a UK context. "It is argued that […] the results suggest that comprehensive interventions

		statistically significant results. Providing a personalised or tailored holistic service to subjects produced a positive and significant effect. “The major caveat in interpreting these findings is that it is the same 3 studies operating in each of these change mechanisms, and the same 4 in all but community planning involvement. It is therefore impossible to determine which one of these theories of change is having this (weak) effect, or if all are necessary to have any impact on gang crime.” (p. 58)	in delivering aspects of the intervention or simply supporting those that do.” (p. 46)	warrant further rigorous evaluation in a UK context. Policy should therefore support the use of such interventions only in the context of rigorous evaluation. “Furthermore, it is argued that the design of comprehensive interventions in context should allow further investigation of those mechanisms of change which the analysis carried out here suggest are important for the design of successful comprehensive interventions.” (p. 62)

Wong et al. (2012)

Content

Author (Year)	Intervention(s) reviewed	Intervention aim	Intervention delivery	Intervention frequency and duration	Intervention target and setting	Timing
Wong et al. (2012)	Street gang control strategies. Interventions were categorised as prevention [most relevant for this study], gang activity regulation, justice system based intervention, comprehensive interventions and holistic interventions. Regarding the first of these categories, there were 10 studies in total, detailing 3	To prevent gang membership or gang-related delinquency or crime.	Primary prevention programmes delivered by police officers, or by "appropriate adult role models" in the community. No details were reported for the programmes for gang membership prevention.	Frequency of the 2 school-based preventive awareness programmes was 13 to 16 classroom sessions delivered either weekly or over 2 years. The third preventive awareness programme provided recreational activities and counselling between	Of the 3 primary prevention interventions, 2 were set in school (n=2) and one in the community. Programmes designed to reduce gang membership amongst at-risk populations (young delinquents, youths with low SES or living in at-risk neighbourhoods, school dropouts or other at-risk conditions) were set in the community (n=2), as part of after school activities (n=1), in a classroom session (n=1) and one-to-one with children referred from	Primary prevention programmes delivered to school-aged children in grades 6 to 8 (11 to 14 years), with the exception of community-based programme for young people aged 13-20. The school-based gang membership prevention programme was delivered to children aged 13 to 14. Other programmes were

	prevention awareness programmes and 5 gang membership prevention programmes for at-risk populations.			10pm and 2am at the weekend. No details on the gang membership prevention programmes.	schools, police or the courts. Other programmes were comprehensive (n=5 studies) or holistic (n=4 studies, meaning that they contain strategies from all 3 levels of intervention.	delivered to children based on presumed need (ethnicity, residential area, socio-economic group, professional opinion) rather than age.

Critical appraisal

Author (Year)	Review addresses a clearly focused question	Type of studies included	Comprehensive search undertaken	Quality of included studies assessed	What results are presented?	Precision of results	Applicable to UK settings	Do benefits outweigh harms and costs?
Wong et al. (2012)	Yes. To address what strategies are most effective in preventing or reducing gang-related crime and	Evaluation studies (no further details).	Yes: 22 English and 3 French bibliographic databases; grey literature; reference lists and key journals; websites of relevant organisations;	No.	Narrative synthesis. It was deemed not possible to conduct a meta-analysis.	Effect sizes. 95% CI.	Yes. The location of each study is not made clear but the inclusion criteria specified Canada, US,	Not assessed.

	delinquency.		and 30 expert CVs.				Australia or Europe only.	

Results

Author (Year)	Included studies	Outcomes measured	Results	Author conclusions
Wong et al. (2012)	38 (QEDs, pretest/posttest, RCTs, cohort-based interrupted time series, one group time series).	For preventive awareness strategies 5 outcomes were measured: drug use, gang membership, property offences, offences against the person, and other. For gang membership prevention strategies, many outcomes were measured, including: drug use, gang avoidance and gang membership, criminal justice system interaction, gang behaviours, and intermediate	1) Prevention strategies showed little signs of effectiveness, which can be explained by an overly broad approach to gang prevention, which includes the majority of young people who will never consider gangs in the first place. Some positive effects were noted in terms of gang membership and improvements in desirable attitudes towards gangs and police. 2) Gang membership: community-based programme (Logan Square prevention) reported a reduction in gang membership and carrying a weapon, and a targeted outreach programme (Gang Prevention Through Targeted Outreach (GPTTO)) reduced truancy, delayed the onset of gang behaviour, reduced the likelihood of initiating marijuana use, elevated academic performance, and increased the number of	"[A]t this point in time not enough gang prevention/intervention evaluations exist, and those that do are not typically designed with sufficiently rigorous methods that produce outcomes that meet the conditions necessary for inclusion in a meta-analysis." (p.36) "Much work is still needed in the fields of prevention and intervention. This report attempts to guide policy considering the reliable evidence available to date. Only by focusing on greater cooperation between academics and

		outcomes such as truancy, delayed onset of gang behaviour, reduced likelihood of initiating marijuana use, elevated academic performance, increased number of positive friends, youths' sense of efficacy, decreased drug use and crime, increased school performance and more family support. For comprehensive approaches, 3 outcomes were measured: property crimes, violent crimes and drug crimes. For holistic approaches, 5 outcomes were measured: gang-related crimes, gang-related violent crimes,	positive friends. Studies of other interventions (including Broader Urban Involvement and Leadership Development programme (BUILD) and Youth Development Workers Program (YDW)) reported changes in a positive direction but with no statistical significance. An evaluation of the National Youth Gang Drug Prevention (NYGDP) programme showed no effect. 3) Comprehensive programmes such as Project Safe Neighborhoods in Chicago, which includes preventive awareness component (school-based curriculum), a gang membership prevention component (targeted outreach to at-risk young people) and a gang activity suppression component (intelligence gathering targeted at violent gang members), have shown clear signs of effectiveness. However consistent evidence of the effectiveness of the Spergel Model specifically is lacking, due to a lack of guidance on implementation, unrealistic expectations regarding stakeholder partnerships, and reliance on a one-size-fits-all approach. 4) Holistic programmes: CeaseFire	policymakers and by ensuring that methodologically sound evaluations accompany any initiative will it be possible to identify and maintain effective strategies for the control of street gangs." (p.37) Authors advocated a "less is more" approach – targeting the most pressing issue and achieving small victories instead of trying to tackle every problem at once. The authors made 3 major recommendations about gang prevention (pp. 37-38): 1. Where appropriate, research-based delinquency prevention programmes rather than gang membership prevention programmes (such as GREAT) should

		property crimes, violent crimes, drug crimes.	Chicago included preventive awareness, gang membership prevention, and gang activity prevention, and found statistically significant decreases in actual and attempted shootings. The Gang Reduction Program (GRP) includes a preventive awareness strategy, gang membership prevention, gang activity prevention, gang activity suppression, and a probation gang intervention. In LA this intervention showed a reduction in gang-related incidents and calls for shots fired, while in Milwaukee and North Miami Beach the evaluations found no impact, while in Richmond the evaluation found that the situation worsened in the target area.	be utilised. 2. Risk factors for gang membership should be used as guidance for programme delivery and dosage. 3. There should be a focus on early prevention (as early 9 years).

Other information

Author (Year)	Messages about how best to identify families in need of additional support	Messages on effective implementation	Messages on workforce skills and training	Author research recommendations
Wong et al. (2012)	The authors noted that prior delinquency is the biggest risk factor for joining gangs. Monitoring young people who have been involved in delinquency may help to identify	"The prevention strategy literature showed that there is no single cause for gang membership, and no easily pinpointed factor that could be identified and eliminated." (p. 6). The review authors suggested that prevention	No information.	"On gang control strategies in general, 3 major recommendations were discussed: the need for more

	those who are more likely to join a gang. Early prevention from as early as age 9 is necessary as young people tend to join gangs between grades 8 and 10 (ages 13-16), although general prevention may not be effective or a good use of resources, since they target many people but only a tiny proportion of those will be at risk of joining a gang. Identified risk factors for gang membership include: importance of delinquent friends; non-delinquent problem behaviours; series of negative life events; favourable attitudes about breaking the law; lack of parental supervision / monitoring; and commitment to negative peers.	programmes need to be closely targeted to research-based risk factors for gang membership. The more specific the targeted population, the more evaluations tended to show signs of effectiveness. The reputed Spergel Model was unexpectedly shown to be ineffective due to implementation fidelity issues, which demonstrates the importance of strong fidelity. “Programs may be more effective if they are developed by logically extrapolating from empirical observations and not from anecdotal theorizing or ‘common sense’” (p. 37)		evaluations applying scientific methodologies; that programs should be built on empirical research findings, not intuition and common sense; and that evaluations should be planned from the inception of a program and used to readjust strategies as necessary.” (p. 6)

Appendix C: Data extraction tables for primary studies

Preventing child sexual abuse and exploitation

Rheingold et al. (2007)

Intervention

Author (Year)	Intervention aim	Intervention target and setting	Intervention content (including frequency and duration)	Intervention delivery
Rheingold et al. (2007)	Reduce the prevalence of childhood sexual abuse (CSA) through mass media.	Parents with children under age 18. Setting – research centres in shopping malls.	Developed by a non-profit national organisation called 'Darkness to Light' [DTL]. Video public announcements – 2 30 to 60 second public service announcements (PSA) aimed at raising awareness of the issue of CSA (for example prevalence, consequences). Educational pamphlet – 10 minutes – containing information about the prevalence and consequences of CSA, skills to recognise abuse and skills to decrease risk of CSA and also skills in how to respond with CSA is suspected.	Via video and pamphlet. Instruction from trained interviewer ("recruited for their ability to interact courteously with the public and to follow standard procedures" p. 355).

Critical appraisal

Study addresses a clearly focused issue	Assignment randomised	Groups similar at start of study	Participants properly accounted for at conclusion	Groups treated equally apart from experimental intervention	Coders blind to treatment	Precision of results	Applicable to UK settings	Are the benefits worth the harms and costs?
Yes – impact of media campaigns on preventing and reducing CSA.	Yes – 200 parents were randomised to the video group, the pamphlet group, the video and pamphlet control, or the no media control group. No further breakdown of the conditions was provided.	Baseline sample characteristics not described for equivalence. As there was no pretest, establishing equivalence on outcome measures is not possible.	Yes – participants lost were either unresponsive to telephone and mail outreach or were not accessible at time of follow-up. 37% of baseline participants took part in the follow-up. There was no evidence of differential attrition.	Yes – all participants were compensated for their time and completed identical assessment measures.	No. The interviewers were responsible for administering the media materials.	p-values and F-statistic.	Yes – across the US.	Not assessed.

Results

Outcomes measured	Effect of intervention (including size of effect)	Author conclusions	Author research recommendations
CSA knowledge, CSA attitudes, CSA primary prevention response behaviours (assessed using both hypothetical vignettes and self-reported actual behaviour (for example calling a hotline number))	The combined intervention had significantly greater knowledge than no intervention at posttest, but knowledge declined over time and the difference between groups was not significant at follow-up. The 2 individual intervention groups had no significant effect compared to no intervention. There were no significant differences between any groups for attitude. In terms of behaviour measures, the booklet group performed significantly better than the PSA and control groups in terms of preventive strategies in response to hypothetical vignettes, although effects were small. No differences were found for the other 4 dimensions of prevention behaviours. In more detail: Knowledge "Results indicated that the intervention groups did differ in their post-intervention *knowledge*, $F(3, 199) = 3.01$, $p < .05$. Post hoc analyses examining the mean difference among the different intervention conditions revealed that those in the combined (PSA + pamphlet) condition had	"Overall, findings indicate that that the […] media campaign had significant impact on short-term knowledge, no significant impact on attitudes, and significant impact on primary prevention responses to hypothetical vignettes. No differences were noted across groups related to actual behavioral responses at follow-up. Specifically, exposure to […] PSA-plus-booklet campaign positively affected knowledge as compared to no campaign exposure." (p. 360) "It appears the PSAs alone were not as influential as the booklet or the booklet combined with the PSAs." (p. 360) "This is consistent with past research demonstrating that public health media campaigns are effective tools for increasing knowledge about health-related	"[F]uture research should continue to examine actual behaviors in adults for taking protective measures to prevent CSA." (p. 361) "[A] large-scale longitudinal study with a sufficient sample to address the relatively low base rate of CSA would be necessary to directly assess a decrease in incidence of CSA." (p. 361) "Future studies examining this intervention should expand on the current measures

	significantly higher knowledge scores than those in the no intervention condition. Effect size […] was .77. Individual interventions alone were not significantly different from the combined or no-intervention condition. […] Results revealed a significant effect of time, $F(1, 70) = 10.71$, $p < .01$, suggesting that participants' knowledge of CSA decreased over time. Furthermore, the observed differences at posttest were no longer significant at the follow-up time, $F(3, 70) = 1.20$, $p = .32$. Loss of power may have accounted for this result." (p. 358) Attitudes "The results were non-significant, $F(9, 199) = .46$, $p = .90$, indicating that there were no differences among intervention conditions in their post-intervention CSA *Myth* scores. [...] results were nonsignificant, for the main effect of time, $F(9, 70) = .80$, $p = .50$, and for the interaction term, $F(9, 70) = .70$, $p = .71$." (p. 358) Behaviour (i) Regarding *hypothetical* behavioural responses: "Results indicated that the intervention groups had significant differences in their mean number of reported primary prevention behaviors, $F(3) = 3.01$, $p < .05$. Trends were noted for secondary prevention, $F(3) = 2.12$, $p = .10$, and unhelpful, $F(3) = 2.56$, $p = .06$. No significant differences	information" (p. 360) "Providing additional community-based multifaceted trainings to complement this media campaign may have a greater impact on attitudes and beliefs." (p. 360) "[C]ommunity-based efforts (i.e., media campaign plus information provided in community-based setting), such as seen in the obesity and HIV prevention literature, would be an appropriate next step to improving media campaigns aimed to prevent CSA." (p. 361) "Overall, media materials […] are relatively inexpensive and have great potential to reach a vast array of the public than many other primary prevention modalities. Findings from the current study, although minimal, indicate some support that a CSA prevention media campaign may affect awareness and potentially primary prevention behaviors. Even a small impact across a	utilized to have more thorough assessment of knowledge and reported behaviors." (p. 361) "Future studies should look at demographic factors that may interact with CSA prevention outcomes. Further research examining cultural differences that are relevant to the development of CSA prevention programs is also warranted. Learning more about differences among ethnic minority populations regarding their reactions and responses to prevention strategies can help

	were found among recognition of red flags, *F*(3) = 1.32, *p* = .27; information gathering, *F*(3) = .25, *p* = .87; or vague/other responses, *F*(3) = 1.07, *p* = .36. Post hoc analyses examining the mean differences among the different intervention conditions revealed that those in the booklet condition had a significantly greater mean number of primary prevention responses than the PSA and no intervention conditions (mean differences of .81, *p* < .01 and .60, *p* < .05, respectively). ES for these differences were .35 and .26, respectively. The combined condition was not significantly different from other conditions. […] The observed differences at posttest were no longer significant at follow-up, *F*(3) = .57, *p* = .64, nor was the main effect of time, *F*(1) = 2.40, *p* = .13." (p. 359) (ii) Regarding actual behaviour: There were no statistically significant differences between groups at one-month follow-up for reported engagement in actual prevention behaviours.	wide audience could have broad public health implications. An effectiveness study allowing for a full media blitz in a community would assist in further determining the overall potential impact of the DTL [Darkness to Light] media campaign. However, the current study also indicates that a media campaign alone may not be sufficient in preventing CSA. Examining interventions that complement media campaign approaches would benefit the CSA prevention field." (p. 361)	refine our approaches to be more culturally sensitive or relevant." (p. 361) "An effectiveness study allowing for a full media blitz in a community would assist in further determining the overall potential impact of the DTL [Darkness to Light] media campaign." (p. 361)

Rheingold et al. (2015)

Intervention

Author (Year)	Intervention aim	Intervention target and setting	Intervention content (including frequency and duration)	Intervention delivery
Rheingold et al. (2015)	"[T]o train adults in preventing (primary prevention), recognizing, and responding to CSA [childhood sexual abuse] (secondary prevention)." (p. 375)	Childcare professionals (regardless of their level of training) from youth services organisations such as day-care centres, churches and schools. Setting – child advocacy centre or web-based.	"Stewards of Children (Stewards) [is a] a 2 1/2-h workshop to train adults in preventing (primary prevention), recognizing, and responding to CSA (secondary prevention). Stewards exists in 2 formats: (1) in-person with a facilitator presenting the curriculum and leading discussions and (2) an interactive web-based training." (p. 375) The intervention was developed by Darkness to Light (D2L) – "a national non-profit organization focused on educational CSA prevention programs aimed at adults" (p. 375). In-person Stewards – one-off 2½ hour group training. "Participants received workbooks containing the full program curriculum based upon "The 7 Steps to Protecting our Children," D2L's core, educational tool for CSA prevention. Topics addressed include the following: (1) education about CSA prevalence rates, risks, and outcomes; (2) ways of minimizing opportunities for CSA to occur; (3) talking about CSA with adults and children; (4) recognizing signs of CSA; (5) appropriate responses when a child discloses CSA; (6) problem-solving barriers to preventive actions on an individual level and organizational	A "seasoned facilitator" delivered the in-person training. No further detail was provided on the type of persons who were facilitators. Web-based participants contacted the site-coordinator once they had completed their training.

			level; and (7) involving the community in CSA reduction. The facilitator uses a 1 1/4-h DVD, which integrates segments of CSA survivors relating their stories of abuse and recovery with segments from experts in the field. The facilitator stops the video at 3 points to lead discussions." (p. 377) Web-based Stewards – Over a 2-week period. "The web-based training includes video and is comparable in content and length to the in-person training. " (p. 377)	

Critical appraisal

Study addresses a clearly focused issue	Assignment randomised	Groups similar at start of study	Participants properly accounted for at conclusion	Groups treated equally apart from experimental intervention	Coders blind to treatment	Precision of results	Applicable to UK settings	Are the benefits worth the harms and costs?
Yes	Yes – 352 participants were randomised: 116 to waitlist control (1 dropped out for not meeting	Yes. "No significant demo-graphic differences were noted between conditions, providing evidence	Even though stated as ITT, 3 participants in the control group were excluded from the 3-month follow-up as they were exposed to study intervention and were thus not included in the analysis.	Yes –3-arm trial: waitlist vs. in-person training vs. web-based training.	Not reported.	p values, t-statistic, beta values, and standard error.	Yes – study took place in mainland US.	Not measured.

	study criteria); 116 to web-based training (1 excluded for not meeting study criteria); and 117 to in-person training (2 excluded for not meeting study criteria). Block design was used. Assessments were conducted at baseline, post-intervention and follow-up (planned for 3 months	that randomiza-tion was effective." (p. 376) Baseline equiva-lence on knowledge and attitude is not reported as these outcomes were not measured at baseline. There was no difference at baseline between the interventio n groups (considere	Otherwise, quite a lot of information provided: "Eight participants were excluded from behavior analyses only as they indicated that, due to a change in job status, they had no opportunity to engage in assessed behaviors." (p. 379). "[C]ompleters of the 3-month follow-up assessment did not significantly differ from those lost to follow-up with respect to gender, race, and education. However, those lost to the 3-month follow-up were, on average, younger" (p. 379) Control: 2 dropped out due to scheduling					

	after intervention, but conducted on average 4.5 months after interven-tion). Behaviours were measured at baseline and follow-up, while knowledge and attitude were measured post-intervention and at follow-up to avoid priming during training.	d together) and control group on the number of self-reported preventive behav-iours.	difficulties, 17 lost to 3-month assessment as they could not be reached, 3 excluded from 3-month assessment due to exposure to intervention. Web-based training: 19 dropped out prior to 3-month assessment due to scheduling difficulties. 9 lost to 3-month assessment, as they could not be reached. In-person training: 21 dropped out prior to pre-intervention assessment and did not attend in-person condition – 20 could not be reached and 1 death in family. 10 were lost to 3-month assessment as they could not be reached.					

Results

Outcomes measured	Effect of intervention (including size of effect)	Author conclusions	Author research recommendations
CSA knowledge, CSA attitudes, and CSA prevention behaviours.	The analysis combined participants in both the in-person and web-based training groups in one intervention condition. Positive effects were observed for CSA knowledge, attitudes and prevention behaviours. There were no differences between the 2 intervention groups based on whether the intervention was delivered in person or via the internet. CSA knowledge "[At post-intervention] [k]nowledge was significantly lower for the waitlist condition, β = −1.11, SE = 0.14, t (301) = −7.68, p < 0.001. Between post-intervention and the 3-month follow-up, knowledge increased more for the waitlist condition than the Stewards condition, β = 0.54, SE = 0.17, t (558) = 3.18, p = 0.002. However, at the 3-	"This multi-site randomized controlled trial indicated that Stewards improved knowledge, CSA attitudes, and preventive behaviors among childcare professionals. Results are encouraging, given that this very brief training produced at least short term (3 to 4 months) changes in both CSA knowledge and preventive behaviors." (p. 382) "Interestingly, knowledge decreased slightly for the intervention groups and increased slightly for the waitlist group between the training and the 3-month follow-up. Decreases for the intervention groups could be due to loss of knowledge over time, indicating that this brief intervention may not be substantial enough to produce long-term knowledge gains. Thus, future work aimed at magnifying the potency of the intervention may be warranted." (p. 382) "Stewards show significant differences in attitudes about CSA from the waitlist group; however, in looking at overall mean scores, these differences may not be clinically meaningful." (p. 382) "Study findings are consistent with this past research. Participants who received Stewards endorsed more frequent preventive behaviors. Minimal differences were found between in-person and web-based delivery modes, suggesting that these modes of training were equally	"Future work should focus on strategies for increasing effectiveness of this promising program." (p. 384)

	month follow-up, the overall level of knowledge remained higher for the Stewards condition, $\chi2(1)=11.67$, $p<0.001$." (p. 380) CSA attitudes For the full model, at post-intervention, the myths score was significantly higher in the waitlist condition, $\beta = 1.75$, SE = 0.79, $t(301) = 2.22$, $p = 0.027$. Between post-intervention and the 3-month follow-up, the change in myths did not differ for the 2 conditions, $\beta = -0.13$, SE = 0.79, $t(560) = -0.17$, $p = 0.867$. However, at the 3-month follow-up, the overall myth score was higher for the waitlist condition, $\chi2(1) = 3.85$, $p = 0.047$. CSA prevention behaviours "For the full model, at post-intervention (which is the baseline assessment for behavior measure), the number of behaviors did not differ for the 2 conditions, β=	effective." (p. 382) "[S]tudy results indicate that a brief training for childcare professionals may impact CSA prevention knowledge and behavior, albeit the practical implications is still unclear. Although these findings are statistically significant, it is premature to suggest clinically relevant shifts to the prevention of incidence or prevalence. Successful CSA prevention has major public health benefits, and investing in the development and implementation of evidence-based strategies is a high priority […] Child-focused CSA prevention alone is not likely to protect children fully from CSA, as we cannot prepare children for the diversity of approaches the potential offenders may utilize […]." (p. 383) "Adult-focused programs are likely to have added benefit when used in conjunction with evidence-based child-focused programs. In addition, positive findings for web-based CSA educational approaches should encourage the use of technology in the development of programs. Web-based programs are of particular interest as they can be delivered widely, efficiently, and at low cost, making them accessible to agencies with limited resources. Thus, web-based approaches may assist in overcoming barriers to participation and minimizing health disparities. "In summary, CSA prevention programs that target adults are needed […], as they can be used to supplement benefits gained from child-focused programs. This study is one of few that examines the impact of a CSA risk reduction program in a	

	0.56, SE=0.54, t (307)=1.05, p=0.296. However, between post-intervention and the 3-month follow-up, the change in the number of Behaviors increased significantly more for the Stewards condition than the waitlist condition, β = −1.30, SE = 0.48, t (545) = −2.72, p = 0.007.” (p. 380)	large well-controlled multi-site trial. Overall, findings indicate that a brief workshop for childcare professionals produces moderate increases in awareness and CSA preventive behaviors. Future work should focus on strategies for increasing effectiveness of this promising program.” (p. 384) “[I]t may be prudent to continue to focus the training of childcare professionals on behaviorally specific risk reduction techniques for both primary (e.g., making all contacts potentially observable) and secondary (e.g., practicing mandated reporting scenarios) prevention efforts and providing more instruction on how to talk to children about body safety and CSA.” (p. 383)	

Preventing intimate partner violence (IPV)

Foshee et al. (2015)

Intervention

Author (Year)	Intervention aim	Intervention target and setting	Intervention content (including frequency and duration)	Intervention delivery
Foshee et al. (2015)	Prevent dating abuse among adolescents exposed to domestic violence.	Mothers who had previously but no longer experienced an abusive relationship and their adolescent (12 to 16 years old) who had been exposed to domestic violence. Setting – flexible; a booklet is mailed to participants.	Six booklets – first for mothers only then 5 further booklets for mother and adolescent. Booklets are made up of dating abuse prevention information and interactive activities for the mothers to complete with their adolescent. Booklets are posted to families once every 2 weeks. Programme is called Moms and Teens for Safe Dates (MTSD) and adapted from Families for Safe Dates.	Self-administered using booklets posted to families.

Critical appraisal

Study addresses a clearly focused issue	Assignment randomised	Groups similar at start of study	Participants properly accounted for at conclusion	Groups treated equally apart from experimental intervention	Coders blind to treatment	Precision of results	Applicable to UK settings	Are the benefits worth the harms and costs?
Yes – prevention of dating	Yes. No detail of numbers	Yes: “There were no significant	“Of the 409 recruited families, 305 mothers (75%)	It is unclear whether control	Not reported.	p-values, b-values	Yes – across several	Not assessed.

abuse.	randomised to each condition, but 409 families participated. Assessment was conducted at baseline, post-intervention and 6 months after intervention completion.	differences at baseline between the groups on any of the demographic, moderating, or dating abuse behavior outcomes." (p. 1002).	and 295 adolescents (72%) completed the 6-month follow-up interview." (p. 999) "There were no treatment group differences in the amount of attrition between baseline and the follow-up" (p. 999) and "those who had been victims of cyber dating abuse [at baseline] were more likely to drop out by follow-up than those who had not been victimized by cyber dating abuse (b = .05; p = .02)" (Pg. 999). No other evidence of differential attrition.	participants were equally compensated for their participation.			states in the US.	

Results

Outcomes measured	Effect of intervention (including size of effect)	Author conclusions	Author research recommendations
Programme effects were assessed on 8 dating abuse behaviours: the perpetration of and victimisation from psychological, cyber, physical and sexual dating abuse. Measures were taken 6 months post intervention completion.	The analyses first tested whether effects on dating abuse varied by pre-specified moderators (mother's psychological health, amount of exposure to domestic violence, and adolescent gender and ethnicity). Main effects were examined if there were no differential effects. On victimisation from dating abuse: "the MTSD program had significant effects on victimization from psychological dating abuse […] for adolescents who had high exposure to domestic violence […] (b = -0.8311, p = .0158), but not for adolescents with average […] (b = -0.2727, p = .1891) or low exposure to domestic violence […] (b = 0.2857, p = .3881). The Cohen's d for those who had high exposure to domestic violence was 0.17." (p. 1003) "The MTSD program had significant effects on victimization of physical dating abuse […] for adolescents who had high exposure to domestic violence (b = -0.4066, p = .0512), but not for adolescents with average (b = -0.0145, p = .9085) or low exposure to domestic violence (b = 0.3776, p = .0608). The Cohen's d for those who had high exposure to domestic violence was 0.14." (p. 1003) There were no programme effects on victimization	"In this first randomized controlled trial of a dating abuse prevention program for adolescents exposed to domestic violence, we found favorable effects of the MTSD program in preventing the perpetration of and victimization from multiple types of dating abuse among adolescents with higher but not lower exposure to domestic violence." (p. 1008) "Significant effects of the MTSD program were found, but the effects varied by the dating abuse outcome considered and the amount of exposure the adolescent had had to domestic violence." (p. 1005)	"[I]t is still possible that the significant interactions were due to chance alone and it will be important to determine if these inter- actions can be replicated in future evaluations of the MTSD program." (p. 1008) "[F]uture evaluations of the MTSD program are needed to determine whether the program effects, and particularly the differential program effects, can be replicated." (p. 1008)

	from cyber or sexual dating abuse. On the perpetration of dating abuse "The MTSD program had significant effects on the perpetration of psychological dating abuse […] for adolescents who had high exposure to domestic violence (b = -0.9394, p = .0006), but not for adolescents who had average (b = -0.2248, p = .1719) or low exposure to domestic violence (b = 0.4899, p = .0614). The Cohen's d for this outcome was 0.24 for adolescents who had high exposure." (pp. 1003-1004) "[B]eing exposed to the program buffered the negative effects of exposure to domestic violence on dating abuse: the amount of exposure to domestic violence was predictive of the perpetration of psychological dating abuse in the control group (b = .38, p = .0002) but not in the treatment group (b = -.0934, p = .3425)." (p. 1004) "The MTSD program had significant program effects on the perpetration of cyber dating abuse […] for adolescents who had high exposure to domestic violence (b = -0.3879, p = .0336), but not for adolescents who had average (b = -0.0945, p = .3912) or low exposure to domestic violence (b = 0.1989, p = .2575). The Cohen's d associated with program effects for adolescents with high exposure to domestic violence was 0.15. There were no program	"The program appeared to be more effective for adolescents at the greatest risk as defined by greater exposure to domestic violence." (p. 1005) "Although significant program effects were present for those with higher exposure to domestic violence, the strength of the program effects is likely small." (p. 1006) "There were no program effects on the sexual dating abuse outcomes." (p. 1006) "There were no significant iatrogenic effects of the MTSD program." (p. 1006) "The findings suggest that a dating abuse	

	effects on the perpetration of physical or sexual dating abuse." (p. 1005) There were no moderated or main effects on the perpetration of sexual or physical dating abuse.	prevention program designed for adolescents exposed to domestic violence can have important positive effects." (p. 995)	

Miller et al. (2013)

Intervention

Author (Year)	Intervention aim	Intervention target and setting	Intervention content (including frequency and duration)	Intervention delivery
Miller et al. (2013)	Reduce dating violence.	Male athletes in Grades 9 to 11 (aged 14-18) participating in athletics in 16 high schools Setting – high schools across California.	Coaching Boys Into Men (CBIM): “The intervention consisted of training athletic coaches to integrate violence prevention messages into coaching activities through brief, weekly, scripted discussions with athletes.” (p. 108) A series of training cards guide coaches through weekly 15-minute discussions throughout the sports season [12 weeks]. Lessons highlight respect, nonviolence, and interrupting abusive behaviours among peers.	High school athletic coaches.

Critical appraisal

Study addresses a clearly focused issue	Assignment randomised	Groups similar at start of study	Participants properly accounted for at conclusion	Groups treated equally apart from experi-mental inter-vention	Coders blind to treatment	Precision of results	Applicable to UK settings	Are the benefits worth the harms and costs?
Yes – reduce dating violence prevalence through increasing "the likelihood that youth will intervene when they see peers engaging in disrespectful and abusive behaviors." (p. 108)	Yes – cluster randomisa-tion. 8 high schools randomly assigned to each condition (750 participants in the intervention and 763 in control).	No – at baseline the control group had signifi-cantly lower intention to intervene scores, and signifi-cantly higher gender attitudes scores and negative bystander behaviours scores.	Yes – 28% attrition in intervention and 14% in control. Some evidence of differential attrition: dropouts more likely to be Hispanic, less likely to be White, more likely to have less-equitable gender attitudes at baseline, reported greater abuse perpetration at baseline and were less likely to recognise abusive behaviours at baseline. Participants lost to follow up at end of season due to being	Yes – both groups were athletic sports teams.	Not stated, although measures were self-report.	Effect size and indication of p< 0.05	Yes – high schools in the US, although authors caution that "As a cluster RCT located in urban public schools in California, findings may not generalize to other settings" (p. 111).	Not assessed .

		Control athletes were more likely to be white and have a parent with higher education compared to inter-vention athletes.	dropped from the sports team or the school or non-response (intervention n= 131, control n=37). Further loss to follow-up at 12-month due to the same reasons (intervention n=82, control= 69). At end of programme 83% of the intervention and 95% of the control were included in the analysis. Respectively 72% and 86% at the 12-month follow up.					

Results

Outcomes measured	Effect of intervention (including size of effect)	Author conclusions	Author research recommendations
Primary: "intentions to intervene, recognition of abusive behaviors, and gender-equitable attitudes." (p. 108)	"No intervention effects were found for intentions to intervene, gender-equitable attitudes, recognition of abuse, or positive bystander behaviors" (p. 110). Negative bystander behaviours "[B]oth intervention and control athletes' adjusted mean scores decreased over time, but the mean change was	"Twelve-month follow-up from this cluster RCT demonstrated not only reductions in negative bystander intervention behaviors (fewer intervention athletes	None stated.

Secondary: bystander behaviours and abuse perpetration. Follow-up data collected 12 months after baseline data collection.	greater for intervention athletes, with an estimated intervention effect (adjusted mean intervention vs control difference in change over time) of -0.41 (95% CI= -0.72, -0.10).” (p. 110). “Effects on negative bystander behaviors did not change with greater intervention intensity (-0.41, 95% CI= -0.81, -0.02). Such effects increased slightly for abuse perpetration (-0.21, 95% CI= -0.35, -0.07).” (p. 111) Abuse perpetration “Among intervention athletes, 16.5% reported any past-3-month abuse perpetration (physical, sexual, or emotional) toward a female partner at baseline compared to 14.7% at 12-month follow-up; in contrast, 14.3% of control athletes reported any past-3-month perpetration at baseline, which increased to 19.5% at 12 months. Relative to controls, intervention athletes demonstrated less overall past-3-month abuse perpetration at 12 months, an estimated intervention effect of -0.15 (95% CI= -0.27, -0.03).” (p. 110)	supporting peers’ abusive behaviors) but also less abuse perpetration. These findings suggest the possibility that this program, which requires few resources, utilizing coaches as key influencers, may buffer against the initiation of dating violence perpetration during a critical developmental period for youth.” (p. 111) “CBIM is not intended as a comprehensive violence prevention program and should be viewed as one promising strategy to encourage conversations about masculinity and violence prevention. “ (p. 112)	

Miller et al. (2015)

Intervention

Author (Year)	Intervention aim	Intervention target and setting	Intervention content (including frequency and duration)	Intervention delivery
Miller et al. (2015)	To test the effectiveness of a brief universal relationship abuse education and counselling intervention in school health centres to address adolescent relationship abuse (ARA: physical, sexual, or psychological abuse in the context of a past or present romantic relationship)	Young people aged 14-19 years attending School Health Centres (SHCs) for any reason. "SHCs offer the opportunity to reach adolescents experiencing ARA (targeted intervention), identify adolescents at risk for ARA (early intervention), and offer universal education about ARA (primary prevention)." (p. 77)	"The School Health Center Healthy Adolescent Relationships Program (SHARP) is a provider-delivered intervention implemented within routine SHC visits. The intervention is universal, inclusive of all genders, sexual orientation, and clinic visit types, addressing a range of abusive behaviors, including cyber dating abuse (the use of social media to abuse a partner)." (p. 77) "Provider discussion of healthy and unhealthy relationships is integrated into each clinical encounter with the provision of the palm-size brochure to every patient regardless of reason for visit. Even in the absence of disclosure, patients are encouraged to take extra brochures for friends. SHC providers reported the time required to review the brochure with a student was typically less than a minute but could lead to longer discussions when ARA was disclosed. In addition to the provider-delivered intervention, each of the intervention SHCs involved their youth advisory boards to organize school-wide outreach events to provide ARA information and encourage students to come to the SHC." (p. 77)	Clinicians and staff at intervention SHCs. They received a 3-hour training on the SHARP intervention about ARA impact on health and how to introduce the brochure, conduct ARA assessment and make a warm referral to a victim service advocate (connecting a patient to an advocate via telephone or in person).

Critical appraisal

Study addresses a clearly focused issue	Assignment randomised	Groups similar at start of study	Participants properly accounted for at conclusion	Groups treated equally apart from experimental intervention	Coders blind to treatment	Precision of results	Applicable to UK settings	Are the benefits worth the harms and costs?
Yes	11 SHCs (10 clinic clusters) were evenly randomised into intervention and control arms using computer-generated randomisation. After randomisation, 3 schools withdrew, leaving 8 SHCs (7 clusters: 4 intervention, 3 control).	"Control participants had lower baseline scores on recognition of abusive behaviors and were more likely to report recent physical or sexual abuse at baseline (16% vs 10%, P = .01) compared with intervention participants. Both arms were similar at baseline	Yes: 90% retention at follow-up in intervention arm, and 95% retention in control arm. "Participants who did not complete the follow-up survey tended to be younger compared with those who completed (p = .09). Non-completers were more likely to report recent ARA at baseline (63% vs 51%; P	Yes.	Survey data were collected via computer with questions read through headphones.	Effect size, adjusted mean difference (AMD) and p value.	Potentially. Study took place in Northern California, US.	Not assessed.

		on recognition of sexual coercion, and knowledge and use of ARA-related resources." (p. 80)	= .02). Attrition did not differ significantly between intervention (10%) and control (5%; P = .12)." (p. 80)					

Results

Outcomes measured	Effect of intervention (including size of effect)	Author conclusions	Author research recommendations
3 primary outcomes for full sample: 1. Recognition of abusive behaviours 2. Intentions to intervene 3. Knowledge of adolescent relationship abuse (ARA) resources 1 secondary outcome for full sample: 4. Self-efficacy to use harm reduction behaviours	Overall effects "No differences between intervention and control emerged in intentions to intervene, knowledge of and recent use of ARA-related resources, or self-efficacy to use harm reduction strategies. Compared with controls, at follow-up, intervention participants demonstrated greater increases in recognition of sexual coercion (AMD = 0.10 [95% confidence interval (CI): 0.01 to 0.18]." (p. 81). Effects by baseline ARA "Among those reporting recent ARA at baseline, intervention participants demonstrated an increase in recognition of ARA (AMD = 0.14 [0.01 to 0.27]) and knowledge of ARA resources (AMD = 0.26	"Findings suggest the potential utility of a brief SHC provider-delivered intervention, which discusses healthy relationships, integrating education, and connection to resources as part of routine care. Changes in prespecified outcomes of ARA knowledge and attitudes for the entire sample were not significant. Exposure to the SHARP intervention was associated	"Findings from 8 SHCs in 1 region also cannot be generalized to all US high schools. A larger cluster RCT with a greater number of clusters, more geographically diverse clinics, and longer-term follow-up with assessment of health outcomes is needed." (p. 83).

Additional outcomes for patients reporting recent ARA at baseline: 5. Disclosure of ARA during the clinic visit 6. Recent (past 3 months) ARA at follow-up 7. Use of harm reduction behaviours and use of ARA resources	[0.09 to 0.43]) compared with controls." (p. 81) "Fewer intervention participants experiencing ARA at baseline reported ARA at follow-up compared with controls (65% vs 80%; MRD = -.17 [-.21 to -.12]), including cyber dating abuse (62% vs 76%; MRD = -0.15 [-0.22 to -0.09]) and physical or sexual abuse (16% vs 24%, MRD = -0.07 [-0.12 to -0.01]." (p. 81) "Among participants not experiencing ARA at baseline, the intervention was associated with less likelihood of recent physical or sexual abuse at follow-up (7.3% vs 7.4%; MRD = -0.02 [-0.04 to -0.001])." (p. 81) *Post-hoc intervention intensity-adjusted analyses*[4] "Intensity-adjusted intervention effects were associated with increased knowledge (AMD = 0.25 [0.11 to 0.39]) of ARA resources and increased self-efficacy to use harm reduction strategies (AMD = 0.33 [0.06 to 0.60]) among intervention participants compared with controls. For ARA disclosure during the clinic visit, the intervention intensity adjusted odds ratio for the intervention was 9.30 (2.44 to 35.51)." (p. 81).	with improvements in recognition of sexual coercion, and among youth recently experiencing ARA, improvements in recognition of ARA and knowledge of ARA resources. Disclosure to SHC providers about unhealthy relationships was greater among participants in the intervention clinics. Although the intervention did not have significant effects on use of harm reduction strategies, relative reductions in overall ARA, as well as cyber dating abuse and physical/sexual violence victimization are promising […] Brief interventions such as SHARP embedded in clinical settings are a promising strategy for prevention and intervention, yet uptake by providers	"Although youth did report increases in knowledge and use of resources in the intervention arm, no changes in intentions to intervene were observed. Given the effectiveness of bystander approaches in preventing interpersonal violence, further studies are needed to identify how to encourage positive helping behaviors among high school students." (p. 83)

[4] "In posthoc analyses, intervention participants were assigned a "score" for intervention intensity, with 0.5 assigned if the participant reported no discussion with provider and no receipt of brochure, 0.75 for either provider discussion or brochure, and 1.0 if the participant received both." (p. 80).

		remains an anticipated challenge." (p. 81). "Given multiple pressures on providers and time limitations, scaling up provider-based interventions such as SHARP will require attention to system-level changes. Practice-based supports such as electronic health record prompts and involvement of nonclinical staff may facilitate intervention implementation. Additionally, testing the effectiveness of text messaging, computerized interventions, and related strategies is needed to enhance clinic-based assessment and counseling for ARA." (p. 82)	

Peskin et al. (2014)

Intervention

Author (Year)	Intervention aim	Intervention target and setting	Intervention content (including frequency and duration)	Intervention delivery
Peskin et al. (2014)	To reduce dating violence behaviour among ethnic-minority middle school young people (a population at high risk for dating violence).	10 middle schools in a large, urban school district in southeast Texas. "In all schools, more than 90% of the student body was eligible for free or reduced lunch, an indicator of economic disadvantage." (p. 1472)	It's Your Game…Keep It Real (IYG) includes both classroom and computer-based activities in a 24-lesson curriculum (12 lessons in seventh grade [age 12 to 13], 12 lessons in eighth grade [age 13 to 14]). Computer-based activities are set within a virtual world environment and include interactive skills-training exercises, peer role model videos, quizzes, animations, fact sheets, and "real world" style adolescent serials. In addition to group-based classroom activities, the curriculum includes 6 parent-child homework activities and individualised journaling activities at each grade level to help students personalise information. (p. 1473)	Trained facilitators implemented all lessons using a detailed teaching manual.

Critical appraisal

Study addresses a clearly focused issue	Assignment randomised	Groups similar at start of study	Participants properly accounted for at conclusion	Groups treated equally apart from experimental intervention	Coders blind to treatment	Precision of results	Applicable to UK settings	Are the benefits worth the harms and costs?
Yes	Randomised at the school level to intervention (n=5) or control (n=5)	Broadly. "With the exception of race /ethnicity and age, there were no significant differences in baseline demographic characteristics and dating violence behaviors between the 2 groups." (p. 1473)	With the exception of family structure and age, there were no significant differences in baseline demographic characteristics or dating violence behaviour between those students lost to follow-up and those who completed the 9th-grade survey.	Intervention schools received It's Your Game [intervention], control schools received usual health education (taught from the state-approved health textbook).	All data were collected using 30 to 45-minute audio computer-assisted self-interviews on laptop computers. Students were provided with head-phones to ensure their privacy. (p. 1473)	AOR (adjusted odds ratio) and 95% CI	Potentially. Study took place in a large urban district in Texas with predominantly ethnic minority students.	Not assessed.

			Attrition in the study cohort was non-differential between the conditions. (p. 1472) Only students who were enrolled in their originally randomised school in 8th grade and completed the corresponding survey (i.e. not those who completed the previous baseline survey) were included in analysis. Thus, not completely ITT.					

Results

Outcomes measured	Effect of intervention (including size of effect)	Author conclusions	Author research recommendations
(1) physical dating violence victimisation, (2) physical dating violence perpetration, (3) emotional dating violence perpetration, and (4) emotional dating violence victimisation. Measured in the Autumn term of at 9th grade (i.e. the school year after the programme ended).	Compared with those in the intervention, control students had significantly higher odds of: physical dating violence victimisation (adjusted OR [AOR] = 1.52; 95% confidence interval [CI] = 1.20, 1.92); emotional dating violence victimisation (AOR = 1.74; 95% CI = 1.36, 2.24); and emotional dating violence perpetration (AOR = 1.58; 95% CI = 1.11, 2.26). However, the odds of physical dating violence perpetration were not significantly different between the 2 groups. (p. 1473) Results varied by gender and ethnicity. Compared to the intervention, girls and boys in the control group had significantly higher odds of: physical dating violence victimisation (AOR = 1.39; 95% CI = 1.05, 1.84 and AOR = 1.84; 95% CI = 1.23, 2.74, respectively); and emotional dating violence victimisation (AOR = 2.03; 95% CI = 1.44, 2.84 and AOR = 1.47; 95% CI = 1.06, 2.04, respectively). However, only boys (not girls) in the control group had significantly higher odds of emotional dating violence perpetration (AOR = 1.85; 95% CI = 1.61, 2.13). Among African American students, only	"IYG significantly reduced 3 of 4 dating violence outcomes among ethnic-minority middle school youths. Although further study is warranted to determine if IYG should be widely disseminated to prevent dating violence, it is one of only a handful of school-based programs that are effective in reducing adolescent dating violence behaviour." (p. 1471) "As hypothesized, we found that, by ninth grade, students who did not receive IYG had significantly higher odds of physical dating violence victimization, emotional and physical dating violence victimization, and emotional dating violence perpetration; however, the odds of physical dating violence perpetration did not significantly differ between the 2 groups. We also found that IYG effects varied by gender and race/ethnicity." (p. 1474) "This null finding [for physical violence perpetration] suggested that future	"Additional study, however, is needed to determine if IYG should be widely disseminated in dating violence prevention efforts." (p. 1476)

	physical dating violence victimisation was significantly higher odds in the control compared with the intervention (AOR = 1.65; 95% CI = 1.19, 2.28). Among Hispanic students, compared with the intervention students in the control group had higher odds of: emotional victimisation (AOR = 1.78; 95% CI = 1.22, 2.60); and emotional perpetration (AOR = 1.67; 95% CI = 1.00, 2.79).	dating violence programs for ethnic-minority youths should include (1) skills training in effective communication and conflict resolution; (2) skills training for managing emotional responses, such as anger and stress that could be triggers for physical dating violence perpetration and (3) role-modelling activities to help promote equal gender norms within dating relationships." (Pg. 1475)	

Rowe et al. (2015)

Intervention

Author (Year)	Intervention aim	Intervention target and setting	Intervention content (including frequency and duration)	Intervention delivery
Rowe et al. (2015)	To reduce male-to female sexual victimisation among adolescent girls by providing them with training and realistic practice with assertive resistance skills.	Sample from an all-girls urban public high school serving a predominantly minority ethnic population in a large Southwestern city. All students in 9th through 12th grades (ages 14 to 18) were eligible. Self-selecting sample represented 38% of all eligible students (mean age 15.63).	My Voice, My Choice [MVMC] is a single 90-minute assertive resistance training programme that emphasises skill practice in an immersive virtual environment (IVE). It is delivered to groups of 2 to 4 students. "The participants experienced the IVE through a virtual reality headset. The virtual environment for all simulations was a virtual bedroom, in which the participant was seated on a couch to the right of a male avatar. In real space, the male actor, who also provided the verbal component of the simulations, was seated to the left of the participant, so that his speech would be consistent with the position of the virtual avatar." (p. 319) Sessions began with approximately 30 minutes of discussion and modelling of assertive resistance skills. Next, the facilitator introduced the practice portion of the session, which lasted approximately 60 minutes. Each participant completed 3 virtual simulations, in which the actor engaged in verbal sexual coercion of increasing levels of severity. After each simulation, the participant received constructive feedback from the female facilitator and fellow group members.	Female facilitators were clinical psychology doctoral students with at least one year of clinical training.

Critical appraisal

Study addresses a clearly focused issue	Assignment randomised	Groups similar at start of study	Participants properly accounted for at conclusion	Groups treated equally apart from experimental intervention	Coders blind to treatment	Precision of results	Applicable to UK settings	Are the benefits worth the harms and costs?
Yes.	Yes. 83 students randomised to intervention (n=47) or to a wait-list control (n=36) immediately after completing the baseline assessment using random-numbers table generated prior to initiating the study. (p. 318)	Only difference identified is intervention group had higher prevalence of ever being in a relationship. Otherwise equivalent.	Yes. CONSORT diagram provided. 5 participants from the intervention group did not complete follow-up and were excluded from analysis. No differences between participants who did / did not complete study on any measured demographic or study variable.	No evidence otherwise. Control group received intervention after data collection completed.	Yes: measures were self-report.	Beta value, test statistic or odds ratio and p value.	Yes. Study took place in a large city in the US (predominantly ethnic minority population).	Not assessed.

Results

Outcomes measured	Effect of intervention (including size of effect)	Author conclusions	Author research recommendations
Sexual victimisation Physical victimisation Psychological victimisation (inc. subscales for threatening behaviour, relational abuse, and verbal abuse) Psychological distress Follow-up assessments were completed monthly for 3 months after baseline.	MVMC [intervention] participants were less likely to report sexual victimisation during follow-up than were participants in the control group (b = −.77, OR = .47, t(70) = −2.29, p < .05). 35% of individual differences in the occurrence of sexual victimisation over the 3-month follow-up period was explained by assignment to condition (p. 322). No effect for physical or psychological victimisation or psychological distress. However, prior victimisation moderated the association between the intervention and psychological distress (b = −.55, p = .05): “the interaction accounted for 10.6% of unexplained between-subjects variability in psychological distress” (p. 323). Prior victimisation also moderated the intervention effect on psychological victimisation (b = −.19, t(70) = −2.86, p b .01 accounting for 11.9% of unexplained variability in psychological victimization). (p. 323)	“Our findings suggest that MVMC, which consists of a single 90-minute session that teaches adolescent girls how to assertively resist unwanted sexual advances and gives them opportunities to practice these skills in an IVE, can reduce risk of sexual victimization for a 3-month period following the intervention.” (p. 323) “Our results also suggest that MVMC can reduce risk for psychological victimization and psychological distress, but only among those girls with relatively higher levels of prior victimization.” (p. 324)	“We believe this line of research provides important support for prevention efforts that target risk-reduction by training girls to use assertive resistance skills.” (p. 323) “Important next steps include evaluating MVMC with a larger sample and over a longer period of time and examining potential mediators of effects […] We also hope to explore its efficacy with other age groups […] as well as with males. Boys and men can be victims of sexual violence as well as perpetrators, and training and practice of assertive resistance skills in IVEs may help them to effectively resist sexual pressure as well as to increase awareness of and sensitivity to refusal cues from others.” (p. 325)

Preventing gang involvement and gang violence

Esbensen et al. (2012, 2013)

Intervention

Author (Year)	Intervention aim	Intervention target and setting	Intervention content (including frequency and duration)	Intervention delivery
Esbensen et al. (2012, 2013)	The intervention (GREAT – Gang Resistance Education and Training) aims to "teach youths to avoid gang membership; prevent violence and criminal activity; and assist youths to develop positive relationships with law enforcement." (2012, p. 129)	Target – young people in early adolescence in 6th or 7th grade (ages 11 to 13). Setting – in schools.	13, 40-minute, once a week lessons taught primarily by uniformed police officers (also sheriff's deputies, federal agents, and District Attorneys). Targets "school commitment, school performance, association with conventional or delinquent peers, susceptibility to peer influence, involvement in conventional activities, empathy, self-control (impulsivity, risk-seeking, self-centeredness, and anger control), perceived guilt, neutralisation techniques (for lying, stealing, and hitting), and moral disengagement" (2013, p. 379). Teaches students about "crime and its effect on victims, cultural diversity, conflict resolution skills, meeting basic needs (without a gang), responsibility, and goal setting" (2013, p. 377).	Via lessons from uniformed police officers in schools.

Critical appraisal

Study addresses a clearly focused issue	Assignment randomised	Groups similar at start of study	Participants properly accounted for at conclusion	Groups treated equally apart from experimental intervention	Coders blind to treatment	Precision of results	Applicable to UK settings	Are the benefits worth the harms and costs?
Yes – whether the intervention is effective in: preventing gang membership, violence and criminal behaviour; encouraging positive relationships with law enforcement officials; and addressing potential mediating factors (skills and attitudes).	Yes. 31 schools from 7 cities, with 195 classrooms allocated to intervention (n=102) or control (n=93) groups.	Some differences, which tend to favour the intervention group. Authors state the random assignment process was "moderately successful" (p. 139) and control for pre-test measures in all of the analyses.	Yes. "The retention rates across the 6 waves of data included in the outcome analyses reported in this article were 98.3%, 94.6%, 87.3%, 82.8%, 74.2%, and 71.9%, respectively, for Wave 1 (pretest) through Wave 6 (4 years posttreatment)." (2013, p. 383)	Yes, it would appear so. Teachers and students were compensated regardless of group and this was based on form return. Some districts did not allow teachers to be compensated directly, so this went to the school or district in the teacher's honour.	Not reported.	Programme effect as percentage reduction, p-values, b-values, standard error.	Yes, potentially – in the US.	Not assessed.

Results

Outcomes measured	Effect of intervention (including size of effect)	Author conclusions	Author research recommendations
The programme is assessed for a variety of outcomes: (1) Attitudinal outcomes (i.e. impulsivity, risk-seeking, anger, self-centeredness, attitudes towards police (ATP), prosocial peers, peer pressure, negative peer commitment, positive peer commitment, delinquent peers, lying neutralisations, stealing neutralisations, hitting neutralisations, school commitment, guilt, conflict resolution, calming others, refusal skills, prosocial involvement index, empathy,	Overview One-year follow-up: "Of the 33 outcome measures included in the analyses, one behavioral (gang membership) and 10 attitudinal/perceptual differences were found at the .05 significance level between the G.R.E.A.T. and non-G.R.E.A.T." (2012, pp. 141-142) Four-year follow-up: "Across the entire set of 33 outcome measures, the differences tended to be small but slightly favored the treatment group, with the mean Cohen's d = 0.017 for the 28 measures to which it applies. The differences reached $p < .05$ for 3 measures and $p < .10$ for a total of seven, which is somewhat more than expected by chance, but not to a statistically significant degree." (2013, p. 388) Attitudinal outcomes In the intervention group – average over Waves 2 (post-test) and 3 (12 months post-intervention) ($p < 0.05$): "more positive attitudes to police (ES = .076); more positive attitudes about police in classrooms (ES = .204); less positive attitudes about gangs	"Clearly, this program is no "silver bullet" but these findings suggest that G.R.E.A.T. can be effectively included as a primary prevention component of a larger community-wide effort to reduce gang membership and youth violence. It is important to note that the effect sizes were modest (ranging from .05 to .20) and that no differences were found between students in G.R.E.A.T. and non-G.R.E.A.T. classrooms for a number of important mediating factors. However, the fact that statistically significant differences were found for 11 outcome measures (and another 3 with marginal significance) should be considered very promising, especially in light of the fact that these effects were produced after just 13 class periods (approximately 40 minutes in length)." (2012, pp. 144-145) "The results identify positive program effects on a number (10 of 33) of these program objectives. Compared with students in the control classrooms, students in G.R.E.A.T. classrooms	"Future studies might find it useful to collect measures of school disciplinary reports, police reports, and other indicators." (2013, p. 404).

active listening, problem solving, self-efficacy, awareness of services, collective efficacy, attitudes about gangs, and altruism) (2) Behavioural outcomes (i.e. delinquency (frequency and variety), violent offending (frequency and variety), and violent offending.	(ES = .114); more use of refusal skills (ES = .090); more resistance to peer pressure (ES = .079); higher collective efficacy (ES = .125); less use of hitting neutralisations (ES = .105); fewer associations with delinquent peers (ES = .083); less self-centeredness (ES = .054); and less anger (ES = .057)." (2012, p. 142) In the intervention group through 4 years ($p < 0.05$): "More positive attitudes to police (ES = 0.058)* More positive attitudes about police in classrooms (ES = 0.144)* Less positive attitudes about gangs (ES = 0.094)* More use of refusal skills (ES = 0.049)* Higher collective efficacy (ES = 0.096)* Less use of hitting neutralizations (ES = 0.079)* Less anger (ES = 0.049)*" (2013, p. 390) Behavioural outcomes In the intervention group – average over Waves 2 (post-test) and 3 (12 months post-intervention) ($p < 0.05$): "lower rates of gang membership (39% reduction in odds)" (2012, p. 142). In the intervention group through 4 years ($p < 0.05$): "Lower rates of gang membership (24% reduction in odds)" (2013, p. 390).	expressed more positive attitudes to the police and lower odds of gang membership. They reported also more use of refusal skills, lower support for neutralizations regarding violence, less favorable attitudes about gangs, lower levels of risk seeking and anger, higher levels of altruism, and a higher degree of collective efficacy. It is important to highlight that 8 of the 10 differences found across 4 years posttreatment also were evident among the 11 differences 1-year post program delivery, indicating a sustained, long-term program effect on those outcomes." (2013, p. 399). "The G.R.E.A.T. program is no panacea for the gang problems confronting many schools and neighborhoods. However, our findings suggest that G.R.E.A.T. holds promise as a primary gang-prevention program, overall and in several of our 7 individual research sites. Although it is important to note that the effect sizes are small (ranging from 0.05 to 0.14 over 48 months posttreatment), it is equally important to emphasize that this is a low-dosage program." (2013, p. 404).	