

EFFECTIVE STRATEGIES TO PREVENT AND ADDRESS ADVERSE CHILDHOOD EXPERIENCES

Evidence indicates that adverse childhood experiences (ACEs) are associated with substance misuse later in life. Trauma is often the mediating factor.

ACEs are potentially traumatic events that occur during childhood, such as violence, abuse, or household dysfunction. For example, growing up in a household with substance abuse issues, mental health problems, or instability due to parental separation or a family member's incarceration can significantly impact a child's well-being.ⁱ But these examples are not exhaustive. Numerous other traumatic experiences, such as food insecurity,ⁱⁱ homelessness, unstable housing,ⁱⁱⁱ and discrimination^{iv} can also adversely affect health and well-being.

This review provides information on the effectiveness of 26 interventions designed to prevent ACEs and reduce their negative impact on mental health. These interventions, many of which were tested in the United States, include:

- Nine parenting programs
- Eight home visitation programs
- Three community-wide programs
- Three economic interventions
- Two school-based interventions
- One psychological therapy intervention

A summary of each intervention is provided, accompanied by evidence of effectiveness based on clearly delineated criteria.

Listings are organized according to the following categories:

- Active-Based Therapies
- Cognitive Behavioral Therapy
- Multiple/Multicomponent Interventions
- Psychoeducational Interventions
- Psychotherapy
- Relationship-Based Interventions
- Systemic Interventions

Some articles included multiple interventions that fall into more than one category due to their multifaceted nature. In these cases, we assigned them to the category that best represents the primary focus or core component of the intervention.

To learn more about the search process and criteria for inclusion, see [Appendix A](#).

INTERVENTIONS

Activity-Based Therapies

Activity-based therapies encompass a variety of therapeutic approaches that use arts, play, and animals to facilitate healing and development in children who have experienced maltreatment. Arts therapy employs media such as paint, clay, and music to help children express thoughts and emotions they find difficult to verbalize, providing a nonverbal bridge for therapeutic communication. Play and activity interventions leverage natural expression through play, helping children communicate complex ideas, develop social skills, and engage in cognitive tasks through enjoyable activities like sports and games. Animal therapy incorporates animals into the therapeutic process, leveraging their presence to improve communication, reduce anxiety, and foster a supportive environment. Together, these therapies offer diverse and engaging methods to address the emotional and psychological needs of children in a non-threatening, supportive manner.

Mazzeo, G., & Bendixen, R. (2023). Community-based interventions for childhood trauma: A scoping review. *OTJR: Occupation, Participation and Health*, 43(1), 14–23.

<https://doi.org/10.1177/15394492221091718>

A scoping review of eleven studies that evaluate the effectiveness of community-based interventions implemented by occupational therapists for children who have experienced trauma. Interventions include, for example, psychotherapy, play/art therapy, yoga, and equine-facilitated therapy. All strategies evaluated showed promise in reducing posttraumatic stress symptoms.

Shakoor, S., Mankee-Williams, A., Otis, M., & Bhui, K. (2021). Creative arts and digital interventions: A discussion for prevention and recovery from mental health consequences of Adverse Childhood Experiences (ACEs). <https://doi.org/10.31234/osf.io/gz3q9>

A rapid scoping review of studies evaluating the effectiveness of creative arts and digital interventions designed to prevent and support recovery from ACEs by addressing individual and social factors, such as age, neurodiversity, and ethnic and gender identity. Digital and creative arts interventions are presented as personalized approaches that allow for emotional activation and processing while minimizing the risk of re-traumatization and promoting positive therapeutic experiences for ACE-exposed youth.

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) emphasizes the pivotal role of cognition in shaping behavior and addresses psychosocial issues by targeting maladaptive thought patterns and beliefs. Unlike behavior therapies that originated from experimental settings, CBT evolved from clinical

practice, particularly in treating depression, where it was observed that negative self-perceptions, rigid schemas, and biased thinking patterns contribute to emotional distress. For children who have experienced maltreatment, these cognitive distortions may manifest as self-blame, a negative self-image, or a sense of helplessness in influencing their circumstances. CBT interventions aim to identify and challenge these maladaptive cognitive patterns through techniques like reality testing, helping individuals replace them with more realistic and constructive thoughts. By focusing on cognitive restructuring and behavioral change, CBT seeks to empower individuals to manage their emotions effectively and improve their overall well-being.

Steen, M., Raynor, J., Baldwin, C. D., & Jee, S. H. (2022). Child adversity and trauma-informed care teaching interventions: A systematic review. *Pediatrics*, 149(3), e2021051174.

<https://doi.org/10.1542/peds.2021-051174>

Healthcare professionals require training in trauma-informed care (TIC) to address ACEs impacting short- and long-term health. This study evaluates published curricula for health professionals on ACEs and TIC. A review of 51 studies identified variable curricula quality and content. Ten exemplar curricula demonstrated high quality, suggesting they could serve as models. Notably, randomized controlled trials were used in four exemplars to evaluate efficacy. These findings underscore the importance of training healthcare providers, particularly pediatricians, in ACEs and TIC.

Joss, D., & Teicher, M. H. (2021). Clinical effects of mindfulness-based interventions for adults with a history of childhood maltreatment: A scoping review. *Current Treatment Options in Psychiatry*, 8(2), 31–46. <https://doi.org/10.1007/s40501-021-00240-4>

A scoping review of 17 studies evaluating the effectiveness of mindfulness-based interventions for adult childhood trauma survivors to alleviate psychological symptoms such as stress, anxiety, recurrent depression, substance use, and post-traumatic stress. While mindfulness-based interventions show potential benefits, further research is needed to assess their clinical effects specifically among childhood maltreatment survivors and to compare outcomes with those without such histories. Adaptations may also be necessary to address the unique challenges faced by this population.

Molina, G., & Whittaker, A. (2022). Treatment of post-traumatic stress disorder (PTSD) and substance use disorder (SUD) in adults with a history of adverse childhood experiences: A systematic review of psychological interventions. *Drug and Alcohol Dependence Reports*, 2, 100028. <https://doi.org/10.1016/j.dadr.2022.100028>

This systematic review of 13 studies assesses psychological interventions' effectiveness on emotion regulation, PTSD, and substance use disorder (SUD) symptoms stemming from ACEs. The review included nine RCTs that were analyzed, revealing a small to medium positive effect on PTSD outcomes and a limited impact on SUD outcomes. However, methodological limitations and high attrition rates highlight the need for further research to develop effective interventions targeting these complex conditions.

St-Amand, A., Servot, S., Pearson, J., & Bussi eres,  .-L. (2022). Effectiveness of interventions offered to non-offending caregivers of sexually abused children: A meta-analysis. *Canadian Psychology/Psychologie Canadienne*, 63(3), 339–356. <https://doi.org/10.1037/cap0000296>

A meta-analysis of 18 studies examining the effectiveness of 24 interventions for non-offending caregivers (NOCs) of sexually abused children and identifying factors influencing effectiveness. Findings show that interventions had a moderately significant effect on NOCs, with varying effects depending on the outcome measured. Interventions targeting multiple NOC needs had larger effects. Those providing joint sessions for NOCs and the child were three times more effective. Study and participant characteristics did not significantly influence intervention effects. Individualized support tailored to diverse NOC-specific needs is recommended.

Tuaau, K. (2023). Culturally competent interventions for child sexual abuse: A scoping review of the literature and the implications for American Samoa. *Journal of Child Sexual Abuse*, 32(7), 904–920. <https://doi.org/10.1080/10538712.2023.2269146>

A review of nine studies evaluating the effectiveness of culturally tailored interventions for preventing child sexual abuse. Findings show that interventions were more likely to be effective when translated into native languages.

Velasquez, J. E., Dosanjh, L. H., & Franklin, C. (2023). Interventions for posttraumatic stress disorder (PTSD) arousal and reactivity symptoms in adults with a history of childhood adversity: Scoping review. *Research on Social Work Practice*, 33(4), 423–436. <https://doi.org/10.1177/10497315221112962>

A systematic scoping review that identifies interventions for reducing amplified arousal and reactivity symptoms (A&R) in adults with PTSD and a history of ACEs. The review evaluated five studies, highlighting the efficacy of interventions such as Skills Training in Affect and Interpersonal Regulation, Cognitive Behavioral Therapy with Prolonged Exposure, and Interpersonal Processing Group Therapy. These interventions showed significant effects on A&R symptoms, suggesting their potential effectiveness in mitigating the impact of ACEs on adult mental health.

Multiple/Multicomponent Interventions

Multiple/multicomponent interventions encompass a variety of strategies and approaches that involve combining multiple elements or components to address the complex needs of individuals affected by ACEs. These interventions often integrate various techniques, such as cognitive behavioral therapy, parent training, home visitation, and social support, to provide comprehensive support and promote positive outcomes for children and families.

Lorenc, T., Lester, S., Sutcliffe, K., Stansfield, C., & Thomas, J. (2020). Interventions to support people exposed to adverse childhood experiences: Systematic review of systematic reviews. *BMC Public Health*, 20(1), 657. <https://doi.org/10.1186/s12889-020-08789-0>

This systematic review of 25 systematic evaluations assessed the effectiveness of interventions targeting individuals aged 3–18 who have experienced ACEs. This study focused on psychological interventions and mental health outcomes grouped into three domains (mental health, behavior, and social and relationship outcomes). However, findings for other interventions, including psychological therapy in technology-assisted parenting programs targeting ACEs. Preliminary evidence suggests that certain engagement strategies, such as involving parents in program design and using personalization features, were reliably associated with greater engagement. However, strategies like professional support features and the use of videos did not show reliable associations with engagement outcomes. Challenges such as heterogeneous definitions of engagement and insufficient outcome data highlight the need for further research to support robust evaluations of engagement in this context.

Kilburn, M. R., Cannon, J. S., Mattox, T., & Shaw, R. (Eds.). (2014). *Programs that work, from the Promising Practices Network on Children, Families, and Communities*. RAND Corporation. <https://www.rand.org/pubs/tools/TL145.html>

The Promising Practices Network (PPN) on Children, Families, and Communities, archived in June 2014, was a collaborative effort among four state-level organizations aimed at improving the well-being of children from prenatal through age 18 and their families. The website featured summaries of evidence-based programs, issue briefs, and resources for decision-makers, practitioners, and funders. This document preserves the "Programs That Work" section, summarizing programs that met PPN's criteria for effectiveness, providing a lasting resource for policymakers, researchers, and other stakeholders.

AcademyHealth's [What evidence-based interventions for parents and families help mitigate adverse childhood experiences among children?](#)

This review identifies several evidence-based interventions to mitigate ACEs among children. These include site-based parent education programs, home visits, and dual treatment programs

for substance abuse and parenting skills. While promising, more rigorous randomized controlled trials are needed to better understand the effectiveness of these interventions and identify the most impactful components.

Washington State Institute for Public Policy’s [Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems](#)

This resource presents the Updated Inventory of Evidence-Based, Research-Based, and Promising Practices for Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems. It fulfills legislative directives to provide primarily evidence-based and research-based services in these areas. The inventory, periodically updated, includes newly reviewed programs like Girls Only Active Learning and Roots of Empathy, along with updates on previously classified programs. Sections detail the approach to creating the inventory, potential changes in program classifications, and updates to the current inventory.

[Blueprints for Healthy Youth Development](#)

This resource offers a registry of evidence-based interventions proven effective in reducing antisocial behavior and fostering positive youth development. Certified programs, categorized as Promising, Model, or Model Plus, undergo rigorous evaluation to ensure efficacy. The registry encompasses family, school, and community-based interventions tailored to various levels of need. This resource allows people to search by keywords specific to types of ACEs and Protective and Compensatory Experiences (PACES) to identify models and promising programs designed to address those experiences. Practitioners, policymakers, and funders can adopt Blueprints-certified programs, while program developers and evaluators can access certification standards for guidance.

Child Trends’ [What Works Database](#)

This database synthesizes findings from experimentally evaluated programs, organizing them into fact sheets categorized by program population, outcome, and approach. The fact sheets distill insights from evaluations into actionable information for practitioners, policymakers, and researchers. Covering a wide range of topics, from early childhood development to adolescent health and well-being, these fact sheets offer evidence-based guidance on effective interventions tailored to specific populations and desired outcomes.

California Evidence-Based Clearinghouse for Child Welfare (CEBC)

This database is aimed at advancing evidence-based practices for children and families within the child welfare system. With a searchable library of child welfare programs, it offers detailed descriptions and research evidence for each program. Additionally, it provides guidance on critical decision-making processes for selecting and implementing programs, along with tools and materials to support these efforts.

Romano, E., Weegar, K., Gallitto, E., Zak, S., & Saini, M. (2021). Meta-analysis on interventions for children exposed to intimate partner violence. *Trauma, Violence, & Abuse*, 22(4), 728–738. <https://doi.org/10.1177/1524838019881737>

A meta-analytic review of 21 studies evaluating the effects of intimate partner violence exposure interventions on children’s externalizing and internalizing behaviors. Results showed a medium overall effect size ($d = 0.49$), varying from small to large based on specific outcomes. Improvements in internalizing behaviors were sustained at follow-up, while trauma-related symptoms decreased. Externalizing and total behavior outcomes remained significant but decreased slightly. Interventions not exclusively trauma-specific had greater effects, suggesting the need for tailored approaches considering children's specific needs.

Sahle B., Reavley N., Morgan A., Yap M., Reupert A., Loftus H., Jorm A. Communication Brief: Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on children’s mental health: An evidence based review. *Centre of Research Excellence in Childhood Adversity and Mental Health, Melbourne, Australia, 2020.*

https://www.childhoodadversity.org.au/media/olcjn2nw/summary_evidence_interventions_report_final_aug20.pdf

This systematic review of 26 studies evaluates the prevalence of anxiety and depression among Australian children and youth, exploring the effectiveness of early interventions targeting ACEs and their long-term impact on mental health. Despite increased service usage, the persistence of these mental health issues suggests gaps in identifying and addressing early risk factors. The review highlights that children exposed to ACEs, such as abuse, neglect, and parental substance abuse, are significantly more likely to develop mental health disorders later in life. The evidence underscores the importance of early, targeted interventions to improve the mental health outcomes of children, with a focus on addressing the precursors to these disorders.

Psychoeducational Interventions

Psychoeducational interventions are grounded in the belief that equipping individuals with knowledge about the origins and perpetuation of their challenges is pivotal in empowering them to initiate positive change. Central to these interventions is the provision of information and

education, offering insights into the underlying causes of issues and practical guidance on coping mechanisms and strategies for change. Typically conducted in group settings, psychoeducational programs not only impart knowledge but also facilitate behavioral modeling, correction of maladaptive behaviors, and the cultivation of social skills. By integrating educational components with supportive activities, these interventions aim to foster understanding, enhance adaptive behaviors, and promote self-efficacy among participants, thereby enabling them to effectively manage and overcome their difficulties.

Finch, M., Featherston, R., Chakraborty, S., Bjørndal, L., Mildon, R., Albers, B., Fiennes, C., Taylor, D. J. A., Schachtman, R., Yang, T., & Shlonsky, A. (2021). Interventions that address institutional child maltreatment: An evidence and gap map. *Campbell Systematic Reviews*, 17(1), e1139. <https://doi.org/10.1002/cl2.1139>

An evidence and gap map that collates research on interventions addressing institutional child maltreatment and finds that most studies focus on evaluation of curriculum-based prevention interventions in educational settings, primarily addressing sexual abuse.

Chang, H.-Y., Chang, Y.-C., Chang, Y.-T., Chen, Y.-W., Wu, P.-Y., & Feng, J.-Y. (2024). The effectiveness of parenting programs in preventing abusive head trauma: A systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 25(1), 354–368. <https://doi.org/10.1177/15248380231151690>

This systematic review with meta-analysis examines 18 studies evaluating the effectiveness of parenting programs in preventing abusive head trauma (AHT) in infants. Findings reveal that these programs significantly improve parental knowledge and increase the use of safe coping strategies in response to inconsolable crying. However, no significant effect on AHT incidence or parents' emotional self-regulation was observed. Subgroup analyses suggest consistent intervention effects across study designs and measurements, particularly in reducing AHT incidence compared to historical controls.

McBain, R. K., Levin, J. S., Matthews, S., Qureshi, N., Long, D., Schickedanz, A. B., Gilgoff, R., Kotz, K., Slavich, G. M., & Eberhart, N. K. (2023). The effect of adverse childhood experience training, screening, and response in primary care: A systematic review. *eClinicalMedicine*, 65, 102282. <https://doi.org/10.1016/j.eclinm.2023.102282>

A systematic review of 58 studies evaluating the effectiveness of ACE training, screening, and response interventions in primary care settings reveals limited evidence on their impact. Most studies focused on pediatric populations and discussed screening interventions. Equal numbers of studies addressed training and clinical response interventions. Overall, the strength of evidence was low, particularly for adult populations, due to small sample sizes and reliance on

observational evidence. However, moderate evidence exists for the positive effects of training interventions on provider confidence/self-efficacy and screening interventions on screening uptake and patient satisfaction. These findings underscore the potential of primary care settings in addressing ACEs but highlight the need for more robust research on both provider and patient outcomes.

Psychotherapy

Psychotherapeutic interventions encompassing individual, familial, and community-level issues adopt a non-judgmental, insight-oriented approach centered on establishing a therapeutic alliance and fostering dynamic relational processes between therapists or group members. These interventions utilize therapeutic relationships to explore past and present relationships, losses, and disruptions, aiming to address underlying psychological processes linked to trauma and facilitate enduring change. Often referred to broadly as "psychotherapy" or "counseling," these talking-based therapies emphasize the therapeutic relationship and the exploration of personal narratives to promote insight, resilience, and transformation. Many studies provide general descriptions of these interventions without specific details on the theoretical foundations guiding their practices.

Neo, S. H. F., Norton, S., Kavallari, D., & Canfield, M. (2021). Integrated treatment programmes for mothers with substance use problems: A systematic review and meta-analysis of interventions to prevent out-of-home child placements. *Journal of Child and Family Studies*, 30(11), 2877–2889. <https://doi.org/10.1007/s10826-021-02099-8>

A systematic review of six studies that examines the effectiveness of integrated treatment programs for mothers with substance use problems on preventing out-of-home child placements and influencing maternal factors such as patterns of substance use, treatment completion, and parenting behaviors. Findings show that integrated treatment programs were associated with a reduced likelihood of child removal, mothers' increased substance use treatment completion, and mothers' reduced alcohol and drug use. However, evidence regarding parent-child conflict and child abuse risk reduction was inconclusive.

Relationship-Based Interventions

Relationship-based interventions, particularly attachment-oriented ones, focus on enhancing the caregiver-infant bond to foster secure attachment and mitigate the effects of maltreatment. Relationship-based interventions include Attachment and Biobehavioral Catch-Up, Parent-Child Interaction Therapy, Dyadic Developmental Psychotherapy, and Child-Parent Psychotherapy. They aim to increase caregiver sensitivity and responsiveness, thereby improving children's emotional, cognitive, and social functioning. By addressing issues like disorganized attachment and providing a nurturing environment, these interventions help prevent a range of

developmental problems, including socioemotional issues, behavioral difficulties, and stress dysregulation.

Euser, S., Alink, L. R., Stoltenborgh, M., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (2015). A gloomy picture: A meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment. *BMC Public Health*, 15(1), 1068. <https://doi.org/10.1186/s12889-015-2387-9>

A meta-analysis of 27 randomized controlled trials evaluating 20 intervention programs for preventing or reducing child maltreatment. These programs included both targeted interventions, such as Nurse-Family Partnership and Parent-Child Interaction Therapy, and universal programs like Triple-P and SOS! Help for Parents. Only 25% of the programs evaluated were effective at reducing or preventing maltreatment outcomes. Further analysis revealed nuances in effectiveness. Factors influencing effectiveness included program type, target population, and program length. The results highlight the need for additional research to better understand what drives program effectiveness, especially in preventive interventions for families at risk for child maltreatment.

Chen, Q., Zhu, Y., & Chui, W. H. (2021). A meta-analysis on effects of parenting programs on bullying prevention. *Trauma, Violence, & Abuse*, 22(5), 1209–1220. <https://doi.org/10.1177/1524838020915619>

A meta-analysis of studies evaluating the effectiveness of school- and home-based parenting programs on reducing both bullying and victimization. Results indicate significant reductions in bullying and victimization among program participants, supported by data from randomized controlled trials and pre- and post-test design studies. Factors such as parenting style and parent-child communication about bullying significantly influence intervention effectiveness. The study underscores the importance of enhancing parent involvement in bullying prevention and fostering school-family partnerships to address this pervasive public health concern effectively.

Vlahovicova, K., Melendez-Torres, G. J., Leijten, P., Knerr, W., & Gardner, F. (2017). Parenting programs for the prevention of child physical abuse recurrence: A systematic review and meta-analysis. *Clinical Child and Family Psychology Review*, 20(3), 351–365. <https://doi.org/10.1007/s10567-017-0232-7>

A systematic review of 14 studies evaluating parenting interventions aimed at preventing the re-abuse of children by parents with substantiated or suspected physical abuse history. Findings showed a significant absolute risk reduction of 11 percentage points in recidivism rates among maltreating parents who underwent parenting programs. The findings suggest promising

evidence for the effectiveness of parenting behavioral programs in reducing markers of child physical abuse recidivism.

Gubbels, J., Van Der Put, C. E., & Assink, M. (2019). The effectiveness of parent training programs for child maltreatment and their components: A meta-analysis. *International Journal of Environmental Research and Public Health*, 16(13), 2404.

<https://doi.org/10.3390/ijerph16132404>

A meta-analytic review of 51 studies evaluating the effectiveness of parent training programs in preventing or reducing child maltreatment. Findings show that these programs have a significant but small overall effect ($d = 0.416$). However, components such as improving parental personal skills, problem-solving skills, stimulating children's prosocial behavior, and practicing new skills through rehearsal and direct feedback were not effective. The review highlights that while parent training programs can reduce child maltreatment, the effectiveness of specific components remains unclear, suggesting a need for further research to identify which elements contribute most to positive outcomes.

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

<https://doi.org/10.1177/1524838014566718>

A meta-analysis review of 37 studies evaluating the effectiveness of parenting programs on reducing child maltreatment, reducing risk factors (ineffective parenting, parental depression, parental stress, inappropriate parenting attitude, and poor relationship between parents), and enhancing protective factors (positive parenting attitudes, positive parenting behavior, and parenting confidence and satisfaction). Findings show that parenting programs successfully reduced substantiated and self-reported child maltreatment reports, decreased the potential for child maltreatment, reduced risk factors, and enhanced protective factors. However, the effects on reducing parental depression and stress were limited. These programs were effective across different income countries and intervention levels.

Landers, A. L., McLuckie, A., Cann, R., Shapiro, V., Visintini, S., MacLaurin, B., Trocmé, N., Saini, M., & Carrey, N. J. (2018). A scoping review of evidence-based interventions available to parents of maltreated children ages 0-5 involved with child welfare services. *Child Abuse & Neglect*, 76, 546–560. <https://doi.org/10.1016/j.chiabu.2017.09.012>

This scoping review explores interventions available within child welfare contexts for parents of infants and toddlers (0–5 years), focusing on modifying parenting behavior. Sixty-five articles covering 42 interventions were included, primarily aiming to enhance parenting practices, parent-child relationships, and attachment security while reducing child abuse/neglect. The

review highlights a predominance of case studies and quasi-experimental designs in evaluating these interventions, with only 26.2% using randomized control trials (RCTs). Future research should focus on additional RCTs to determine ‘what works’ and understand ‘what is at work’ to provide reliable and contextually relevant data about these interventions' overall effectiveness and impact.

Pontes, L. B., Siqueira, A. C., & Williams, L. C. D. A. (2019). A systematic literature review of the act raising safe kids parenting program. *Journal of Child and Family Studies*, 28(12), 3231–3244. <https://doi.org/10.1007/s10826-019-01521-6>

A systematic review of 13 evaluation studies assessing the effectiveness of the parenting intervention ACT Raising Safe Kids Program, which aims to teach caregivers positive parenting skills and prevent violence. Findings reveal positive effects on both facilitators and caregivers; ten studies demonstrated positive effects on various outcomes, including increased positive parenting behaviors, reduced aggressive behavior towards children, improved caregiver knowledge and skills, and decreased frequency of physical punishment. The remaining studies explored its impact on children's behavior problems, early childhood bullying, and the relationship between parenting practices and parent characteristics such as hostility and depression.

Wang, L., & Jiang, S. (2023). Effectiveness of parent-related interventions on cyberbullying among adolescents: A systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 24(5), 3678–3696. <https://doi.org/10.1177/15248380221137065>

A meta-analysis of 11 studies evaluating the effectiveness of parent-related programs in reducing cyberbullying perpetration and victimization among adolescents. Findings reveal small effect sizes on cyberbullying perpetration and victimization. Shorter duration programs and those with a theoretical foundation show greater effectiveness. However, the effectiveness of parent-related programs remains limited. Results suggest the need for improved parent involvement and communication to enhance anti-cyberbullying interventions.

van der Put, C. E., Assink, M., Gubbels, J., & Boekhout van Solinge, N. F. (2018). Identifying effective components of child maltreatment interventions: A meta-analysis. *Clinical Child and Family Psychology Review*, 21(2), 171–202. <https://doi.org/10.1007/s10567-017-0250-5>

A meta-analysis synthesizing findings from 121 studies identifying effective components of interventions for preventing or reducing child maltreatment. The analysis highlights the effectiveness of cognitive behavioral therapy, home visitation, parent training, and family-based/multisystemic interventions. For preventive interventions targeting the general population or families at risk for child maltreatment, shorter-term programs focusing on

increasing parent self-confidence, and delivered by professionals, showed larger effects. Curative interventions, focused on maltreating families and aimed at reducing maltreatment, had larger effects when focusing on improving parenting skills and providing social/emotional support.

Marie-Mitchell, A., & Kostolansky, R. (2019). A systematic review of trials to improve child outcomes associated with adverse childhood experiences. *American Journal of Preventive Medicine*, 56(5), 756–764. <https://doi.org/10.1016/j.amepre.2018.11.030>

A systematic literature review of 20 randomized controlled trials that assessed the efficacy of interventions in pediatric healthcare aimed at preventing culturally informed adverse childhood experiences (C-ACEs) and associated consequences. Most interventions targeted parent mental illness, substance misuse, and domestic violence. Multicomponent interventions, including parenting education and social support, showed promise in improving child health and parent-child relationships, especially for children aged 0-5 years. Screening for C-ACEs within pediatric primary care practices was associated with positive outcomes.

Bergsund, H. B., Drozd, F., Olafsen, K. S., Nilsen, K. H., Linnerud, S., Kjøbli, J., & Jacobsen, H. (2023). The effect of relationship-based interventions for maltreated children and adolescents: A systematic review and meta-analysis. *Development and Psychopathology*, 35(3), 1251–1271. <https://doi.org/10.1017/S0954579421001164>

This study presents a systematic review and meta-analysis of relationship-based interventions for maltreated children. A comprehensive literature search identified 81 relevant publications, involving 4,526 participants. The meta-analysis showed large improvements in observed parent interactive behavior, smaller improvements in child attachment, and child interactive behavior. Interventions addressing middle childhood had larger effects on parent interactive behavior. However, many studies suffered from poor reporting, limiting the conclusions. Future research should explore parent-child relationship behavior across developmental stages and the impact of developmentally appropriate intervention elements on maltreated children.

Casillas, K. L., Fauchier, A., Derkash, B. T., & Garrido, E. F. (2016). Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. *Child Abuse & Neglect*, 53, 64–80. <https://doi.org/10.1016/j.chiabu.2015.10.009>

A meta-analytic review of 156 studies evaluating the implementation of home visitation programs for caregivers of children aged 0-5 to understand how implementation factors influence program effects on child maltreatment. Findings show that factors like staff training, supervision, and fidelity monitoring significantly influenced outcomes. The findings suggest that careful implementation and monitoring are essential for achieving optimal program results.

Gubbels, J., Van Der Put, C. E., Stams, G.-J. J. M., Prinzie, P. J., & Assink, M. (2021). Components associated with the effect of home visiting programs on child maltreatment: A meta-analytic review. *Child Abuse & Neglect*, 114, 104981.

<https://doi.org/10.1016/j.chiabu.2021.104981>

A meta-analytic review of 77 studies assessing the effectiveness of home visiting programs in preventing child maltreatment. The analysis identified 35 program components and delivery techniques. Results showed a small but significant overall effect. Programs focusing on improving parental expectations of the child or parenthood, targeting parental responsiveness or sensitivity, and using video-based feedback were associated with positive outcomes. Conversely, providing practical and instrumental assistance was negatively associated with effectiveness. Additionally, larger program effects were observed with increased percentages of non-Caucasians/non-Whites in samples and longer follow-up durations.

Home Visiting Evidence of Effectiveness (HomVEE)

Launched by the U.S. Department of Health and Human Services, HomVEE offers a comprehensive review of early childhood home visiting models aimed at supporting families with pregnant individuals and children up to kindergarten entry. HomVEE assesses the research evidence for each model's effectiveness. Visitors to the website will find summaries of model effectiveness, detailed reports on individual models, outcome domain analyses, and information on research conducted with tribal populations. Additionally, the site provides access to the HomVEE Handbook of Procedures and Standards, updates on model prioritization, and opportunities to join the HomVEE email list for the latest updates.

Systemic Interventions

Systemic interventions, rooted in systems theory, view individuals as part of interconnected systems such as families or broader social networks, where problems are seen as arising from these interactions rather than solely from individual factors. The primary focus is on understanding and addressing issues within the context of these relationships. For instance, systemic family therapy draws from structural family systems theory and incorporates techniques from cognitive-behavioral interventions to address relational dynamics and communication patterns within families. Multisystemic therapy (MST), on the other hand, extends beyond the family to include influences from peers, schools, neighborhoods, and communities, recognizing that children's challenges often stem from multiple interrelated factors. By targeting these systemic factors, MST aims to alleviate symptoms and enhance overall well-being by improving interactions and supports across various domains of a child's life.

Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Coughlan, B., & Reijman, S. (2020). Annual Research Review: Umbrella synthesis of meta-analyses on child maltreatment antecedents and interventions: differential susceptibility perspective on risk and resilience. *Journal of Child Psychology and Psychiatry*, 61(3), 272–290.

<https://doi.org/10.1111/jcpp.13147>

This umbrella review synthesized meta-analyses on child maltreatment prevention, identifying risk factors such as parental maltreatment history, low socioeconomic status, and aggressive parental personality. Interventions targeting child abuse potential or reported cases demonstrated modest effectiveness. Combining family-based interventions with socioeconomic experiments may offer promising preventive strategies. However, knowledge gaps persist, underscoring the need for further research on neurobiological antecedents and the application of differential susceptibility theory.



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APPENDIX A: SEARCH STRATEGY

To compile the bibliography, a systematic search was employed using various databases within EBSCO, including PsychArticles, Psychology and Behavioral Sciences Collection, PsycINFO, Soc INDEX, and MEDLINE. The search parameters were restricted to peer-reviewed journals published within the last 10 years to ensure relevance and currency of information.

The search strategy involved using specific keywords and phrases such as "adverse childhood experiences," "strategy," "effective," "review," and variations thereof. These keywords were combined using Boolean operators to refine the search results and identify articles that focused on evaluated strategies for preventing or reducing ACEs and associated trauma. Additionally, we included terms related to several types of ACEs, interventions, evaluations, and reviews to ensure a comprehensive search.

Articles in the compendium were selected based on their relevance to the topic and their adherence to the following criteria:

- Reviews focused on programs and strategies evaluated for their effectiveness in preventing or reducing a specific ACE, multiple ACEs, or associated trauma
- Strategies evaluated using either experimental or quasi-experimental methods
- Published between January 2014 and the present to capture the most recent evidence-based interventions
- Conducted within North America to maintain relevance to the target population
- Peer-reviewed articles

Review articles were categorized on the types of interventions based on the framework outlined in an evidence synthesis on the effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents by Geraldine Macdonald et al. (2016).^v

ⁱ Centers for Disease Control and Prevention (2019). *Adverse Childhood Experiences (ACEs) Prevention Resource for Action: A Compilation of the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

ⁱⁱ Cain, K. S., Meyer, S. C., Cummer, E., Patel, K. K., Casacchia, N. J., Montez, K., Palakshappa, D., & Brown, C. L. (2022). Association of food insecurity with mental health outcomes in parents and children. *Academic Pediatrics*, 22(7), 1105–1114. <https://doi.org/10.1016/j.acap.2022.04.010>

ⁱⁱⁱ Smith-Grant J, Kilmer G, Brener N, Robin L, Underwood M. Risk Behaviors and Experiences Among Youth Experiencing Homelessness—Youth Risk Behavior Survey, 23 U.S. States and 11 Local School Districts. *Journal of Community Health*. 2022; 47: 324-333.

^{iv} Shonkoff, J. P., Slopen, N., & Williams, D. R. (2021). Early childhood adversity, toxic stress, and the impacts of racism on the foundations of health. *Annual Review of Public Health*, 42(1), 115–134. <https://doi.org/10.1146/annurev-publhealth-090419-101940>

^v Macdonald, G., Livingstone, N., Hanratty, J., McCartan, C., Cotmore, R., Cary, M., Glaser, D., Byford, S., Welton, N. J., Bosqui, T., Bowes, L., Audrey, S., Mezey, G., Fisher, H. L., Riches, W., & Churchill, R. (2016). The effectiveness, acceptability and cost-effectiveness of psychosocial interventions for maltreated children and adolescents: An evidence synthesis. *Health Technology Assessment*, 20(69), 1–508. <https://doi.org/10.3310/hta20690>