



Ministry
of Justice

Cognitive Behavioural Interventions to Support Victims of Crime

A Rapid Evidence Assessment

**Dr Georgia Barnett, Dr Flora Fitzalan Howard, and Dr Helen
Wakeling**

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The authors

Dr Georgia Barnett and Dr Flora Fitzalan Howard are forensic psychologists, and Dr Helen Wakeling is a research psychologist. All three are founding partners of KTA Research and Consulting LLP, putting knowledge into action through evidence-based practice in criminal justice settings. All have worked in criminal justice for over 20 years and conducted and published research on a wide range of topics, including cognitive behavioural interventions in prisons and probation settings, the psychological impact of contact with the criminal justice system, and interventions to reduce reoffending.

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Glossary of key terms

Term	Definition
Acute stress disorder (ASD)	ASD and PTSD are characterised by the same symptoms following a traumatic event, such as avoidance, intrusive thoughts and images, and distress, however ASD is short-term, and diagnosed in the month following a trauma, while PTSD is diagnosed if those symptoms persist after one month.
Brief vs. standard CBT	Typically, brief CBT interventions comprise no more than 8 sessions, whereas standard CBT includes more.
Cognitive Behavioural Therapy (CBT)	CBT is a talking therapy that helps people to manage problems by changing the way they think and behave.
Cognitive behavioural interventions	Interventions based on CBT in all its forms.
Cognitive Processing Therapy (CPT)	CPT is a form of trauma-focused CBT, which helps patients learn how to challenge and modify unhelpful beliefs related to trauma to reduce its ongoing negative effects.
Complex post-traumatic stress disorder	Complex post-traumatic stress disorder is a type of PTSD that is caused by prolonged or repeated trauma.
Digital CBT	CBT delivered in digital form. This comes in a range of forms and can be therapist-guided or self-guided. Therapist-guided digital CBT can range from CBT delivered remotely (online but face-to-face), to minimal input from a therapist through a mobile app or website, providing instruction to enable participants to complete activities and teach coping skills. Self-guided digital CBT is delivered without the support of a therapist and usually consists of psychoeducational content presented in a series of modules using interactive videos and audio, and homework activities.
Domestic Abuse	As defined in part 1 of the Domestic Abuse Act 2021. Behaviour falls under the definition of domestic abuse if it occurs between two people who are personally connected and aged 16 or over and consists of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, or psychological, emotional, or other abuse such as stalking. Pursuant to section 3 of the 2021 Act, those under 16 are capable of being victims of domestic abuse where they are related to the victim and/or the perpetrator and they see, hear, or experience the effects of the abuse.

Duty to Collaborate (DTC)	Refers to a duty under sections 13-15 of the Victims and Prisoners Act 2024, which once commenced, intends to support local policing bodies, relevant local authorities and integrated care boards in the collaboration and commissioning of community-based support services in England for victims of domestic abuse, sexual abuse, and serious violence.
Early CBT	CBT delivered to victims within 3 months of a crime.
Interpersonal violence	Interpersonal violence involves the intentional use of physical force or power against other persons by an individual or small group of individuals. Interpersonal violence may be physical, sexual, or psychological (also called emotional violence), and it may involve deprivation and neglect.
Intimate partner violence (IPV)	A pattern of abuse or aggression that occurs in a romantic relationship. It can be physical, sexual, emotional, or economic. Intimate partner refers to both current and former spouses and dating partners.
Online CBT	CBT delivered online, with or without therapist support (see digital CBT and self-guided CBT).
Post-traumatic stress disorder (PTSD)	A common mental illness that can occur after a serious traumatic event/s (World Health Organisation (WHO), 2018). Symptoms include reexperiencing the trauma as nightmares, flashbacks, and distressing thoughts; avoiding reminders of the traumatic event; experiencing negative changes to thoughts and mood; and hyperarousal, which includes feeling on edge, being easily startled, feeling angry, having difficulties sleeping, and problems concentrating.
Prolonged Exposure (PE) therapy	PE therapy is a form of trauma-focused CBT that aims to reduce the anxiety associated with a traumatic memory by teaching individuals to gradually approach trauma-related memories, feelings and situations.
Psychoeducation	An intervention that provides information in order to build understanding of psychological concepts and conditions.
Psychosocial intervention	Interpersonal or informational activities, techniques, or strategies that target biological, behavioural, cognitive, emotional, interpersonal, social, or environmental factors with the aim of improving health functioning and well-being (Institute Of Medicine, 2015)

Self-guided CBT	Self-help/guided CBT is CBT delivered without the support of a therapist, online, digitally, or offline in paper form. It usually consists of psychoeducational content presented in a series of modules. This may contain written content, interactive videos and audio, and homework activities.
Serious violent crime	This REA adopts a broad interpretation of serious violence to reflect the range of offences considered relevant by local areas and victim support services. It includes offences such as assault, Actual Bodily Harm (ABH), Grievous Bodily Harm (GBH), homicide, threats to kill, wounding, and weapon-enabled violence (e.g. knife and gun crime). It also includes domestic abuse, sexual violence and abuse, and forms of exploitation such as modern slavery, county lines activity, and criminal exploitation, where these are relevant to understanding serious harm and support needs.
Sexual abuse	Any act of physical, psychological and emotional violation in the form of a sexual act, inflicted on someone without their consent.
Support service	A service, organisation, or intervention that provides physical, emotional, therapeutic, and/or practical support to victims to help them cope and recover from the impact of crime and navigate the criminal justice system if they choose to do so.
Survivor	A person who survives a crime. Term used by many third sector organisations to emphasise individuals' agency and to empower those who are impacted by crime.
Trauma-focused CBT	Trauma-focused CBT uses cognitive-behavioural principles and exposure techniques to prevent and treat posttraumatic stress, depression, and behavioural problems.
Victim	As defined in the Victims and Prisoners Act 2024, a victim is a person who has suffered harm as a direct result of criminal conduct or specific circumstances linked to criminal conduct. These circumstances include witnessing or directly experiencing a crime, being born as a result of criminal conduct, losing a close family member to a crime, or being a child who is a victim of domestic abuse that constitutes a criminal offence. Harm includes physical, mental, emotional harm, or economic loss. A person can be considered a victim regardless of whether the offence was reported, or whether anyone has been charged or convicted.

1. Executive Summary

1.1 Background

The Ministry of Justice (MoJ) is the lead department responsible for victims' support and policy in England and Wales. There are challenges to understanding the effectiveness of different victim support services due to fragmented and varied information. There is a limited understanding on "what works" to support victims in coping and building resilience following a crime. To address this, the MoJ commissioned two rapid evidence assessments (REAs) to understand the evidence base for Cognitive Behavioural Therapy (CBT) and peer-led support interventions as a way of supporting victim-survivors of serious violent crime and enhancing outcomes such as coping, recovery, and resilience. The overall aim of these REAs was to aid decision-making around victim support service delivery, commissioning and policymaking.

This Rapid Evidence Assessment (REA) set out to bring together the best quality evidence about the effectiveness of CBT interventions for victims of crime. It sought to determine:

1. The evidence for the effectiveness of CBT in the context of victim support;
2. The modes of CBT delivery (group, in-person, self-guided) and their relative effectiveness in this context;
3. The characteristics of victims/individuals (crime type, demographics) that influence the outcomes of CBT;
4. The financial costs associated with CBT interventions; and
5. The evidence gaps that need to be addressed in future evaluations of CBT for victims.

1.2 Methodology

The REA used a systematic process of searching, focused on peer-reviewed work published within a 10-year period from November 2014 to November 2024. Initial searches identified 1965 papers; 32 met the inclusion and quality criteria and were retained for inclusion in the review. The papers covered a range of types of CBT (most commonly trauma-focused CBT, including Prolonged Exposure (PE) therapy and Cognitive

Processing Therapy), using different delivery models (e.g., in-person, self-guided, individual or group) and with a range of participants (adults, children and adolescents, victims of sexual and non-sexual violent crime, a mix of genders and ethnicities).

1.3 Key Findings

What is the effectiveness of CBT overall?

- The vast majority of findings related to women who have been victims of sexual abuse or intimate partner violence (IPV). There was far less evidence about the impact of CBT with male victims, or victims of other types of crime.
- All studies examining the impact of CBT on victims of crime reported positive results and the evidence is strongest for improving mental health outcomes. Most commonly CBT improved symptoms of post-traumatic stress disorder (PTSD), depression and anxiety.

What is the effectiveness of different types and modes of CBT?

- Of all the CBT interventions in the studies in this REA, **trauma-focused CBT** has been the subject of the most evaluation with adults, adolescents and children who have been victims of sexual or violent crime. However, trauma-centred approaches can be associated with higher dropout rates and may not be sufficient to treat PTSD longer-term.
- There was promising but tentative evidence for the impact of **early CBT** interventions (delivered within 3 months of a crime) with adolescent and adult victims of sexual crime and adult victims of serious violent crime.
- There was some evidence that **brief CBT** (fewer than eight sessions) might improve or prevent the deterioration of the mental health of adult victims of IPV, particularly if this is tailored to the needs of this group. Evidence suggests better results may be achieved when this is delivered on an individual rather than group basis.
- There was promising evidence that **group-based CBT** is effective in improving mental health among victims of sexual abuse and IPV.

- There was very early but promising evidence for the potential efficacy of **self-guided CBT** for victims of sexual and violent crime and burglary. Self-guided CBT may be most helpful for those showing the lowest level of mental health need.

What are the characteristics of victims/individuals that influence the outcomes of CBT?

- **Crime type:** There was consistent evidence that CBT can improve mental health outcomes for adult victims of serious violent crime. In particular, there was reasonably strong evidence that standard length CBT delivered at least 3 months after the crime can improve the mental health outcomes of adult female victims of sexual abuse or IPV.
- **Age:** The evidence for the impact of CBT on children or adolescents who have experienced sexual abuse was weaker than that for adults. However, overall, there was promising evidence to suggest that, in particular, trauma-focused CBT can be effective in reducing symptoms of trauma among children and adolescents who have been victims of serious violent crime.
- **Gender:** The vast majority of studies in the review (26/32) were based on entirely or majority female samples of victims of crime. There was early evidence of the efficacy of CBT in improving mental health outcomes for male victims of serious violent crime.
- **History of victimisation/severity of mental health issues:** Taken together, the studies in this REA also suggest - albeit tentatively - that victims experiencing more severe symptoms of PTSD/complex PTSD or with a history of violent victimisation may benefit most from more intensive trauma-focused CBT and support (at a higher dosage than is standard), delivered by therapists specialising in CBT.

What are the evidence gaps?

- There was very little research on adult men, older adults or victims of non-violent crime. No evidence was found relating to the outcomes or experience of CBT with gender minority victims of crime.
- While many of the studies in the review contained samples that were ethnically diverse, no studies were identified that looked explicitly at the outcomes and experience of CBT for those from ethnic minority communities.

- None of the studies identified in this REA included an analysis of the comparative costs of different forms of CBT, or of cost-benefits analysis for this form of support in the victim context.

Policy considerations

The findings suggest that policy teams, commissioners and service providers consider:

- Commissioning CBT for victims of sexual abuse and IPV, as there was reasonably good evidence that this could prevent deterioration in mental health and improve chances of recovery for adults, and promising evidence related to adolescents and children.
- Offering both trauma and non-trauma centred CBT, as well as individual and group interventions, to provide victims with choice and flexibility, to maximise treatment outcomes.
- With regard to early interventions offered in the 3 months after a crime, provision of non-trauma centred CBT, on an individual, rather than group basis, is advisable. Trauma-focused approaches may be suitable in cases where there is evidence of acute traumatic stress, and the victim feels ready and able to engage in this type of intervention.
- Self-guided CBT may be a promising way of widening access to mental health treatment for victims of crime. However, it is advisable that any self-guided CBT incorporates some therapist support and be subject to ongoing evaluation.
- Those with the highest level of mental health need or who have experienced prior violent victimisation may require intensive and individualised CBT.
- Further, commissioners of victim support services and policy makers are advised to consider commissioning and/or supporting further research to test:
 - Whether CBT is equally effective for, and responsive to the needs of, male victims, ethnic and gender minority victims, older victims, and victims of non-violent crime.
 - The impact of digital, online and self-guided CBT

- The cost of CBT in comparison to other types of interventions.

2. Introduction

2.1 Background

The Ministry of Justice (MoJ) is the lead department responsible for victims' support and policy in England and Wales and has a strong interest in understanding what support is effective for victim-survivors.¹ There are, however, challenges to understanding the effectiveness of different types of victim support. Evaluation and information on impact of services is fragmented and varied. This means that there is a limited understanding about "what works" to support victims in coping and building resilience following a crime. To address this issue, the MoJ commissioned two rapid evidence assessments (REAs)² to understand the evidence base for Cognitive Behavioural Therapy (CBT) and peer-led support interventions as a way of supporting victims of crime. The primary objective of the REAs is to synthesise the key evidence on the effectiveness, delivery methods, and (where available) associated costs of these interventions. The REAs also aim to identify how these factors interact with different victim characteristics and the specific needs of victim populations.

The findings of this REA are intended to inform decisions regarding the implementation of the Duty to Collaborate (DTC), the Victims Funding Strategy, and wider decision-making around victim support service delivery, commissioning, and policymaking. As such, the key audience is policy officials, DTC duty holders, providers and commissioners of victim support services. By bringing together the best and most up-to-date research on these interventions, the review aims to enhance the overall effectiveness and coordination of support services for victims of crime. While the REA was designed to prioritise studies relating to serious violent crime (as specified in the DTC), this was not necessary, as the number of eligible studies was manageable. As such, the review includes studies relating

¹ For brevity, referred to from hereon in as victims. We acknowledge that some individuals prefer the terms 'survivor' or 'victim-survivor' to reflect an active and resilient response to their experience. The use of 'victim' here is intended to be inclusive of those who identify in this way.

² The other REA focusses on peer-led interventions, titled "Peer-led Interventions to Support Victims of Crime."

to any crime type, though its findings are intended to inform support provision for victims of serious violent crime.

Context for the review

The impact of victimisation and support

The impact of crime on individuals can be devastating and far reaching. While some people experience short-term impacts that decline over time, for others, the effects last a lifetime (Jonas et al., 2011). Post-traumatic stress disorder (PTSD) is a common and enduring consequence of sexual and non-sexual violent crime (Dworkin, Menon, Bystrynski, & Allen, 2017; Lowe & Galea, 2017; Dworkin, 2020). Other effects of victimisation can include depressive or phobic reactions and other anxiety disorders, symptoms of acute stress disorder (ASD), and alcohol and substance misuse (Roberts, Kitchiner, Kenardy, Robertson, Lewis, & Bisson, 2019). There are also social and economic costs of crime, which can affect people's ability to engage in work, in family life, and with the wider community (WHO, 2013; Brown et al., 2022). Services commissioned by the Government aim to help victims cope with the immediate impact of a crime, and, where possible, to recover from the harm caused. The [Victims Funding Strategy](#) sets out how these services should be commissioned.

The impact of crime victimisation is highly individualised and the type of support required varies from person to person. Experiences and outcomes are shaped by a range of factors including age, gender, ethnicity, socioeconomic status, support networks and culture, all of which can influence both vulnerability and resilience (Wedlock & Tapley, 2016). Government research into the needs of victims of crime suggest these include (but are not limited to) 1) information, 2) help to navigate the criminal justice system/legal issues, 3) advocacy, 4) safety and protection from re-victimisation, 5) support for emotional health and well-being, and 6) fair treatment (MoJ, 2012; Callanan et al., 2012). This review focuses on CBT as a way of supporting the emotional health and well-being of those who have survived a crime.

CBT with the general population

CBT is the best evidenced of the psychological therapies (David, Cristea, & Hofmann, 2018). As a structured and time-limited intervention, CBT can be a cost-effective way of providing support to a large number of people. CBT includes a wide range of different

types of cognitive behavioural interventions including trauma-focused therapies like Prolonged Exposure (PE) therapy and Cognitive Processing Therapy (CPT). A large review of research on CBT found strong evidence that it helps manage a wide range of emotional and behavioural issues. It has been shown to be effective for different conditions, in different populations, and in different contexts (Fordham et al., 2021). CBT is usually designed for specific issues, but research suggests that a broader approach - one that addresses common patterns across different mental health conditions - can be just as effective (Schaeuffele et al., 2024).

There is strong evidence that CBT, in particular CPT, Cognitive Therapy and PE therapy, are effective treatments for PTSD (Bisson et al., 2019). However there remain gaps in the evidence base. For example, there is a lack of good quality evidence to determine the effectiveness of CBT for treating PTSD with people with more severe mental illness (Sin et al., 2017). Similarly, trauma-focused CBT can help with acute traumatic stress in the short term, but due to limited evidence, it is not routinely recommended after trauma for those without symptoms (Roberts et al., 2010, 2019).

2.2 Aims of the review

This review aimed to synthesise the best quality evidence on CBT for victims of crime.

The main research questions were:

1. What is the evidence for the effectiveness of CBT in the context of victim support?
2. What are the modes of CBT delivery (in-person, online, helpline, group, individual) and their relative effectiveness in the victim support context?
3. What are the characteristics of victims/individuals (e.g., demographics, crime type) that influence the outcomes of CBT?
4. What are the financial costs associated with CBT interventions?
5. What are the evidence gaps that need to be addressed in future evaluations of CBT for victims?

3. Methodology

An REA is a method to undertake a review of existing literature in a subject area in a shorter period of time than a systematic review, while using a similar methodology (HM Treasury, 2020). In an REA, electronic databases are searched using agreed search terms and inclusion/exclusion criteria, then material is identified, reviewed and summarised. While an REA is quicker to conduct, the focus is narrower, and concessions are made on the breadth and/or depth of studies included. REAs provide a way of identifying evidence relevant to a policy question quickly and weighting that evidence to give a view on its adequacy (Varker et al., 2015). Appendix A provides an overview of the review process.

3.1 Inclusion and exclusion criteria

The inclusion and exclusion criteria can be seen in Table 1 below.

Table 1: Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Written in English	Not written in English
Published between 30 th November 2014 and 30 th November 2024	Published before 30 th November 2014
Published in a peer reviewed journal	Not peer reviewed
Used qualitative or quantitative research methods	Theoretical only papers or studies not utilising any analytical methods
Examined the use of CBT with victims of crime (any crime type). While the REA was designed to prioritise studies relating to serious violent crime (as specified in the Duty to Collaborate), this was not necessary as the number of eligible studies was manageable, and all were included.	Studies focused solely on interventions for victims of war/conflict or torture. Studies in which it is not possible to isolate the impact/influence of CBT from other types of intervention, or in which it is not possible to isolate the impact of CBT on victims of crime specifically.

Assessed as medium ³ or above on the Evidence for Policy and Practice Information Centre (EPPI) Weight of Evidence framework (Gough, 2007; see section 3.3), and for quantitative, single study research, had to reach Maryland Scientific Methods Scale (MSMS) level 3 or above.	Assessed as low ⁴ on the EPPI Centre Weight of Evidence framework (Gough, 2017, see section 3.3). Quantitative, single study, research of MSMS level 1 or 2.
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3.2 Search Strategy

Data sources

The REA drew on the following data sources (more details can be found in Appendix A):

- Multiple academic databases (via EBSCO Academic).
- CJS-related websites (Gov.uk, Victims Commissioner, College of Policing, Howard League).
- Google Scholar.
- Online research libraries (such as Cochrane Library, Campbell Collaboration).

Search terms

The search terms are available in Appendix A and, in contrast to the peer-led REA, included all crime types.⁵

Screening

Figure 1 in Appendix A provides details of the results of the search and screening process. The initial searches returned 1965 papers. After removing duplicates and excluding studies based on title, 211 abstracts were reviewed in total. Of these, 82 full texts were assessed for eligibility, and 53 papers underwent full quality assessment. Thirty-two studies were assessed as of sufficient quality (at least medium) to be included in the review.

³ Meaning that the studies could offer reasonably robust evidence towards answering the review questions.

⁴ Meaning that the studies could offer minimal evidence towards answering the review questions.

⁵ Due to a large number of hits in the initial searches for the peer-led REA, this focused exclusively on serious violent crime (as specified in the DTC). The CBT REA retained the broader definition of crime.

3.3 Data extraction and quality assessment

Quality assessment

Overall research quality was assessed using the EPPI Centre Weight of Evidence framework. This combines assessment of the methodological quality of the study/review, its methodological relevance (the degree to which the methodology employed can provide an answer to the REA's research questions), and the relevance of the topic of the study to the REA. These factors form an overall assessment of the weight of evidence to assign the study/review (Gough, 2007). Details of the frameworks used to judge quality and the of the approach to synthesis of the findings can be found in Appendix A.

3.4 Approach to analysis

A narrative analysis of the findings was produced as this has been identified as a useful way of communicating findings for policy and practice (Popay et al., 2006). Key themes were identified by the lead author. These themes described the patterns across the included studies, which were relevant to the research questions. The themes were reviewed and agreed by the second author and were presented to relevant MoJ officials for review and further validation.

3.5 Description of the studies

Table 2 provides a high-level summary of the study characteristics. These features help contextualise and weigh the strength and applicability of the evidence in the UK context. Further details of each study/review are presented in Tables 3-5 in Appendix B, and a summary of the quality assessments for all the studies can be found in Table 6 in Appendix C.

The majority of studies were judged as medium quality, because they were able to provide information relevant to the questions of this review, with some limitations.

Table 2. Overview of the characteristics of included studies

Study characteristics	Number of studies
Research type	13 systematic reviews and meta-analyses

	16 primary quantitative studies (of which, 11 Randomised Controlled Trials) 3 primary qualitative studies
Study quality (EPPI weight of evidence)	6 high 2 medium/high 24 medium
Location of study	Systematic reviews and meta-analyses: most commonly US Primary quantitative studies: 7 Europe, 5 North America, 4 other countries Primary qualitative studies: UK, Sweden, Zambia
Sample size (range)	Systematic reviews and meta-analyses: 1000 (approx.) – 3000 (approx.) Primary quantitative studies: 20 – 384 Primary qualitative studies: 10 – 23
Participant gender	13 exclusively female 19 male and female mix (female majority in all but 4)
Participant age	11 with children or adolescents 18 with adults (of which, 1 with older (>50) adults) 3 with adults and children
Participant ethnicity	Insufficient information reported
Crime type experienced	13 for sexual crime 8 for IPV 8 for any violent crime 1 for any 'common crime' (not defined) 1 for burglary 1 for physical (non-sexual) abuse of a child
Intervention type⁶	3 early interventions (provided within 3 months of the crime) 4 brief interventions (fewer than 8 sessions) 19 trauma-focused CBT 7 Prolonged Exposure therapy 5 Cognitive Restructuring 9 other forms of CBT (including combined child-parent, lay-led family therapy with CBT elements, gender-specific, psychoeducational group intervention using CBT, adjustment disorder specific, cognitive therapy, adventure-based, play therapy, and games-based)

⁶ The total number of interventions and delivery methods exceeds the number of included studies (n=32) as some studies employed multiple interventions approaches.

Intervention delivery⁷	28 in-person, face-to-face CBT 7 remote or digital CBT 1 online interactive CBT with therapist support 4 remotely delivered standard CBT 13 group-based CBT
Treatment outcomes	26 mental health (PTSD symptoms) 1 dissociation 1 sexual functioning 1 substance abuse 1 quality of life 1 substance use disorder treatment retention 1 violent revictimization

3.6 Limitations of the REA methodology

- REAs, by their nature, are limited by the nature of the previous research carried out and published. Therefore, they are limited by the scope of previous research questions explored, the methods used, and findings reported.
- As an REA is less comprehensive than a systematic review, it is possible that some relevant studies or reviews have been missed. Therefore, REAs cannot be considered comprehensive reviews of the existing evidence.
- This REA was confined to research published since 2014, providing an overview of only the most recent evidence on the effectiveness of CBT interventions.
- The REA did not include any research not published in English, and excluded any unpublished work, resulting in possible bias in the findings, as studies showing little or no impact are less likely to be published than those reporting a positive effect.⁸
- The REA can only report on the outcomes examined in the studies included in the REA. While the MoJ's and victim support focus is on helping survivors to cope and

⁷ The total number of interventions and delivery methods exceeds the number of included studies (n=32) as some studies employed multiple delivery approaches.

⁸ Attempts were made to mitigate the risks of missing relevant research through substantial handsearching i.e., manual page-by-page examination of journals, databases, and other sources to identify research publications that may not be indexed electronically. Further, a number of the reviews included assessed the risk of publication bias and incorporated this into their analysis of the findings.

build resilience, the studies did not always report on these outcomes in this way. Rather, many of the studies focussed on mental health outcomes, which, although an important part of coping and resilience, do not provide a comprehensive measure of these wider outcomes.

- Finally, only evidence judged as medium quality or above was included in the REA. This means some studies which might have provided unique or very specific insight into the experience of different subgroups of people attending CBT in the victim support context may have been excluded.

4. What is the evidence for the effectiveness of CBT in the context of victim support?

This chapter examines the evidence for the effectiveness of CBT in the context of victim support. The findings are based on the 32 studies included in the review, which vary in methodology, geographical scope, and intervention type. The studies covered different types of CBT and models of delivery (see glossary for definitions for each). The chapter starts broadly with any CBT, then examines the evidence on trauma-focused CBT (TF-CBT), and finally, the most common form of TF-CBT in the studies in this review; Prolonged Exposure (PE) therapy.

4.1 Evidence for different types of CBT

All types of CBT

Overall, all of the studies examining the impact of CBT on victims of (mainly sexual and violent) crime reported positive results across a range of outcomes, such as symptoms of PTSD, anxiety and depression, and coping mechanisms, but with varying degrees of certainty.

The strongest evidence is for the positive impact of CBT on mental health outcomes.

CBT was found to provide several benefits for victims of crime, with most of the evidence based on women who have survived sexual assault or IPV. The evidence suggested that CBT interventions:

- Improved symptoms or levels of PTSD, anxiety or depression among victims of sexual and violent crime (e.g., Arroyo et al., 2017; Caro et al., 2023; Guay et al., 2019; Karakurt et al., 2022; Lomax & Meyrick, 2022; Miles et al., 2024; O'Doherty et al., 2023; Parcesepe et al., 2015; Willoughby et al., 2024; Xian-Yu et al., 2022),

- Improved retention rates in substance use disorder treatment among victims of physical and sexual abuse (López-Goñi et al., 2021).
- Enhanced coping mechanisms, such as increased social support and stress management among adult women who have survived IPV (Karakurt et al., 2022).

The one review that looked at reduction in violent revictimisation of women as an outcome found there was too little evidence to determine whether CBT made a difference to this outcome (Wright et al., 2023).

Qualitative insights

All three of the qualitative research studies included in this review suggested that victims of crime felt there was benefit from the CBT interventions they participated in. Benefits ranged from perceived reductions in anxiety, to better self-concept and a greater sense of safety (Hegarty et al., 2022; Murray et al., 2021; Thulin et al., 2019).

Effectiveness of Trauma-focused CBT

Overall, trauma-focused CBT had the largest and best quality evidence base of CBT interventions in the victim support context for adults, adolescents and children. The studies suggested that this type of CBT is effective in reducing symptoms or levels of PTSD for adult victims of sexual and violent crime. However, the evidence base is still limited, and the evidence of its effectiveness with children and adolescent victims of sexual and violent abuse is promising rather than established.

The type of CBT with the most evidence of positive impact with victims of crime is TF-CBT. Studies found that:

- Overall, there was extensive evidence that TF-CBT can improve symptoms of PTSD among victims of sexual abuse, child physical abuse, IPV and non-sexual violence (e.g., Caro et al., 2023; Guay et al., 2019; Lomax & Meyrick, 2022; Miles et al., 2024; O'Doherty et al., 2023; Parcesepe et al., 2015; Willoughby et al., 2024; Xian-Yu et al., 2022).

- However, trauma-focused treatments tend to have higher attrition rates than non-trauma-focused interventions and may also not be sufficient to treat PTSD longer-term (O' Doherty et al., 2023).

For children and adolescents:

- The studies agreed that there was evidence that TF-CBT can reduce symptoms of trauma among children and adolescents who have been victims of sexual or non-sexual violent crime (e.g., Guerra et al., 2024; Herbert & Amedee, 2020; Jafarzade et al., 2023; Kane et al., 2016; Willoughby et al., 2024; Xian-Yu et al., 2022)
- TF-CBT was particularly helpful for the most vulnerable and traumatised child victims of sexual abuse (Herbert & Amedee, 2020; Tichelaar et al., 2020),

However, the studies disagree about how confident we can be in this evidence. The largest and most robust review of interventions for children and adolescent victims of sexual abuse concluded that the evidence for the impact of (mainly trauma-focused) CBT for this group is weak and uncertain (Caro et al., 2023). Other high-quality reviews in the REA, however, strongly recommended the use of TF-CBT to reduce symptoms of PTSD for this group (Miles et al., 2024; O' Doherty et al., 2023). On balance, the weight of evidence in this REA suggests TF-CBT is a promising, rather than established, intervention for improving mental health outcomes among child and adult victims of sexual and non-sexual violent crime.

Effectiveness of Prolonged Exposure Therapy

Overall, there was reasonably strong evidence for the effectiveness of Prolonged Exposure therapy in improving mental health outcomes for women who have survived sexual abuse. However, as a trauma-focused approach, this form of CBT may have higher dropout rates and may not be sufficient to treat PTSD longer-term among female victims of sexual abuse.

Seven studies reported on the outcome of Prolonged Exposure (PE) therapy (a form of trauma-focused CBT) specifically (see Appendix B for details). The majority (5/7) of these examined its effect on mental health outcomes with victims of sexual abuse. These found:

- Overall, PE was likely to be of benefit for the mental health of adolescent and adult victims of sexual abuse (Miles et al., 2024; O'Doherty et al., 2023; Parcesepe et al., 2015).
- That, of interventions delivered within 3 months of a crime, those involving exposure and processing of trauma, like modified PE, when delivered over multiple sessions, had the strongest evidence of impact on mental health outcomes with adolescent and adult sexual abuse victims (Lomax & Meyrick, 2022).
- Tentative evidence that PE modified specifically to the needs and characteristics of children and adolescents who had been sexually abused was effective in improving a range of mental health outcomes (Tichelaar et al., 2020).

However, the studies also indicated that this type of CBT has some limitations:

- PE, and other trauma-focused treatments, may result in higher dropout rates than non-trauma-focused treatment (O'Doherty et al., 2023)
- While reducing symptoms of PTSD, PE may not be sufficient to treat this disorder and bring symptoms below the threshold for diagnosis longer-term (Guay et al., 2019; O'Doherty et al., 2023).

There was also some early and tentative evidence from one study (Zang et al., 2019), which suggested some co-occurring mental health or substance use issues could impact on the effectiveness of PE, specifically:

- Previous experience of interpersonal violence and having both depressive disorder and PTSD was associated with a better response to treatment among women who had experienced any type of interpersonal violence (sexual and nonsexual).
- Having an alcohol use disorder alongside PTSD was associated with a weaker response to PE among women who had experienced sexual or non-sexual violence.

- Women who had experienced any kind of violence before had better treatment outcomes when PE was delivered by a CBT expert (a therapist specialising in CBT) rather than a generic counsellor.

In summary, there was good evidence that PE can improve mental health outcomes for adult female victims of sexual abuse. There was tentative, promising evidence of its impact on these outcomes for children and adolescent victims of this type of crime. This form of CBT has some limitations, and the evidence suggests some conditions under which it may be more or less effective.

5. What are the modes of CBT delivery and their relative effectiveness in the victim support context?

This chapter examines the evidence for the effectiveness of different delivery modes of CBT in the context of victim support. The chapter is in three parts. It starts by examining the evidence for early (within 3 months of a crime) and brief (lasting less than 8 sessions) CBT. The second part examines group-based CBT (in-person and online). The third part examines self-guided CBT (online and offline; see glossary).

5.1 Evidence for early and brief CBT interventions

Effectiveness of early interventions

Overall, there was tentative but promising evidence that early CBT interventions (those delivered within 3 months of a crime) can reduce levels/symptoms of PTSD and depression in adolescents and adults who have survived sexual crime, and for adult victims of violent crime.

Three studies explored early CBT interventions for victims who recently experienced sexual or violent crime (see Appendix B for details). The studies found:

- Tentative support for the effectiveness of early CBT interventions in reducing symptoms of PTSD among victims of sexual assault (Lomax & Meyrick, 2022). More specifically, the strongest support (although the evidence was still tentative) was for early multi-session CBT based on processing sexual assault related trauma through brief CPT or PE therapy, in reducing PTSD symptoms (Lomax & Meyrick, 2022).
- For victims of violent crime (sexual and non-sexual) over 15 years of age, promising evidence of the short-term impact of early CBT on reducing symptoms of PTSD and depression (Guay et al., 2019)

- For adults victims or witnesses of physical or sexual assault, robbery or who had witnessed murder, and who were showing symptoms of Acute Stress Disorder, tentative evidence that early CBT was effective in reducing symptoms of depression and preventing PTSD, when compared to usual care (Guay et al., 2018).

Effectiveness of brief interventions

There was promising but tentative evidence that CBT lasting fewer than eight sessions may improve or prevent the deterioration of mental health in adult victims of IPV. For IPV victims, brief interventions may be more likely to be effective if tailored to the needs of this group and delivered on an individual, rather than group, basis. For victims of interpersonal violence, or adult survivors of sexual assault, there was a lower certainty of evidence of the impact of brief interventions.

Four of the studies included in the review examined or included studies looking at the impact of CBT that lasted less than eight sessions on outcomes for victims of sexual and violent crime. The studies found:

- Brief CBT demonstrated a large effect on symptoms of PTSD and depression, and a moderate effect on how safe adult IPV victims felt, and on their continued exposure to IPV (Arroyo et al., 2017).
- Brief CBT delivered on an individual basis, that was tailored to the specific needs of victims of IPV, was most effective in improving mental health and safety outcomes in this group (Arroyo et al., 2017).
- Based on older studies, brief CBT was effective in reducing depression and symptoms of PTSD among adult victims of sexual assault (Miles et al., 2024; Parcesepe et al., 2015).
- Promising but early and tentative evidence that brief CBT can improve mental health among adults who had recently been victim to or witnessed physical or sexual assault, robbery or who had witnessed murder. Specifically, compared to usual care, brief forms of CBT were effective in reducing symptoms of depression and preventing PTSD for adults who were showing symptoms of Acute Stress Disorder (Guay et al., 2018).

5.2 Evidence for group-based CBT

This section is divided into the evidence about in-person and about online CBT delivered in groups to victims of crime.

Effectiveness of in-person, group-based CBT

There was promising evidence that in-person, group-based CBT can help reduce the mental health impact of victimisation, particularly for adult victims of IPV. There was limited and early evidence that in-person group-based CBT could be perceived as an acceptable form of support for those who have survived sexual abuse.

Thirteen of the studies included in the review examined in some form the impact or experience of in-person, group-based, CBT for victims of crime (see Appendix B for details). These found:

- Promising evidence that in-person, group-based, CBT can reduce post-traumatic stress, depression and anxiety and improve self-esteem, self-efficacy in adult IPV victims, adolescent and adult victims of sexual abuse, and girls who have come into contact with the criminal justice system (Arroyo et al., 2017; Crespo et al., 2021; Crespo et al., 2024; Miles et al., 2024; O'Doherty et al., 2023; Parcesese et al., 2015; Saez et al., 2023; Tichelaar et al., 2020; Willoughby et al., 2024).
- Some evidence that CBT for adult IPV victims was more effective in improving mental health outcomes when delivered one-to-one, compared to in a group (Arroyo et al., 2017).
- There was very limited and uncertain evidence of the impact of in-person, group-based CBT with children and adolescents, on reducing PTSD and depression (Guerra et al., 2024).

Qualitative insights

A UK-based qualitative study (Hegarty et al., 2022) exploring the experiences of women attending a group-based CBT intervention found that:

- Experiencing solidarity with other women in the group who had shared experiences of being abused as children was an important component of treatment.
- The group format generated support and mutual encouragement, built trust – which enabled disclosure of experiences or feelings that they had previously felt compelled to keep hidden - as well as facilitating a shift away from self-blame.
- Women felt successful group work required facilitators to balance disclosure of their experiences with learning time, and that using trigger warnings also were important for creating a safe, therapeutic environment.

Effectiveness of online, group-based CBT

There was insufficient evidence examining the impact of online, group-based CBT for victims of crime. However, there was early but very limited evidence that online group-based CBT may be perceived as an acceptable form of support for those who have survived sexual abuse.

The REA identified no evaluations of sufficient quality, of online, group-based CBT.

Qualitative insights

A qualitative study of women's experiences of a group-based CBT programme for victims of child sexual abuse captured how they felt about a transition from in-person to online facilitation as a result of the COVID-19 pandemic. The ten women who took part reported that, despite initial reservations about online treatment, they found it acceptable and saw some advantages in terms of accessibility. However, they all indicated they preferred in-person delivery (Hegarty et al., 2022).

5.3 Evidence for self-guided CBT

Overall, while the evidence for the potential effectiveness of self-guided CBT in improving mental health outcomes for victims of crime is promising, it is still in its infancy so should be considered tentative.

The studies suggest that self-guided treatment may improve mental health outcomes for victims of crime. However, people with complex or higher levels of mental health needs may require some therapist support alongside self-guided treatment in order to improve their mental health outcomes.

Five studies examined self-guided CBT, accessed online (independently or with some limited therapist guidance) or offline; all five studies involved adult victims of crime. These found:

- The evidence base was deemed too limited to draw firm conclusions about the effect of self-guided CBT (Miles et al., 2024; O'Doherty et al., 2023).
- There was very early, tentative, evidence to suggest that self-guided interventions for adult sexual assault, IPV and burglary victims had low dropout rates, and reduced symptoms of PTSD and depression (Andersson et al., 2021; Bachem & Maerker, 2016; Littleton et al., 2016).
- Adult female sexual assault victims with lower pre-treatment PTSD symptoms showed a greater reduction in these symptoms if completing purely self-guided CBT when compared to receiving some therapist support. In contrast, those with severe PTSD symptoms showed a greater reduction in these symptoms when they engaged in a therapist-supported online self-guided CBT programme than when they received self-guided CBT alone (Littleton et al., 2016).

Collectively the evidence suggests that self-guided CBT may have promise in improving mental health outcomes for some victims of crime, but there was too little evidence yet to be confident in its effect.

6. What are the characteristics of victims/individuals that influence the outcomes of CBT?

This chapter examines the evidence for the effectiveness of CBT with different victim groups, and victims with different characteristics. The chapter is in two parts. It starts by summarising the evidence for CBT with victims of different types of crime and then examines the evidence for CBT for victims with different demographic characteristics.

6.1 Victim crime type

CBT with victims of sexual abuse

Overall, there was reasonably strong evidence that standard length CBT delivered at least 3 months after the crime can improve the mental health outcomes of adult victims of sexual abuse. The evidence base for the impact of CBT on children or adolescents who have experienced sexual abuse was weaker. Individual studies suggest that trauma-focused CBT in particular could be effective in improving mental health outcomes for children and adolescents. However, the strongest and most recent reviews indicate that overall, the evidence is tentative.

The majority of the studies in the REA evaluated CBT with victims of sexual abuse. These found:

- CBT reduced symptoms of PTSD, anxiety and depression among children and adults who had experienced sexual abuse (Jafarzade et al., 2023; Kane et al., 2016; Littleton et al., 2016; López-Goñi et al., 2021; Molero-Zafra et al., 2024).
- More specifically, the strongest evidence is for standard length CBT with adult victims of sexual assault for reducing symptoms of PTSD and depression (Miles et al., 2024; O'Doherty et al., 2023; Parcesepe et al., 2015).
- There was weak and inconclusive evidence of the impact of CBT on sexual function (sexual satisfaction and sexual desire) for adult victims (Lomax & Meyrick, 2022)

- There was weak but promising evidence of the effectiveness of CBT on reducing anxiety and depression among children and adolescent victims of sexual abuse (Lomax & Meyrick, 2022).
- There was early evidence that TF-CBT with children who had been sexually abused reduced symptoms of PTSD more for those with complex PTSD than for those with less severe PTSD (Herbert & Amedee, 2020).

The largest review of interventions for victims of sexual assault, based on 23 studies evaluating the impact of CBT, concluded that a range of behavioural and CBT-based interventions can improve the mental health of victims of rape, sexual assault and sexual abuse in the short-term (O'Doherty et al., 2023). The review suggested that the needs and preferences of individuals should help determine what form of support is provided.

Qualitative insights

The one qualitative study in the review that examined sexual assault victims' experiences of CBT concerned a group-based programme for adults who had been sexually abused in childhood (Hegarty et al., 2022). The women felt this was an acceptable form of support. They identified key mechanisms of change in the programme to include a shift away from self-blame, and stepping back from their negative thoughts, to come to a more objective, non-judgmental stance.

CBT with victims of IPV

Overall, there was reasonably strong evidence that CBT interventions can improve mental health outcomes for adult female victims of IPV.

Two reviews and five primary evaluations examined the impact of CBT on adult female victims of IPV (see Appendix B for details). These found:

- Reasonably strong evidence that CBT could be effective in improving the mental health of adult victims of IPV, reducing both symptoms of PTSD and depression among female participants (Arroyo et al., 2017; Karakurt et al., 2022).

- Very early and tentative evidence that an online CBT intervention could decrease symptoms of PTSD and depression among adult victims of IPV in Sweden, compared with a wait list control group (Andersson et al., 2021).

There was insufficient evidence to determine whether CBT could be effective for child victims of IPV; only one study in the REA examined this. The moderately sized Iranian study found CBT reduced symptoms of PTSD, depression and anxiety relative to children not receiving any treatment (Jaberghaderi et al., 2019). The fact that this is a single study and delivered in a context different to that in the UK limits the generalisability of this finding.

Qualitative insights

The one qualitative study included in this REA that examined the experiences of women attending a CBT intervention to reduce IPV in Zambia (Murray et al., 2021), reported positive results. Twenty-three women took part in the research, which explored potential mechanisms of change of the programme. The research suggested that the programme may contribute to a decrease in IPV by improving intercouple dynamics, by building trust and better communication. It also indicated that CBT was not sufficient, highlighting the importance of combining this with work on gender norms and poverty reduction in this context. However, the small sample size, and the differences in the context in which this intervention took place, and the context of victim support in the UK, means that these findings may not be generalisable and are very tentative.

CBT with victims of any interpersonal violence

Overall, there was tentative evidence that CBT can reduce the mental health impact of violent crime for adult victims. There was very early but promising, evidence that CBT could be beneficial for adolescent victims of interpersonal violence.

Four evaluations and four reviews examined the impact of CBT interventions for victims or witnesses of any form of interpersonal violence (see Appendix B for details). These found:

- Tentative evidence that CBT had a relative advantage over other forms of psychosocial intervention or no treatment, in reducing symptoms of PTSD and

depression among those who have experienced interpersonal violence (Guay et al., 2019; Willoughby et al., 2024; Wright et al., 2023; Xian-Yu et al., 2022).

- Early evidence that TF-CBT, including PE, led to improvements in mental health outcomes (PTSD, depression or anxiety) for adolescents and adults exposed to interpersonal violence (Guerra et al., 2024; López-Goñi et al., 2021; Zang et al., 2019).
- Tentative and early evidence that both early and brief forms of individual CBT were effective in reducing symptoms of depression and preventing PTSD, when compared to usual care. This was among adults who had very recently been victim to or witnessed physical or sexual assault, robbery or who had witnessed murder, and who were showing symptoms of Acute Stress Disorder (Guay et al., 2018).

CBT for victims of other crimes

Overall, the evidence base for CBT with victims of non-violent crimes was very weak and represents a gap in the research.

Only two studies, one quantitative and one mixed methods, examined CBT for victims of non-violent crimes. The quantitative study found tentative evidence that a CBT self-help manual reduced the symptoms of adjustment disorder among a small sample of adult victims of burglary in Sweden (Bachem & Maerker, 2016). The fact that this study was conducted outside of the UK, and was relatively small, limits the confidence we can have in the applicability of this finding to the UK context.

Qualitative insights

Satchell et al. (2023) conducted a review of interventions for older victims (> 50 years old) of common crime (undefined) but found only one study of a CBT based intervention, which was delivered individually and face-to-face. The study was very small and did not have sufficient power to detect statistically significant effects. However, qualitative feedback from participants indicated that they found the treatment acceptable and felt it reduced their anxiety levels at a 3- and 6-month follow-up.

In summary, there was insufficient evidence to determine whether CBT is effective with victims of non-violent crime.

6.2 Demographic characteristics

Gender

The majority of research on the effectiveness of CBT in the victim support context has focused on female victims of sexual and violent crime and suggests this could be effective in improving mental health outcomes. There was promising but more tentative evidence of the effectiveness of this type of support for the mental health of male victims.

- The vast majority of studies in the review (26/32) were based on entirely or majority female samples of victims of crime and found positive impact of CBT on mental health outcomes (see Chapter 4 for details).
- No studies looked specifically at the impact of CBT on male victims of crime.
- Three of the four studies that involved majority male samples found this reduced symptoms of PTSD (Jaberghaderi et al., 2019; Kane et al., 2016; López-Goñi et al., 2021).

In summary, there was early and tentative evidence that CBT could be effective in improving mental health outcomes for male victims.

Age

CBT with adults

Overall, most of the research in the review focused on adult victims of crime and suggests that CBT can improve mental health outcomes in this group. The strength of evidence of impact differs for adults who have experienced different types of crime (see *victim crime type* section of this chapter for more details).

The majority of the studies in the REA (21/32) evaluated the impact of CBT with adults (see Appendix B for details). These found:

- CBT improved mental health outcomes for adult victims of crime (e.g., Arroyo et al., 2017; Guay et al., 2018; Karakurt et al., 2022; Lomax & Meyrick, 2022; Miles et al., 2024; O'Doherty et al., 2023; Parcesepe et al., 2015; Satchell et al., 2023; Wright et al., 2023)

- Some early and tentative evidence of the positive impact of CBT on social functioning and levels of support for adult victims of IPV and sexual assault (Karakurt et al., 2022; Miles et al., 2024).

Qualitative insights

Early evidence from qualitative research that suggests the adult women who participated in CBT had positive experiences of this type of intervention (Hegarty et al., 2022; Murray et al., 2021).

CBT with child and adolescent victims of crime

The evidence for CBT's effectiveness with children and adolescents was weaker than for adults because much of the research with these groups is based on smaller samples and weaker evaluation designs. There was promising but tentative evidence that trauma-focused CBT can reduce PTSD symptoms among child victims of sexual abuse.

Eleven studies in this review examined the impact or experience of CBT with children and/or adolescents (see Appendix B for details). These found:

- Weak evidence that CBT with child and adolescent victims of sexual abuse reduced their symptoms of PTSD. Changes occurred irrespective of the number of sessions of CBT or the involvement of the non-offending carer in the treatment (Caro et al., 2023; Xian-Yu et al., 2022).
- TF-CBT reduced symptoms of PTSD among child victims of sexual abuse (Xian-Yu et al., 2022) and may be particularly effective for improving mental health outcomes of those who are highly vulnerable and traumatised (Tichelaar et al., 2020).
- Briefer treatment approaches may be more effective than longer ones for younger children who have been victims of sexual abuse (Tichelaar et al., 2020).
- One study across five low-resource communities in Zambia suggested that TF-CBT may be particularly effective for victims of child sexual abuse and whose primary caretaker is their biological parent. However, the difference in context of delivery to the UK means these findings may not be generalisable.

Qualitative insights

Only one qualitative study of child victims' experiences of CBT that was of sufficient quality was identified in the searches and included in this review. The research with 20 Swedish children aged 9-17, who had been physically abused by their parents, reported on their views of a CBT intervention (Thulin et al., 2019). The intervention involved both the child victims and their parents, each of whom received individual sessions before coming together for joint sessions. The children described feeling the intervention was helpful, as it provided an opportunity to tell their parents how they felt, to observe and see evidence of change in their parents, and to create a mutual understanding of the consequences of the abuse. The children particularly appreciated the one-on-one time with their therapist, which enabled them to speak freely about their feelings about the abuse. They valued being able to set the agenda with the therapist, being informed about what was to happen at every step of the intervention and hearing about and seeing the progress their parents were making. The fact that this is a small, single, qualitative study of an intervention delivered outside of the UK means these findings may not be generalisable.

Younger children (12 or under)

The REA found four studies that met the quality criteria that looked at CBT for younger children. These suggest:

- Very early and very tentative support for TF-CBT as reducing symptoms of PTSD among 8–12-year-old victims of sexual abuse (Herbert & Amedee, 2020; Hiller et al., 2016; Jaberghaderi et al., 2019; Jafarzade et al., 2023).
- TF-CBT with children who had been sexually abused was particularly effective for those with complex PTSD. This group's PTSD symptoms reduced more than those with less severe PTSD (Herbert & Amedee, 2020).

However, all of these studies took place in delivery contexts very different to that in the UK (in Afghanistan, Iran, Canada and the U.S). This means the findings may not be generalisable, or at least limits confidence in the generalisability of the findings to the UK context.

Adolescents only

There was very little evidence looking exclusively at CBT with adolescent victims of crime, and so conclusions about impact are not yet possible.

One study and one review exclusively examined the impact of CBT with adolescents (12–17-year-olds) who had been exposed to interpersonal violence (Guerra et al., 2024; Willoughby et al., 2024). These suggested:

- That active parental involvement in therapy may improve PTSD and depression outcomes for adolescents in Chile who had been exposed to interpersonal violence (Guerra et al., 2024). However, the context in which this intervention was delivered is likely substantively different to the UK.
- There was some, albeit limited, evidence that CBT interventions could reduce the mental health impact of violent victimisation for 12-17-year-old girls who have either been in contact with or are deemed at risk of coming into contact with the justice system (Willoughby et al., 2024).

7. What are the financial costs associated with CBT interventions?

There was insufficient evidence available to determine the cost-effectiveness of CBT support interventions for victims of crime.

None of the studies reported on the financial costs associated with CBT interventions, or any cost-benefits related to delivery. As such no conclusions could be drawn as to the relative costs of implementing these interventions compared with others, nor the cost-benefits associated with them.

8. Evidence gaps and limitations

8.1 What are the evidence gaps that need to be addressed in future evaluations of CBT for victims?

There were numerous evidence gaps identified from this review related to the effectiveness and delivery of CBT interventions for victims of crime. Namely, there was limited evidence on the differences in effectiveness of CBT for victims with different demographic characteristics, who have suffered different forms of crime, and a lack of studies exploring costs, and broader outcomes like coping and recovery.

For each of the research questions, important evidence gaps were identified by this REA, which future evaluations should look to address. These have implications for decision-making regarding delivery and commissioning of victim support services. Specifically, the gaps need to be filled to ensure services meet the needs of all groups, serve to improve a range of recovery outcomes, are available and accessible, and to understand their relative advantages. The gaps are:

1. **Evidence for the effectiveness of CBT:** The studies focused almost exclusively on mental health outcomes. There was very little research on the effectiveness of CBT in relation to outcomes beyond mental health, such as coping and recovery.
2. **Modes of CBT delivery and their relative effectiveness:** The majority of studies focussed on in-person, group-based CBT. Less research examined the impact of online, group-based CBT, or self-guided CBT.
3. **Characteristics of victims/individuals that influence the outcomes of CBT:** There was very little evidence identified relating to adult men, gender minorities, older adults, ethnic minorities (although the studies contained ethnically diverse samples), or victims of non-violent crime. This gap is in line with findings from previous reviews, which have indicated that the vast majority of victims accessing support services are female, and that male, transgender, non-binary or gender non-

conforming people are largely hidden in victim support practice and, as a result, in research into these services (Brown et al., 2022).

4. **Financial costs associated with CBT:** None of the studies identified in this REA included an analysis of the comparative costs of different forms of CBT, or of cost-benefits analysis for this form of support.

8.2 Limitations of the evidence included in this REA

The REA identified a number of good quality reviews and studies examining the impact of CBT on victims of crime. However, there are some key limitations of the evidence base utilised in this review.

Key limitations:

- The largest, most recent, and strongest, reviews concluded that the evidence base for CBT with child victims of sexual abuse was uncertain, as a result of the relatively small number of good quality evaluations in this area.
- Similarly, this REA found only a relatively small number of good quality evaluations of CBT with victims of IPV, and for CBT with children who have survived crime.
- This REA did not include studies explicitly examining the impact of victims of war or regional conflict.
- Many of the studies included in this REA took place outside of Europe, potentially limiting the generalisability of the findings here in the UK.

However, compared to other interventions in the victim support context (e.g., peer-led interventions), the evidence base for CBT's impact on mental health outcomes is strong.

9. Conclusions

This chapter summarises the overall evidence base, highlights key challenges in identifying relevant literature, and outlines evidence gaps, areas for future research, and policy implications.

9.1 Summary of findings

The vast majority of studies on CBT in the victim support context were focused on women who have experienced sexual abuse or IPV, and on mental health outcomes. Most commonly the studies reported that CBT improved symptoms of PTSD, depression and anxiety among adult female victims of sexual abuse or intimate partner violence. There was some evidence to suggest impact on other outcomes including improving retention rates on substance use disorder treatment, social support and stress management. However, the gaps in the evidence mean these results are not generalisable to all victims of crime.

Trauma-focused CBT

Trauma-focused CBT had the most and best quality evidence of effectiveness in improving mental health outcomes in the victim support context for adults, adolescents and children. Relative to the evidence base for other interventions in the victim support context (e.g., peer-led interventions; Wakeling, Fitzalan Howard & Barnett, 2025), the evidence base for TF-CBT could be considered to be strong. However, the effectiveness of trauma-focused approaches with children and adolescent victims of sexual abuse is still regarded as uncertain.

The evidence in this REA suggested, albeit tentatively, that victims with severe PTSD or a history of violent victimisation may benefit most from intensive trauma-focused CBT delivered by a therapist specialising in this form of treatment. However, the evidence also suggested that TF-CBT is associated with higher dropout rates and may not be sufficient to treat PTSD long-term.

Early CBT interventions (delivered within 3 months of a crime)

There was promising but tentative evidence for the positive impact of early CBT interventions for victims of crime. Studies suggested improved mental health outcomes following early CBT for adolescents and adults who survived sexual crime, and for adult victims of violent crime. The wider literature suggested that due to lower acceptability and higher dropout rates of trauma-focused approaches, early service decisions should consider whether the individual is safe from ongoing trauma and their preference for trauma or non-trauma-focused support (O'Doherty et al., 2023). TF-CBT is not recommended immediately after traumatic events for those who are not demonstrating symptoms of acute traumatic stress.

Brief CBT (fewer than 8 sessions)

There was growing evidence that brief CBT (fewer than eight sessions) could be effective, short-term, in treating mental health outcomes of people who have experienced trauma (Daniel, Liu, Thomas, Eraneva-Dibb, Ahmad & Heneghan, 2024). This REA found evidence (although tentative) that brief CBT might improve or prevent the deterioration of adult IPV victims' mental health. This was likely to be more effective if tailored to the needs of IPV victims and delivered individually rather than in groups. There was also tentative evidence of its impact with victims of general interpersonal violence, and adult victims of sexual assault.

Group-based CBT

Group-based CBT approaches offered a potential way of widening access to treatment. The studies in this REA provide some evidence that group-based CBT could be effective in reducing the mental health impact of victimisation. There was promising evidence in particular that in-person, group-based CBT could help reduce the mental health impact of victimisation, and this is best evidenced for adult victims of IPV.

Early qualitative evidence suggested group-based CBT may be appropriate for sexual abuse victims. When well-facilitated, it fostered solidarity, created a safe and empowered therapeutic environment. This mirrors the findings of a recent review of qualitative research into any psychosocial interventions for victims of sexual abuse and violence, which found that a trusting relationship with peers in the intervention was central for those involved in groupwork (Brown et al., 2022). Sharing similar experiences created a sense of

solidarity, while different experiences or inconsistent attendance from peers could be destabilising and affect their ability to connect with others in the group. Brown et al. (2022) suggest that this may be especially relevant for those who are from ethnic and gender minorities, for whom the extent to which they felt welcome within a group intervention had a particularly important influence on their experience of victim support.

There was insufficient evidence examining the impact of online, group-based CBT for victims of crime.

Self-guided CBT

There has been growing interest in whether self-guided CBT could be an effective alternative to in-person, therapist-supported, interventions. Self-guided interventions have the potential to address barriers to access to CBT, such as the limited numbers of therapists qualified to deliver trauma-focused CBT, and the childcare, travel and time off work required to attend weekly appointment (Lewis, Roberts, Vick, & Bisson, 2013; Torous, et al., 2021). This REA suggests that, overall, while the evidence for the potential efficacy of self-guided CBT for victims of crime is promising, it is still very much in its infancy and considered to be extremely tentative. The studies included in this review suggest that this mode of delivery could be experienced as acceptable to victims of crime, but that those with more complex or higher levels of mental health need may require therapist support to derive mental health benefits.

Evidence on digital CBT more widely, outside of victim support, suggested more human support, longer interventions and higher adherence to treatment are associated with better outcomes for depression and other mental health conditions. However, evidence for any impact of these types of intervention on PTSD is lacking (Andersson, Carlbring, Titov & Lindersfor, 2019; Kambeitz-Ilankovic, Rzaeva, & Völkel, 2022; Simon et al., 2024).

Wider research also suggested that, for most mental health conditions, therapist-guided interventions tend to be more effective than self-guided interventions, and less therapist time is associated with smaller treatment effects (Cuijpers et al., 2009; Bisson et al., 2013; Lewis et al., 2020; Simon et al., 2024; Zandieh et al., 2024).

Effectiveness of CBT with different groups

The majority of the evidence is based on adult women who had experienced sexual abuse or IPV. However, there was very early but promising evidence of the efficacy of CBT in improving mental health outcomes with male victims. Studies suggested, albeit tentatively, that CBT could be effective in reducing symptoms of trauma among children and adolescents who have been victims of sexual or non-sexual violent crime. Qualitative research suggested, for children, predictability is important and that there was value in them having some say in how sessions are run.

9.2 Areas for future research

The REA identified a number of key gaps in the evidence which limit the generalisability of the findings to different groups of victims of crime/victims with different characteristics.

Research is required to understand the efficacy and experiences of CBT in different groups. This understanding can inform the development and design of services to ensure these are accessible for, and responsive to the diverse range of needs of victims of crime. Specifically:

- The REA found only one study on victim support services for older victims, but its low-quality evidence prevented any conclusions about CBT's effectiveness for this group. This is an important evidence gap, given that the 2023 Victims' Survey recommended specialised support services for this group, as those over the age of 65 were those least likely to feel supported by victim support services (Murray, Welland & Storry, 2024).
- While many of the studies in the review contained samples that were ethnically diverse, no studies were found that looked explicitly at the outcomes and experience of CBT for those from ethnic minorities. This, and the lack of studies reporting inclusion of gender minorities, represent important evidence gaps which future research should look to fill.
- While one of the studies in the review provided some promising evidence of the impact of a CBT-based self-help manual for burglary victims, the evidence base for CBT with victims of non-violent crimes is very weak. This represents another evidence gap.

The key evidence gaps identified in research overlap with the Ministry of Justice Areas of Research Interest 2025⁹ which outlines victim research as an evidence priority in the departments' strategic objectives over the next three to five years.

9.3 Policy considerations

The findings of this REA suggest that policy teams, commissioners and service providers should consider:

- Commissioning CBT for victims of sexual abuse and IPV, as there was reasonably good evidence that this could prevent deterioration in mental health and improve chances of recovery for adults, and promising evidence related to adolescents and children.
- Offering both trauma and non-trauma centred CBT, as well as individual and group interventions, to provide victims with choice and flexibility, to maximise treatment outcomes.
- With regard to early interventions offered in the 3 months after a crime, provision of non-trauma centred CBT, on an individual, rather group basis, is advisable. Trauma-focused approaches may be suitable in cases where there was evidence of acute traumatic stress, and the victim feels ready and able to engage in this type of intervention.
- Self-guided CBT may be a promising way of widening access to mental health treatment for victims of crime. However, it is advisable that any self-guided CBT incorporates some therapist support and is subject to ongoing evaluation.
- Those with the highest level of mental health need or who have experienced prior violent victimisation may require intensive and individualised CBT.
- Further, commissioners of victim support services and policy makers are advised to consider commissioning and/or supporting further research to test:

⁹ [Ministry of Justice areas of research interest 2025 - GOV.UK](https://www.gov.uk/government/publications/ministry-of-justice-areas-of-research-interest-2025)

- Whether CBT is equally effective for, and responsive to the needs of, male victims, ethnic and gender minority victims, older victims, and victims of non-violent crime.
- The impact of digital, online and self-guided CBT
- The cost of CBT in comparison to other types of interventions.

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Appendix A: Details of methodology

Review process

The review followed an eight-stage process to systematically identify, appraise, and synthesise research relevant to the research questions. The process was as follows:

Step	Process
1.	Determine the scope of the review by setting research questions, inclusion and exclusion criteria and identifying relevant outcomes.
2.	Identify data sources and develop search terms and strings.
3.	Conduct and record the searches.
4.	Identify and remove duplicates, and screen by article title.
5.	Screen by article abstract to determine which full-text articles to obtain.
6.	Obtain and screen full texts to reach the final decision about which articles to retain.
7.	Extract the data from the final sample and assess against quality standards (see section 3.2).
8.	Determine the overall strength of the evidence and synthesise.

Databases and search terms

EBSCO Academic Discovery Service was the main search engine used to identify research publications for this REA. This service provides access to research publications located in more than 100 databases. Some of the most relevant databases to the current study, and which were included in the search, include PsycInfo, Sage Research Methods, Science Direct, Scopus, SocINDEX, and Web of Science. The search terms below were employed.

[Abstract]: (“cognitive behavio*” OR CBT)

AND [Abstract]: (“victim satisfaction” OR evaluation OR efficacy OR effective* OR success* OR model* OR benef* OR trial OR outcome* OR analysis OR meta-analys* OR “meta analys*” OR review OR RCT OR “random* control* trial” OR experiment* OR works)

AND [Abstract]: (“intervention*” OR train* OR program* OR therapy OR “group intervention*” OR “group work*” OR groupwork OR session* OR initiative* OR approach* OR rehabilitation OR treatment OR support OR help OR assist* OR service* OR care)

AND [Abstract]: (victim* OR surviv*)

AND [Abstract]: (crime OR crimi* OR intimidat* OR gang* OR fraud OR robbery OR theft OR burglary OR traffick* OR homicide OR murder OR manslaughter OR violence OR assault OR ABH OR “actual bodily harm” OR GBH OR “grievous bodily harm” OR “threat* to kill” OR “kidnap*” OR “false imprison*” OR wounding OR “bladed article” OR battery OR abuse OR rape OR incest OR “sex* assault” OR “sex* offen?e*” OR “gross indecency” OR “sexual exploitation” OR stalking OR harassment OR exposure OR groom* OR “criminal exploitation” OR “modern day slavery” OR firearm* OR arson OR “county line*” OR “dangerous driving” OR “careless driving” OR “reckless endanger*”)

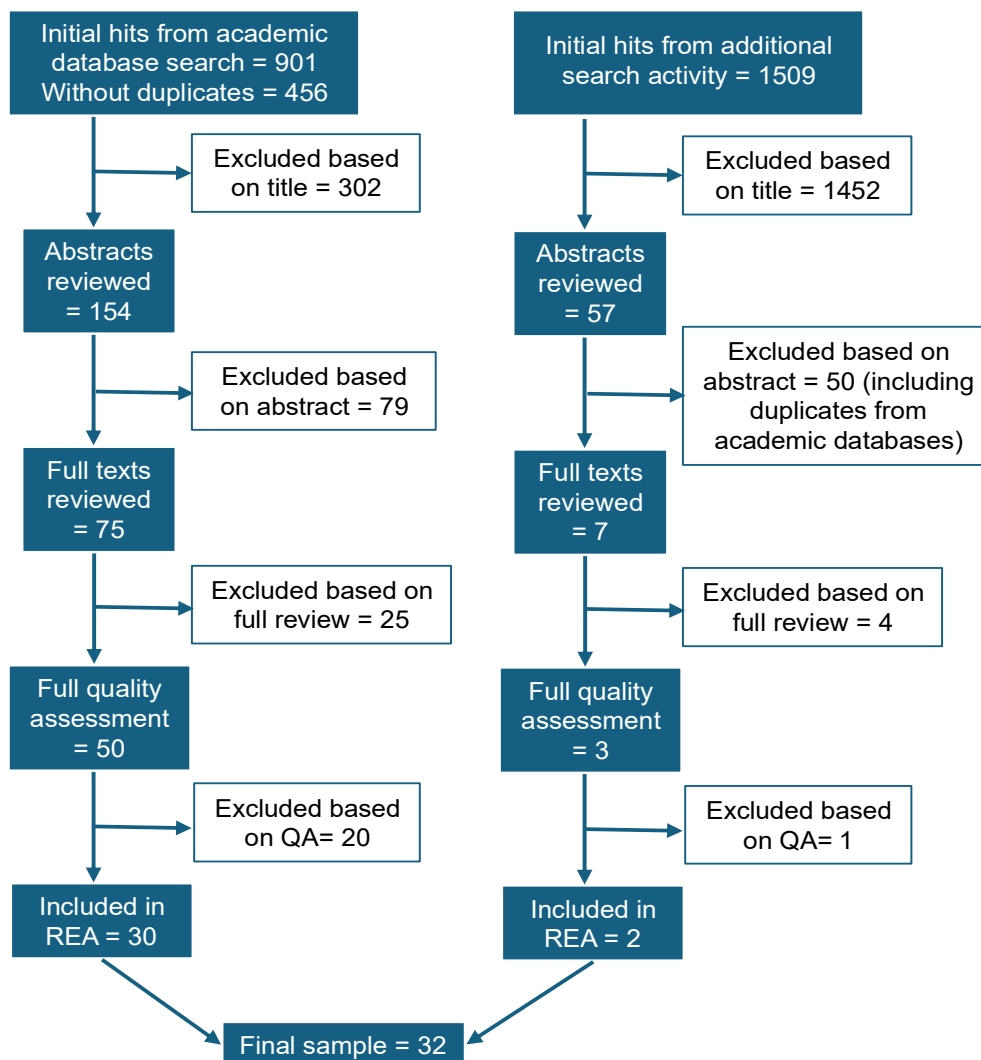
NOT [All fields]: cancer

Additional databases searched are listed below, and a hand search of major reports was also conducted (e.g., the Victims Funding Strategy (2022), Victim Survey (2023)):

1. Cambell Collaboration (Evidence Synthesis Library)
2. Centre for Criminal Justice Studies (Publications)
3. Cochrane Library (Cochrane Database of Systematic Reviews)
4. College of Policing (Crime Reduction Toolkit and National Police Library database)
5. Google Scholar
6. Gov.uk (Research and Statistics)
7. Howard League (Research Archive and Publications)
8. Prison Reform Trust (Publications)
9. Victims Commissioner (Reviews and reports)

Search and screening results

Figure 1. Items identified and retained at each stage of the review process



Quality assessment

Overall research quality was assessed using the EPPI Centre Weight of Evidence framework. This combined assessment of the methodological quality of the study/review, its methodological relevance (the degree to which the methodology employed could provide an answer to the REA's research questions) and the relevance of the topic of the study to the REA. These factors were combined to form an overall assessment of the weight of evidence to assign the study/review (Gough, 2007). In order to judge the methodological quality in the EPPI framework the review used:

- Quantitative research: Maryland Scientific Methods Scale (MSMS; Farrington et al., 2002).
- Qualitative research: Cabinet Office Quality Framework (Spencer et al., 2003).
- Systematic reviews and research syntheses: JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses (Aromataris et al., 2015).

Ten percent of quality assessments were subjected to inter-rater reliability checks,¹⁰ and any differences in scoring were discussed and agreed by the researchers. There was a high level of consensus between ratings.

Data were extracted from the studies using a customised data extraction tool developed by KTA, similar to that used by Barnett et al. (2022). The elements of this tool included: the type of intervention examined, research methodology, study location, characteristics of the sample (n, age, gender, ethnicity), crime type experienced, intervention characteristics (delivery method, dosage, format, timing post-crime) and measured outcomes.

Approach to analysis

A narrative analysis of the findings was produced as this has been identified as a useful way of communicating findings for policy and practice (Popay et al., 2006). Key themes were identified by the lead author. These themes described the patterns across the included studies, which were relevant to the research questions. The themes were reviewed and agreed by the second author and were presented to relevant MoJ officials for review and further validation.

¹⁰ Inter-rater reliability is a measure of how well multiple people agree when assessing the same thing.

Appendix B: Key characteristics of included studies

Table 3. Characteristics of the primary quantitative studies in the review

Study Author Title Crime Study Type Country	Intervention Description(s) CBT Intervention Description Comparator	Intervention Delivery Delivery Mode Duration & Dosage Staff delivery	Participants Description Sample size Country Age Sex Ethnicity	Outcomes	Quality (H/M)
Crespo et al. (2024): Evocation of positive memories as complement to trauma-focused cognitive-behavioural therapy for intimate partner violence against women (IPVAW). <i>Crime:</i> - Intimate Partner Violence <i>Study type:</i> - RCT <i>Country:</i> - Spain	Trauma-focused CBT tailored for IPVAW (CBT) Trauma-focused CBT tailored for IPVAW that incorporates the evocation of positive memories (CBT-M+) ----- <i>Comparator:</i> Waitlist control (WL)	Face-to-face group format with 6-8 women per group. 8 weekly sessions of 100-145 mins Delivered by a team of trained psychologists.	Adult women presenting posttraumatic symptoms who reported recent or past experiences of any form of IPV were recruited through several women's and IPVAW support services. N = 91 Age: Range: 20 – 73 Mean: 43 years 100% Female Ethnicity not stated	Primary outcome: Posttraumatic Stress Disorder (PTSD) Secondary: Meanings of Trauma, Affect and Emotional Regulation, Associated Symptoms, Self-Concept, Overall Functioning	H
Andersson et al. (2021): Individually tailored Internet-delivered cognitive-behavioural therapy for survivors of intimate partner violence: A randomized controlled pilot trial. <i>Crime:</i> - Intimate Partner Violence <i>Study type:</i> - RCT <i>Country:</i> - Sweden	Internet-delivered Cognitive Behavioural Therapy (ICBT): - Online individual guided self-help treatment. Individually tailored to participants' predominant symptomology. ----- <i>Comparator:</i> Waitlist control	Individual online weekly modules over an 8-week treatment period Delivered by four master-level clinical psychology students in their final year with clinical supervision.	Adult survivors of intimate partner violence (IPV) seeking treatment. N = 64 Age: Range: 23-72 years, Mean: 42 years 98.4% Female, 1.6% Male Ethnicity not stated.	Feasibility Measures: Attrition Rate Treatment Adherence Satisfaction Treatment Effects: PTSD Symptoms Depression Symptoms Remission Rates Reliable Improvement	M

Study	Intervention Description(s)	Intervention Delivery	Participants	Outcomes	Quality (H/M)
Author Title Crime Study Type Country	CBT Intervention Description <i>Comparator</i>	Delivery Mode Duration & Dosage Staff delivery	Description Sample size Age Sex Ethnicity		
Bachem & Maerker (2016): Self-help interventions for adjustment disorder problems: a randomized waiting-list controlled study in a sample of burglary victims. <i>Crime:</i> - <i>Burglary</i> <i>Study type:</i> - <i>RCT</i> <i>Country:</i> - <i>Switzerland</i>	A cognitive behavioural self-help manual specifically directed at alleviating Adjustment Disorder (AjD) symptoms in burglary victims. - Split into 3 parts: Parts one and two are psychoeducational with a screening test for AjD. Part three constitutes the main body of the manual and is organized into four chapters describing various CBT exercises. ----- <i>Comparator:</i> <i>Waitlist control</i>	Self-help manual with no therapist support.	Adult victims of burglary. N = 57 Age: Age range: 19-80 years Mean age: 46 years 88.7% Female, 11.3% Male Ethnicity not stated.	Adjustment Disorder symptoms PTSD symptoms Depression, Anxiety and Stress Scale Adherence	M
Crespo et al. (2021): Analysis of Effectiveness of Individual and Group Trauma-Focused Interventions for Female Victims of Intimate Partner Violence <i>Crime:</i> - <i>Intimate Partner Violence</i> <i>Study type:</i> - <i>RCT</i> <i>Country:-</i> - <i>Spain</i>	Group trauma-focused CBT (TF-CBT) ----- <i>Comparator:</i> <i>Individual TF-CBT</i>	Face-to-face group therapy compared to face-to-face individual therapy. 8 weekly sessions of 90 minutes for group delivery and 60 minutes for individual delivery. Both delivery formats delivered by the same psychologist.	Adult female survivors of IPV with significant posttraumatic symptoms N = 57 Age range: 23-65 Mean age: 39 years 100% Female Ethnicity not stated.	Posttraumatic stress Depression Anxiety Self-esteem Social support <i>Plus:</i> <i>Dropout Rate</i> <i>Session Attendance</i> <i>Homework Completion</i>	M

Study Author Title Crime Study Type Country	Intervention Description(s) CBT Intervention Description <i>Comparator</i>	Intervention Delivery Delivery Mode Duration & Dosage Staff delivery	Participants Description Sample size Country Age Sex Ethnicity	Outcomes	Quality (H/M)
Guay et al. (2018): Treatment of acute stress disorder for victims of violent crime <i>Crime:</i> - Violent Crime <i>Study type:</i> - Quasi-experimental non-randomised trial <i>Country:</i> - Canada	Early intervention and brief Cognitive-Behavioural Therapy (CBT) Early intervention and brief Cognitive-Behavioural Therapy with a significant other (CBT-SO) ----- <i>Comparator:</i> Usual care (UC)	Face-to-face individual format. CBT: 4 weekly 2-hour sessions CBT-SO: 4 weekly 2-hour sessions +1 x 60 min session w. significant other (CBT-SO) Administered by experienced psychologists with a standardised intervention manual.	Adult direct victims or witnesses of physical assault, sexual assault, robbery, or murder, in past 25 days. Presenting with clinical or subclinical acute stress disorder (ASD) Total N = 166 (CBT) N = 54 (CBT-SO) N = 52 (UC) N = 60 Age Range: 18-75 years 59% Female, 41% Male Ethnicity not stated.	Post-traumatic symptoms Depression Anxiety Prevention of PTSD up to 12-months post event	M

Study Author Title Crime Study Type Country	Intervention Description(s) CBT Intervention Description Comparator	Intervention Delivery Delivery Mode Duration & Dosage Staff delivery	Participants Description Sample size Age Sex Ethnicity	Outcomes	Quality (H/M)
Guerra et al. (2024): Effect of three group interventions on psychosocial functioning in adolescents exposed to interpersonal violence in Chile. <i>Crime:</i> - Interpersonal Violence <i>Study type:</i> - RCT <i>Country:</i> - Chile	Trama Focused Cognitive Behavioural Therapy (TF-CBT) ----- <i>Comparators:</i> Interpersonal Psychotherapy (IPT) Art therapy-based support (ATBS)	Face-to-face group format. 12 weekly 90 min sessions. Delivered by 2 clinical psychologists.	Interpersonal violence (IV) exposed adolescents on a waiting list to receive specialist individual interventions N = 67 Age Range: 13–17 years Mixed gender (no other information provided) Ethnicity not stated.	Post-traumatic stress symptoms Depression Interpersonal functioning Affect regulation	M
Herbert & Amedee (2020): Latent class analysis of post-traumatic stress symptoms and complex PTSD in child victims of sexual abuse and their response to Trauma-Focused Cognitive Behavioural Therapy. <i>Crime:</i> - Child Sexual Abuse <i>Study type:</i> - Latent Class Analysis <i>Country:</i> - Canada	TF-CBT, comprising psychoeducation and parenting skills, relaxation techniques, affective expression and regulation, cognitive coping skills, trauma narrative, in vivo gradual exposure, conjoint parent-child sessions, personal safety strategies ----- <i>Comparator:</i> No comparison group. Study sought to determine whether/which PTSD symptoms or CPTSD in child victims of sexual abuse influenced treatment response to TF-CBT	Face-to-face individual format. 12-16 sessions of 60 minutes No information on staff delivery.	Children seeking help in a child advocacy centre, following disclosure of sexual abuse. N = 384 (326 of whom completed treatment) Age Range: 6-14 years Mean Age: 9 years 67.2% Female, 32.8% Male Ethnicity not stated	PTSD and CPTSD Internalising and externalising behaviour Dissociation symptoms	M

Study Author Title Crime Study Type Country	Intervention Description(s) CBT Intervention Description Comparator	Intervention Delivery Delivery Mode Duration & Dosage Staff delivery	Participants Description Sample size Age Sex Ethnicity	Outcomes	Quality (H/M)
Hiller et al. (2016): Predictors of Group Treatment Outcomes for Child Sexual Abuse: An Investigation of the Role of Demographic and Abuse Characteristics. <i>Crime:</i> - Child Sexual Abuse <i>Study type:</i> - Predictive analysis <i>Country:</i> - USA	Game-Based CBT (GBCBT): Key components of GB-CBT are psychoeducation, social skills development, emotional expression, anger management, relaxation training, gradual exposure, personal safety skills and structured therapeutic games (using games to make therapy engaging and developmentally appropriate for children.) ----- <i>Comparator:</i> <i>No comparison group: This was a retrospective study focused on those who actively engaged in treatment (attending at least 8/12 sessions) to identify factors influencing treatment effects</i>	Face-to-face group therapy format. 12 weekly 90-minute sessions. Each session led by the director of the group treatment programme and several graduate students.	Child survivors of sexual abuse who completed at least 8 sessions of GBCBT. N = 166 Age Range: 6 -10 years 65.7% Female, 34.3% Male Ethnicity: 78.3% black, 13.3% Latino, 3.0% mixed heritage, 1.8% white, 3.0% other.	Internalising and externalising symptoms, sexually inappropriate behaviours, knowledge of abuse and personal safety skills.	M

Study Author Title Crime Study Type Country	Intervention Description(s) CBT Intervention Description Comparator	Intervention Delivery Delivery Mode Duration & Dosage Staff delivery	Participants Description Sample size Age Sex Ethnicity	Outcomes	Quality (H/M)
Jaberghaderi et al. (2019): Effectiveness of Cognitive Behavioural Therapy and Eye Movement Desensitization and Reprocessing in Child Victims of Domestic Violence. <i>Crime:</i> - Intimate Partner Violence <i>Study type:</i> - RCT <i>Country:</i> - Iran	Cognitive Behavioural Therapy (CBT) ----- <i>Comparators:</i> <i>Eye Movement Desensitization and Reprocessing (EMDR)</i> <i>No treatment control group</i>	Face-to-face individual sessions. Up to 12 weekly sessions over 4 – 12 weeks Two experienced therapists conducted the CBT sessions. EMDR sessions were conducted by an EMDR practitioner.	Child victims of domestic violence (child physical abuse and/or witnessing parents' conflicts). N = 139 Age range: 8 – 12 years 50.3% Male, 49.7% Female Ethnicity not stated.	Posttraumatic symptomatology, Depression, Anxiety, Behaviour problems	M
Jafarzade et al. (2023): The Effectiveness of Play Therapy Combined with a Trauma-focused Cognitive Behavioural Therapy on Trauma Symptoms and the Loneliness Feeling. <i>Crime:</i> - Child Sexual Abuse <i>Study type:</i> - Available sample method <i>Country:</i> - Afghanistan	Play Therapy Combined with Trauma Focused CBT (TF-CBT). The sessions included activities such as role-playing, relaxation exercises, and creating stories related to traumatic events to facilitate emotional processing. ----- Comparator: Waiting-list control group	Face-to-face individual sessions (includes parent) 14 weekly 45-minute sessions No information on staff delivery	Sexually abused girls N = 20 Age range: 8-12 year 100% Female Ethnicity not stated.	Child Trauma Symptoms Scale (CPSS) Child Loneliness Scale	M

Study Author Title Crime Study Type Country	Intervention Description(s) CBT Intervention Description Comparator	Intervention Delivery Delivery Mode Duration & Dosage Staff delivery	Participants Description Sample size Age Sex Ethnicity	Outcomes	Quality (H/M)
Kane et al. (2016): Moderators of treatment response to trauma-focused cognitive behavioural therapy among youth in Zambia. <i>Crime:</i> - Child Sexual Abuse <i>Study type:</i> - Secondary analysis of an RCT <i>Country:</i> - Zambia	Trauma Focused CBT (TF-CBT) ----- <i>Comparators:</i> Treatment As Usual group (education support, counselling, healthcare)	Face-to-face individual sessions (including caregiver) 10-12 weekly 60-90 min sessions Delivered by lay counsellors who were trained and supervised using an apprenticeship model.	Orphans and vulnerable children with significant trauma symptoms, including as a result of sexual abuse, recruited from five low-resource communities N=257 Age range: 5-18 years 52% Male, 48% Female Ethnicity not stated.	UCLA PTSD Reaction Index (PTSD-RI) Functional Impairment Scale	M
Littleton et al. (2016): The From Survivor to Thrive program: RCT of an online therapist-facilitated program for rape-related PTSD <i>Crime:</i> - Sexual Assault <i>Study type:</i> - RCT <i>Country:</i> - USA	Online therapist-facilitated cognitive-behavioural program tailored for rape-related PTSD: 'From Survivor to Thrive' ----- <i>Comparator:</i> Online self-help website	Online individual sessions with therapist support. 9 online modules over 14 weeks Provided by a team of therapists, including the authors of the study, licensed doctoral-level psychologists, and a postdoctoral fellow supervised by the authors.	College student female rape survivors who were experiencing PTSD symptoms. N = 87 Age: Age range: 18-42 years Mean age: 22 years 100% Female Ethnicity: 41.3%: White/European American, 21.7% Black / African American, 8.7% Asian American/Pacific Islander, 0.0%: Native American, 19.6%: Multi-ethnic, 8.7%: Not reported.	PTSD Symptoms Depressive Symptoms General Anxiety Symptoms Interference Ratings Therapeutic Alliance and Satisfaction	M

Study	Intervention Description(s)	Intervention Delivery	Participants	Outcomes	Quality (H/M)
Author Title Crime Study Type Country	CBT Intervention Description Comparator	Delivery Mode Duration & Dosage Staff delivery	Description Sample size Age Sex Ethnicity		
López-Goñi et al. (2021): Impact of a Trauma Intervention on Reducing Dropout from Substance Use Disorder Treatment <i>Crime:</i> - Physical and/or Sexual Abuse <i>Study type:</i> - RCT <i>Country:</i> - Spain	Physical and/or Sexual Abuse Treatment (PSA-T) - a cognitive-behavioural trauma-centred treatment, in combination with: Substance Use Disorder treatment (SUD-T) ----- <i>Comparator:</i> Substance Use Disorder treatment (SUD-T) only	Face-to-face individual sessions 10 weekly 60-90 min sessions Delivered by clinical psychologists experienced in assessing and treating substance use disorder	Adult substance misuse patients who had experienced lifetime physical and/or sexual abuse. N = 57 Mean Age: 42.2 (treatment group), 40.8 (control) 54.4% Male, 45.6% Female Ethnicity not stated.	Retention in SUD-T Psychopathological Symptoms Posttraumatic Stress Disorder (PTSD) Symptoms Impulsiveness Maladjustment	M
Author Title Crime Study Type Country	CBT Intervention Description Comparator	Delivery Mode Duration & Dosage Staff delivery	Description Sample size Age Sex Ethnicity		
Molero-Zafra et al. (2024): Psychological intervention in women victims of childhood sexual abuse: a randomized controlled clinical trial comparing EMDR psychotherapy and trauma-focused cognitive behavioural therapy <i>Crime:</i> - Child Sexual Abuse <i>Study type:</i> - RCT	Online Trauma Focused Cognitive Behavioural Therapy (TF-CBT) ----- <i>Comparator:</i> Eye Movement Desensitization and Reprocessing (EMDR)	Online group sessions (minimum of 2 and maximum of 4 participants) 8 x one-hour sessions 2 trained therapists present in each session	Adult female victims of Child sexual abuse N = 19 Spain Age: Age range: 18 – 53 years Age mean: 38 years 100% Female Ethnicity not stated.	Post-Traumatic Stress Disorder (PTSD) Symptoms Emotional Regulation Dissociation Psychopathology Self-Esteem Life Satisfaction	M

Country: - Spain					
Saez et al. (2023): Evaluating the Effectiveness of a Psychological and Adventure-based Multicomponent Therapeutic Program for Victims of Intimate Partner Violence: A Pilot Study. Crime: - Intimate Partner Violence Study type: - RCT Country: - Spain	Adventure-based Multicomponent Therapeutic Programme for Victims of Intimate Partner Violence including group psychological therapy and adventure activities ----- Comparator: No treatment group	Face-to-face group sessions. 8 group therapy sessions running over consecutive weekends and 3-5 hours of adventure-based activities. Group sessions were run by trained therapists and the adventure-based activities were designed by experts in sports science.	Adult female survivors of IPV N = 34 Age: Range: 23 – 56 years Mean = 40.75 100% Female Ethnicity not stated.	Self-esteem Self-concept Self-efficacy Body dissatisfaction Depression	M

Study	Intervention Description(s)	Intervention Delivery	Participants	Outcomes	Quality (H/M)
Author Title Crime Study Type Country	CBT Intervention Description Comparator	Delivery Mode Duration & Dosage Staff delivery	Description Sample size Age Sex Ethnicity		
Zang et al., (2019): Examining predictors for Excellent Versus Partial Response to Prolonged Exposure Therapy Crime: - Interpersonal violence Study type: - Predictive analysis	Prolonged Exposure (PE) therapy or PE with Cognitive Restructuring ----- Comparators: No comparison group. This was a retrospective study focused on those who actively engaged in treatment (attending at least 8/12 sessions) to identify factors influencing treatment effects	Face-to-face Individual format 8-12 weekly sessions	Adult women with a primary diagnosis of Post Traumatic Stress Disorder (PTSD) who were survivors of childhood or adult sexual or non-sexual violent assault N = 96 Age Mean: 32 years	Post Traumatic Stress Disorder (PTSD) symptoms	M

Country: - USA			100% Female Ethnicity: 57.3% white, 34.4% black, 8.3% other		
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Table 4: Characteristics of systematic reviews and meta-analyses included in the REA

Study Crime	Countries (N Studies / N Studies in review)	Intervention Delivery Mode CBT Intervention Description Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
Caro et al. (2023): Comparative effectiveness of psychological interventions for treating the psychological consequences of sexual abuse in children and adolescents: a network meta-analysis Crime: Sexual abuse	USA (x11) Iran (x1) DRC (x1) Australia (x1) N Studies: 22 N in review: 14 (22/14)	Face-to-face individual delivery. Cognitive Behavioural Therapy (CBT), including Trauma-Focussed CBT, delivered by trained professionals including psychologists, social workers and non-specified therapists. Comparators: - Psychodynamic Therapy - Family Therapy - Child-Centred Therapy (CCT) - Eye Movement Desensitisation and Reprocessing (EMDR) - No treatment (management as usual) controls	Children and adolescents up to 18 years old who have experienced sexual abuse. Of the 14 relevant studies: N = 1125 Age: 4–17-year-olds Majority female. In 5/14 studies relevant to this review 100% participants were female, over 50% were female in the remaining studies, Ethnicity: In 8/14 studies over 50% of the sample was white. Ethnicity not stated for 3/14 studies. In 3/14 studies over 50% of each sample was from the global majority.	Posttraumatic Stress, Disorder (PTSD), Anxiety and Depression, Externalizing Behaviours, Internalizing Behaviours, Peer Relationships, Family Relationships, Substance Use, Delinquent Behaviours, Coping Skills, Parental/Caregiver Stress	H

Study Crime	Countries (N Studies / N Studies in review)	Intervention Delivery Mode CBT Intervention Description Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
Karakurt et al. (2022): Treatments for Female Victims of Intimate Partner Violence <i>Crime:</i> <i>Intimate partner violence</i>	USA (x5) Iran (x1) Spain (x1) ----- <i>N Studies: 25</i> <i>N in review: 7</i> <i>(25/7)</i>	Face-to-face delivery (no information about group vs individual delivery). ----- A range of CBT interventions and interventions augmented with CBT techniques tailored to female victims of IPV. ----- <i>Comparators:</i> <i>2 studies compared CBT to waitlist control</i> <i>group, 3 to treatment as usual care/support, 1</i> <i>to alternative behavioural intervention, 1 study</i> <i>had no control group.</i>	Adult female survivors of IPV Of the 7 studies relevant to this review, N = 495 Adult (18+) 100% Female Ethnicity: Ethnicity was not stated in 2/7 relevant studies. The other included studies included a diverse range of ethnicities. White was the majority group in 3/7 and African American the majority in 2/7.	Anxiety, Depression, Post-Traumatic Stress Disorder (PTSD), Social Support Systems, Self-Efficacy, Self-Esteem, Stress, Quality of Life (QoL)	H

Study Crime	Countries (N Studies / N Studies in review)	Intervention Delivery Mode ----- CBT Intervention Description ----- Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
Lomax & Meyrick (2022): Effectiveness of psychosocial interventions on wellbeing outcomes for adolescent or adult victim/survivors of recent rape or sexual assault <i>Crime:</i> <i>Sexual abuse</i>	USA Spain Australia ----- <i>N Studies: 10</i> <i>N in review: 5</i> (10/5)	Face-to-face delivery of early interventions for survivors of sexual assault (no information about group vs individual delivery) ----- Systematic Desensitization (SD) Cognitive Restructuring and Coping Skills Training (CR/CS) Brief Cognitive Processing Therapy (B-CPT) Modified Prolonged Exposure (PE) ----- <i>Comparators:</i> - Eye Movement Desensitization and Reprocessing (EMDR) - Psychoeducational Videos - Medical Exam Preparation Videos - Substance Use Reduction Videos - Psychological Support (PS) - Psychoeducational Intervention (PEI)	Adolescents or adults (15+) who had experienced a recent sexual assault (<3months ago) Of the 5 studies relevant to this review, N = 450 Age Range: 15-70 Mean age data was not stated for 2/5 studies relevant to this review, for the remaining three mean age ranged from 22-32. Female: 99.8% Male: 0.2% Ethnicity was not stated in 3/5 relevant studies, in the remaining two the samples were cited as “mostly Caucasian”	Post-Traumatic Stress Symptoms, Depression Symptoms, Anxiety Symptoms, Fear and Distress, Alcohol and Substance Misuse, Sexual Function, General Wellbeing, Interference in Life Areas	H

Study Crime	Countries	Intervention	Participants	Outcomes	Quality (H/M)
	(N Studies / N Studies in review)	Delivery Mode ----- CBT Intervention Description ----- Comparators	-Description -Sample size -Age - Ethnicity		
Miles et al. (2024): A Systematic Review of Evidence-Based Treatments for Adolescent and Adult Sexual Assault Victims <i>Crime:</i> <i>Sexual abuse</i>	USA (x7) Canada (x1) DRC (x1) Netherlands (x1) Spain (x1) ----- <i>N Studies: 22</i> <i>N in review: 11</i>	Face-to-face delivery and online delivery Individual and group delivery. ----- Cognitive Behavioural Therapy (CBT) Brief-Cognitive Behavioural Therapy (B-CBT) Trauma Focussed-CBT telepsychology interactive program (TF-CBT) Cognitive Processing Therapy (CPT) Prolonged Exposure Therapy (PE) ----- <i>Comparators:</i> - <i>Standard medical & psychological care</i> - <i>Trauma sensitive yoga</i> - <i>Psycho-educational website</i> - <i>No control</i>	Adolescent and adult victims of sexual assault Of the 11 studies relevant to this review, N = 1054 Age Range: 14 – 90 Female: 99%+ Male: <1% Ethnicities: U.S.-based studies that delineated race indicated: Black/African American (34.92%), White (26.79%), Hispanic (10.5%) with ethnic minority (9.56%).	Posttraumatic Stress, Disorder (PTSD) Symptoms, Depression, Anxiety, Quality of Life, General Psychological, Distress, Substance Use	H

Study Crime	Countries ----- (N Studies / N Studies in review)	Intervention Delivery Mode ----- CBT Intervention Description ----- Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
O'Doherty et al., (2023) Psychosocial interventions for survivors of rape and sexual assault experienced during adulthood. Crime: Sexual abuse	USA, (x 18) DRC (x 2) Canada, Australia, Spain ----- N Studies: 36 N in review: 23 (36/23)	Individual, Group, Face-to-face, Remote and Digital delivery ----- Trauma-Focussed CBT: (Prolonged Exposure Therapy Cognitive Processing Therapy) Image Rehearsal Therapy, Cognitive Restructuring Cognitive Therapy Written Exposure. ----- Comparators: 9 studies compared CBT to a wait list/no treatment/usual care group, 10 to other forms of psychosocial intervention, and 4 to different types of CBT	Adult female survivors of rape and sexual assault Of the 23 studies relevant to this review, N = 2727 Age: Age information was missing for 7/23 relevant studies. Mean age ranged from 19.2-48.4 in 16/23 with age information. Participants were nearly all female (21 exclusively female samples, 15% and 2% were men in the other two studies) Ethnicity data was missing for 3/23 studies relevant to this review. In the remaining 20 studies, 8 samples had >50% black participants, 12 had >50% white participants.	PTSD, Depressive symptoms	H

Study Crime	Countries ----- (N Studies / N Studies in review)	Intervention Delivery Mode ----- CBT Intervention Description ----- Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
Guay et al., (2019): A systematic literature review of early posttraumatic interventions for victims of violent crime. Crime: Violence	No information on countries ----- N Studies: 12 N in review: 6 (12/6)	Face-to-face delivery. ----- Cognitive Behavioural Therapy (including Trauma-Focussed CBT: Cognitive Processing Therapy Prolonged Exposure) ----- Comparators: - Progressive muscular relaxation - Supportive counselling - Assessment condition / standard care	Adolescent and adult victims of violent crime Of the 6 studies relevant to this review, N = 293 Age: Over 15 years, Mean ages of those in the included studies range from 22- 40 3 studies were 100% female, 1 study 65% female, 1 study 47% female 1 study provides no information Ethnicity not stated.	PTSD, Anxiety, Depression	M/H

Study Crime	Countries (N Studies / N Studies in review)	Intervention Delivery Mode ----- CBT Intervention Description ----- Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
Arroyo et al. (2017) Short-Term Interventions for Survivors of Intimate Partner Violence: A Systematic Review and Meta-Analysis <i>Crime:</i> <i>Intimate Partner Violence</i>	USA (x4) Spain (x 3) Jordan ----- N Studies: 21 N in review: 9 (21/9)	Individual and Group, Face-to-face delivery. ----- Short-term CBT (typically less than eight sessions) ----- Comparators: - Inactive control groups - Communication skills - No comparison group	Adult female intimate partner violence (IPV) survivors Of the 9 studies relevant to this review, N = 489 Age: Information on age was missing for one study, in the other 8 mean age ranged from 32.5 – 42.2 100% Female Ethnicity information was missing in 4/9 studies relevant to the review. In 4/5 remaining studies > 50% of the sample was from the global majority, and in one study >50% was white.	PTSD, Depression, Self-esteem, General distress, Life functioning Perceived safety Continued IPV	M

Study Crime	Countries (N Studies / N Studies in review)	Intervention Delivery Mode ----- CBT Intervention Description ----- Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
Parcesepe, et al. (2015): The effectiveness of mental health interventions for adult female survivors of sexual assault. Crime: Sexual abuse	USA, Spain ----- N Studies: 9 N in review: 5 (9/5)	Cognitive Processing Therapy (CPT) = Group and individual, face-to-face sessions. Includes one early CPT intervention study. Cognitive Restructuring (CR) and Prolonged Exposure (PE) = Individual face-to-face sessions CBT interventions included were: Cognitive Processing Therapy (CPT): 12 x weekly 90 min sessions including education about PTSD symptoms, exposure, and cognitive therapy. Cognitive Restructuring (CR plus specific coping skills training: 5 x weekly 1 hour sessions Involving modifying negative thoughts, relaxation techniques, cognitive distractions, and exposure. Prolonged Exposure (PE) therapy: 12 x 60-90 min sessions twice weekly, covering education, breathing retraining, and behavioural and imaginal exposures. ----- Comparators: - Progressive muscular relaxation - Coping skills training - Supportive counselling - Stress inoculation - Waitlist	Adult female survivors of sexual assault Of the 5 studies relevant to this review, N = 458 Adult (18+) 100% Female Ethnicity not stated	PTSD, Anxiety, Depression, Distress/Fear.	M

Study Crime	Countries ----- (N Studies / N Studies in review)	Intervention Delivery Mode ----- CBT Intervention Description ----- Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
Satchell et al., (2023) Psychological Distress and Interventions for Older Victims of Crime: A Systematic Review Crime: "Common crime"	The one relevant study was from the UK ----- N Studies: 20 N in review: 1 (20/1)	Face-to-face individual sessions (with the option of this being in their own home). Victim Improvement Package: Up to 10 x 1-hour sessions over 3 months of a modified CBT programme for older victims of various crime types, covering victim narrative and mental health symptoms, psychoeducation about crime and an introduction to the CBT model, mood diaries, guided discovery and challenge, behavioural experiments and relapse prevention. ----- Comparator group received treatment as usual which was usually no treatment.	Older victims of (any) crime (50+) For the one relevant study in the review: Of the single study relevant to this review, N = 26 Mean age = 69.1 years 69.2% Male; 30.8% Female 80.8% white, 19.2% global majority	Anxiety, Depression, Post Traumatic Stress Disorder	M

Study Crime	Countries ----- (N Studies / N Studies in review)	Intervention Delivery Mode ----- CBT Intervention Description ----- Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
Tichelaar et al., (2020) Exploring effectiveness of psychotherapy options for sexually abused children and adolescents: A systematic review of randomized controlled trials. Crime: Sexual abuse	Limited information – 17 x Western countries, 1 x DRC ----- N Studies: 32 N in review: 18 (32/18)	All three types of CBT included face-to-face interventions delivered to individuals and groups Classic CBT: 12-20 weeks (3 x 12 weeks, 1 x 20-week, 1 x no information). CSA-specific CBT: (1 x 8-week, 1 x 12 weeks, 2 x no information), with focus on traumatic sexualization, and feelings of powerlessness, betrayal, blame and stigmatization in both children and parents; the parent is not only considered as a client but also as an agent facilitating their child's recovery. TF-CBT: 10-12 weeks (3 x 12 weeks, 1 x 10–12-week, 1 x no information) focusing on gradual exposure and the treatment of trauma symptoms Prolonged Exposure-Adolescent: (3 x 8-14 weeks and 1 x 14 week intervention) covering 8 modules in which psychoeducational techniques are used to teach clients about trauma reactions and provide rationale behind the different aspects of treatment. ----- Comparison groups included no treatment groups and alternative treatments.	Child and adolescent survivors of child sexual abuse N of 18 studies relevant to this review = 1023 (four of the studies used the same sample over different periods of time, and therefore this sample is only counted once) Age: Range 8-17 years Exact figures not provided but majority of the sample was female. Ethnicity not stated.	Depression, Anxiety, PTSD symptoms, Sexualized behaviours, Self-concept, General functioning.	M

Study Crime	Countries	Intervention	Participants	Outcomes	Quality (H/M)
	(N Studies / N Studies in review)	Delivery Mode ----- CBT Intervention Description ----- Comparators	-Description -Sample size -Age - Ethnicity		
Willoughby et al., (2024): Interventions to Prevent and Respond to Violence Against Justice-Involved Young Women: A Scoping Review. <i>Crime: Violence</i>	USA (x3) ----- - <i>N Studies: 14</i> <i>N in review: 3</i> (14/3)	Gender Specific CBT = individual face-to-face CBT Trauma Affect Regulation: Guide for Education and Therapy = delivery format not specified Psychoeducational Group Intervention = face-to-face group. Tertiary CBT interventions: 26 weeks of Gender-Specific CBT (GSCBT), 12 x 50-minute session of Trauma Affect Regulation: Guide for Education and Therapy (TARGET); 9 x twice weekly Psychoeducational Group Intervention (PGI) sessions. ----- <i>Comparators:</i> - 2/3 had no comparator groups - TARGET was compared to treatment as usual (Relational Therapy).	Criminal justice system involved girls at risk of violent re-victimisation. Of the 3 studies relevant to this review, N= 101 Children and adolescents, age Range: 12-17 years 100% Female Ethnicity: - GSCBT: 46% White - TARGET: Black (African/Caribbean American) (16%), Latina or Mixed Race (59%), White (European American) (25%) - PGI: African American (73%), Hispanic, Caucasian (20%), Caucasian (7%).	Psychosocial functioning, PTSD, Trauma, Depression, Anxiety, Anger, Hope	M

Study Crime	Countries ----- (N Studies / N Studies in review)	Intervention Delivery Mode ----- CBT Intervention Description ----- Comparators	Participants -Description -Sample size -Age - Ethnicity	Outcomes	Quality (H/M)
Wright et al., (2023): Prevention interventions for interpersonal violence occurring under the influence of alcohol: A mixed method systematic review. Crime: Interpersonal violence	India Zambia ----- N Studies: 16 N in review: 2 (16/2)	Face-to-face individual and/or couples CBT interventions. Common Elements Treatment Approach (CETA): 6-12 sessions of modular, flexible, individual CBT. Lay-led family therapy over 16 sessions consisting of incentives combined with CBT such as behavioural couples therapy for alcohol use and interpersonal violence (IV) reduction. ----- Comparators: - Usual care or no intervention.	Adults affected by IV (victims and perpetrators) It is not possible to determine how many of the sample in each study were survivors of IPV, overall, in the two relevant studies N = 164 (survivors and perpetrators) Age: All participants were over 18. It is not possible to determine ages of victims in the studies Majority of survivors were female, but details not specified. Ethnicity not stated	(1) Reduced level of aggression and IV under the influence of alcohol; (2) Increased safety of IV victims. There is no information about how the outcomes were operationalised in the different studies in the review, other than that six different instruments were used to assess IV/victimisation.	M

Study Crime	Countries	Intervention	Participants	Outcomes	Quality (H/M)
	(N Studies / N Studies in review)	Delivery Mode ----- CBT Intervention Description ----- Comparators	-Description -Sample size -Age - Ethnicity		
Xian-Yu et al., (2022): Cognitive behavioural therapy for children and adolescents with post- traumatic stress disorder: meta-analysis. <i>Crime:</i> <i>Sexual abuse and</i> <i>domestic violence</i>	No information on countries ----- <i>N Studies: 19</i> <i>N in review: 5</i> (19/3)	Face-to-face individual Trauma-focussed CBT (TF-CBT). 8-12 sessions ----- <i>Comparators:</i> - <i>Child-Centred Therapy</i>	Children and adolescents aged <18 years diagnosed with PTSD related to a traumatic event. The meta-analysis of all 19 studies had N = 1777. Of the 3 studies where it is possible to only identify victims of crime, N = 271. Children and adolescents (7-18 years) Majority female across studies but not possible to disaggregate for victims of crime. Varying ethnicity across studies but not possible to disaggregate for victims of crime.	PTSD symptoms	M

Table 5. Characteristics of primary qualitative studies included in the REA

Study Crime Country	Research question	Intervention Description CBT Intervention Description	Intervention Delivery Delivery Mode Group/Individual Duration & Dosage	Participants Description Sample size Age Ethnicity	Quality (H/M)
Murray et al. (2021): A qualitative exploration of mechanisms of intimate partner violence reduction for Zambian couples receiving the Common Elements Treatment Approach (CETA) intervention. <i>Crime:</i> Intimate partner violence (IPV) <i>Country:</i> Zambia	What are the mechanisms of change of a Cognitive Behavioural Therapy (CBT) intervention to prevent IPV revictimization?	CETA: modular, flexible CBT, covering: Psychoeducation, safety planning (women create individualized safety plans to prevent or de-escalate IPV.) cognitive coping and restructuring, violence prevention, and additional elements address depression, anxiety, trauma, and female substance misuse.	Face-to-face Individual/couples 6-12 x 60-minute sessions	Adult female survivors of IPV who participated in CETA with their abusive partner N = 23 100% Female 65% < 35 years old. Black African	M
Thulin et al., (2019): Children's experiences with an intervention aimed to prevent further physical abuse. <i>Crime:</i> Physical child abuse <i>Country:</i> Sweden	What are children's experiences of the Combined Parent–Child Cognitive Behavioural Therapy (CPC-CBT) intervention?	CPC-CBT is a form of trauma-focussed CBT. Voluntary outpatient treatment for families where there has been a report of physical abuse to child welfare and often to the police. Includes four phases: (a) engagement and psychoeducation, (b) effective coping skills, (c) family safety planning and continuation of skill building, and (d) abuse clarification. Every phase includes several components and parenting skills are addressed across all phases.	Face-to-face individual and joint sessions: the children and parents receive treatment individually by separate therapists who came together before join sessions, in parallel sessions. After these sessions, the therapists meet with the children and parents together. No information about dosage or duration.	Children who have suffered physical abuse by a parent N = 20 Age range: 9-17 years Ethnicity and sex not stated	M

Study Crime Country	Research question	Intervention Description CBT Intervention Description	Intervention Delivery Delivery Mode Group/Individual Duration & Dosage	Participants Description Sample size Country Age Ethnicity	Quality (H/M)
Hegarty et al. (2022): Acceptability and mechanisms of change associated with group cognitive behavioural therapy using the Recovering from Childhood Abuse Programme (RCAP) among women with Complex Post Traumatic Stress Disorder (CPTSD): a qualitative analysis. <i>Crime:</i> <i>Child sexual abuse</i> <i>Country:</i> <i>United Kingdom</i>	Two aims are identified: (1) What factors influence the acceptability of the RCAP for patients with CPTSD? (2) What are the potential mechanisms underlying therapeutic change experienced by patients participating in the RCAP?	Recovering from Childhood Abuse is a CBT group intervention promoting adaptive coping strategies which may help overcome CPTSD symptoms in adult survivors of childhood trauma.	Face-to-face group intervention that moved online during the COVID-19 pandemic. The programme lasted 8 months (including a 3 month pause during the first lockdown), and contained 18 sessions, followed by a booster session 3 months after the end of treatment.	Adult female survivors of childhood trauma attending a community psychological trauma service, with clinical presentation of CPTSD N = 10 Mean age = 43.9 100% Female Range of ethnicities cited but not quantified.	M

Appendix C: Quality assessments

EPPI Assessment A. Methodological quality: This is a generic and thus non review specific judgement about the coherence and integrity of the evidence in its own terms. That may be the generally accepted criteria for evaluating the quality of this type of evidence by those who generally use and produce it.

EPPI Assessment B. Methodological relevance: This is a review specific judgement about the appropriateness of that form of evidence for answering the review question, that is the fitness for purpose of that form of evidence. For example, the relevance of certain research designs such as experimental studies for answering questions about process.

EPPI Assessment C. Topic relevance: This is a review specific judgement about the relevance of the focus of the evidence for the review question. For example, a research study may not have the type of sample, the type of evidence gathering or analysis that is central to the review question or it may not have been undertaken in an appropriate context from which results can be generalized to the answer the review question. There may also be issues of propriety of how the research was undertaken such as the ethics of the research that could impact on its inclusion and interpretation in a review.

EPPI Assessment D. Overall assessment: The extent that a study contributes evidence to answering a review question.

Table 6: Summary of outcome of quality assessments for each study in the REA

Study	Methodological quality	Methodological relevance	Topic relevance	Overall assessment
Andersson, G., Olsson, E., Ringsgård, E., Sandgren, T., Viklund, I., Andersson, C., Hesselman, Y., Johansson, R., Nordgren, L.B., & Bohman, B. (2021). Individually tailored Internet-delivered cognitive-behavioural therapy for victims of	Medium	Medium	High	Medium

intimate partner violence: A randomized controlled pilot trial.				
Arroyo, K., Lundahl, B., Butters, R., Vanderloo, M., & Wood, D. S. (2017). Short-Term Interventions for Victims of Intimate Partner Violence: A Systematic Review and Meta-Analysis.	Medium	High	Medium	Medium
Bachem, R., & Maercker, A. (2016). Self-help interventions for adjustment disorder problems: a randomized waiting-list controlled study in a sample of burglary victims.	Medium	Medium	High	Medium
Caro, P., Turner, W., Caldwell, D. M., & Macdonald, G. (2023). Comparative effectiveness of psychological interventions for treating the psychological consequences of sexual abuse in children and adolescents: a network meta-analysis (Review).	High	High	High	High
Crespo, M., Arinero, M., & Soberón, C. (2021). Analysis of Effectiveness of Individual and Group Trauma-Focused Interventions for Female Victims of Intimate Partner Violence.	High	Medium	High	Medium/High
Crespo, M., Hernández-Lloreda, M. J., Hornillos, C., Miguel-Alvaro, A., Sánchez-Ferrer, S., & Antón, A. A. (2024). Evocation of positive memories as complement to trauma-focused cognitive-behavioural therapy for intimate partner violence against women.	High	Medium	High	High
Guay, S., Beaulieu-Prévost, D., Sader, J., & Marchand, A. (2019). A systematic literature review of early posttraumatic interventions for victims of violent crime.	Medium	High	High	Medium/High

Guay, S., Sader, J., Boyer, R., & Marchand, A. (2018). Treatment of acute stress disorder for victims of violent crime.	Medium	Medium	High	Medium
Guerra, C., Taylor, E. P., & Arredondo, V. (2024). Effect of three group interventions on psychosocial functioning in adolescents exposed to interpersonal violence in Chile: A pilot clinical trial.	Medium	Medium	High	Medium
Hegarty, S., et al, (2022). Acceptability and mechanisms of change associated with group cognitive behavioural therapy using the Recovering from Childhood Abuse Programme among women with CPTSD: A qualitative analysis.	Low/Medium	Medium	High	Medium
Herbert, M., & Amedee, L. M. (2020). Latent class analysis of post-traumatic stress symptoms and complex PTSD in child victims of sexual abuse and their response to Trauma-Focused Cognitive Behavioural Therapy.	Medium	Medium	High	Medium
Hiller, A., Springer, C., Misurell, J., Kranzler, A., & Rizvi, S. (2016). Predictors of group treatment outcomes for child sexual abuse: An investigation of the role of demographic and abuse characteristics.	Medium	Medium/Low	High	Medium
Jaberghaderi, N., Rezaei, M., Kolivand, M., & Shokoohi, A. (2019). Effectiveness of Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing in Child Victims of Domestic Violence.	Medium	Medium/Low	High/Medium	Medium
Jafarzade, M., Mohammadpanah Ardakan, A., & Rezapour Mir	High/Medium	Low	High	Medium

Saleh, Y. (2023). The Effectiveness of Play Therapy Combined with a Trauma-focused Cognitive Behavioral Therapy on Trauma Symptoms and the Loneliness Feeling.				
Kane, J. C., et al. (2016). Moderators of treatment response to trauma-focused cognitive behavioral therapy among youth in Zambia.	High	Medium	Medium	Medium
Karakurt, G., Koç, E., Katta, P., Jones, N., & Bolen, S. D. (2022). Treatments for Female Victims of Intimate Partner Violence: Systematic Review and Meta-Analysis.	High	High	High	High
Littleton, H., Grills, A. E., Kline, K. D., Schoemann, A. M., & Dodd, J. C. (2016). The From Victim to Thriver program: RCT of an online therapist-facilitated program for rape-related PTSD.	Medium	Low	High	Medium
Lomax, J., & Meyrick, J. (2022). Systematic Review: Effectiveness of psychosocial interventions on wellbeing outcomes for adolescent or adult victim/victims of recent rape or sexual assault.	High	High	High	High
López-Goñi, J. J., et al. (2021). Impact of a Trauma Intervention on Reducing Dropout from Substance Use Disorder Treatment.	Medium	Low	High	Medium
Miles, L. W., Valentine, J. L., Mabey, L. J., Hopkins, E. S., Stodtmeister, P. J., Rockwood, R. B., & Moxley, A. N. H. (2024). A Systematic Review of Evidence-Based Treatments for Adolescent and Adult Sexual Assault Victims.	High	High	High	High

Molero-Zafra, M., Fernández-García, O., Mitjans-Lafont, M. T., Pérez-Marín, M., & Hernández-Jiménez, M. J. (2024). Psychological intervention in women victims of childhood sexual abuse: a randomized controlled clinical trial comparing EMDR psychotherapy and trauma-focused cognitive behavioral therapy.	Medium	Medium	High	Medium
Murray, S. M., Skavenski Van Wyk, S., Metz, K., Mulemba, S. M., Mwenge, M. M., Kane, J. C., Alto, M., Venturo-Conerly, K. E., Wasil, A. R., Fine, S. L., & Murray, L. K. (2021). A qualitative exploration of mechanisms of intimate partner violence reduction for Zambian couples receiving the Common Elements Treatment Approach (CETA) intervention.	Medium	Low	High	Medium
O'Doherty, L., Whelan, M., Carter, G.J., Brown, K., Tarzia, L., Hegarty, K., Feder, G., & Brown, S.J. (2023). Psychosocial interventions for victims of rape and sexual assault experienced during adulthood.	High	High	High	High
Parcesepe, A. M., Martin, S. L., Pollock, M. D., & Garcia-Moreno, C. (2015). The effectiveness of mental health interventions for adult female victims of sexual assault: A systematic review.	Medium	Medium	High	Medium
Sáez, G., López-Núñez, C., Rojo-Ramos, J., Morenas-Martín, J., Domínguez-Muñoz, F. J., Hernández-Albújar, Y., Barrios-Fernandez, S., Adsuar, J. C., & Collado-Mateo, D. (2023). Evaluating the	Medium	Medium	High	Medium

Effectiveness of a Psychological and Adventure-based Multicomponent Therapeutic Program for Victims of Intimate Partner Violence: A Pilot Study.				
Satchell, J., et al. (2023). Psychological Distress and Interventions for Older Victims of Crime: A Systematic Review.	Medium	Low	High	Medium
Thulin, J., Kjellgren, C., & Nilsson, D. (2019). Children's experiences with an intervention aimed to prevent further physical abuse.	Low/Medium	Low/Medium	High	Medium
Tichelaar, H. K., Deković, M., & Endendijk, J. J. (2020). Exploring effectiveness of psychotherapy options for sexually abused children and adolescents: A systematic review of randomized controlled trials.	Medium	High	High	Medium
Willoughby, M., Janca, E., Kwon, S., Johnston, B., Collins, T., Kinner, S. A., ... & Borschmann, R. (2024). Interventions to prevent and respond to violence against justice-involved young women: A scoping review.	Medium	High	Medium	Medium
Wright, M. M. M., Kankkunen, P. M., & Jokiniemi, K. S. (2023). Prevention interventions for interpersonal violence occurring under the influence of alcohol: A mixed method systematic review.	Medium	High	Low	Medium
Xian-Yu, C. Y., Deng, N. J., Zhang, J., Li, H. Y., Gao, T. Y., Zhang, C., & Gong, Q. Q. (2022). Cognitive behavioral therapy for children and adolescents with post-traumatic stress disorder: Meta-analysis.	Medium	High	Medium	Medium

Zang, Y., Su, Y. J., McLean, C. P., & Foa, E. B. (2019). Predictors for excellent versus partial response to prolonged exposure therapy: Who needs additional sessions?	Medium	Low/Medium	High	Medium
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