Foundations
What Works Centre for Children & Families

INTERVENTIONS TO SUPPORT CHILDREN & YOUNG PEOPLE WHO HAVE EXPERIENCED CHILD SEXUAL ABUSE –WHAT WORKS FOR WHOM, UNDER WHAT CIRCUMSTANCES, AND WHY

Umbrella Review Protocol

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Summary

Foundations – What Works Centre for Children and Families has commissioned a systematic review of interventions to support children and young people who have experienced child sexual abuse (CSA). This includes interventions for the children and young people themselves, and interventions for parents/carers that help them to support their child following CSA.

There are four key strands to the study – this protocol covers the umbrella review:

1. An umbrella review (this protocol)
2. A realist review
3. A narrative review
4. Consultations with key stakeholders.

The umbrella review has been designed to provide a consolidated summary of what is currently known in existing systematic reviews about interventions to support children and young people aged 0–25 years who have experienced CSA. Its primary purpose is to assess the effectiveness of these interventions and to identify the practice elements or components that may change the effectiveness of the intervention.

This focus is necessary because the existing evidence is fragmented across multiple systematic reviews. Some reviews look at therapeutic approaches such as cognitive behavioural therapy, while others consider family-based or broader psychosocial interventions. However, these reviews often differ in scope, population focus, outcomes assessed, and methodological quality. This variation makes it difficult for practitioners, policymakers, and researchers to draw reliable conclusions about which interventions are most effective and why.

By using an umbrella review methodology, the study will synthesise findings from across existing reviews, offering a higher-level perspective. This allows for two key contributions. First, it will provide a clearer answer to the question of which interventions are effective in improving outcomes for children following CSA. Second, it will highlight the intervention components or practice elements that are consistently associated with more positive results, pointing towards what is likely to make an intervention better or worse.

The value of this approach lies in offering a reliable, single resource that maps the current state of knowledge from existing reviews of interventions. These findings, alongside those of the realist and narrative reviews and stakeholder consultations, will build a more complete and connected understanding of what works, for whom, and why.

The findings of the study will inform a Practice Guide being written by Foundations in 2027, and advisory groups will advise on other appropriate means of dissemination.

Contents

Background, rationale, and question formulation

Background

Foundations has commissioned the Universities of Lancashire, Manchester Metropolitan, and Bedfordshire to undertake a systematic review of interventions to support children and young people (aged 25 and under) who have experienced child sexual abuse (CSA). This includes interventions for the children and young people themselves, and interventions for parents/carers that help them to support their child following CSA.

CSA is defined, as per Working Together to Safeguard Children (DfE, 2023:160) as "forcing or enticing a child or young person *[under 18 years of age]* to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse." Any form of CSA, including child sexual exploitation (CSE), is within scope.

CSA is an issue of significant concern across the UK (and globally), both in terms of its prevalence and the impact of experiencing it. Exact prevalence levels are hard to determine, given the multiple barriers to disclosure and identification and limitations of existing datasets, but evidence suggests that at least one in 10 children in the UK experience some form of CSA before the age of 16 (Karsna and Kelly, 2021). When we include experiences that occur aged 16/17 (which also constitute CSA) some studies report rates as high as almost one in four (Radford et al., 2011).

CSA can take many different forms. It can affect any child, at any stage of childhood (Beckett and Walker, 2017; IICSA, 2022). Impacts are known to be wide-ranging and significant, in both the short and longer term. The need for a timely, holistic, and effective response, that is tailored to the unique experiences and needs of the child (and their family), is well documented across a range of studies – as are the implications of the absence of such a response (Warrington et al., 2017; Allnock et al., 2022; IICSA, 2022; Vera-Gray, 2023).

The urgent need for an enhanced response to CSA has also been articulated in a series of inquiries, reviews, and audits over the past 10 years. Some have focused on particular manifestations of CSA, such as the 2025 Casey Audit on group-based CSA, while others have had a broader remit encompassing all forms of CSA. Most notable of these was the Independent Inquiry into CSA (IICSA) in England and Wales, that ran from 2015 to 2022, highlighting 20 priority recommendations in its final report (IICSA, 2022). The government committed to implementing these in its April 2025 Progress Update on tackling child sexual abuse (Home Office, 2025) as part of a suite of measures designed to improve responses to CSA; including the Practice Guide which this review will inform.

Study overview

The research questions underpinning the overall study design are:

RQ1. What works: Which interventions are effective in supporting and improving outcomes in children and young people aged between 0–25 who have experienced CSA?

RQ2. For whom: What are the different types of interventions, how are they defined, and which models are effective for different populations of children and young people aged between 0–25?

RQ3. How and why: What practice elements and intervention components are associated with successful interventions when supporting this population?

RQ4. Implementation: What are the enablers and barriers to successful implementation of interventions when supporting children/young people who have experienced CSA and their families?

RQ5. User perspectives and needs: What are the views of intervention users and practitioners about the acceptability and usefulness of CSA interventions?

RQ6: More broadly, what do children and young people who have experienced CSA (and their caregivers) tell us they want and need in terms of support following CSA?

The study includes four key strands which, together, seek to build a comprehensive understanding of the nature and effectiveness of interventions supporting children and young people post-CSA, contextualised with reference to their self-identified needs and priorities following sexual abuse.

The four key strands are:

1. An umbrella review, synthesising findings from existing reviews of interventions – the focus of this protocol
2. A realist review, to more qualitatively explore what interventions work for whom, in what contexts and why

Recognising variable levels of evidence around different types of intervention, the limited inclusion of lived experience perspectives in some of this evidence and the breadth and diversity of children's needs post-CSA, the study will also include:

3. A narrative review of lived experience evidence about what children want and need after CSA more broadly
4. Stakeholder consultations (eliciting both lived and practice expertise) to consider the practice implications of the synthesised findings of the three reviews and to help identify key gaps in the existing evidence base.

The findings of the study will inform a Practice Guide being written by Foundations in 2027, and Advisory Groups will advise on other appropriate means of dissemination.

Rationale and question formulation

As noted above, CSA has wide-ranging and long-term impacts on those who experience it, yet the evidence on how best to support children and young people in the aftermath of abuse is fragmented across numerous systematic reviews. These reviews vary in scope, populations, and intervention types, making it difficult for practitioners, policymakers, and researchers to gain a clear picture of what works and why. An umbrella review offers an efficient way to consolidate this evidence, highlight where there is agreement, and identify gaps where knowledge is lacking.

The umbrella review will focus on two central questions:

a) What is the effectiveness of interventions aimed at supporting and improving outcomes for children and young people aged 0-25 who have experienced CSA?
b) What practice elements and intervention components are commonly associated with more effective outcomes in this population?

By addressing these questions, the review will provide a single, reliable resource that maps the current state of knowledge from existing reviews of interventions. Its findings will align with and support the complementary realist and narrative reviews, and stakeholder consultations ensuring that together the four strands produce a fuller and more connected understanding of effective responses to CSA.

Umbrella review methods

This umbrella review will be undertaken in accordance with JBI Manual for Evidence Synthesis for umbrella reviews (Aromataris et al., 2020). The findings from the umbrella review will be reported in accordance with PRISMA-E (Welch et al., 2012). PRISMA-E was originally developed for systematic reviews, but the methodological headings are similar to what is commonly reported within umbrella reviews.

Inclusion criteria

An overview of the inclusion criteria is presented in Table 1, with further detail provided below.

Table 1: PICO criteria

PICOs	Inclusion criteria
Participants	Children and young people aged 0–25 who have experienced any form of CSA when aged 17 or under, and parents/carers of these children.
Interventions	Any post-CSA support intervention designed to help children and young people who have experienced CSA.
Comparison	Systematic reviews that compare interventions with business as usual, standard care or no intervention, or with other comparable active interventions within the specified population.
Outcomes	Systematic reviews that report outcomes linked directly or indirectly to the child or young person's wellbeing, social, psychological, or physical health.
Types of studies	Quantitative systematic reviews that use meta-analyses, network meta-analyses, or other quantitative synthesis methods.

Participants

Children and young people aged 0–25 years old who have experienced any form of CSA (including Child Sexual Exploitation (CSE)) when aged 17 or under. Systematic reviews that include broader age ranges will be eligible for inclusion only if they provide disaggregated data specific to children and young people aged 0-25.

The review includes interventions that support children and young people up to age 25 to reflect statutory frameworks, delayed disclosure patterns, and the importance of the child/adult transition phase. This also aligns with the Department for Education's aspirations to expand victim-support services and the National Institute for Health and Care Research's 0-25 age range criterion.

Parents and carers of children who have experienced CSA when aged 17 or under will also be included.

Interventions

Any post-CSA support interventions (Levels 2–4, see below) designed to support children and young people who have experienced CSA. This includes both interventions with the child/young person and parenting/whole family interventions designed to improve outcomes for the child. This can take many different forms including therapeutic support, practical and emotional support, crisis management support, medical assessment and

treatment, specialist tailored support, peer support, social care interventions, and support through criminal justice processes.

These can be delivered by a range of services, including: Early Help Services and Children's Social Care; voluntary and community sector services; education, health services; police and youth justice; and private intervention delivery partners. Universal services, accessible to all children, are not in scope.

- **Universal services (Level 1)** are accessible to all: schools, GP practices, healthcare, early years settings (not in scope)
- **Early Help/Targeted support (Levels 2–3)** includes additional, potentially multi-agency, support like parenting programmes, family support, lead professionals, etc. (in scope)
- **Specialist or statutory services (Level 4)** involve formal social care interventions under legal frameworks when needs are complex or risk is high (in scope).

Comparison

Systematic reviews comparing interventions to 'business as usual' (standard care/no intervention) or to other comparable active interventions within the specified population.

Outcomes

Systematic reviews reporting on outcomes related directly or indirectly to the child or young person's wellbeing, social, psychological, or physical health. The umbrella review will include reviews of any intervention with any outcomes for this population; we will not include search terms for these elements in the search strategy to ensure the search is sensitive enough to identify all relevant papers. Anticipated outcomes may include, for example:

- child Mental Health and Wellbeing (e.g. anxiety, depression, post-traumatic stress disorder)
- externalising manifestations (e.g. aggression, attachment difficulties, self-harming) and internalising manifestations (e.g. withdrawal, somatic complaints)
- CSA Knowledge and Awareness (e.g. understanding of healthy relationships)
- child's Psychosexual & Psychosocial Development and subjective experiential outcomes (e.g. improved self-esteem, social functioning, social and community engagement, social relationships, trust and engagement with professional services).

This aligns with the inclusive approach recommended by our Lived Experience Advisory Groups who have identified a wide range of important outcomes post-CSA.

Types of studies

We will include quantitative systematic reviews that use meta-analyses, network meta-analyses, or other quantitative synthesis methods, provided they meet internationally recognised methodological standards such as those of Cochrane, JBI, or the Campbell Collaboration. Only reviews published from the year 2010 onwards will be eligible due to

time and budgetary limitations. Scoping reviews, narrative reviews, rapid evidence summaries, and opinion pieces will be excluded.

Identifying relevant work

Search strategy and search terms

A multi-database search will be undertaken across the following key databases: Medline (Ovid), Embase (Ovid), CINAHL (EBSCOhost), PsycINFO (EBSCOhost), SocINDEX (EBSCOhost), Cochrane Library, Scopus, and Social Science Citation Index (Web of Science).

Search terms for the population of children and young people who have experienced CSA will be based on terms used in a recent Cochrane review by Caro et al., (2023) with additional terms identified by the review team (see Appendix). Population terms will be combined with the Canadian Agency for Drugs and Technologies in Health (CADTH) search filter to identify systematic reviews and health technology assessments.[1] The searches will be limited by date to 2010 onwards and will be limited to papers published in English due to time and budgetary limitations. No other limits will be applied to the searches.

Since the umbrella review will include reviews of any intervention with any outcomes for this population, we will not include search terms for these elements in the search strategy to ensure the search is sensitive enough to identify all relevant papers. This broad approach will also allow us to identify potential sources of evidence for the realist review and aligns with the inclusive approach recommended by our Lived Experience Advisory Groups, who have identified a wide range of significant interventions and outcomes following CSA. See the Appendix for the full search strategy for Ovid MEDLINE.

References will be managed using a reference manager (EndNote) and Rayyan. Duplicates will be removed, and screening decisions recorded in a PRISMA-compliant tracking sheet.

Study selection criteria

Initially, a pilot phase will involve screening 10% of retrieved abstracts and titles, with a second independent reviewer screening the same subset. Any discrepancies will be discussed before proceeding with the remaining screening. A kappa score will be calculated to assess agreement during this pilot screening process. Substantial agreement (0.61% – 0.80%) is necessary to continue; if this threshold is not met, additional increments of 10% will be screened until substantial agreement is achieved. Following this, the remaining abstract and title screening will be conducted by a single reviewer using Rayyan. Full-text screening will follow the same 10% verification process. Exclusion reasons will be documented and reported for full paper screening.

[1] See: https://searchfilters.cda-amc.ca/link/33

AI will be used to verify rather than conduct both title/abstract and full-text screening. Specifically, Microsoft 365 Copilot will apply the protocol's eligibility criteria to each record via a structured checklist, extract verbatim evidence for each criterion, classify each as Meets/Unclear/No with an associated confidence score, and generate a provisional overall decision (Include/Exclude/Include-Unclear). For both stages, Copilot will run two sequential, identical passes: first using criteria-aware keyword and semantic matching for titles/abstracts, then using targeted section scanning, semantic retrieval-based Q&A. The second pass will independently cross-validate preliminary decisions, flagged uncertainties, and evidence quotes, with any discrepancies routed to arbitration. Final screening decisions will remain the responsibility of human reviewers; any disagreements or uncertainties identified by the AI will be resolved by a human, and no records will be excluded solely based on the AI's output. Prompt development will be conducted in Copilot using a human double-verified 10% 'gold standard' dataset from both stages to derive and iteratively refine a single prompt command, which will then be blind tested for accuracy and calibration against that dataset and documented in the final review.

Study records

The data extraction form will be pre-piloted. Two reviewers will independently extract data from 10% of the included reviews to ensure consistency and agreement. AI will be used to verify, rather than conduct, data extraction, following a similar two-stage procedure to the title/abstract and full-text screening. Specifically, Microsoft 365 Copilot will apply the review's predefined extraction framework to each included study, identifying and extracting verbatim evidence for key items (e.g. review aims and review date range/search dates). Each field will be tagged as Complete, Partial, or Unclear with an associated confidence score. As in screening, Copilot will run two sequential, identical passes; the second pass independently cross-validates the extracted data, evidence locations, and confidence ratings from the first, with discrepancies flagged for human resolution. Final extracted data remains the responsibility of human reviewers, and no study information will be excluded or altered solely on the basis of the AI's output. Prompt development for data extraction will mirror the screening phase, using a human double-verified 10% 'gold standard' dataset to refine and validate the extraction prompt for accuracy and consistency.

The extracted data will include:

Review methodology and scope

- Review aims
- Type of review (e.g. Cochrane, JBI, systematic review)
- Total number of included primary studies
- Type of included studies
- Review date range (search dates)
- List of included primary studies.

Review authors' inclusion criteria (summary)

- Population
- Intervention
- Comparator
- Outcome
- Study type.

Population (P) (included studies)

- Age
- Gender (percentage of female)
- Form of CSA
- Countries of included studies.

Intervention (I) (included studies)

- Intervention types
- Intervention for parents/carers and/or child/young person 25 or under
- Intervention descriptions.

Comparator (C) (included studies)

- Comparator(s) (e.g. usual care, no intervention, alternative intervention).

Risk of bias assessment

- Critical appraisal tool
- Overall critical appraisal outcome.

Outcome (O) (included studies)

- Outcome measures
- Effectiveness estimates:
    - Mean difference (MD)
    - Standardised mean difference (SMD)
    - Risk ratios (RR)
    - Odds ratios (OR)
    - Correlation coefficient (r)
    - Number needed to treat (NNT)/number needed to harm (NNH)
- Measures of heterogeneity (e.g. I^2)
- Statistical significance (p-values)
- Subgroup and sensitivity analyses (e.g. gender, ethnicity, disability, care-experienced)
- Tests for publication bias (e.g. Egger's test, funnel plots)
- GRADE strength of evidence scores.

Risk of bias assessment

Quality of included reviews will be assessed using AMSTAR-2 (Tugwell et al., 2017). Reviewer 1 will assess risk of bias, with 10% check by Reviewer 2. Studies will not be excluded based upon the quality of the systematic review methods. In the reporting of key findings from the systematic reviews, any methodological caveats will be presented alongside the corresponding certainty estimates/narrative summary.

Certainty assessment

Grade assessment will be undertaken by two reviewers and presented and discussed with the wider team regarding the underpinning decisions. If a systematic review has already undertaken a grade assessment the original decision will be verified to assess the original decision. An additional assessment of strength of evidence will be undertaken using Foundations' evidence rating scale (Foundations, 2025).

Summarising the evidence

To manage and assess the overlap of primary studies across included systematic reviews, we will use the GROOVE tool (Graphical Representation of Overlap for OVErviews) (Bracchiglione et al., 2022). For each included review, we will extract the list of primary studies and input them into GROOVE to generate a citation matrix and calculate the Corrected Covered Area (CCA). This will allow us to identify instances where the same primary study appears in multiple reviews, quantify the degree of overlap, and visually map the distribution of primary evidence across the included systematic reviews.

In managing overlap across reviews, the presence of the same primary study in multiple systematic reviews will not be treated as redundancy, since individual studies may contribute uniquely depending on the population, outcomes, intervention comparisons, or synthesis methods applied. Where multiple reviews report on the same PICO (Population-Intervention-Comparator-Outcome) pair, one review will be prioritised for the presentation of pooled or summary effect estimates. Prioritisation will be based on methodological quality (assessed using AMSTAR-2), recency of searches and publication, and comprehensiveness in terms of scope and coverage of relevant studies. The prioritised review will provide the main summary estimates, while other overlapping reviews will remain included for narrative synthesis and methodological verification. These additional reviews will be particularly valuable where they employ alternative synthesis approaches (such as meta-regression or sensitivity analyses), focus on specific subgroups, or report outcomes and contextual insights not captured in the prioritised review. This approach ensures a rigorous and transparent synthesis while supporting triangulation and the integration of complementary evidence.

The main findings will be grouped thematically by:

- Type of intervention and comparators
- Population subgroup

- Target outcomes (e.g. outcome type and ≤ 12 months; > 12 months).

A narrative synthesis will summarise patterns in effectiveness. If reviews provide pooled estimates (e.g. from meta-analyses), these will be reported. All effect estimates will be presented, along with any reported subgroup analyses, sensitivity analyses, publication bias assessments, and meta-regression results for each included systematic review. EDIE factors will be considered as potential moderating variables within the additional analyses (e.g. subgroup analyses, sensitivity analyses, and meta regression). For reviews without pooled effect estimates, we will summarise reported findings narratively, focusing on the number of studies, direction of effect, and authors' conclusions. We will not reproduce detailed descriptions of individual studies unless they offer unique insights.

All effect estimates and their corresponding GRADE certainty ratings will be presented within EPPI-Mapper. This visual tool will enable clear and transparent comparisons across interventions and outcomes, facilitating understanding of the overall certainty associated with different findings. This comprehensive mapping will also be used to identify areas within the effectiveness evidence base that warrant further in-depth exploration.

Registration

The umbrella review protocol will be prospectively registered on the Open Science Framework (OSF) and hosted on the Foundations website to ensure transparency and minimise risk of bias.

Personnel

Delivery team:

- James Hill (JH), Catherine Harris (CH), and Jennifer Kuroski (JK) (University of Lancashire)
- Anita Franklin (AF) (Manchester Metropolitan University)
- Debra Allnock (DA) (University of Bedfordshire).

Timeline

Dates	Activity	Staff responsible/ Leading
1 week	Run initial search	CH
1.5 months	Abstract and title screening	JK, JH
2 months	Full paper screening	JK, JH, DA
2.5 months	Data extraction quality assessment	JK, JH, AF, DA
3 months	Evidence synthesis	JH, AF
4 months	Report development	JK, JH, AF, DA

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Appendix: Search terms

Terms that are no longer recommended practice in the UK are included to support a comprehensive search. Their inclusion does not indicate endorsement by the research team, whose work aligns with victim/survivor principles included in the international CSA Terminology Guidelines (ECPAT International, 2025:154).

Terms for sexual abuse	Child Abuse, Sexual/ [MesH term] OR Sex Offenses/ [MesH term] OR Rape/ [MesH term] OR Incest/ [MesH term] OR sex* abus* OR Sex* offen* OR Sex*assault* OR Sex* coerc* OR Sex* exploit* OR Sex* in-appropriate OR Sex* inappropriate OR Sex* victim* OR Sex* violen* OR Sex* harm* OR incest* OR rape* OR molest* OR traffick* OR modern slavery OR groom* OR child prostitut* OR porn* OR forced marriage* OR child-on-child abuse

	OR peer abuse OR sibling abuse OR online abuse OR technology facilitated abuse OR Image based abuse OR child sex trafficking OR commercial child sexual exploitation OR domestic minor sex trafficking
AND	**AND**
Terms for children or young people or parents/carers	Infant/ [MesH term] OR exp Child/ [MesH term] OR Adolescent/ [MesH term] OR exp Parents/ [MesH term] OR Baby OR Babies OR Boys OR Girls OR infant* OR preschool* OR pre-school* OR child* OR juvenile* OR teen* OR adolescen* OR youth* OR young people* OR young person* OR parent* OR carer*

	OR mother* OR Mum OR Mums OR Mom OR Moms OR father* OR Dad OR dads
AND	**AND**
Search filter to identify systematic reviews as the study type	See: The CADTH search filter to identify systematic reviews. Canada's Drug Agency Search Filters Database. Ottawa: Canada's Drug Agency. https://searchfilters.cda-amc.ca/link/33

Search string

Ovid MEDLINE(R) ALL

1. Child Abuse, Sexual/
2. Sex Offenses/
3. Rape/
4. Incest/
5. (sex* adj (abus* or offen* or assault* or coerc* or exploit* or in-appropriate or inappropriate or victim* or violen* or harm*)).tw.
6. (incest* or rape* or molest* or traffick* or modern slavery or groom* or child prostitut* or porn* or forced marriage* or child-on-child abuse or peer abuse or sibling abuse or online abuse or technology facilitated abuse or child sex trafficking or commercial child sexual exploitation or domestic minor sex trafficking).tw.
7. or/2-6
8. Infant/
9. exp Child/
10. Adolescent/
11. exp Parents/
12. (baby or babies or boys or girls or infant* or preschool* or pre-school* or child* or juvenile* or teen* or adolescen* or youth* or young people* or young person*).tw.
13. (parent* or carer* or mother* or mum or mums or mom or moms or father* or dad or dads).tw

14. or/8-13
15. 7 and 14
16. 1 or 15
17. (systematic review or meta-analysis).pt.
18. meta-analysis/ or systematic review/ or systematic reviews as topic/ or meta-analysis as topic/ or "meta analysis (topic)"/ or "systematic review (topic)"/ or exp technology assessment, biomedical/ or network meta-analysis/
19. ((systematic* adj3 (review* or overview*)) or (methodologic* adj3 (review* or overview*))).ti,ab,kf.
20. ((quantitative adj3 (review* or overview* or synthes*)) or (research adj3 (integrati* or overview*))).ti,ab,kf.
21. ((integrative adj3 (review* or overview*)) or (collaborative adj3 (review* or overview*)) or (pool* adj3 analy*)).ti,ab,kf.
22. (data synthes* or data extraction* or data abstraction*).ti,ab,kf.
23. (handsearch* or hand search*).ti,ab,kf.
24. (mantel haenszel or peto or der simonian or dersimonian or fixed effect* or latin square*).ti,ab,kf.
25. (met analy* or metanaly* or technology assessment* or HTA or HTAs or technology overview* or technology appraisal*).ti,ab,kf.
26. (meta regression* or metaregression*).ti,ab,kf.
27. (meta-analy* or metaanaly* or systematic review* or biomedical technology assessment* or bio-medical technology assessment*).mp,hw.
28. (medline or cochrane or pubmed or medlars or embase or cinahl).ti,ab,hw.
29. (cochrane or (health adj2 technology assessment) or evidence report).jw.
30. (comparative adj3 (efficacy or effectiveness)).ti,ab,kf.
31. (outcomes research or relative effectiveness).ti,ab,kf.
32. ((indirect or indirect treatment or mixed-treatment or bayesian) adj3 comparison*).ti,ab,kf.
33. (multi* adj3 treatment adj3 comparison*).ti,ab,kf.
34. (mixed adj3 treatment adj3 (meta-analy* or metaanaly*)).ti,ab,kf.
35. umbrella review*.ti,ab,kf.
36. scoping review*.ti,ab,kf.
37. (multi* adj2 paramet* adj2 evidence adj2 synthesis).ti,ab,kf.
38. (multiparamet* adj2 evidence adj2 synthesis).ti,ab,kf.
39. (multi-paramet* adj2 evidence adj2 synthesis).ti,ab,kf.
40. or/17-39
41. 16 and 40
42. limit 41 to yr="2010 -Current"