**SUPPLEMENTARY MATERIAL**

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**1. Supplementary Methods**

**a. Search Strategy**

The present analyses did not consider separation from parents, abandonment and parental loss given the heterogenous definitions used to describe such type of adversities across studies.

Titles and abstracts of articles were screened independently by three reviewers (LA and VR for psychological articles and LA and MA for biological articles, with 95% and 85% agreement; agreement was considered when equal quality assessment scores were). Discrepancies were resolved through discussion at a project group meeting.

Parallelly, a cross-reference search extracting title/abstract from identified reviews plus full-text check of potential additional eligible studies from these reviews was performed by two different authors (PM and GT).

**(EMBASE, Psyinfo and MEDLINE through Ovid provider, and Cochrane Libraries through Cochrane website)**

 ***Childhood adversity terms***

*108. sexual abuse.mp.*

*109. physical abuse.mp.*

*110. emotional abuse.mp.*

*114. psychological abuse.mp.*

*117. maltreat\*.mp.*

*118. bully\*.mp.*

*119. bullied.mp.*

*123. parental loss.mp.*

*124. (Separation adj5 parent).mp.*

*138. childhood trauma.mp.*

*139. early trauma.mp.*

*155. Neglect\*.mp.*

*156. (trauma\* adj5 experienc\*).mp.*

*160. adversit\*.mp.*

*161. (advers\* adj5 experienc\*).mp.*

*233. exp Child Abuse/*

*234. exp Physical Abuse/*

*235. exp Sexual Abuse/*

*236. exp Emotional Abuse/*

*237. exp Child Neglect/*

*238. exp Emotional Trauma/*

*239. exp BULLYING/*

*240. exp Parental Absence/*

*241. exp RAPE/*

*242. exp Domestic Violence/*

*243. exp Victimization/*

***Mediation terms***

*127. mediat\*.mp.*

 *130. (psycholog\* adj3 mechanism\*).mp.*

*131. (biolog\* adj3 mechanism\*).mp.*

*143. path analysis.mp*

*157. network analysis.mp.*

*170. structural equation.mp.*

*171. path analysis.mp*

*246. exp MEDIATION/*

*247. exp Structural Equation Modeling/*

*248. exp Path Analysis/*

***Psychosis terms***

*87. psychosis.mp.*

*88. psychot\*.mp.*

*100. schizophr\*.mp.*

*101. schizotyp\*.mp.*

*102. hallucinat\*.mp.*

*103. parano\*.mp.*

*104. delusion\*.mp.*

*105. persecut\*.mp.*

*167. (disorganiz\* adj5 symptom\*).mp.*

*168. (disorganiz\* adj5 dimension\*).mp.*

*251. exp PSYCHOSIS/*

*252. exp SCHIZOPHRENIA/*

*253. exp CHILDHOOD SCHIZOPHRENIA/*

*254. exp SCHIZOTYPY/*

*255. exp HALLUCINATIONS/*

*256. exp PARANOIA/*

*257. exp DELUSIONS/*

*258. exp PERSECUTION/*

**b. Data extraction procedures**

*Definition of the different types of mediating effects*

Null mediation was considered as the situation in which the indirect or mediating effect is not statistically significant (p>0.05). “Partial mediation” is the situation in which the path between adversity and psychosis (also called the direct effect) is reduced but still statistically significant when the mediator is introduced. “Total mediation” describes the case were the path between adversity and psychosis (direct effect) is no longer significant after the introduction of the mediating variable. “Suggested mediation” was considered when the indirect (or mediating) effect were reported but not the direct effects, not allowing us to determine whether the mediation was total or partial. “Suggested mediation” was also considered in a subset of studies using a regression-based approach, in which an important reduction of the total effect occurred once the mediator was included in the model. Studies including this type of scenario were also considered but where rated and methodologically less robust (section “Assessment of outcome” from the Newcastle Ottawa Scale as described above) than the ones testing mediation with mediation analyses, path analyses, structural equation models (SEM)) and providing the direct and indirect effects. Data extraction was performed in duplicate (50% of papers by LA and GT and 50% by LA and PM).

*Estimation of the percentage of total effect mediated*

This measure is the proportion of the total effect that is accounted for by the pathway through the mediating variable. Despite reported by authors in most of the papers; when this information was not given, we estimated the percentage by dividing the indirect (or mediating effect) by the total effect (shown in coefficients) and multiplying it by 100 according to previous published studies (Alwin and Hauser, 1975). When results were reported in odd rations, and not in coefficients, these were transformed into log odds before calculating the percentage. Authors were contacted when provided data was not enough to extract as exposed. We managed to obtain this information for 83.1% of the analyses that found a significant indirect effect, details are provided in **Figure 2** footnote and the percentage of total effect mediated can also be found in detailed Tables S1a, S1b and S1c.

*Estimation of the proportion of analyses showing evidence of mediation*

In **Tabes 1, 2, 3** and **Table S2**, as well as in the text we provided the “percentage of analyses showing evidence of mediation”, across all categories of mediators. We considered that one analysis showed evidence of mediation when authors reported significant p-values (<0.05) in the indirect (or mediating) effects, or when using a regression-based approach, an important reduction of the total effect occurred once the mediator was included in the model. This allowed us to provide the percentage of analyses supporting mediation per category (as an example: for dissociation in general population there were 17 pathways tested across 6 different studies, 12 of them were supportive of mediation and 5 were not, thus 70% (12/17) of analyses were supportive of mediation through dissociation in the general population).

**c. Quality assessment procedures**

The quality assessment was carried out using the Newcastle–Ottawa Scale (see Quality Assessment Tool (Stang, 2010)) for cohort studies by two independent reviewers (LA and PM). Those papers over which there was disagreement were discussed at a project group meeting. The Newcastle–Ottawa is a ten-point scale allocating points based on: the selection of cohorts (e.g. representativeness of the sample; 0–4 points), the comparability of cohorts (e.g. whether the study controls for confounding factors; 0–2 points), the identification of the exposure (e.g. objectivity of exposure measurement) and the outcomes of study participants (e.g. independence of outcome measurement, adequacy of follow-up; 0–3 points). Scores were considered as follows: “poor” quality for 3 or less; “fair” between 4 and 7 and “good” for scores of 8 or above. The agreed quality grades of each study are presented in Table S1 and the specific criteria used for our systematic review are specified in the Newcastle Ottawa Scale displayed below.

**Newcastle Ottawa Scale Selection**

*Note: A study can be awarded a maximum of one star for each numbered item within the Selection and Exposure categories. A maximum of two stars can be given for Comparability.*

1. Representativeness of the exposed cohort
	1. truly representative of the average individuals with psychosis or attenuated psychotic symptoms in the community \*
	2. somewhat representative of the average individuals with psychosis or attenuated psychotic symptoms in the community \*
	3. selected group of users eg nurses, volunteers
	4. no description of the derivation of the cohort
2. Selection of the non exposed cohort
	1. drawn from the same community as the exposed cohort \*
	2. drawn from a different source
	3. no description of the derivation of the non-exposed cohort
3. Ascertainment of exposure
	1. secure record\*
	2. structured interview\*
	3. written self-report\* (star included here given the common use of self-reports in the field of adversity in psychosis)
	4. no description
4. Demonstration that outcome of interest was not present at start of study
	1. yes \* (here we considered a start when the mediator was not present at the time of the assessment to traumatic experiences)
	2. no Comparability
5. Comparability of cohorts on the basis of the design or analysis
	1. study controls for confounders \*
	2. study controls for any additional factor (we considered a start here if studies used a robust method of adjustment for multiple comparison such as bootstrapping)
6. Outcome
	1. Assessment of outcome
		1. independent blind assessment \*
		2. record linkage \*
		3. self-report
		4. no description
7. (in this section we considered none star if studies did not report the indirect and direct effects nor the percentage of total effect mediated. One start if they reported that information partially and two stars if they provided that information fully)
8. Was follow-up long enough for outcomes to occur
	1. yes (if follow-up longer than 6 months) \*
	2. no
9. Adequacy of follow up of cohorts
	1. complete follow up - all subjects accounted for \*
	2. subjects lost to follow up unlikely to introduce bias - small number lost - > 20 % \*
	3. follow up rate < 80%) and no description of those lost
	4. no statement

**2. Supplementary Tables**

**Table S1a.** Overview of clinical studies included in this review

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authors****Country** | **Sample****Mean Age****% female** | **Design** | **Measures of childhood adversity** | **Mediator(s)** | **Analysis** | **Boostrap** **(yes / no) / confounders (yes / no)** | **Psychosis** | **Main findings****Pathway****Total / partial mediation****Direct Effect (DE)****Indirect effect (IE)****% total effect mediated** | **Quality Score** |
| **Appiah-Kusi *et al.* (2017)** **UK** | 30 UHR; 38 HC23.956.7% | Cross sectionalCase control study | EACTQ | (1) Schematic beliefs (BCSS)1.a - Negative Self-schemas (NSS) | Regression based approach | YesYes (Cannabis use, depression, anxiety) | (1) UHR caseness (2) Paranoia(PSQ) | **EN 🡪 BCSS 🡪 UHR**Partial mediation (DE = 0.261\*; IE = 0.045\*)% = 14.7**EN 🡪 BCSS 🡪 PSQ**Partial mediation (DE = 1.353\*; IE = 0.988\*)% = 42.2Other adversities were not related to outcomes so were not included for mediation analyses | 6 |
| **Chatziioannidis *et al.* (2019)****Switzerland** | 63 SSP; 61 HC44.4 SSP30.16% SSP39.33 HC29.5% HC | Cross sectionalCase control study | CompositeCECA.Q | (1) Attachment (ECR-R)1.a - Avoidance1.b - Anxiety | Parallel Multiple mediation model | YesYes (education) | (A) Caseness (SSP)(MINI) | **CT 🡪 1.b 🡪 SSP**Partial mediation (DE = 1.70\*; IE = 1.24\*)% = 41.9No significant mediation of attachment avoidance between CT and SSP | 6 |
| **Choi Ji *et al.* (2015)** **Republic of Korea** | 126 psychosis36.155.6% | Cross sectional | Composite abuse (CA) Korean CTQ | (1) Posttraumatic stress symptoms (IESR) | SEM | NoNo | (1) Psychotic symptoms (PS)PSYCH subscale of the PSY-5 factor scale of MMPI-2 | **CA 🡪 IESR 🡪 PS**Partial mediation (DE = 0.30\*; IE = 0.171\*) % = 36.3  | 4 |
| **Evans *et al.* (2015)****UK** | 29 EP; 31 HC18-38 EP34.5% EPNA HC38.7% HC | Cross sectionalCase control study | Composite and subscales (SA, PA, EA, PN, EN) CTQ | (1) The Self-Concept Clarity Scale (SCCS)(2) Dissociation (DES-II) | Mediation analysis  | YesNo | (1) Caseness (PANSS) | **EN 🡪 SCCS 🡪 1**Total mediation (DE = 0.033; IE = 0.157\*)% = 82.8None of the other total effects were significant so no mediation was possibleThe remaining pathways between EN and caseness through SCCS and DES were not significant  | 5 |
| **Hardy *et al.* (2016)****UK** | 228 psychosis38.2 27.6% | Cross sectional | Childhood sexual abuse (SA), childhood physical abuse (PA) Childhood emotional abuse (EA)THQ | (1) PTSD symptoms(SRS-PTSD)1.a - Avoidace & Numbing1.b - Hyperarousal1.c - Intrusive trauma memory(2) Cognitive bias / schemas (BCSS)2.a - Negative others beliefs | Mediation analysis | No Yes (age, gender and ethnicity | (A) Positive symptoms A.1 - Auditory hallucinationsA.2 - Persecutory hallucinationsA.3 - Ideas of reference | **SA 🡪 1.a 🡪 A.1**Total mediation (DE = 2.052; IE = 1.475\*)% = 48.74**SA 🡪 1.b 🡪 A.1**Total mediation (DE = 2.104; IE = 1.439\*)% = 47.5**EA 🡪 2.a 🡪 A.2**Total mediation (DE = 1.889; IE = 1.359\*)% = 52.9Non-significant mediating effects of CSA with A1 through 2.a; CEA with A.3 through 2.a and CSA with A.1 through 1.c | 5 |
| **Isvoranu *et al.* (2017)** **Netherlands** | 552 psychosis30.76 25% | Cross sectional | SA, PA, EA, PN, EN CTQ | (1) 18 items from general psychopathology (PANSS) | Network based analysis | NoYes (all PANSS items) | (1) 6 items from positive dimension (PANSS) | Suggested mediation in pathways:**1) EA 🡪 Anxiety 🡪 paranoia / suspiciousness****2) PA 🡪 impulse control 🡪 grandiosity / excitement / hostility** **3) PN 🡪 motor retardation 🡪 Negative symptoms** % = N/A | 4 |
| **McDonnell *et al.* (2018)****UK** | 64 UHR22.540.6% | Cross sectional | Bullying severity in childhood / adolescence (BS)RBQ | (1) Interpersonal sensitivity (IS) (IPSM)  | Path analysis  | YesNo | (1) Paranoid ideation (PI) (SSPS) | **BS (Childhood) 🡪 IS 🡪 PI**Total mediation (DE = 0.131; IE = 0.129\*)% = 49.6Bullying in adolescence was not significantly associated with paranoid ideation | 5 |
| **Morgan *et al.* (2014)** **UK** | 390 FEP; 391 HC30.5 44.1% | Cross sectionalCase control study  | Parental separation / deathMRC | (1) Self-Esteem (RSES) | Multiple mediation analyses | YesYes (age, gender, ethnicity, study centre, parental history of psychosis and IQ) | (1) FEP caseness based on ICD-10 | Null mediation  | 6 |
| **Peach *et al.* (2019)****Australia** | 66 FEP20.1854.5% | Cross sectional | CompositeCTQ | (1) Post traumatic intrusions (CAPS)(2) Trauma related beliefs (PTCI) | Simple mediation analyses | YesNo | (A) Hallucinations (PANSS)(B) Delusions(PANSS) | **CT 🡪 CAPS 🡪 A**Total mediation (DE = 0.01; IE = 0.01\*)% = 50**CT 🡪 CAPS 🡪 B**Total mediation (DE = 0.01; IE = 0.02\*)% = 66.6**CT 🡪 PTCI 🡪 A**Total mediation (DE = 0.01; IE = 0.01\*)% = 50**CT 🡪 PTCI 🡪 B**Total mediation (DE = 0.01; IE = 0.02\*)% = 66.6 | 5 |
| **Perona‐Garcelán *et al.* (2012)** **Spain** | 71 psychosis39.1 31.5%  | Cross sectional | CompositeTQ | (1) Dissociation (DES-II) 1.a - DissociativeAmnesia (DAM)1.b - Absorption and Imaginative Involvement(ABI)1.c – Depersonalization / Derealization (DP) | Simple and multiple mediation analysis | YesNo | (1) Hallucinations (PANSS)(2) Delusion(PANSS) | **TQ 🡪 DES 🡪 hallucinations** Total mediation (DE = 0.20; IE = 0.21\*)% = 51.2**TQ 🡪 DP 🡪 hallucinations**Total mediation (DE = 0.20; IE = 0.19\*)% = 46.3No mediating effects on delusions or mediating effects of ABI, DAM on hallucinations |  5 |
| **Schalinski *et al.* (2019)****Germany** | 180 psychosis28.631.7% | Cross sectional Case control study  | Composite (CT) and specific (abuse, neglect, neglect age 10)MACE | (1) Dissociation (SDS) | Mediation Analysis | YesYes (age, gender) | (1) Psychotic symptoms (PANSS) | **CT 🡪 SDS 🡪 positive symptoms**Total mediation (DE = 0.20; IE = 0.07\*)% = 25.9No mediating effects with specific trauma subscales   | 6  |
| **Steenkamp *et al.* (2019)****Netherlands** | 50 NAP31.842.4% | Cross sectional | Composite abuse (CA)CECA.Q | (1) Loneliness (ESM)(2) Depressive symptoms (ESM)(3) Anxious Symptoms (ESM) | SEM | NoNo | (A) Positive symptoms(ESM) | **CA 🡪 1 🡪 A**Total mediation (DE = -0.01; IE = 0.08\*)% = 11.9No significant indirect effect of CT onpositive symptoms through depressive or anxious feelings | 4 |
| **Styla *et al.* (2019)****Poland** | 45 SCZ45 HC42.4 SCZ48.9% SCZ41.78 HC46.7% HC | Cross sectionalCase control study | CompositeChildhood adversities (CA)CEQ | (1) Time Perspective (TP) (ZTPI) | Mediation analyses | YesYes (education) | Caseness (SCZ) based onICD-10 | **CA 🡪 TP 🡪 SCZ**Total mediation (DE = 0.352; IE = 0.249\*)% = 37 | 6 |
| **Sun *et al.* (2018)****Australia** | 66 FEP20.1854.5% | Cross sectional | Composite and Binary CTQ | (1) Dissociation (SCID-D-R) | Simple mediation analyses | YesNo | (1) Positive symptoms (PANSS)1.a -Hallucinations1.b - Delusions | **CTQ 🡪 SCID-D-R 🡪 1.b**Total mediation (DE = 0.01; IE = 0.02\*)% = 66.6Non-significant mediation of dissociation between Ct and hallucinations | 5 |
| **Thompson *et al.* (2016)** **Australia** | 233 UHR 18.5 at baseline48.8% | Prospective. Mean of 7.0 years (SD 3.2) follow-up | Sexual trauma (ST) score CTQ | (1) Anxiety(2) Depression(3) Dissociation(4) Mood swings(5) Mania(HAM-A, CAARMS) | Mediation analysis | NoNo | (1) Transition to psychotic disorder Based on CAARMS BPRS | Null mediation  | 6 |
| **Van Dam *et al.* (2014)** **USA** | 131 psychosis31.216% | Cross sectional | Composite CTQ | (1) Attachment (PAM)1.a - Avoidant 1.b - Anxiety   | Regressions analyses following Baron and Kenny criteria | NoYes (age and gender) | (1) Positive symptoms (SAPS)  | Null mediation | 4 |
| **Varese *et al.* (2012)** **UK** | 45 psychosis;20 HC44.6 46.7% | Cross sectional Case control study | Composite (CATS) and specific (SA, PA, EA, N) CATS | (1) Dissociation (DES) | Mediation analysis | YesNo  | (1) Hallucinations (LSHR-R) | **CATS 🡪 dissociation 🡪 hallucinations**Partial mediation (DE = 0.15\*; IE = 0.11\*)% = 42.3**SA 🡪 dissociation 🡪 hallucinations**Partial mediation (DE = 0.77\*; IE = 0.57\*)% = 42.8No mediating effects with specific trauma subscales  | 5  |
| **Weijers *et al.* (2018)** **Netherlands** | 87 NAP31.7 35.6% | Cross sectional | Composite abuse (Abuse)CECA | (1) Mentalising capabilities (MC) (HT) | Mediation analysis | YesNo | (1) Positive PANSS | Null mediating effect with positive symptoms (only with negative partial mediation) | 5 |
| **Wickham and Bentall (2016)** **UK** | 72 psychosis; 72 HC43.5 36.1% | Cross sectionalCase control study | Specific (childhood sexual abuse (SA) ; Childhood emotional neglect (EN) (bullying, PA, EA also initially explored)CTQ and RBC | (1) Perception of injustice (BJW)1.a - Personal 1.b - General  | Mediation analysis | YesYes (age, gender, SA, hallucinationsand paranoia)  | (1) Paranoia(2) Hallucinations (PANSS) | **EN 🡪 Personal 🡪 Paranoia**Partial mediation (DE = 0.11\*; IE = 0.032\*)% = N/A No mediating effect of general injustice on paranoia, or personal and general perception of injustice on hallucinations | 6  |

**Table S1b** Overview of General population studies included in this review

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authors****Country** | **Sample****Mean Age****% female** | **Design** | **Measures of childhood adversity** | **Mediator(s)** | **Analysis** | **Boostrap** **(yes / no) / confounders (yes / no)** | **Psychosis** | **Main findings****Pathway****Total / partial mediation****Direct Effect (DE)****Indirect effect (IE)****% total effect mediated** | **Quality Score** |
| **Ashford *et al.* (2012)****UK** | 135 19.891.1% | Cross sectional | Bullying subscales: direct physical aggression (DPA); direct verbal aggression (DVA); Indirect aggression (IA) DIAS | (1) Interpersonal sensitivity (IPSM)(2) Anxiety (HADS)(3) Depression (HADS)(4) Negative core beliefs (BCSS)4.a - Negative self beliefs4.b - Negative beliefs others | Multiple mediation | YesYes (ethnicity, gender and other bullying categories) | (a) Paranoia (ideas of social reference) (GPTS)(b) Paranoia(persecution)(GPTS) | **IA 🡪 Depression 🡪 a**Suggested mediation (IE = 0.11; DE = N/A% = N/A**IA 🡪 Negative self beliefs 🡪 a**Suggested mediation(IE = 0.16; DE = N/A)% = N/A**IA 🡪 Depression 🡪 b**Suggested mediation(IE = 0.10; DE = N/A)% = N/A**IA 🡪 Negative self Beliefs 🡪 b**Suggested mediation(IE = 0.18; DE = N/A)% = N/A**DVA 🡪 Negative beliefs others 🡪 a**Suggested mediation(IE = 0.24; DE = N/A)% = N/A**DVA 🡪 Negative beliefs others 🡪 b**Suggested mediation (IE = 0.11; DE = N/A)% = N/A | 5 |
| **Bortolon *et al.* (2017)** **France** | 42536.2379.1% | Cross sectional | Specific (PA, EA)CTQ | (1) Maladaptative schemas (MS)(SQ-SF):1.a - Abandonment(2) Dissociation(DES):2.a - Defensive dissociation | PLS-SEM | YesYes (age, gender, psychopathology) | (1) Auditory hallucination (AH) (LSHS-R) | **PA 🡪 2.a 🡪 AH**Suggested mediation (DE = N/A; IE = 0.1081\*)% = N/A**EA 🡪 1.a 🡪 AH**Suggested mediation(DE = N/A; IE = 0.055\*)% = N/A | 5  |
| **Bortolon and Raffard (2018)****France** | 40333.2482.1% | Cross sectional | Composite (CT)CTQ | (1) Defensive dissociation(DES) | SEM | YesYes (age, gender, anxiety, depression) | (A) Seeing visions (LSHS)(B) Hearing voices(LSHS) | **CT 🡪 1 🡪 A**Total mediation (DE = 0.008; IE = 0.122\*)% = 93.7**CT 🡪 2 🡪 B**Partial mediation(DE = 0.090\*; IE = 0.124\*)% = 57.94 | 6 |
| **Boyda and McFeeters (2015)****Northern Ireland** | 74034651.4% | Cross sectional | Specific (SA, EN)Questionnaire | (1) Social functioning1.a - Loneliness(NA) | Logistic mediation analyses | YesNo | Psychotic-like experiences (PSQ) | **SA 🡪 Loneliness 🡪 PSQ** Total mediation (DE = 1.38; IE = 0.22\*)% = N/ATotal mediation**EN 🡪 Loneliness 🡪 PSQ**Total mediation (DE = 0.94; IE = 0.46\*)% = N/A | 5 |
| **Boyda *et al.* (2018)****UK** | 3023669.9% | Cross sectional | Composite, subscales (EA, SA)ACE-IQ | (1) Early Maladaptative Schemas (EMS)(YSQ-SF)1.a – Defectiveness / Shame1.b – Dependency / Incompetence1.c – Enmeshment / Undeveloped self1.d - Emotional inhibition | Multiple mediation analyses | NoYes (age, gender, urbanicity, ethnicity, socio-economic status, drug use) | (1) Psychotic experiences (PE)(CAPE)  | **EA 🡪 1.b 🡪 PE**Suggested mediation (DE = N/A; IE = 0.083\*)% = N/A**SA 🡪 1.b 🡪 PE**Suggested mediation (DE = N/A; IE = 0.073\*)% = N/A**EA 🡪 1.c 🡪 PE**Suggested mediation(DE = N/A; IE = 0.063\*)% = N/A**SA 🡪 1.c 🡪 PE**Suggested mediation (DE = NA; IE = 0.043\*)% = N/A | 5 |
| **Cole *et al.* (2016)****UK** | 20019.9682.5% | Cross sectional | Composite Childhood maltreatment (CM) CATS | (1) Dissociation:1.a - Dissociative amnesia (DA) (DES-II)1.b1 -Depersonalization- (CDS)1.b2 - Depersonalization (DES-II)1.c - Absorption (Abs)(DES-II) | (A) Simple and (B) multiple mediation analysis  | YesNo | (1) Hallucination-proneness (HP) (LSHS-R) (2) Delusional ideation (DI) (PDI) | (A) Simple **CM 🡪 Dissociation 🡪 HP**Partial mediation(DE = 2.92\*; IE = 3.94\*)% = 57.4**CM 🡪 Dissociation 🡪 DI**Partial mediation (DE = 10.90\*; IE = 10.75\*)% = 49.6(B) Multiple**CM 🡪 Abs 🡪 HP**Total mediation (DE = 1.64; IE = 3.45\*)%=50.29 **CM 🡪 DA 🡪 DI**Partial mediation (DE = 7.45\*; IE = -3.68\*)% = -16.99**CM 🡪 Abs 🡪 DI**Partial mediation(DE = 7.45\*; IE = 7.18\*)% = 33.1Remaining items within dissociation were not significant | 5   |
| **Fisher *et al.* (2012)****UK** | 2122765.4% | Cross sectional | Specific (EA, PA)CTQ | (1) Depression (BDI)(2)Anxiety (BAI)(3) Negative schematic beliefs (BCSS)3.a - Negative self-schemas3.b - Negative others schemas | Mediation analysis | YesYes (gender, age, ethnicity, family history) | (1) Paranoia (PSQ) | **EA 🡪 Anxiety 🡪 Paranoia**Total mediation (DE = 1.16; IE = 1.05\*) % = 17.57No mediation effects of depression, negative self-schemas and other schemas | 6  |
| **Fisher *et al.* (2013)** **UK** | 669212.950.9% | ProspectiveFrom childhood (8, 21, 33, 47, 61, 73 months) to mean age of 12.9 yoa | Specific (Harsh parenting (HP), domestic violence (DV) and bullying victimization (BV))Questionnaire to mothers ; Bullying and Friendship Interview Schedule (BI) | (1) External locus of control (LoC) (12 item version of NSIE)(2) Self Steem (shortened form of Harter`s Self Perception Profile for Children)(3) Affective symptoms (DAWBA and SMFQ)3.a - Anxiety3.b - Depression | Multiple mediation analysis | YesYes (gender, ethnicity, birth weight, family history of schizophrenia, depression or suicide, child’s IQ, and general family adversity) | (1) Psychotic Symptoms (PS)(PLIKSi) | **HP 🡪 Anxiety 🡪 PS** Total mediation (DE = 1.02; IE = 1.01\*)% = 21**DV 🡪 Anxiety 🡪 PS**Total mediation (DE = 1.06; IE = 1.00\*)% = 8**BV 🡪 Anxiety 🡪 PS**Partial mediation (DE = 1.14\*; IE = 1.00\*)% = 2**HP 🡪 Depression🡪 PS**Total mediation (DE = 1.00; IE = 1.03\*)% = 94**DV 🡪 Depression 🡪 PS**Total mediation (DE = 1.04; IE = 1.01\*)% = 18**BV 🡪 Depression 🡪 PS**Partial mediation (DE=1.14\*; IE = 1.01\*)% = 8**HP 🡪 LoC 🡪 PS** Total mediation (DE = 1.01; IE = 1.01\*)% = 47**DV 🡪 LoC 🡪 PS**Total mediation (DE = 1.03; IE = 1.00\*)% = 1**BV 🡪 LoC 🡪 PS**Partial mediation (DE = 1.13\*; IE = 1.02\*)% = 13**HP 🡪 Self-steem 🡪 PS**Total mediation (DE = 1.00; IE = 1.01\*)% = 97**DV 🡪 self-steem 🡪 PS**Total mediation (DE = 1.04; IE = 1.00\*)% = 7**BV 🡪 Self steem 🡪 PS**Partial mediation (DE = 1.13\*; IE = 1.01\*)% = 10**HP 🡪 all mediators 🡪 PS**Total mediation (DE = 0.97; IE = 1.04\*)% = 100**BV 🡪 all mediators 🡪 PS**Partial mediation (DE = 1.10\*; IE = 1.04\*)% = 29**DV 🡪 all mediators 🡪 PS**Total mediation (DE = 1.03; IE = 1.02\*)% = 42 | 8 |
| **Gaweda *et al.* (2019)****Germany** | 64951.155.2% | Cross sectional | Composite (CT), Abuse, neglectCTQ | (1) Aberrant salience Inventory (ASI)(2) Anomalous self-experiences (IPASE) | Parallel multiple mediation models | YesYes (gender) | Psychotic-like experiences(PLE) (PQ) | **CT 🡪 1 + 2 🡪 PLE**Total mediation (DE = 0.05; IE 1 = 0.076\*; IE 2 = 0.1443\*)% 1 = 28.1% 2 = 53.4**Neglect 🡪 1 + 2 🡪 PLE**Total mediation (DE = 0.01; IE 1 = 0.0451\*; IE 2 = 0.1404\*)% 1 =26.5% 2 =82.58**Abuse 🡪 1 + 2 🡪 PLE**Partial mediation (DE = 0.10\*; IE 1 = 0.092\*; IE 2 = 0.1188\*)% 1 = 29.67% 2 = 38.32 | 6 |
| **Gibson *et al.* (2019)****USA** | 94520.1375.6% | Cross sectional | Composite (CT)CTQ | (1) Perceived Stress(PSS)(2) Dissociation (DES)(3) Cognitive bias3.1 Negative self-schemas (BCSS)3.2 Negative others- schemas (BCSS)3.3 External locus of control(RI-E) | Multiple mediation analyses | YesYes (gender, race, age) | (A) Psychotic-Like Experiences(PLE) (PQ) | **Multiple mediation****CT 🡪 1 🡪 PLE**Total mediation (DE = 0.04; IE = 0.0405\*)% = 25.31**CT 🡪 2 🡪 PLE**Total mediation (DE = 0.04; IE = 0.0549\*)% = 34.31**CT 🡪 3.1 🡪 PLE**Total mediation (DE = 0.04; IE = 0.007\*)% = 14.43**CT 🡪 3.2 🡪 PLE**Total mediation (DE = 0.04; IE = 0.0141\*)% = 8.81**CT 🡪 3.3 🡪 PLE**Total mediation (DE = 0.04; IE = 0.0071\*)% = 4.43Only multiple mediation analyses presented and considered as the total effect of simple analyses are missing | 6 |
| **Goodall *et al.* (2015)****UK** | 28326.872% | Cross sectional | EA analysed in mediationCTQ | (1) Adult Attachment (ECR-R)1.a - Attachment avoidance (AAv)1.b - Attachment anxiety (AAn) | Parallel multiple mediation analysis | YesNo | (1) Schizotypy(SPQ-B) | **EA 🡪 AAv 🡪 Schizotypy**Partial mediation (DE = 0.35\*; IE = 0.04\*) % = 13**EA 🡪 Aan 🡪 Schizotypy**Partial mediation (DE = 0.35\*; IE =0.06\*)% = 8 | 5 |
| **Jaya *et al.* (2017)****Germany** | 2350 32.537% | Cross sectional | Composite of Social Adversity (SocA) including bullying and abuseBVQ /NEMESIS | (1) Social rank with the Social Comparison Scale (SCS)(2) Negative schemasBrief Core Schema Scales (BCSS)(3) Loneliness (UCLA) | SEM | YesNo | (1) Positive (PS) and negative symptoms (CAPE)(only positive considered) | **SocA 🡪 Loneliness 🡪 PS**Suggested mediation (DE = N/A; IE = 0.02\*)% = N/A**SocA 🡪 BCSS 🡪 PS**Suggested mediation (DE = N/A; IE = 0.12\*)% = N/ANo mediation for SCS on positive symptoms | 4 |
| **Lincoln *et al.* (2017)** **Germany** | 56224.31 49.3% | Prospective (follow up at 4, 8, 12 months)  | Composite (CT) NEMESIS | (1) Emotion regulation (ER) (ERSQ) | SEM | Yes No | (1) Subthreshold psychotic experience (CAPE)1.a - Distress1.b - Frequency | **CT 🡪 ER 🡪 Distress**Partial mediation (DE = 0.069\*; IE = 0.005\*)% = 7.1No mediating effect for symptom frequency | 6 |
| **Marwaha *et al.* (2014)****UK** | 8580 + 7403 Baseline2406 FU NANA | Cross sectional | Sexual abuse (SA)Questionnaire | (1) Mood instability (MI) (BPD section of the SCID-II) | Mediation analysis  | No Yes (age, gender, marital status, employment status and ethnicity, PTSD, current affective state and hypomanic symptoms) | (1) PsychoticPhenomena (PSQ)1.a - Probably psychosis (PP)1.b - Paranoid ideation (PI)1.c - Auditory Hallucinations (AH) | **SA 🡪 MI 🡪 PP**Suggested mediation% = 34.6**SA 🡪 MI 🡪 PI**Suggested mediation% = 34.5**SA 🡪 MI 🡪 AH**Suggested mediation% = 25.3 | 4 |
| **Marwaha and Bebbington (2015)****UK** | 5689N/AN/A | Cross-sectional | Sexual abuse (Non consensual intercourse (NCI), contact abuse (CA))Questionnaire | (1) Anxiety (CIS-R)(2) Depressive symptoms (CIS-R)(CIS-R) (analyzed together)  | Mediation analysis | NoYes (gender, age, ethnicity, education, being brough by both partens until 16) | (1) Psychotic symptoms (PSQ) | **NCI 🡪 1, 2 🡪 PSQ**Partial mediation (DE = 4.08\*; IE (together) = 2.41\*)% anxiety = 20.4% depression = 37.4**CA 🡪 1, 2 🡪 PSQ**Total mediation (DE = 2.14; IE (together) = 1.60\*)% anxiety = 24.1% depression = 37.1IE shows combined effects of 1, 2Percentages shows mediators examined separately | 5 |
| **McCarthy-Jones (2018)****Ireland** | 578851.7155.4% | Cross sectional | Childhood Sexual abuse (CSA)Questionnaire from APMS | (1) Anxiety (CIS-R)(2) Obsessional thought (CIS-R)(3) Compulsions (CIS-R)(4) PTSD (APMS questionnaire)(5) Depression (CIS-R) | Regression-based approach | YesYes (age, gender, ethnicity, education, IQ, depression) | Auditory verbal hallucinations (AVH) (PSQ) | **CSA 🡪 3 🡪 AVH**Partial mediation (DE = 5.15\*; IE = 1.10\*)% = 5.41**CSA 🡪 4 🡪 AVH**Partial mediation (DE = 5.15\*; IE = 1.11\*)% = 5.93Not significamt effect of anxiety, obsessions and depression between CSA and AVH | 6 |
| **Metel *et al.* (2020)** **Poland** | 268426.3762.3% | Cross sectional | CompositeTECCECA-Q | (1) Cognitive biases (DACOBS)(2) Resilience (CD-RISC)(3) Depressive symptoms (CESD-R)  | Multiple mediation analysis | YesNo | (1) Psychotic like experiences (PLE) (PQ) | **TEC/CECA-Q 🡪 DACOBS 🡪 CD-RISC 🡪 CESD-R 🡪 PLE**Partial mediation (DE = 0.162\*; IE = 0.163\*)% = 4 | 4 |
| **Murphy *et al.* (2015)** **UK** | 785 16.256.1%  | Cross sectional | CompositeELES  | (1) Negative social comparisons (SCS)(2) Trauma-related thoughts and beliefs (PTCI) | Moderated mediation analysis  | Yes Yes (recent victimization) | (1) Psychotic experiences (APSS) | **ELES 🡪 PTCI 🡪 APSS**Partial mediation (non lonely patients) (DE = 0.049\*; IE = 0.039\*)% = 44.3**ELES 🡪 PTCI 🡪 APSS** Total mediation (lonely patients) (DE = 0.032;IE = 0.042\*)% = 56.7No mediation by negative social comparisons either in lonely or non-lonely patients | 6  |
| **Perona-Garcelán *et al.* (2014)** **Spain** | 318 21.41 78.9%  | Cross sectional | CompositeTrauma Questionnaire (TQ)  | (1) Dissociation1.a - Tellegen Absorption Scale (TAS)1.b - Depersonalization (CDS) (2) Southampton Mindfulness Questionnaire (SMQ) | Multiple mediation analysis | Yes No  | (1) Hallucination proneness (HP) (LSHS-R) | **TQ 🡪 Absorption Scale 🡪 HP** Total mediation (DE = 0.12; IE = 0.38\*)% = 82.6**TQ 🡪 Depersonalisation 🡪 HP** Total mediation (DE = 0.12; IE = 0.16\*)% = 34.78 (together)No mediation by mindfulness  | 5  |
| **Pinto-Gouveia *et al.* (2014)****Portugal** | 255 36.36 68.2%  | Cross sectional  | Composite (including threat, submissiveness and feeling unvalued)ELES | (1) External shame (OAS) | Path analysis  | Yes Yes (confounders not specified) | (1) Paranoia (GPS) | **ELES 🡪 OAS 🡪 GPS**Partial mediation (DE = 0.12\*; IE = 0.0608\*)% = 33.6 | 6   |
| **Rössler *et al.* (2016)****Switzerland** | 82031.3655.8% | Cross sectional | Composite (CTQ) and specific (EA, PN, EN) CTQ | (1) Stress sensitivity (SS) (PSS, PANAS-N, SSCS)  | Bivariate and mediated multinomial logistic regression path models | Yes Yes (trauma types, education) | (1) Subclinical psychotic experience (SPE) (SIAPA, SPQ-B German version, PARA, and STS and SNS subscales from SCL-90-R) | **CTQ 🡪 SS 🡪 SPE**Partial mediation (DE = 0.44\*; IE = 0.50\*)% = 43.05 **EA 🡪 SS 🡪 SPE**Total mediation (DE = 0.47; IE = 0.578\*)% = 46.6**EN 🡪 SS 🡪 SPE**Total mediation (DE = -0.31; IE = 0.44\*)% = 53.38**PN 🡪 SS 🡪 SPE**Total mediation (DE = 0.27; IE = 0.28\*)% = 28.71  | 6  |
| **Sheinbaum *et al.* (2014)** **Spain** | 54620.682.3%  | Cross sectional | Composite factor of physical and emotional trauma (P/E)CTQ  | (1) Attachment style (RQ) 1.a - Dismissing1.b - Preoccupied1.c - Fearful | Parallel multiple mediation analyses | Yes No | (1) PLEs (CAPE)(2) Paranoid beliefs (SPQ)(3) Schizotypy (WSS) | **P/E 🡪 Fearful 🡪 Schizotypy** Partial mediation (DE = 0.140\*; IE total = 0.028\*; IE fearful = 0.010\*)% total = 16.6% fearful = 5.9**P/E 🡪 Fearful 🡪 Suspiciousness** Partial mediation (DE = 0.420\*; IE total = 0.093\*; IE fearful = 0.056\*)% total = 18% fearful = 10.8**P/E 🡪 Fearful 🡪 PLE** Partial mediation (DE = 0.822\*; IE total = 0.142\*; IE fearful = 0.063\*)% total = 14.7% fearful = 6.5None of the other mediators were significant | 5   |
| **Shevlin *et al.* (2015)** **UK** | 7403 51.1256.8%  | Cross sectional | Specific CSA and/or CPA and CSA + CPA composite scoresQuestionnaire | (1) Loneliness (SFQ)  | Mediation analysis | NoYes (age, gender, education, ethnicity, cannabis use and adult CSA and CPA) |  (1) Psychosis diagnosis (SCAN)  | **CSA + CPA 🡪 Loneliness 🡪 Psychosis**Partial mediation (DE = N/A; IE = 0.722\*)% = N/A No mediation of the CPA, CSA separately | 5   |
| **Sitko *et al.* (2014)****UK** | 5877 34.550.5%  | Cross sectional | History moduleSpecific (Rape, sexual molestatin, PA, Physical assault/attack)UM-CIDI - Life Event | (1) Attachment style (AAQ)1.a - Secure (reversed)1.b - Avoidance1.c - Anxious | Regression based approach | Yes Yes (age and gender) | (1) Lifetime psychotic symptoms (LPS) (Beliefs and Experiences module of theUM-CIDI)1.A - Paranoia1.B - Hallucinations | **Neglect 🡪 1.c + 1.b 🡪 1.A** Total mediation (DE = 0.047; IE = N/A)% both = 100**Rape 🡪 1.c 🡪 1.B**Partial mediation (DE = 0.088\*; IE = N/A)% = 3.0 | 6 |
| **Van Nierop *et al.* (2014)** **Netherland** | 66464455% | Cross sectional | Composite (CT)NEMESIS-1 | (1) Social defeat (SD)(NEMESIS questionnaire)(2) Affective dysregulation (AD)(NEMESIS questionnaire) | Multiple mediationanalyses | YesYes (CT, age, gender, cannabis use and affective dysregulation) | (1) Psychosis diagnosis (PD) DSM-IV (SCID-I)(2) Extended psychosis phenotype (EPP)(NEMESIS interview) | **CT 🡪 AD 🡪 EPP**Partial mediation (DE = N/A; IE = 0.04\*)% = 49.7**CT 🡪 SD 🡪 PD**Partial mediation (DE = N/A; IE = 0.04\*)% = 86.6No significant mediation of SD on the link between CT and EPP and of AD on the link between CT and PD | 6 |
| **Wolke *et al.* (2014)****UK** | 4720 17.156.5% | Prospective, assessed for adversity at 8 and 11 yoa, and for symptoms at 12.9 and 18 yoa | Two composite scores peer victimization (PV) (child-reported and mother-reported bullying)BFISSDQ | (1) Depression symptoms at age 12, 13, 14 yoa (SQFM)  | Path analysis  | NoYes (gender, any DSM-IV Axis I diagnosis, IQ and internalizing / externalizing behavior) | (1) Psychotic experiences (PE) at age18 yoa (PLIKSi) | **PV 🡪 Depression (12.9) 🡪 PE (18)**Partial mediation (DE = 0.13\*; IE child reported = 0.03\*; IE mother reported = 0.02\*)% child reported = 18.75% mother reported = 13.3 | 7  |
| **Yamasaki *et al.* (2016)** **Japan** | 4277 9.846.9%  | Cross sectional | Composite score (peer victimization (PV))OVBQ  | (1) Dissociation (CBCL) (2) Depressive symptoms (SMFQ)(3) External locus of control (shortenedversion of the CNSIE) | SEM | No No  | (1) Hallucinations (CBCL) | **PV 🡪 Dissociation 🡪 CBCL** Total Mediation (DE = 0.02; IE = 0.038\*% = 95No mediation by depression or external locus control | 4  |

**Table S1c.** Overview of clinical studies examining biological mediators between childhood adversity and psychosis

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authors****Country** | **Sample****Mean Age****% female** | **Design** | **Measures of childhood trauma** | **Mediator(s)** | **Analysis** | **Boostrap** **(yes / no) / confounders (yes / no)** | **Psychosis** | **Main findings****Pathway****Total / partial mediation****Direct Effect (DE)****Indirect effect (IE)****% total effect mediated** | **Quality Score** |
| **Cancel *et al.* (2015)****France** | 21 NAP; 33 HC32.1 NAP29% NAP32.9 HC33% HC | Cross sectional | Subscales (EN)CTQ | (1) Grey matter volume in DLPFC | Regression based approach and SEM | NoYes(duration of illness and parents’ education levels) | (1) Disorganization (SANS) | **EN 🡪 DLPFC 🡪 Disorganization**Suggested mediation % = NA | 4 |
| **Quidé *et al.* (2018)****Australia** | 112 psychosis;53 HC 38 psychosis47% psychosis38.7 HC39.6% HC  | Cross sectionalCase control study | Composite (CTQ)CTQ | (1) Inferior frontal girus (IFG) activation  | Mediation analysis  | YesNo | (1) Positive symptoms (PANSS) | **CTQ 🡪 IFG activation 🡪 PANSS positive**Null mediation | 4 |

AAQ: Acceptance and Action Questionnaire; ACE-IQ: Adverse Childhood Experiences International Questionnaire; APMS: Adult Psychiatric Morbidity Survey; APSS: Adolescent Psychotic-like Symptom Screener; BAI: Beck Anxiety Inventory; BCSS: Brief Core Schema Scale; BDI-II: Beck Depression Inventory; BFIS: Bullying and Friendship Interview Schedule; BJW: The General / personal Beliefs in a Just World Scale; BPD: Borderline Personality Disorder; BPRS: Brief Psychiatric Rating Scale; BVQ: Bullying Victimization Questionnaire; CAARMS: Comprehensive Assessment of At Risk Mental States; CAPE: Community Assessment of Psychic Experiences; CAPS: Clinician-Administered PTDS Scale; CATS: the Child Abuse and Trauma Scale; CBCL: Child Behavior Checklist; CDS: Cambridge Depersonalization Scale; CD-RISC: Connor-Davidson Resilience Scale; CECA: Childhood Experiences of Care and Abuse; CECA.Q: Childhood Experiences of Care and Abuse Questionnaire; CESD-R: Center for Epidemiologic Studies-Depression Scale; CHR: Clinical High Risk for psychosis; CIS-R: Clinical Interview Schedule-Revised; CNSIE: Childhood Nowicki–Strickland Internal–External; CTQ: Childhood Trauma Questionnaire; DACOBS: Davos Assessment of Cognitive Biases Scale; DAWBA: Development and Well-Being Assessment; DES-II: Dissociative Experience Scale; DIAS: Modified Direct and Indirect Aggression Scales; DLPFC: Dorsolateral Prefrontal Cortex; EA: Emotional abuse; ECR-R: Experiences in Close Relationships-Revised Questionnaire; ELES: Early Life Experiences Scale; EP: Early Psychosis; ERSQ: Emotion Regulation Skills Questionnaire; ESM: Experience Sampling Method; FEP: First Episode of Psychosis; FKK: German Competence and Control Beliefs Questionnaire; GAF: Global Assessment of Functioning; GPS: General Paranoia Scale; GPTS: Green et al. Paranoid Thought Scales; HADS: Hospital Anxiety and Depression Scale; HAM-A: Hamilton Anxiety Rating Scale; HC: Healthy Control; HT: Hinting Task; ICD-10: International Classification of Diseases, 10th revision; IESR: Impact Event Scale-Revised; IPASE: Inventory of Psychotic-Like Anomalous Self-Experiences; IPSM: Interpersonal sensitivity scale; ISMIS: Internalised Stigma of Mental Illness Scale; IVM: Dutch equivalent of the International Crime Victimization Survey; LSHR-R: Launay-Slade Hallucinations Scale-revised; MACE: Maltreatment and Abuse Chronology of Exposure scale; MADRS: Montgomery Asberg Depression Rating Scale; MCVI: MacArthur Community Violence Instrument; MMPI-2: Minnesota Multhiphasic personality Inventory; MRC: MRC Sociodemographic Schedule ; N: Neglect; NAP: non-affective psychosis; NEMESIS: Netherlands Mental Health Survey and Incidence Study; NEO-FFI: assess the Five-factors Model (FFM) personality traits; NSIE: Nowicki–Strickland Internal–External; OAS: Other As Shamer Scale; OVBQ: Olweus Bully/Victims Questionnaire; PACE: Personal Assessment and Crisis Evaluation; PA: Physical abuse; PAM: Psychosis Attachment Scale; PANAS-N: Negative Affect Subscale of the Positive and Negative Affect Scale; PANSS: Positive and Negative Syndrome Scale; PARA: Paranoia Checklist; PDI: Peters et al. Delusion Inventory; PG: prodromal questionnaire; PHQ-9: Japanese version of the Patient Health Questionnaire-9; PLIKSi: Semi-structured Psychosis Interview; PLS-SEM: Partial least squares – Structural equation models; PQ: Prodromal Questionnaire; PSPS: Personal and Social Performance Scale; PSQ: Psychosis Screening Questionnaire; PSS: Perceived Stress Scale; PTCI: Posttraumatic Cognitions Inventory; PTSD: Post-traumatic stress disorder; QoL: World Health Organization Quality of Life-Bref (WHOQOL-BREF); RBC: ; RBQ: Retrospective Bullying Questionnaire; RSES: Rosenberg Self-Esteem Scale; RQ: Relationship Questionnaire; SA: Sexual abuse ; SAPS: Scales for Assessment of Positive symptoms; SCAN: Schedules for Clinical Assessment in Neuropsychiatry; SCID-II: Structured Clinical Interview for DSM-IV Personality Disorders; SCID-D-R: Structured Clinical Interview for DSM-IV Dissociative Disorders; SCL-90-R: Symptom Checklist-90-R; SCS: Social Comparison Scale; SCZ: Schizophrenia; SDQ: Strengths and Difficulties Questionnaire; SDS: Shutdown Dissociation Scale; SEM: Structural Equation Modeling; SFQ: Social Functioning Questionnaire; SFS: Social Functioning Scale; SIAPA: Structured Interview for Assessing Perceptual Anomalies; SNS: Schizophrenia Nuclear Symptom Scale; SOFAS: Social and Occupational Functioning Assessmnet Scale; SPI-A and SPI-CY (for adolescents): Schizophrenia Proneness Instrument; SPQ-B: Schizotypal Personality Questionnaire-Brief; SSP: Schizophrenia-Spectrum Psychosis; SQFM: Short Mood and Feelings Questionnaire; SQ-SF: Young Schema Questionnaire Short Form; SMFQ: Short Mood and Feelings Questionnaire; SRS-PTSD: Self-Rating Scale for Post-traumatic Stress Disorder; SSCS: Screening Scale for Chronic Stress; SSPS: State Social Paranoia Scale; STS: Schizotypal Signs Scale; SVF-KJ: German Stress-Coping-Questionnaires using the version for adults and children / adolescents; TDS : Traumatic Dissociation Scale; TEC: Traumatic Experience Checklist; THQ: Trauma History Questionnaire; TLEC: the life-events checklist; TQ: Trauma Questionnaire; UCLA: ; UHR: Ultra High Risk; UM-CIDI - Life Event: modified version of the Composite International Diagnostic Interview; WSS: Wisconsin Schizotypy Scales; Y-BOCS: Dutch version of the Yale-Brown Obsessive-Compulsive Scale; ZTPI: Zimbardo Time Perspective Inventory.

\* *p*-value ≤ 0.05

Note= when « Psychosis » is used it means that patients were no FEP.

Note see data extraction procedure for details on definitions of total, partial, null mediation and « suggested mediation ».

**d. Table S2.** Summary of evidence for mediators within the Dissociation category between

adversity and psychosis



\* We considered that one analysis showed evidence of mediation when authors reported significant p-values

(<0.05) in the indirect (or mediating) effects, or when using a regression-based approach, an important reduction

of the total effect occurred once the mediator was included in the model. Null mediation was defined as the non significant

(p>0.05) indirect or mediating effect or as the lack of reduction of the total effect once the mediator was included in the

model when using a regression-based approach.

**3. Supplementary Figures**

**a. Figure S1. Flow chart**



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