ACTION TO END CHILD SEXUAL ABUSE AND EXPLOITATION:

A REVIEW OF THE EVIDENCE • 2020

End Violence Against Children

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About the authors

Lorraine Radford is Emeritus Professor of Social Policy and Social Work at the University of Central Lancashire, UK; Debbie Allnock is Senior Research Fellow at the International Centre, University of Bedfordshire, UK; Patricia Hynes is Reader in Forced Migration in the School of Applied Social Sciences, University of Bedfordshire, UK; Sarah Shorrock is Research Officer at the Institute of Citizenship, Society & Change at the University of Central Lancashire, UK

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ACRONYMS AND ABBREVIATIONS

ASEAN	Association of South East Asian Nations
CBT	Cognitive behavioural therapy
CCT	Conditional cash transfer
CDC	Centers for Disease Control and Prevention
CRC	Convention on the Rights of the Child
CSAM	Child sexual abuse material
DHS	Demographic Health Survey
ECPAT	End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes
EMDR	Eye movement desensitization and processing
FGM	Female genital mutilation
GBV	Gender-based violence
HIC	High-income country
IPV	Intimate Partner Victimisation
IRC	International Rescue Committee
LMICs	Low- and middle-income countries
MICs	Multiple Indicator Cluster Survey

NAP	National action plan
NGO	Non-governmental organisation
OPSC	Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography
RAP	Regional action plan
RCT	Randomized controlled trial
SSN	Social safety net
STI	Sexually transmitted infection
TF-CBT	Trauma-focused cognitive behavioural therapy
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs & Crime
UNSVAC	United Nations Study on Violence against Children
VACS	Violence Against Children and Youth Survey
WHO	World Health Organisation

GLOSSARY/DEFINITIONS

TERM (SOURCE)	DEFINITION
Armed conflict *(International Committee of the Red Cross 2008)*	Resort to armed force between two or more States, or protracted armed confrontations occurring between governmental armed forces and the forces of one or more armed groups, or between such organized groups arising in the territory of a State which reaches a minimum level of intensity
Adolescent *World Health Organisation*	Children and young people in the transitional phase between childhood and adulthood, those aged 10 to 19 years.
Child *(Article 1, Convention on the Rights of the Child (CRC), United Nations 1989)*	Any human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier
Child maltreatment *(Krug et al. 2002)*	All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power
Child protection *(UNICEF 2008)*	Philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm
Child protection system *(Wulczyn et al. 2010)*	Structures, functions, and capacities, among other components that have been assembled in relation to a set of child protection goals
Child sexual abuse *(Article 18, Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention) (2007a)*	(a) Engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities (this does not apply to consensual sexual activities between minors), and (b) engaging in sexual activities with a child where use is made of coercion, force or threats; or abuse is made of a recognized position of trust, authority or influence over the child, including within the family; or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence
Child sexual exploitation *(Lanzarote Convention)*	Child sexual abuse becomes sexual exploitation when a second party benefits monetarily, through sexual activity involving a child. It includes harmful acts such as sexual solicitation and prostitution of a child or adolescent and, in the Council of Europe Convention, covers situations where a child or other person is given or promised money or other form of remuneration, payment or consideration in return for the child engaging in sexual activity, even if the payment/remuneration is not made.

TERM (SOURCE)	DEFINITION
Child trafficking *(Article 3, Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime (Palermo Protocol), United Nations (2000a))*	**(a)** the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation **(b)**Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs **(c)** the recruitment, transportation, transfer, harbouring or receipt of a child for the purposes of exploitation shall be considered trafficking in persons even if this does not involve any of the means set forth in subparagraph (a) Under the terms of this Protocol, children under 18 cannot give valid consent and the 'means' of trafficking is therefore not relevant.
Evaluation *(DFID 2012a)*	The systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation, outcomes and results in relation to specified evaluation criteria
Exploitation of a child in pornography/ child sexual abuse materials *(Article 2(c), Optional Protocol to the CRC of the Child on the sale of children, child prostitution and child pornography (OPSC); Lanzarote Convention), United Nations (2000b))*	Any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or representation of the sexual parts of a child, the dominant characteristic of which is depiction for a sexual purpose Intentionally causing, for sexual purposes, a child who has not reached the legal age for sexual activities, to witness sexual abuse or sexual activities, even without having to participate Child sexual abuse materials, the term most commonly used, can be created virtually, self generated by the child or perpetrator generated.
Exploitation of a child in prostitution *(Article 2(b) OPSC)*	The use of a child in sexual activities for remuneration or any other form of consideration
Exposure to pornography and corruption of a child for sexual purposes *(Greiger & Doek, 2016)*	Causing a child to witness child sexual abuse or sexual activity that is developmentally inappropriate.
Gender-based violence *(IASC 2005)*	An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females. While men and boys can be survivors of some types of gender-based (particularly sexual) violence, around the world, gender-based violence has a greater impact on women and girls.

TERM (SOURCE)	DEFINITION
Grooming *(Council of Europe 2007b)*	The deliberate preparation of a child for sexual abuse or sexual exploitation, motivated by the desire to use the child for sexual gratification. It may involve the befriending of a child, drawing the child into discussing intimate matters, and gradually exposing the child to sexually explicit materials in order to reduce resistance or inhibitions about sex.
Harmful Sexual Behaviour *(Hackett,S. 2014)*	Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.
Humanitarian crisis situation *(UNICEF 2020c)*	Any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multi-sectoral response is needed, with the engagement of a wide range of international humanitarian actors
Online abuse	There is no agreed definition of online abuse of children in international law. For the purposes of this document, online child abuse is defined as an umbrella term covering: use of the Internet, mobile phone or other form of information communication technology to bully, threaten, harass, groom, sexually abuse or sexually exploit a child.
Live online child sexual abuse/live streaming *(Greiger & Doek, 2016)*	Where sexual abuse of a child is recorded live and streamed over the internet.
Migration *(IOM 2004)*	A process of moving, either across an international border or within a State. It is a population movement encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, uprooted people, and economic migrants.
Monitoring *(DFID 2012a)*	A continuous process, conducted internally throughout the project cycle, either by managers or by beneficiaries, to measure the progress of development interventions against pre-defined objectives and plans
On demand online child sexual abuse/child sexual abuse to order *(Greiger & Doek, 2016)*	Where a perpetrator/purchaser of online abuse requests or details beforehand where the abuse should take place and the type of actions involved.
Online grooming for sexual purposes or *(Greiger & Doek, 2016)*	Online solicitation of the child for sexual purpose.The process of establishing or building a relationship with a child through the internet or other digital technologies to facilitate child sexual abuse or exploitation.
Neglect *(Pinheiro 2006)*	The failure of parents or carers to meet a child's physical and emotional needs when they have the means, knowledge and access to services to do so; or failure to protect him or her from exposure to danger. Neglect includes failure to provide for the child's physical, emotional, health and educational needs and child abandonment.
Prevention *(Krug et al 2002)*	Definition used is based on the World Health Organisation (WHO) definition of 'primary prevention': Stopping child sexual abuse and exploitation before it occurs

TERM (SOURCE)	DEFINITION
Recovery *(Article 39, CRC)*	Definition is based on the CRC approach to recovery, paraphrased as: Enabling the child to overcome the harm caused by child sexual abuse or exploitation and ensuring a safe and protective environment for the return of the child to his/her home, city, country or place of origin. Such recovery and reintegration shall take place in an environment that fosters the health, self- respect and dignity of the child.
Refugee *(1951 Convention Relating to the Status of Refugees)*	A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country
Reintegration *(Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups, 2007)*	The process through which children associated with armed forces or armed groups transition into civil society and enter meaningful roles and identities as civilians who are accepted by their families and communities in a context of local and national reconciliation
Sexting *(Greiger & Doek, 2016)*	Sexting applies to adults and children but in this report it refers to children and young people sending user generated sexual images or sexual texts via cell phone and other electronic devices. Sexting may be consensual or unwanted and a form of sexual bullying/abuse
Sexual extortion of children *(Greiger & Doek, 2016)*	Coercing a child into producing sexual material on threat of exposure.
Sexual violence *(Based on definition in Krug et al. 2002)*	An umbrella term used here to refer to all forms of sexual victimisation of adults and children: child sexual abuse and exploitation, rape and other sexual assaults, sexual harassment, abuse in pornography, prostitution, trafficking, early and forced marriage. Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed at a person's sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work
Solicitation of child for sexual purposes *(Article 23, Lanzarote Convention)*	Intentional proposal, through information and communication technologies, of an adult to meet a child who has not reached the legal age for sexual activities, for the purpose of engaging in sexual activities or the production of child pornography (child sexual abuse materials)
Violence against children *(Article 19, CRC)*	All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse

EXECUTIVE SUMMARY

Child sexual abuse and exploitation is prevalent in all countries of the world and has a significant impact on the health and wellbeing of children and adolescents. This report commissioned by UNICEF:

- describes what is known about the extent, nature and consequences of child sexual abuse and exploitation;
- reviews the evidence on effective interventions and strategies to prevent and respond;
- synthesises these findings within the overarching INSPIRE and RESPECT strategic approach for violence prevention to recommend specific actions to prevent and respond to child sexual abuse and exploitation.

Rationale

A joined-up approach is needed in violence prevention as different types of violence, such as violence against children and violence against women, often co-exist (Guedes et al, 2016). Children who experience one type of victimisation may also experience others (Finkelhor, Ormrod & Turner, 2007). Considerable efforts are being made to prevent and reduce violence by 2030 to meet the Sustainable Development Goals. International collaborations to coordinate efforts include the Global Partnership to End Violence, the WeProtect Global Alliance to end child sexual exploitation online (WeProtect, 2016), the development and implementation of seven strategies for action to end violence against children in the INSPIRE programme (WHO, 2016a), the RESPECT programme to prevent violence against women (WHO, 2019a). A coordinated focus on ending child sexual abuse and exploitation is needed as part of this work because:

- In many parts of the world child sexual abuse is still a taboo and hidden topic. To help break through cultures of inertia, secrecy and resistance to change, we need to share learning from the community level upwards about effective national strategies and what may or may not work.
- Child sexual abuse and exploitation have unique drivers, risks and protective factors that if not highlighted and prioritised, might get lost in the larger landscape of preventing violence.
- Knowledge about interventions that specifically impact on child sexual abuse is needed for prevention. We need to know where general violence prevention interventions might work and where we need different approaches.
- Different forms of child sexual abuse and exploitation call for different interventions.

Methodology

The review updates two earlier reports (Radford, Allnock & Hynes, 2015a; 2015b) and covers new research published from 2014 to 2019. It is based on a systematic search for peer reviewed publications using predefined search terms, inclusion and exclusion criteria and quality assessment. It includes 168 high quality research studies. All studies were assessed individually for rigour and then for the overall weight of evidence into 5 categories of Effective, Promising, Prudent, Needs more research, Ineffective/harmful. The review was supported throughout by a process of consultation where experts in violence prevention scrutinised and shared their knowledge about how the findings could be used. Three rounds of consultations took place online to give expert feedback on how to incorporate the evidence review findings into a Theory of Change and align this to concrete strategies for action that will sit comfortably with ongoing work on INSPIRE and RESPECT.

Nature and extent

The terms 'sexual violence against children' or 'child sexual abuse and exploitation' include diverse acts of abuse, in different settings and relationships - situations where a child is sexually abused by a relative or carer at home; raped by an intimate partner; made to or left with no option but to sell sex in exchange for food, cash or favours; sexually assaulted on the way to, or at, school by an adult, a gang or a peer living in the community; sexually abused by an adult in a position of trust or authority such as a pastor, police officer, care worker or sports coach; groomed or sexually exploited online by an adult or older child; trafficked within or across borders for the purpose of sexual exploitation, sometimes by organized groups of child sex offenders; or raped by a combatant or peacekeeper in the context of war, displacement or disaster. Children and adolescents affected may not always recognise their experiences as sexual violence or abuse.

A review of 217 studies, found 1 in 8 of the world's children (12.7%) had been sexually abused before reaching the age of 18 (Stoltenborgh et al, 2011).

Although reported rates vary across and within countries, child sexual abuse is prevalent in wealthy countries and in countries where incomes are lower (Stoltenborgh, 2011).

Robust data on the prevalence rates for online abuse and for sexual exploitation is limited and needs to be improved, although adolescent girls report the highest past year victimisation rates (12.9% of girls aged 14-17 in the US, Finkelhor et al, 2014a, and 15% of girls aged 12-15 in Spain, de Santisteban & Gámez-Guadix, 2018).

The scale, complexity and danger of online facilitated child sexual abuse and exploitation is escalating (WeProtect, 2018), with technology enabling new modes of child abuse to emerge such as the live streaming of sexual assaults of children and sexual extortion of children, often to coerce a child to take part in the production of child sexual abuse material under threat.

CHILD SEXUAL ABUSE IS GENDERED. Although it is important to be aware that women also sexually abuse and exploit children and adolescents, the majority of perpetrators, around 90% in most studies, are male (Parkinson & Cashmore, 2017; Pereda et al, 2009; Priebe, Hansson & Goran Svedin, 2010, Radford et al, 2017a). Girls typically report rates of sexual abuse and exploitation 2–3 times higher than boys (de Santisteban & Gámez-Guadix, 2018; Finkelhor et al, 2015; Fisher et al, 2015; ONS, 2016) although rates for boys have been found to be higher than for girls in some countries (Ji, Finkelhor & Dunne, 2013; Ministry of Women's Affairs, 2014; Nikoliadis, 2013; Ward et al, 2018) and in certain organisational settings (Parkinson & Cashmore, 2017; Ward & Rodger, 2018).

DEVELOPMENTAL ASPECTS Experiences of victimisation and their consequences vary over the life course for girls and boys (Know Violence in Childhood, 2017). Self-reported rates of sexual victimisation increase with age through childhood with adolescent girls aged 17 or young women aged 18- 24 reporting the highest levels (Finkelhor et al, 2014a; Radford et al, 2011).

MORE OFTEN ABUSED BY SOMEONE KNOWN Worldwide children and adolescents are most likely to be sexually abused by a person known to them, usually a boyfriend, an adult or older child who is a family member, another relative, family friend, neighbour or an adult in a relationship of trust or authority (Know Violence in Childhood, 2017). The child's or perpetrator's home is the most frequently mentioned location for sexual assaults and rapes of children (Averdijk, Mueller-Johnson & Eisner, 2011; Ligiero et al, 2019; UNICEF Tanzania, 2011), with the privacy of the family home, where this exists, providing a location where detection is less likely.

CHILDREN ARE ABUSED IN ALL SETTINGS Although the child's own home or the perpetrator's home are the most common locations, child sexual abuse and exploitation can occur in all the settings in which children spend their time, from school (Devries et al, 2017; Jewkes et al, 2002; Taylor et al, 2013) to work (Audu, Geidam & Jarmen, 2019; Choudhry et al, 2018) or play and sport (Alexander, Stafford & Lewis, 2011; Bjørnseth & Szabo, 2018; Brackenridge et al, 2010). Settings and organisations that provide potential perpetrators unregulated or unsupervised access to children, such as residential care or education facilities, faith based and community youth services including sport, carry particular risks (Blakemore et al, 2017; Sherr, Roberts & Gandhi, 2016; Skold & Swain, 2015).

CHILD SEXUAL ABUSE AND EXPLOITATION IS OFTEN UNREPORTED Surveys with children and young people consistently indicate a substantial gap between the rates of child self-reported sexual victimisation and reports made to authorities, suggesting that only a small minority of victimised children and adolescents are able to access professional help or advice (Ligiero et al, 2019).

Consequences

Child sexual abuse and exploitation has a significant impact on the health and well-being of children and adolescents worldwide. The impact will vary in relation to the nature, severity and duration of the abuse, developmentally in relation to the child or adolescent's ability to understand the abuse, their coping strategies and the responses from family, friends, wider community and services (Kendall-Tackett, 2008). The harm caused includes the impact on physical health, such as high BMI, problems in childbirth (Fisher et al, 2017); higher likelihood of contracting HIV due to sexual risk taking such as having multiple sexual partners or inconsistent condom use (Sommarin et al, 2014); drug or alcohol abuse (Fisher et al, 2017; Longman-Mills et al, 2013); anxiety, depression, psychological trauma and self-harm (Chen et al, 2010; Haileye, 2013; Maniglio, 2013); offending behaviour, missing school and lower educational attainment (Baker et al, 2013). A child who is sexually abused or exploited is also at greater risk of experiencing other types of violence or abuse (victimisations tend to have the poorest outcomes (Radford et al, 2013). The consequences can be life long and include issues with intimacy, affecting relationships with family, partners and children, and socio-economic consequences such as homelessness and unemployment (Fisher et al, 2017).

Risks and drivers

Sexual violence against children is a diverse and complex issue and no single factor can explain why this occurs, although very clear risk factors are gender inequalities and children's developmental vulnerability (Know Violence in Childhood, 2017; Ligiero et al, 2019). Violence does not happen between individuals in an isolated bubble unaffected by the wider social context. Most forms of interpersonal violence disproportionality affect groups in a community or population who are disadvantaged as a result of interacting structural inequalities such as poverty, gender inequity, racism, sexual orientation together with institutional and organisation practices that do little to challenge or even reinforce them. There is now an extensive literature on the risks and drivers that influence the victimisation and perpetration of violence against children.

COMMON STRUCTURAL DRIVERS for child sexual abuse and exploitation, include norms in society that grant adults control over children and support male sexual entitlement and sexual violence, weak laws that blame victims and exonerate perpetrators, poverty, lack of protection for children who are displaced or migrating (Barker et al, 2011; Buller et al, 2020; CDC, 2014; Choudhry et al, 2018;Fulu et al, 2013; Know Violence in Childhood, 2017;Lilleston et al, 2017; Willman & Magisaka, 2011).

ORGANISATIONAL DRIVERS Extensive research and public enquiries into institutional and organisational abuse have identified many situational and governance weaknesses in key organisations such as churches, residential 'care' facilities, schools, orphanages, sport and youth serving organisations that have provided opportunities for adults in positions of trust or authority and peers to have unmonitored contact with vulnerable children and adolescents, putting them at risk of sexual abuse and exploitation. Isolated and hierarchical organisations with poor child protection responses and lack of external scrutiny are vulnerable contexts for children (Blakemore et al, 2017; Bohm et al, 2014; Euser et al, 2014; John Jay College, 2004; Know Violence in Childhood, 2017; Lyneham & Facchini, 2019; Sher, Roberts & Gandhi, 2016; Skold & Swain, 2015).

RISKS IN THE COMMUNITY, FAMILY & RELATIONSHIPS Child sexual abuse and exploitation occurs across different relationships – family, partner, peers. Children and adolescents who lack protection from the family or who have been exposed to domestic violence, child abuse and neglect or those who associate with sexually aggressive peers are more vulnerable to sexual violence and to revictimisation (Cluver, Orkin et al, 2013; Know Violence in Childhood, 2017; Meinck et al, 2015; Mootz et al, 2019).

INDIVIDUAL RISKS include age, learning disability, prior sexual victimisation, being gay, lesbian, non-binary or transgender, misuse of drugs and alcohol (Know Violence in Childhood, 2017; Ligiero et al, 2019).

What is known about effective responses?

NATIONAL STRATEGIES, LEGISLATION AND IMPLEMENTATION: There are few empirical studies of national strategies and effective policies for reducing child sexual abuse and exploitation. National child protection system-building responses have included: developing and implementing regional and national action plans, legislative reform, coordination, mapping needs and gaps in services, capacity building, developing service structures and mobilising to change attitudes and behaviour.

Progress can be seen in the increasing number of countries that have adopted new laws and National Action Plans that include responding to child sexual abuse, exploitation and trafficking. Prosecution rates for child sexual offenders in many countries are low and the main problem is enforcement and implementation of laws and policies, lack of leadership, poor services for victim support, lack

of training, guidance and capacity in child protection and justice systems.

PRIMARY PREVENTION: These are strategies that aim to prevent sexual abuse or exploitation before it happens. This area of the review yielded the most new evidence. Three types of primary prevention strategies were found: a) those aimed at mobilisation or education to raise awareness and change social norms, attitudes and behaviour; b) situational prevention to create safe spaces; and c) prevention combining empowerment with reducing risks and vulnerabilities. It is likely that all three approaches are needed for an effective prevention approach and promising research evidence was found for combined interventions, working mostly with adolescents in the community or in schools. Many primary prevention responses do not directly address child sexual abuse and exploitation but focus instead on parenting, gender-based violence/violence against women and girls, interpersonal/ dating violence or HIV and AIDS prevention. Most promising developments have been in the area of preventing gender based violence among adolescents where multi component, multi layered approaches have developed. These are directed at individuals (economic strengthening, empowerment, gender equality, relationship skills,) together with environmental/situational safety and strengthening organisational protection policies. There are few evaluations of primary prevention directed at child sex offending and the regulation of demand.

IDENTIFICATION, REPORTING AND CHILD PROTECTION RESPONSES: A wide range of efforts to improve the identification of children who are sexually abused or sexually exploited have been made. These include: public education campaigns encouraging victims to access services; programmes for children in education settings or the community urging them to 'speak out', i.e. tell a trusted adult about abuse to themselves or to other children; providing confidential services such as helplines that allow children to talk about their worries, including abuse; improving the accessibility or 'child friendliness' of services; forensic methods of screening online to identify victims or perpetrators; hot spot policing and traffic stop policies; screening/directly asking about victimisation in health care settings; screening vulnerable groups for indicators thought to be linked with sexual exploitation; training parents, communities or professionals on how to 'spot the signs' of sexual exploitation and how to respond; setting up specialist outreach and advocacy services to engage with vulnerable groups such as runaway or trafficked children; multi-agency data sharing to aid early identification and coordinated action. Programmes that include adequate investment of resources with training for professionals and integration into wider child protection services, are more successful in increasing identification and access to services for children and adolescents. Promising developments were identified in one stop shop services, case management, outreach and advocacy services, specialist task forces. It is not known if mandatory reporting laws improve safety for children and adolescents.

PREVENTING RE-OFFENDING: There are considerable gaps in the evidence on what works to prevent re-offending. All of the research on adult offenders found in the review originated from HICs and was limited to the small proportion of offenders who had been convicted and incarcerated, rather than the majority living in the community. More research is needed on disruption strategies and interventions to reduce demand and deal with the drivers for child sexual abuse and exploitation. There are mixed messages from research on treating convicted adult sex offenders with many programmes that exist, such as drug treatments, being poorly evaluated. Programmes that give offenders positive goals, motivate them and can be tailored to offense type and learning style are thought to be more effective for engaging offenders in treatment but evidence of impact on recidivism is poor. Further research is needed on earlier responses for children and adolescents with harmful sexual behaviour in school and educational settings especially in LMICs where responses could be built into gender-based violence programmes that take a whole school approach.

SUPPORTING CHILD AND ADOLESCENT VICTIMS: There is still a need to develop broader research and evaluation on programmes that aim to improve children's and young people's recovery from different experiences of child sexual abuse and exploitation across the continuum of care needs. Services that are trauma informed, take empowerment approaches, involve young people in decisions that affect their wellbeing, are strengths based, involve family or safe carers and able to provide vocational skills and education are likely to be more effective and are showing some positive results. A series of systematic reviews reaffirm that for treatment of the trauma associated with child sexual abuse, the best evidence exists for cognitive behavioural therapy with a trauma focus. This approach has been tested in HICs and in LMIC contexts such as Zambia with implementation adaptations such as Apprenticeship Models and task splitting to address the professional capacity challenges.

RECOMMENDED STRATEGIES

A theory of change was developed from programmes identified as 'effective', 'promising' or 'prudent' in the evidence review and in consultation with experts. The Theory of Change sets out actions and anticipated outcomes across three areas of inter-related activity to: create enabling environments for prevention and response, build capacity for services and mobilise social and behavioural change.

1 INTRODUCTION:

Ending Violence Against Children

Child sexual abuse and exploitation is prevalent in all countries of the world and has a significant impact on the health and wellbeing of children. Survey data shows that globally 1 in 5 girls and 1 in 13 boys have been sexually abused or exploited before reaching the age of 18 (Stoltenborgh, 2011). Nine million adolescent girls aged 15 -19 have experienced forced sexual intercourse[1] or other sexual acts within the past year (UNICEF, 2017a). The scale, complexity and danger of online facilitated child sexual abuse and exploitation is escalating (WePROTECT, 2018). While males and females of all ages can be victims, child sexual abuse and exploitation has a clearly gendered pattern with the majority of perpetrators being male and the majority of victims being adolescent girls (UNICEF, 2017a).

It is a type of violence in childhood that includes diverse acts of abuse, in different settings and relationships - situations where a child is sexually abused by a relative or carer at home; raped by an intimate partner; made to or left with no option but to sell sex in exchange for food, cash or favours; sexually assaulted on the way to or at school by an adult, a gang or a peer living in the community; sexually abused by an adult in a position of trust or authority such as a pastor, police officer, care worker or sports coach; groomed or sexually exploited online by an adult or older child; trafficked within or across borders for the purpose of sexual exploitation, sometimes by organized groups of child sex offenders; or raped by a combatant or peacekeeper in the context of war, displacement or disaster.

Children and adolescents who live in low-income regions of the world, in conditions of insecurity, armed conflict or separation from their family are particularly vulnerable (Ligiero et al, 2019) but it is important to note that all children are at risk of sexual abuse and exploitation. The sexual abuse and exploitation of children is a violation of human rights and a public health problem with significant consequences for global health and development (WHO, 2017). Ending violence against children and adolescents is a strategic priority for UNICEF now cemented in the strategic plan (UNICEF, 2018b) and in the organisational theory of change (UNICEF, 2017b). This report was commissioned to inform this work and build on the tremendous efforts already made by global partnerships working to end violence by updating and consolidating the research evidence on what works to prevent and respond to child sexual abuse and exploitation.

1 The terms 'forced sexual intercourse' and 'forced sex', rather than 'rape', are used in the reports discussed and thetefore quoted in this report.

1.1 Global imperatives

International and national responsibilities for eliminating child sexual abuse and exploitation were set out comprehensively under the Convention on the Rights of the Child (CRC) 1989, the Optional Protocol on the sale of children, child prostitution and child pornography (United Nations, OPSC, 2000), the commitments made at the three World Congresses against Sexual Exploitation of Children (United Nations 1996 Stockholm, 2001 Yokohama, 2008 Rio de Janeiro) and United Nations Security Council Resolutions 1820, 1882, 1888, 1889 and 1960 addressing sexual violence in conflict. In September 2015 targets adopted by all United Nations member states in the Sustainable Development Goals (5.2, 8.7, 16.1 and 16.2[2]) covered reducing levels of violence against children, including all forms of sexual violence, by 2030. Many countries have adopted National Action Plans to end violence against children and a major step forward for supporting their implementation has been the agreement between ten global organisations for a coordinated, system focused approach to violence prevention consisting of the seven INSPIRE strategies[3]. The core document for INSPIRE describes the seven evidence-based strategies and interventions, is supported by an implementation handbook (WHO, 2018) and by a set of indicators to measure uptake and impact on levels of violence against children (UNICEF, 2018a).

Action against gender-based violence has also advanced, aided by the coordination of efforts for United Nations and partner responses made possible by the establishment of the Gender-based Violence Area of Responsibility working group in 2008 and a UNICEF gender action plan (UNICEF, 2018c). The overlap between gender-based violence towards adults, mostly women, and violence against children is increasingly recognized, and there has been more collaboration between people working to prevent violence in these two areas. Guidance now exists that brings together actions on preventing violence against women and the abuse of children and adolescents in the World Health Organisation's RESPECT Framework (WHO, 2019a, see seven RESPECT strategies for action in the Appendix to this section). There are still however some significant gaps in knowledge and practice about protecting girls and boys of all ages from different forms of sexual violence where further collaboration and gendered insights could be of benefit.

1.2 Why this evidence review was commissioned

Comprehensive strategies to end violence against children need to include all forms of violence, whether physical, emotional, sexual abuse or neglect. Children who experience one type of victimisation may also experience others (Finkelhor, Ormrod & Turner, 2007). There is however a need for a specific coordinated focus on child sexual abuse and exploitation because:

2 See Table 1 in section appendix

3 See Figure 1 in section appendix implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; Education and life skills

- In many parts of the world child sexual abuse is still a taboo, hidden and stigmatising topic. To help break through cultures of inertia, secrecy and resistance to change, we need to share learning about effective national strategies and what may or may not work.

- Child sexual abuse and exploitation have unique drivers, risks and protective factors that if not highlighted and prioritised, might get lost in the larger landscape of preventing violence.

- Knowledge about interventions that specifically impact on child sexual abuse could help to prevent this and help identify where general violence prevention interventions might work and where we need different approaches.

- Evaluations of general child maltreatment interventions (such as parenting programmes) include limited evidence on outcomes for preventing child sexual abuse and exploitation.

- Child maltreatment research and policies have focused largely on caregivers and the family and, while much sexual abuse may occur in the home, the perpetrators and contexts of sexual abuse and exploitation are much more varied, warranting responses that take this into account.

- While other strategies on violence prevention, particularly on gender based violence, have taken childhood sexual abuse into account, mainly towards adolescent girls, there are significant gaps in knowledge and practice about protecting young children and boys, and children who are inter-sex or who identify as non-binary

- There is rapid growth in online facilitated sexual abuse and exploitation of children and adolescents and in coordinated responses to this. Learning from this work needs to be included in broader child protection strategies.

- Peers are a significant proportion of those responsible for acts of sexual abuse against other children and adolescents but interventions have been mostly designed for adult offenders. Strategies to prevent and respond to child sexual abuse and exploitation need evidence to address the developmental and safeguarding needs of children as victims and perpetrators, recognising that a child can be both abused and harming others.

This report aims to address these specific issues by updating two earlier publications for UNICEF (Radford et al, 2015a; Radford et al, 2015b) with a recent review of the evidence on: i. what we know about the extent, nature and consequences of child sexual abuse and exploitation for children in different contexts, ii. the evidence on effective interventions and strategies to prevent and respond.

A recent benchmarking of national responses across 40 countries encouragingly found that combating child sexual abuse is a priority in many countries and progress

is possible even where resources are limited (Economist, 2018). The findings from the present review are intended to aid further work by UNICEF, partner organisations, researchers, practitioners and policy makers on preventing and responding to child sexual abuse and exploitation, taking into account these encouraging developments and complimenting ongoing programmes such as INSPIRE (WHO, 2016a) and RESPECT (WHO, 2019a).

For easy reference, the definitions used in this report are set out in the glossary of definitions on pages 8 – 10 at the front of the report. Definitions of child sexual abuse and exploitation and related terms used are based on definitions used in international conventions such as the United Nations Convention on the Rights of the Child, agreed protocols and guidelines such as the *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse,* referred to as the Luxembourg Guidelines (Greijer & Doek, 2016).

1.3 Methodology

The current review builds on the earlier reports (Radford et al 2015a & 2015b) and covers new research published from 2014 to 2019. Questions for the review were:

1. What is known about effective implementation and enforcement of national and transnational laws, policies and strategies to prevent and respond to child sexual abuse and exploitation, online and offline?
2. What is known about effective primary prevention approaches to child sexual abuse and exploitation, online and offline?
3. What is known about effective approaches to identify and protect child and adolescent victims of sexual abuse and exploitation, online and offline?
4. What is known about effective approaches to prevent re-offending and ensure the recovery and reintegration of child and adolescent perpetrators of sexual abuse and exploitation, online and offline?
5. What is known about effective approaches to prevent re-offending by adult perpetrators of sexual abuse and exploitation, online and offline?
6. What is known about effective approaches to support, ensure the recovery, reunification and reintegration of child and adolescent victims of sexual abuse and exploitation?

The review also aimed to include evidence on interventions to prevent and respond to child sexual abuse and exploitation in armed conflict, humanitarian crisis and emergency contexts.

A systematic search for evaluations of interventions to prevent and respond to child sexual abuse and exploitation was completed (see Technical Appendix Sections 4 and 5). There were four strategies to the search:

1. Ten research databases (Medline, Public Health, PsychInfo, Social Work Abstracts, CINAHL, Criminal Justice Abstracts, ERIC, Education Abstracts, Campbell Collaboration, Cochrane Library of Systematic Reviews), were searched using predefined search terms and inclusion and exclusion criteria;

2. We conducted specific, targeted online searches for 'grey literature';

3. References and citations of primary research in publications included were followed up via a process of chain searching;

4. We contacted 161 research experts in the field and consulted with partner organisations and practice experts to identify recommended studies.

Data were stored in Endnote libraries. Studies were assessed individually for rigour. Overall assessment ratings for the quality of evidence used in the earlier report were updated to incorporate WHO Inspire evidence rating (WHO, 2016a) into 5 categories of *Effective, Promising, Prudent, Needs more research, Ineffective/harmful* (discussed further in Section 3).

The online database searches yielded 2,052 unique references. 1,726 were screened out on abstract content as not relevant. Of the remaining 326, 121 were retained and filed as relevant for updating the report section on the prevalence, nature and consequences of sexual abuse and exploitation. The second step of screening involved reading the full text of 205 publications for relevance and rigour and 79 publications were included in the review. A further 89 publications were included from expert recommendations, chain searches, additional focused searches and searches for grey literature. This gave 168 high quality research publications to include in the updated review. These 'included' studies are summarised in the data tables in the methodological appendix report and also marked with an asterisk (*) and listed in the reference section at the end of this report. Descriptive studies and those not yet meeting the research quality criteria were not discarded where these provided information on policy or practice as yet not robustly tested through experimental evaluations. These studies are also discussed and cited in the reference section at the end of this report (but are not identified with an asterisk and not included in the evidence tables in the technical appendix).

Assessing whether or not a particular response has good evidence to support its use provides only part of the answer to the question 'what works'. An evidence-based response needs successful implementation. Implementation can be affected by a number of factors including staff selection and training, availability of guidance and supervision for staff, resources, organisational contexts, cultural adaptation, sustainability and scope for professional discretion. Implementation science is a relatively new area of research in the field of child maltreatment and researchers have recently begun to identify and empirically test the factors that contribute to

successful implementation (Mikton et al, 2013) and how to monitor this from an organisational perspective (Ehrhart et al, 2016; Hanson et al, 2016).

An extensive review and consultation process with global experts on preventing violence in childhood found that there is still a bias towards research conducted in high income countries (HICs) (Know Violence, 2017). Although the research evidence coming from low to middle income countries (LMICs) has increased in the past five years, the lower availability of resources for funding high quality experimental research means that the literature is inevitably more limited, particularly in humanitarian contexts.

It should be noted that even where the research evidence for a particular response is rated as being good from one jurisdiction, a cautious and carefully monitored approach with consideration of implementation issues, interactions with other elements (such as policy conflicts), adaptations and any perverse consequences would be needed in another context. A well evaluated response in one jurisdiction may not work as well elsewhere and, as yet, the evidence is still developing on what works, for which groups of children and young people and in what contexts (Know Violence, 2017; Kumar, 2017). There are many studies from LMICs discovered in the process of conducting the present review which have considerable relevance to our efforts to end the sexual abuse and exploitation of children and adolescents. They provide information on what interventions may be acceptable with which communities, what adaptations might be needed in different contexts, what the barriers to implementation may be and what resources are needed for this to be effective. Findings from these more descriptive studies are discussed in the report where they add to the overall weight of evidence on prevention and response in different contexts.

1.4 Structure of the report

The next section of the report, Section 2, summarises what we know about the extent, nature and consequences of child sexual abuse and exploitation for children in different contexts and sets out the conceptual framework that has informed this study. Section 3 introduces the research evidence on effective interventions. The findings are organised into sections according to the type of response – international and national frameworks (Section 4); primary prevention (Section 5); identification, reporting and child protection (Section 6); preventing perpetrator re-offending (Section 7); and victim support and recovery (Section 8). The final section of this report (Section 9) draws together findings on promising programmes and makes recommendations for future policy, practice and research.

Section 1 Appendix

TABLE 1: Sustainable Development Goals And Relevant Targets 2030

GOAL 5	**ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS**
Target 5.2	Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
5.2.1	Proportion of ever-partnered women and girls aged 15 years and older subjected to **physical, sexual or psychological violence** by a current or former **intimate partner** in the previous 12 months, by form of violence and by age
5.2.2	Proportion of women and girls aged 15 years and older subjected to **sexual violence** by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
GOAL 8	**PROMOTE SUSTAINED, INCLUSIVE AND SUSTAINABLE ECONOMIC GROWTH, FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL**
Target 8.7	Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms
GOAL 16	**PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES FOR SUSTAINABLE DEVELOPMENT, PROVIDE ACCESS TO JUSTICE FOR ALL AND BUILD EFFECTIVE, ACCOUNTABLE AND INCLUSIVE INSTITUTIONS AT ALL LEVELS**
Target 16.1	Significantly reduce all forms of violence and related death rates everywhere
16.1.1	Number of victims of intentional homicide per 100,000 population, by sex and age
16.1.2	Conflict-related deaths per 100,000 population, by sex, age and cause
Target 16.2	End abuse, exploitation, trafficking and all forms of violence against and torture of children
16.2.1	Proportion of children aged 1 to 17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
16.2.3	Proportion of young women and men aged 18 to 29 years who experienced sexual violence by age 18

FIGURE 1: INSPIRE Seven strategies

INSPIRE

Seven Strategies for Ending Violence Against Children

Implementation and enforcement of laws

Norms and values

Safe environments

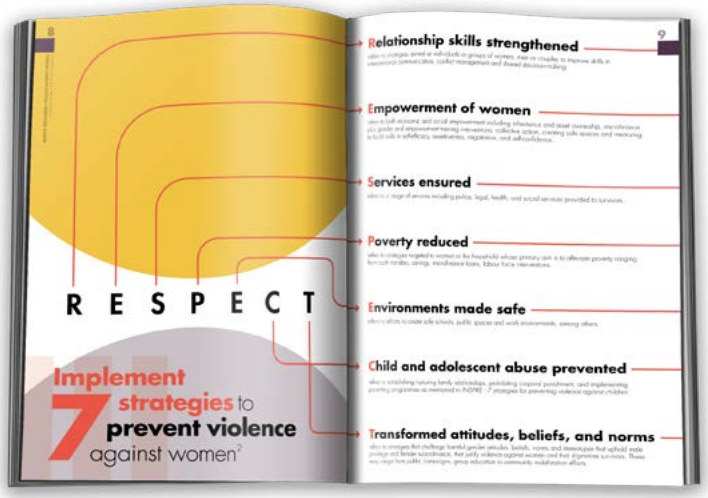
Parent and caregiver support

Income and economic strengthening

Response and support services

Education and life skills

FIGURE 2: Respect : 7 strategies to prevent violence against women



2 CHILD SEXUAL ABUSE AND EXPLOITATION:

A Global Problem

The term 'child sexual abuse and exploitation' covers diverse victimisations perpetrated by adults and peers with varied motivations. This section briefly reviews recent research on the scale, nature and consequences of child sexual abuse and exploitation, why children are vulnerable and what is known about protective factors. Knowing the scale and nature of child sexual abuse and exploitation across different country contexts is important for identifying priorities for action and service responses.

2.1 The nature and extent of the problem

NATIONAL PREVALENCE

A substantial proportion of children across all regions in the world have experienced physical and sexual violence in childhood (Figure 4, Section 2 Appendix). Child sexual abuse is a gendered crime, with the vast majority of perpetrators (around 90%) being male (Parkinson & Cashmore, 2017; Pereda, Guilera & Abad, 2014; Priebe et al, 2010; Radford et al, 2017a). Being female is a significant risk factor for sexual abuse and exploitation in most parts of the world and is linked to the gender-based power inequalities that persist globally, although it is important to recognize that boys can also be sexually abused and exploited and can be stigmatized and deliberately targeted because of their gender (WHO, 2012). Providing an exact figure for the scale of the problem is difficult. Research in HICs and LMICs shows the rates of sexual victimisation found in self report surveys are consistently higher than the administrative records of services such as the police and child protection. Research shows a lot of sexual abuse never comes to the attention of authorities.

➔ For example, surveys in Finland (Lahtinen et al, 2018) and in Germany (Stiller & Hellman, 2017) show that, although well over three quarters[4] of victims of childhood sexual abuse have told somebody about the abuse, most often a friend, at best only 14% of the disclosures were passed on to authorities.

4 76% in Germany; 80% in Finland

- Research on violence against children in seven LMICS, Cambodia, Haiti, Kenya, Malawi, eSwatini, Tanzania and Zimbabwe, similarly found the proportion of victims who received a service was ≤10% in most countries surveyed (Sumner et al, 2015).

- A review of survey data from 30 countries collected for UNICEF found that only 1% of adolescent girls who had experienced forced sex reached out for help from services (UNICEF, 2017a).

Self-report surveys are considered more reliable estimates of prevalence in a population as these capture data on experiences that have not been previously reported. However, there can be substantial differences in how self-report surveys measure sexual abuse, and these differences influence the rates of prevalence (Matthews et al, 2020).

FOUR KEY QUESTIONS TO ASK ABOUT PREVALENCE SURVEYS

1. How comprehensive was the definition and measurement of violence?

2. Was violence measured over the whole of childhood and/or recently?

3. Who was asked about the violence?

4. How were they asked about the violence?

QUESTION 1: Definitions and measures of violence vary greatly across different studies. Those using narrow definitions that ask only about forced or coerced first sexual intercourse (e.g. Andersson and Ho Foster 2008; Birdthistle et al. 2008) produce lower prevalence rates for childhood sexual violence than those that ask more broadly about all forms of unwanted sexual victimisation from rape to sexual touching and forms of sexual abuse and harassment that may involve no physical contact (such as posting sexual images online) (e.g Averdijk et al. 2011). Asking about 'unwanted' sexual acts also may not capture sexual exploitation that is not recognised as such by a young person. A review for the Centre of Expertise on Child Sexual Abuse in England of 29 methodologically different surveys found 14 possible areas of sexual abuse and exploitation were included in global prevalence research. The most commonly asked-about forms of child sexual abuse were kissing and touching (included in 25 surveys) and penetration (included in 19 surveys). Few surveys included any measurement of child sexual exploitation. The least commonly asked-about behaviours were statutory rape, trafficking and the role of intermediaries in sexual exploitation (Radford, 2018).

QUESTION 2: Prevalence estimates based on lifetime childhood experiences are generally higher than estimates based on experiences reported more recently, such as in the past year. Recent experiences may give better estimates of current prevalence rates.

QUESTION 3: Researchers have asked different types of participants, with some surveying adults retrospectively

about abusive experiences in childhood (e.g., Olsson et al. 2000; Tarczon and Quardura 2012) while others ask children and adolescents, of varying ages, about recent and lifetime experiences (UNICEF Kenya et al. 2012; Finkelhor et al. 2015). Recall over a long period of time may influence adult reports (Hardt and Rutter, 2004). Some surveys have found that older adults report higher rates of sexual abuse in childhood than younger adults. The Crime Survey England and Wales in 2016 found 9% of adults aged 45-54 and 55-59 years reported having been sexually abused before age 15 compared with 5% of those aged 25-34 and 3% of those aged 16-24 (ONS, 2016). It is difficult to tell whether these differences are caused by older survivors being more willing to disclose or because the prevalence of abuse has changed over time. Some studies have been set within a gender-based violence context and have only asked about the sexual violence experiences of women and girls (e.g., Birdthistle et al. 2008). Other researchers may include boys but do not always show the findings for females and males separately in the publications (Ndetei et al. 2007).

QUESTION 4: How the questions were asked can influence what is reported. Children and young people respond best to questions that have been cognitively tested and are neutrally worded. Asking about behaviour-specific acts such as being touched or kissed is less confusing than asking a child whether she or he has been 'abused', 'raped' or 'molested' (Radford, 2018). Generally, the more questions asked about sensitive topics such as sexual abuse, the higher the rates reported (Barth et al, 2012; Stoltenborgh et al, 2011). Safe and private methods to ask about experiences of victimisation are especially important (Rumble et al, 2018). Higher rates of violence tend to be reported when participants are asked using Computer Assisted Self Interviewing (CASI) or Audio CASI methods compared with being asked directly in a face to face interview. In CASI interviews the interviewer hands over a tablet computer to the interviewee to read sensitive questions and enter answers privately onscreen. A national survey of children and violence in South Africa tested different methods to interview 9,730 young people aged 15 to 17, in households (5,635) and in schools (4,095), using an administered interview and a self-completion (CASI) interview. Highest rates of reporting were found in the self-completion surveys especially those completed in schools (Burton et al, 2015; Ward et al, 2018). Similar findings on sealed envelope methods to collect questionnaires from school children in Uganda confirm the importance of privacy (Barr et al, 2017). Studies that invest in training interviewers and the development of high quality ethical protocols have the highest response rates to questions on child sexual abuse (Rumble et al, 2020).

SYSTEMATIC REVIEWS AND META-ANALYSES that have analysed the international self-report survey data on the prevalence of child sexual abuse (Andrews et al. 2004; Barth et al. 2012; Ji et al. 2013; Jones et al. 2012; Pereda et al. 2009; Stoltenborgh et al. 2011; UNICEF 2012a) cover a large number of global studies from different regions of the world. These reviews and other studies show that findings on the prevalence of child sexual abuse present a very mixed picture on the extent of the problem even in the same region (Rumble et al, 2020), and comparisons are difficult to make (Barth et al, 2012; UNICEF, 2017a).

- The systematic review and meta-analysis of 217 studies published between 1980 to 2008 by Stoltenborg et al (2011) estimated the global prevalence of lifetime child sexual abuse based on self-report surveys as being 12.7%, almost 1 in 8 of the world's children.

- Lowest rates for males and females were found for Asia (4.1% males, 11.3% females) then followed by Europe for males (5.6% males, 13.5% females) and South America for females (13.8% males, 13.4%, females).

- Highest rates for females were found for Australia (7.5% males, 21.5% females) followed closely by Africa (19.3% males, 20.2% females) and the USA and Canada (8% males, 20.1% females) (Stoltenborg et al, 2011).

SELF-REPORT SURVEYS USING STANDARDISED MEASURES of gender-based violence, of sexual health and of violence against children, implemented with careful attention to ethical issues, have been used and increasingly validated in different national and cultural contexts. This is a noticeable change in the research since the earlier evidence review (Radford et al, 2015a) and it has greatly improved the availability of data.

SELF REPORT SURVEYS WITH ADULTS A survey of violence against women across Europe covering 28 members of the European Union asked over 42,000 adult women about experiences of sexual abuse before the age of 15 (FRA, 2014).

- Twelve percent self-reported childhood sexual abuse (8% sexual touching, 1% forced sex, 9% exposure).

- Highest rates of childhood sexual abuse were self-reported for France and the Netherlands (20%).

- Under 4% of women self-reported these experiences in Bulgaria, Czech Republic, Hungary, Portugal and Romania (FRA, 2014).

- An analysis of survey data collected by UNICEF and the WHO compared responses across 38 LMICs from young adults aged 18 to 29 years asked similar questions about forced sex in childhood. Highest rates of self-reported forced sex experienced in childhood came from Cameroon (>15% females, 4% boys) (UNICEF, 2017a).

- Very few surveys had data on boys and girls. Where this existed, lowest rates of forced sex in childhood came from Sierra Leone (2% females, >5% males).

- Based on these findings, UNICEF estimates that globally 1 in 20, around 13 million adolescent girls aged 15 -19 will have experienced forced sex at some time in their lives (UNICEF, 2020a) and 9 million will have experienced this in the past year (UNICEF, 2017a).

Self-report surveys with children The most commonly used child self-report surveys with standardised measures of violence are the ISPCAN Child Abuse Screening Tool, ICAST (https://www.ispcan.org/learn/icast-abuse-screening-tools/),

the Juvenile Victimisation Questionnaire, JVQ (http://www.unh.edu/ccrc/jvq/index_new.html) and the Violence Against Children & Youth Surveys, VACs (https://www.togetherforgirls.org/about-the-vacs/) (Meinck et al, 2016; Radford, 2018). These surveys mostly measure forced sex, sexual touching and non-contact sexual abuse. All show consistently high rates of self reported sexual abuse especially for adolescents aged 15 to 17 years.

- For example, the national survey based on the JVQ in South Africa found 8% of boys and 14% girls aged 15 to 17 had experienced some sexual victimisation (Ward et al, 2018).

- Prevalence rates for the past year in the US, also measured using the JVQ, were 9.4% for boys and 14% for girls aged 15 -17 (Finkelhor et al, 2015).

- Surveys using the ICAST measure in nine Balkan states with over 42,000 children aged 11, 13 and 16 years found past-year sexual violence was lowest in Romania (5.0%, 4.7% females, 5.4% males) and highest in Bosnia (13.6%, 12.4% females, 15.4% males) (Nikolaidis et al, 2018).

The prevalence of sexual abuse in childhood from nine of the most recently published Violence Against Children and Youth Surveys (VACS) (defined mostly as sexual touching and attempted and forced sex) is shown in Table 2 below.

TABLE 2: Selected countries prevalence of child sexual abuse, males and females aged 13-17 in the past year (PY) and any time before age 18 aged 18-24 (LT).

COUNTRY	PY MALE	PY FEMALE	LT MALE 18+	LT FEMALE 18+
Botswana	4.1%	10.4%	5.5%	9.3%
Colombia*		8.1%	7.8%	15.3%
El Salvador	2.7%	6.6%	2.5%	13.5%
Honduras*	4.9%	6.2%	9.9%	16.2%
LaoPDR	6.2%	4.1%	12.0%	7.3%
Rwanda	5.4%	11.7%	9.6%	23.9%
Uganda	11.2%	25.4%	16.5%	35.3%
Zambia	5.6%	16.6%	10.0%	20.3%
Zimbabwe	0.3%	4.1%	1.1%	9.1%

**Includes coerced or alcohol facilitated sexual abuse*

Sources: Govt of Colombia, 2019; Govt of El Salvador, 2019; Govt of Honduras, 2019; Ministry of Gender, Labour & Social Development, 2015; Ministry of Youth, Sport & Child Development, 2018; National Commission for Mothers & Children, 2016; Rwanda Ministry of Health, 2017; Statistics Botswana, 2019; Zimbabwe Ministry of Health & Child Care, 2019.

PREVALENCE OF ONLINE FACILITATED CHILD SEXUAL ABUSE

Research on the extent of online facilitated sexual abuse and exploitation relates mostly to HICs (Jones et al. 2013) with one review (Wager et al, 2018) finding just one study covering the prevalence of online abuse in the global south (Byrne et al, 2016). As with other prevalence surveys,

self-report surveys covering online facilitated child sexual abuse ask about different things: online grooming and sexual requests; meeting offline someone met online; a contact sexual offence taking place at an offline meeting; someone taking pictures or recordings of victims when they were undressing or naked; unwanted exposure to online pornography and non-consensual sharing of images. Surveys have focused mostly on young people's exposure to sexually explicit material, online sexualised conversations, 'sexting' (self-generated images) and receiving sexual requests and, to a limited extent, on online grooming. Other than 'sexting' they have rarely asked young people about sexualised images being taken of them, including web cam livestreaming, or experiences of commercial sexual exploitation or sextortion.

- A meta analysis of online sexual abuse towards adolescents aged 12 to 16 covering studies from the US, Europe, Canada and Taiwan found the prevalence of online solicitation to be 11.5% (nine studies) and the prevalence of unwanted online sexual exploitation to be 20.3% (seven studies) (Madigan et al, 2018).

- The Global Kids Online survey (Byrne et al, 2016) asked children aged 9 to 17 in the Philippines (N=121), Serbia (N=197) and South Africa (N=913) and children aged 13 to 17 in Argentina (N=1,106) about internet use and experiences. Fewer than 1 in 20 internet using children (in South Africa and the Philippines) reported experiences of online sexual solicitation.

- A school-based survey in Spain asked 2,731 adolescents aged 12 to 15 about experiences in the past 12 months of online sexual solicitation and sexual interactions with adults. In the past 12 months, 15.3% of girls and 9.3% of boys had received sexual solicitations from adults, 7.4% of boys and 8.2% of girls had sexual interactions with adults online and 3.6% met an adult previously only known online (7% at age 15). Most (87%) of the adults involved were under the age of 30 and no differences were found between the ages of those who first engaged with the child online and those who met them first offline and thereafter made online solicitations or had sexual interactions (de Santisteban & Gámez-Guadix, 2018).

- A recent review of online abuse has similarly confrmed that research on police reports and self report studies show that most online offenders are not strangers but are instead acquaintances known from other offline contexts. There are few differences in the dynamics of the relationship between victims and offenders in offline and online contexts (Finkelhor et al, 2020).

- Online sexual victimisation is linked with victimisation that occurs offline in a number of ways, being part of overall grooming by adults (Bourke and Hernandez, 2009; Svedin and Back, 2011; Wolak et al. 2008), monitoring and sexual coercion by abusive partners (Barter et al. 2009; 2017; Stanley et al, 2018) and an overall pattern of violence that reaches across different settings of home, school and community (Ybarra et al. 2007).

Researchers have also asked men in the community to self-report their own use of child pornography online, sexual interest in children and sexually coercive behaviour.

- Wager et al (2018) found between 1 in 10 and 1 in 5 adults from Finland, Germany and Sweden had engaged in online sexualised conversations with young people below the age of 18 in the past year. Around 1 in 20 men admitted sexualised behaviour involving children below the age of 12.

- A school-based survey of the sexual experiences of 1978 Swedish males aged 17-20 years found 4.2% (N=84) reported having viewed child pornography (Seto et al, 2015).

- The largest community survey on men's self-reported sexual interest in children, an online survey of 8,718 German men (aged 18- 89 years) found 5.5% indicated some paedophilic interest, 4.1% reported sexual fantasies involving children under the age of 12 and 3.2% reported sexual behaviour involving prepubescent children (Dombert et al, 2016).

- The German survey found a crossover between use of pornography and sexual fantasies about prepubescent children and offending behaviour. Among the 3.2% reporting sexual behaviour involving children under the age of 12, 1.7% used child pornography but did not report sexual contact with children, 0.8% exclusively committed sexual contact offenses against children and 0.7% committed both contact and child pornography offenses (Dombert et al, 2016).

- An online survey of 435 adults (262 females, 173 males) found 10% of males and 4% of the females said they would be likely to have sex with children or view child pornography if they could do so without being caught or punished (Wurtele, Simons, & Moreno, 2014). This disturbing finding affirms the need for tough law enforcement and detection.

PREVALENCE OF CHILD SEXUAL EXPLOITATION

Rates of child sexual exploitation have been included in some community-based population surveys, where commonly children and adolescents have been asked about exchanging sex for food, favours, material gain or gifts (CDC, 2014). The VACS reports show varied rates of prevalence (see www.togetherforgirls.org/violence-children-surveys) but data is not directly comparable due to differences in data presentation. Research in Europe has also found varied prevalence rates, possibly due to varied methods of measurement. Surveys in Baltic Sea nations found males in some countries (Lithuania, Norway, Poland and Sweden) reporting higher rates of 'selling sex' than females. Rates ranged from 1% (in Norway) to 14.6% (in Poland) for females reporting having sold sex and 0.4% (in Estonia) to 25.2% (in Poland) for males (Goran-Svedin, 2007). The online survey of German men by Dombert et al (2016), discussed above, found 0.4% of men self-reported they had paid a child under the age of 12 for 'sexual services' (N=33) and 0.4% (N=37) intended child sex tourism.

TRENDS IN PREVALENCE RATES

Research at present cannot tell us with certainty whether violence against children, including sexual violence, is increasing or declining globally. There are too few studies using standardised measures of violence that have been repeated over time and very few cohort or longitudinal studies that have assessed the prevalence of child sexual abuse and exploitation. There are a few studies in HICs that have explored a possible decline by analysing trends in the data from multiple sources such as self report and incidence surveys (Sedlak et al, 2010), child protection and criminal justice records (Fallon et al, 2019). The US studies found a decline in administrative data rates from the 1990s onwards yet no changes in prevalence from child self report surveys since 2008 (Finkelhor et al. 2013; Finkelhor et al. 2014b & 2015). This decline in rates from administrative data could be due to changes in reporting and recording practices, in willingness to report, or in actual prevalence rates.

Reports grow with increased public awareness and there has been a recent rise in the rates drawn from administrative data on child sexual abuse and exploitation in some HICs such as UK (Bentley et al, 2018) where there have been a series of high-profile investigations and child sexual abuse has been designated a national threat.

It can be said that some of the situational opportunities for perpetrators to sexually abuse children have changed over time. Online technologies have provided new routes to abuse. They facilitate direct access to children and young people and the distribution of abusive imagery. Cross sectional surveys conducted over several years in the United States however present a mixed picture of trends in online child sexual exploitation, with rates reported by young Internet users not increasing as expected with wider access. Rates of unwanted sexual solicitation declined from 19% in 2000 to 13% in 2005 and 9% in 2010 (Priebe et al. 2013). Global efforts to police online abusers have expanded. Police data from various sources of child sexual abuse materials show a growth in reports (ECPAT International, 2018) although it is difficult to say whether this is because of the success of increased efforts at detection or due to increases in the actual amount of material. Arrests for adolescents 'sexting' and producing abusive images of other children have increased (Wolak et al. 2012a, 2012b, 2012c).

Our ability to monitor and respond effectively to child sexual abuse and exploitation has been frustrated by the lack of robust epidemiological data on prevalence and trends over time. It is nonetheless accepted that the *nature* of child sexual abuse and exploitation has changed with time and that globalization and new technologies present new challenges for child protection.

KEY MESSAGES

- 1 in 8 of the world's children have been sexually abused and/or sexually exploited at some time in their lives (Stoltenborgh et al, 2011).
- 1 in every 20 girls aged 15 to 19 (around 13 million) have experienced forced sex during their lifetime (UNICEF, 2020a).
- Child sexual abuse is gendered, around 90% of perpetrators being male and girls typically reporting rates of victimisation, 2–3 times higher, than boys. Victimisation of boys has been found to be higher than for girls in some contexts and organisational settings.
- Although reported rates vary across and within countries, child sexual abuse is prevalent in wealthy countries and in countries where incomes are lower.
- Robust data on the prevalence rates for online abuse and for sexual exploitation is limited and needs to be improved, although adolescent girls report the highest past year victimisation rates (12.9% of girls aged 14-17 in the US, Finkelhor et al, 2014a, and 15% of girls aged 12-15 in Spain, de Santisteban & Gámez-Guadix, 2018).
- A review of surveys asking men in the community about their use of online child sexual exploitation materials and sexual behaviour online towards children found between 1 in 10 and 1 in 5 adults in studies from Finland, Germany and Sweden had online sexualised conversations with children in the past year.
- One in twenty men admitted online sexualised behaviour towards children who were known to be below the age of 12 (Wager et al, 2018).

The substantial experience gained from national surveys of violence against children, including the VACs, could be used to guide improved monitoring of prevention efforts, prevalence and trends at regional, national and community levels.

RECOMMENDATIONS

Future research should employ consistent definitions and measures of past year as well as lifetime childhood experiences, covering penetration, sexual touching, non-contact forms of sexual victimisation (sexual verbal harassment, exposure, involvement in abusive materials, etc.), online solicitation, online victimisation and on and offline sexual exploitation (and the overlaps between these).

Mixed methods of data collection, such as community surveys followed up with qualitative interviewing, will also help advance understanding of the meaning of reported experiences in the context of individual children's lives. Data collected and triangulated from a range of different sources should be used to improve monitoring of trends in the prevalence and incidence of child sexual abuse and exploitation over time.

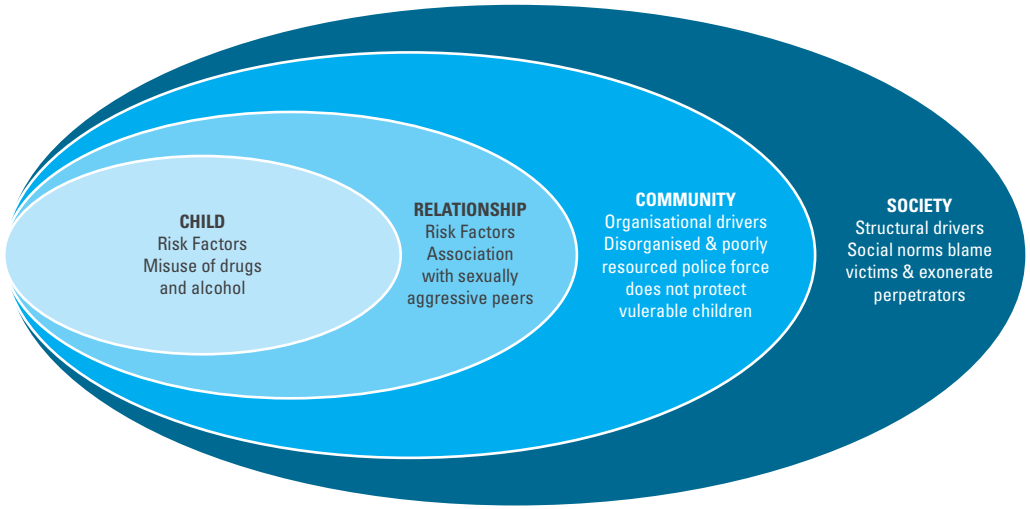
Gender-based violence research should present findings separately for adolescent (typically aged 15 to 18) and for adult experiences. Data on both boys and girls should be included and shown separately.

There are gaps in knowledge to be addressed regards the prevalence of child sexual abuse and exploitation among children from ethnic minority groups, those with different forms of disability, as well as among children and young people who identify as gay, lesbian, bisexual or transgender or who are intersex.

2.2 Drivers, risks and vulnerabilities

The burden of violence, including sexual violence, falls unevenly on particular groups of children across the world. There are a variety of theories which seek to explain why children are vulnerable and why offenders target them. There is no space in this report to comprehensively review this area of work beyond noting that no single theory covers all manifestations of these crimes. For example, psychosocial theories on perpetrator psychopathology, commonly used to explain the behaviours of paedophilic child sex offenders (Nielssen et al. 2011; Seto, Reeve & Jung, 2010), may not be useful for explaining other forms of sexual violence, such as 'date rape', where risks and determinants may differ (Eke, Seto & Williams, 2011). A very clear risk factor is a child's developmental vulnerability. Conceptually, this report has been informed by an adapted version of the socio-ecological framework (Belsky, 1980 & 1993; Bronfenbrenner, 1977 & 1986) which takes into account the developing child's interaction with her/his family and relationships, community and wider environment and the intersecting experiences of violence against women and violence against children (Heise, 2011; Rubenstein & Stark, 2017; Mootz et al, 2019).

FIGURE 3: Examples of drivers and risks in a socio-ecological model: (see also Figures 7 and 8 Section two Appendix)



Violence does not happen between individuals in an isolated bubble unaffected by the wider social context. Most forms of interpersonal violence disproportionality affect groups in a community or population who are disadvantaged as a result of interacting structural inequalities such as poverty, gender inequity, racism, sexual orientation together with institutional and organisational practices that do little to challenge or even reinforce them. In their multi-country study of violence against children, Maternowska and Fry (2018) distinguished between *drivers of violence* at the structural and organisational levels, that create the conditions in a particular society where violence against children is more, or less, likely to happen, and *risks and vulnerabilities* at the levels of the individual child, family and relationships, and in the community, that influence whether a particular child is abused.

Figure 3 illustrates the four nested 'levels' in the socio-ecological framework including an example of just two of the known risks and just two drivers that can together influence the child's experiences of sexual abuse. From this perspective, addressing a risk at the level of an individual child, such as legislation to limit adolescent access to alcohol, would be helpful, but by itself not enough to end child sexual abuse and exploitation. Other risks and drivers contributing to the persistence of sexual abuse, such as peer relationships, inadequate police protection and norms blaming adolescent girls for their own sexual victimisation, would be untouched. System change is needed to tackle the multi-dimensional causes and consequences of sexual violence. While there is no standard blueprint for this, current global violence prevention strategies support coordinated action simultaneously across several different levels of the system (WHO, 2018; WHO, 2019a).

Table 3 provides a summary of drivers and risks for childhood sexual violence victimisation and perpetration that have been identified from research. Many are also drivers and risks for other forms of violence in childhood and for violence towards adult women. It should be noted that risks are not fixed but are dynamic and subject to change over time, particularly over stages of development in growth to adulthood and protective factors that can be put in place. Similarly, the interactions between structural drivers and risks in different country contexts will vary and cannot be solely understood through abstract academic commentary. Indeed, this was a key finding from the Drivers of Violence study (Maternowska & Fry, 2018) which built alliances between researchers, practitioners and policy makers to map and co-produce knowledge about drivers and risks across different country contexts to better understand challenges and opportunities for change. Drivers and risks unique to child sexual abuse and exploitation are highlighted in the table and in the discussion below.

TABLE 3. Drivers and risks of child sexual abuse and exploitation

	DRIVERS		RISKS	
Influence on:	**Structural**	**Community & organisational**	**Relationships**	**Individual**
Perpetrator & victims	• Social norms and stigma that support child sexual exploitation and abuse • Ideologies of male sexual entitlement • Child marriage • Armed conflict • Humanitarian crisis	• General tolerance of sexual abuse and exploitation • Normalisation of violence in the community or organisation • Situational risks - organisation/ setting provides unregulated private access to vulnerable child	• Gang membership • Lack of parental involvement and family support	• Childhood experience of sexual, physical, emotional abuse or neglect, exposure to parental domestic violence • Age, gender & developmental vulnerabilities • Harmful use of alcohol or illicit drugs
Victim	• Lack of recognition and legal protection of boys as victims of sexual violence • Poverty • Unsafe migration • Social inequalities and discrimination on the basis of age, gender, ethnicity, religious belief	• Revictimisation risk due to lack of support from police and other services • Criminalization, punishment or blaming and stigmatisation of the victim	• Separation from family • Man other than biological father in family home	• Disability • Mental health issues • Internalizing and externalizing symptoms • Sexual orientation & gender identity
Perpetrator		• Weak community or organisational safeguarding policies & sanctions against perpetrators • Family honour/norms of sexual 'purity' for girls and women	• Association with sexually aggressive peers • Perpetrator is person in position of trust or authority/older than victim	• Learning disability • Mental health issues • Anti-social personality and conduct disorder • Motivation, attitudes and beliefs that support child sexual exploitation and abuse

Structural drivers

Key structural drivers identified in the research include: age and social inequality, gender inequality, stigma and social norms supporting gender-based violence and violence against children, poor capacity and weak legislation, poverty, migration, crisis, conflict and breakdown in stable governance (Ligiero et al, 2019; Hynes et al, 2019; Maternowska & Fry, 2018; Mootz et al, 2019). Many of these are drivers for both victimisation and perpetration of child sexual abuse, contributing to social inequalities that disadvantage children, especially girls, and exculpate or condone abusers.

AGE AND SOCIAL INEQUALITY: The status of children in a society, their legal protection and the extent to which violence against children is accepted or sanctioned will influence both levels of general violence and sexual violence in childhood (Willman and Magisaka, 2011). Discrimination and poor access to protective resources and services means that children in disadvantaged and socially excluded groups are more vulnerable to sexual abuse and exploitation (Choudhry, 2018) and perpetrators who are motivated to abuse children are free to do so without fear of sanctions.

AGE AND VICTIMISATION: The prevalence rates for different types of violence, including sexual abuse and exploitation, vary with age (Ajdukovic et al. 2013; Bebbington et al. 2011; Finkelhor et al, 2014a; Radford et al, 2013; UNICEF, 2017a; see Figure 5 in Section 2 Appendix). Violence and neglect by a caregiver, hereafter referred to as 'child maltreatment', is a dependency related form of violence so that infants and younger children with high dependency on caregivers to meet their basic needs (for food, shelter, safety, affection) are those most vulnerable to harm (Finkelhor, 2008). Sexual violence however can occur at any time in childhood and throughout adult life and, unlike child maltreatment in general, the vulnerabilities to victimisation increase with age and are highest for girls in late adolescence.

- In the UK, a national survey found young adults reported higher prevalence of sexual abuse in childhood than adolescents who had not yet reached the age of 18. The prevalence of (lifetime) child sexual abuse involving physical contact and/or rape was 7.2% for girls and 2.8% for boys aged 11 to 17, and 18.6% for females and 5.3% for males aged 18 to 24 years (Radford et al, 2013).

- Self report surveys in the US found the prevalence of sexual abuse in childhood rose from 16.8% at age 15 to 26.6% at age 17 for girls and from 4.3% at age 15 to 5.1% at age 17 for boys (Finkelhor et al, 2014a).

- Among girls aged 18 -24 who disclosed experiences of sexual violence in childhood, the first ever experience was after age 14 for 70% in Botswana, 63% in Colombia, 64% in El Salvador and 87% in Rwanda (Statistics Botswana, 2019; Govt of Colombia, 2019; Govt of El Salvador, 2019; Rwanda Ministry of Health, 2017).

- The likelihood of being sexually abused increases with age, particularly for girls. In the US surveys 49% of girls had their first experience of child sexual abuse after age 14 compared with 27.4% of boys (Gewitz-Meydan & Finkelhor, 2020).

One explanation for the developmental increase in risk of sexual violence with age is the increase in situational risks linked to children's routine activities (McKillop et al, 2015) together with the varying age-related vulnerabilities children and adolescents experience (Finkelhor, 2008). Younger children are most likely to be sexually abused by a family member or caregiver as they spend more time in the home with the family. Older children and adolescents spend more of their time outside the immediate family or home environment and are likely to be exposed to a wider range of perpetrators (in addition to the risks within the family): adults in positions of trust or authority, peers, employers, neighbours and intimate partners (Finkelhor, 2008; Know Violence, 2017; Kumar, 2017; Ligiero et al, 2019). Developmental risks also vary for online child sexual exploitation in relation to the child's or adolescent's own access to online technology, with victimisation rates rising with age in adolescence. However, pre-verbal children and infants with no direct access themselves to online technologies can still be at risk from online sexual exploitation by older offenders. (The WePROTECT Global Alliance threat assessment has illustrated the intersection between victims of different ages, offenders and technology as shown in Figure 6 in the Appendix to this section, WePROTECT, 2018).

AGE AND OFFENDING: While childhood is a structural driver for child sexual victimisation, age of onset for known child sex offenders is broad.

- Research is inconclusive but shows there are clusters of perpetrators who first commit contact sexual abuse in the 11 – 15 age range and the late 20s to early 30s age range (Proeve, Malvaso & DelFabbro, 2016).

- A survey of over 10,000 men in Bangladesh, Cambodia, China, Indonesia, Papua New Guinea and Sri Lanka found that many men who admitted perpetrating rape had done so first while a teenager, and a substantial number were at the time below the age of 15 (Fulu et al. 2013).

- One community-based confidential survey in South Africa similarly found 75 per cent of the men who admitted rape had done so first when they were teenagers (Jewkes et al. 2010a).

GENDER INEQUALITY: Gender inequalities are key risks for sexual violence victimisation and perpetration across the life course. Adult power in sex-segregated societies can present risks of sexual abuse and exploitation for girls or for boys, depending on the cultural context, however from childhood through to adolescence there is a progressive gendering in experiences of sexual victimisation, with adolescent girls in most nations reporting the highest prevalence rates of sexual violence.

GENDER AND VICTIMISATION:

- Where there are high levels of violence against women, there are often also high levels of partner abuse and sexual violence towards girls (Bott, Guedes et al. 2012).

- Girls and young women have the highest rates of past year violence from an intimate partner (FRA, 2014).

- Higher rates of sexual abuse in HICs are reported by girls compared with boys, typically two to three times higher (Finkelhor et al, 2015; Fisher et al, 2015; ONS, 2016).

- Girls form the majority of victims in child sexual abuse materials online (ECPAT International, 2018) and are most of the targets of online solicitation (Jones et al., 2012a).

While gender is clearly an important factor in the sexual abuse and exploitation of girls, the influence of gender on the abuse of boys and of children of other genders and sexual identities has been neglected by the research literature and warrants further investigation (Ligeiro et al, 2019). Sexual victimisation rates reported by boys in some countries and environmental contexts are close to or even higher than those reported by girls.

- Studies in Taiwan (Cheng-Fang et al. 2008), in China (Ji, Finkelhor & Dunne, 2013; Leung et al. 2008), Poland (Svedin 2007), some countries in the Balkan region (Nikolaidis, 2018), in South Africa (Ward et al, 2018), in Lao PDR (National Commission for Mothers and Children, 2016) and the Lebanon (Usta et al. 2008) found boys reporting similar or higher rates of child sexual abuse/child sexual victimisation than girls.

- The age of the boys at the time of sexual victimisation may be a factor, with younger boys in some studies reporting higher rates than older boys (Ministry of Women, 2014; Nikolaidis, 2013) or earlier age of first victimisation (Gewitz & Finkelhor, 2020).

- Boys who are gay or questioning their sexual orientation may also be more vulnerable to online solicitation (Wolak et al., 2008).

- Surveys and national inquiries into child abuse in institutions in Australia, England and Scotland show that boys may be particularly vulnerable to abuse from persons in positions of trust (such as a teacher, carer, youth worker, priest) and in single sex residential schools for boys (ONS, 2016; Parkinson & Cashmore, 2017; Radford, 2017a; Ward & Rodger, 2018).

Gender and offending: Research with perpetrators in the general population is limited. Most of what we know is drawn from research in HICs with perpetrators in treatment or in the criminal justice system or with convenience samples such as college students (Jewkes, 2012).

- Victimisation self-report surveys in HICs and some LMICs typically find most adult perpetrators of child sexual abuse (around 70 to 90%) are males, who are already known to the victim (Averdijk et al. 2011; Ministry of Women's Affairs, 2014; Radford et al. 2011).

- Among offenders known to authorities, female child sexual abuse offenders are a minority, between 6 to 11% (Proeve, Malviso & DelFabbro, 2016).

- Online facilitated child sex offenders are also mostly men, and predominantly from a white or European background (De Marco et al, 2018).

It is important to be aware that females also sexually abuse and exploit children (Bunting, 2007), with risks to boys typically being from older females.

- Self-report surveys in the US found that for over three quarters of sexual victimisations the perpetrator of the first incident was another young person below the age of 18 (Gewitz & Finkelhor, 2020).

- Including adult and peer perpetrators, males were perpetrators in 88% of the first incidents for sexually abused girls and 46% of the first incidents for sexually abused boys. In 54% of the first incidents where boys were sexually abused the perpetrators were females, generally older girlfriends or acquaintances (Gewitz & Finkelhor, 2020).

- Some of the VACs have similarly found females (aged 18 to 24) reporting overwhelmingly child sexual abuse perpetrators were male (90% LaoPDR to 99% Zambia) but male victims reporting few males as perpetrators of their first experiences of child sexual abuse (44% LaoPDR and 8% Zambia) (Ministry of Youth, Sport and Child Development, 2018; National Commission for Mothers and Children, 2016).

Boys are less likely to tell anyone about sexual abuse experiences than are girls (Allagia, Collin-Vezina & Lateef, 2019; Allnock & Atkinson, 2019; London et al, 2008; Meinck, 2014; UNICEF Kenya, 2012) often due to concern that their sexual orientation will be questioned or believing that nobody is willing to respond or the response may be unhelpful. One of the main motivations for bullying globally includes gender conformity, so that children perceived to be gay, lesbian, bisexual, of non-binary gender or simply perceived to be not conforming to expectations about norms of behaviour of boys or girls, experience higher rates of bullying (UNESCO, 2019). It is not known if this concern about their sexual orientation might influence willingness to disclose, even in a confidential survey, sexual victimisation by a male perpetrator.

SOCIAL NORMS: Social norms have been defined as being *'shared perceptions about others that exist within social groups which are maintained through group approval and disapproval'* (Lilleston et al, 2017). Highest rates of child homicide exist in low-income countries with low levels of legal protection for children and adolescents and high acceptance levels for violence (Pinheiro 2006;

UNICEF, 2017a). Where there are high levels of violence in a society, there also tend to be high levels of violence in the family, violence in intimate relationships and sexual violence towards women and girls (WHO 2013). Child sexual abuse and exploitation are widely recognised as unlawful, but laws prohibiting these crimes are not always enforced and may conflict with other policies, practices and norms and beliefs regulating sexual behaviour. Social norms that support gender inequality, condone gender-based violence and promote double standards of sexual behaviour for females and males are widespread (Barker et al. 2011) and predict high prevalence rates for physical and sexual violence against women and girls (Choudry et al, 2018; Heise & Kotsadam, 2015).

For example, social norms support the persistence of child marriage in many countries and regions such as sub-Saharan Africa where 35% of females are married before age 18 (UNICEF, 2020b). Child marriage exposes girls to increased risks of sexual abuse and other forms of violence from the intimate partner (Garcia-Moreno et al, 2005; Hong Le et al. 2014; UNICEF, 2017a) due to the strong association between age disparity and intimate partner abuse (Barter et al, 2009; Pinheiro, 2006) and the privileging of male power and sexual entitlement that often exists where child marriage is widespread.

In contexts where there are high levels of tolerance towards sex with under-age girls, adolescent girls are particularly vulnerable to sexual abuse and exploitation (Buller et al, 2020; Human Rights Council, 2013).

In a systematic review of 49 studies on social norms and sexual violence, Buller et al (2020) found six norms perpetuating child sexual abuse and exploitation: social pressure on young people to own status goods; to be sexually active; to exchange sex for favours (such as receiving food or gifts); to contribute financially to the household; stigma and discrimination against young people who experienced sexual abuse or exploitation and the lack of social sanctions for perpetrators. These norms were supported by greater tolerance of child sexual exploitation and abuse when it involved older or more physically developed adolescents and when it occurred in poverty-affected contexts. In addition, commonly held 'factual' beliefs in a community about puberty signalling a child's readiness for sex; men's entitlement to sex and inability to resist sexual urges; and the perceived benefits for a child and an older adult in an intergenerational relationship, also contributed to the maintenance and reproduction of child sexual abuse and exploitation.

SHAME, SECRECY AND WEAK LEGAL SANCTIONS: Shame and secrecy are widely associated with child sexual abuse. Worldwide children are most likely to be sexually abused by a person known to them, usually a boyfriend, an adult or older child who is a family member, another relative, friend, neighbour or an adult in a relationship of trust or authority (Finkelhor et al, 2014a; 2015; Know Violence, 2017; Kumar, 2017; Pinheiro, 2006). Adults or older peers may create and exploit emotional ties with a victim through the process of 'grooming', *'the deliberate preparation of a child for sexual abuse or sexual exploitation'* (Council of Europe 2007b). Grooming involves the abuser getting into an environment where access to the child for the purpose of sexual abuse is possible, creating emotional ties with the child, ensuring secrecy and compliance and gaining the trust of other adults in the child's life, such as the mother (Craven et al, 2006). The grooming relationship and emotional ties that exists between a perpetrator and victim can mean that the child or adolescent is not aware or able to name her/his experience as being 'abuse' or 'exploitation' (Mudaly and Goddard, 2006).

Children lack protection across the range of settings in which they spend their lives and are too frequently not believed when they disclose experiences of child sexual abuse and exploitation (Alaggia, Collin-Vezina & Lateef, 2019; Finkelhor, 2008) or do not obtain a helpful response from services (Meinck et al, 2017). While studies suggest that adolescents and older children may tell peers about experiences of sexual abuse (Priebe & Svedin, 2008) between 30 and 80% of victims do not disclose experiences of child sexual abuse before adulthood (London et al, 2008; Paine and Hansen, 2002). Younger children typically delay disclosure and are less likely to report abuse by a family member (Alaggia, Collin-Vezina & Lateef, 2019; Collings, Griffiths & Kumalo, 2005; Hershkowitz, Horowitz, and Lamb, 2005) while many feel ambiguous about reporting sexual assaults perpetrated by peers (Weiss, 2013). Although prosecution and conviction rates for child sexual offences have increased in some countries, very low rates of prosecution relative to the high levels of reported prevalence persist in many countries across the world (Economist, 2019). For example, HICs such as Sweden, Iceland and the US show an estimated 10% to 52% of child sexual abuse cases reported to the police proceed for prosecution (Ernberg et al, 2018). If the police do not enforce the law and child protection services do little to respond to children who are sexually abused or sexually exploited, then victims are more reluctant to disclose their experiences and seek help, are vulnerable to further victimisation and perpetrators have impunity. For refugees and other migrants, tough law enforcement around immigration regimes can act as a barrier to disclosure (Hynes, 2009). Corruption in (and risk of violence from) the police makes it unlikely that child victims will want to approach them for assistance.

POVERTY AND INEQUALITY: Poverty is linked with increased risk of child maltreatment (Macmillan et al. 2013; Maternowska & Fry, 2018), although the impact on risk of sexual abuse is less clear-cut (Black et al. 2001; Butler, 2013). A runaway or abandoned child with no means of self support is vulnerable to sexual exploitation if exchanging sex for money or food is the only option to provide for

subsistence needs (Estes, 2001). Poverty can also create conditions where a child or young person may be at increased situational risk from perpetrators, such as having to walk a long way alone to school, work on the streets or in domestic labour or with a parent working long hours away from home (CDC, 2014). However, some surveys have found with higher levels of economic wealth, the self-reported rates of violence against children increase. A study in Nigeria for example found significant associations between high economic status and higher rates of self-reported emotional, physical and sexual violence. Children and adolescents aged 13 to 17 with high economic status were 1.81 times more likely to self-report experiences of sexual violence in the past 12 months than children in the lowest economic status group (Miller, Chang & Hollis, 2018). It is not known if the higher prevalence rates are due to more violence experienced or greater willingness of children in high income families to disclose/talk about violence.

The fact that child sexual abuse and exploitation persists in high income countries suggests that poverty is not the sole driver. In Sweden, Fredlund et al, 2018 investigated motives for 'selling sex' among 5,839 adolescents (mean age 18) surveyed in a high school. Fifty one students reported selling sex and three different motivations for doing so were reported – emotional (often as a result of abuse, mental health issues or having a non-heterosexual orientation), financial or pleasure (mostly heterosexual males selling sex to someone under age 25).

CONFLICT, MIGRATION AND HUMANITARIAN CONTEXTS: Victimisation: The risks of sexual abuse, sexual exploitation and other forms of sexual violence towards children increase significantly during and after armed conflict or within humanitarian contexts. Four different contexts have been identified where sexual violence often occurs: (a) where militarized sexual violence is a systematic means of terrorizing or humiliating communities; (b) opportunistic sexual violence by perpetrators who take advantage of any contexts of impunity; (c) sexual abuse and exploitation by peacekeepers or humanitarian staff where abuses of trust occur as a result of positions of power; and (d) the exacerbation of gender inequalities and breakdown of regular social norms following emergencies (Spangaro et al. 2013a and b). Conflict and/or persecution or escaping violence and persecution can force children into migration or hazardous work and the risk of exploitation and abuse (Bhabha, 2013; UNICEF, 2017d). Children without documentation may find it difficult to prove their identity and status, and as a result they are vulnerable to predators and exploiters. Food distribution and transit routes can be sites of violence and conflict if poorly managed and men control resources. In refugee camps, women and children can be vulnerable to violence and sexual assaults in conditions of overcrowding, poor lighting, lack of privacy for female sanitation and long distances to collect food, water or cooking fuel (Choudry et al, 2018; WHO, 2012).

Prevalence data is difficult to gather and research evidence somewhat limited.

- A survey in Haiti after the 2010 earthquake found that children living in camps or tent settlements were significantly more likely to report experiences of sexual abuse than their displaced and not displaced peers not living in camps or tent settlements (CDC, 2014).
- Sexual abuse on the road was a particular risk for children and young people in Haiti (CDC, 2014).
- Stark et al (2017a) interviewed 1,296 girls living in refugee camps in Ethiopia and the Democratic Republic of Congo and found 27% reported experiencing sexual touching, unwanted or forced sex in the past 12 months.
- The most significant association with sexual violence was having an intimate partner, a finding similar to research on risks in non-crisis contexts (Ligiero et al, 2019).
- Mistrust in these contexts may reduce possibilities around disclosure thereby making victims vulnerable to further continued abuse (Hynes, 2003, 2017).

Conflict and offending: During armed conflict children, often as a result of force or manipulation, may become involved in combat or in committing acts of violence and sexual abuse against other children (WHO, 2012).

Organisational and community drivers

The family or child's own home is the most frequently mentioned location for sexual assaults and rapes on children. For example, the national surveys of children and violence found 60% of sexual assaults on children and adolescents in the UK and 58% in Zambia occured in the home (Radford et al, 2011, Ministry of Youth, Sport and Child Development, 2018). The privacy of the family home, where this exists, provides a location where detection is less likely.

Government responses to the COVID-19 pandemic are likely to have increased risks of domestic and sexual violence towards women and children, primarily because the 'stay at home' message promoted in many countries left many in the environment where they were at highest risk. Fraser's (2020) review into the impact of COVID-19 and other epidemics on levels of violence detailed anecdotal evidence about the increased risks of sexual violence on children during epidemics where supervision is compromised due to caregiver illness or hospitalisation; or where outsiders are transporting goods and providing services to communities (see, for example, The Alliance for Child Protection in Humanitarian Emergencies, 2018); and increased exposure to sexual violence for adolescent girls as a result of school closures (see, for example, Christian Aid et al, 2015).

Child sexual abuse and exploitation however can occur in all the institutional and community settings in which children spend their time (Know Violence, 2017). For example:

Schools - high rates of sexual harassment in schools from peers have been found in surveys in HICs (AAUW, 2001; Chiodo et al, 2009; Felix & McMahon, 2006; Landstedt & Gillander Gadin, 2011; Ormerod, Collinsworth & Perry, 2008; Skoog, Bayram-Ozdemir & Stattin, 2016). In LMICS surveys found high levels of sexual harassment and abuse by peers and teachers as well as sexual assaults from people in the community while on the journey to school (Dunne, Humphreys & Leach, 2006; Leach et al, 2003; Ligiero et al, 2019; Lundin & Wesslund, 2016; Pinheiro, 2006). Evidence on the extent of sexual abuse of children in residential schools is still limited (Ward & Rodger, 2018).

Workplace - Children are vulnerable to all forms of violence, including sexual abuse and exploitation, in the workplace, particularly if they are involved in domestic labour, hazardous work or bonded or forced labour (Audu et al. 2009; Banerjee et al. 2008; CDC, 2014; Choudry, 2018; Pinheiro 2006). Lack of legal protection, economic dependence on the employer and workplace settings – such as isolated working conditions and informal settings such as domestic households – put children in vulnerable situations.

Sport - can provide a context where children and adolescents are vulnerable to physical, sexual and psychological abuse from peers and coaches although the extent of abuse in sport in HICs and LMICs is unknown. A systematic review of the research literature found 14% of participants made retrospective reports of sexual abuse in one online survey, with most perpetrators being other peer athletes (Bjornseth & Sabo, 2018). Abuse by coaches appears relatively rare in samples of children in the community, 0.5% reporting this is one survey included (Bjornseth & Sabo, 2018) although rates of exposure to sexual abuse increase with the intensity of the child's involvement in sporting activities (Brackenridge et al. 2010). One survey in Australia found 46% of elite athletes interviewed retrospectively reported experiences of child sexual abuse in sport compared with 26% of athletes who participated in sports clubs (Leahy et al. 2002).

Travel and tourism – Few studies have asked children in high-risk areas about experiences of sexual abuse or exploitation by tourists. Findings indicate that children are most often abused by a person living in the same locality, with rates of abuse by foreigners living in the country varying across studies and areas (ESCA-HC 2011; Sorensen and Claramunt, 2003). An anonymous online survey of 8,718 men in Germany found 0.4% (N=36) reported having been involved in tourism to gain access to and sexually abuse or exploit a child (Koops et al, 2017).

Institutional or alternative family care - International organisations have noted a worrying increase in orphanage tourism providing situational opportunities for child sex offenders and additional vulnerabilities for children to sexual exploitation in South East Asia (Lyneham & Faccini, 2019). Children separated from family or living in alternative family, orphanage, residential or foster care, a residential school or correctional facility are known to be vulnerable to sexual abuse and exploitation (Blakemore et al, 2017; Skold & Swain, 2015). The prevalence of abuse in alternative care and orphanages is not known and monitoring any harm to children has been notoriously poor (Blakemore, 2017; Radford et al, 2017; Sherr et al, 2016). Research from the Netherlands (Euser et al, 2014), which looked at physical violence only from carers, found the risk of physical abuse in care was three times higher than for a matched sample of young people surveyed in the general population. One in every four (25.7%, N= 81) of the young people in care reported experiences of physical abuse in 2010. More boys (31%) than girls (18%) reported physical abuse in care. The rates of physical abuse varied across care contexts with 15.2% reporting physical abuse in foster care, 18.5% in group care, 30.5% in secure care and 8.9% in juvenile detention (Euser et al, 2014).

Online – Abuse offline can also occur online and some abuse may be online only. Online and mobile phone technologies can increase the situational opportunities for abusers (WePROTECT, 2018) – whether intimate partners (Barter et al. 2015; Stanley et al, 2018), peers (Ybarra et al. 2007) or known or previously unknown adults (Livingstone and Haddon, 2009) – to gain access to and groom or harass children as well as making this more difficult for a parent or caregiver to detect.

There are a number of situational and organisational factors that can increase children's vulnerabilities to violence and provide safe contexts for abuse perpetrators. Parkinson and Cashmore (2017) have identified the following four dimensions of organisational risks:

1. **SITUATIONAL RISK:** Settings which give adults in positions of trust or authority unmonitored, private access to children and activities such as physical contact or personal care which provide situational opportunities for child sexual abuse and exploitation and creating a grooming relationship (ONS, 2016; Parkinson & Cashmore, 2017; Proeve, Malvaso & DelFabbro, 2016; Radford, 2017b; Ward & Rodger, 2018). Closed or isolated organisational settings, such as geographically remote children's homes, orphanages or correctional facilities and institutions that require or allow unsupervised physical contact between adults and children, such as care homes, single sex boarding schools, sporting facilities or some faith settings carry increased risk. Reviews of child sexual abuse in the Catholic church suggest that unmonitored and unquestioned access between clergy and young boys left children situationally vulnerable (Bohm et al, 2014; Proeve, Malvaso & DelFabbro, 2016). Institutional practices, such as ritual baths in some African churches, may present opportunities for perpetrators and risks for children (Ajayi, 2020). Using data on crime events from adult sexual offenders in Australia, Leclerc, Smallbone & Wortley (2013) found that the presence of a potential guardian reduced the duration of sexual contact and the occurrence of penetration, highlighting the importance of good supervision.

2. **VULNERABILITY RISK:** arising from the characteristics of the children cared for, particularly the young age of children and other vulnerabilities for victimisation such as disability;

3. **PROPENSITY RISK**, arising from a greater-than-average clustering of those with a propensity to abuse children and young people, e.g. the gender of adult staff being mostly male.

4. **INSTITUTIONAL RISK**, stemming from the characteristics of an institution that may make abuse more likely to occur or less likely to be dealt with properly if disclosed. Closed, isolated or hierarchical organisations without outside scrutiny and poor policies on safeguarding children, where children themselves have no recourse for independent complaint, such as churches/faith groups, correctional facilities and residential schools have been found to be environments that are more likely to support child maltreatment and sexual abuse (Bohm et al, 2014; Blakemore et al, 2017; John Jay College, 2004.).

Identifying situational and vulnerability risks helps focus prevention efforts on the risks associated with institutional activities and practices. Identifying the propensity and institutional risks helps focus prevention efforts on the characteristics of the institution and staffing.

Relationship risks

Inequalities of power, emotional ties, dependency or trust are very common features of sexually abusive relationships. Different patterns of relationships may exist across and within jurisdictions and contexts and between perpetrators and adolescents or younger children although emotional manipulation is still often a common feature. Once a relationship has been created, offenders frequently begin a process of desensitizing the child or young person to taking part in sexual acts. Online sex offenders who have developed a rapport with children often use sexual images to desensitise the child or adolescent to sexual interactions (DeMarco et al, 2018). Guilt, shame and being made to feel responsible for the abuse is very common and adds to the secrecy about what is happening and entrapment of the child in the abusive relationship (Craven et al. 2006).

PARENTING AND FAMILY SUPPORT: There is a considerable overlap between intimate partner violence against women and child maltreatment (Guedes et al, 2016). A poor or distant relationship with a parent and/or living with domestic violence, abuse or neglect or in a chaotic household with a low level of parental supervision, poor support and maternal emotional detachment can increase the risk of exposure to sexual abuse and exploitation (Assink et al, 2019; Choudry, 2018; Carlson et al, 2020; Proeve, Malvaso & DelFabbro, 2016) and, in particular in neighbourhoods where this is more prevalent, make children and adolescents more vulnerable to victimisation and to associating with others involved in criminal, abusive or exploitative behaviour (Berelowitz et al. 2012; Helweg-Larsen et al. 2009; Ibrahim et al. 2008; Kim and Kim, 2005). Being born to a sex worker was found to be associated with increased risk of later sexual exploitation in a review of research in India (Choudry, 2018). These family and peer relationship risks apply to victimisation and perpetration. On the other hand, the impact of violence and abuse may be mitigated for children where there is a secure attachment with an adult carer and practical and emotional support from the wider family or from friendships or the wider community. Orphanhood due to AIDS has been found to be indirectly associated with sexual risk-taking among adolescents in South Africa if it occurs in combination with other family-related risks (Cluver et al. 2013b). However, findings from research are mixed as to whether orphans in sub-Saharan Africa experience more sexual violence than non-orphaned children (Nichols et al. 2014). In emergencies or in the context of a humanitarian crisis children may be exposed to particular risks such as separation from family, making them less able to protect themselves and vulnerable to trafficking or sexual exploitation (CDC, 2014).

ASSOCIATION WITH SEXUALLY AGGRESSIVE PEERS/ GANGS: Sexual abuse and exploitation has been linked with gang activity, both youth gangs and organized gangs and networks of adult criminals (Beckett et al. 2012; Berelowitz et al. 2012). There may be a small network of exploiters, often involving family members and associates, or there may be a large criminal network involving numerous exploiters, related or unrelated to

the child, operating in direct contact with the child or via distributors of child sexual abuse materials operating online (Ainsaar and Lööf, 2011). Some studies have found that peer relationships, especially with delinquent peers, are associated with increased risk of sexual violence perpetration, although this may have less influence on partner sexual violence (Jewkes 2012). A meta-analysis on risks associated with sex offending however found that although adolescents who engaged in harmful sexual behaviour showed a fairly high degree of conduct problems, such as suspension and expulsion from school, they had a less extensive criminal history and less involvement with criminal gangs than other adolescent offenders (Proeve, Malvaso, & DelFabbro, 2016). Much existing research suggests that perpetrators of online-facilitated child sexual abuse are less likely to have criminal backgrounds, previous convictions or prior anti-social histories than contact offenders (De Marco et al, 2018).

Individual risks

Research on individual child level risks for victimisation is well established in the field of child maltreatment, but studies (e.g., Ruangkanchanasetr et al. 2005) do not always clearly distinguish risks associated with specific types of violence for children of different ages. A meta-analysis of research with convicted adult sex offenders found only one difference in individual risk factors (externalizing behaviour) between those who abused children and those who abused adults only (Whitaker et al. 2007). Child sex offenders are a diverse group who may operate individually or collectively, within wider organized criminal activity, as part of a group or gang, in a relationship or family setting. Much of the research on both victimisation and perpetration risks has been based on retrospective and cross-sectional research studies which are helpful for seeing what individual risk factors may be associated with violence and abuse but are limited for understanding the possibly diverse causal pathways.

ATTITUDES, BELIEFS AND MOTIVATIONS: Therapeutic practice with all types of sex offenders has been based on the recognition that they have offence-supportive beliefs that are both implicit (subconscious or unknown to the individual) and explicit (outwardly advocated). Offence-supportive beliefs justify the anti-social behaviour by distancing the offender from responsibility for causing harm (De Marco et al, 2018). It is common for abuse perpetrators to deny or minimize their criminal behaviour and research with convicted on-line sex offenders has found that further crimes, including sexual abuse involving physical contact, are usually uncovered during offender treatment (Bourke and Hernandez, 2009). Attitudes and beliefs about child sexual abuse are important precursors to offending, and distorted beliefs about male entitlement and the 'appropriateness' of having sex with children are prevalent among sex offenders and among young people who abuse their partners in heterosexual (dating) relationships (Beech and Ward 2004: Basile et al. 2013; Fulu et al. 2013). One research study in Norway compared attitudes of convicted sex offenders towards child sexual abuse with the attitudes

of a randomly selected sample of the general public and with a sample of Christians and found sex offenders to be more accepting of child sexual abuse as 'appropriate' behaviour. The strongest predictor of accepting attitudes was found to be views supporting male power towards women (Skorpe Tennfjord, 2006). A community-based survey in South Africa found motivating factors for child sexual abuse were also masculinity, 'manhood' and sexual prowess, men's boredom, quest for 'entertainment' and the situational factors that made children, rather than adults, 'convenient' targets (Jewkes et al. 2010a). A recent study in England comparing male and female teachers who sexually abused children in their care found that 17 of the 20 in the sample could be described as 'minimisers and deniers' (Christiansen & Darling, 2019).

MOTIVATIONS FOR ONLINE OFFENDING: Exposure to violent pornography has been associated with adult sex offending and with sexually harmful behaviour by adolescents. Research indicates that consumers of violent sexually explicit material are almost six times more likely than non-consumers to report sexually aggressive behaviour (Proeve, Malvaso & DelFabbro, 2016). For online sex offenders the online environment can provide a context enabling 'disinhibition', the minimisation of harm to the victim and normalisation of the abusive behaviour. Online perpetrators typically use online child sexual abuse materials to objectify child victims as 'not real children' or as sexually sophisticated or willing (De Marco et al, 2018). Beech et al. (2008) found four patterns among identified online child sex offenders in HICs: those who used child sexual abuse materials online to fuel a developing sexual interest in children; contact sex offenders who used the images as part of a wider pattern of sexual abuse and exploitation; impulsive or curious individuals; and those who deal in child sexual abuse materials for non-sexual reasons such as financial gain. Prevention responses need to address these varied motivations. There are some online offenders who are aware that their actions are criminal but have a high level of technical expertise and are able to use these techniques to evade detection for as long as possible. Multi-player gaming sites and certain social networking sites are known to be areas accessed by online offenders but there is an absence of research on motivations and modus operandi of these offenders (DeMarco et al, 2018).

DISABILITY AND VICTIMISATION: Between 93 million and 150 million children around the world are estimated to live with disabilities (UNESCO, 2015). Children with a disability are more vulnerable to maltreatment for a range of reasons (Corr & Milogras Santos, 2017), including their greater vulnerability to harm as a result of physical impairment or different needs for medical and social care and greater dependence on a caregiver, which can put them in a very unequal power relationship (Sullivan and Knutson 2000). Hershkowitz et al.'s (2007) study of over 40,000 alleged victims of child maltreatment found that children with disabililties (who were 11% of the total sample) were more likely than non-disabled children to report sexual abuse. Those with higher levels of disability were more likely to report sexual abuse. A systematic review and meta-analysis

of the research on the relationship between disability and child maltreatment in the United Kingdom found that disabled children are almost three times more likely to be sexually abused than their non-disabled peers (Hughes et al, 2012; Jones et al. 2012). Different types of disability may contribute differently to victimisation risks for children. A Swiss study found that physical disability was a significant risk for sexual abuse victimisation among adolescent males but not adolescent females (Averdijk et al. 2011). There are, however, significant gaps in knowledge about the vulnerabilities of disabled children to the range of different types of sexual abuse and exploitation.

DISABILITY AND OFFENDING: Both adults and young people with intellectual disabilities are over-represented in the population of child sex offenders identified by the criminal justice system (Hackett, 2014; Lindsay, 2002; Marotta, 2017). In the US for example, the prevalence of intellectual disability among the general population was stated as being between 1 to 3% but there are between 4-10% of the sex offender prison population with intellectual disabilities (Marotta, 2017). A study of 700 adolescents referred to services due to harmful sexual behaviour to other children found that 38% had learning difficulties and intellectual disabilities and suggested that those with intellectual disabilities are a distinct sub-group of sex offenders, more likely to be apprehended for 'nuisance' offenses such as indecent exposure and less likely to be aware of the social taboos of behaviour (Hackett, 2014). It is not known to what extent rates of intellectual disability among sex offenders over represent prevalence or undercount rates among this group of the population. Intellectually disabled males with sexually aggressive behaviour may be more visible to professionals and therefore more likely to be sent for assessment. Although screening rates for intellectual disability among young offenders have increased, adults with intellectual disability may confess more readily and not be assessed (Lindsay, 2002; Marotta, 2017)

MENTAL HEALTH ISSUES: Mental health and victimisation: Mental health problems are risk factors for sexual victimisation in childhood (Assink et al, 2019) and may increase children's social isolation, so that they are more likely to be singled out by perpetrators and as a result be re-victimized (Cuevasa et al. 2010; Jones et al. 2012).

MENTAL HEALTH AND OFFENDING: Mental health disorders (anxiety, depression), psychopathology and psychopathic traits, social skills problems are more common among the broader population of perpetrators of contact child sexual abuse, offline and online sexual abuse (De Marco et al, 2018). Adult male sex offenders are also more likely to have insecure attachment styles in adult relationships, intimacy problems and emotional congruence with children than comparison groups (Proeve, Malvaso & DelFabbro, 2016). Although the research on female sex offenders is rather limited, this suggests that females who sexually abuse children experience higher rates of mental health difficulties, adverse childhood events and sexual abuse than comparison groups (Proeve, Malvaso & DelFabbro, 2016; Christiensen & Darling, 2019).

SUBSTANCE MISUSE: The research does not show a causal relationship between sexual abuse and intoxication, whether with alcohol or drugs, but there are many features of substance misuse that significantly influence victim vulnerability and the offender's propensity to commit an assault (Lorenz & Ullman, 2016). Alcohol has been cited as one of the major risk factors for both experiencing and perpetrating sexual victimisation in HICs such as the United States (Abbey, 2005) and also in middle-income countries such as South Africa (King et al. 2004). Alcohol consumption is a significant factor in girls' and women's experiences of rape and of abuse from an intimate partner (Flatley et al. 2010). Intoxication may increase their vulnerability because perpetrators target girls and women under the influence of alcohol or use alcohol or drugs to lower their ability to resist assault (Testa et al. 2004). Research with offenders has found a relationship between the quantity of alcohol consumed and the level of aggression (Abbey et al. 2003). Drugs or alcohol may also contribute to victimisation risks because a young person with addiction difficulties needs to find money to get drugs or alcohol. Use of drugs or alcohol to create victim dependencies is sometimes part of the exploiter's grooming or entrapment tactics (Sorensen and Claramunt, 2003). While neither drugs nor alcohol alone explain the high levels of child sexual abuse and exploitation across the world, substance misuse and their illegal trading is also linked with high levels of violent crime, which are environmental risk factors for children and adolescents.

CHILD MALTREATMENT AND VICTIMISATION: Community surveys of child maltreatment have found that domestic violence and child maltreatment often co-exist (Assink et al, 2019; Garcia Moreno et al. 2005; Hamby et al. 2010; Herrenkohl and Herrenkohl 2007; Radford et al. 2011). Abused children are likely to experience multiple victimisation (Al-Fayez et al. 2012). Previous experience of sexual abuse increases the risk that the child will be re-victimized (Arata 2002; Assink et al, 2019; Olley 2008; Scoglio et al, 2019). The more severe the sexual abuse, the greater this risk (Briere and Elliott, 2003). Researchers in both HICs and LMICs have explored the relationship between child sexual abuse and subsequent risk-taking behaviour, such as using drugs or alcohol as a means to block out or cope with the abuse, and whether or not this can explain the increased likelihood of re-victimisation (Icard et al. 2014; Macy 2007; Messman Moore et al. 2014; Moore et al. 2007; Slonim-Nevo and Mukukab 2007). Children who live with abuse and violence at home may be more likely to run away, drift into street life and be vulnerable to sexual exploitation (Smeaton, 2013). It has been suggested that the traumatic sexualization caused by early exposure to sexual activity can decrease the child's ability subsequently to resist unwanted sexual experiences, thereby increasing their vulnerability to further victimisation (Finkelhor and Browne, 1985). Early sexualization, as well as exchanging sex for food or drugs, has been observed among children living and working on the street so that they are effectively socialized into a culture of early and abusive sexual activity (Mahmud et al. nd).

CHILD MALTREATMENT AND OFFENDING: A high proportion of identified sex offenders have histories of experiencing abuse and neglect in childhood themselves. Cross sectional and some longitudinal cohort studies show statistical associations between childhood maltreatment and subsequent delinquency or criminal behaviour.

- Research with 325 convicted sex offenders found 55% have been sexually abused in childhood themselves (Burton et al, 2011).

- Mapping from birth to age 51 years any criminal records for a cohort of 907 male and female children referred to child protection due to child maltreatment with a matched sample of 667 not abused or neglected, Widom and Massey found 6.7% of the total sample were arrested for sexual offenses. Most of those arrested were men (84%). (Widom and Massey, 2015).

- Controlling for age, sex and ethnicity, offenders who experienced child abuse and neglect had 2.17 times higher risk of being arrested for sexual offences when adult (Widom & Massey, 2015).

- Having been sexually abused as a child is reported to be less frequent among online perpetrators of child sexual abuse material offences than contact offenders, with rates as low as 6 per cent for online-only offenders compared with 13 per cent for contact offenders (De Marco et al, 2018).

ABUSED TO ABUSER/CYCLE OF VIOLENCE:

Children and adolescents who are sexually abused or exploited may exhibit harmful sexualized behaviour that can sometimes be directed at other children. There is a commonly held belief that violent behaviour develops in childhood and that if children witness domestic violence or are maltreated by parents they are likely to reproduce this behaviour in subsequent aggression towards peers and in an 'intergenerational cycle of violence' as adults (Gelles, 1980; Widom, 1989). The 'cycle of violence' position draws from diverse strands of research into the impact of child exposure to domestic violence on the development of partner violence in adult relationships (Radford et al., 2019), on the impact of child maltreatment or child sexual abuse on later parenting problems (mostly by mothers, de Vries et al., 2018), and on the impact of bullying or childhood maltreatment and other childhood adversities on violence and crime in adolescence and later adult life (Farrington & Ttofi, 2011). A major limitation of the cycle of violence studies is the failure to identify gender, most studies involving single sex samples, either mothers who were abused or neglected in childhood or convicted male sex offenders. The majority of sex offenders are male and it has been suggested that the pathway from child maltreatment to adult violence and offending mirrors the gender pathway from maltreatment to adverse mental health and behavioural outcomes where girls are more likely to exhibit internalising symptoms, show anxiety, depression, withdrawn behaviour etc and boys to externalise, act out and be involved in crime. However, research studies

comparing males and females show that in fact, child maltreatment has an impact on subsequent offending for females and for males (Widom, 2017).

Prospective cohort studies that use careful controls do not support the conclusion that sexually abused children will grow into abusive adults (Proeve, Malvaso & DelFabbro, 2016). Research with adolescents who were maltreated or who sexually harm others has found that only a minority of them will continue to abuse or exploit into adulthood (Hickey et al. 2006: Vizard et al. 2007a and 2007b; Widom, 2017). Widom and Massey's prospective cohort study in the US (2015) mentioned earlier found no support for the sexually abused-to-sex-abuser hypothesis, as histories of physical abuse and neglect significantly predicted arrest for a sexual crime, but history of sexual abuse did not. Physical abuse or neglect, which commonly co-occur with sexual abuse, may be stronger predictors of sexual offending.

There is diversity among males convicted for sexual offending with some engaging in sexual offending as part of general criminal behaviour, not 'specialising' in child sex offending. In the US, Burton et al (2011) compared outcomes for three groups of convicted male adolescent offenders (N=325): those who committed non sexual-offences only (non-sex offenders); those who sexually offended only during adolescence (desisters); those who committed sexual offences in adolescence and adulthood (persisters). Adolescents who persisted with harmful sexual behaviour into adult life had experienced higher levels of childhood maltreatment as well as other family and environmental adversities. They began offending and had been sexually abused at an earlier age, had more adverse developmental experiences such as trauma, witnessing and experiencing more violence at home and in the community, had exposure to pornography before age 10, and high scores on personality traits associated with criminality. The group who had committed sexual offenses only during adolescence but not into adult life were less likely to have been sexually abused in childhood and more likely to be as involved in delinquency and other criminality as well sexual offenses (Burton, 2011).

Children and young people who sexually victimize others are a very diverse group (Proeve, Malvaso & DelFabbro, 2016). Responses to children and adolescents who sexually harm others need to be different to responses to adult sex offenders, to protect children but also avoid criminalizing children early on when it is more appropriate to assess and deal with the problem behaviour. This is especially important if children and adolescents who are sexually abused or exploited may, as a consequence, do the same to others.

KEY MESSAGES

- There is a substantial research literature on the structural, organisational, relationship and individual child level factors associated with child sexual abuse and exploitation.
- A gendered socio-ecological model is helpful for understanding and mapping these drivers and risks in different country contexts and to inform responses.
- Many of the structural drivers for child sexual abuse and exploitation are drivers for child maltreatment in general so general responses to reduce risks of child maltreatment are likely to be helpful. However, there are specific and important drivers for child sexual abuse and exploitation that should also be considered when thinking about prevention. Important drivers for child sexual abuse include structural drivers such as gender inequalities and social norms around masculinity, sexuality and male sexual entitlement, and hostile, disbelieving, victim blaming and stigmatising attitudes, organisational and institutional practices towards child and adolescent victims.
- Research on 'institutional abuse', mostly into abuse in churches, child care facilities, residential accommodation and schools, has identified organisational factors that provide situational opportunities for sexual offenders and unmonitored relationships between vulnerable children and adults in positions of trust and authority. Findings from these studies can be used to improve organisational safeguarding policies.
- The online world expands the situational opportunities for offenders and research and theory on the impact of perpetrator disinhibition could be useful for informing prevention strategies in partnership with service providers. The distinctions between 'online' and 'offline' abuse and exploitation are increasingly blurred as online forms of communication are part of daily interactions.
- Risk factors are age-related and some start from birth. Developmentally relevant prevention strategies are needed. For example, infants may benefit from prevention initiatives that support strong attachments with parents.

2.3 Consequences

Child sexual abuse and exploitation has a significant impact on the health and well-being of children and adolescents worldwide. The consequences have been well documented elsewhere (Fisher et al, 2017) and for reasons of space, will not be reviewed in-depth here. The impact will vary in relation to the nature, severity and duration of the abuse, developmentally in relation to the child or adolescent's ability to understand the abuse, their coping strategies and the responses from family, friends, wider community and services (Kendall-Tackett, 2008). The harm caused includes the impact on physical health (such as high BMI, problems in childbirth, Fisher et al, 2017), higher likelihood of contracting HIV due to sexual risk taking (multiple sexual partners and

inconsistent condom use, Sommarin et al, 2014), drug or alcohol abuse (Fisher et al, 2017; Longmann-Mills et al, 2013), anxiety, depression, psychological trauma and self-harm (Chen et al, 2010; Haileye, 2013; Maniglio, 2013), offending behaviour and lower educational attainment (Fisher et al, 2017). A child who is sexually abused or exploited is also at greater risk of experiencing other types of violence or abuse from adults or peers in a range of settings (Elloneni & Salmi, 2011; Finkelhor, Ormrod & Turner, 2007; Fisher et al, 2015). Children who experience multiple victimisations (polyvictimisation) tend to have the poorest outcomes (Radford et al, 2013). The consequences can be life long and include issues with intimacy, affecting relationships with family, partners and children, and socio-economic consequences such as homelessness and unemployment (Fisher et al, 2017).

2.4 Protective factors

While severity, age at onset of victimisation and experiences of revictimisation are strongly associated with adverse outcomes for sexually abused children, the consequences vary and not all children will have problems that continue into adult life. Between 6% to 48% of survivors of childhood sexual abuse have been found to demonstrate some level of resilience (Marriott, Hamilton-Giachritsis & Harrop, 2014). Resilience is usually defined on the basis of the exposure to risk factors and the child showing a normal range of competence across various developmental domains (behavioural, social, emotional, academic etc) (Affifi & Macmillan, 2011). Researchers have started to explore the protective factors that may predict resilience but, compared to the number of studies on general child maltreatment, the research specifically looking at child sexual abuse and exploitation is far more limited. Meinck et al, 2015 found only three studies on child maltreatment in Africa that explored protective factors for child sexual abuse. Most of the research has focused on protective factors at the level of individuals, families and relationships and far less is known about wider community and societal influences. Table 4 summarises findings from research on some of the individual child, family and community factors found to predict resilience among survivors of child sexual abuse.

At the level of the individual, key protective factors are the feelings, attitudes and beliefs that help a child to avoid feelings of shame, stigma and betrayal of trust that can result from sexual abuse (Fisher et al, 2017). Children and adolescents who do not blame themselves and are able to attribute responsibility to the abuser have been found to have fewer adverse consequences (Affifi & Macmillan, 2011; Bentovim et al, 2009). A review of over 50 published studies on protective factors and child sexual abuse found the child's inner resources (coping skills, interpretation of the experience, self esteem, etc.) and their family relationships, friendships, academic success, spirituality and sense of community were factors frequently linked with more resilient outcomes. Children who were older at the time of the onset of the abuse tended to be more resilient than were children abused at a very young age; however, the severity of the abuse was also important (Marriott, Hamilton-Giachritsis & Harrop, 2014).

TABLE 4. Child sexual abuse - common protective factors

ECOLOGICAL LEVEL	PROTECTIVE FACTORS
Individual	• Personality factors • Doing well at school • Easy temperament • Active coping style • Positive disposition • Positive self esteem • Hobbies and interests • Hope/spirituality/faith belief
Relationships and Family	• Warm & supportive relationship with non-offending parent • Perceived parental care • Stable family • Emotional support from caregivers at time of abuse discovery • Extended family support and involvement, including childcare • Good peer relationships • Supportive partner when an adult • Having a confidant
Community	• School engagement • Access to health care, therapeutic, protective and social services • Supportive adults outside of family e.g. teacher, minister, coach • Positive responses from professionals to disclosure/reporting • Social cohesion in community • Social connections

Sources: Affifi & Macmillan, 2011; Fisher et al, 2017; Fuller-Thomson et al, 2019; Marriott, Hamilton-Giachritsis & Harrop, 2014; Scoglio et al, 2019; Sethi et al, 2013; Williams & Nelson-Gardell, 2012.

Key factors in the family and relationships are having a stable, secure family and supportive relationship from the non-abusive caregiver or from a partner when an adult (Affifi & Macmillan, 2011; Scoglio et al, 2019). The research that exists shows that the response of the family after discovery of the abuse, especially a supportive and believing response from the mother, has an impact on whether or not the child will subsequently develop depression and other adverse consequences (Fisher et al, 2017). In addition, having someone to confide in outside of the family, such as friends, or a teacher, minister or other supportive adult, is also highly influential on resilience (Fuller-Thomson et al, 2019; Marriott, Hamilton-Giachritsis & Harrop, 2014).

Access to support services and rights to legal protection are essential protective factors at the wider community and societal level. Having and seeking out sources of social support was found to be associated with better outcomes in one study with self-identified adult female survivors of child sexual abuse (Jonzon and Lindblad, 2006). Positive responses from professionals following disclosure of sexual abuse and having effective therapeutic or other health care support has been found to aid resilience (Fisher et al, 2017). Several studies highlight the importance of education, especially engagement with schools and completing education, as a protective factor influencing resilience (Fisher et al, 2017; Marriott, Hamilton-Giachritsis & Harrop, 2014; Meinck et al, 2015; Williams, & Nelson-Gardell, 2012).

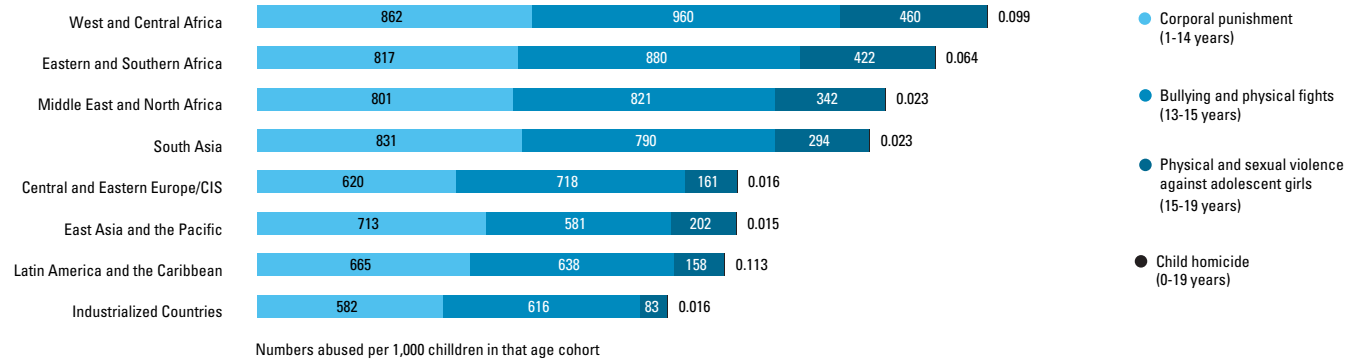
Protective factors can be static or fixed, such as a person's age, gender or type of victimisation, or they can be dynamic and therefore potentially amenable to change. Dynamic factors include family and peer relationships, schooling, community and the availability and quality of professional support. Actions taken to prevent and respond to child sexual abuse and exploitation need to draw from the review of evidence on the prevalence, consequences, risks and protective factors.

KEY MESSAGES

- Child sexual abuse and exploitation has a significant impact on the health and well-being of children worldwide.
- The harm caused to children includes early pregnancy, higher likelihood of contracting HIV, drug or alcohol abuse, depression and psychological trauma and suicidal, sexualized and risk-taking behaviours.
- A child who is sexually abused or exploited is also at greater risk of experiencing other types of violence or abuse from adults or peers in a range of settings. Children who experience multiple victimisations tend to have the poorest outcomes.
- Children who have a supportive and believing response from the family, especially the mother, after discovery of the abuse have fewer adverse outcomes.
- Children who do not blame themselves and have someone to confide in have fewer adverse consequences.
- Other factors associated with resilience after child sexual abuse include: being older, having more inner resources to draw on, support from friends, engagement with school and academic success, spirituality, a sense of belonging in a community, access to protective, support and recovery services.

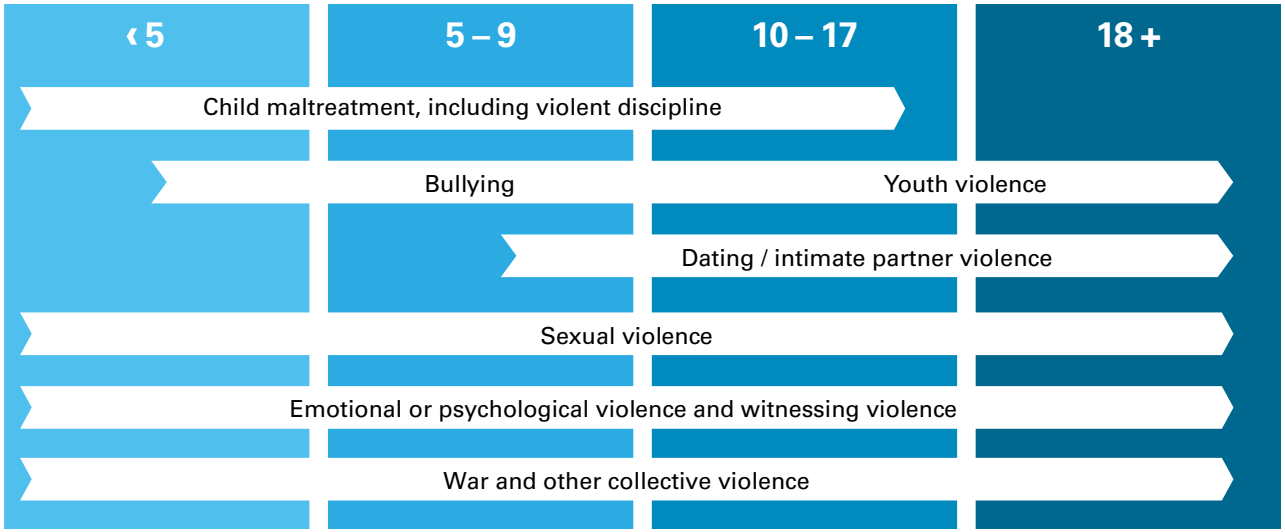
Section 2 Appendix

FIGURE 4: Regional burden of violence against children



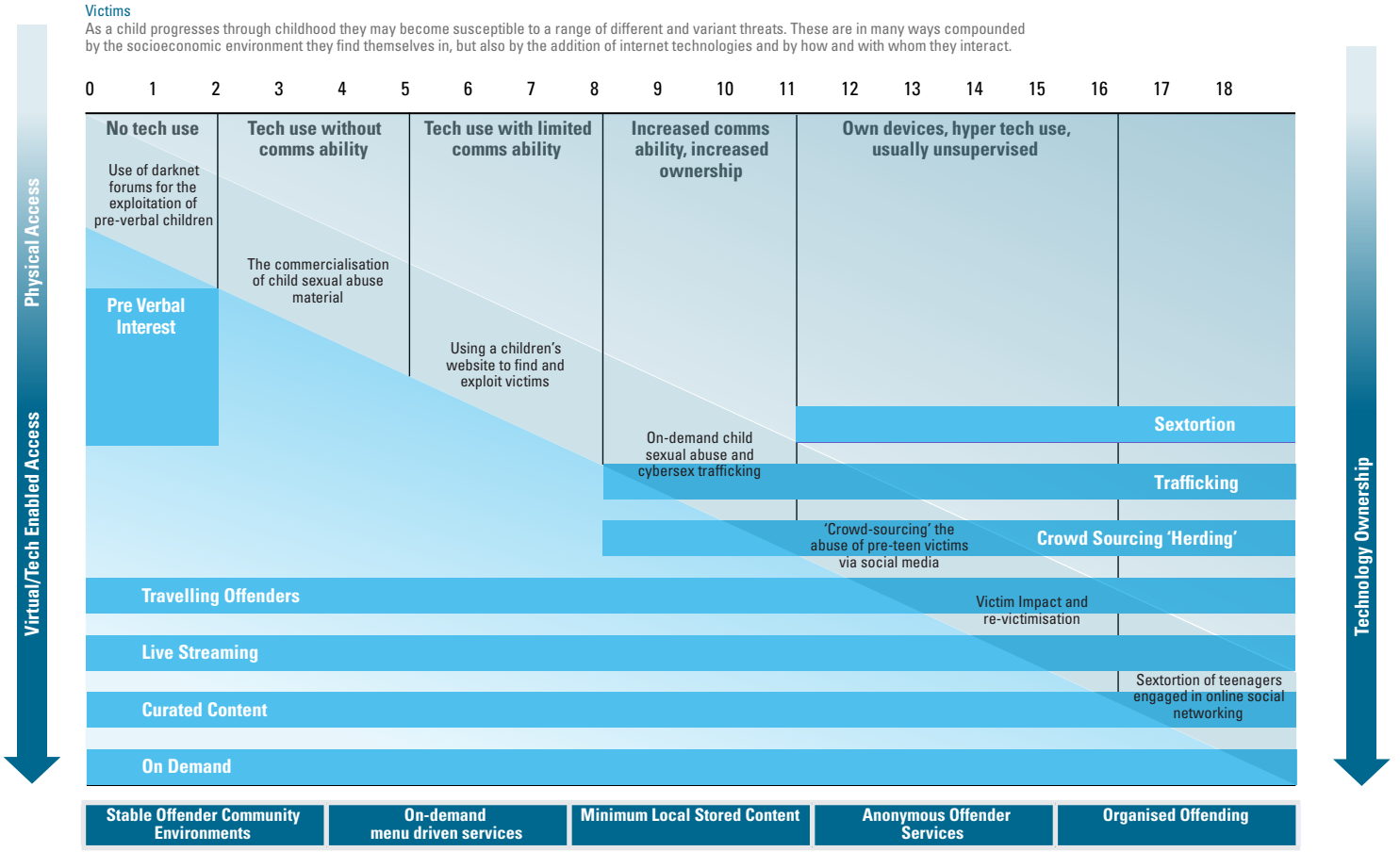
Source: Shiva Kumar and others 2017 for Know Violence in Childhood 2017.

FIGURE 5: Selected forms of violence according to the most likely age of occurrence



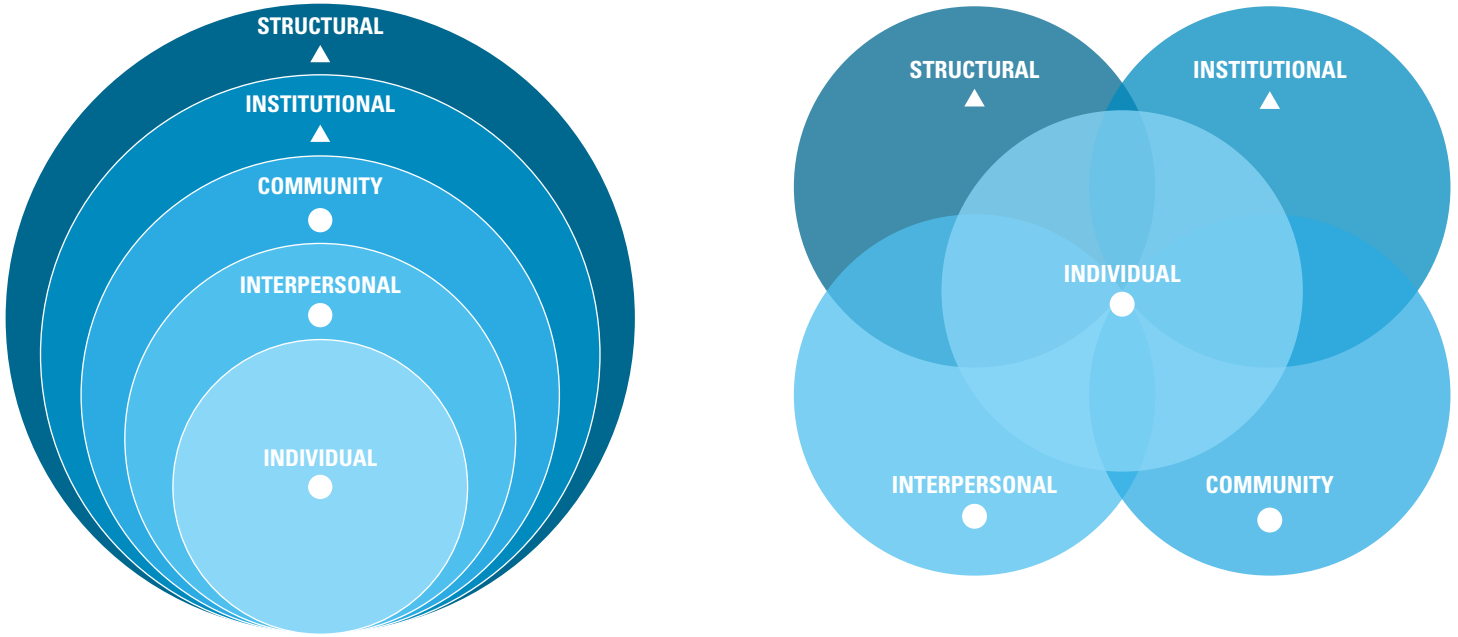
Source: Adapted from INSPIRE, Seven Strategies for Ending Violence against Children p.14.

FIGURE 6: The victim, offender and technology intersection



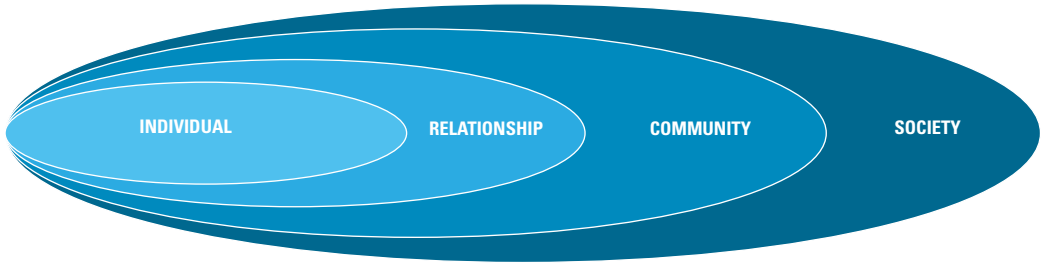
Source WeProtect Global Alliance (2018) Global Threat Assessment 2018, Open Government London, p. 18

FIGURE 7: Risks and Drivers for Violence Against Children, Maternowska & Fry 2018



DRIVERS ▲	**STRUCTURAL:** The macro-level political, economic and social policy environments. **INSTITUTIONAL:** Formal institutions, organizations and services that are governed by a set of rules, policies or protocols expected to determine how things function.
RISK FACTORS ●	**COMMUNITY:** Social capital or networks influenced by particular opinions,beliefs and norms that may affect interpersonal relations, including informal institutions and places of social gathering. **INTERPERSONAL:** Immediate context of violence and situational interactions between individuals involving household, family or intimate or acquaintance relationships (i.e. children's relationships with their parents, peers and community members. **INDIVIDUAL/CHILD:** Personal history and individual developmental factors that shape response to interpersonal and institutional/community stressors. Importantly, the integrated framework maintains the child (rather than 'the individual' representing a list of risk or protective factors) at the center– interacting, interfacing and overlapping with a variety of drivers, risks and protective factors throughout the lifespan.

FIGURE 8: Drivers and Risks for Sexual Violence Against Children Source Ligero et al, 2019



INDIVIDUAL	RELATIONSHIP	COMMUNITY	SOCIETY
Victimization • Gender • Age • Sexual orientation • Gender identity • Lack of education • Orphanhood • Alcohol and drug use • Social isolation • Physical or mental disabilities **Perpetration** • Alcohol and drug use • Delinquency • Lack of empathy • General aggressiveness and acceptance of violence • Early sexual initiation • Coercive sexual fantasies • Preference for impersonal sex and sexual risk-taking • Exposure to sexually explicit media • Hostility towards women • Adherence to traditional gender role norms • Hypermasculinity • Suicidal behavior • Prior sexual victimization or perpetration	**Victimization** • Parental/family support • Family disintegration • Weak parent-child attachment • Lack of awareness (on behalf of the parents) of risks and vulnerabilities of children to sexual violence • Child maltreatment • (revictimization) • Association with sexually aggressive peers/groups • Involvement in crime (gangs) **Perpetration** • Family environment characterized by physical violence and conflict • Childhood history of physical, sexual, or emotional abuse • Emotionally unsupportive family environment • Poor parent-child relationships, particularly with fathers • Association with sexually aggressive, hypermasculine, and delinquent peers • Involvement in a violent or abusive intimate relationship • Family honor considered more important than the health and safety of the victim • Strong patriarchal relationship or family environment	**Victimization** • Violence in the community • Poor police service or response • Weak community sanctions against perpetrators of sexual violence • Poverty • Attitudes regarding age, development, and sexual behavior • Lack of awareness of risks and vulnerabilities of children to sexual violence • Weak institutional support from police and judicial systems and social welfare systems, including low levels of reporting sexual violence to authorities • Social tolerance of sexual violence in communities **Perpetration** • Poverty, disparities, and exclusion • Low socioeconomic status • Lack of employment opportunities • Lack of institutional support from police and judicial system • General tolerance of sexual violence within the community • Weak community sanctions against sexual violence perpetrators • Family honor considered more important than the health and safety of the victim • Strong patriarchal relationship or family environment	**Victimization** • Poor economic development • Violence-supportive social norms • Weak legal sanctions and poor child protection systems • Acceptance of child labor • Armed conflict • Humanitarian crisis • Lack of recognition/acceptance of boys as potential victims under the law • Norms granting adults control over children • Lack of a safeguarding culture, and inherent societal trust in adults who serve children (schools, religious groups, youth-serving organizations) **Perpetration** • Societal norms that blame victims, promote silence, and exonerate perpetrators • Societal norms that support male superiority and sexual entitlement • Societal norms that maintain females' inferiority and sexual submissiveness • Weak laws and policies related to sexual violence and gender equality • Gender inequality • High levels of crime and other forms of violence • Acceptance of violence as a way to solve conflict • Notion of masculinity linked to dominance, honor, or aggression • Inadequate provisions of services to children and women experiencing sexual violence

3 EVALUATING THE EVIDENCE ON INTERVENTIONS:

The need for research is increasingly recognised in the area of child protection and funding for services dependent on it, particularly where resources are stretched. The learning identified and presented in this section comes from a wide-ranging desk-based review of the literature on responses to child sexual abuse and exploitation in high-, middle- and low-income countries. Two distinct types of evidence are included: (1) research-based evidence, including meta-analyses, systematic reviews, experimental and non-experimental studies, qualitative studies, evaluation reports and monitoring data; and (2) practice-based evidence, based on knowledge developed in the field, which can usually be found in desk reviews of good practice in programme development.

The research on violence is fragmented across different disciplines of social and psychological sciences, education, health, policy studies, development studies, criminal justice, criminology, victimology and law. The literature reviewed here includes that found specifically on responses to child sexual abuse and exploitation as well as literature focusing more generally on child protection responses and responses to gender-based violence. Responses to child sexual abuse and exploitation need to be integrated into these broader responses to child protection and gender-based violence.

Research on preventing violence against children in LMICs has grown in the past five years but the literature is still largely concentrated on studies completed in HICs where evaluating the impact of single, service-based interventions (such as therapies for abused and troubled children) has tended to dominate. Scaling up studies to address the broader issues of social change and research on policy implementation and service development remain infrequent although there is ongoing work under the Global Partnership to End Violence Against Children (https://www.end-violence.org/fund). There are few evaluations that have examined the process and changes across multi sector systems although, within public health and violence prevention research, there are recent studies which have aimed to understand the complexity of patterns of interaction between system elements at different levels and times, taking into account adaptations in different systems, how interventions may be undermined or changed (Gear, Eppel & Koziol-Mclain, 2018a & 2018b; Hawe, 2015; Moore et al, 2019) and the relationship between changes in national policies and changes at the level of communities (Wessells, 2015). Although this area of research is relatively new there are useful messages that can be applied to monitoring and evaluation, particularly the attention given to the relationships between formal

and informal responses, adaptations, organisational system conflicts and unforeseen/unintended consequences.

The review was guided by UNICEF's child protection approach where the focus is on actions that can strengthen child protection system responses to child sexual abuse and exploitation (legislation, policies and comprehensive services for children) and support social change to address the inequalities, attitudes, social norms and practices that harm children. The focus is not only on the evidence from specific service-based interventions that reduce risk but on the coordinated, multi-layered framework of services, laws and policies across all sectors that can together respond to prevent child sexual abuse and exploitation and protect children from the harm that results.

The quality of individual research studies including systematic reviews was assessed as described in the technical appendix (ADD WEBLINK) using established rating criteria relevant to the type of research study design. The overall body of evidence was then assessed using criteria adapted from the INSPIRE evidence rating (Ligiero et al, 2019; WHO, 2016a) and agreed in consultations with practice and research experts. The following five categories were used to rate the overall evidence for effectiveness in preventing or responding to child sexual abuse and exploitation:

1. **EFFECTIVE:** Programmes that have been rigorously evaluated through at least two high or moderate quality studies using experimental (well designed RCTs) or quasi-experimental design (longitudinal cohort or pre-post design studies with comparison groups), showing statistically significant impact on either attitudes or behaviours towards child sexual abuse and exploitation and formalised to the extent that outside parties could replicate the programme; OR the intervention is recommended based on high quality meta-analyses and systematic reviews of findings from multiple evaluations.
2. **PROMISING:** Programmes in need of further research in context where there is at least one high or moderate quality experimental or quasi-experimental study showing statistically significant impact on child sexual abuse and/or exploitation; OR there is at least one high or moderate quality experimental or quasi-experimental study showing statistically significant impact on risk or protective factors for child sexual abuse and/or exploitation.
3. **PRUDENT:** where global treaties or resolutions have determined the intervention as critical for reducing violence against children; OR the intervention has been demonstrated by qualitative or observational studies to be effective in reducing sexual abuse or exploitation of children.
4. **NEEDS MORE RESEARCH:** Programmes that have a limited evidence base because (a) they are new and evidence is just emerging (e.g., online prevention education programmes); (b) they are programmes where evaluation may be difficult but there is some data that can be used for monitoring and evaluation purposes (e.g., helplines). Classifying a programme as needing more research allows us to recognize what is being done in the field, particularly in settings where resources/possibilities for evaluation may be severely lacking and where nothing may have been done before. Including such programmes helps to identify areas where there is practice experience indicating that research is clearly needed.
5. **INEFFECTIVE/HARMFUL:** Where the research shows no positive impact or there are findings of harmful consequences.

There are some areas where the research evidence is mixed or conflicting and these areas are identified in the discussion.

3.1 Measuring change

The report presents a narrative synthesis of findings, organised across different 'levels' of system intervention. Guided by the socio-ecological model adopted in UNICEF's *Theory of Change on preventing and responding to violence against children and adolescents* (2017), the INSPIRE (WHO, 2018) and Respect guidance (WHO, 2019a), the findings are presented as shown in Table 5 below according to the type of public health response, i.e. whether the intended intervention outcome is primary prevention; identification, reporting and child protection; preventing perpetrator re-offending; or victim support and recovery. To clearly identify research specific to particular sectors, sub-headings in each of the following sections cover research across different ecological system levels from national & policy levels, multi-sector systems and institutions (health, justice, education etc), communities and individual children, their families and relationships. Each section also contains evidence found for humanitarian, emergency and conflict contexts where this was identified.

SYSTEM LEVEL 1 covers the state's efforts to develop macro-level responses to prevent and respond to violence (creating an environment in which change can occur, implementing the CRC in a framework of national laws and policies, gender equality & violence strategies as well as broader responses to crime, action plans, coordination of responses at the national and regional levels, capacity building, resources invested in child protection, etc.).

TABLE 5: Framework for presenting findings on the evidence

	TYPE OF RESPONSE			
System level	Primary prevention	Identification and child protection	Preventing re-offending	Victim support & recovery
1. Cross national and national & policy (limited evidence found)	*Example – national action plan on violence prevention*	*Example – policy for mandatory reporting*	*Example – diversion policy for young offenders*	*Example – allocate resources for therapeutic care*
2. Multi-sector systems and institutions	*Example – public awareness campaign*	*Example – one-stop shop services*	*Example – disruption activities*	*Example – victim recovery and empowerment programmes*
3. Community/civil society	*Example – situational prevention activities*	*Example – crisis shelters*	*Example – restorative justice conferencing*	*Example – strengthen community support*
4. Child, family and relationships	*Example – parent support*	*Example – childlines*	*Example – bystander interventions for sexual violence*	*Example – safe carer programmes*

LEVEL 2 covers responses across (multi-sectoral) and in different sectors delivering services (such as health, criminal justice and security, education, social welfare, private sector, humanitarian work and peacekeeping).

LEVEL 3 covers services provided in the community by civil society (NGOs, community groups, the voluntary and informal sectors).

LEVEL 4 covers responses targeted directly at individual children and their families. It should be noted that 'family' means different things in different cultural contexts. It may include extended family members living in or outside the child's household, not only the parents. Not all children will live in the same household as their birth families. Children may be separated due to poverty, bereavement, abandonment or migration. In some circumstances, such as living on the streets, a child's or adolescent's relationship with other children or adolescents may be their most important emotional attachments and care-giving relationships (Enew, 2002) and in these circumstances are regarded as 'family'.

The discussion in each of the following four sections is structured around this framework. National responses (level 1 in Table 5) are discussed first as a separate section in Section Four, as comprehensive national action plans (NAPs) aim to address all four types of response (primary prevention, protection, offenders and victim support and recovery). The following sections (Sections Five, Six, Seven and Eight) then present the evidence on the four types of response separately, analysing these where possible across the remaining system levels (2, 3 and 4 in Table 5).

Inevitably, any attempt to categorise child protection responses in this way simplifies the reality and complexity of developments, especially where holistic responses have developed that integrate, for example, prevention and protection. Efforts have been made to acknowledge this complexity where relevant.

In the final section of the report a Theory of Change for Preventing and Responding to Child Sexual Abuse and Exploitation is presented, based on the findings from the evidence review and consultations with representatives from global violence prevention partner organisations, research experts and UNICEF regional and specialist programme leads. The Theory of Change sits within the overarching INSPIRE and RESPECT strategies for action for violence prevention but has a specific focus on child sexual abuse and exploitation. This is the final stage of the evidence synthesis, drawing together the review findings on effective, promising and prudent responses to inform strategies for action.

4 INTERNATIONAL RESPONSES AND NATIONAL FRAMEWORKS:

Across different countries, a variety of child protection responses have developed. Cross-national comparative research on child protection has not, however, identified any particular 'model' of child protection as bringing better outcomes for children (Gilbert, Parton et al, 2011). A child protection system however generally has the following components:

1. Child protection laws and policies, compliant with the Convention on the Rights of the Child (CRC) and other international standards and good practice
2. Meaningful coordination across government and between sectors at different levels, including informal and community sectors
3. Knowledge and data on child protection issues and good practices
4. Effective governance, enforcement/regulation, quality standards and accountability through monitoring
5. Preventive and responsive services across a continuum of care, processes of identification, reporting, referral, investigation, assessment, treatment and follow up
6. A skilled child protection workforce
7. Adequate funding, human resources and infrastructure
8. Mechanisms for the meaningful participation of children in safeguarding policy and services
9. An aware and supportive public (Fluke & Wulczyn, 2010).

This section covers responses made by governments at the national level and through cooperation at the regional and international levels to create enabling environments for effective child protection by:

- Implementing international, regional and national standards and responsibilities;
- Gathering and using knowledge to inform action;
- Regional and national planning;
- Implementing legislation;
- Building service capacity;
- Coordinating activities.

Global and regional bodies and national governments also provide leadership and support for the range of different sectors involved in safeguarding children, especially health, education, social welfare, justice, and civil society. These aspects of national and international leadership for specific sectors are discussed in more detail in subsequent sections.

Much is known from experience and research about what does not work well in child protection. An effective response needs to have the resources and capacity to cope with the level of need. In high-income countries (HICs), protection responses for sexually exploited and abused children are embedded within broader child welfare and child protection system responses, including for children seeking asylum or having experienced human trafficking. Many HICs have seen a shift in focus within child protection towards earlier intervention and developing responses that meet the range of needs and rights children have to ensure safety and wellbeing across a continuum of care from universal and targeted primary prevention to more specialised and focused protection, care and recovery needs (Gilbert, Parton et al, 2011). In many low-and middle-income countries (LMICs), child protection systems are less well developed, there may be no formal social work child protection agency and many of the responsibilities for the immediate and longer-term safety of children are handled informally by communities or taken on by police, health agencies, non-governmental organisations (NGOs), faith-based institutions and services set up in the context of humanitarian crises. This can mean that formal services run parallel to, or are not well integrated with informal responses, are patchy or may provide services that overlap as a result of being concentrated in areas where they were initially established (Wessells, 2015).

Experimental research on policy impact and the process of policy change is not common. Most of the evidence on policy impact comes from more descriptive or observational studies, retrospective reviews drawing from administrative data (such as arrest rates), qualitative research with stakeholders and monitoring and progress reports. There are however some high quality systematic reviews of this type of data, looking at responses in specific sectors or regions (e.g. Wirtz et al, 2016; 2017; Wismyanti et al, 2019) and these have been included where available. The content of this section draws largely from this type of information.

International standards and cross-national collaborations

International and national responsibilities for eliminating child sexual abuse and exploitation were set out comprehensively under the Convention on the Rights of the Child (CRC) over 30 years ago in 1989. One hundred and ninety six states have now ratified the Convention on the Rights of the Child (CRC). The CRC was followed by the Optional Protocol on the sale of children, child prostitution and child pornography (United Nations, OPSC, 2000), the commitments made at the three World Congresses against Sexual Exploitation of Children (United Nations 1996 Stockholm, 2001 Yokohama, 2008 Rio de Janeiro) and United Nations Security Council Resolutions 1820, 1882, 1888, 1889 and 1960 addressing sexual violence in conflict. The three World Congresses on the sexual exploitation of children in Stockholm (Sweden) 1996, Yokohama (Japan) 2001 and in Rio de Janiero (Brazil) 2008 did much to encourage international and regional collaboration as well as national action against child sexual exploitation. The Stockholm Declaration and Plan of Action (United Nations 1996) first set out international commitments for action, long-term strategies with five-year progress reviews. Progress was reviewed and global, regional and national action against child sexual exploitation endorsed by the Yokohama Global Commitment in 2001 (United Nations, 2001). This called for comprehensive strategies with monitoring and mid-term reviews. The Rio de Janiero Declaration and Call for Action (United Nations, 2008) set out further specific actions for national strategies and indicators of progress. There are standards in *Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Detection and Criminal Justice* (United Nations General Assembly, 2014). The adoption of Sustainable Development Goals (SDGs) in 2015 with a specific target -16.2 - to end all forms of violence against children by 2030, provided an accelerated impetus for change. Progress towards reaching the SDGs is reviewed annually by the High-level Political Forum (HLPF) under the auspices of the ECOSOC and quadrennially by the General Assembly (United Nations, 2019a).

The Global Partnership to end violence against children, launched in 2016, has attracted growing attention from Member States, United Nations agencies and civil society and faith-based organisations. It works with 23 Pathfinder countries worldwide to accelerate progress towards SDG Target 16.2. (United Nations, 2019a).

Other global alliances such as the WePROTECT Global Alliance to End Child Sexual Exploitation Online bring together national governments, global technology providers, major international organisations and civil society organisations. Currently 82 countries, 20 global technology industries and 24 international and leading NGOs are in the alliance. It has developed the Model National Response (MNR) (WePROTECT, 2016) giving detailed guidance on developing a coordinated approach to prevent and respond to online child sexual exploitation.

This is currently being rolled out in a number of countries. A global threat assessment was published in 2018 to raise awareness among nation states about the nature and extent of online child sexual exploitation (WePROTECT, 2018). This will also be used to inform the development and implementation of a global strategic response.

Gathering and using knowledge to inform action

Gathering evidence on the nature and extent of violence against children and their experiences of child protection services is an essential first step in developing an effective response (WHO, 2016a; 2019). Five common approaches to gathering evidence for action against violence towards children are:

1. Drawing together administrative data and mapping services working to prevent or protect children nationally or within a community. For example, over 100 countries have mapped child protection systems to identify gaps in provision since 2005 (UNICEF 2011).

2. Assessing risks and drivers in context, pioneered by UNICEF's drivers of violence study (Maternowska & Fry, 2018, discussed in Section 3,).

3. National surveys directly asking children themselves. Examples of good practice in LMICs are the Violence Against Children and Youth surveys led by the Centers for Disease Control as part of the Together for Girls partnership which is a public/private partnership of governments, UN agencies and the private sector working to eliminate sexual violence (www.togetherforgirls.org). Together for Girls has completed and published violence against children surveys in seventeen LMICs (Botswana, Cambodia, Colombia, El Salvador, Haiti, Honduras, Indonesia, Kenya, Lao, Malawi, Nigeria, Rwanda, eSwatini, Tanzania, Uganda, Zambia and Zimbabwe). Other countries have surveys underway or are awaiting reports. The Haiti, Kenya, eSwatini, Tanzania, Zambia and Zimbabwe survey findings have been influential in informing the development of strategies or National Action Plans (NAPs) on violence against children. From this work, UNICEF, the CDC and Together for Girls (TfG) partners have helped develop global indicators and a common survey instrument and methodology (UNICEF, 2011). TfG has made the (anonymous) survey data available for further research and secondary analysis thereby creating a valuable resource for comparative research purposes.

4. Situational analysis in humanitarian contexts, bringing together data from services and key informants in the locality and ethically involving children. For example, Save the Children has invested in consultations with children and has produced guidance on child participation (Bala, 2018; Benelli, Fikiri & Oumarai, 2019; Lansdown, 2014; Save the Children, 2015; 2018). Large scale consultations have enabled children in humanitarian contexts to identify priorities (Benelli, Fikiri & Oumarai, 2019).

5. System focused participatory action research, a flexible, ethnographic and community empowerment approach that builds on the strengths of grassroots knowledge and action in the local community context. Drawing on extensive research into community based child protection mechanisms and child welfare committees, Wessells (2015) has observed how child protection system strengthening mechanisms in the formal, state sponsored sector in low resource contexts can be based on evidence from the global north and may not be relevant to the communities they serve. If governments or international NGOs impose systems that reflect outsider values and do not build sufficiently upon existing processes, local people are likely to use informal processes that in some respects conflict with the formal aspects of the system. The resulting informal–formal misalignment can impede the coordination that is required for the system to function effectively. To address this problem of misaligned formal/informal sector actions, an approach that builds shared ownership of the problem and responsibility for change and addresses the interface across the three levels of national government, district/regional centres of power and communities is proposed. Children, young people and their families are the starting point for, and at the centre of, this approach.

National leadership and ownership of the process, preferably at ministerial level, is important to move from research to evidence-based policy and programmatic action. However, research evidence needs to be contextually relevant to enable shared understanding and responsibilities across all levels of the formal and informal child protection system. A strong message from each of the five approaches to gathering and using evidence outlined above is the importance of national, district, community, child and family level collaboration, partnership and participation in defining challenges and implementing context relevant responses.

Regional and national action plans

There has been rapid progress in developing regional action plans (RAPs) to coordinate prevention activities and develop intergovernmental policy frameworks on violence against children across Africa and the Middle East, the Americas and the Caribbean, Asia and the Pacific, and Europe (Council of Europe, 1 in 5 campaign 2010-15; Kavidri Johnson, 2017). Almost 100 countries now have comprehensive policies in place (United Nations, 2019a). The African Union has led a campaign to end child marriage which is reported to have had a clear impact on legislation and policy across the continent (United Nations, 2019a).

Many States have adopted National Action Plans (NAPs) as a first step in the commitment to preventing violence against children (UN Women, 2012). NAPs set out government plans to prevent sexual abuse and exploitation, and an increasing number provide support and funding for awareness-raising campaigns to change

attitudes and norms. Countries where there has been a national survey on violence against children, such as eSwatini and United Republic of Tanzania, have used the findings on the scale and impact of the problem to inform their NAPs. The focus on sexual exploitation in NAPs initiated by the three World Congresses has widened to cover more forms of child sexual abuse and exploitation, but NAPs still vary in the extent to which they address child sexual abuse and abuse and exploitation in different settings – for example, the home or school.

Some countries opt for plans that focus on the wider system of child protection (e.g., Benin, Ghana); or gender-based violence (e.g., Sierra Leone). An increasing number of countries are developing NAPs that address sexual violence against women and children (UNICEF, 2011). Stakeholder and child participation in developing NAPs is very limited, only one country, Indonesia, in the ASEAN region enabled child participation in the development of the NAP (Kavidri Johnson, 2017). Cambodia's more recent NAP has included child participation (Cambodia, 2017).

While progress can be seen in the growth in the number of countries that have adopted NAPs, identifying clear objectives, implementation, allocation of resources and monitoring are common issues. A review of the content of 68 child maltreatment prevention policies and plans in Europe (covering 75% of European member states) found only 34% included a budget and just 6% had quantified objectives (Ramiro-Gonzales et al, 2018). Self-monitoring by governments is a requirement for implementation and has been supported by the activities of organisations such as ECPAT and national, international and global efforts in the follow up and progress reviews following the three World Congresses (ECPAT, 2009). There is nonetheless still a lack of monitoring data. UNICEF collects data on implementation but has noted that few state reports have quantitative data (UNICEF, 2009). Those that do collect data from sources such as the police or courts on trafficking or prostitution rarely cover all areas of child sexual abuse and exploitation. Independent monitoring has been recommended but is not often found. INSPIRE offers an alternative action plan and monitoring system for nation states which lack national plans.

A review of implementation research studies to identify best practice for the prevention of child sexual abuse in organisational contexts found the evidence to support any particular implementation framework is inconclusive. However, the findings on best practice show the following factors are important: building the competency and skills of individuals and organisations; supporting individual behaviour changes; well planned and staged processes of change with adequate time for implementation; assessing the needs and readiness of organisations to implement change; training and supporting staff; having a continuous quality improvement (review and adapt) processes and building in an early focus on the sustainability of change (Parenting Research Centre, 2016).

Legislation

An enabling environment for preventing and responding to violence against children by implementing laws and policies is one of the seven INSPIRE strategies for action (WHO, 2016a) and aligns with Sustainable Development Goals 5.c (to adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels) and target 16.3 (to promote the rule of law at the national and international levels and ensure equal access to justice for all. Children's rights to protection from violence need to be formalised for implementation by legislation and around 60 countries have comprehensive laws to ban all forms of violence against children, including at home and in schools (United Nations, 2019a). There has also been progress on ending female genital mutilation (FGM) and child marriage, with a growing number of countries adopting legal and policy frameworks to outlaw these harmful practices.

Prevention, protection, recovery and children's rights to participate are all areas that can be addressed in national legislation, although more efforts seem to have been spent on protection. The CRC, OPSC, and Palermo Protocol provide a framework for legislation to protect children from sexual abuse, trafficking and exploitation. Guidance on implementation and legislation has been regularly produced.

FOR EXAMPLE:

More than ten years ago, ECPAT produced guidance containing a number of checklists on strengthening the law on sexual exploitation (ECPAT, 2008).

Guidance for parliamentarians on how to translate these commitments into legislation is provided by the Council of Europe (Council of Europe, 2011).

The United Nations have published detailed and updated guidelines on the implementation of the OPSC (United Nations, 2019b).

The United Nations Office on Drugs and Crime (UNODC) have produced a number of tools on supporting child victims and witnesses of crime, including legislative guidance. For example the Handbook for Professionals and Policymakers on Justice in Matters involving Child Victims and Witnesses of Crime, See also the website of the UNODC Global Programme to End Violence Against Children: https://www.unodc.org/unodc/en/justice-and-prison-reform/global-programme-to-end-violence-against-children_publication-and-resources.html

The International Center for Missing and Exploited Children (ICMEC) has been monitoring child sexual exploitation materials online for fifteen years and surveys responses in 196 countries. It also produces and updates recommendations on key areas for legislation (ICMEC, 2018).

WePROTECT Global Alliance also contains guidance on legislation (WePROTECT, 2016).

The evidence review by Together for Girls produced recommendations for legislation specifically to prevent child sexual abuse and exploitation (Ligiero et al, 2019). This initiative by Together for girls is welcome as primary prevention has had less attention, and legislation or investment in resources to address the root causes of violence towards children has been rare (Economist, 2019).

More countries have taken steps to criminalise child sexual abuse and exploitation, to harmonize laws to international standards and to develop systems to support and reintegrate victims. In 2011, five years after the publication of the UN study of violence against children (Pinheiro, 2006), a global survey of States' progress was launched by the UN Special Representative of the Secretary-General on Violence against Children. Over 100 states submitted replies. The results showed that violence against children had gained visibility in national agendas, with increased legislative activity, awareness and information campaigns and other initiatives to improve data on children's experiences. Over 80 per cent of States had legislation on violence against children and over 90 per cent had specific legislation prohibiting sexual exploitation of children, including in prostitution, and provisions on child sexual abuse materials. The Economist Intelligence Unit Out of the Shadows Index project found that states scored highest in the policy progress assessment for passing legislation on child sexual abuse and exploitation, with 27 out of 40 countries assessed scoring between 50 and 75 (where best possible score for legislation aligned with international standards was 100). International coalitions can be a path to legislative reform. Countries that scored very well on the latter had strong fundamentals in place, including designated national plans, policies and institutions to respond to sexual violence against children (Economist, 2019).

While much has changed it is still the case that more is known about the gaps in national policy environments than is known about what works. Common gaps in policy are discrepancies in laws on the age of consent or failure to define a specific age of consent (SRHR SAT, 2017; UNFPA, 2017), exceptions to early marriage with parental or judicial consent (Chae & Ngo, 2017; Wodon et al, 2017), laws that only criminalise the prostitution of children below the 'age of consent' or define prostitution in gender-specific terms or exclude certain sexual acts. Some national legislation in South Asia on trafficking focuses on sexual exploitation of women and girls, which neglects trafficking of boys for sexual exploitation. The sexual abuse of boys is a neglected issue (Economist, 2019). Regards child sexual abuse materials online, the laws in 62 countries surveyed by ICMEC were rated as not sufficient to prevent this form of abuse and 16 countries still had no legislation at all (ICMEC, 2018). Contradictions in law on the age of a child, a policy focus on child protection with no specific reference to child sexual abuse and the culture of silence and stigma preventing disclosure and reporting of child sexual abuse means that implementation of policy to prevent and respond will be difficult because at the level of the community, victims and others are unlikely to report child sexual abuse. National policy and legislative changes need to be supported by resources for implementation at the level of communities, including training and education for social workers, teachers, community leaders, religious leaders, parents and children, providing information about rights and sources of support and providing relevant and accessible services directly to victims and families. However, considerable progress is possible even in contexts where resources are scarce (Economist, 2019)

It has not been possible to identify evidence to show what has influenced some countries to support and enforce

legislative change on child sexual abuse and exploitation while others have been less able to do so. Research indicates that the forces that can influence social change are complex and vary historically and culturally, although in HICs campaigns by women's rights and child protection organisations have been significant drivers (Bolt 1993; Dobash and Dobash, 1992; Donzelot, 1981; Garland, 2001; Gilbert, Parton & Skivenes, 2011; Gordon, 1989; Parton, 1985). Important aspects of change in both the United Kingdom's and the United States' strategic approaches to gender-based violence in sustainable development have been creating partnerships with women's rights organisations, strengthening women's leadership and voices at the national level, mobilising change through community engagement, including men and boys as resources and supporters for change and raising awareness of gender-based violence as a significant social problem (DFID 2012b; USAID, 2012).

Building service capacity

GUIDANCE FOR PROFESSIONALS: Professionals cannot implement policy and legislation efficiently without training and guidance (UN, 2019a). A systematic review of national guidance and protocols for care of child survivors of violence from 23 countries in in Latin America and the Caribbean region and a review of research on health care responses found that although many national protocols existed there were some weaknesses that limited their effectiveness for practice (Wirtz et al, 2016; 2017). Health care professionals were often unaware of national protocols and lacked training and resources to implement them in everyday practice. Limited infrastructure and inadequate human resources in LMICS can severely challenge a practitioner's ability to adhere to guidance. No guidance was available on how to aid access to child protection and support in rural areas where provision of services can be limited. There was a lack of collaboration between protocol developers and practitioners. Some protocols lacked a definition of violence against children. While nearly all suggested children who were harmed should be referred, few gave guidance on the referral pathway or system (Wirtz et al, 2016; 2017). Positive findings however were that nearly all (90%) of the national protocols reviewed contained elements of trauma informed care approaches for child victims and their families (see discussion of this approach in Section Eight). This approach could be strengthened in guidance and practice in LMICs. This comprehensive and wide ranging review makes recommendations for best practice principles in protocol design. The World Health Organisation has published evidence-based guidance for health care, clinical treatment and support of sexually abused children and adolescents (WHO, 2017) and has updated evidence-based guidance for multi sector professionals responding to child maltreatment and neglect (WHO, 2019b).

STRENGTHENING WORKFORCE CAPACITY: UNICEF have recently published evidence-based guidance on developing capacity in the workforce for child protection and social work (UNICEF, 2019). There are examples of positive outcomes in terms of increased reporting of

cases of violence against children. In Serbia for example, UNICEF supported improvements in the national reporting and referral system for violence against children, focusing on the capacity of social workers. This led to an increase of 92% in reported cases of violence against children by 2015 (UN, 2019a).

Coordination

Coordination is important because the availability of services to respond to child sexual abuse and exploitation in many LMICs is thin and unevenly spread, with rural communities tending to have poorer service provision than urban areas – as in Kenya, for example (UNICEF, 2010). Coordination can help prevent unnecessary duplication of efforts that wastes resources. It can greatly improve efficiency in service delivery and help prevent children falling through gaps between the responses given by different sectors involved. Two thirds of States responding to the UNSVAC follow-up survey mentioned that a national coordination body existed (Human Rights Council, 2013). Well-coordinated responses may start from a wider multi-agency strategy so that agencies and actors know what their responsibilities are. Multi-agency meetings may be held to address sexual abuse and exploitation and wider issues of child protection. Coordinating a multi-agency response to all forms of sexual abuse and exploitation requires agency commitment to cooperation, ethically and safely sharing information, leadership and good management of all the actors and agencies involved.

National, regional and local area coordination groups have potential to greatly improve multi sector responses.

There is more information on the failings of coordination among different agencies working together in HICs than there is evidence on effectiveness and impact, although good working together is nonetheless regarded as being crucial in an effective child protection response. The success of any coordinated response is largely dependent on strong support for the issue at a strategic level and multi-agency engagement (Beckett, 2011; Jago et al. 2011). There is practice evidence that appointing a lead specifically for sexual exploitation can catalyse and inform responses (Jago et al, 2011).

Multi-agency coordinated child protection responses are recognized in LMICs and responsibilities for coordination are generally set out in NAPs or in RAPs. One example is the ASEAN Regional Action Plan on the Elimination of Violence Against Children 2013 covering the ten member states in the region. The RAP involves eight areas of action including coordination and management. A progress review involving stakeholders and children in 2018 found that the RAP had accelerated action and encouraged the development of more comprehensive approaches to prevention and response (UN, 2019). Investment in hub and spoke or task force models, where specialists in the multi-agency hub or task force work with, train and support practice development in communities in other areas, can be a helpful way to develop the capacity of coordinated responses (Bailey et al, 2015 and Mace et al, 2015, see discussion of RESET in Section 6).

REVIEW QUESTION 1:

What is known about effective implementation and enforcement of national and transnational laws, policies and strategies to prevent and respond to child sexual abuse and exploitation, online and offline.

An effective child protection system response is essential for the implementation of children's rights as set out in the Convention on the Rights of the Child, 1989 and for meeting the commitment of Sustainable Development Goal 16.2 to end violence against children by 2030.

Responses towards child sexual abuse and exploitation at the national level must be integrated into broader prevention system-building responses to violence against children and women as these experiences are inter-related and often co-exist.

Considerable progress has been made in the past five years through global partnerships such as Together for Girls, End Violence Against Children and the WePROTECT Global Alliance in developing and using research evidence on violence against children, including sexual abuse and exploitation, to inform policy and action by national governments.

National child protection system-building responses have included: developing and implementing regional and national action plans, legislative reform, strategy development and planning, coordination, mapping needs and gaps in services, capacity building, developing service structures and mobilising to change attitudes and behaviour.

Progress can be seen in the increasing number of countries that have adopted NAPs for child sexual abuse, exploitation and trafficking, and encouragingly, some states have enabled children's participation in developing action plans. Plans with defined responsibilities and resources, sustainable implementation and monitoring of change to agreed and workable targets are more effective.

Children's rights to protection from violence need to be formalised for implementation by legislation and around 60 countries have comprehensive laws to ban all forms of violence against children, including at home and in schools.

Despite this activity, there are gaps to be addressed in legislation on child sexual abuse and exploitation in many countries (e.g. regards online child sexual abuse, defining the age of a child, the age of consent, child marriage). Legislation on child sexual abuse and exploitation needs to comply with international commitments. There is guidance on model legislation.

Legislation alone will be insufficient without cultural change in norms, practice and perceptions. Prosecution rates for child sexual abuse and exploitation are low in many countries. If more perpetrators of sexual abuse and exploitation are to be identified and prevented from reoffending, legislation needs to be implemented, resourced for delivery, ensure services for victim support, guidance and training for professionals.

Parents hold primary responsibilities to safeguard children from sexual abuse and exploitation, supported by a number of different governmental and community based organisations. Actions can be conflicting and ineffective without good coordination. The success of any coordinated response is largely dependent on clarity about roles and responsibilities, strong support for the issue at a strategic level and multi-agency and community engagement. For children separated from parents, adequate guardianship and/or systems of advocacy are necessary.

Having a designated child sexual abuse and exploitation strategic lead can catalyse and inform responses.

Lack of political will and lack of adequate resources are often cited as the reasons that systems do not work or that children do not have access to services however much can be achieved in contexts where resources are scarce. Evidence-based policies in this context can aid decisions about which responses may be most effective.

UNICEF have recently published evidence-based guidance on developing capacity in the workforce for child protection and social work (UNICEF, 2019). There are examples of positive outcomes in terms of increased reporting of cases of violence against children.

5 PRIMARY PREVENTION STRATEGIES:

Primary prevention strategies can be universal (covering the whole population) or targeted (towards groups identified as vulnerable). Three approaches to prevention were found in the evidence review: (1) those aimed at mobilization to change social norms, attitudes and behaviour (most common); (2) situational prevention (altering the environmental and situational context that provide opportunities for abuse); and (3) prevention by reducing risks and vulnerabilities of children to victimisation via programmes for social and economic empowerment – such as cash transfer and social safety net (SSN) projects, life-skills training, education and awareness raising about risks and protection, and programmes that target parents to help them better protect their children. Increasingly, primary prevention efforts adopt a combination of these strategies and these have given better evidence on effectiveness. Prevention activities that address the perpetrators of child sexual abuse or the 'demand' side of child sexual exploitation should form an important part of overall prevention activities but these are still underdeveloped although recent attention given to organisational drivers has improved knowledge in this area. As other studies show (Yount, Krause & Miedema, 2017), most evaluation evidence was found for the prevention of gender-based violence and abuse in adolescent intimate partner relationships. Few evaluations were found for sexual exploitation or trafficking prevention programmes. A major challenge for primary prevention research has been demonstrating sustained change over time, with many studies being of relatively short duration. Achieving a cultural or population-wide change in norms, attitudes and beliefs can take time. One-off prevention initiatives are unlikely to be sufficient as shifts in attitudes tend to be short term and regress to pre-intervention levels after brief follow-up periods (Davis and Liddell, 2002; Heppner et al. 1995). Outcome measures also vary between studies with many studies focusing on changes in attitudes and levels of knowledge and fewer on changes in behaviour or rates of victimisation and perpetration. Too few evaluations have looked at whether or not primary prevention efforts have improved children's safety. There are, however, some very well-evaluated studies of prevention responses in HICs and in LMICs that can be used to identify promising programmes for development and testing in different contexts.

Primary prevention: International and national responses

ONLINE NATIONAL PRIMARY PREVENTION: There have been considerable international and national primary prevention efforts against child sexual abuse and exploitation online, but no robust studies of impact were found in this review. International bodies such as the Internet Watch Foundation (IWF), based in the UK, and Cybertip.ca based in Canada, block and remove child abuse images from the internet to prevent access and trading by potential child sexual offenders. Performance evaluation reports indicate these have been successful, showing some positive output measures (although impact cannot be assumed from these) (Cybertip.ca, 2018; IWF, 2019). For instance, the IWF found record amounts (105,047 URLs) of child sexual abuse imagery in 2018 and removed 29,865 posts of child sexual abuse materials from public access. Most of the child sexual abuse materials found were hosted in Europe (79%), with 47% hosted in the Netherlands. Child sexual abuse materials hosted in the UK declined from 18% in 1996 to 0.04% in 2018 (IWF, 2019). Technology has aided detection and removal of child sexual abuse materials. Technology such as PhotoDNA can help speed up the detection and assessment of the criminal images. Project Arachnid uses technology tools to crawl links on websites that have previously been reported to Cybertip.ca, detect child sexual abuse materials, and determine where these materials are available on the Internet before issuing a notice to the hosting provider requesting immediate removal of the illegal content. Project Arachnid detects 100,000 unique suspected images per month and issues approximately 700 removal notices each day to service providers. Industry can also use the Arachnid API55 to quickly detect child sexual abuse materials on their service, rather than waiting for Project Arachnid to detect material and send a notice (ICMEC, 2018). Although work has been done to address this, there is still a delay between the time taken to block an abusive image site, which usually occurs in a matter of minutes from receiving the report and removing a site. This gives the distributors time to re-locate the abusive materials elsewhere so that materials removed are hosted and shared elsewhere. The technical challenges in preventing child sexual abuse and exploitation on the internet are considerable particularly with the increased use of Dark Web peer to peer networks and encryption methods to evade detection and a worrying growth in online live abusive image streaming. In 2019 the UK government issued proposals to introduce comprehensive regulation of service providers to prevent all forms of online harm especially to children (HM Government, 2019).

PREVENTING TRAFFICKING: A systematic review of 20 studies on preventing cross border trafficking to reduce sexual exploitation drew no conclusions about effective responses as all the studies were poor quality (van der Laan et al, 2011). There have been some recent efforts to understand the 'root causes' of human

trafficking but there is still more reliance on awareness campaigns targeting potential individual 'victims' without complimentary programmes to address social norms, change contexts or offer viable alternatives (Brodie et al, 2018; Hynes et al, 2019). A public health approach has recognised the effects of precarious employment and extreme exploitation on health (Zimmerman and Kiss, 2017). Structural determinants of vulnerability throughout the process of trafficking have been captured in process models emphasising pre-departure, destination and return aspects of public health (Zimmerman and Kiss, 2017) and processes of displacement (Hynes, 2017). Good practice in this area remains largely undefined but pockets of emerging, promising or good practice are becoming apparent, although these are not always evaluated or monitored within trafficking interventions (Hynes et al, 2019; Zimmerman et al, 2015). A compilation of a 'promising practices database' by the Walk Free Foundation has allowed for emerging evaluation work to be identified (Bryant & Landman, 2020).

NATIONAL PRIMARY PREVENTION PLANNING: It is recommended that national plans should aim to prevent and protect children from all forms of violence (EC DG Justice, 2015; UN, 2011). However, research by the World Health Organisation in Europe found that only 22 out of 51 countries responding to a survey had a national child maltreatment prevention plan in force (Sethi et al, 2013). The focus on child sexual abuse and exploitation is not shown and the effectiveness of the plans is not discussed in this WHO report. Other research suggests that there are fewer countries that implement comprehensive plans covering primary prevention and responses to child sexual abuse and exploitation. A survey led by the European Child Safety Network on implementing policies to prevent violence against children across Europe found that of the 19 respondents out of 32 European countries contacted, 89 per cent had a national plan to prevent violence against children and 93 per cent of these addressed child sexual abuse. However only 56 per cent of the plans had resources allocated for implementation and only 44 per cent were said to have any monitoring of impact (Radford & MacKay, 2015). The most comprehensive plans were found to exist in Sweden and Norway (Radford & MacKay, 2015).

SOCIAL MARKETING AND THE MEDIA: Advocacy and campaigning at the macro-level are important activities that assist in keeping sexual abuse and exploitation – and violence in general – on the radar. These activities can influence government policy and raise awareness in communities. For example, advocacy efforts in the wake of the 2004 Asian tsunami led to a government ban on adoptions and limitations on the travel of unaccompanied children (Delaney, 2010). Social marketing and media campaigns designed to promote awareness and understanding about child sexual abuse and exploitation have been very much part of international, regional and national strategies for universal primary prevention promoted by governmental bodies (Home Office,

2015) and are part of UNICEF's communication for development (C4D) activities. Some awareness and media campaigns have been promoted by governments (such as the teen relationship abuse campaign in the UK) and others by NGOs (such as the NSPCC's PANTS campaign, Soul City in Africa, Don't Trade Lives in Australia). Both government and NGO led approaches are discussed together in this section.

Public awareness campaigns can have varied aims, not all geared towards primary prevention. Often primary prevention is mixed with improving responses by encouraging victims or perpetrators to seek help and adults in a community to help them do so (Kemshall & Moulden, 2017). These type of media campaigns need to be supported by investment in partnership development, policy implementation, training and other resources (Kemshall and Moulden, 2017). Evidence on impact tends to be limited, with evaluation data on audience reach or calls to helplines usually produced but rarely any information on audience attitudes or behaviour change (Radford et al, 2017b; Sood & Cronin, 2019a). Few compare outcomes for those exposed to those non-exposed to the campaign. Changes in attitudes or behaviour, when measured, are often short lived suggesting that media campaigns alone are not enough.

Example of evaluating public awareness: *Darkness to Light*, Rheingold et al, 2007.

This was a small-scale evaluation in the US of a community based child sexual abuse prevention campaign delivered by the non-profit organisation *Darkness to Light*. Two hundred parents with at least one child aged under 18 were recruited as participants and randomly assigned to one of four groups: a group shown a video on preventing child sexual abuse, a group given an educational pamphlet on preventing child sexual abuse and exploitation, a group who watched the video and also were given the pamphlet, a control group who received neither of these resources. Self-report measures were used immediately after the delivery of the education programme to assess level of knowledge about child sexual abuse and responses to vignettes portraying hypothetical situations. This was followed up one month later with questions about impact on behaviour. Exposure to the *Darkness to Light* campaign had a significant impact on short term knowledge, no significant impact on attitudes about child sexual abuse and a significant impact on prevention responses to the hypothetical vignettes. However, the follow up data was limited with only 37 per cent (73) parents taking part on the follow up interviews one month later. The knowledge scores were lower among those exposed to the video alone compared with those exposed to the booklet or to the video accompanied by the booklet. Gains in knowledge were small.

In LMICs, health led initiatives on prevention tend to gather more evaluation data on impact and a review of prevention found that projects on child sexual abuse and exploitation linked with sexual health and AIDS/HIV prevention in low resource settings have been evaluated more consistently (Usdin et al, 2005) with changes in attitudes and sexual behaviour tracked through use of surveys such as the Demographic and Health Surveys (WHO & UNAIDs, 2010). Campaigns aimed at gender-based violence are increasingly being delivered through joint programming with HIV programmes, based on compelling evidence that the two issues are strongly related (UN Women 2010; WHO 2010). Initiatives in LMICs have also aimed to involve men as 'positive partners' in ending gender-based violence (Spratt, 2012). Some of these programmes are media-based campaigns or 'social norms marketing' (Paluck and Ball, 2010) and include the *One Man Can* campaign and *Project H* in South Africa (Colvin, 2009; Pulerwitz and Barker, 2008). *Soul City*, a very well-known awareness programme in South Africa (WHO 2010), employed a model of 'edutainment', using soap story lines and positive messages to educate the community and broader society about domestic violence (Usdin et al. 2005). Evaluations include improved access to support services measured by increases in knowledge about helplines although data on primary prevention such as shifts in atiitudes and perceived norms was also gathered (Usdin et al, 2005). The Soul City approach, was adopted in other countries (WHO 2010) with monitoring data collected across different jurisdictions (Scheepers et al, 2004; Soul City, 2008). Evaluations in Botswana (Kahembe & Shipena, 2009) and in Namibia (Nkwe, 2009) found adolescents exposed to the sexual abuse materials of Soul City showed increases in knowledge about sexual abuse and where to go for help, although both these studies lacked comparison groups. Other media-based campaigns have been carried out that focus on cross-generational sex and are therefore relevant to preventing child sexual abuse and exploitation. Examples include PSI/Kenya and Plan Kenya, which used a variety of media strategies to reach young people (Hope, 2007) although evaluations here are also limited.

Research shows that the most successful media interventions are those that begin by understanding the behaviour of their audience and engaging its members in developing the intervention (WHO, 2010). In a study across Albania, Viet Nam and Nigeria, there were mixed views from survivors about the effectiveness of awareness raising in preventing human trafficking in the absence of context change (Hynes et al, 2019). Public awareness campaigns may have a role in primary prevention as part of a comprehensive programme of action guided by a clear theory of change (Horsfall, Bromfield & McDonald, 2010; Kemshall & Moulden, 2017; Sood & Cronin, 2019a).

A systematic review of UNICEF's Change for Development (C4D) activities which included media and awareness campaigns makes several helpful recommendations for further research and practice (Sood & Cronin, 2019a). UNICEF has published guidance for effective programming on C4D based on this evidence review (Sood et al, 2019b).

Primary prevention: Multi-sectoral responses

Due to the complexity of the issues and the needs of those affected, almost all responses to child protection issues involve working across a number of different service sectors and across the lifecourse (Fulu et al, 2017). Within prevention this is also the case as the forces that influence vulnerabilities, as previously shown, operate over different levels and across different organisational sectors. Coordinated multi-sectoral responses to child sexual abuse and exploitation often combine prevention and protection activities delivered by a range of different agencies and it can be difficult to disentangle the research evidence on specific primary prevention activities from those that address protection responses. Effective multi-sectoral responses need leadership, coordination, resources and commitment from agencies involved at national and local/community levels, plus community involvement (WHO, 2019a). Multi-sectoral responses commonly have a lead agency with responsibility for coordinating activities across the different sectors and organisations involved. This section focuses only on the general research on multi-sector primary prevention. Multi sector responses where a particular sector has taken a lead role or where there are combined interventions in the community involving service partners are discussed under the later section headings.

USING RISK CHECKLISTS TO SCREEN/IDENTIFY AND TARGET PRIMARY PREVENTION: Risk checklists and needs assessments are widely used across child protection and criminal justice systems to guide the type and intensity of service responses, so that for example, those who are highest risk have highest levels of control or treatment. Knowledge about common risks has also been applied however to target vulnerable groups who might benefit most from primary prevention programmes. There has been considerable research and debate about the effectiveness and consequences of targeting child maltreatment prevention resources towards children in the community assessed as being in greatest need on the basis of a high number of adverse childhood experiences (ACEs) (Felitti et al, 1998; Hughes et al, 2017). The research suggests that high rates of ACEs in childhood are associated with sexual risk-taking behaviours (Hughes et al, 2017) which, as argued previously, can increase the risk of sexual abuse and exploitation. Specific checklists have been developed to identify children in communities who may be particularly vulnerable to sexual abuse and exploitation however a practice based review of ten of these used in the UK found that most of the risk indicators were not based upon sound research evidence and were unlikely to be effective in multi-agency screening for vulnerabilities or for rates of risk (Franklin, Brown & Brady, 2018). Further research is needed to inform targeting policy.

TRAINING AND RESOURCES FOR PROFESSIONALS FOR PRIMARY PREVENTION: Multiagency training on primary prevention of child sexual abuse and exploitation has had some limited evaluation although here also there is a crossover between preventing sexual violence before it happens and identifying previously unindentified victims or perpetrators. Rheingold and colleagues (2015) describe an independent

multi-site, controlled evaluation of *Stewards for Children,* a child sexual abuse prevention programme developed by the organisation *Darkness to Light. Stewards for Children* provides training on primary prevention of child sexual abuse and on what to do if abuse identified. The primary prevention education includes information on nature and extent of child sexual abuse, how to identify risks and how to reduce risks especially in organisational contexts and preventing adults having unsupervised access to children. Child-care professionals (N=306) were recruited from children's advocacy centres and received either a web based or in- person training on child sexual abuse prevention or they joined a (wait list) control group. Pre and post-test assessments were completed with a follow up assessment three months later (with 267 participants). Changes in prevention behaviours were measured using a 21 question inventory. The researchers found encouraging increases in knowledge, attitudes and in self-reported preventive behaviour among those who received the prevention programme online or in person. Further research is needed to assess however both whether knowledge and behaviour changes are retained over a longer time and if this preventive approach has any impact on the extent of sexual abuse in communities.

CREATING SAFE ORGANISATIONS: The Australian Royal Commission into Institutional Abuse included an extensive review of research evidence and has published comprehensive, evidence-based recommendations to create child safe organisations (Australian Royal Commission into Institutional Abuse, 2017).

Primary prevention: Sectoral responses

CRIME & JUSTICE SECTOR PRIMARY PREVENTION RESPONSES

Many of the activities within a justice system will focus on upholding the laws of a nation and are likely to be reactive rather than preventative. However, crime prevention has been part of government policy in many countries for several years. Historically, and currently in many jurisdictions, sexually exploited children have been criminalised by laws on prostitution rather than being protected and helped as child victims. The need for greater efforts to be made to shift attention on to perpetrators and work preventively by regulating the demand for sexual services that influences the sexual exploitation of children has been endorsed by the UN Special Rapporteur on the sale of children, child prostitution and child pornography (UN Special Rapporteur, 2015). Not enough is known about the factors that drive demand although there is evidence that most offenders have no particular paedophilic preferences but are best described as in the home or situational offenders accessing children and adolescents through prostitution because they are available. To partly address these issues, regulating access to victims through legislation and policy that targets demand and those who pay for sex (as in Sweden and other European countries) may be effective, provided vulnerable women and girls involved in 'transactional sex' are not criminalised and persecuted as a result (Radford et al, 2017b). Further research is needed on this topic.

SEX OFFENDER REGISTRATION AND NOTIFICATION (SORN) AND PRE-EMPLOYMENT CHECKS AS PRIMARY PREVENTION: In some HICS, methods of notification, vetting and barring and criminal records checks have traditionally been viewed as a preventive measure to keep 'paedophiles' and known sex offenders out of areas where they have contact with children and out of organisations with a duty of care to children. Notification schemes require convicted sex offenders to notify the police of changes in their name or address so that the police know if they are residing in a particular area and able to access public places where there are children. Vetting and barring enable police checks to be done on sex offending records for employment that involves contact with children. Approaches to SORN differ across countries particularly in the US where there are public notifications included so that community members are informed if sex offenders are residing nearby. In the UK, which has had one of the strongest sex offender regulation systems in the world, notification, vetting and barring procedures are supported by a range of other types of community surveillance of known sex offenders but without public notification requirements. While these checks may be effective at preventing convicted sex offenders working with children, they cannot prevent abusers who have not been detected or those who are yet to abuse from entering organisations to work with children. A further discussion of the research on the impact of SORN policies on managing offenders and preventing re-offending is included in section 7.

South, Schlonsky and Mildon (2014) reviewed the research literature on pre-employment screening checks (25 studies) and found no rigorous evaluations at all. Screening tools identified were ineffective and not ethically feasible in employment practice. However, even if unproven, the researchers concluded that the deterrent effects of pre-employment checks cannot be discounted. If combined with other organisational safety policies (as discussed earlier) they may play a part in preventing child sexual abuse.

SITUATIONAL CRIME PREVENTION VIA HOTSPOT AND SAFETY ZONING: In some countries, child safety zones (loitering zones) have been created, which aim to stop sex offenders from hanging around areas where children meet. The primary aim is to prevent reoffending although there may be prevention of victimisation for children. There is limited research evidence on the effectiveness of these strategies although there is some data from the US based on forensic analysis of case files. A study by Colombino et al (2011) looked at places where sex offenders might first come into contact with their child victims, and whether those places were different to where offences against adults take place. A review of an archive of 1,557 sex offender cases was carried out, which found that two-thirds of perpetrators against children met their victims in private residential locations. Only 4% met them in child-dense public locations. However, in the sample of child sex offenders, where only 3.7% re-offended, they were more likely to do so in a public, child-populated arena. Research into incidents of sexual violence reported to the police in the US over a five year period by Budd, Mancini

and Biene (2019) found that it is adults who are most likely to be the victims of sex offences in public spaces such as parks rather than children. This suggests that geographical limitations in public places may not be effective as primary prevention strategies against child sexual abuse and exploitation. Regulating known offenders is discussed later in the section on preventing re-offending.

EARLY HELP FOR SEX OFFENDERS IN THE COMMUNITY: Reaching out to undetected or potential sex offenders in the community to prevent offending is an example of a primary prevention strategy that has been used in HICs and is now developing in countries in the global south. This is a strategy that blurs with providing early help and treatment for offenders who have already sexually abused children but who might not have come to the attention of authorities. Providing help for sex offenders should not replace law enforcement, justice and protection of child victims, however intervening to stop violence before it occurs may be a better strategy than waiting for it to happen. The research evidence on what works in this area is very slim. ***Stop It Now!*** is an organisation that originated in the USA but has since rolled out to Australia, Canada, Ireland, the Netherlands and the United Kingdom. It provides a helpline for adults concerned about somebody else's or their own behaviour or sexual feelings towards children and as such is an example of an early identification approach for potential offenders in the community. The purpose of ***Stop It Now!*** is to offer an early response to those likely to commit an offence to prevent this happening and to provide an accessible service for sexual offenders who call the helpline because they want to stop. An evaluation of the programme in the UK, Ireland and Netherlands found actual and potential child sexual offenders are willing to make contact so the approach is effective in reaching some offenders (Brown et al, 2014; Van Horn et al, 2015). Advice provided by the helpline follows the ***Good Lives Model*** of working with sexual offenders (Ward & Brown 2004) in which the motivations of callers are addressed and they are encouraged, through agreed actions, to develop a life in which their human needs are met positively and children are not sexually abused. Qualitative feedback from interviews with 112 helpline users was said to be 'overwhelmingly positive' with reports made of increased knowledge of protective behaviours that may aid desistance from child sexual offending.

Similar results that previously unknown offenders will come forward for treatment were found in Germany from the *Dunkelfeld* programme. This provides early therapeutic help to prevent offending among previously undetected offenders. Evaluations for the volunteers to the one year treatment programme showed uneven impact on offending behaviour. Five of the 25 sexual abuse offenders and 29 of the 32 online abusive image offenders continued offending while on the programme, and none of the offending came to the attention of authorities. This raises ethical issues about confidentiality for undetected offenders and concerns that while on the group programme men may learn to adopt online child abusive behaviours. The evaluators of the programme concluded that further research is needed to determine which

unidentified offenders may be most effectively deterred (Beier et al, 2015). Following a feasibility study in 2017, the Dunkelfeld program has been adapted for implementation in India although as yet there is no evaluation of outcomes (see http://www.pppsv.org/treatment/).

HEALTH SECTOR PRIMARY PREVENTION RESPONSES

Integrated health responses have been developing worldwide to respond to violence against women and girls, including sexual violence (Ellsberg and Arcas, 2001). There are different models of integrated health services in LMICs such as the integration of gender-based violence/ violence against women services into reproductive health services (Watts and Mayhew, 2004), or cross-sectoral collaborations between the health sector and the police (Keesbury et al. 2009) and increasingly a joining of gender-based violence with preventing violence against children (Ligiero et al, 2019; WHO, 2019a). These services primarily address protection responses and play an active role in identification, support and referral. Primary prevention, however, has played a small part in the wider health strategies for responding to sexual violence. In LMICs there are HIV health prevention initiatives that have included the prevention of early sexual debut, and these are relevant to sexual abuse prevention given the increased risks of sexual abuse among younger girls by intimate partners or by boys and men that they know. Health services have been involved in the delivery of primary prevention programmes targeting parents and these are discussed later in this section.

EDUCATION SECTOR PRIMARY PREVENTION RESPONSES

Schools are among the priority areas for violence prevention activities under the INSPIRE programme (WHO, 2016a). A range of different primary prevention programmes have been delivered in educational settings from pre-school nursery provision through to elementary, secondary and higher education. These programmes target different groups aiming to prevent victimisation, or sex offending or both. Primary prevention in education can be grouped under the following headings: sex education to reduce risky sex; teaching children self protection; partner abuse & sexual violence prevention; whole school approaches.

SEX EDUCATION AND PREVENTING RISKY SEX: Schools are an efficient way to reach children and young people and their families although they can only reach children who attend school. Religious and cultural beliefs may make sex education difficult to deliver in some contexts. Schools have nonetheless taken a proactive role in preventing HIV and AIDs by introducing reproductive health classes into the curriculum, many of which also address the related issues of consent and gender equality (discussed further below). In HICs, school-based sex education classes are increasingly being seen as a vehicle for delivering messages on sexual violence and safe relationships (Radford et al, 2017b). A systematic review of sex education in LMICs found that 9 out of 63 studies included focused on abstinence and were ineffective. The comprehensive sex education programmes were found to be effective in improving knowledge about

safe sex, condom use and risky sexual behaviour such as multiple partners and early sexual debut (Fonner et al, 2014). Education programmes involving a range of school-based and community-based components had the largest impact on changing HIV-related behaviours. A systematic review of the community based HIV prevention programme *Stepping Stones* (Skevington et al, 2013) found seven studies with mixed results and measures of impact on both gender inequity, risk reduction and HIV. Only one study assessed and found a decline in reports of transactional sex (Jewkes, 2007).

TEACHING CHILDREN TO PROTECT THEMSELVES: There are a large number of evaluations and systematic reviews of child sexual abuse-specific school-based prevention programmes that aim to teach pre-school and school aged children and adolescents, in HICs and LMICs regions, skills to be safe from sexual abuse (Baker et al, 2013; Brenick et al, 2014; Bustamante et al, 2019; Citak et al, 2018; Czerwinski et al, 2018; Dake, Price & Murnan, 2003; Daigenault, Herbert & Tourigny, 2007; Fryda & Hulme, 2015; Gibson & Leitenberg, 2000; Holloway & Pulido, 2018; Irmak et al, 2018; Jin et al, 2017; Kenny, Wurtele & Alonso, 2012; Krahe & Knappett, 2009; MacIntyre & Carr, 1999; Moreno et al, 2014; Muller et al, 2014; Pitts, 2015; Pulido et al, 2015; Tutty, 2014; Walsh et al, 2015; Weatherley et al, 2012; Wood & Archbold, 2015; Zwi et al, 2009). Most of these programmes focus on improving children's knowledge about body parts, safe and un-safe touch. They also address boundaries in relationships, where to turn for help they address wider and related issues such as negotiating safe relationships and increasingly child sexual abuse prevention is being included in broader programmes on all forms of violence against children. The evaluations and systematic reviews show that these prevention programmes improve children's awareness (Tutty 1997; Zwi et al. 2009) and can sometimes promote disclosure (MacIntyre & Carr, 1999). Some have found that children exhibit less self-blame if they are victimized later (Finkelhor et al. 1995). Some have cautioned, however, that the gains made by children are small and that for some children they are negligible (Tutty, 1997). A key concern with these programmes is whether or not they may have adverse consequences for children such as causing fear or nightmares. A Cochrane review by Walsh et al. (2015) found no evidence of adverse impacts. Retrospective survey research in the US where these programmes have been widespread found little impact on community rates of sexual victimisation. Finkelhor, Asdigian and Dziuba-Leatherman (1995) conducted a telephone interview survey with 2000 randomly selected children and their caregivers to compare outcomes for children who received a prevention programme in school (67%, 37% in past year) with those who had not received a programme. They assessed knowledge, disclosure and the use of self protective behaviours. Children who received comprehensive prevention education performed better on knowledge about sexual victimisation, were more likely to use recommended self protection strategies and more likely to feel successful in self protection. They were not able to limit the seriousness of the assault and for sexual assaults injuries were worse. Programmes

that included comprehensive parental education however did help limit the seriousness of assaults. A later survey involving 3,391 children aged 5 to 17 years (parent proxy reports for children aged 5 to 10 years) by Finkelhor et al (2014c) found only 21% of children had ever had a child sexual abuse prevention programme. There were no statistically significant associations found between experiences of sexual abuse in childhood and participation in prevention programmes and no changes were found in disclosures. Gibson and Leitenberg (2000) surveyed university students retrospectively and similarly found there were no differences in the childhood disclosure rates for those exposed to prevention programmes and the non-exposed.

Smallbone and McKillop (2015) note that a limitation in the overall philosophy of prevention programmes that teach children to stay safe is that no similar expectations are made that children should be taught to prevent adults from mistreating them in other ways, by for example physically abusing or neglecting them. The 'resistance training' emphasis of child sexual abuse prevention in education should be replaced with a developmental prevention approach, guided by a 'resilience building' model that targets evidence-based individual (e.g. low confidence, loneliness) and family vulnerability factors (e.g. insecure attachments, domestic violence and so on). (This is the approach often taken in the life skills and empowerment approaches in low resource settings discussed in detail later).

ONLINE ABUSE SCHOOL-BASED PREVENTION PROGRAMMES: There are also school-based programmes aiming to educate children, parents and teachers about the dangers posed by sex offenders in cyberspace. Such programmes are now routinely delivered to secondary school children in the United Kingdom, other countries such as the Canada, New Zealand and the United States and Brazil (Davidson and Martellozzo 2008; Ligiero et al, 2019; Ospina et al. 2010). In HICs, a number of these programmes are designed and delivered by law enforcement agencies but targeted at children in school. Early evaluations of some of these programmes found they can help increase knowledge about online safety. The Safer Surfing programme in the United Kingdom, for example, was modelled on 'Netsmartz', an American programme developed by the Internet Crimes Against Children (ICAC) Taskforce.[5] A pre- and post-test evaluation that also used a comparison group of children who had not yet received the Safer Surfing programme showed that children made significant improvements in knowledge about safety and the dangers of chat rooms. The evaluation concluded that children receiving the programme had learned key programme messages and were able to discuss safety strategies (Davidson and Martellozzo, 2008).

Another school-based programme is the CEOP Command's ThinkuKnow (TUK) Internet safety programme in the United Kingdom. In 2011 there were 70,000 professionals registered with the site. At the publication of the 2011 Annual Report (CEOP Command 2011), the

5 Fordescription of the ICAC, see <https://www.icactaskforce.org/Pages/Home.aspx>.

programme had been viewed over 8 million times by children in the country. The evaluation surveyed 1,718 children nationally aged 11–16 years old and undertook focus groups with 84 children to explore their online behaviour prior to the intervention and its impact. Many reported having engaged in high-risk behaviour online and one in five reported sharing their full name, where they go to school and photos of themselves. The survey found that 48 per cent appeared willing to have some sort of interaction in the future with 'strangers' – receiving messages or adding them to their social networking friends' group – irrespective of whether they have received online safety advice or not. Importantly, this evaluation suggests that messages need to be child-oriented and not adult-oriented. Messages to children should explain the problems that can arise from interacting with people online as opposed to simplistic messages that merely tell children what 'not' to do (Davidson et al. 2009; UNICEF Innocenti Research Centre, 2011). Thus, while it can be seen that initiatives such as ThinkUKnow are good at gaining direct access to children and adolescents and alerting them to Internet dangers, long-term impacts are less clear. Both evaluations mentioned above used very different methodologies, making comparisons and conclusions difficult. Further research is needed to show if increased knowledge leads to reduced risks and experiences of victimisation.

It is also not clear whether the findings are relevant in LMICs, although there are similar examples of school-based programmes, for example, SaferNet Brasil (UNICEF Innocenti Research, 2011). Capacities to deliver these programmes on the scale of HICs will be different, given that it is often voluntary organisations with few resources implementing them. Given that the distinction between online and offline communication is increasingly blurred, prevention programmes that target both online and offline safety are more relevant for children's experiences (Gewitz & Finkelhor, 2020).

SELF PROTECTION WITH ADOLESCENT GIRLS – EMPOWERMENT AND SELF-DEFENSE: Self defense for rape survivors was one of the services rape crisis centres initially provided in the 1970s although this is an area of violence prevention that has been under researched until relatively recently (Kelly & Sharp-Jeffs, 2016). There are studies that have found that self defense programmes that teach adult women to verbally and physically defend themselves increase women's confidence and self efficacy and reduce rates of rape and other sexual victimisations (Hollander, 2014; Senn et al, 2015). No evaluation studies were found in HICs on self defense against sexual violence for girls under the age of 18. Empowerment and self defense (ESD) programmes for adolescent girls, including those aged under 18, as developed by the US NGO *No Means No Worldwide,* have been established and evaluated in Kenya (Decker et al, 2018) and Malawi (Sinclair et al, 2013; Sarnquist et al, 2014; Baiocchi et al, 2016) and have found reductions in self-reported sexual violence (measured as being forced against your will to have sex). The programmes delivered over 6 weeks in schools or informal community settings teach girls

empowerment, de-escalation and self defense skills. The evaluations include cluster RCTs of the IMPower ESD programme developed in context by *No Means No Worldwide* in Kenya (Baiocchi et al, 2016) and in Malawi (Decker et al, 2018). Both evaluations with large samples (141 schools covering 5199 primary school children and 1455 secondary school children in Malawi, 28 schools covering 5686 girls aged 10 -16 in Kenya) found reduced past year sexual assault prevalence among students exposed to IMPower compared with those in the control groups. Girls in intervention groups said since taking the programme they had used skills to stop sexual assaults. In Kenya 35% of girls in the intervention group reported having used skills to stop a sexual assault, 37% used verbal defense skills only, 23% physical defense skills only, 40% both verbal and physical skills (Baiocchi et al, 2016). In Malawi, 43% of girls within the intervention group said that they had used skills to stop forced sex since IMPower ESD training. Of the girls that used the skills, 49% used verbal defense skills only, 13% used physical defense skills only, and 38% used a combination of verbal and physical skills (Decker et al, 2018). The programme evaluations also show improvements in the girls' levels of confidence and self efficacy after exposure to IMPower. Parallel programmes for boys to run alongside the ESD programmes for girls have been developed in Malawi (50:50 programme) and in Kenya (*Your Moment of Truth*). The boys programmes aim to address negative attitudes towards women and equip boys with skills to intervene against gender based violence. The quasi experimental evaluation of *Your Moment of Truth* (YMOT) in Kenya found the group exposed to the programme were more likely than the control group to intervene successfully when they witnessed physical or sexually assaultive behaviour. At nine month follow up 79% successfully intervened in YMOT group compared with 26% in the control group (Keller et al, 2017). As full anonymity was given to children and young people who completed the self report surveys for these studies, it was not possible to analyse change at the level of individual children.

DATING, RAPE AND INTERPERSONAL VIOLENCE SCHOOL-BASED PREVENTION PROGRAMMES: Other school-based interventions such as dating violence programmes aim to address gender norms and equality early in life, before gender stereotypes become deeply ingrained in children and youth (WHO, 2010). Some systematic reviews of these programmes conclude that these programmes show changes in attitudes but little evidence of impact on behaviour (Fellmeth et al. 2013; Fryda & Hulme, 2015; Ricardo et al. 2011). Looking at 140 programmes and policy to prevent perpetration of sexual violence, DeGue et al (2014) found only two primary prevention programmes (*Safe Dates and Shifting Boundaries*, discussed later) had positive evidence of impact. Some of these programmes have been tested in HICs with very good results (Ball et al. 2009; Wolfe et al. 2009). Dating violence prevention programmes have been found to be more effective if they are interactive (Heppner et al. 1995); are delivered over multiple sessions rather than in a single session (Anderson and Whitson, 2005; Brecklin and Forde, 2001); use local data on sexual violence and culturally-specific

and relevant information in the curriculum (Heppner et al. 1999) and aim to change attitudes rather than just provide information to young people (Stanley et al, 2015). There is also some evidence that these programmes may be more effective for men if delivered in single-gendered groups (Brecklin and Forde, 2001; Colombini et al. 2008).

The *Safe Dates* programme (Foshee et al. 1998; 2000; 2004) in particular has been identified across a number of reviews as an example of good practice because it has been rigorously evaluated through an experimental design, showed positive impacts on attitudes and behaviours and has been formalized, allowing it to be rolled-out by external parties (WHO, 2010). *Safe Dates* is a multi-component prevention programme designed for middle and high school students. It aims to challenge violence-supportive norms; increase students' help-seeking knowledge and behaviours; enhance healthy relationships skills; and reduce physical and sexual abuse perpetration and victimisation in dating relationships. The evaluation studies found reductions in physical violence, psychological abuse and sexual abuse for up to four years after completion of the programme. The programme was designated as a Model Program by the Substance Abuse and Mental Health Services Administration, and in 2006 it was selected for the National Registry of Evidence-based Programs and Practices (NREPP) in the United States.[6]

In the US outcomes for school children (aged 11 to 14) exposed to a multi-component dating violence prevention programme *Dating Matters*, were compared with outcomes for children exposed to *Safe Dates* by itself. *Dating Matters* aims to address unhealthy relationship behaviours and reduce the risks of gender-based violence by delivering a multi component programme for children of different ages, parents, teachers and school staff. Forty six schools in low income and high risk areas were randomly assigned to receive the intervention, *Dating Matters,* or the control/standard condition *Safe Dates.* Both programmes were delivered in the schools for four consecutive years, those providing *Safe Dates* alone delivering the programme to children just in grade 8 each year, while *Dating Matters* was delivered each year for grades 6, 7 and 8. Self report measures of 'dating violence' (covering physical and sexual violence) were used to assess prevalence at different time points and across the two groups. Risks of perpetration and victimisation were found to be significantly lower in the groups exposed to *Dating Matters* compared with those exposed only to *Safe Dates* (Niolon et al, 2019).

The majority of evaluated school programmes for dating violence have been conducted in the United States and other HICs and evidence on these programmes in LMICs remains limited (Know Violence, 2017) although initiatives such as *Safe Dates* have been implemented in LMICs (Ricardo et al. 2011). Studies of behavioural change which aim to encourage men and boys to challenge norms that support gender-based violence, as in bystander programmes, show limited findings regards sexual violence prevention (Miller et al, 2012; Jouriles et al, 2019).

6 See http://www.nrepp.samhsa.gov/.

WHOLE-SCHOOL APPROACHES TO SEXUAL VIOLENCE PREVENTION: These types of programmes aimed at children and young people in their school environments appear to be promising in tackling peer to peer sexual and physical victimisation, although sexual abuse and exploitation in schools is not perpetrated only by adolescents. Studies such as the CDC/Together for Girls/UNICEF Violence Against Children and Youth surveys and reviews in HICs and LMICs have identified significant levels of sexual violence in schools (Antonowicz, 2010; CERT and DevTech Systems, 2008; Ligiero et al, 2019). Sexual abuse/harassment by educators is widespread in many parts of the world (Antonowicz, 2010). School environments are not always safe, and it was observed some time ago that in some countries this has led to a reduction in girls' school enrolment (Bott, Morrison et al. 2005). For example, it was observed several years ago that parents' fears about their daughters' safety contributed to reduced school attendance in South Asia and sub-Saharan Africa (Mensch and Lloyd, 1998; Sathar and Lloyd, 1993). In response to this, wider strategies for change have been developed to include training and awareness-raising for educators and staff; improvement of school infrastructure to increase girls' safety; school-based counselling and referrals; development and implementation of codes of conduct; and school-based education for students on sexual violence (Antonowicz, 2010; Bott, Morrison et al. 2005). Whole school approaches for addressing gender-based violence are developing worldwide. Such approaches aim to challenge entrenched attitudes that support gender inequality and violence (including sexual violence) in school cultures, targeting not only students but staff and management as well.

SHIFTING BOUNDARIES combines gender violence education with hot spot and situational crime prevention, interventions with perpetrators and providing resources for young people who experience victimisation in schools (Taylor et al, 2013). The curriculum for the classroom programme focuses on the legal consequences of dating violence, gender equity and healthy relationships and is supported by a building-based intervention where students and teachers identify "hot spots" where violence and harassment are often perpetrated and increase adult supervision in these places. The building-based interventions also allow for students to receive temporary restraining orders (called respecting boundaries agreements) and include posting signs about sexual harassment (Taylor et al., 2013). In a cluster-randomized trial with 20 schools and more than 2,500 students, schools were randomly assigned to receive the building and classroom programme, the classroom programme alone, the building intervention alone, or neither. Students who were exposed to both the classroom-based and building-based interventions reported lower incidence of sexual harassment and sexual violence perpetration and victimisation. The building-based intervention alone was also effective at reducing sexual harassment perpetration and victimisation and sexual violence perpetration (but not victimisation); the classroom-based intervention alone was not effective at reducing violence or harassment (Taylor et al., 2013). A subsequent RCT found the programme to be

effective for primary and secondary prevention with boys and girls (Taylor, Mumford & Stein, 2015). However, a higher level of saturation for programme delivery (not limiting the curriculum to just one school grade) led to reduced rates of sexual harassment (Taylor, Mumford & Stein, 2017).

Other whole school, approaches have included training teachers to change their attitudes and prevent teacher-pupil sexual abuse. There are promising findings from whole school violence prevention programmes such as the *Good Schools Toolkit,* trialled in Uganda (Devries et al, 2015; 2017). The evaluation found significant reductions in overall violence in the past week and the past term for boys and girls in the intervention group, with larger changes for boys observed. The findings on preventing sexual violence however are rather limited due to lower rates of reporting these experiences at baseline and at end of study.

SOCIAL WELFARE & CHILD PROTECTION SERVICE PRIMARY PREVENTION

SOCIAL SAFETY NETS AND ECONOMIC STRENGTHENING: Social safety nets (SSNs) aim to address poverty and gender inequalities through economic strengthening. There are a variety of different approaches from microfinance payments such as small loans, conditional or unconditional cash transfers, payments in kind such as livestock or resources to set up a business, public works or vouchers or fee waivers (Peterman et al, 2017). The schemes are often combined with community based vocational and life skills training. The majority of these schemes have targeted adult women (e.g. De Walque et al, 2012), some including girls from the age of 15 years, and primarily aim to address gender inequity, with some including prevention of intimate partner abuse. Micro finance has been found to have positive outcomes for preventing/reducing levels of intimate partner victimisation for adult women in Guatemala (Cepeda, Lacalle-Calderon & Torralba, 2017). Cash transfer programmes provide money to ease poverty as well as, for example, increase school attendance or help prevent children being separated from families and becoming institutionalized as a result of poverty. However, few of these programmes specifically address child sexual abuse or exploitation although a study of 10 to 18 year old boys and girls in receipt of state child focused cash transfer schemes in South Africa found reduced rates of engagement in transactional sex for girls (Cluver et al, 2013a) and receipt of school fees was found in another study to reduce risky sexual behaviour in girls (Baird et al, 2010). Girls who are missing from school and do not have parental support may be vulnerable to unsafe work, including sexual exploitation (UNAIDS, 2004). Thus, a number of programmes have been established that approach prevention by responding to the poverty and economic and gender inequalities experienced by adolescents (Sewall-Menon and Bruce, 2012).

An RCT evaluating Malawi's *Zomba Cash Transfer Programme* targeting girls, including those who had dropped out of school, with cash and school fees to encourage school attendance (Baird et al, 2010), found

girls who received the conditional cash transfer (CCT) had increased school enrolment and attendance, showed a decline in early marriage, teen pregnancy and self-reported sexual activity and sexually risky behaviour 1 year after the programme. No data was collected on whether the CCT reduced levels of sexual victimisation so the impact was on associated risk factors only. A quasi-experimental evaluation of an economic asset strengthening programme targeting girls aged 10 to 19 years in Uganda (Austrian & Muthengi, 2014) compared outcomes for girls in three groups: 1. those who received the full intervention with the four components of safe spaces group meetings, reproductive health education, financial education and savings accounts; 2. those who received only the savings account; 3. a comparison group who received no intervention. The full intervention was associated with improvement in girls' health and economic assets but not in reported rates of sexual harassment. Girls who only had a savings account increased their economic assets but were more likely to have been sexually touched and harassed by men. This suggests that economic asset building on its own, without the protection afforded by strengthening social assets, including social networks and reproductive health knowledge, can leave vulnerable girls at increased risk of sexual violence. Peterman et al (2017) reviewed the impact of SSNs in LMICS on childhood violence, including sexual abuse and exploitation. Results from this study also indicate that SSNs are not standalone solutions for violence prevention but within integrated protection systems they have potential to reduce the risks of violence, including risks associated with child sexual abuse and exploitation. Other than partner abuse in adolescent relationships, we have been unable to find any studies assessing the impact of SSNs in preventing the sexual abuse of younger, pre-adolescent children.

COMBINED GENDER EQUITY, ECONOMIC EMPOWERMENT AND SKILLS: An evaluation of the gender equity HIV prevention programme *Stepping Stones* (discussed earlier) combined with economic empowerment in the *Creating Futures* programme found significant improvements in the monthly income of males and females and a decline in intimate partner victimisation reports for women from 30.3% to 18.9% (Jewkes et al, 2014). The programme evaluation involved adults (232 young adults aged 18-30 years) so it cannot be assumed the impact would be the same for adolescents. A later RCT reported by Gibbs and Bishop (2019) involving 677 women and 674 men involved in *Creating Futures* in South Africa found men's perpetration of partner violence and non-partner sexual violence dropped from 27% reporting at baseline to 22% at follow up after the programme end. No declines in victimisation were reported in this study by women. Three other combined gender equity and economic empowerment programmes were also evaluated by Gibbs and Bishop in Afghanistan, Nepal and Tajikistan to assess the impact of these programmes if adapted and implemented across different national and cultural contexts. The RCTs for all four programmes (Creating Futures in South Africa, *Women for Women International (WfWI)* in Afghanistan, *Sammanit Jeevan (Living with Dignity)* in Nepal and *Zindagii Shoista (Living with Dignity)* in Tajikistan) found positive impact from

all programmes on economic strengths. Findings on IPV and sexual violence were however mixed. In Afghanistan women involved in the *WfWI* programme reported no subsequent decline in IPV. However, a sub group of women involved in the programme who had moderate food insecurity at baseline showed a 44% decline in IPV after the programme. In Nepal, women who received the *Sammanit Jeevan (Living with Dignity)* programme subsequently reported a decline in IPV physical violence from 10% to 4% but an increase in self-reported sexual violence at endline. The evaluators suggest this may be because the programme broke the silence on sexual violence and women were as a result more likely to report these experiences. In Tajikistan, the *Zindagii Shoista (Living with Dignity)* programme brought significant reductions in women's experiences of emotional, physical and sexual IPV which were retained at follow up 30 months after the programme end. Men perpetrating IPV declined from 48% at baseline to 5% at the end of the programme, with a slight rise to 8% at 30 months. The findings from this study are encouraging and highlight the importance of careful monitoring of factors in different contexts that can influence a programme's intended outcomes. All four programmes however involved only married or previously married women and girls above the age of 15 years and male partners over the age of 18 years.

In Tanzania, the World Education's *Together to End Violence Against Women (TEVAW)* programme combines savings and lendings groups for vulnerable families (known as LIMCA groups) with gender equity and empowerment training on business skills, literacy, IPV, and HIV prevention. An RCT evaluation tested the direct impact on women and their male partners. All women received the full LIMCA programme but partners received one of the following three options: 1. Participation in male peer group workshops to explore gender norms, IPV and HIV prevention; 2. Training community leaders to facilitate dialogues with male partners about these issues; 3. No specific intervention. No statistically significant impact of partner involvement was found for the women on the LIMCA programme. Men in groups 1 and 2 had lower odds of perpetrating IPV suggesting that involving men and community members in gender equity programmes may be promising and worthy of additional research (Messersmith et al, 2017).

Further evaluations that specifically disaggregate data on the impact of these gender equity programmes on adolescent girls and boys would be helpful.

ADOLESCENT LIFE SKILLS AND EMPOWERMENT: The Empowerment and Livelihood for Adolescents project (ELA) was set up initially by BRAC in 2003, a development organisation which has been involved in microfinance activities in rural areas since 1974. It has reached over 290,000 young people worldwide and is running in six countries - Bangladesh, Uganda, Tanzania, Sierra Leone, South Sudan and Liberia. ELA programmes combine microfinance and life skills training. In Uganda the ELA programme targets adolescent girls and young women aged 13 to 21, especially those who are out of school. It aims to reduce risky behaviour and improve girls' health

and wellbeing by socially and financially empowering them, providing them with a safe space to socialise, receive mentoring and life skills training. Like many projects targeting adolescent girls in African countries, it has been greatly influenced by the need to reduce levels of HIV and Aids, and as a result has addressed sexual health, teenage pregnancy and experiences of forced sexual intercourse. ELA projects vary according to context but generally have three components: creating safe spaces close to the home, where adolescents can discuss problems with their peers in small groups and build their social networks, away from the pressures of family and male-centred society; health education, life skills and confidence building; and economic empowerment via livelihood training, microfinancing and help to become self supporting. A randomised control trial in Uganda (Bandiera et al, 2012; 2018) tracked 4,800 girls over two years, comparing outcomes for girls in 100 communities randomly assigned to receive the ELA programme with outcomes for girls in 50 control communities without the ELA programme. At the time the Uganda ELA programme had no microfinance scheme. Relative to adolescent girls in the control communities, the combined intervention of simultaneously providing vocational training and information on sex, reproduction and marriage, showed that two years later girls had a 72 per cent increased likelihood of engaging in income generating activities, driven by increased self-employment. Girls also had a 41 per cent increase in monthly spending on consumption. There was a 26 per cent decline in teenage pregnancies and a decline in girls reporting having had unwilling sex from 14 per cent to 8 per cent (Bandiera et al, 2012).

PRIMARY PREVENTION AND THE PRIVATE SECTOR

CODE OF CONDUCT IN TRAVEL AND TOURISM: In the private sector, the travel and tourism sub-sectors have taken the lead on preventing child sexual exploitation and were well represented at the First World Congress on Child Sexual Exploitation (ECPAT, 2009). The international travel and tourism industry has concentrated efforts on educating members on child sexual exploitation and offering them guidance on how they can contribute to its prevention and eradication. Codes of conduct and charters have been key strategies for regulating this industry. Umbrella organisations have developed in this sector and established charters to control and regulate membership. For example, the Universal Federation of Travel Agents' Associations (UFTAA) developed a Child and Travel Agents' Charter that includes a feature requiring members to assist organisations that provide recovery support to victims of sexual exploitation. Efforts to prevent sexual exploitation in the tourism sector have led to the development of the Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism[7] (UNICEF, 2016). The Code is an instrument for self-regulation and corporate social responsibility, which is intended to provide increased protection from sexual exploitation in travel and tourism.

In 2003, the Federation of Tour Operators (FTO) formed a Responsible Tourism Committee, which signed a "Statement of Commitment" to initiate responsible tourism practices

7 See http://www.thecode.org/

and to support and help ECPAT in developing guidelines for tour operators. Regional action has also been evidenced. For example, the Group of National Travel Agents and Tour Operators Association in the European Union (ECTAA) passed a "Declaration against Child Sex Tourism" in which groups committed themselves to excluding "without delay" any member proven to be engaged in sexual exploitation of children in travel and tourism. As noted earlier, UNICEF was instrumental in supporting the development and implementation of the Regional Declaration for Central America and the Dominican Republic, and corresponding Plan of Action (UNICEF 2005a) in eight countries in the region to prevent sexual exploitation of children in the travel and tourism sector (UNICEF TACRO 2005).

Charters and resolutions are clearly positive steps in the effort to tackle child sexual exploitation. They have been described as the closest form of law in the workplace in some low-income countries (Baker, 2005). However, a key disadvantage is that they are voluntary in nature and members may well ignore the resolution. Some commentators have noted that the implementation of the Code of Conduct mentioned above (and adapted codes in some countries) are deficient in that they are not well embedded into company policies, guidelines or audits (Köpke ,2005) and monitoring systems are not well developed or even utilized. Monitoring voluntary codes such as this can be particularly challenging, especially when they sit outside of government control. Some governments, such as Costa Rica, have included compliance with the Code within licensing of tourist operators (UNICEF, 2016).

Researchers from UNICEF (2012b) reviewed the impact of the Code via a literature review and case studies of implementation and impact in Costa Rica, Thailand and the Netherlands. There was generally positive feedback from the case studies but the poor definition of outcomes in all three countries made it difficult to assess any change. No evidence could be found on the impact of the Code on child sexual exploitation in tourism. A later publication on child sexual exploitation and travel and tourism for UNICEF comprehensively reviews the commitments made by nation states and the private sector but similarly found a shortage of research on the impact (UNICEF, 2016). The report recommends that responses should focus more on primary prevention, be integrated into broader national child sexual abuse and exploitation strategies and aim to address the risks and drivers of child sexual exploitation (going beyond reactive and situational initiatives). The urgent need for research on impact is also noted.

National and international efforts to respond to the sexual exploitation of children in travel and tourism have been reviewed by the non-governmental organisation ECPAT International (Hawke & Raphael, 2016). The report found law enforcement agencies such as Interpol observing an increase in rates of sexual exploitation of children in travel and tourism, a decline in national action plans that specifically address this problem and a very low rate of convictions for sexual offenders who travel for the purpose of sexual exploitation. Few countries are able to show how many of their nationals are involved in these crimes. The British and Dutch law enforcement agencies are noted for the efforts to

track and provide data on the sexual exploitation of children in travel and tourism relating to their own nationals. Child Protection Certificates developed in both countries enable police checks on nationals seeking work in schools, charities and other facilities serving children and young people in other countries. To support these efforts ECPAT call for further preventive awareness raising (discussed in more detail below) and a strong industry focus on strengthening implementation of the Code of Ethics in travel and tourism. However, as the nature of the sexual exploitation of children in travel and tourism has changed, it is proposed that a wider, more comprehensive definition is required to address the fact that those who sexually exploit children in this way are not only wealthy Western tourists but also business travellers, expatriates, volunteers and pseudo carers who travel abroad and regionally. The proposed definition is *acts of sexual exploitation of children embedded in the context of travel, tourism or both* (Hawke & Raphael, 2016).

PRIVATE SECTOR & ONLINE ABUSE PREVENTION: There are examples of cooperation between Internet service providers (ISPs), the online payments industry and other private sector stakeholders to track child sex abusers and to close down channels to this type of crime – for example, the Financial Coalition against Child Pornography, set up by the National Center for Missing and Exploited Children in the United States and supported by banks and other institutions, among others. Microsoft has also partnered with law enforcement agencies and ISPs in various countries to develop initiatives to stop child sexual exploitation over the Internet (UNICEF Innocenti Research Centre 2011).

Primary prevention: Community level interventions

Well-evaluated prevention efforts aimed at changing norms and attitudes of individuals in communities towards child sexual abuse and exploitation are minimal. There are community-level gender based violence prevention programmes such as *SASA!* with evidence to show these programmes are effective in changing knowledge, attitudes and behaviour as well as promising for reducing child exposure to domestic violence (Kyegombe et al, 2014 & 2015) but the impact of these programmes on childhood sexual violence is unknown. Examples of community based primary prevention programmes that cover child sexual abuse prevention include the *White Ribbon Campaign* which operates in some HICs and some LMICs and engages men and boys in community work and education programmes to end violence against women (White Ribbon Campaign Namibia, 2009) and prevention programmes such as the Rotherham city wide community education programme initiated by the UK children's NGO Barnardo's. There has been a mixed methods evaluation of the Rotherham programme which drew data from interviews, training evaluation forms and case documents (McNeish et al, 2019). The programme was said to be well received in schools. The outcomes for vulnerable children targeted by the programme were said to show improvements for the majority of children. However, the evaluation included no tests on statistical significance for outcome findings.

Primary prevention: Child, family and relationships

Parents and caregivers play an important part in safeguarding children. Parenting programmes are varied and well established in high income countries. They may be led by a range of different sectors with health sector responses involving nurses and community health practitioners tending to dominate although NGOs have also pioneered many services. To simplify the discussion all parenting focused interventions, regardless of lead sector/agency, are discussed in this section together.

There is extensive literature on parenting and early intervention to promote child wellbeing and to prevent child abuse and neglect (Wessells et al, 2013). Much of the literature has focused on parenting and supporting parents in the important task of raising physically and emotionally healthy children, able to achieve their full potential in adult life. Early intervention approaches often promote the preventative targeting of support for parents whose children are likely to be vulnerable because of poverty or other family and environmental adversities (Dodge & Lambelet-Coleman, 2009). The evidence on primary prevention of child sexual abuse and exploitation from this literature is limited as impact specifically on sexual violence has not often been assessed. Child sexual abuse and sexual exploitation covers a range of different types of offences and, unlike child abuse or neglect in the family, the main offenders are not necessarily parents and caregivers but include known and previously 'unknown'/unacquainted adult and peer offenders, and 'boyfriends'. Nonetheless there are important aspects of the public health targeting of support to address family and environmental risks and vulnerabilities, shown to be effective in preventing child maltreatment, that are likely to be equally important in preventative work for child sexual abuse.

PARENTING SUPPORT & HOME VISITATION: Parenting support and home visitation programmes are recommended as effective strategies to prevent violence against children as part of the INSPIRE package of evidence based strategies (WHO, 2016a). Although there is substantial research on home visitation and parenting support (Mejdoubi et al, 2015; Olds, 1986 & 1997), data on the impact of these programmes on reducing or preventing child sexual abuse is limited (Desai et al, 2017; Know Violence, 2017). Reviews of the evidence suggest that parenting programmes appear to have a positive effect on risk factors or proxy measures associated with child maltreatment, such as maternal psychosocial health and parental perceptions about harsh parenting practices and thus may contribute indirectly to preventing child sexual abuse and exploitation. The Early Head Start (EHS) programme is one of the few parenting programmes which has published evaluation data on child sexual abuse screened from child protection service records. EHS is one of the largest federally-funded parenting support initiatives which in the US. It works with low-income families through pregnancy and through to the child's first three years. Analysis of findings from the randomised controlled

trial of EHS with data from child protection records found that EHS may reduce child maltreatment in this target group. In particular, there was evidence that incidence of physical and sexual abuse was reduced for children on the programmes (Green et al, 2014).

PARENTS AS PROTECTORS: Parent education programmes that address child sexual abuse and gender-based violence – such as the 'Parents/Families Matters! Program' – have been implemented in the United States and eight sub-Saharan African countries (Families Matter! 2014; Forehand et al. 2007; Guilamo Ramos et al, 2004 ; Miller et al. 2010; Miller et al. 2011; Miller et al. 2013) and as part of the package of PEPFAR's DREAMs interventions aiming to prevent HIV/AIDS among adolescent girls. These are community-based, group-level interventions for parents and caregivers of 9–12-years-olds that promote positive parenting practices and effective parent-child communication around issues such as sex, sexuality, sexual risk reduction, HIV prevention, violence and sexual abuse. Pre- and post-test results show that parents significantly increased their knowledge, skills, comfort and confidence in communicating with their adolescents about sexuality and sexual risk reduction (Armistead et al, 2006; Miller et al. 2010; Vandehout et al, 2010; Widman et al, 2016). However the impact of parent communication on actual levels of sexual violence against girls has not been directly assessed.

Primary prevention in humanitarian contexts

Primary prevention is one of the key strategies recommended in humanitarian action against gender based violence in emergencies (UNICEF, 2019). Recommended primary prevention strategies include addressing the underlying risks and drivers of gender-based violence and violence against children, empowering women and girls economically and socially and building safety and resilience. In humanitarian contexts this has also included establishing safe spaces for women and children, distributing dignity kits, conducting safety audits and involving girls and women in community safety planning (UNICEF, 2019).

Research evidence on effective primary prevention strategies remains rather low. A systematic review of sexual violence prevention in conflict zones found only two out of 40 research papers focusing on preventing sexual violence among young people in conflict zones (Spangaro et al 2013a & 2013b).

GENDER BASED VIOLENCE PREVENTION: There are some limited evaluation findings for gender based violence prevention programmes in humanitarian contexts such as camps for displaced people. The Zero Tolerance Village Alliance Intervention was evaluated for the Population Council in refugee camps in Uganda (Undie et al, 2016). The programme aimed to reduce levels of gender based

and sexual violence in the camps, working with men, women and the wider camp community. The evaluation used a simple pre and post design and had no comparison group so further research is needed to test the findings. The programme was found to be effective in moderating negative attitudes and beliefs related to gender based and sexual violence and results indicated positive change in norms. Rates of intimate partner violence and non partner sexual violence were reduced and there was an increase in knowledge about rape and sources of help and support. The programme was less effective in changing negative male attitudes to women's autonomy as sexual partners and less effective at reducing sexual violence from partners. Challenges to implementation identified from the programme were low levels of literacy in camps which made evaluation and information sharing difficult; the need to target women; to address rape related pregnancy; to stimulate demand for post rape care.

The International Rescue Committee has supported evaluations of the COMPASS programme, a gender based violence programme for adolescent girls, in refugee camps in the Democratic Republic of Congo, Pakistan and Ethiopia. This programme includes primary prevention and response activities and to avoid repetition is discussed in the next section (IRC, 2017).

CODES OF CONDUCT: Allegations of sexual violence by peacekeepers and aid workers emerged and attracted media interest from 2001 onwards following reports into sexual abuse and exploitation in refugee communities in Guinea, Liberia and Sierra Leone and abuse by peacekeepers in the Congo (Ndulo, 2009). A code of conduct was established in response to the revelation of extensive sexual exploitation perpetrated by peacekeepers in the Congo (MONUC, 2003). It aims to prevent sexual abuse and exploitation by setting standards for the ethical behaviour of humanitarian workers and adopting a zero-tolerance policy towards any form of abuse or violence. The code applies to all workers, including staff, volunteers, casual labourers, guards and senior managers, and lays out expectations for humanitarian workers and consequences for breaching the code (Levine and Bowden, 2002).

One project was identified that sought to evaluate a Code of Conduct for Humanitarian Workers in Kenya that was developed in 2003. Over a three-year period beginning in 2004, the project – funded by Bureau of Population, Refugee Migration and led by the International Rescue Committee (IRC) Kenya – sought to raise awareness of sexual abuse and exploitation of refugees and to implement an agreed process for investigations of abuse and exploitation. The evaluation found success in the project's aim to deter abuse and exploitation by humanitarian workers, teachers and police, based on evidence of increased confidence among the refugee population in their ability to report incidents and on their increased knowledge of their rights. At the camp level, a reduction in reported cases of sexual abuse and exploitation was found after the campaign. There was also evidence of ownership of the project by refugees, who formed committees of youth, women and community leaders and who continued to

promote messages of prevention after the project ended (Xefina Consulting 2007). This evaluation provides some promising findings regarding the effectiveness of the Code, but importantly highlights the fact that drafting a code in and of itself is not enough. People must be aware of their rights and there must be pathways for complaints and reports to be made for a code to be effective. Further projects – and associated evaluations – will be important to build the evidence base further.

SITUATIONAL PREVENTION: There have been significant efforts to implement situational prevention measures in humanitarian settings to make sexual abuse and exploitation more difficult for perpetrators to achieve. Attention to camp design, layout, security and lighting, for instance, has been found to contribute to a safer environment for women and children in conflict settings. For displaced women and girls in some conflict-affected contexts, collecting firewood or water and visits to marketplaces/ trade routes puts them at particular risk of rape, abduction and murder. Field-tested prevention 'tactics' include, for example, firewood patrols (Anderson, 2010). These were set up in Darfur by the Civilian Police and Ceasefire Committee (CFC) – the African Union protection force – to protect women collecting firewood. Generally, the patrols consisted of two or three large pickup trucks that followed approximately 100–200 metres behind a group of women along a predetermined route to a firewood collection location. The trucks carried a patrol force comprising three to five civilian police personnel up front and six to eight noticeably heavily armed CFC soldiers riding open air in the back of the vehicle. The Women's Commission for Refugee Women and Children reported that the firewood patrols proved highly effective (Bastik et al. 2010), and this strategy has been noted by the United Nations as recommended for keeping women and girls safe (Anderson 2010).

A review of effective field practice has highlighted, however, that these strategies may displace rather than prevent sexual violence (Anderson, 2010). Having good communication and trust between patrollers and camp members can increase effective prevention. The development of 'firewood committees' that include both patrols and camp members allow the discussion of timing, frequency, route/location selection and how the patrols will be carried out, thus managing expectations and increasing the likelihood of effective prevention. Coordination, such as the establishment of joint protection teams that are teams of military and civilian personnel carrying out patrolling tasks, is recommended as crucial in sharing information about patterns of sexual violence in areas of conflict and crisis. A review of peacekeeping activities has also identified 'deterrent' tasks as effective, which include visible presence of patrols (e.g., keeping headlights of vehicles on all night) and the establishment of an alarm system among camp members (e.g., banging on pots) to alert forces to intruders (Anderson, 2010).

REVIEW QUESTION 2:

What is known about effective primary prevention approaches to child sexual abuse and exploitation, online and offline?

There has been a welcome widening of focus of primary prevention from strategies that target individual child risks to include the wider community and contextual factors.

Three types of primary prevention strategies to tackle sexual abuse and exploitation were found: a) those aimed at mobilisation or education to raise awareness and change social norms, attitudes and behaviour; b) situational prevention; and c) prevention combining empowerment with reducing risks and vulnerabilities. It is likely that all three approaches are needed for an effective prevention approach.

Many primary prevention responses do not primarily address child sexual abuse and exploitation but focus instead on parenting, gender-based violence/violence against women and girls, interpersonal/ dating violence or HIV and AIDS prevention.

Primary prevention programmes specifically addressing child sexual abuse for pre-adolescent children are predominantly education based, teaching children about safe and unsafe touches and encouraging them to protect themselves by telling a trusted adult. There are promising findings from research in high and low resource contexts that children's knowledge about safe and unsafe touches and about who to tell improves although there is less evidence that these programmes enable children to disclose or find help or that they are able to use the knowledge to prevent abuse.

Teaching self defense and empowerment skills may be more appropriate for adolescent girls at risk of sexual assaults from peers and boyfriends.

Although plenty of prevention programmes on online safety for children exist, no robust studies were found to show effectiveness and impact. Evaluations of child sexual exploitation primary prevention strategies also appear to be limited.

The distinction between online and offline child sexual abuse and exploitation is increasingly blurred although the online world can provide a safe environment for disinhibited opportunistic offenders. The private sector could play a greater part in the regulation of demand for CSAM and in creating a safe online environment for children and adolescents.

More research and action is needed on the primary prevention of perpetration and on regulating demand.

In general, more effective primary prevention strategies tend to be good quality, involve men and boys or the whole family, have clearly defined outcomes, adopt a holistic theory driven approach that addresses not just individual risks but the socio-ecological context and environment, communities and organisational contexts in which children spend their time.

School based sexual violence prevention programmes could be integrated with broader violence prevention and empowerment programmes. More research is needed on high quality programmes that address children's vulnerabilities to victimisation and sexually harmful behaviour across the whole of childhood.

A) CHANGING ATTITUDES & BEHAVIOURS There are some positive impacts from primary prevention responses on attitudes, knowledge and behaviour for children, young people, parents, men and boys and practitioners. Evidence of reduced victimisation and perpetration relates mostly to preventing 'dating' violence towards adolescent girls.

Effective programmes include:

School based IPV prevention programmes: Impact on self-reported perpetration (physically and sexually aggressive behaviours) was found in HICs for *Safe Dates* (4 years later). A recent multi-site longitudinal RCT in the US found the multi stage, multi component programme *Dating Matters* (which includes *Safe Dates* at grade 8) to be more effective in reducing victimisation and perpetration than *Safe Dates* alone.

Promising programmes include:

STEPPING STONES: IPV & HIV prevention & life skills education for adults and adolescents in LMICS found lower rates of physical and sexual IPV among men 12 and 24 months after intervention, reduction in self-reported transactional sex at 12 months but no change in partner victimisation experiences of women and girls, suggesting that additional strategies are needed to support this approach.

SCHOOL BASED CHILD SEXUAL ABUSE PREVENTION PROGRAMMES: for pre-school and elementary/primary school aged children that teach self-protection skills show improved knowledge and protective behaviours among *some* pre-school and school aged children in HICs and LMICs but there is little evidence of impact on victimisation rates. Positive outcomes are more likely for high quality programmes.

WHOLE SCHOOL VIOLENCE PREVENTION PROGRAMMES: such as *The Good School Toolkit* show positive changes in teacher attitudes towards gender inequality and reductions in overall violence for boys and girls but no significant changes for sexual violence by teachers or peers.

SITUATIONAL PREVENTION

Promising programmes

SITUATIONAL PREVENTION IN SCHOOLS: In the US, evaluation of *Shifting Boundaries* found reduced reports from peers of perpetration of sexual violence and reduced reports from girls of sexual victimisation by peers and partners at 6 months follow up for the building only safety programme.

REDUCING RISKS & VULNERABILITIES

Effective programmes

Home visitation and parenting support can reduce the associated risks of child abuse and neglect. Impact measured by child protection reports to child welfare agencies, parent self-reported perceptions about harsh physical punishment, primary caregiver/mother's warmth towards child. *Early Head Start* in the US shows an impact on reduced reports of child sexual abuse.

Promising programmes

IMPROVING PARENT CHILD COMMUNICATION ABOUT SEXUAL SAFETY: *Parents Matter* in US and *Families Matter* in LMICs were found to improve parent knowledge and willingness to discuss sexual abuse with children but there were no reports from parents on actual increases in communications, or on impact for child protection.

SOCIAL SAFETY NET PROGRAMMES (SSNS): Social safety nets include cash transfers, payments in kind or public work programmes for adolescent girls and women to alleviate poverty and gender inequality in LMICs. Reviews indicate that these have potential to reduce gender-based violence if delivered as part of an integrated violence prevention system.

EMPOWERMENT, LIFE SKILLS & LIVELIHOOD PROGRAMMES: Evidence from programmes, such as *BRAC's Empowerment & Livelihood for Adolescents,* combining social and economic empowerment and life skills education for adolescent girls in LMICs show declines in early marriage and experiences of non-consensual sex for girls at four year follow up. In LMICs, there is some encouraging research that suggests programmes that also involve men and boys, the wider family and the community can be helpful to prevent backlash effects against gender-based violence prevention.

Table 6 below summarises the findings of the review on primary prevention strategies for child sexual abuse and exploitation across different sectors highlighting, with colour coding, the strength of evidence for particular strategies. Where data exists, information on the main impact measures used to assess change in the research studies is included. Many interventions have measured correlated risk or protective factors, such as improvements in attitudes and knowledge, rather than direct changes in self-reported levels of victimisation or perpetration and this should be taken into account when considering the strength of evidence. Most of the interventions identified as 'prudent' are those endorsed by international treaties and commitments where the policy commitment is strong but research evidence in some cases may be limited.

TABLE 6. Summary of evidence on primary prevention across different sectors

PRIMARY PREVENTION ACROSS DIFFERENT SECTORS		QUALITY OF EVIDENCE HICS	QUALITY OF EVIDENCE LMICS
National framework	National primary prevention plan - ineffective without resources & training to implement.	Prudent	Prudent
	Collaboration on online CSAM take down strategies. Content is re-posted but some monitoring data suggests decline over time in UK hosting.	Prudent	Prudent
	Social marketing campaigns. *e.g., Soul City, PANTS, Don't Trade Lives,* Limited research on impact campaigns shows wide audience reach can improve awareness and attitudes about intimate partner violence but changes in attitudes may be short-lived. Likely to be ineffective for primary prevention as one off campaign without investment in resources, partnerships, community involvement in change and improved impact monitoring.	Needs more research	Needs more research
Multi sector	Risk assessment checklists to identify children vulnerable to sexual exploitation for targeted prevention.	Needs more research	
	Multi agency training and support for professionals, eg *Darkness to Light,* positive increase in knowledge and prevention strategies in short term	Needs more research	Needs more research
	Creating safe organisations - *Child safe Standards*, Australia, based on extensive evidence review of organisational drivers and risks but no evaluations of implementation of Standards.	Needs more research	Needs more research
Criminal justice	Regulating known offender access to children, e.g., employment vetting and barring; sex offender registration & notification. The evidence on these responses for primary prevention is low and limited to the small minority of sex offenders who are already known to agencies. Strategies may be effective for preventing known sex offenders working with children.	Prudent	Prudent

TABLE 6. Summary of evidence on primary prevention across different sectors (*continued*)

PRIMARY PREVENTION ACROSS DIFFERENT SECTORS		QUALITY OF EVIDENCE HICS	QUALITY OF EVIDENCE LMICS
Criminal justice *(continued)*	Child safety zones and hot spot policies – – limited evidence from arrest cases suggests only 4% of sex offenders meet victims in child dense areas. Child safety zones likely to be ineffective to prevent first time offending.	Needs more research	Needs more research
	Early help for undetected helpseeking sex offenders – *e.g. Stop It Now!, Dunkelfeld Project,* Few evaluations exist but these show offenders will use the service but may continue to abuse children while on a programme raising issues about offender confidentiality and child protection.	Needs more research	
Health	Sex education/HIV prevention eg *Stepping Stones* reduced transactional sex reported by men but no reductions in women's victimisation. Not effective as a standalone intervention. Impact on associated risk factors.	Promising	Promising
Education	Child sexual abuse pre-school and school-based prevention programmes such as *Who do you tell?* have been found to improve some children's knowledge about sexual abuse, safe and unsafe touches, who to tell/what to do with some evidence on increased disclosures. There is no evidence of impact on reduced victimisation after programme exposure. Adverse consequences such as fears about abuse have not been found.	Promising	Promising
	Empowerment and self defense for adolescent girls – RCTs in Malawi and Kenya found *IMPower* programme, delivered in the context of wider Safe Schools programme, brought reduced self reported sexual victimisation, increased self confidence and self reported use of defensive behaviour. Analysis at the individual level was not possible. No data found on possible adverse impacts.		Promising
	Online sexual abuse and exploitation prevention programmes – for children, teachers and parents are widely used in HICS. There are limited pre- and post-test evaluations that show children have learned the key safety messages.	Needs more research	Needs more research
	Community or school-based education to target entrenched norms and values that support gender inequality and partner violence among adolescents, eg *Safe Dates, Dating Matters.* Reductions in victimisation and perpetration measured by self reports.	Effective	Needs more research
	Combined IPV and sexual violence prevention and situational/building strategies e.g. *Shifting Boundaries.* Reductions in self-reported victimisation and perpetration.	Promising	Promising
	Whole-school approaches, targeting not only peer violence but also violence perpetrated by teachers and other educational staff and general building safety *e.g, Good Schools Uganda.* Effective for violence prevention measured by self reports, but too little data on sexual violence self reported to evaluate impact.	Promising	Promising

TABLE 6. Summary of evidence on primary prevention across different sectors (*continued*)

PRIMARY PREVENTION ACROSS DIFFERENT SECTORS		QUALITY OF EVIDENCE HICS	QUALITY OF EVIDENCE LMICS
Social welfare & children's services	Reducing vulnerabilities - *child focused Social Safety Nets (SSNs)* Not as standalone but combined with other prevention may have potential to address associated risks of sexual abuse and exploitation, such as economic insecurity. Some studies found reduced transactional sex and risk-taking behaviours		Promising
	Combined gender equity, economic empowerment and skills, e.g. *Creating Futures & Stepping Stones* South Africa, *WfWi* Afghanistan. Some positive impact on reduced male perpetration of IPV but mixed outcomes found across different contexts. Needs monitoring.		Needs more research
	Adolescent life skills and empowerment – eg ELA Uganda address associated risk factors for CSA/CSE, Impact measures include improved self reported employment, self-reported reductions of unwilling sex from girls		Promising
Private sector	Situational prevention approaches – *e.g., codes of conduct in travel and tourism,* low evidence on impact, need integration into broader prevention strategies to address risks and drivers	Prudent	Prudent
Community	Situational prevention – involving businesses and private sector in night time economy in preventing CSE, eg, *Nightwatch* UK. Limited evaluation. May be more effective at identification and response. No evidence found on impact on primary prevention.	Needs more research	Needs more research
	Whole community approaches eg Rotherham city wide CSE programme; *Zero Tolerance Village Alliance* in camps for refugees and displaced people in Uganda. Limited evaluation of impact.	Needs more research	Needs more research
	Involving men and boys and communities in prevention – e.g., *White Ribbon.* Low evidence but encouraging findings in LMICs these may help prevent backlash effects if integrated in wider empowerment and community prevention programmes.	Needs more research	Needs more research
Child, family and relationships	Home visitation and parent support programmes e.g. *Nurse Family Partnerships, Triple P.* Several RCTS show impact on child maltreatment reports and risk factors associated with this such as parental warmth and attitudes to harsh physical punishment. Few of the studies provide separate impact data on child sexual abuse or exploitation prevention. US programme *Early Head Start,* supported by large investment in parent and child health and support services, one of the few evaluations showing an impact on cases of CSA reported to authorities. Limited data on programmes in LMICs.	Effective (indirect evidence)	Needs more research
	Parent education programmes that aim to improve communication about sexual and gender-based violence between parents and adolescent children evaluated in HICS and currently under trial in a number of LMICs – *e.g., Parents Matter! United States; Families Matter! in Botswana, Côte d'Ivoire, Kenya, Mozambique, Namibia, South Africa, United Republic of Tanzania, Zambia.* Evaluations show improved knowledge and parent willingness to communicate with children but no data found on conversations held and impact on child safety.	Promising	Promising
Humanitarian crisis-specific	Situational prevention approaches - e.g., creating child-friendly spaces, camp design; WASH policies; codes of conduct for humanitarian workers, low evidence on impact		Needs more research

6 IDENTIFICATION, REPORTING AND CHILD PROTECTION RESPONSES

Protection responses included in this section are those that aim to identify children who are at risk and take action to stop further harm. In HICs protection responses for sexually exploited and abused children are embedded in broader child welfare system responses. Many HICs have seen a shift from reactive child protection, police or child protection orders for children known to be harmed, towards earlier intervention to safeguard children at risk of harm and differential responses. Differential responses to safeguarding aim to meet the range of needs children have across a continuum of care from high risk, complex needs requiring specialist services through to lower level support for vulnerable children that can be provided by universal children's services (Frost and Parton 2009; Gilbert et al. 2011). This has meant identifying and coordinating the child protection and safeguarding responsibilities of professionals in a range of different services in contact with children so that child protection is no longer seen as only the responsibility of social workers, although of course in HICs social work is a key agency in this area of work.

In LMICs, where child protection systems are less well developed, there may be no formal social work or child protection agency and many of the responsibilities for the immediate and longer-term safety of children are taken on by NGOs, INGOs and services set up in the context of humanitarian crises. For example, a review by the East, Central and Southern Africa Health Community found that close to 90 per cent of prevention activities and a very high proportion of response-related activities in South Africa are delivered by civil society organisations (ESCA-HC 2011), and this is true across the continent. Services can therefore be patchy and can overlap or run in parallel as a result of being concentrated in areas where they were initially set up by NGOs, perhaps to respond to an humanitarian crisis. It can be challenging to coordinate protection activities in these contexts. UNICEF have recently published evidence-based guidance on developing capacity in the workforce for child protection and social work (UNICEF, 2019).

Identifying children living with, or at risk of, sexual abuse and exploitation is a notoriously difficult task. There is no 'conspicuous syndrome' (Kendall-Tackett et al, 1993) or single symptom to help with the identification of children affected. Universal challenges to the recognition and identification of child sexual abuse and exploitation include:

1. barriers to disclosure by children (Alaggia et al., 2017; Collin-Vezina, 2015);

2. parents', carers' and the wider public's lack of awareness, understanding and recognition of sexual abuse and exploitation (Collin-Vezina, 2015);

3. there is often no immediate physical evidence to indicate abuse (Gilbert et al, 2009a);

4. professionals' lack of skills and training in identification as the signs and symptoms of distress can be ambiguous or may be misread as having another root cause (Gilbert et al, 2009b; OCC, 2015);

5. 'system failure' where, despite training and policies, there is poor information sharing or working together by agencies resulting in failure to protect (Munro & Fish, 2015);

6. a policy or cultural context of secrecy, shame and stigma that does not support identification and child protection responses.

In addition, prosecution and detention of the perpetrator may be influenced by common delays in presentation for treatment by sexually abused children (Girgira et al, 2014). Sexually exploited adolescents may be resistant to child protection service involvement and may not regard the relationship as abusive (Buller et al, 2020). Victims of human trafficking may decline or avoid support or assistance if this assistance is seen as standing in the way of onward migration (Surtees and Brunovskis, 2007).

This section reviews research evidence on a range of identification, reporting and child protection responses towards children who are sexually abused or sexually exploited. These include training those who work with children to be alert to the signs of sexual abuse and exploitation; introducing methods to 'screen' for sexual abuse; introducing assessment methods, particularly risk assessments, to identify children most likely to be vulnerable; improving data sharing and guidance for multi-sectoral methods of working together; and developing reporting and referral pathways. There are fewer studies that have rigorously evaluated what works in responding to child sexual exploitation (Scott et al, 2019).

National and international strategies for identification, reporting and protection

ONLINE INTERNATIONAL COLLABORATIONS: As already discussed in the previous section, extensive collaboration occurs cross nationally via online services and through the activities of law enforcement agencies such as Interpol to improve early identification of victims and offenders. Policy responses to identify and respond to child abuse online have included: blocking and removing websites; covert infiltration into online worlds; identification of victims; sex offender registration; support and management of offenders; tools to facilitate safer internet use such as parental controls; and public awareness raising (Jeney, 2015, p 43). This type of policy response requires multi-agency working that includes law enforcement agencies, child welfare organisations, ICT companies and other stakeholders. The WePROTECT Model National Response sets out the components needed for a nation to develop an effective response. These include provisions for cross sector working arrangements, a framework for prosecution and reporting, financial and human resources and capacity to implement, national legislation and the data required for monitoring and tracking trends and impact. Country reports show considerable progress across all four areas of response. WePROTECT includes UNICEF managed capacity building funds for countries with low resources.

Interpol has created an International Child Sexual Exploitation database of known child abuse images to enable monitoring and investigation of files shared over peer to peer networks and to facilitate victim identification. In addition, international collaboration through organisations such as the European Cybercrime Centre within Europol (EC3) work to prevent the sharing of child sexual abuse material and also on victim identification through the Victim Identification Taskforce. The centre coordinates police agencies across EU member states in identifying victims in order to prevent revictimisation and to prosecute offenders (Jeney, 2015).

NATIONAL RAPPORTEURS: The Council of Europe Convention on Action against Trafficking in Human Beings 2005 and the EU Directive on preventing and combating trafficking in human beings and protecting its victims (2011) calls on Member States to appoint national rapporteurs or equivalent mechanisms to assess trends in human trafficking, monitor and measure the anti-trafficking activities of State institutions, gather statistics and report on their findings. Current monitoring of trends in child trafficking is poor in many countries. A national rapporteur exists in Holland and has made over 200 recommendations to the Dutch Government many of which have brought changes in policy and data analysis (Radford et al, 2017b).

MANDATORY REPORTING: Mandatory reporting means that a legal requirement is imposed on certain groups, professionals or organisations to report child abuse and neglect. Mandatory reporting laws exist in HIC jurisdictions such as Canada, Australia, the USA, Ireland and in LMICs such as Brazil, Malaysia and South Africa (ISPCAN, 2018; Wirtz et al, 2016).

The policy is widely recommended (COE, 2009) and is often part of a government's child protection plan. However, the content and professions covered by mandatory reporting laws vary substantially across countries (ISPCAN, 2018). Research on the impact is mixed showing that mandatory reporting increases the numbers of reports to child protection agencies, especially if accompanied by publicity and training. If communication is poor, as one qualitative study in Cyprus found, notifications may not increase (Panayiotopoulos, 2011). Some researchers have observed that the increase of notifications include increased reports of suspected abuse or neglect which are subsequently found to be unsubstantiated (Wallace and Bunting, 2007; Gilbert et al. 2009). In such cases families may be harmed by going through the process of a child abuse investigation.

Mandatory reporting research example: A study by Mathews, Ju Lee and Norman (2016) assessed the impact of the introduction of a mandatory reporting law in Victoria, Australia on the identification of child sexual abuse cases. Looking at reported cases over a seven year period, it was found that there was an increase in cases reported from 551 in 2006 to 2719 in 2012. The numbers of cases investigated grew (from 366 to 2040) but so did the numbers not investigated (from 185 in 2006 to 1239 in 2009, 1522 in 2010 and downwards to 679 in 2012) and the numbers not substantiated (from 235 to 1660). There was an increase in cases substantiated from 131 in 2006 to 380 in 2012. In areas such as New South Wales and Queensland, thresholds for reporting were increased to reduce the numbers of notifications made (Mathews, Ju Lee & Norman, 2016).

Views are mixed about whether or not increased reports are helpful or unhelpful. A review of evidence on health care responses in Latin America and the Caribbean found benefits from mandatory reporting in Colombia included improved visibility about the problem of violence against children and the ability of NGOs and survivor services to inform policy on sexual violence (Wirtz et al, 2016). Some researchers argue that children and families involved in cases that are not later substantiated may still have had their needs assessed and support given. Research has not generally taken into account the context in which reporting takes place, particularly features of the child protection system that may encourage or discourage reporting and taking action. Wekerle (2013) has argued that mandatory reporting is an important first step in creating resilience and early intervention, if reporting is followed up with assessment and an appropriate protective response. Others raise concerns that services can be overburdened and resources diverted away from cases with high levels of need (HM Govt, 2016). Two systematic reviews of qualitative research studies found no research on implementing mandatory reporting in LMICs (McTavish et al, 2017; 2019). The first study was a review and meta-analysis of qualitative research on mandated reporters' experiences. This found that although 14% of the 1088 participants reported some positive experiences with mandatory reporting, 73% reported negative experiences such as harm to the therapeutic relationship with the child or death of a child following removal from the family of origin (McTavish et al, 2017). The second study reviewed qualitative research

on children's and families' experiences of mandatory reporting (McTavish et al, 2019). The positive impacts of mandatory reporting included getting access to resources such as food stamps or getting help where a parent had already recognised the need. Negative impacts included parents' fears of losing their children, unfounded reports by an abusive partner, the detrimental impact on help seeking for women with drug or alcohol problems or living with IPV. While neither study can be used as evidence of the effectiveness of mandatory reporting, the qualitative findings highlight the need to carefully monitor outcomes for families and children. Training is recommended for professionals working with mothers who experience IPV or have drug or alcohol problems so that they are aware of these barriers to involvement and able to work sensitively and safely to protect children and support the mother. Safe and ethical research on children's experiences of mandatory reporting is urgently needed. So far, there is no robust evidence that mandatory reporting increases child wellbeing or child health outcomes. The lack of prospective studies and the possible adverse consequences indicate, at best, cautious introduction of new mandatory reporting responsibilities, supported by training, adequate resources and careful monitoring for unintended consequences.

Multi sectoral strategies for identification, reporting and protection

Responsibilities to take action to protect children from sexual abuse and exploitation commonly fall across a range of individuals in civil society and across different sectors and professions. Poorly coordinated services can cause unnecessary delays, inertia, duplicated efforts and 'system failure' (Munro & Fish, 2015). This section reviews the research identified on different organisational mechanisms that aim to improve the coordinated response to child sexual abuse. No experimental or quasi-experimental studies on coordinated working were found. The outcomes for these services are not all the same and are not always clearly stated in the available literature.

CO-LOCATED INVESTIGATION OR ASSESSMENT TEAMS: Promoting good practice among the broader community of practitioners by developing specialist but mobile multi-disciplinary teams is one approach where evaluation evidence is developing in Australia. Powell and Wright (2012) present findings from a qualitative evaluation of professionals and stakeholders involved in a multi-disciplinary response in Australia that support

the findings from elsewhere that professionals can see benefits in these models for improving working together. The researchers interviewed 90 professionals in contact with a new multi sector response to sexual violence for adults and children in Victoria, SOCIT-MDC. SOCIT are Sexual Offence and Child Abuse Investigation Teams bringing together police officers trained to the level of detective, in forensic interviews with children and in sexual assault. The SOCIT work in a multi-disciplinary centre (MDC) separate from the police station alongside counselling and support services for victims, child protection, forensic medicine and mental health. The researchers found stakeholders believed the SOCIT-MDC had improved collaboration, referral rates, reporting, reduced response and investigation times, improved the quality of evidence, and rate of prosecution and convictions. A limitation of this study is however the lack of any evidence on victim perspectives.

MULTI-AGENCY RISK ASSESSMENT AND MANAGEMENT CONFERENCES (MARACS): In Wales, a survivor care pathway was developed to improve the safety and protection of trafficking victims and supported with a professional training programme. This begins with a referral to a single point of contact and then a multi-agency conference is convened to assess the risks, share information across agencies and plan for coordinated safety and support. The approach adapts the MARAC model, developed in England and Wales, widely used there for the multi-agency management of high-risk domestic violence. A non-experimental evaluation of the survivor care pathway model and the adaptation of MARAC found this had a positive impact on the identification of potential victims/survivors, on the number and quality of referrals, on coordinated multi-agency support for victims/survivors and on their outcomes (Cordis Bright, 2016). The simplicity of the referral pathway was considered to be a major strength in the approach. While this particular approach is most relevant to HIC contexts, the development of an agreed, simple, multi agency referral and support pathway and building on existing and familiar mechanisms for joint planning and working to improve safety for victims has potential relevance as part of a capacity building programme where resources are more limited.

ONE STOP SHOP MODELS: One-stop services tend to be broader than co-located assessment teams as they bring together services that work with victims across the spectrum from identification to assessment, medical help, protection, forensic services and legal proceedings, family support and recovery. Two different approaches were identified in the review and are discussed further below:

1. Integrated sexual health services, which primarily address post rape care and HIV/Aids prevention for adults and adolescents. For example, Thuzulela centres in South Africa or sexual assault referral centres (SARCS) in England and Wales.

2. One stop shop services for sexually abused children, providing child friendly, comprehensive assessment

and forensic criminal investigation, multi sector collaboration/protection, family support and therapy, physical and mental health care. Examples are the Children's Advocacy Centres (CACs) in the USA and Canada and the Barnahus (children's house) approach, in Nordic nations, Western and Eastern Europe and South Africa. Barnahus and CACs often deal with a wider range of child protection concerns, covering child maltreatment and children's exposure to domestic violence. The comprehensive child-focused response of the Barnahus has been promoted by the Council of Europe as best practice and is in keeping with the Lanzarote Convention.

INTEGRATED SEXUAL HEALTH SERVICES: These services in low resource settings typically provide health care (including psychosocial support) in combination with police and justice sector responses, and ongoing social support, usually in the context of a health care facility or a hospital (e.g. the Panzi hospital centre in the DRC, Mukwege & Berg, 2016). Although a large minority of service users are children, girls under the age of 18, evaluations of these services rarely distinguish outcomes for child service users from outcomes for adults. An evaluation of an integrated and comprehensive health model to respond to rape and HIV in South Africa found that: utilization of services increased from 8 to 13 cases per month; those who reported seeing six or more providers on their first visit decreased from 86 per cent to 54 per cent; quality of history and exams improved; more service users were provided with post-exposure prophylaxis (PEP) on their first visit and received the full 28-day course on their visit; and nurses' roles expanded in the delivery of post-rape care. Links with the police were made stronger, but the evaluation found that participant attitudes towards the criminal justice system – particularly the courts – remained very unfavourable (Kim et al. 2007; Kim et al. 2009).

Another evaluation of a multi-sectoral initiative in the Copperbelt's Ndola District (Zambia) examined police collaboration with the health sector with the aim of reducing unwanted pregnancy among victims of sexual assault through the provision of emergency contraception. The police were trained by health providers in how to distribute this. The study found that the police could be effectively trained to distribute emergency contraception safely. Health personnel were pleased with the intervention. There was a 48 per cent increase in reported incidents of sexual violence. The police consistently referred victims to other health services; and management believed this to be a cost-effective and sustainable project. As a result, national scale-up of the project was strongly endorsed (Keesbury et al. 2009). Health based facilities without adequate health promotion in the community may not meet targets to provide post rape care services to survivors within 72 hours if women and girls in the community are unaware of the services offered or cannot access them (Sithole et al, 2018). The provision of psychosocial care in some contexts can be limited, but there are some findings that suggest these impact on service user satisfaction (Jones et al. 2007; Keesbury et

al. 2012).

An evaluation of One Stop Centres in Zambia and Kenya investigated whether different organisational models had an impact on service effectiveness (Keesbury et al, 2012). Three types of one stop shops (OSCs) were identified: OSCs 'owned' by a hospital, OSCs 'owned' by an NGO but delivered in a health setting, where the NGO role is to improve the comprehensiveness of care; OSCs that are NGO 'owned' and survivors are referred outside for health care. Drawing on an evaluation of five OSCs, their service data, case files, justice system records, court transcripts, interviews with key informants, stakeholders and survivors, it was found that the health care facility based OSCs achieved the broadest range of health and legal outcomes for survivors compared to other OSC location models. These were also perceived by survivors as being effective for meeting their health needs. Few cases were however processed by the justice system and prosecutions of perpetrators were low. The report authors concluded that the needs of child survivors of sexual violence could be better addressed.

Some of the One Stop Shop models have a specific focus on children e.g the Philippines National Police have centres for medico-legal examination of victims of child sexual abuse (UNICEF, 2014b). Two studies in LMICs did identify findings specifically for children and adolescents using these services. A three armed RCT of the *SAFE* programme for females aged 10 to 29 years and males aged 18 to 35 years in Dhaka, Bangladesh aimed to test if the community awareness programme on gender based violence, supported by a one stop shop service and group work had any impact on reported levels of IPV (including sexual). No overall impact of SAFE on IPV was found but for sub groups of girls aged 15 to 19 years who received the intervention in mixed gender groups, a 21% risk reduction was found for physical IPV (Naved et al, 2018).

A simple pre- post test design evaluation of *Chikwanekwanes*, one stop shops services offering medical, legal and psycho-social support for sexual violence victims in Malawi assessed impact on 107 sexually abused children (average age 9 years, 90% girls). Over two thirds of the child victims (67.3%) arrived for treatment within 72 hours and 80% of them had a follow up visit for an HIV test 3 months later. While 80% also had a welfare assessment at the initial meeting only 29% had a welfare follow up home visit three months later. Almost all (95.3%) had an initial police report and 27.1% ended in a criminal conviction. Most of the families were found to be happy with the service received although a quarter were not satisfied with the law enforcement response (Mulumbia et al, 2018).

CHILDREN'S ADVOCACY CENTRES: Seven of the papers on multi sector identification of child sexual abuse report on research within USA Children's Advocacy Centers (Benia et al, 2015; Cross et al, 2008; Herbert & Bromfield, 2016; Jones et al, 2007; Lippert et al, 2009; Miller et al, 2009; Walsh et al, 2007). Child Advocacy Centers developed in 1986 and by 2019 over 1000 were operating in the USA. These centres are one stop shop, co-located multi-disciplinary team

approaches bringing together police, prosecutors, health and child protection professionals, to improve the experiences of child victims who disclose child sexual abuse and exploitation as well as improve the agency responses. Children's Advocacy Centres aim to promote children's best interests as well as respect the rights of defendants to be treated fairly in the prosecution process. There is qualitative research to suggest that agencies such as the police report better multi-agency working in areas with Children's Advocacy Centers (Grace et al, 2019). The expertise over many years gained in these centres from working with abused children and young people has contributed to knowledge on many aspects of effective identification, including how to conduct forensic interviews and make timely decisions.

One example of impact on practice has been promoting developmentally appropriate child focused methods for forensic interviewing. Benia and colleagues (2015) present findings from a systematic review and meta-analysis of an approach to best practice in interviews developed from the work in Child Advocacy Centers, the National Institute for Child Health and Human Development Investigative Interview Protocol (hereafter NICHHD protocol). The NICHHD Protocol was designed to improve the quality of forensic interviews with children thought to have been sexually abused. In Benia and colleagues' research, the interview quality was measured by the type of interviewer utterances and the amount of information provided by children. Comparing interviews following the protocol with those that did not, the studies show that interviewers using the NICHHD protocol made more invitations and fewer option posing and suggestive prompts than interviewers in the control group. Children interviewed following the NICHHD protocol provided more central details about the abuse. There is also helpful guidance from research on different interviewer question styles for sexually abused children showing that use of certain narrative techniques and supportive comments can improve the quality of forensic evidence (Anderson & Gilgiun, 2014; Lewy, Cyr & Dion, 2015).

Using the NICHHD Protocol and other interviewing methods may improve the quality of interviews with sexually abused children and young people, but they do not entirely overcome the significant barriers to disclosure that exist for younger children, boys and for children abused from an early age. Lippert and colleagues (2009) found that the approach to interviewing and support given in a Children's Advocacy Center was not the only factor influencing whether or not a child might disclose an experience of child sexual abuse. From an analysis of 987 interview records conducted in Advocacy Centres and interview sites outside centres, no differences were found in rates of complete, partial or no disclosure. The age of the child, gender (being female) and age at onset of the abuse had a greater impact on disclosures than whether or not the child was interviewed in an Advocacy Center.

Research on outcomes from Children's Advocacy Centres has focused more on the impact on prosecution than on the outcomes for children and families (Herbert & Bromfield, 2016). There is evidence to support the view that non-abusive parents/carers of child victims have higher levels

of satisfaction about the interviewing of their children in Children's Advocacy Centres (CACs) compared with parents of children interviewed elsewhere (Cross et al, 2008; Nwogu et al, 2016). However, no differences have been found for child levels of satisfaction (Cross et al, 2008; Jones et al, 2007) and there is no evidence that children who testify in court gain any therapeutic benefit (Elmi, Daignault & Herbert, 2018). Cases of child sexual abuse in Children's Advocacy Centers have been found to have greater law enforcement involvement, more evidence of coordinated investigations, better access to medical examination and higher rates of referral to mental health treatment services than cases outside CACs (Nwogu et al, 2016; Walsh et al, 2007). There is some evidence showing that early on in the criminal process, CACs have better outcomes than standard practice (Herbert & Bromfield, 2016). There is no evidence to show that CACs reduce the number of interviews children undergo as both those in CACs and outside typically have only one or two interviews. Cross and colleagues (2008) found children involved with Child Advocacy CACs were more likely to be removed from their homes than were children in control groups.

While professionals in contact with Child Advocacy Centers and similar multi-disciplinary models tend to be satisfied that these approaches can improve multi sector working, the research evidence on increased prosecution rates in the US appears to be mixed, suggesting that there are a number of factors that exert an influence. Cross et al (2008) found similar rates of prosecution for child sexual abuse cases in CACs and those outside. Miller and colleagues (2009) looked at prosecutions over a ten year period from 1992-2002 in two districts in the USA comparing rates of prosecution in areas with an advocacy centre with those without. Rates of reporting child sexual abuse fell in all areas in this time period but prosecutions in one area doubled, while assessments in the CAC trebled, and prosecutions remained the same in a neighbouring area where the CAC had no increase in cases seen. It seems that the implementation aspects of the CAC may exert an important influence on the effectiveness of the multi sector response.

BARNAHUS/CHILDREN'S HOUSE: Barnahus developed from the CAC approach initially in Iceland in 1998 and then spread across the Nordic nations and is now present in Europe and South Africa. The PROMISE2 website promotes quality standards for the Barnahus approach. While there are studies of implementation (Johansson et al, 2017; Johansson, 2019) and compliance with government quality standards (Landberg & Svedin, 2013), outcome research for the Barnahus approach remains limited.

A policy review by the Children's Commissioner in England (2015) presents data from Iceland's child protection system showing an increase in referrals of children to Barnahus, trebling in indictments (51 in 1995-97 to 145 2011-13) and doubling of convictions (from 49 in 1995-7 to 101 in 2011-13) for cases of child sexual abuse in the years immediately before and three years after the Barnahus was set up. The findings regards increased support for child victims, improved prosecution processes and victim satisfaction are supported by the Swedish evaluation of

six pilots published in 2008, which has a summary in English (Riksopolisstyrelsen, 2008). Implementation of the Barnahus approach and coordination of the child welfare and criminal justice functions varies considerably across different countries and this influences the comparability of any outcome evaluations (Johannson et al, 2017). Research directly with children using Barnahus in Sweden and Norway found that children and young people found the environment in the building welcoming and non-threatening and this helped to put them at ease (Olsson & Klafverud, 2017; Stefansen, 2017). A qualitative study of parents and children who have used the services in Sweden found families were satisfied with the Barnahus approach (Rasmusson, 2011).

The one stop shop approach of the Barnahus was found to be impractical in Greenland where the geographical distance presented a considerable challenge for co-located and central service provision. The Greenland Barnahus has now lost its assessment and treatment functions and operates instead as a knowledge centre for child protection practice (Mosegaard Sobjerg & Fredsgaard Thams, 2016). The capacity of families to travel to such centres in LMICs is a factor likely to impact on access and use of services especially in rural areas.

Barnahus was established in London England in 2018 as the Lighthouse project and there is an ongoing two year evaluation. A considerable and welcome innovation in the Lighthouse is the facility to set up a remote video link method for gathering court evidence and piloting cross examination, as in the Nordic model but unique within an adverserial legal system. Final results of the evaluation are expected in 2021 (Conroy et al, 2019).

ONE STOP SHOPS FOR CHILD PROTECTION IN LMICS:
Examples of one stop shop models focusing specifically on child protection were found during this review. Some have evaluation evidence although not as yet any experimental trials. One example is the child protection centre model set up in Kenya. In 2009 a participatory assessment in the Malindi Sub-County was conducted to identify the issues hindering community members reporting cases of child abuse, violence and exploitation to the Department of Children Services. The survey identified the following problems: abuse cases were frequently settled at community level by local authorities bypassing the law; the community were not aware on how the reporting system was working; the survivors and their families were giving up during the reporting due to lack of funds to follow all the scattered services; lack of trust from the community in the justice system and very few cases were concluded (CISP, 2019). Evidence from the survey and international research was used to inform a new approach to Child Protection Centres, with a detailed operational plan. In 2010, the community led model was adopted by the Government of Kenya and the first Child Protection Centre was built in Malindi to provide a hub of quality, coordinated and inclusive services to ensure that children and their families had access to immediate support and guidance to respond to abuse, exploitation and violence and to improve their lives in order to reach their full potential. The Child Protection Centre aimed to strengthen case management through coordinated and effective psychosocial

and legal services. The Child Protection Centre is "a one stop shop" where, when any abuse, neglect or exploitation is reported and essential services are offered in a child friendly space. It is a community resource centre providing a hub of information and coordinated services primarily for children and their families, supported by norms changing programmes of activities in the local community. The CPC is open to all community members and is a place where needs are identified, assessed, addressed and referred. The CPC provides: preventive community education, individual assessment of children; child and family counselling and psychosocial support, legal assistance, tracing, reunification and reintegration of separated children, and referrals to other service providers such as health care centres, rehabilitation centres, police, judiciary or vocational training schools. The centre staff include a manager, appointed by the Director of the Department of Children's Services, four social workers, a child counsellor and a legal officer. The district children's officer and a police officer from the Police Gender and Children's Desk are also co-located at the centre to help collaborative working. The centre oversees each case from beginning to end adopting a case management approach with a process of case review and staff supervision. It is supported by a free and confidential helpline so anyone can report a case of child abuse. Evaluation data (CISP, 2019) shows an increase in the average caseload of 100 per month in 2009 to 250 per month during the period 2012-2014, 300 in 2015-2016 and 340 in 2017-2018. From 2010 to July 2018 the CPC in Malindi has provided quality and integrated services to 27,607 children (51% girls). Ninety percent of cases reported to Malindi CPC in the 2017- 2018 fiscal year were successfully solved. Child 'defilement', sexual abuse and exploitation cases reported have grown slowly and made up almost 6% of all cases referred in 2018 (CISP, 2019).

Sectoral strategies for identification, reporting and protection

CRIME & JUSTICE SECTOR

TRAFFIC STOPS AND HOT SPOT POLICING: In HICs, responses to sexual exploitation include the use of vice units patrolling red light areas and off-street sex work locations; working with young people who run away or go missing by investigating missing persons reports; and working in partnership with other agencies through multi-agency planning and case management. However, evaluation research has found a range of challenges beset this work, including the lack of a clear remit to investigate sexual exploitation, a lack of resources and staff and narrow levels of awareness of sexual exploitation and its contexts (Harper and Scott, 2005). A study in Texas of a programme training traffic officers on identifying high risk children and potential perpetrators of child sexual exploitation when stopping traffic reported 200 children were rescued from 2010 to 2015 and in 2015 alone 14 investigations were conducted on potential perpetrators. It is not known however whether children rescued from high risk situations would have been sexually exploited without the intervention by the police (Bourke et al, 2016).

RAID AND RESCUE POLICING: Raid and rescue approaches involve police and immigration services conducting unexpected raids on establishments thought to hold victims of sexual exploitation and trafficking in order to 'rescue' victims and apprehend traffickers. The approaches are widely used but concerns exist about the harm caused to victims. 'Collateral damage' describes the risk of anti-trafficking measures taken that affect the rights and freedoms of people who are experiencing human trafficking. The term describes how harm may be inflicted upon victims of trafficking as a result of anti-trafficking campaigns and actions (GAATW, 2007). For example, detention in immigration centres, prosecution of individuals for offences around illegal work, raids and rescues that do not adequately consider the protection of those involved as well as forced repatriation. In other words, the victim of human trafficking is not placed at the centre of actions designed to 'combat' human trafficking and which do not respect the dignity of these same individuals. Dotteridge (2018) questions why such levels of 'collateral damage' remain after more than a decade of awareness of the unintended side-effects of anti-trafficking policies and legislation.

TRAINING PROGRAMMES: Training on gender-based violence to aid identification and response among professionals has been provided by governmental organisations, NGOs, civil society organisations and international organisations such as the United Nations in LMICs – for example, in Latin America (Contreras et al. 2010) and Africa (ECSA 2011; Usdin et al. 2005; Wessells 2009). The Comité de Prevención y Control del VIH/SIDA de las Fuerzas Armadas y Policía Nacional (COPRECOS) (Armed Forces and Police Committee for the Prevention of HIV/AIDS), United Nations Population Fund (UNFPA) and others have developed curricula of military and police academies to include reproductive and sexual health, gender and violence against women, and this training has been extended to many countries in the Latin American region (Contreras et al. 2005). In humanitarian settings, particularly in areas of on-going conflict, training has been provided to personnel in the police, defence and judicial sectors to improve their knowledge of sexual violence, how they recognize it and respond. The civil organisation Liga de Mujeres Despizadas (Displaced Women's League) in Colombia – which established the Ciudad de Mujeres (City of Women) – is an example, advocating for improved responses to sexual violence during the decades-long conflict (Bastik et al. 2010).

Most evaluations of training initiatives mentioned above have not been very rigorous, but the training has been found to be constructive (Rashid, 2001), to have improved levels of knowledge and awareness of gender-based violence and to be most effective when all levels of personnel (especially high-level officials) participate and when training is backed by simultaneous reforms to policies, procedures, adequate resources and monitoring and evaluation processes (Bott et al. 2005).

Training and awareness-raising to prevent and protect against online child sexual abuse and exploitation has also

been offered by criminal justice agencies to professionals working with children such as teachers and community youth workers (Ospina et al. 2010). As identified in the previous section, efforts in the United Kingdom by CEOP/ the National Crime Agency include disseminating materials to teachers so they can know how to respond to online sexual abuse and exploitation (National Crime Agency, 2019; Ospina et al. 2010). Similar projects have been developed in LMICs – for example, a digital literacy course on safe Internet usage delivered to 300 teachers in Thailand (UNICEF, 2011) – although the evidence is not yet well developed.

POLICING & SPECIALIST CHILDREN'S DESKS: In many countries, the police may be the first responders to reports of sexual abuse and exploitation (or in areas of conflict and emergency, this may be NGO or military personnel) (Population Council, 2010; Kerr-Wilson et al. 2011). It is important that the police have the institutional and human capacities to respond sensitively to children and young people reporting sexual abuse and exploitation. This will encourage victims to report their experiences and provide them with referrals to services that they may need. The evidence base in this area is limited and refers primarily to police forces working with violence against women, not children (Kerr-Wilson et al. 2011). There is also an absence of large-scale comparative studies and meta-analyses of police responses in this area. Despite the limited evaluated evidence of strategies and approaches, there are a growing number of programming guides and toolkits available for working with the security sector, particularly for training initiatives and largely drawing on experiences of countries in the Global North or with post-conflict settings (ibid.). Specialist children's police desks or family violence units have been established in HICs and LMICs. Field evidence is available from the UN and UNICEF. For example, in the United Republic of Tanzania, the Tanzania Police Force established Gender and Children's Desks in all 417 police stations in the country. These are dedicated units within police stations staffed by specially trained personnel to ensure an efficient and effective response to cases of violence against women and children. Latest available data found shows the police trained 1,000 officers on the national Guidelines for the Establishment of Gender and Children's Desks and on the Standard Operating Procedures for Prevention and Response to Gender-Based Violence and Child Abuse (UN Tanzania/UNICEF 2013). Challenges exist in implementation but cases of reported rapes of women and children have increased since the police desks were set up (Ali Mussa & Mohamed, 2019).

At the agency level in HICs, it has been accepted that effective multi-agency or cross-sectoral working is vitally necessary. Examples of close collaboration between the police and social work to develop clear policy and reporting mechanisms exist as in work developed in Glasgow, Scotland (Rigby et al. 2012). There is, however, a lack of rigorous evidence on how to respond to some groups of sexually exploited young people, such as those internally

trafficked for purposes of sexual exploitation, and poor multi-agency practice is recognised as a problem still to be overcome (Jago et al. 2011).

SPECIALIST CHILD PROTECTION, SEXUAL VIOLENCE OR VULNERABLE VICTIM UNITS: In LMICs, as in HICs, specialist child protection or sexual violence units have developed with dedicated police specialists following up on or sometimes attending initial calls. Examples can be found in Liberia, Tanzania, Mozambique and Sierra Leone (ACPf, 2014). The Sierra Leone Police (SLP), for example, established Family Support Units (FSU) with specially trained female and male officers dedicated to working with victims of rape, sexual abuse, domestic violence and trafficking (UNFPA 2005, UNICEF, 2014b). Some FSUs have social workers responsible for referral and child protection. Located in the main police stations across the country, the FSUs are intended to provide compassionate, humane and appropriate assistance. Referral services for free medical care and legal assistance have developed. The FSUs may also engage in public awareness-raising efforts, especially on the topics of sexual violence, domestic violence, HIV and AIDS, trafficking and FGM, to improve channels for women and girls to report cases of gender-based violence. In 2003, FSUs in Sierra Leone received and investigated 3,121 reports of sexual and physical violence, a significant increase over reporting in previous years. This rise in the number of reported cases is seen as a result of increased public awareness and public confidence in the FSUs (Bastik et al. 2010). In Sudan, family and child protection units (FCPUs) have been set up involving the police and other agencies. These aim to provide support to child victims and to also work with children and adolescents in conflict with the law. Evaluations of outcomes for children have not been found but data is available on the growth in cases processed by the FCPUs. This shows that 1,033 cases were processed in Khartoum state in 2007 and 5,152 were processed in 2011. In 2011, 2,734 of these cases involved child victims, mostly of sexual abuse and exploitation, and 2,418 were cases where a child was an alleged perpetrator (UNICEF, 2014b).

Police forces in England and Wales have been establishing specialist child sexual exploitation teams since the early 2000's, although the rate of establishment is varied as is the way in which these models are set up (Allnock, Lloyd & Pearce, 2018). A qualitative study of 8 forces in England found varied models, with some teams entirely separate from child abuse units and which are responsible for all aspects of CSE, including prevention, analytics and research, investigation and supporting young people; others focus on particular aspects such as analytics or investigation, with other functions allocated to other units. Other forces, instead of implementing specialist units, seek omni-competence in officers by expecting all units to be prepared to respond to sexual exploitation. The study sought to articulate the key features of different models. It would be beneficial to conduct further research to determine which, if any, model is most effective in addressing CSE.

SPECIAL MEASURES FOR CHILD WITNESSES: the international research evidence suggests that even very young children can give credible evidence in the justice

system. They are however vulnerable to inept adult questioning and their competence in communication depends greatly on the capability of the professional interviewers, court intermediaries, advocates and judiciary (Marchant, 2013). Children with learning difficulties particularly are let down in the court process by poor gathering and presentation of their evidence (Cederborg & Lamb, 2006). To facilitate the prosecution process for child witnesses, special measures have been introduced in many countries, including the use of intermediaries and guidelines on collecting evidence and conducting inquiries. In South Africa, sexual offences courts have been established across the country whose purpose is to reduce further traumatisation of victims by employing victim-friendly practices (ACPf, 2014). In HICs there is research showing that the special measures are not consistently applied and children in court may often be poorly supported (Gekowski, Hovarth & Davidson, 2016: Plotnikoff and Wolfson 2009; Hayes et al. 2011). Resources, training, multi-agency coordination and monitoring are needed to ensure that measures for child witnesses are implemented effectively.

HEALTH SECTOR STRATEGIES

A growing body of research worldwide has explored the quality of the health service response to violence against women and girls, including sexual violence (Contreras et al. 2010). Professional associations are increasingly endorsing the view that health workers play a key role in identifying sexually exploited and abused children and providing emergency care following rape (Bott et al. 2010; WHO, 2016b). Children and adolescents may need emergency services such as first aid, STI/ HIV prophylaxis, forensic exams and emergency contraception, in addition to immediate medical attention for physical injuries and non-emergency treatment for sexual health, pregnancy and mental health services. However, health service responses to sexual abuse and exploitation remain poor in many parts of the world (Contreras et al. 2010). Key challenges in the health sector in many LMICs include:

- The lack of basic infrastructure
- Problems maintaining privacy and confidentiality
- Discriminatory and patriarchal attitudes and behaviours of service providers who justify the behaviour of aggressors and blame victims
- An inability to help women and children in crisis
- A lack of trained personnel to care for women and children who have experienced violence
- Poor or non-existent institutional policies and protocols

These problems can result in re-victimisation of children and adolescents, and the problems are particularly acute in marginalized and poor areas, indigenous communities and conflict settings. Guidelines on health care responses to sexual violence (WHO, 2017) and to violence against children have recently been updated, based on research evidence, by the WHO (2019b).

Evidence on identification, referral and care of trafficked adults and children in health is very limited and has been a largely neglected topic (Hemmings et al, 2016; Zimmerman et al, 2011). Zimmerman et al (2011) outline how policy-making, service provision and research often focus narrowly on criminal violations that occur during the period of exploitation, overlooking the health implications within the multi-staged process of human trafficking. Zimmerman and Kiss (2017) outline how the negative health consequences of human trafficking are sufficiently prevalent and damaging as to comprise a public health problem of global magnitude. The few studies that exist highlight significant problems in child protection responses (Mason-Jones & Loggie, 2019) and the need to interview potential victims in private, to build trust, use professional interpreters, and an approach guided by trauma informed care and cultural sensitivity. A review of 130 mental health case files of trafficking victims in the UK (95 adult and 35 child cases) found 43% of adult cases and 63% of child cases were already identified as trafficking before referral to mental health services. Patients also disclosed their experiences. Barriers to responses included social and legal instability, difficulties ascertaining history, patients' lack of engagement, availability of services, and inter-agency working (Domoney et al, 2015). Follow up examinations may increase identification for sexually abused adolescents who face barriers to disclosure (Gavril, Kellogg & Nair, 2012). Multi agency responses are essential for protection and support (Hemmings et al, 2016). In a systematic search of trafficking for sexual exploitation in conflict-affected settings across Africa, Asia and the Middle East, McAlpine et al (2016) found evidence to be not generalizable due to few prevalence estimates and inconsistent use of definition of sexual exploitation.

CLINICAL INQUIRY ABOUT SEXUAL VIOLENCE: Physical injuries in sexually abused or sexually exploited children are relatively infrequent (Gilbert et al. 2009b). Indicators of sexual violence have been built into training and protocols for health workers. A systematic review of methods of identification of abused and neglected children in health care found 4 out of 13 articles focused specifically on child sexual abuse (Bailhache et al, 2013). Methods of identification overall were rated as very poor, suggesting that there is too little evidence to inform early identification or screening policies for child abuse and neglect in health. Most of the identification methods reviewed assessed children only after they had presented with some symptoms. Diagnostic tools may lack precision and evidence to support their use (Vrolijk-Bosschaart et al, 2018). Screening for IPV in HICs, i.e. a clinician sensitively and privately asking about IPV, shows that the majority of women do not mind being asked about domestic violence in carefully planned private interviews in reproductive health. Screening in selected contexts does increase identification and seems to do no immediate harm in the short term. It is not known however whether screening results in improved access to help and support (O'Doherty et al, 2014). By itself screening is likely to be ineffective for responding to domestic violence without providing staff training, victim support and referral resources. There are concerns that screening where there is IPV

may discourage women in low resource settings from accessing essential reproductive health care and the WHO recommends clinical inquiry if abuse or IPV is suspected, rather than directly asking or 'screening' all patients. It is not known whether these findings have relevance for adolescents. A non-experimental study of screening for sexual and gender based violence in contexts in Uganda found that screening can be implemented and that survivors and providers had high levels of satisfaction with the screening process (Undie et al, 2016). Experience from HIV and health promotion services in LMICs indicates that those involved in prostitution are reluctant to approach services (Okala et al. 2009). Young people sexually exploited by prostitution may similarly be deterred from accessing services if they fear discriminatory responses from service providers.

INTEGRATING MATERNAL HEALTH, VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN:

An example of an integrated approach is the network of Women and Children Protection Units established in hospitals in the Philippines to provide a coordinated and informed health-care response to adult women and child victims of violence. It is estimated that 59 per cent of cases seen are cases of sexual violence (Department of Health Philippines 2011). No evaluation studies of these approaches have been identified as yet for LMICs however this is an approach that is recommended by the WHO in the gender based violence prevention strategy, RESPECT (WHO, 2019a).

TECHNOLOGY TO SUPPORT CAPACITY: The availability of expertise to enable good diagnosis of sexual abuse in health has been a factor that has contributed to variable practice. Telemedicine is an approach which aims to provide medical care at a distance using new technologies to communicate either directly with the patient or to provide specialist support to less experienced physicians. It is used in rural areas where there may be practical difficulties in transporting a specialist into the area or transporting the patient to see the specialist. An RCT evaluation of telemedicine in rural areas of the US found those hospitals that used telemedicine (101 patients) produced more complete, higher quality examinations and diagnoses of child sexual abuse than hospitals without (82 patients) (Miyamoto et al, 2014). Other technological innovations supporting responses to low resource settings include use of cloud based GPS enabled inventory management to ensure continuous supply of post rape care kits in the Democratic Republic of the Congo (Bress et al, 2019).

REPORTING: Recognising that laws and duties for reporting child sexual abuse vary across different national contexts, the WHO guidance *Responding to children and adolescents who have been sexually abused* (WHO, 2017) draws on a systematic review of research on health care professionals' values and attitudes on reporting cases of child sexual abuse to authorities to identify good practice principles for the ethical duty to report (WHO, 2017, GP 7, p.39).

EDUCATION SECTOR STRATEGIES

Given that children vulnerable to sexual exploitation are

often missing from school, the education sector could be well placed to identify this group. Evidence also suggest that teachers are common recipients of disclosure, and a qualitative study by Cossar et al. (2013) found that among people posting in an online support forum, they most commonly advised young people to seek help from teachers. Although efforts have been made to improve school child protection responses, no tested-effective studies could be found on identification strategies in schools. In some HICs, specially designated posts with responsibility for child protection have been set up to improve training, responses and coordination across different agencies. A cross-sectional study in the United Kingdom found that training and knowledge among these post-holders in relation to sexual exploitation is highly variable (Harper and Scott, 2005).

In LMICs, training initiatives in the education system may be helping to increase the numbers of children at risk of sexual violence and abuse who are identified. One 'whole school approach' in Zimbabwe, for example, not only trains teachers and administrative staff in understanding gender-based violence but also teaches them how to detect, refer and counsel children who have been identified (Management Systems International, 2008). Teachers are taught how to produce accurate records for referrals and for court cases. To allow time for these new roles, the school has lightened the teaching load so that teachers are able to spend time with children to complete the required paperwork. Evidence of impact has not, however, been found. Analysis of data on child protection and help seeking in Uganda from the *Good Schools Toolkit* evaluations found that first line responses to referrals made to child protection services were extremely poor and only 3.7% of children referred to child protection met the criteria for getting an adequate response (3.7%, N= 20, out of 529 children referred from a baseline sample of 3,706 children) (Child et al, 2014).

SOCIAL WELFARE AND CHILD PROTECTION STRATEGIES

Historically, the lead agency for child protection in HICs has been social work, which after needs assessment, has developed two main responses: family support, which involves social workers supporting the child and family to improve safety and care; and removal of the child to a place of safety, usually short-term care with a foster carer. In HICs evidence of outcomes for children who have been subject to orders for care or protection do not specifically consider protecting children from sexual abuse and exploitation (Davies and Ward 2012; Farmer and Lutman 2010; Wade et al. 2011). Identification and provision of protective services for children and young people who have been sexually exploited has recently been subject to scrutiny and efforts increased to improve responses (Jay, 2014; Mason-Jones & Loggie, 2019).

In the UK, a new approach to understanding, and responding to, young people's experiences of significant harm (including child sexual exploitation) outside of the family home – Contextual Safeguarding – is being piloted across a number of Local Authorities. Contextual

Safeguarding aims to expand the objectives of the UK child protection system – traditionally focussed on abuse within the family home – in recognition that young people are vulnerable to abuse in a range of social contexts (Firmin, 2017a). This approach has been adopted in, and is being promoted through, national child protection policy and guidance documents (DfE, 2018a). While the evidence base on the effectiveness of this approach continues to develop, a range of research findings produced by the team developing this approach distinctly makes the case for a more flexible and inclusive child protection system that addresses the welfare and protection needs of adolescents (Firmin, 2019a & 2019b; Firmin, 2018; Firmin, 2017b; Lloyd, 2018). A range of resources and papers have also been developed to aid improvement of Local Authority identification, assessment and response approaches to extrafamilial harm and can be found on the *Contextual Safeguarding network* (www.contextualsafeguarding.org.uk)

In LMICs where social welfare systems are not well developed and lacking in resources, identifying and responding to the needs of sexually abused and exploited children is more difficult. In many LMICs removal of the child into residential accommodation is the main child protection system response and the outcomes of this are not assessed (Roche, 2017). Research to track outcomes from child protection responses is generally only possible in relatively well resourced child protection systems. Research in South Africa, for example, tracked outcomes for child victims via police and child protection/social work records and found, despite comprehensive legislation and policy on child protection, poor implementation, resources and training for professionals left many children without an adequate response. Almost three quarters (74%) of cases referred to social workers did not get referred to the police for investigation. The police arrested only 75% of identified perpetrators and 58% of those arrested were soon released and sent back to the victim's home or community. Only 12% were convicted (Jamieson, Sambu & Matthews, 2017). Messages from this study have relevance for many child protection systems regarding the need for supervision and monitoring of social workers, effective case management, evidence-based and standardised assessments of children's needs, ensuring a child has a safe environment, good multi sector working, access to therapy and family support for the child and efficient methods of information management and planning.

CONFIDENTIAL CHILD HELPLINES: Child helplines have been set up in many parts of the world. The international movement to develop child helplines has been identified as good practice in the UNSVAC report (Pinheiro 2006) and elsewhere (ECSA 2011; UNICEF 2014b) as a strategy for reaching out to children who may find it difficult to talk about abuse and find help. Helplines provide easy access for children via mobile and landline telephones and, increasingly, web-based services (Child Helpline International 2011b; Fukkink, Bruns, & Ligtvoert, 2016). They are becoming more available globally, although the services offered are not standardized and vary significantly from place to place. In HICs, child helplines generally take

calls from children and provide an active listening service and, where information becomes available, they offer a protective response through referral. The UK Childline model, well supported by government funding, has been adopted by LMICs such as India, Malaysia and South Africa. There are many more small helplines that exist worldwide without government funding and are entirely reliant on donors or partners (Maalla M'jid 2008). Child helplines in LMICs fill gaps in the child protection system that those in HICs do not have to do – for example, providing education, housing or legal counsel or organizing direct interventions for recovery (covered in more depth in the final section) (ACPf, 2014; Fukkink, Bruns, & Ligtvoert, 2016). Child helplines often report annual figures on the numbers of children who call, why they call and other descriptive information on what they do (e.g., numbers of referrals), and it is possible to track trends in caller demand, which can help governments and civil society organisations plan and meet children's needs. Child Helpline International has analysed calls over a 10 year period and found differences in reasons for calls made in LMICs, many calls on safety and health issues, and HICs, where children more often call for emotional support with peer and family relationship issues (Fukkink, Bruns, & Ligtvoert, 2016). Increasingly child helplines are providing counselling services by mobile phone messaging. However, no long-terms studies have been carried out to evaluate the impact of child helplines on caller safety because follow-up methodologies are difficult when anonymity is promised to callers. Child helplines have a crucial role in providing direct access advice and referral for children including those in humanitarian contexts. For example, Childline India was swiftly established in the initial stages of the 2001 Gujarat earthquake and worked to refer vulnerable children to appropriate services (Childline India Foundation 2011).

PROACTIVE ENGAGEMENT: Services that do exist attempt to provide integrated services that prevent further exploitation and help children and young people to reintegrate. A co-ordinated approach is crucial because the needs of sexually exploited children and young people are multi-dimensional and not likely to be met by one sector alone (Creegan et al. 2005; Lynch, 2017; Pearce, Williams & Galvin, 2003). A non-experimental study of a service for sexually exploited young people in the UK found a decline in recorded episodes of young people in the service going missing, reduced conflict with families, improved ability to recognize risky and exploitative relationships and an increased awareness of service users' rights. The direct service focused on access, assertive outreach, advocacy and flexibility in service provision. Intensity of contact was found to be crucial in engaging service users (Beckett, 2011). While these types of services are valued by multi-agency partners and professionals, they are frequently underfunded and providing a service in line with national guidance has not always been easy to achieve.

ADVOCACY AND OUTREACH PROGRAMMES: To overcome the considerable barriers sexually exploited adolescents face in accessing protective services, advocacy and outreach programmes have been developed (Bovarnick, McNeish & Pearce, 2016; Scott et al, 2019; Smeaton,

2016). Outreach can take many different forms, home based, street based, travelling/mobile, satellite or peer models exist for work with sexually exploited adolescents (Scott et al, 2019). Outreach can reach vulnerable children and young people who are missed by other services, help identify unmet need, establish contact with hard to reach groups, motivate access to services, raise awareness about help and building trusting relationships between the advocate/outreach worker and the child or adolescent. The UK children's organisation Barnardo's developed the '4A's' approach to working with sexually exploited adolescents. This involved the four strands of Assertive outreach, Advocacy, Attention, and Access. The Assertive outreach involves the advocate going into a community, rather than expecting adolescent victims to come to a service. In the community an advocate offers services an adolescent may need, responding to their immediate and basic needs such as health care, showers and food. The outreach approach is based on the understanding that the advocate needs to build a positive relationship with the young person to effect change, identifying small manageable steps. Advocacy involves supporting the young person to get the services they need, sticking by their case and giving positive attention. Only qualitative studies of the programme were identified in this review (Bovarnick, McNeish & Pearce, 2016; Smeaton, 2016; Shepherd & Lewis, 2017). Advocacy has been found to: assist in building trusting relationships and help children navigate complex circumstances; speak up for children and act in their best interests; maintain momentum when required and improve decision making as well as spreading expertise in trafficking (Kohli et al, 2015). Advocacy programmes for sexually exploited young people set up by the Home Office in England are currently being evaluated (Keeble, Fair & Roe, 2018). There is movement towards understanding 'what works' and good or promising practice in human trafficking interventions (Hynes et al, 2019). Sexual exploitation survivor research in Cambodia has similar findings on the features of successful engagement and advocacy for young people (Cordisco et al, 2018).

CASE MANAGEMENT: Case management is one particular approach that is seen as good practice, across HICs (Cheung et al. 1991; Holmes et al, 2012; Sartore et al, 2015), LMICs (McCormick, 2011; Terre des Hommes, 2009; UNICEF Malawi, 2011) and, increasingly, humanitarian settings (IRC/UNICEF, 2011). There are different approaches to case management, depending on the client population needs but in general, case management is the process of a lead professional, often a social worker, assisting an individual child and his/her family through assessment of needs, direct support, referral to and coordination of other services (McCormick, 2011). Case managers may alternately be called 'key workers' 'advocates' or 'guardians', as identified in UNICEF guidance on the protection of trafficked children (UNICEF, 2006). Whatever the name, the case manager can advocate on the child's behalf, ensure any action taken is in the best interests of the child, co-ordinate the response and act as a consistent, trusted person for the child to engage with, as well as a single point of contact for those

different agencies to communicate with. This has been recommended for those working with child victims of sexual exploitation and internal and international trafficking for sexual purposes in many different contexts (Clawson and Dutch, 2008; Kohli et al, 2015).

In HICS, case management systems are usually statutory and are centred on collaborative and coordinated work with many actors (Gilbert, Parton et al. 2011). While evidence on impact for families and children is still limited, there is evidence of benefits from the method of general working involved - the assessment, individualised planning, coordinated services and monitoring of cases from initial contact to end of service (Sartore et al, 2015). Case management methods in HICs have developed in specific ways, responding to their own national and regional contexts and have not had the added pressures of dealing with complex situations that arise in LMICs. Case management systems that exist in LMICs and have developed very differently depending on country context (UNICEF Malawi 2011). While robust experimental evaluations with case management systems in LMICs were not found by this review, a study in Malawi at the pre-test and pilot phase of a case management system was identified. This system – developed by the Government with the support of UNICEF, donors, partners and other NGOs – aims to strengthen the overall child protection system and harmonize the practices of identification, assessment, referral and provision of support services. The system was developed using indigenous knowledge and building on a foundation already in place. The pilot test found that the service benefited users and that coordination reduced duplication and clarified roles and responsibilities of individuals working in child protection. It is anticipated that a post-test study will add further knowledge in this area (ibid.).

Case management is also recommended as a minimum standard for child protection in humanitarian settings in several guidance documents (e.g., Child Protection Working Group, 2012; IRC/UNICEF 2012), but knowledge is currently limited to practice in the field.

PRIVATE SECTOR

TRANSPORT SERVICES: The transportation sector has a key role to play in responding to sexual exploitation. Taxi drivers, trucking companies and bus and railway stations all serve as links between potential perpetrators of sexual exploitation and vulnerable children and young people (IPEC 2007). There are some notable projects that have attempted to tackle the problem in this sector. In Brazil, for example, the World Childhood Foundation has developed a national programme *On the Right Track* with the transport sector to combat internal trafficking for sexual exploitation. It includes private sector actors in transport who signed a pact that commits them all to a list of rules to combat trafficking for the purpose of sexual exploitation of children on Brazilian roads and highways. Promising evaluation findings are emerging

from this work (Werneck, 2015). The transport union in Burkina Faso has trained its staff, including bus drivers, on what child trafficking is and how and to whom to report cases. Lessons learned from the initiative have been shared in regional meetings, but so far no evaluation of this initiative has been found (IPEC, 2007).

NIGHT TIME ECONOMY: There are community based programmes that provide resources and training to the private sector and to services in the night time economy aiming to prevent and respond to sexual exploitation of adolescents. Limited process evaluations have been carried out but studies on prevention impact have not been identified. One example of such a programme is *Nightwatch,* a UK based initiative led by the children's organisation Barnardo's. This aimed to safeguard children and young people from sexual exploitation by increasing awareness among businesses and services working in the night time economy, by developing strategies, in co-production with these businesses and others, to identify and protect children at risk at night and by intervening early by providing advice, support, training and guidance. The project was delivered across 14 locations and included those working in fast-food outlets, hotels and bed and breakfast accommodation, accident and emergency services, and security service roles (such as, door staff). The programme had a wide reach measured by numbers of individuals in receipt of training and there is some positive evidence from the mostly qualitative evaluation that awareness of prevention and partnerships improved as a result (D'Arcy & Thomas, 2016). There was no data collected however on the impact on preventing or responding to child sexual exploitation (Thomas, 2019).

COMMUNITY LEVEL STRATEGIES FOR IDENTIFICATION, REPORTING AND CHILD PROTECTION

Protective services for children in many LMICs countries tend to be multi-sectoral or provided by NGOs and community groups, and they have more limited capacity and reach. For example, in Afghanistan, all protective services such as safe shelters and drop-in centres are limited to urban areas and often only open to children by day (Frederick 2010). In LMICs, safe houses and temporary shelters are usually seen as a last resort (Zabala 2001) and are often limited because they are expensive to run and difficult to sustain (Keesbury and Askew 2010). As a response to protect children the research evidence on shelters and residential care in LMICs is limited (Brodie & Pearce, 2017; Gale, 2019). UN guidelines for the Alternative Care of Children (United Nations General Assembly, 2009) and accompanying guidance (Cantwell et al, 2012) recommend use of alternative family based or foster care, limiting use to smaller group residential institutions on the basis of 'suitability' and 'necessity' and the gradual elimination of care for children in large residential institutions. Protection from exploitation and abuse and care of children and adolescents who, as a result of trauma, living on the streets or behavioural problems, may not be ready to return to family life may be

reasons why an individual child might need care in a small residential community (Huynh et al, 2019). However, there is also research showing that children are revictimised in residential care (Brodie & Pearce, 2017) and many children in orphanages and shelters are primarily there because of separation resulting from poverty, suggesting that preventive measures to support and reintegrate separated children with families would be better strategies (Gale, 2019; Stark et al, 2017b).

A number of civil society organisations are engaged in outreach work to identify children who are at risk of or who are currently being sexually exploited. For example, the "Meninas Adolescentes" project in Brazil provides a comprehensive service of prevention, protection and rehabilitation but also seeks to identify children through coordinated actions with schools and community centres. Once identified, the young person is invited to take part in further services offered and may be linked in to other organisations.

A range of community-level actors may be involved in helping to identify children at risk of sexual abuse and exploitation in HICs, but this will be dependent on the level of knowledge they hold in relation to these issues. Youth workers, volunteers, civic organisations and faith leaders are all examples of those at the community level who may have a part to play. Helplines exist for adults to contact for advice – for example, the NSPCC Helpline is offered in several different languages and is staffed by trained social workers who provide confidential advice about recognizing and reporting sexual abuse (www.nspcc.org.uk/helpline).

Although most of these projects keep data on caller numbers, there is little evidence from research on whether or not they lead to an increase in identification and referrals (Gilbert et al. 2009b).

COMMUNITY INVOLVEMENT IN CHILD PROTECTION: The *Stewards for Children, Darkness to Light* programme discussed in the previous section on prevention has been subject to a randomised controlled trial that included evaluating whether or not rates of reporting child sexual abuse increased in the areas where the programme operated. Letourneau, Nietert and Rheingold (2016) conducted an RCT in South Carolina comparing child sexual abuse reports made in three areas with *Stewards for Children* programmes with child sexual abuse reports made in three areas without this programme. Pre and post-programme implementation, child sexual abuse reports showed a significant increase in the numbers of child sexual abuse cases reported in the areas with *Stewards for Children* compared to areas without.

COMMUNITY BASED CHILD PROTECTION MECHANISMS (CBCPMS): include all groups or networks that respond to and prevent problems of child protection and vulnerable children. These mechanisms may include family supports, peer group supports, and community groups such as primary and secondary schools, non-formal education and vocational training structures, women's groups, religious groups, and youth groups, as well as traditional community processes, government mechanisms, and mechanisms initiated by international or domestic non-governmental

organisations (NGOs) (Prickett et al, 2013, p.5). In LMICs and humanitarian contexts, community-level mechanisms have become very important in supporting and strengthening child protection systems (Save the Children Sweden, 2010; Wessells, 2009; 2015). These may be formally established as community-based child protection or child welfare committees, to bring together a network or group of individuals at community level to work in a coordinated way toward child protection goals (De Sas Kropinwnicki, 2012). Identifying vulnerable or orphaned children and children at risk of abuse is one aspect of their work. These are increasingly being supported by child protection actors in NGOs and government to increase the impact and sustainability of the existing child protection systems and interventions (War Child, 2010). As they are based in local communities, they are well placed to identify local vulnerable children and can help to support the existing child protection system by facilitating links and access between community groups, family and kinship structures and national services (where they exist) (Save the Children Sweden, 2010). Community mechanisms can be largely internal (a mixture of traditional and outside influence) or externally initiated and supported.

Guidance in this area suggests that externally supported community-based mechanisms such as child-welfare committees are less effective because they undermine existing community ownership and resources. Effective community mechanisms are those that include local structures and traditional or informal processes for promoting or supporting the well-being of children.

Several studies in areas of conflict (De Lay and Knudsen, 2008; Kafuko, Tusalirwe & Opbo, 2015; Prickett et al, 2013; Stark et al, 2012; War Child UK, 2010; Walakira, Ismail & Byamugisga, 2013; Wessells, 2015) found evidence of the ways in which community mechanisms could strengthen existing systems by increasing access to services, strengthening relationships between civil society and government and supporting existing structures. One problem with community based child protection mechanisms is that many rely on the family as the first line of support in cases of child abuse. A study in Uganda found that a common response of families to protect a child was to regulate or restrict the child's activities. Community elders were not helpful to children because of the culture that everybody should mind their own business. Community based child protection groups need to be integrated with wider child protection services (Kafuko -Tusalirwe & Opbo, 2015; Wessells, 2015). A review by Wessells (2009) found that gender-based violence was not commonly covered in studies and documentation of community mechanisms he reviewed, making assessment of their usefulness in protecting children against sexual abuse and exploitation difficult. While these systems have been found to be effective under the right conditions, there is no clear evidence about their effectiveness in helping to identify and refer children and adolescents who are at risk of or being sexually exploited although there is qualitative research that shows that associated risks such as teen pregnancy, poor school attendance and transactional sex may be reduced (Wessells, 2015).

RESET (Bailey et al, 2015; Mace et al, 2015) is a multi-agency community engagement project developed in Australia to improve identification and reporting of child sexual abuse cases within Aboriginal communities where risks are known to be high but rates of reporting currently low. RESET involves creating an interdisciplinary mobile team bringing together police, child protection, family support services with responsibilities for proactive outreach, to engage with and consult with members of the community, sharing responsibility with them to identify the nature and extent of child sexual abuse in the area, its underlying causes and devise a collective action plan that builds relationships, capacity and strengths to respond. Bailey and colleagues (2015) report on the quantitative evaluation of data on reporting, arrest and prosecution trends. Significant increases in reporting, arrests, prosecution and convictions for child sexual abuse cases were observed in the RESET sites compared with the four control sites that had no RESET programme. Mace and colleagues (2015) evaluated the effectiveness of RESET via a qualitative evaluation involving 64 stakeholder interviews 18 months into the project. It was found that the four elements of RESET success were proactive outreach, dedication to capacity building, taking a holistic focus to the community problems and establishing relationships to facilitate trust. While these findings are encouraging, further follow up studies in different areas will be needed to support any conclusions about effective approaches to increase reporting in minority communities.

SPORT: Sport is an area where children and young people can be vulnerable to sexual abuse and where there is often a lack of supervision of coaches and teachers. Mountjoy and colleagues (2015) report on the introduction of new international standards for safeguarding children in sport developed by the International Safeguarding Children in Sport Founders Group. The article refers to research conducted with stakeholders to guide the implementation of the safeguards which emphasised the importance of tailoring responses to the local context. The model's safeguards include establishing procedures, providing advice and support, guidelines for behaviour, partnership work, effective training and monitoring and evaluation. No research on the impact of these standards was found in this review although this may emerge if monitoring and evaluation recommendations are implemented in sports organisations. In the Netherlands there is a telephone helpline for child sexual abuse in sport which was established by the National Olympic Committee and the Netherlands Sports Confederation following a high profile case in this country. A recent study by Vertommen (2015) found that this had been useful to sports organisations: 42% of calls to the helpline from 2001 to 2010 were from staff concerned about abuse of a child. The level of calls provides some evidence that professionals will seek advice on identifying cases of sexual abuse.

ONLINE ABUSE REPORTING: In the UK, and in similar jurisdictions, organisations such as CEOP (Child Exploitation and Online Protection Centre) part of the National Crime Agency, the National Child Exploitation

Coordination Centre (part of the Royal Canadian Mounted Police) and FBI in the USA have established methods to identify victims of online abuse, to enable young people and adults to report abusive images and sites as well as develop resources to support prevention (as previously discussed in Section 4) and to identify and apprehend offenders. Reports from these organisations show increases in online abuse reporting and increases in the numbers of child victims identified online although most of the research has centred on the impact on offenders. A five-year evaluation of Canada's national strategy for the protection of children from sexual exploitation on the internet by Public Safety Canada (2015) found that during the time period 2008-13 there had been a significant rise in reports from the public to the online abuse reporting site, cypertip.ca during the evaluation period, although factors outside the strategy will have contributed to this. The increased reporting was noted to have put pressure on the resourcing of law enforcement agencies. Interagency communication and problems with the roll out of the national 'child exploitation tracking system' (CETS) were found to hinder the coordination of the strategy's approach.

CHILD, FAMILY AND RELATIONSHIPS

Although known adults or peers, including relatives, are the most prevalent perpetrators, family and friends also play a key role in protecting children. They often identify and report sexual abuse (McCormack et al. 2005). It appears that although family support has been crucial in child protection work, most of the research literature has centred on the family role in prevention or in supporting recovery and reintegration. In some cases, as in work by Save the Children Alliance in Afghanistan, children have participated in developing broader child protection procedures. A child protection monitoring tool was developed for children to record child protection incidents and to help them identify and plan protective actions (Frederick, 2010), although information on its impact has not been found. Parenting support is a feature of many combined programmes such as COMPASS discussed later.

Parents against Child Exploitation (PACE) is one of the few voluntary sector services in the UK dedicated to supporting parents whose children are – or are at risk of – being exploited by perpetrators external to the family. They operate a 'relational safeguarding' model, which recognises the impact of CSE on the whole family, values parents' vital role in safeguarding their children, and takes a holistic approach working alongside parents to protect and safeguard their children (PACE, 2019). Parent Liaison Officers work with parents to build resilience, strength and empowerment to play a safeguarding role. A qualitative evaluation of the relational safeguarding approach with 14 parents and 14 professionals found those who had support from Parent Liaison Officers had good attendance at court and parents reported better understanding of CSE and confidence in safeguarding their children (Shuker & Ackerley, 2017; PACE, 2019).

PEER SUPPORT: Peers and siblings can be an important source of protection and help for maltreated children, although there has been little research on this in HICs

(examples are Allnock, 2015; Mudaly and Goddard 2006) or LMICs (one example is Meinck 2014). Friends of adolescents (aged 12 years and over) can provide practical, moral and emotional support to peers experiencing sexual abuse in childhood (Allnock, 2015) but intervention responses have rarely recognised this. Enabling children and adolescents to protect themselves has had more attention. Most efforts to build on children's roles in child protection in HICs have focused on online abuse. There are simple but important ways that children can protect themselves and others through opportunities to report abuse easily in the online environment (Ospina et al. 2010). Internet providers and software packages can provide parents with ways to monitor their children's online activities, although the evidence is mixed as to the effectiveness of some software (Quayle 2012).

HUMANITARIAN CONTEXT SPECIFIC RESPONSES

CHILD FRIENDLY SPACES: UNICEF's Gender Based Violence in Emergencies strategy recommends creating safe environments inside camps for women and girls to access confidential services and resources (UNICEF, 2017c). In humanitarian and emergency settings, child-friendly spaces have been used with increasing frequency to provide protection for children (Save the Children Sweden 2010). These are also places where children may be identified and referred to other services. Child-friendly spaces are recommended as good practice in guidance on sexual exploitation in emergencies based on experience in the field (CCF 2008; Save the Children Sweden, 2009). Guidance on child friendly spaces has also been produced (Save the Children, 2011a). Many examples exist such as those set up by UNICEF in Indonesia following the 2004 tsunami. Many centres have gained long-term sustainability by transforming into more formal service providers. A review of the literature (Agar and Metzler, 2012) on child-friendly spaces did not identify any impact on identification methods but did find outcomes for protection. Several studies documented an increased sense of safety among children (Eber et al, 2014) and a decrease in sexual exploitation and rape (Agar and Metzler 2012; Kostelny, 2008; Madfis et al. 2010). One study found an increase in child rights awareness, which meant children were more likely to tell someone if they saw something bad happening (Gladwell 2011). Other studies documented a decrease in physical injuries since the start of the child-friendly space intervention (Kostelny, 2008). The study by Metzler et al (2014) found some increases in sexual harassment if children had to walk across the camp to get to the child friendly space and a review for the International Federation of Red Cross and Red Crescent Societies notes that violence within child friendly spaces is an issue that needs attention. Building on the earlier evidence review which found a lack of robust outcome evaluations (Agar & Metzler, 2012), World Vision has supported research on child friendly spaces in several regions, including some comparison between children attending child friendly spaces and children who did not attend, considering vulnerability variables (World Vision,

2015). This concluded that there is evidence that children benefit from child friendly spaces, for example improved literacy and numeracy, but the impact is varied and often small. No information on impact regards sexual violence was found. Further thought needs to be given to what aspects of child friendly spaces and activities undertaken are effective. Key issues seem to be programme quality and fit with local circumstances. Risks faced by children require assessment in context as needs may vary in relation to age, centre location in urban or rural contexts etc. Child friendly spaces are less successful in engaging with older children and adolescents and the nature of activities offered should be reviewed so these are relevant to their needs. Follow up evaluations are required to assess the impact of these programmes on children and young people in the longer term.

The COMPASS programme, Creating Opportunities for Mentorship, Parental involvement and Safe Spaces, (now renamed Safe Place to Shine) is a combined safe spaces, parenting support and adolescent empowerment programme supported by the International Rescue Committee and evaluated by Columbia University in Pakistan, Ethiopia and the Democratic Republic of Congo (Falb, 2016; Stark, 2018; IRC, 2017). COMPASS included the following three core interventions:

- Adolescent girls' life skills sessions: weekly discussions with groups of adolescent girls in allocated safe spaces, facilitated by young female mentors.
- Parent/caregiver discussion groups: monthly discussions with parents/caregivers of adolescent girls participating in the programme.
- Service provider support: targeted training and ongoing support to develop knowledge, capacity and skills regarding the specific needs of adolescent girls, and particularly those who have experienced gender-based violence (GBV).

RCTs in all three countries found a number of positive outcomes from COMPASS for girls (e.g. more friends, more hope for the future), parents (e,g. improved relationships with girls) and services (increased use of services). The programme increased girls' knowledge of services so that those who took part in COMPASS were twice as likely to go for help if sexual violence was experienced. COMPASS provided girls with a safe place, but its broader impact on girls' safety was unclear. Although there was an overall reduction in girls' reported exposure to GBV in DRC from the beginning of the programme to the end of it, the evaluation could not demonstrate that this change came as a result of COMPASS. The evaluation also did not show a statistically significant improvement in girls' feelings of safety outside the safe space in Ethiopia or DRC. Consultation with girls was essential throughout the programme to ensure it was flexible and relevant to girls' needs. The evaluations also show that it is important to have quality GBV services and trained staff to implement COMPASS (IRC, 2017; Stark, 2018).

PEACEKEEPER RESPONSES: A review of evidence highlighted the importance of humanitarian and peacekeeping personnel assisting in the establishment of community initiatives to identify and respond to sexual violence. Examples include initiatives such as "Building Communities around Safety" (led by UN police officers in Darfur), which have involved creating women's desks in camps and other groups that can respond to sexual violence and collect data, allowing humanitarian agencies and the United Nations to more effectively target activities (Anderson, 2010). Uniformed peacekeepers have worked with humanitarian agencies to establish grass-roots referral networks for sexual violence victims to facilitate access to medical/psychosocial support.

Humanitarian organisations have developed safeguarding policies to protect children from abuse and exploitation by staff in those organisations as well as provide staff with clear guidelines for responding to abuse disclosed in the course of their work. Save the Children International, for example, developed policies that include: a global safeguarding policy; a code of conduct for staff; global human resources policies for recruitment, induction, staff development and training; whistle-blowing pathways; and country-specific child protection procedures (Save the Children, 2011b).

There is often a resistance to reporting, investigating and punishing abuse. A key issue for this sector is that peacekeeping forces are not accountable to the host country's criminal jurisdiction but to the country that deployed them. Steps should be taken to address a culture of impunity by sending clear messages to military and police travelling into humanitarian settings that sexual abuse and exploitation will not be tolerated. For example, certain countries have taken steps to hold peacekeepers accountable by implementing disciplinary action. It is far from clear, however, how successful these measures are in protecting children and adolescents from sexual abuse and exploitation, given the difficulties in gathering evidence and calling witnesses at a distance from the setting in which the abuse occurred (Bastik et al. 2010). To address these problems, it is recommended that troop-contributing countries hold on-site court martials in the country where the alleged offences were committed (United Nations General Assembly 2006).

REVIEW QUESTION 3:

What is known about effective approaches to identify and protect child and adolescent victims of sexual abuse and exploitation, online and offline?

Identification

There are many reasons why it is difficult to identify children living with sexual abuse and exploitation. These will differ according the age of the child, the nature of the abuse and the relationship and context in which it occurs.

Universal challenges to identification include:

1. barriers to disclosure by children and adolescents, especially social stigma, shame and secrecy;
2. lack of awareness, understanding and recognition of sexual abuse and exploitation among parents and the wider public;
3. there is often no immediate physical evidence to indicate abuse
4. professionals' lack of skills and training in identification and response;
5. poor multi sector coordination and information sharing;
6. a policy, cultural or organisational context that blames or criminalises the victim, normalises child abuse and/or does not support identification and child protection responses.

A wide range of efforts to improve the identification of children who are sexually abused or sexually exploited have been made. These include: public education campaigns encouraging victims to access services; programmes for children in education settings or the community urging them to 'speak out', i.e. tell a trusted adult about abuse to themselves or to other children; providing confidential services such as helplines that allow children to talk about their worries, including abuse; improving the accessibility or 'child friendliness' of services; forensic methods of screening online to identify victims or perpetrators; hot spot policing and traffic stop policies; screening/directly asking about victimisation in health care settings; screening vulnerable groups for indicators thought to be linked with sexual exploitation; training parents, communities or professionals on how to 'spot the signs' of sexual exploitation and how to respond; setting up specialist outreach and advocacy services to engage with vulnerable groups such as runaway or trafficked children; multi-agency data sharing to aid early identification and coordinated action.

Public awareness campaigns have assessed reach (e.g. number of leaflets distributed or audience size) and sometimes changes in contact with services, but without additional strategies and resources, impact on access to services may be short lived.

Education and training programmes targeting professionals frequently measure only changes in levels of awareness and knowledge or self-reported motivation to apply the knowledge to identify victims or speak out about abuse.

Programmes that include adequate investment of resources with training for professionals and integration into wider child protection services, are more successful in increasing identification and access to services for children and adolescents. This is also the case for specialist services such as one stop shop or integrated health services for rape and sexual violence or child maltreatment.

Health workers play a key role in identifying sexually exploited and abused children, and training and indicators of sexual abuse and exploitation have been provided in HICs and LMICs, especially in connection with STI/HIV services. Guidance, common assessment, treatment and referral methods are essential for effective identification and response but need to be supported by adequate training, take up by the community and services to respond to referrals.

Screening has been implemented in primary care in the US and in emergency contexts, e.g. in Uganda, and preliminary results show this increased identification and referral rates and survivors and providers

were satisfied with screening. Although often recommended, no evidence was found on the effectiveness of screening for child sexual abuse and exploitation in health.

Reporting

Under-reporting of child sexual abuse and exploitation is a problem identified in most jurisdictions. Mandatory reporting increases reporting rates but is ineffective without sufficient resources for assessment and support for children and families identified. Encouragingly, in Australia introducing mandatory reporting brought increased reporting of child sexual abuse. Some contra-indications have been found for mandatory reporting, such as avoidance of services by parents/survivors fearing loss of their children, harm to professional or therapeutic relationships with the child or family, overloading resource poor services. It is not known if increased reporting improves safety for children and adolescents. To address barriers to reporting and access to services, it is important to have context specific assessment and involvement of children, adolescents and communities in implementation so programmes fit with local circumstances.

Child Protection Responses

Child protection services in HICs have been the main agency responsible for protecting children from sexual abuse and exploitation, although there is a lack of evidence on outcomes for children and on what responses are the most effective.

Child protection in LMICs is more commonly provided through NGOs and community groups and services tend to be thin and unevenly spread.

Case management is seen as good practice across HICs, LMICs and, increasingly, humanitarian settings and although evidence on outcomes for children is limited, research shows clear benefits from good case management methods.

Outreach services for sexually exploited children and young people are successful in engaging with young people who avoid service contact e.g. Barnardos, UK 4 'As' model, runaways programmes in the US however more research on outcomes is needed.

Integrated or one-stop shop identification and response teams, as in health, or child welfare e.g. Thuzulela services in South Africa, SARCs in UK, Children's Advocacy Centers in the US, Barnahus/children's house, can bring an increase in numbers of sexual abuse and exploitation victims using services, increases in non-offending caregivers' satisfaction with the child's treatment and swifter provision of therapeutic help and support. In HICs some of these services have been shown to lead to increased offender prosecutions.

Evidence in post-conflict and/or humanitarian contexts remains particularly low.

TABLE 7. Summary of evidence on identification, reporting and protection

IDENTIFICATION AND PROTECTION ACROSS DIFFERENT SECTORS		QUALITY OF EVIDENCE HICS	QUALITY OF EVIDENCE LMICS
National	Mandatory reporting – leads to increased reporting of child sexual abuse cases but increased resources are needed to respond. Few studies have followed up responses to assess outcomes for children. Adverse impacts include damage to therapeutic/professional relationship with a child and family, deterrent impact on child or parental help seeking.	Prudent	Prudent
	Evidence based guidelines on identification, assessment and multi-agency referral responsibilities – evaluations mostly measure impact on professionals, system efficiency and policy implementation.	Prudent	Prudent
Multi sector	Multi-agency identification, assessment and coordinated response mechanisms Example: *MARACs* in UK. Evaluations limited and mostly measure impact on professionals, system efficiency and policy implementation.	More research needed	
	One stop shop sexual health/gender based violence services – e.g. *Safe* in Bangladesh Impact on physical violence from partners for girls aged 15 -19 years in mixed gender group; evidence of take up of sexual health services e.g. Panzi hospital project DRC; Copperbelt project; evidence that examination services can be done by forensic nurses; little impact on prosecutions.	More research needed	More research needed
	One stop shop services for children/children's houses/ child advocacy and support services e.g. *Barnahus* in Europe & South Africa, CACs US & Canada, *Chikwanekwanes* in Malawi. Evidence of take up of services, caregiver & child satisfaction and possibly improved access to therapeutic support although outcomes rarely evaluated. CACs in HICs do not increase rates of disclosure but increase use of forensic interviews and medical examinations. Early on in the justice process CACs have better justice outcomes than standard practice. Impact on prosecutions is mixed/limited.	Prudent	Prudent
	Coordinated programmes to respond to gender-based violence and child maltreatment, e.g. specialist women and children protection units e.g. Philippines. Limited research on impact.	Prudent	Prudent
	Helplines for professionals e.g.: trafficking helplines. Increases in service take up but evidence of impact on safety of children and adolescents limited. Likely to be useful in developing capacity in the context of comprehensive community response programmes.		Needs more research
	Training professionals to identify and report child sexual abuse/sexual exploitation e.g. *Stewards of Children* in the US. Cases reported to authorities rise but it is not known if increased reporting has an impact on quality of responses given and outcomes for children reported.	Prudent	Prudent

TABLE 7. Summary of evidence on identification, reporting and protection (*continued*)

IDENTIFICATION AND PROTECTION ACROSS DIFFERENT SECTORS		QUALITY OF EVIDENCE HICS	QUALITY OF EVIDENCE LMICS
Criminal justice	Cross-national police collaboration online victim and CSAM identification. Increases in rates of detection and take down of CSAM.	Prudent	Prudent
	Patrolling 'hot spots' for sexual exploitation – research on impact limited. A study in Texas found this led to an increase in the number of missing and sexually exploited children identified	Needs more research	Needs more research
	Special police units (e.g., Family Support Units; Children's Desks, Tanzania). Evaluations are few but audit data mostly measure impact on professionals, system efficiency and policy implementation.	Needs more research	Needs more research
	Investigative child interview protocols (e.g. NICHD protocol)- NICHD protocol found to improve evidence collected, although not for pre-school aged children.	Promising	
	Special measures for vulnerable and child witnesses – some positive outcomes in terms of client satisfaction but service provision is uneven.	Prudent	Prudent
Health	Screening for sexual violence – there is evidence from primary and ante natal care in the US and UK and from emergency contexts in Uganda that this can be implemented, can increase identification and referral rates and survivors and providers were satisfied with the screening but it is not known if this leads to better responses. Harmful impacts include risk that victims may not access health care due to concerns about confidentiality.	More research needed	More research needed
	Screening for trafficking victims – research in the UK found that most referrals to health have already identified the child as a potential trafficking victim. Health professionals need training on what to do to protect the child.	Ineffective	
Education	Training education professionals on sexual violence prevention and response Evaluations show a positive impact on levels of knowledge and intent to report but limited evaluation of impact for child or adolescent victims.	More research needed	More research needed
Social welfare & child protection	Child helplines or report abuse lines for adults – children call services and access services as a result, but evaluation of outcomes is limited	Prudent	Prudent
	Advocacy and outreach programmes e.g. Barnardo's UK, trafficking advocacy. Qualitative evidence of effective engagement with sexually exploited young people, reaching vulnerable groups missed by other services, some improvements in wellbeing and access to other services & client satisfaction	Prudent	Prudent

TABLE 7. Summary of evidence on identification, reporting and protection (*continued*)

IDENTIFICATION AND PROTECTION ACROSS DIFFERENT SECTORS		QUALITY OF EVIDENCE HICS	QUALITY OF EVIDENCE LMICS
Social welfare & child protection *(continued)*	Case management systems – limited research on impact for children and families. Evidence on service efficiency from improved assessment, individualised planning, coordinated services and monitoring of cases from initial contact to the end of service. In Malawi it was found case management reduced service duplication and was received well by families and professionals	More research needed	More research needed
Private sector	Involving the transport sector in identification and response., eg *On The Right Track* truck drivers programme in Brazil. Limited evidence on impact found.	More research needed	More research needed
	Training and support for services in night time economy. Limited research suggests improved awareness but only limited information available on impact on referrals, eg *Nightwatch*	More research needed	More research needed
	Online report abuse buttons, lead to increase in public reports of CSAM or harmful materials	Prudent	Prudent
Community	Crisis centres and shelters, limited evaluation of outcomes in LMICs. While mostly qualitative research on GBV in HICs shows positive impact of shelters on adult women's safety, residential care for children and adolescents can bring additional risks of harm and should be a last resort	Ineffective	More research needed
	Community-based child protection committees – Data on impact on children is scarce. In LMICS these often rely on families as the first line of support and links with services and child welfare may be poor		More research needed
	Whole village/whole town interventions (e.g. operation *RESET,* Australia; *Reach Out*, Rotherham, UK) – Increased reporting of child sexual abuse found in Australian indigenous communities	More research needed	
Child, family and relationships	Peer support Qualitative studies show mostly positive impact for older children but limited research found on how to strengthen peer support	More research needed	More research needed
Humanitarian Crisis-specific	Child-friendly spaces- some are associated with reduced rates of rape and exploitation although there is counterevidence that in some contexts children are at increased risk walking across camps to reach these facilities. Parents report reduced concerns about child trafficking. There is no evidence from reviews of increased community capacity to protect children and adolescents.		More research needed
	Combined safe spaces, empowerment and life skills, GBV prevention and parent support e,g *COMPASS/ Place to Shine* IRC RCTs show a number of positive benefits for well being of adolescent girls but only one RCT found reductions in sexual violence and this could not be attributed to the programme.		More research needed

7 PREVENTING RE-OFFENDING

This section discusses the evidence on the effectiveness of interventions to prevent further offending. Deterence of child sex offenders and preventing re-offending is an essential part of child protection. Having legislation that is compliant with international standards on human rights is an important first step in creating an enabling national context for responding to child sexual abuse and exploitation (WHO, 2016a; WHO, 2019a). Available evidence suggests that the certainty of being caught is a stronger deterrent to re-offending than the severity of a sentence and sentences for offenders that are viewed as 'too tough' can create reluctance to enforce (Ritchie, 2016). The management of sex offenders requires law enforcement, monitoring their activities in the community and attempts to change behaviour, social norms and institutional/organisational practices.

There are considerable gaps in the evidence. The discussion of the treatment of adult sex offenders draws entirely from research completed in HICS, where most of the work has focused on the small proportion of offenders who are convicted and incarcerated, rather than the majority living in the community. No evaluations of programmes to prevent re-offending by perpetrators of child sexual abuse or exploitation were found in LMICs although there are primary prevention programmes that address gender-based violence (see Section 5). Apart from studies that include treatment of perpetrators who access or produce online CSAM, no evaluations of interventions specifically to prevent further child sexual exploitation offending were found and this seems to be a gap in the research (Drummond & Southgate, 2018). Evaluated treatment programmes for children and adolescents with harmful sexual behaviours are similarly limited in number and originate primarly from HICs.

Multi-sector coordination

HICs such as the United Kingdom and United States have put substantial resources into the surveillance and monitoring of sex offenders in the community, grading the level of resource to the level of offender risk assessment. The purpose of community-based monitoring and risk management, usually performed by probation officers – and, in England, by multi agency public protection panels (MAPPAs) – is to protect the public and especially children from the offender living in the community and also to reduce the level of perpetrator risk via behaviour management supported by delivery of a perpetrator treatment programme. Researchers have explored the effectiveness of sex offender risk assessment and risk management methods (Andrews et al, 2006; Hanson and Morton-Bargon, 2009), but concluded that it is not known whether the resources devoted to monitoring in the community have had an impact

on improved public safety. A study for the Ministry of Justice in England found evidence that MAPPAs may have reduced re-offending rates especially for offenders convicted for the most serious offences. MAPPAs may be associated with a four percentage point reduction in proven reoffending by new MAPPA eligible offenders, and a two percentage point reduction in serious reoffending found from 2000 to 2010 (Bryant, Peck & Lovbakke, 2015). As with any multi sector coordination approach, the success of working together is heavily reliant on the availability of resources to provide a holistic and coordinated response.

Crime and justice

SEX OFFENDER REGISTRATION AND NOTIFICATION:
Research on registration and notification schemes in the US indicates these are ineffective for preventing re-offending. In the US SORN policies include public notification so that members of a community are informed via the internet, SMS and other alerts if sex offenders are released into the neighbourhood (as previously discussed in Section 5). This public notification approach has been more frequently researched but there are also offender registration schemes, e.g. in the UK and Australia, and in LMICs such as Argentina, Chile, Jamaica, that do not include automatic public notification (US Dept of Justice, 2016). The non-public registration schemes exist largely to aid law enforcement in monitoring offenders and have a different impact on re-offending (Napier et al, 2018). In the US, Letourneau and colleagues conducted five studies looking at whether sex offender registration and notification schemes (SORN) in South Carolina helped reduce re-offending, three looked at the impact on children with harmful sexual behaviours and young adult offenders (aged 18-21 years, referred to as 'youth') and two studies looked at the impact on adult offenders (Letourneau & Armstrong, 2006; Letourneau et al, 2010a; Letourneau et al, 2010b; Letourneau et al, 2013; Levenson et al, 2012). Findings differed for adults and youth. Follow up over a (mean) 8.4 year period of 19,060 youth in South Carolina who commited sexual offences found SORN had no impact on recidivism (Letourneau et al, 2010b). One study found that adolescents who were registered were more likely to commit other non-person offences than were those not registered (Letourneau & Armstrong, 2008). There are concerns that young people may also be subject to registration schemes when involved in consensual sexting with another adolescent (Dodge & Spencer, 2018; Napier et al, 2018). For adults, a significant deterrent effect of SORN policies was found for first time adult sex offenders in 1995, the year that internet notifications were introduced (Letourneau et al, 2010a). Other studies with adult sex offenders have found no impact on re-offending (Zgoba, Jennings & Salermo, 2018) and SORN policies may have been counter-productive (Sandler at al, 2008). Bonner-Kidd (2010) highlights the collateral damage of US policies in terms of vigilante behaviour in the community and the severe restrictions imposed on where an offender can live, making the possibility of an offender finding employment and leading a 'good life' more remote. Tewksbury, Jennings and Zgoba (2012) analysed re-offending for two matched groups of sex offenders before SORN (1990-1994, N=247) and after

SORN (1996-2000, N= 248) in New Jersey. They found SORN polices had no impact on reoffending. Three quarters of sex offenders were assessed as a low risk of recidivism and high risk offenders were most likely to re-offend and do so soon after release from prison. SORN was unrelated to re-offending risk. These findings were confirmed by a longer term follow up study in New Jersey where re-offending rates were analysed for an average of 15 years after release from prison (Zgoba, Jennings & Salermo, 2018). A review of registration and notification schemes in Australia and other HICs also noted that recidivism rates for sex offenders are lower than for other crimes (between 10 to 14% reoffend) (Napier et al, 2018) so targeting the community monitoring better to offender risks may be more effective than public notification. Napier et al concluded that non-public registrations are effective for police and other agencies monitoring offenders in the community. As most sex offenders are already known to the victim, public notification is unlikely to improve public safety (Napier et al, 2018).

ONLINE RESTRICTIONS FOR SEX OFFENDERS:
Management of sex offenders in the criminal justice system and community often includes restrictions on use of the internet (Chan, McNeil & Bunder, 2016). Research on the impact of these restrictions on re-offending was not identified suggesting this may be a gap in the research.

ADULT SEX OFFENDER TREATMENT

Treatment programmes can be the responsibility of the justice system, of health and mental health services, an NGO or a range of services working together. To simplify the discussion all treatment of sexual offenders will be covered in this section on the justice system response. It should be noted that the distinctions between medicalised responses and justice system responses across different jurisdictions may influence outcomes and implementation. It has not been possible to consider these issues in this study.

There has been fairly extensive but inconclusive research into adult sex offender treatment programmes. Research on effectiveness exists in many jurisdictions including the USA, Canada, UK, Australia, New Zealand, Sweden, Holland and Germany. The most commonly employed treatments include cognitive-behavioural therapy (CBT), designed to change the attitudes and distorted cognitions that underpin sex offending behaviour as well as to teach sex offenders to manage their behaviour (Hanson et al, 2009). Some programmes, especially in prisons, have combined CBT and pharmacological treatment. However, a systematic review of these programmes found the research on pharmacological treatments to be limited with no RCTs and no recent studies of drugs currently in use in prisons (Khan et al, 2015). This is an area identified as needing further research. Other approaches draw on the Good Lives model which takes into account motivations to sexually harm children, recognising these in therapy and behaviour management and encouraging pro-social behaviour using a range of strengths based therapeutic methods (Ward & Brown, 2004). Most adult offender treatment programmes have focused on convicted sex offenders and men in prison although community based treatment programmes also exist.

Although some positive findings have emerged from meta-analyses and systematic reviews on sex offender treatment, they are limited (Hanson et al. 2009) and the research quality is still regarded as being too poor to support any conclusion on effectiveness (Gronnerod, Gronnerod & Grondahl, 2015). Programmes that are specific to offenders' needs and learning styles are more effective at sustaining motivation among offenders (Hanson et al, 2009). While one review of psychological treatments for sex offenders that included experimental (RCT) and cohort studies concluded that treated sex offenders had lower recidivism rates than non-treated sex offenders (Walton & Chou, 2015), most reviews of sex offender treatment programmes have found only limited evidence for reduced recidivism (Dennis et al. 2012; Langstrom et al, 2013). One meta analysis specifically focused on psychological treatment of adults convicted only of sexual offences against children found 14 studies, only nine were rated as good to weak on scientific quality but no evidence was found for any treatment effect on recidivism (Gronnerod, Gronnerod & Grondahl, 2015). In the UK an extensive study of the impact of the CBT prison based sex offender programme, compared outcomes over an average period of 8 years with (a matched group of) offenders who did not receive the programme. It was found that men who had been on the treatment programme were more likely to reoffend than men in the matched comparison group (HMIP, 2019; Mews et al, 2017). The sex offender programme was subsequently withdrawn and redesigned. Little evidence has been found on the effectiveness of treatment for female sexual offenders (Gannon & Alleyene, 2013).

There is some evidence that community based treatment programmes for adult sex offenders may produce better outcomes for reducing re-offending when compared with usual supervision provided by probation services (Lambie & Stewart, 2012).

RESTORATIVE JUSTICE FOR ADULT OFFENDERS: Restorative justice approaches aim to involve the victim/survivor, offender and community in acknowledging and confronting the harm caused by sex offending, the offender making reparations to the victim/survivor and the community, the offender changing his behaviour with the support of members of the community and then moving towards a position of re-acceptance and reintegration. Restorative justice (RJ) models are regarded as more suitable for minority communities and young offenders than conventional law enforcement approaches which can be experienced as discriminatory (Braithwaite, 1989). Restorative justice approaches aim to divert offenders away from the penal system as well as involve members of the community in managing offender behaviour and reintegrating them safely into the community. Evidence from research on restorative justice for general criminal behaviour indicates that offenders, especially young offenders, benefit most but victims and survivors are not always adequately supported in feeling safe (Braithwaite & Daly, 1994; Daly, 2006). Not all schemes seem to directly focus on support and recovery for victims. One review found that while 60% of the restorative justice programmes evaluated had a clear victim/survivor focus, 40% focused primarily on perpetrators of child sexual abuse and reducing re-offending (Bolitho & Freeman, 2016). The experiences of adult victims of sexual violence of RJ schemes

in the USA seems to vary with the closeness of the prior relationship with the offender (Koss, 2014). As yet, findings focusing on safer outcomes for child and adolescent victims are limited (Wilson et al. 2010) although two studies from Australia were found (discussed below, Daly, 2013; 2006).

An example of a restorative justice approach applied to sex offenders and victims is the *Circles of Support and Accountability* (CoSA) programme which has operated in the US, UK and Canada. The approach developed in Canada in the 1990s within the Mennonite faith community as a response to concerns about public panic over sexual offenders (Wilson et al. 2010). It involves volunteers providing community support and practical help to high risk sexual offenders released into the community to reduce their social isolation and rate of recidivism. A systematic review of research literature on Circles of Support found 19 publications of which six empirically studied the impact of the CoSA approach (Wilson, Bates & Vollm, 2010). Four were from Canada (Cesaroni, 2001; Wilson et al, 2007a, 2007b, 2009) and two from the UK (Bates et al, 2007; Haslewood et al, 2008). The findings from the studies are described as 'encouraging' but the authors conclude that further high quality research is needed. A second review for the Australian Royal Commission into Institutional Responses to Child Sexual Abuse concluded that there is strong evidence for the effectiveness of CoSA (Bolitho & Freeman, 2016).

The CoSA studies to date have drawn results from small samples of offenders. The first Canadian evaluation study by Wilson, Picheca and Prinzo in 2005 (published 2007) compared 60 matched high risk sexual offenders in an CoSA group with 60 offenders not in a group and living in the community. Following up over an average period of four and a half years, it was found that men in the CoSA group had significantly lower sexual, violent and general crime reconviction rates than men in the comparison group. The sexual crime reconviction rates for the CoSA men was half that of the men in the comparison group (8.5% for CoSA men, 16.7% comparison group, p=<0.01). The study does not describe the eligibility criteria for the CoSA group so bias in motivation towards change among the CoSA men may have influenced the findings. Subsequent research by Wilson, Cortoni and McWhinnie (2009) replicated the findings from the earlier research showing lower rates of reconviction when comparing 44 men on CoSA programmes with 44 offenders in the community who were not in a CoSA group. This study matched the groups for risk assessment, time in the community, location and prior treatment history. Average sex offence reconviction rates for CoSA men was 2.3 per cent, for the comparison group it was 13.7 per cent. In common with the study described above this study also does not describe the eligibility criteria for the CoSA group so motivation bias cannot be ruled out.

In Minnesota, Duwe (2013) set up an RCT comparing outcomes on release from prison for 31 sex offenders on a CoSA group with 31 sex offenders not in a group. Offenders willing to take part in a CoSA group were randomly assigned to either the CoSA group or not. This random assignment only of willing offenders aimed to address the motivation bias in earlier studies. Recidivism was measured on five assessments including reconviction rates. Sixty-five per

cent of offenders in the comparator group were rearrested compared with 39 per cent in the CoSA group. Those in the CoSA group had significantly lower scores on three of the five measures compared with those in the comparator group. Reoffending rates for sexual offences were however low with only one arrest (in the comparator group) for a sexual offence and none in the CoSA group.

RESPONSES TO CHILDREN AND ADOLESCENTS WITH HARMFUL SEXUAL BEHAVIOURS

DIVERSION POLICIES: Diversion of young offenders from conventional punishments such as custodial sentences has been a policy option in HICs since at least the 1960s (Campbell & Lerew, 2002). It is now recognised that risks of re-offending are different for adults and children who have committed sexual offences. Children who have committed sexual offences have a low rate of sexual re-offending and, as with other offending behaviour, rates of law breaking for the majority decline with age (Hackett, 2014; Moffit et al, 2002). States which have ratified the United Nations Convention on the Rights of the Child 1989 are obliged to ensure that children in conflict with the law benefit from diversion and the use of alternatives to custody to the greatest extent possible (CRC, Articles 37(b), 40.1, 40.3 (b), 40.4). Diversion typically has been applied to the treatment and response to first time, non-serious offending although it is policy for a wide range of sexually harmful behaviours in some countries. In Australia for example a distinction is made in law between children with problem sexual behaviour (PSB) who are aged under 10 years and below the age of criminal responsibility and children with harmful sexual behaviour (HSB), aged 11 to 17 years who could be liable for sex offending convictions. When dealing with children who show HSB the emphasis is on diversion, rehabilitation and restoration with criminal sanctions as a last resort. Diversion options include giving warnings, formal or informal cautions, youth justice conferences and threatment orders (Blakley & Bartels, 2018). In Victoria Australia, therapeutic treatment orders divert children and young people who sexually harm others on to community-based treatments (Pratt, 2013). The therapeutic treatment programmes are trauma informed, developmentally appropriate and involve parents/caregivers. Evaluation research on these programmes is however limited and reoffending data is not provided.

Diversion programmes for children and adolescents accused of committing sexual offences have existed in South Africa since 2008, often with a restorative justice focus. A review of literature and evaluation of the programmes in the Western Cape area found research on the impact of diversion on re-offending is mixed (Sauls, 2016; 2018). Implementation of the programmes vary and a more holistic focus on diversion and after care for young offenders is needed. By itself, diversion out of the court system is unlikely to have an impact on young people's harmful behaviours without follow up remedial support programmes. Examples of a remedial programme linked to diversion is the South African Young Sex Offenders Programme (SAYStOP), implemented at the Stepping Stones Project in Eastern Cape Province and by the provincial Department of Social Development in Western Cape. An evaluation of SAYStOP in 2002 suggested that it

had developed an intervention useful for holding children who have committed sexual offences accountable and providing them with an opportunity to reflect on their abusive behaviour. The sessions appeared to be fairly successful in accomplishing their individual aims and objectives. In particular, the children assessed seemed to have developed insight into their victim's feelings and realised the importance of responsible decision-making. Group work seemed to be a necessary and beneficial aspect (UNICEF, 2005b). Another example of a programme aiming to provide holistic therapeutic support to children and young people with harmful sexual behaviour is the South African Teddy Bear Clinic's Support Programme for Abuse Reactive Children (SPARC). A multi method evaluation collected data on outcomes and recidivism for young people after SPARC but the quantitative data on reoffending was limited. Qualitative feedback suggested that the young people who attended the programme had low rates of re-offending (Rangasani, Stewart & Maharaj, 2013). No other studies of effectiveness of diversion policies have been identified. This highlights a particularly stark gap in post-abuse responses to young offenders, some of whom, as previously shown (page 51), have themselves been victims of sexual abuse.

TREATMENT TO PREVENT RE-OFFENDING BY YOUNG PEOPLE WITH HARMFUL SEXUAL BEHAVIOUR:

Findings are mixed regards the effectiveness of treatment programmes for children and young people with sexually harmful behaviours. One strong finding from many studies is that treatment methods developed for adult offenders are not appropriate for young people (Hackett, 2014; St Amand et al, 2008). The International Association for the Treatment of Sexual Offenders developed guidance on the care of juveniles (sic) who have committed sexual offences (Miner et al, 2006), recommending that they are understood in the context of their family and social environments; that assessment and treatment should be developmentally focused and strengths-based; that they are a diverse group who should be treated individually; that treatment should be broad-based and comprehensive; that sex offender registries and community notifications should not apply to juveniles; and that effective interventions result from research guided by specialised clinical experience and not from popular beliefs or unusual cases in the media.

Two meta-analyses considered how to reduce recidivism among young people who present with harmful sexual behaviour and concluded treatment could be effective (Reitzel and Carbonell, 2006: Walker et al, 2004). Two other reviews concluded that the poor quality of the research prevents any firm conclusions being drawn. One study concluded too little is known about which risk factors might predict further sex offending among young people to inform this type of work (McCann and Lusier, 2008). Dopp et al (2015) note weaknesses in the research including failure to report drop out rates from treatment programmes, lack of comparison groups and wide variations in measures and time periods for assessing recidivism.

In Australia, Laing et al (2014) analysed recidivism for children and adolescents aged 10 to 17 with sexually

harmful behaviours five years after taking part in a community-based treatment programme (the New Street programme). Outcomes were compared across three groups: completers, those who completed the community-based treatment (N=34); withdrawers, those who withdrew from treatment (N=16); control group, those who had no treatment (N=50). Children and adolescents in the treatment group and withdrawer group were matched with those in the control group on key risk factors such as age at index offence, type of offence, relationship with victim, whether in family or non-family care etc. The treatment programme was found to be effective for reducing recidivism for general offending and for personal violence (both measured as any further criminal charge or report). No significant difference was found between the completer and control groups regarding sexual reoffending. The withdrawal group however showed higher levels of sexual reoffending suggesting that further research on young offenders who drop out of treatment would be helpful.

OTHER THERAPIES: Research on other forms of therapy for children with harmful sexual behaviour is more limited. An RCT in the USA prospectively looked 10 years later at further sex offending among children aged 5 to 12 years with sexual behaviour problems who had CBT or play therapy (N=135) comparing outcomes for non-sexual offending children with other clinical behaviour problems (N=156) (Carpentier et al, 2006). The CBT group had a 2 per cent sex offending rate at 10 years follow up compared to 10% for the play therapy group (compared with a 3 per cent sex offending rate among the control group).

MULTI-SYSTEMIC THERAPY FOR YOUNG SEX OFFENDERS: Multi Systemic Therapy (MST) programmes show more significant effects on recidivism in young people with sexually harmful behaviour than programmes based on adult offender treatments although these approaches are less commonly used (Dopp et al, 2015). MST programmes are based on socio-ecological theory and aim to address risk factors for the individual child, in the child's family and relationships and in the community. MST approaches are tailored to an individual child's needs, are developmentally appropriate and involve highly trained therapists working intensively with the child and family in the home, using strengths based approaches[8] that draw on CBT and family therapies. Parents and caregivers are seen as essential in enabling change and there is emphasis on strengthening and mobilising the parents' resources and skills. `A review of 55 outcome studies for MST found this approach to be more effective than diversion for improving parent and peer relationships and reducing behaviour problems in young people (Henggeler & Schaeffer, 2016). For children and adolescents with harmful sexual behaviours, a nine year follow up of outcomes for MST from an RCT comparing MST with treatment as usual found improvements in family and peer relationships as well as reduced sexual and non-sexual recidivism for children and adolescents on the MST programme (Borduin, Schaeffer & Heiblum, 2009). An adaptation of MST specifically for children with problematic sexual behaviour, MST-PSB was subject to an RCT in the UK but was unable to recruit a sufficiently large sample of young people to test the approach. Qualitative findings from the study suggest that parents and young people found the

8 Strengths based or asset based approaches refer to a way of working to promote wellbeing by drawing on an individual's strengths, social and community networks.

programme helpful and practitioners were also positive but unsure as to whether the programme would suit all young people they worked with. Further research is needed on this approach (Fonagy et al, 2017).

RESTORATIVE JUSTICE FOR CHILDREN AND ADOLESCENTS WHO COMMIT/ARE ACCUSED OF SEXUAL OFFENCES:
Australia and New Zealand are reported as being the only jurisdictions in the world that support restorative justice for children and adolescents who commit or are accused of sexual offences. Given the low conviction rates for sex offending, it is argued that this approach addresses cases that do not proceed through the legal system (Blackley & Bartels, 2018). Conferencing is a widely used restorative justice method that has been adopted specifically for sexual assaults (Bolitho & Freeman, 2016). It involves victims, offenders and their family and friends meeting after intensive preparation. A systematic review of 44 restorative justice programmes for adults, children and adolescents who committed sexual offences found future offending for children and adolescents was predicted more by the history of offending than by whether the young person had taken a restorative justice or a court route (Bolitho & Freeman, 2016). The evaluations by Daly in Australia included some young people aged under 18 at the time of the offense who were referred to harmful sexual behaviours programmes where they also had contact with counsellors for a year. Four hundred case records were analysed to compare conferencing outcomes with outcomes for young people taking a court route, including those also getting support from a specialist programme (the Mary Street Programme). The prevalence of reoffending was higher for the young people taking a court route (66%) than for those conferenced (48%). Participation in the Mary Street Programme was associated with a significantly lower prevalence of reoffending for the young people who had been to court (50%). Preliminary findings suggested that a targeted programme to support children and adolescents who present with harmful sexual behaviour may have a greater impact on reducing reoffending than whether a case is finalised in court or by conference (Daly, 2006).

Six years later Daly and colleagues (2013) published an important study in South Australia which reviewed over a period of 6.5 years 365 cases of young people charged with sexual offences when under age 18. The offences ranged from indecent exposure to rape. Overall rates of general and sexual re-offending were assessed for cases finalised by three different methods - in court (N=226, 59%), by conference (N=118, 31%) and by formal caution (N=41, 10%) - including cases with referral to a community HSB service. By the cut-off date, 54 per cent of young people had been charged with new nonsexual offences but only 9 per cent with new sexual offences. As in the earlier study by Daly (2006), young people who had cases dealt with by the court had a higher rate of re-offending than young people who had cases dealt with via a conference. These differences were however largely explained by differences in prior offending. For the subgroup with no previous offending, a significantly slower rate of re-offending was observed for conference youth and for those who were referred to the community service. The researchers were able to control for the main effect of prior offending, but complex interactions between covariates such as offence types, early

admissions to offending and legal and therapeutic responses could not be disentangled in the small sample, and they therefore could not explore factors linked specifically to sexual re-offending. Daly concluded that the main benefit of restorative justice for victims was that offenders admitted responsibility/guilt early on in the process, thereby reducing the likelihood of the harmful impact of a longer trial for conviction. Further research with a larger sample is needed to test the finding.

Education

Research on school responses to offending is mostly covered by the gender based violence and whole school approaches to prevention previously discussed in Section 5. Responding to harmful sexual behaviour in school requires teachers to be aware of responsibilities, actions that can be taken to support and protect young people and the continuum of behaviours from inappropriate to harmful. It cannot be said that those most vulnerable to sexual violence in schools have been protected and supported adequately. School exclusions, 'managed moves' of victims or victims and offenders dropping out of school have been too frequently reported (UNESCO, 2019; Women and Equalities Commission, 2016). Research on specific responses of schools to harmful sexual behaviour is limited but descriptive studies mapping school responses exist drawing upon contextual safeguarding approaches (Firmin, 2019; Lloyd, 2019). Given the important role schools can play in violence prevention and promising results from primary prevention evaluations in LMICs for gender based violence and whole school responses (Section 5), this is an area of research that could be developed further.

Community

TREATMENT FOR ADULT ONLINE OFFENDING: Treatment in the community is an appropriate option for online sexual offenders who receive non-custodial sentences and may be unable to access prison based rehabilitation programmes. *The Inform Plus* programme, supported by the Lucy Faithful Foundation, is a psycho-educational group programme in the UK that targets men in the community who use online child sexual abuse/exploitation materials. An evaluation of outcomes for 92 men, mostly without prior convictions (90%), found post-programme reductions in self report measures for known risk factors associated with contact child sexual abuse (Gillespie et al, 2018). The study was a simple pre and post-test self-report design with a smaller subset followed up for 8 to 12 weeks. The findings are limited by the lack of a comparison with men not on the programme but are worthy of further investigation.

TREATMENT FOR YOUNG PEOPLE WITH HARMFUL ONLINE BEHAVIOUR: No robust evaluations were found on treatment for online abusive behaviour although there are reports on early help programmes for young people in the community who access abusive images in projects such as the Berlin project for primary prevention of child sexual abuse by juveniles (PPJ). The PPJ targets young people aged 12 to 18 years through media campaigns, designed by young people who have been affected, to reduce the use of online child sexual abuse images. A report on the first three years of operation shows that parents and young people will directly access the service for assessment and treatment (Beier et al, 2016).

REVIEW QUESTION 4:

What is known about effective approaches to prevent re-offending and ensure the recovery and reintegration of child and adolescent perpetrators of sexual abuse and exploitation, online and offline?

REVIEW QUESTION 5:

What is known about effective approaches to prevent re-offending by adult perpetrators of sexual abuse and exploitation, online and offline?

Preventing sex offending behaviour is crucial but to date most efforts have been directed towards the minority of convicted offenders diverted to treatment programmes or supervised on release into the community. Efforts need to broaden to evaluate and apply earlier responses and disruption strategies to reduce demand and deal with the drivers for child sexual abuse and exploitation among different types of potential perpetrators in the broader community.

There are mixed messages from research on treating convicted adult sex offenders with many programmes that exist, such as drug treatments, being poorly evaluated. Programmes that give offenders positive goals, motivate them and can be tailored to offense type and learning style are thought to be more effective for engaging offenders in treatment but evidence of impact on recidivism is poor.

Treatment for children and adolescents with harmful sexual behaviours needs to be developmentally appropriate, tailored to individual needs and to involve parents and caregivers where suitable. Multi systemic therapy has produced promising results compared with other CBT based treatments

Further research is required on earlier responses for children and adolescents with harmful sexual behaviour in school and educational settings especially in LMICs where responses could be built into the whole school approaches to address gender-based violence which have developed.

TABLE 8. Summary of evidence on preventing re-offending

PREVENTING RE-OFFENDING ACROSS DIFFERENT SECTORS		QUALITY OF EVIDENCE HICS	QUALITY OF EVIDENCE LMICS
Multi sector	Multi sector coordinated risk assessment and management mechanisms e.g. *MAPPA* in UK. Analysis of case outcomes over 10 years found reduced reoffending for first time and serious sex offenders involved in *MAPPA*	Needs more research	Needs more research
Crime & justice	Prosecution and criminal penalties for adult offenders	Prudent	Prudent
	SORN policies - sex offender residency restrictions, registration and notification schemes – public notification ineffective in preventing re-offending, measured by arrests, charges or convictions, but non-public registration may aid law enforcement.	Ineffective/ harmful	

TABLE 8. Summary of evidence on preventing re-offending (*continued*)

PREVENTING RE-OFFENDING ACROSS DIFFERENT SECTORS		QUALITY OF EVIDENCE HICS	QUALITY OF EVIDENCE LMICS
Crime & justice *(continued)*	Diversion of children and adolescents who commit/are accused of sexual offences from custody - low evidence of impact on further harmful sexual behaviours although other recidivist related outcomes such as other re-offending promising. Needs holistic approach to remedial follow up e.g Teddy Bear Clinic SPARC programme South Africa	Prudent	Prudent
	Pharmacological treatment – experimental studies are over 20 years old and do not consider current medications used.	Needs more research	
	Adult sex offender treatment programmes – e.g. *Good Lives* in UK & Australia Evidence of impact on change is mixed. Programmes that can motivate change and are tailored to offense type, motivations and learning styles are thought to be more effective but evidence of impact on re-offending is poor.	Mixed	
	Adult sex offender treatment programmes adapted for children/adolescents with harmful sexual behaviours - one older systematic review found the programmes reduced recidivism compared with young offenders without the treatment. A more recent study found programmes based on adult sex offender treatment were less effective than programmes for young offenders that included Parent/behaviour Management elements	Mixed	
	Multi Systemic Therapy (MST) for children with HSB – effective for behavioural problems but small samples for HSB used in RCTs	Promising	
	Restorative justice and conferencing approaches, adult offenders – e.g. *Circles of Support and Accountability* (COSA) UK, Canada, US & Australia. Samples in RCTs and evaluations are small.	Needs more research	Needs more research
	Restorative justice (RJ) and conferencing approaches for children and adolescents who commit/ are accused of sexual offences– *e.g.,* Australia community programmes. No impact of RJ for children who commit sexual offences can be shown (from re-offending rates). The main benefit of RJ seems to be early admittance of guilt so victim is spared the ordeal of a long trial.	Needs more research	Needs more research
Education	School responses to HSB – findings from qualitative research that ineffective responses may result in victim dropping out of school, findings from contextual safeguarding support whole school and community approaches	Needs more research	Needs more research
Community	Online adult offender rehabilitation in the community – e.g *Inform Plus* UK, evaluation studies are limited	Needs more research	
	Treatment in the community for non-adjudicated cases of online harmful sexual behaviour by children or adolescent – e.g *PPJ* Berlin, Germany, evaluation studies are limited but show parents and children will access the service and undergo assessments	Needs more research	

8 SUPPORTING CHILD AND ADOLESCENT VICTIMS

This section focuses on recovery, overcoming the harmful consequences of child sexual abuse and exploitation, and reintegration of the victim back into a family and community. Responsibilities of States are set out in article 39 of the CRC which requires States to provide recovery and reintegration in an environment that fosters the health, self-respect and dignity of child victims of sexual exploitation and abuse. Much of the work in this area of victim support and recovery has been initiated by NGOs and survivor organisations or by the health care sector in HICs.

Most of the research has looked at individual therapies for children following experiences of sexual abuse and exploitation and this is reflected in the content of this section. However, a range of different types of help and support will be needed to help children and young people to cope with and overcome the harmful consequences of sexual abuse and exploitation. Systematic reviews of research, policy and practice have concluded that for adult and child victims/survivors of sex trafficking, after care services are required across a continuum of care needs on the road to recovery from immediate protection and safety to recovery and then reintegration (Macy & Johns, 2011, see Figure 9 model for aftercare, Appendix to this section; Neriah Muraya & Fry, 2016). It should be recognised that children have agency, the consequences of abuse will vary and not all will want or need the same type or intensity of support. The needs of children who have been sexually abused and those who have been sexually exploited are likely to differ and the impact of cultural differences on somatic symptoms such as PTSD is an area of relevance to treatment (Blair et al, 2017). Sexually exploited and trafficked children and adolescents may have additional vulnerabilities requiring different types of practical, emotional, therapeutic and social support. They may need translators, be homeless, have drug and alcohol dependence, be single parents, have low self-esteem and poor employment options (Scott et al, 2019). They might also have uncertain legal immigration status or needs around being supported through criminal justice processes if separated from or unaccompanied by a parent. Addressing their immediate needs for survival and safety and providing practical and psychosocial support to help them to overcome these difficulties is important to prevent further victimisation. When effective support is not available or inadequate, sexually exploited children may go missing from care, return to prostitution or be re-trafficked (ECPAT International 2011; Pearce, 2014; Sunusi, 2012).

Recovery and reintegration following sexual abuse and exploitation are particularly challenging areas of work. In regions with low resources and where there has traditionally been poor recognition of these issues, it is important to focus on the immediate protective needs of victims. The longer-term processes of recovery and reintegration have had less attention (IRC/UNICEF, 2011; Blair et al, 2017; Cody, 2017). Addressing the wide spectrum of needs of sexually abused and exploited children and adolescents requires a comprehensive, multi-sector response as these needs are unlikely to be met by one organisation alone. Service planning for victim support and recovery however has not necessarily been demand led. Evidence from a range of different sources show substantial gaps in the provision of recovery-focused services in the community for child and adult victims of sexual violence in HICs and LMICs (Allnock et al. 2012b; Blair et al, 2017; Choudry et al, 2018; Wismyanti, 2019). Other challenges faced by recovery services relate to the impact of sexual violence on children and young people where, as previously discussed in Section 4, for various reasons the experiences are not disclosed/made known although there may be harmful consequences on the child's or young person's health or behaviour. Young people who have been sexually abused and exploited may be reluctant to seek help, may experience discrimination when approaching services and may not identify as 'victims' or recognise the relationship with a perpetrator as abusive. In some areas, victims of sexual violence prefer to resolve the issue at home, with possible reasons stemming from the influence of traditional culture, 'honour', fear and stigma (Keesbury and Askew, 2010). Overcoming the barriers to access to services is an essential first step in developing an effective response and this requires organisational and cultural change (Cody, 2017; Lynch, 2017).

Researchers who have asked children and adolescents what they want have identified key components of services that are important to children who have been sexually abused and exploited (Cody, 2017; Harper & Scott, 2005). Specialist services should be flexible, confidential, comfortable for children and adolescents and delivered by staff who are proficient at forming relationships based on trust, and knowledgeable about the dynamics and impacts of sexual abuse and exploitation. The types of services most often accessed by sexually exploited children/adolescents are those that offer a range of services such as translation, legal advice, health, social care, outreach and drop-in access (Macy & Johns, 2011; Neriah Muraya & Fry, 2016; Pearce, Williams & Galvin, 2003). For sexually exploited children and young people proactive methods of outreach have been recommended as an appropriate method to build safety and a trusting relationship (Jago & Pearce, 2008; Macy & Johns, 2011; Scott et al, 2019). Services for victims and survivors of child sexual abuse and exploitation must also work to support family members and carers (Pearce, 2014; Trowell et al, 2002). In LMIC settings, available research shows survivors value trauma informed therapeutic support, phased approaches to reintegration, and an emphasis on vocational skills and empowerment approaches to aid the transition towards community reintegration (Cody, 2017; Cordisco, Vamtheary & Channa, 2018).

Multi sector

Many of the services that have developed to address recovery and reintegration are closely linked with existing protective services. International commitments, the INSPIRE and RESPECT strategies, legal frameworks and NAPs set out the commitment of States to provide recovery and reintegration services to children who have experienced sexual abuse and exploitation. Of course, as with other areas of response, national level commitment does not mean that meaningful action is being taken to meet these obligations for a whole host of reasons. Specialised services, more often NGO than government operated, most often deliver recovery provision and employ staff trained in responding to sexual violence. Clayton et al (2013) reviewed multi-sector responses to child sexual exploitation and trafficking in the US and found there is limited research on the impact of this work in HICs although there are examples of good practice in multi-sector collaboration. One example is the Support to End Exploitation Now (SEEN) Coalition in Suffolk County, Massachusetts which involves multi sector collaboration, a trauma informed continuum of care, case work management and training and guidance for professionals (Clayton et al, 2013). Moyniham, Pitcher and Saewyc (2018) systematically reviewed global research on a wide range of interventions to foster healing among sexually exploited children and adolescents. Interventions included those in health and social care, intensive case management, psychoeducational therapy groups and residential programmes. Of the 21 studies reviewed, seven were based in LMICs. It was found that the quality of research varied considerably, few papers disaggregated findings separately for children from adult survivors, or for girls and boys. However, there is some evidence that, despite the diversity in programmes included, most of the interventions had some positive impact on healing. It is clear that there are a variety of different multi-sector working arrangements being implemented in HICs and LMICs but the research on which approaches are effective is rather limited. This is an area in need of further research.

ONE STOP SHOP SERVICES: One-stop services that bring together forensic services, medical help and support with legal proceedings and counselling exist in some countries and, as discussed in Section 4, are yielding encouraging evidence of positive outcomes for children and families. Protective functions cannot be completely separated from recovery responses in one-stop shops, shelters and other multi-functional services in LMICs. The provision of psychosocial care in some contexts can be limited, but there are emerging and positive findings on service user satisfaction (Jones et al. 2007; Keesbury et al. 2012; Mulambia et al, 2018). Child focused one stop shops such as Barnahus provide more comprehensive therapeutic after care and this is included under the ten principles for multi-sector service provision within the guidelines for the children's rights based model of Barnahus in the EU (Haldorsson, 2018).

TRAUMA INFORMED CARE: Trauma informed approaches to working, which recognise the impact that sexual abuse and exploitation may have on children and young people at different stages of development, are widely recognised as good practice and have spread in HICs where there have been concerns that contact with services can be unhelpful and re-victimising experiences (Neriah Muraya & Fry, 2016; Quadara & Hunter, 2016; Scott et al, 2019). Trauma informed approaches can be found in many services including in one stop shop and Barnahus models. Trauma informed care approaches aim to create safety and trust in the relationship between the young person and the practitioner, to promote control, build resilience and empowerment and prioritise self-empathy and self-care (Scott et al, 2019). It most often involves working also with family and other people in the child or young person's life, including teachers and peers. Trauma informed care approaches are implemented at all levels of a service from reception and administration through to specialist care. Knowledge about the impact of sexual abuse and exploitation is used across all levels of service delivery to prevent re-traumatisation of victims/survivors. Toolkits and guidance for trauma informed care exist and a review for the Australian Royal Commission on Institutional Child Abuse identified the common principles as being:

- having a sound understanding of the prevalence and nature of trauma arising from interpersonal violence and its impacts on other areas of life and people's functioning
- ensuring that organisational, operational and direct service–provision practices and procedures promote, not undermine, the physical, psychological and emotional safety of consumers and survivors
- adopting service cultures and practices that empower consumers in their recovery by emphasising autonomy, collaboration and strength-based approaches
- recognising and being responsive to the lived, social and cultural contexts of consumers (for example, recognising gender, race, culture and ethnicity), which shape their needs as well as recovery and healing pathways
- recognising the relational nature of both trauma and healing (Quadara & Hunter, 2016, pp5-6).

Research on the effectiveness of trauma informed approaches is rather limited but the basic principles for working correspond with what victims/survivors say about their needs (as discussed above). For individual service users, including victims of sexual exploitation, some positive impacts have been found upon levels of trauma symptoms, substance misuse and mental health problems (Scott et al, 2019). At the system/organisational level there are some positive findings from evaluations that training and other organisational policies increase professionals' knowledge about the impact of trauma on their clients and what this might mean in terms of their experience in services. Evidence of changes in professional and organisational behaviour is slim and evaluation methodologies have struggled to capture organisational changes as these can take time (Quadara

& Hunter, 2016). Data monitoring for organisational changes would help to address this knowledge gap.

REINTEGRATION, FOLLOW UP AND REPATRIATION:
Recovery from sexual abuse and exploitation is broader than an individual's journey to physical and emotional well-being and, if returning to places of origin, includes acceptance and processes of (re)integration into a community without stigma or shame. It also requires the original causes, such as fear of persecution, debt or lack of opportunities to have lessened if further migration is to be avoided. In the context of a humanitarian crisis and its aftermath, recovery includes enabling families and communities to care for and protect children themselves, including supporting them in livelihoods (IRC, 2011;2012). There are some NGO projects and one-stop shop services that aim to provide these more comprehensive services for the recovery and rehabilitation of sexually exploited children, and programme evaluations, although limited, are indicating the value of these services (Cody, 2017; Scott and Skidmore 2006). Transit Homes run by a number of ECPAT groups have been set up in high-risk areas in South Asia as temporary safe shelters for trafficked and sexually exploited children rescued from various establishments such as brothels. Recovery and reintegration services are provided including counselling, medical check-ups, non-formal education and the development of case management profiles. ECPAT in Latin America provides similar services – for example, Raices in Chile and ECPAT Guatemala run Centres/Transit Homes and child victims are provided with individual treatment, crisis intervention, group and individual counselling, peer support, legal assistance, recreational activities such as drama, school support, sensitization activities and assistance in tracing family members. Therapeutic interventions generally form part of a holistic plan wherein therapy reinforces and is reinforced by other types of activity.

Children trafficked across borders may be returned to families in their country of origin and sometimes face the original drivers of their migration. Trafficking shelters have been established to provide vocational training and support mechanisms for victims, such as that introduced under the Vietnamese Government's Receiving and Reintegration Programme (CEOP Command and British Embassy, 2011). After return or repatriation, on-going reintegration support for the children is necessary (Cody, 2017). This includes psychosocial recovery, formal or non-formal education and economic empowerment. Follow-up visits and sensitive monitoring are especially important to help avoid children being re-trafficked. Studies examining the effectiveness of these types of services are very limited. The ones that do exist report mixed practice, making it difficult to identify promising practice in this area of response. Four evaluations of UNICEF-supported programmes for trafficked children were examined within a larger meta-synthesis of UNICEF evaluation reports (UNICEF 2012c). The evaluator concluded that only two of these were effective in the provision of repatriation services (Rasmussen 2006) and psychosocial support (Tan and Baguyo, 2007).

A qualitative study of NGOs in Cambodia implementing the IOM's Long Term Recovery and Reintegration

Assistance to Trafficked Women and Children Project examined the partner NGO provision of these services (Bureau of Population, 2006). The service was designed to offer long-term accommodation and, to variable degrees depending on NGO resources, counselling, education and income-generation support. The ultimate goal was repatriation via recognized procedures and plans designed to prepare children for reuniting with their families. Although the study was not able to assess whether the support received prevented future trafficking and sexual exploitation among the participants, it was able to assess satisfaction of the service user and document the ways in which the service helped support the building of protective factors such as educational and employment achievements. Findings were mixed, noting that girls who received the services felt they benefited in some ways, but the services were also criticised for being disorganized and support after reunification with families was limited and not well understood by the girls and their families (ibid.). A case study of repatriation services in Thailand noted that these services represented progress in providing short-, medium- and long-term support for trafficked women and girls; however, it also found shortcomings limiting the service's effectiveness. Notably, this service was located in the country to which the girls had been trafficked, not their home country. Preparation activities for employment were often not matched to the availability of work in the girls' home country and thus this aspect of the service was a failure (Jersild, 2008). Findings from an ongoing ten year longitudinal study of child and adult victims of sexual exploitation in Cambodia show that education to provide skills and qualifications for employment were seen by women and young people to be the most essential element of their recovery and reintegration. However most of those who were in the process of reintegration with their families were returning to situations of poverty (Miles et al, 2013).

Crime and justice

Criminal justice sanctions, arguably, could contribute to victim recovery by bringing closure or a sense of justice through responses made to offenders. Making courts child friendly could prevent the secondary victimisation of children in court processes (Sana et al. 2013). The justice sector is responsible for providing justice for victims of sexual violence and other human right violations, upholding accountability and supporting the long-term process of rebuilding communities. The right to justice for victims of violence and human rights violations has been extensively affirmed and developed in international law, from the International Covenant on Civil and Political Rights of 1969 to the United Nations *Guidelines on justice in matters involving child victims and witnesses of crime* 2005 (UN ECOSOC, 2005; UNODC, 2009). Even in times of armed conflict, the national courts of a State have the responsibility to prosecute sexual abuse and exploitation and provide justice for victims although many face significant economic, educational and socio-cultural barriers in gaining access to justice (Bastik et al. 2010).

No research was found to show the therapeutic benefit of prosecution of offenders for the recovery of child victims. While there has been considerable interest in victim redress and compensation schemes for adult survivors of childhood sexual abuse (Daly, 2014; Radford et al, 2017b), no research was found on the use nor impact of these schemes for child victims in HICs or LMICs.

Health

Health and mental health services are essential for victim support and recovery, providing services to assist recovery; responding adequately to the harm caused by those victimised in health or mental health settings; and ensuring that support is equitable so that services are relevant and accessible for different groups of children and young people. The health sector however makes little contribution towards longer-term psychosocial support in some LMICs, particularly in humanitarian, emergency and conflict/post-conflict settings. There are emerging examples of integrated and comprehensive care (as described in the previous section), but these are still not widespread (ECSA, 2011) and are not often able to provide more than minimal and short-term counselling to victims of sexual abuse and exploitation. It could be argued, however, that they contribute in early stages to the recovery from trauma because 'recovery' is not something that happens 'down the road' but can begin immediately.

Health-care professionals can play an important role in providing a sensitive response that will aid recovery from trauma. General principles of good practice include avoiding inducing further trauma to a child or adolescent; good communication skills that can help engender trust and comfort; and providing a safe and healing environment (IRC 2011). Comprehensive and integrated approaches as described earlier also aim to address poor service responses that may have a negative effect on a child/adolescent's recovery (ECSA 2011). How health professionals ask about sexual abuse and violence, and the availability of safe and confidential spaces for interviews and assessments, for example, may be very important in aiding recovery by rebuilding trust. While there have been evaluations done of health-care reforms such as these, findings did not focus on recovery per se but on the overall functioning of the reforms. Therefore, there are no tested-effective or promising studies that can shed light on the recovery outcomes in these settings.

Two areas where there has been evaluation and practice development regards recovery of victims/survivors are health led outreach and advocacy services and therapeutic aftercare/recovery services.

OUTREACH AND ADVOCACY: Outreach and advocacy programmes, previously described in Section Six, are often linked with one stop shop or shelter services and increasingly tend to draw on trauma informed practice and case management methods. One example of an evaluated health led outreach service for runaway and

sexually abused /exploited young people is the *Runaway Intervention Programme* offered by a Children's Advocacy Centre in the US. The project combines a programme of nurse visits to young people to build trust, complete assessments and develop and implement an individualised multi-sector care plan with case management. Young people are visited by the outreach nurse weekly in first 3 months, bi-weekly in months 4 -6 and every three weeks in months 7 to 12. The outreach nurse provides health care and aims to reconnect young people to their families and services. Young people may also join empowerment groups also offered in CAC. Analysis of data collected from 362 young people using standardised measures at baseline and at 3, 6 and 12 months after, found the nurse visits independently predicted a decline in young people's emotional distress, self-injury, suicidal ideation and suicide attempts. Empowerment groups predicted a decline in trauma symptoms and all other indicators of emotional distress apart from suicide attempts (Bounds et al, 2019). As no other services were offered to sexually abused and exploited runaway children and young people in the area where this project existed, an RCT was not practical nor ethically possible. Similar findings on the positive impact of outreach and advocacy have been found in the research on sexual exploitation in the UK (Bovarnick, McNeish & Pearce, 2016; Scott et al, 2019).

THERAPEUTIC AFTER CARE

Sexual violence can lead to a variety of behavioural and mental health problems including post-traumatic stress disorder (PTSD), depression, anxiety disorders, borderline personality disorder etc. Post-traumatic stress disorder (PTSD) is a common adverse impact of sexual abuse in childhood. One third to a half of all school aged children who report experiences of sexual abuse also have clinical levels of PTSD (Collin-Vezina, Daigneault & Herbert, 2013).There has been extensive research into therapeutic interventions for treatment and the outcomes on improving individual mental health, using a variety of measures. (Definitions of the main therapies discussed in this section are included in the Appendix to this section.) 'What works' for children and adolescents who have behavioural or mental health problems as a consequence of sexual abuse will depend upon the diagnosis, so not all survivors of sexual abuse will benefit from the same therapeutic intervention. Research indicates the importance of involving the client in treatment choices (Shlonksy, Albers & Paterson, 2017).

COGNITIVE BEHAVIOURAL THERAPIES WITH A TRAUMA FOCUS: The knowledge base currently identifies cognitive behavioural therapies (CBT) with a trauma focus, creative therapies, eye movement desensitization and processing (EMDR) and counselling as potential models of treatment for behavioural, emotional or mental health problems that may result from child sexual abuse (Allnock and Hynes, 2012a; Benuto & Donohue, 2015; Kim, Noh & Kim, 2016; Shlonksy, Albers & Paterson, 2017; Choudhary, Satapathy & Sagar, 2016; WHO, 2017). CBT approaches are endorsed by systematic reviews for the treatment of general childhood trauma (Dorsey et al, 2017; Trask, Walsh & De Lillo, 2011; Wethington, 2008) and those with a trauma

focus work across several diagnoses including for PTSD, depression and anxiety. Trauma Focused CBT (TF-CBT), which is a copyrighted therapeutic approach specifically developed for the treatment of children who have experienced sexual abuse, has provided the most robust evidence of impact through randomized controlled trials (RCTs) (Cohen et al. 2004; 2005; 2006; 2007; Deblinger et al, 2011; Mannarino et al, 2012; Sanchez-Meca et al 2011; Wethington et al. 2008). It has, as a result, become a recommended treatment for adolescents by the US Centers for Disease Control and the National Institute for Clinical Evidence in the United Kingdom (NICE, 2018). The WHO has endorsed CBT with a trauma focus as a treatment for sexually abused children and adolescents with PTSD (WHO, 2017). Sánchez-Meca, Rosa-Alcázar and López-Soler (2011) found from a systematic review that CBT with a trauma focus combined with supportive therapy and a psychodynamic element (eg. play therapy) showed the best results. Including a narrative element in TF-CBT therapy with a trauma focus where the child is assisted by the therapist to produce an account of the sexual abuse which is discussed with the non-abusing parent has been found to be effective in reducing children's abuse-related fear and general anxiety as well as ameliorating parents' abuse-specific distress (Deblinger et al, 2011; Mannarino et al, 2012). It is thought that while TF-CBT may be effective for some adolescents, it is less appropriate for younger children (Trask, Walsh and De Lillo, 2011), and authors reviewing the treatment have urged caution in assuming universal application with children.

TF-CBT approaches have been evaluated in LMICS although only a small number of experimental trails have been found focusing on treatment for trauma in general or with small samples. One example is an RCT in Zambia that aimed to compare trauma symptoms in orphans and vulnerable children provided with TF-CBT treatment (N= 131) with outcomes for a comparison, wait list/treatment as usual group (N=126). Due to the low resource setting treatment was delivered by lay counsellors recruited, trained and supervised by experienced professionals in the community. Statistically greater reductions in trauma symptoms and functional impairment were found for children in the TF-CBT group than for those in the comparison group. There were reductions of 81.9% in trauma symptoms and 89.4% in functional impairment for the TF-CBT group compared with reductions of 21.1% for trauma symptoms and 68.3% for functional impairment in the comparison group (Murray et al, 2015). This evaluation however had very few children involved who were assessed to have experienced sexual abuse (N=5). In the Democratic Republic of the Congo (DRC), O'Callaghan et al (2013) compared outcomes for 52 girls aged 12 to 17 years randomly assigned to TF-CBT (N=24) or to a wait list comparison group (N=28). Girls in the TF-CBT group showed significantly greater reductions in trauma symptoms. The *Multi-Familiar Program* in Brazil also shows some positive results from combined play therapy and TF-CBT including improved communication for the child and family (Wirtz et al, 2016).

EYE MOVEMENT DESENSITISATION AND REPROCESSING (EMDR): EMDR has a strong evidence base for relieving distress caused by trauma, including sexual violence (Bisson et al, 2013; Chemtob et al, 2002; Edmond et al. 1999; Lewey et al, 2018; Shlonsky, Albers & Paterson, 2017) although most of these studies have been adult-focused. EMDR is often used for treating PTSD and aims to help people recover from problems triggered by traumatic events by helping the brain to reprocess memories. In the UK it is recommended by NICE on the basis of an extensive evidence assessment for the treatment of children with PTSD who do not respond to TF-CBT (NICE, 2018). The systematic review of PTSD treatment for children and adolescents by Lewey et al, 2018 concluded that TF-CBT and EMDR are both effective for reducing trauma symptoms in children and adolescents but TF-CBT is marginally more effective. Children at sub clinical levels of post-traumatic stress show more improvements. The type of trauma, whether child sexual abuse, physical violence, motor car accident or firework disaster, had no impact on the treatment effectiveness. Little research has been published on the effectiveness of EMDR in low income contexts and challenges exist for delivering this service where mental health professionals are few. Kazlauskas (2017) notes that other modes of delivery could be more appropriate such as online therapy and the involvement of non-professional volunteers.

OTHER THERAPIES: Three reviews of a diverse range of psychotherapies including CBT, CBT with a trauma focus, play therapy, group and individual psychological therapies found that most treatments had positive effects for trauma symptom reduction although CBT with a trauma focus shows the greatest effect on trauma symptoms (Harvey & Taylor, 2010; Kim, Noh & Kim, 2016; Trask, Walsh & De Lillo, 2011). However, in one of the reviews, the meta-analysis found that moderators of treatment varied with symptoms, indicating the need for treatment to be individually tailored to a child's treatment needs (Harvey & Taylor, 2010). This study had broad inclusion criteria and, as well as experimental and quasi experimental studies, included repeat measure (before and after) design studies. Trask, Walsh and De Lillo (2011) found that longer treatment was associated with greater treatment gains regards PTSD symptoms, externalising and internalising behaviours and that there were no differences in the effectiveness of group and individual therapies. Parker and Turner (2013; 2014) sought to determine the effectiveness of psychoanalytic/psychodynamic psychotherapy for children and adolescents who had been sexually abused. No experimental or quasi-experimental studies were identified that met the stricter inclusion criteria and the authors argue that this is a substantial gap in our knowledge. Other therapies such as psychoanalytic/psychodynamic psychotherapy, play or drama-based therapies, narrative therapies, have been less rigorously evaluated so whether they are effective or not is not known (Parker and Turner, 2013; 2014).

A review by Benuto and O'Donohue (2015) concluded that "eclectic" or play therapy may be best for social functioning problems, however precisely what intervention strategies contribute to improved outcomes for what

presenting problems (e.g., behavioural problems, anxiety and so on) remains unclear. Creative therapies such as play, dance or music therapy can offer children an alternative to or an additional therapy to aid healing and restoration, and there are examples of this approach being used in LMICs such as Cambodia (Schrader and Wendland, 2012) in poor regions of South Africa (van Westrehenen et al, 2019) and the Philippines (Brillantes-Evangelista, 2013). A meta-analysis of play therapy in HICs with children (which did not analyse treatment use for children affected by child sexual abuse separately) found positive impact across modalities, settings, age and gender, with the most significant impact seen with humanistic, non-directive play therapy approaches (Bratton et al, 2005). Few robust studies, however, have been undertaken on the use of play and other creative therapies specifically with sexually abused or exploited children and adolescents, therefore more research is needed to understand the impact with this group.

In a quasi-experimental evaluation in a Children's Advocacy Center in the US, Dietz, Davis and Pennings (2012) investigated the effectiveness of treatment for sexually abused children with trauma symptoms comparing outcomes for children who received group therapy only (N=32), with those who received group therapy and animal therapy (N=60) and those who received group, animal and narrative/story therapies (N=61). Children in the groups that received the animal therapy (which involved contact with therapy dogs during group sessions) showed significantly greater decreases in trauma symptoms than children in the group without animal assisted therapy. Children in the group with therapeutic stories as well as animal therapy showed significantly more change in trauma scores than the other groups. The authors urge further research into the benefits of animal assisted therapies.

MENTALISATION BASED TREATMENT (MBT) AND ADOLESCENT MENTALISATION BASED INTEGRATIVE TREATMENT (AMBIT): Mentalisation involves the ability to make sense of one's own and other's states of mind, desires, intentions, thoughts, feeling and behaviours. MBT aims to address mentalisation failures common in people with borderline personality disorders. MBT is also increasingly used with children and adolescents who self-harm (adolescent mentalisation-based integrative treatment, AMBIT) and with parents who have drug or alcohol problems. MBT and AMBIT places great emphasis on the relationship between the professional and the client so is used for adults and adolescents who may be 'hard to reach', such as sexually exploited adolescents, or who do not engage with psychological mental health therapies (Bevington et al 2013; Griffiths et al, 2017; Scott et al, 2019). A systematic review of MBT by Malda-Castillo, Browne & Perez-Algorta (2019) found 23 studies of effectiveness, seven specifically on AMBIT approaches and concluded that this showed some positive results worthy of further research.

MODULAR APPROACHES: These approaches recognise the limitations of single problem or single intervention focused evaluation studies, considering variations in

problem type (such as the type and duration of abuse or maltreatment and overlapping impacts) and context (often considering moderating factors such as age, gender, ethnicity and so on) and aim to identify common elements found in evidence-based, gold standard practice (Chorpita and Daleidan, 2009). Bentovim and Elliot (2014) apply a common factor framework that asserts that the personal and interpersonal components of an intervention (such as alliance, client motivation, therapist relationships and so on) influence treatment outcomes to a significant extent regardless of specific treatment intervention type. Common practice elements were identified for work with sexually abused children, non-abusive caregivers and young people with sexually harmful behaviour and, working with practitioners, a modular practice manual was developed into the *Hope for Children And Families* approach which can be used to individually tailor therapy to a child's needs.

Education

Teachers see children every day and are a potential source of support and help for sexually abused children and young people. This review however identified no recent research on the education sector with respect to victim support, recovery and reintegration. This is a stark gap in the research literature as in HICs schools may have counselling services available for children but the emphasis in most research into schools and safeguarding is on prevention, disclosure and referral to child protection, with little said about supporting child victims in schools thereafter. Education is a vital component of the multi-sector reintegration process for children and adolescents in LMICS and HICs (Miles et al, 2013) and there is a crucial gap in the literature regarding the role of education in this area of work. The UK government guidance for safeguarding children in schools was updated in 2017 to address the sexual abuse and harassment of children by peers in schools. This gives helpful guidance on practical steps that schools can take to implement contextual safeguarding (Firmin, 2019) and support victims as well as address the needs of peer perpetrators in schools (DfE, 2018b).

Social welfare and child protection

Child protection agencies may directly offer recovery services to child and adolescent victims of sexual abuse and exploitation or refer them on to other agencies able to provide these services. Responses should be determined by the victim's level of risk and by what agencies and services can offer. Best practice suggests that the 'gold-standard' of support is delivered through multi-agency teams that are co-located, offering direct support to victims (Barnardo's, 2012). Capacity, resources and good multi-agency working arrangements are not always available, however, even in relatively high-resource areas. A study of therapeutic services for children and young people in the United Kingdom found significant gaps

locally and nationally between the availability of resources, levels of demand and estimated need (Allnock et al. 2009; 2012b). While providing services to aid the recovery of child victims of violence is one of the seven recommended strategies of INSPIRE, the INSPIRE framework states that basic health needs such as emergency medical care and clinical care for victims of sexual violence must be in place before specialised provision of counselling and social services are contemplated (WHO, 2016a). Child protection sector responses to recovery in LMICs are generally weaker, few children receive formal services (Sumner et al, 2015) and local grass-roots organisations tend to be the main providers (Mildred and Plummer, 2009). Efforts to improve the social welfare response to service provision in LMICs have been in evidence – for example, to expand, improve and coordinate services for victims such as counselling, shelters, victim advocacy, hotlines, women's support groups, children's services and legal aid (Bott, Morrison and Ellsberg, 2005). Much of this work has relied on attention to better coordination between agencies, NGOs and other community organisations.

Community

Shelters were mentioned above in Section Six as services for protection from sexual violence, but they often provide more than this. Shelters provide women and children with a place to recover from their experiences, rebuild self-esteem and take steps to regain a self-determined and independent life (Blair et al, 2017). Historically, of course, these developed to respond to domestic violence against women, although sexual violence is usually part and parcel of this. Shelters continue to focus on protecting and empowering women who have experienced intimate partner and gender-based violence. Although shelters vary in structure depending on funding and resources, recovery and reintegration services typically offered include counselling and therapeutic support, financial and economic assistance, legal assistance and long-term housing (Blair et al, 2017; Geirman et al. 2013). Most of the evaluations and research studies on shelters derive from Europe and North America (Sullivan et al, 2008), and the evidence base remains limited due to deficits in research and rigorous evaluations. Services such as these are difficult to evaluate because of the multiple components that contribute. Understanding the individual impacts of, for example, counselling services is not easy given the other multiple services also being provided. However, some evaluations in HICs have found improved outcomes for women's resilience, self-esteem and coping through individual counselling interventions (Bennett et al, 2004; Tutty et al, 2006). It is likely that shelters raise different issues for the recovery of adult and child victims, as adults are less likely to remain in these institutions for long periods of time and less likely as a result to suffer the disadvantages associated with institutional accommodation. Where young people have lived in conditions of poverty, shelter accommodation may provide a better standard of living than would be possible in the community, stressing further the need for empowerment, education and building alternative livelihoods for young

people after shelter life (Cordisco et al, 2018). Alternative accommodation with safe carers is the recommended first option for children supported by case management and multi sector coordination through outreach, advocacy or social worker support (INSPIRE, 2016).

THERAPY BY COMMUNITY LAY WORKERS: TF-CBT delivered by specially trained and supervised lay workers in the community (discussed earlier in this section) produced positive changes in trauma symptoms of adolescent girls in Zambia (Murray et al, 2015).

Child, parents and relationships

SUPPORT FOR PARENTS: As previously discussed, parental support is the strongest predictor determining good outcomes for sexually abused young children (Ramchandani & Jones, 2003, WHO, 2016a). The non-abusive parent's and family's response to child disclosure or discovery of sexual abuse and exploitation has been found to have an important impact on child recovery and well-being (Melville et al, 2014). Indeed, in therapeutic provision a 'safe carer' model has been increasingly adopted (Scott et al, 2019). Safe carers may undertake joint counselling or therapeutic play with the child, but they also receive support and learn about the dynamics and impacts of sexual abuse so that they can better support their children at home (Hill, 2005).

When considering reintegration of children who have been trafficked for sexual purposes, good practice recommends consideration of the environment into which the child is being reintegrated (TDH, 2009). Although not all children will be able to return to the family home, for those that can, family support interventions are critical to ensure that parents or carers are able to cope and welcome back and support the child through recovery. It is important for non-abusing parents and carers to be offered counselling and access to on-going support. The Coalition for the Removal of Pimping (CROP) is an organisation based in the United Kingdom that supports and works with families whose children are or have been involved in sexual exploitation and enables them to effectively support the child. CROP's parent support unit offers a unique service that includes providing confidential and non-judgmental advice on a one-to-one basis and acting as a mediator between the child and caregiver. Such approaches are sustainable and keep the child in the family home. In cases where a child is integrated into a new setting, similar work with foster parents or carers will be important.

Home visits to support parents are resource intensive and may not be practical in low resource settings. On the basis of a review of evidence and guidance on health care responses to violence against children in Latin America and the Caribbean, Wirtz et al (2016) suggest that training and using para-professionals to deliver evidence-based programmes to support abused children and caregivers in the home would be more feasible.

CHILD AND ADOLESCENT PARTICIPATION: Child/adolescent participation in programmes is seen as a contributor to their recovery and rehabilitation (Heissler, 2001). An international desk based review about the involvement of children and young people in participatory research found that the act of 'self-representation' may offer therapeutic benefits to those involved (Bovarnick et al., 2018). There are numerous examples of the ways in which children who have experienced sexual abuse and exploitation have become involved in service design and delivery (Frederick, 2010). An example is a project developed by ECPAT International and supported by other NGOs locally, the Youth Partnership Project (YPP) for child victims of sexual exploitation and children from vulnerable communities. It is designed to empower and build the capacity of children and young people by involving them in the fight against sexual exploitation. Children and adolescents are given training and support in, for example, media advocacy and peer support to develop the knowledge and skills to help themselves and their peers to create positive changes in their lives (ECPAT, 2005). YPP encourages young people's participation in social activism to raise public awareness and to demand better protection of their rights from decision makers (Crispin, 2009). This project has been replicated across Africa, East and South Asia, Latin America and Eastern Europe. The authors have so far been unable to identify any formal evaluations of this project or any of its sections, although the project provides some monitoring statistics and reports on activities. Guidelines for peer supporters have also been developed and made accessible online (Crispin et al, 2008).

Humanitarian sector

In humanitarian and conflict settings, field experience has shown that staff are implementing basic psychosocial interventions for children who have experienced sexual abuse, including supportive counselling during the case management process. However, many field staff are not trained mental health experts and have limited knowledge and skills to assess and respond to children who have experienced trauma. Supervision is often needed to reduce secondary trauma to professionals working with these children but is limited in these settings (IRC/UNICEF, 2011). As a response to this, guidelines have now been developed in caring for children who have been abused (IRC/UNICEF, 2012).

Policy and guideline development such as the Inter-Agency Standing Committee guidelines (IASC, 2005), which recommend comprehensive care for women and girls affected by sexual violence, also seem to have had some influence. A number of examples of comprehensive care for war-affected women and girls exist, providing medical services, reproductive health care, psychosocial counselling and referral and advocacy. The COMPASS programme previously discussed in Section Six includes support for the recovery of children, adolescents and their families, offering child victims /survivors psychological support, empowerment and skills based programmes. COMPASS shows some positive results but the impact on recovery is not shown in the research so far (Falb, 2016; Stark, 2018; IRC, 2017).

REVIEW QUESTION 7:

What is known about effective approaches to support, ensure the recovery, reunification and reintegration of child and adolescent victims of sexual abuse and exploitation?

There is still a need to develop broader research and evaluation on programmes that aim to improve children's and young people's recovery from different experiences of child sexual abuse and exploitation across the continuum of care needs.

A common approach in LMICs for child sexual exploitation is for NGOs to 'rescue' children, provide shelter accommodation with varied services for assessment, recovery and reintegration. A challenge for this approach, also observed in HICs, is that sexually exploited and trafficked children may be resistant to being 'rescued' and institutional care does not guarantee safety. Qualitative and context relevant research directly involving young survivors has provided important insights that can be used to develop more effective responses. Services that are trauma informed, take empowerment approaches, involve young people in decisions that affect their wellbeing, are strengths based, involve family or safe carers and able to provide vocational skills and education are likely to be more effective and are showing some positive results.

As recovery can begin from the first point of contact with services, health and other related professionals should be trained in responding sensitively to children and adolescents. Greater attention should be focused on building capacity and providing humanitarian staff in LMICs with training and guidance on responding to the individual and developmentally different needs of sexually abused and exploited children and adolescents.

Children and adolescents who have been sexually abused and exploited require individually tailored, comprehensive services providing a package of multi-sectoral support to cater for basic needs for food, shelter, safety, medical care to emotional, practical and social support that will enable recovery and reintegration into communities. Improved multi-sector cooperation and good case management is needed to bring together responses in health, law, child protection, education and employment especially. This is especially the case for vulnerable children and adolescents leaving residential services.

More attention needs to be given to the safety and risks of further harm to young people, from adults and peers, in different organisations including residential services. Recommendations for standards and findings from research from recent national inquiries in Australia and the UK have wider relevance.

School staff, especially teachers who see children daily, have an important part to play in child protection and supporting the recovery of child and adolescent victims of sexual abuse and exploitation. There is a gap in knowledge about the role of teachers in supporting children's recovery.

Effective programmes

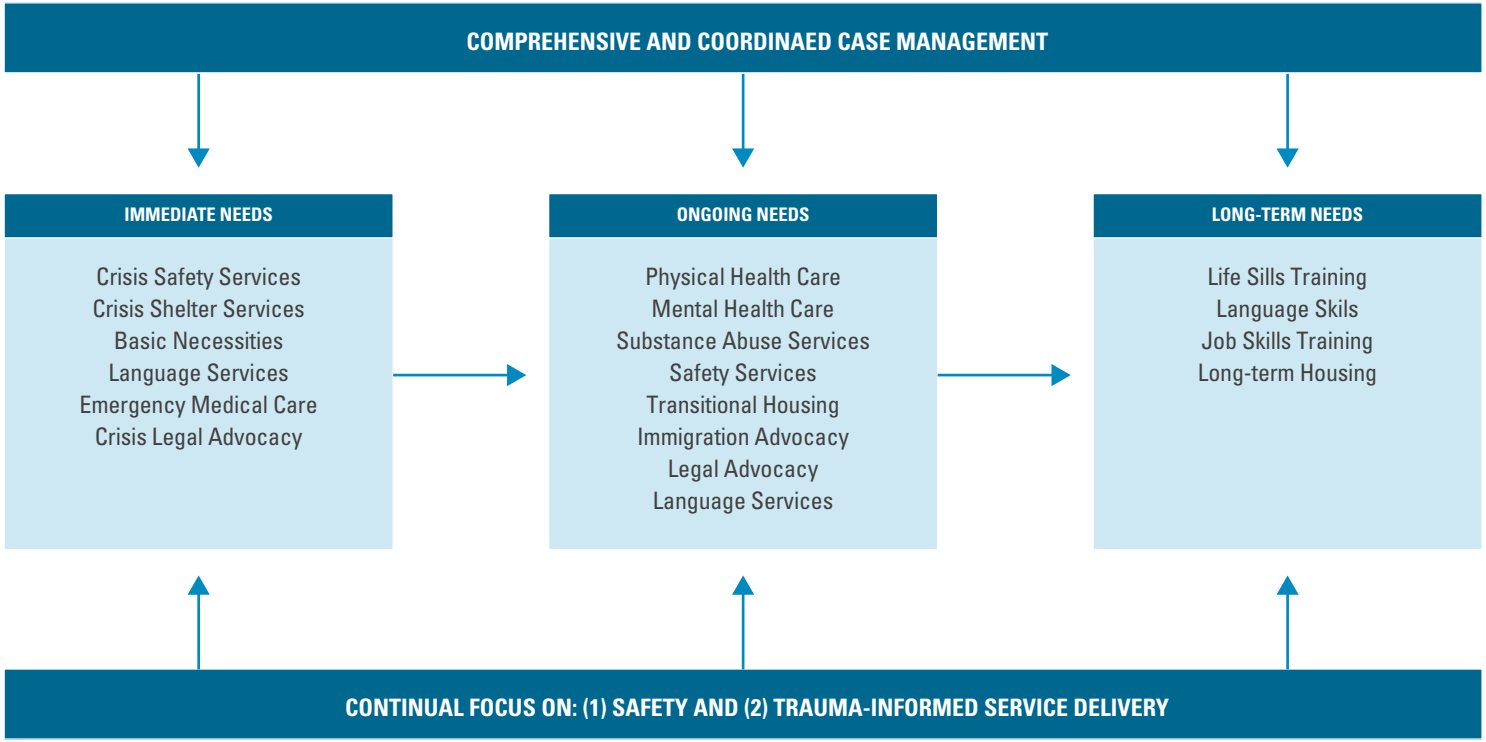
A series of systematic reviews reaffirm that for treatment of trauma associated with child sexual abuse, the best evidence on recovery responses is for *trauma-focused cognitive behavioural therapy* in HICs. This approach has also been tested in LMIC contexts such as Zambia with implementation adaptations such as Apprenticeship Models and task splitting to address the professional capacity challenges. TF CBT has been found to have moderate effects on reducing post-traumatic stress disorder (PTSD) and anxiety symptoms in sexually abused children and these outcomes are sustained over the medium term. EMDR also has good evidence of impact if delivered in sessions of 50 -60 minutes and over 10-20 weeks.

TABLE 9. Summary of evidence on victim support & recovery

VICTIM SUPPORT & RECOVERY ACROSS DIFFERENT SECTORS		QUALITY OF EVIDENCE HICS	QUALITY OF EVIDENCE LMICS
Multi sector	One-stop shop models can include counselling and comprehensive psychosocial support and tested therapies e.g., Sexual Assault Referral Centres (SARCs), Children's Advocacy Centres, Children's House (Barnahus) and Thuzulela Care Centres – Barnahus have service standards but it is not known whether similar one stop services provide evidence-based recovery programmes beyond immediate counselling.	Prudent	Prudent
	Trauma informed care approaches – some positive impacts for individual children and adolescents have been found in qualitative research. Evidence of professional and organisational changes in behaviour is limited.	Needs more research	Needs more research
	After care and reintegration services – there are positive but mixed findings on service user satisfaction. Services that provide qualifications and skills for employment and follow up support in the community are preferred by survivors.	Needs more research	Needs more research
Crime & justice	Victim redress & compensation – mixed findings on impact and organisations that provide compensation often do not publish information on these schemes.	Needs more research	Needs more research
Health	Outreach and advocacy e.g Runaway Intervention Programme US, research is limited but one study without a comparison group shows positive findings for reduced emotional distress and trauma symptoms.	Needs more research	Needs more research
	Cognitive behavioural therapy effective for reducing general childhood trauma, PTSD, depression and anxiety among adolescents. May be less appropriate for younger children. Research in LMICs is still limited.	Effective	Promising
	EMDR (eye movement desensitization and processing) – found to be effective for treating trauma symptoms in older children and adolescents especially if below the clinical level for PTSD.	Effective	Effective
	Other therapies – e.g., group, individual, creative therapies, psychoanalytic/psychodynamic, narrative therapies, animal assisted therapies – most show positive impact on global wellbeing measures although many studies are based on small samples and limited designs. Play and creative therapies may be more suitable for younger children and those with limited communication.	Needs more research	Needs more research
	Mentalisation Based Treatment (MBT) promising findings for treatment of multiple personality disorder and for adolescents who self harm.	Needs more research	Needs more research
Community	Shelters providing holistic services – research evidence is limited and relates mostly to adult victims in shelters in HICs. CSE & trafficking shelters have focused on rescue and provide varied services. Insights from young survivors can inform services especially where there is resistance to 'rescue' and residential service provision. The Butterfly Longitudinal Study has provided important findings on survivor perspectives on all stages of support and recovery	Needs more research	Needs more research
	Community-based psychosocial support – e.g., 'apprenticeship models' for community-based CBT with a trauma focus for sexually victimised children. Research is limited but some positive findings on reduced trauma symptoms.		Needs more research
Child, family and relationships	Safe carer model – parental and carer support is a strong predictor of improved outcomes for sexually abused children but evaluations of programme outcomes are limited	Needs more research	Needs more research

Appendix to Section 8

FIGURE 9: Framework for continuum of aftercare services, Macy, R. & Johns, N. (2011) page 90



Definitions of therapeutic interventions discussed:

The main types of therapies tend to be psychotherapies (therapies that are based on psychological methods). Therapies considered in the review include:

COGNITIVE BEHAVIOURAL THERAPY (CBT) a form of psychotherapy which aims to focus on and solve problems by changing unhelpful thinking and behaviour associated with these. For a sexually abused person this might, for instance, involve looking at the self-critical and harmful coping behaviours a young person may have by analysing

these, helping the young person to recognise triggers and develop cognitive skills to counteract the negative thoughts.

COGNITIVE BEHAVIOURAL THERAPY WITH A TRAUMA FOCUS as defined by the WHO (2017) refers to a broad range of cognitive behavioural interventions that address trauma, including trauma arising from child sexual abuse and exploitation.

TRAUMA FOCUSED COGNITIVE BEHAVIOURAL THERAPY (TF-CBT) is a patented variant of CBT developed by Cohen et al (2001) specifically designed for those who have emotional or behavioural difficulties arising from significant traumatic events.

FAMILY THERAPY is a type of psychotherapy that involves all family members having multiple meetings with a therapist to discuss and solve family problems and strengthen family communication.

NON-DIRECTIVE THERAPY where the therapist refrains from giving advice or interpretation as the process of therapy is client led and involves helping the person to identify conflicts, clarify and understand their own feelings.

PSYCHODYNAMIC THERAPY / PSYCHO THERAPY/ PSYCHOANALYSIS therapies that focus on unconscious processes that influence a person's present behaviour, aiming to improve self-awareness and understanding of the influence of the past on present behaviour and feelings.

CREATIVE THERAPIES E.G. PLAY THERAPY, MUSIC, ART AND DRAMA THERAPIES are therapies that use creative methods to communicate often where 'talking cures' may be more difficult. Play therapy is often used for younger children between the ages of 3 to 11 as a method for communicating with the child about feelings and experiences and facilitating their understanding and recovery.

NARRATIVE THERAPY aims to separate the person from the problem using storytelling or narrative techniques to co-author with the therapist personal life stories that help to reshape their identity and encourage them to rely on their own skills and agency for change.

ANIMAL ASSISTED THERAPY involves animals, often a specially trained dog or a horse, in the therapeutic process to enable rapport between therapist and client and improve motivation.

EYE MOVEMENT DESENSITISATION AND REPROCESSING (EMDR): a therapy frequently used for treating PTSD that aims to help people recover from problems triggered by traumatic events by helping the brain to reprocess memories.

MENTALISATION BASED TREATMENT (MBT): draws on attachment theory and psychotherapies. Mentalisation involves the ability to make sense of one's own and other's states of mind, desires, intentions, thoughts, feeling and behaviours. MBT aims to address mentalisation failures common in people with borderline personality disorders. MBT is also increasingly used with children and adolescents who self-harm (adolescent mentalisation-based integrative treatment, AMBIT) and with parents who have drug or alcohol problems.

9 STRATEGIES FOR ACTION

As children who experience one type of victimisation may also experience others (Elloneni & Salmi, 2011; Finkelhor, Ormrod & Turner, 2007; Fisher et al, 2015), strategies to end sexual violence need to be embedded in broader action to end all forms of violence, whether physical violence, emotional abuse, sexual abuse, neglect or living with a mother victimised by domestic violence. Findings from the evidence review support many of the recommended actions already agreed within the INSPIRE framework and handbook (WHO, 2016a; 2018), within UNICEF's own work on preventing and responding to violence against children and adolescents (UNICEF, 2017b) and within the gender-based violence (WHO, 2019a) and gender-based violence in emergencies strategies (UNICEF, 2017c). The evidence review also highlights areas where having different and more specific strategies for child sexual abuse and exploitation are needed alongside those currently recommended for violence against children in general. In this concluding section we will contextualise the review findings within the INSPIRE and RESPECT strategies for action, highlighting implications for sexual violence prevention and the existing gaps in knowledge and bring together recommended strategies for action within a Theory of Change on preventing and responding to child sexual abuse and exploitation.

Drawing it all together

In drawing together messages from the review there were three key criteria:

1. **TO FOCUS ON THE WHOLE SYSTEM,** as discussed on pages 62 to 64. Although it was necessary to review available evidence from single issue interventions (such as teaching children in elementary schools about bodily safety) and combined interventions (such as life skills, gender social and economic empowerment programmes) the aim was to identify a combination of strategies that together might bring system change.

2. **TO BUILD ON WHAT IS ALREADY BEING DONE** under other evidence-based programmes for violence prevention especially on violence against children (as in INSPIRE, WHO, 2016a), violence against women (as in RESPECT, WHO, 2019a). Consultations with a wide range of experts on violence prevention programming (described below) identified three key questions they felt should be answered from the review findings – a. what is currently already being done or recommended under coordinated efforts to end violence against children and violence against women that will help end child sexual abuse and exploitation? b. where do we need to do things differently to adequately address

child sexual abuse and exploitation? c. what are the most pressing gaps in knowledge and practice about 'what works' ?

3. **TO DEVELOP A THEORY OF CHANGE FOR PREVENTING AND RESPONDING TO CHILD SEXUAL ABUSE AND EXPLOITATION,** reading across to other strategies, to aid planning and programming.

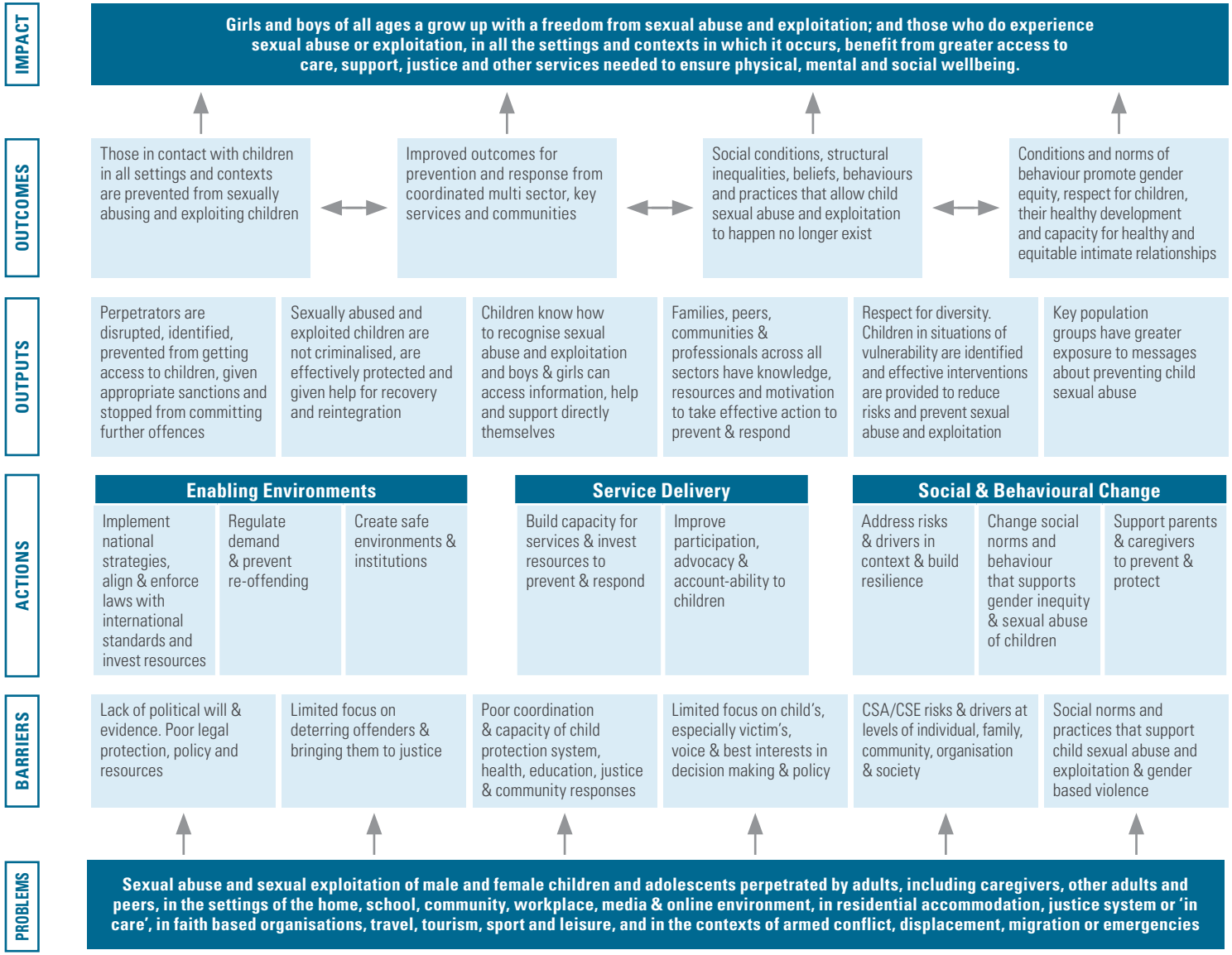
The review was supported throughout by a process of consultation where experts in violence prevention scrutinised and shared their knowledge about how the findings could be used. With considerable help from child protection specialists in UNICEF HQ in New York to coordinate participation, three groups of experts were involved: specialists on preventing violence against children from global external partner organisations such as the Global alliance to End Violence Against Children, WHO, ECPAT, Together for Girls, UN Women, UNFPA; policy and programme specialists from UNICEF New York; child protection programme leads for UNICEF Regional Offices, who in turn facilitated some consultation with specialists in their country offices. Three rounds of consultations took place online to give expert feedback on the Theory of Change, the findings from the evidence review and on the draft summary for policy makers. (There was also an independent peer review of the evidence review.) Unfortunately, resources were not available for any meaningful consultation with children and young people themselves.

Strategies that were rated on the basis of the body of evidence reviewed as effective, promising or prudent (as described on page 62) are presented within the framework of a theory of change for preventing and responding to child sexual abuse and exploitation, developed in consultation with experts and partner organisations, with reference to UNICEF's Theory of Change frameworks and the INSPIRE (WHO, 2016a) and RESPECT (WHO, 2019a) guidance.

A Theory of Change

There is no fixed blueprint to guide violence prevention. Much has been achieved in the 30 years since the implementation of the Convention of the Rights of the Child and use of better data and research, widening collaboration and partnerships and amplifying the voice of children themselves have been among the key ingredients of change (UN, 2019a). A theory of change takes a structured and outcome focused approach to defining in context the problem and what needs to change, identifying the barriers to change, the processes for overcoming these, the anticipated outputs and outcomes. It can be used to aid description, to get agreement about the process of change, to aid planning and the evaluation of outcomes. It can also be linked to sources of evidence which can be useful in trying to improve evidence informed approaches. Each step in the process can be shown in a diagram which can be a useful starting point for dialogue and consultation when developing responses in different contexts with relevant partners and stakeholders.

FIGURE 10: Theory of Change for Preventing & Responding to Child Sexual Abuse & Exploitation



The model shown in Figure 10 above, is not designed to be prescriptive but to aid consensus building for the planning, governance, implementation and monitoring of responses. It is based on a children's rights perspective, as set out in the Convention on the Rights of the Child and international standards and the understanding that violence is preventable. It draws on socio-ecological theory, recognising that actions to end all forms of violence against children need to address individual, relationship, community, organisational and structural risks and drivers that contribute to violence. Reading from the bottom of the diagram to the top level, it sets out in an accessible manner common challenges in responding to child sexual abuse and exploitation, identified from the evidence review, and a range of evidence-based strategies and anticipated outcomes to address these. It is assumed that that change must be internally driven and that child, family and community level knowledge and expertise will be essential for understanding the problem and responding to the challenges in specific contexts, and for boys and girls. Responses and priorities for action may differ for different forms of sexual abuse and exploitation against children in different contexts. For example, the diagram could be used as a basis for discussion and review by children and other stakeholders who prioritise taking action against the sexual abuse of children within the family by relatives or trusted adults and peers. Or it could be used to review and agree on actions and priorities for reducing the risk of sexual exploitation and trafficking of adolescent girls in a high-risk area such as a refugee camp.

Building on what is already being done under existing violence prevention strategies (such as INSPIRE (WHO, 2016a), RESPECT (WHO, 2019a) and UNICEF's own guidance (UNICEF, 2017b; 2017c; 2018a; 2018b), the theory of change sets out actions across three broad areas of inter-related activity to: create enabling environments for prevention and response, build capacity for services and mobilise social and behavioural change. The next section looks in more detail at recommended actions under each of these three areas, drawing together findings from the evidence review on programmes identified as 'effective', 'promising' or 'prudent'

Enabling National Environments

RATIONALE

An effective system response is essential for the implementation of children's rights as set out in the Convention on the Rights of the Child, 1989 and for meeting the commitment of Sustainable Development Goal 16.2 to end violence against children by 2030. National governments carry the ultimate responsibility to ensure that the rights of children are met and that resources are provided for this purpose. Implementation and enforcement of laws to criminalise child sexual abuse and exploitation and ensuring the safety of the environments in which children spend their time are strategies recommended by INSPIRE (WHO, 2016a) and supported by RESPECT (WHO, 2019a).

Three specific actions for creating an enabling environment were identified from the evidence review:

- Implementing and enforcing laws and policies
- Regulating demand and preventing offending
- Creating safe environments and institutions

Because different forms of violence against children (physical violence, neglect, psychological and sexual abuse and exposure to domestic violence) often co-occur, responses towards child sexual abuse and exploitation at the national level must be integrated into broader violence prevention responses. However, as previously argued, a specific focus on child sexual abuse and exploitation is needed in policy, planning and legislation due the particularly 'hidden' nature of child sexual abuse and exploitation, the different gender driven inequalities and developmental risks and drivers and the substantial gaps in knowledge and practice about how best to address these challenges in different contexts. Around 60 countries have comprehensive laws to ban all forms of violence against children, including at home and in schools, and a growing number have adopted legal and policy frameworks to end child marriage (UN, 2019a). However, gaps and anomalies in law and policy on child sexual abuse and exploitation persist in many countries. Common policy gaps are discrepancies in laws on the age of consent or failure to define a specific age of consent, parental and judicial consent exceptions to early marriage, laws that only criminalise the prostitution of children below the 'age of consent', define prostitution in gender-specific terms or exclude certain sexual acts (Chae & Ngo, 2017; SRHRSAT, 2017; UNFPA, 2017; Wodon et al, 2017). The sexual abuse of boys is a neglected issue in policy and child protection practice (Economist, 2019). The laws to regulate child sexual abuse materials online in 62 of the countries surveyed by the International Center for Missing and Exploited Children were rated in 2018 as not being sufficient to prevent this form of abuse and 16 countries still had no legislation at all (ICMEC, 2018). Guidance exists to help policy makers to address these anomalies and gaps (COE, 2011; ICMEC, 2018; Jeney, 2015; UNODC/UNICEF, 2009; UN General Assembly, 2014; WHO, 2016a; WHO, 2018; WePROTECT, 2016).

Most countries have laws that criminalise child sexual abuse but the main issue is poor enforcement. Prosecution rates for child sexual abuse and exploitation are low in many countries and there is a huge gap in knowledge and practice about how to regulate demand and intervene early to prevent sex offending. Although some countries have adopted increasingly harsh penalties for rape and child sexual abuse, the deterrent effect of imprisonment alone is a contested issue. Indeed, evidence indicates that the certainty of being caught is a stronger deterrent to further offending than the severity of the sentence (Ritchie, 2016). If more perpetrators of sexual abuse and exploitation are to be identified and prevented from further offending, criminal law needs to be enforced, resourced for delivery, supported

by services for victims such as child friendly reporting, trauma informed victim support and protection, with guidance and training for professionals (UN, 2019a).

Responses to children and adolescents who commit sexual offences should not be the same as responses towards adults. States which have ratified the United Nations Convention on the Rights of the Child 1989 are obliged to ensure that children in conflict with the law benefit from diversion and the use of alternatives to custody to the greatest extent possible (CRC, Articles 37(b), 40.1, 40.3 (b), 40.4). Children and adolescents who commit sexual offences before the age of 18 have low rates of sex offending recidivism and offending in general declines with age (Burton, Duty & Leibowitz, 2011; Moffit, 1993; Moffit et al, 2002). Diversion from custody towards alternative developmentally appropriate therapeutic treatments, involving parents and caregivers where possible, is recommended (Hackett, 2014).

Learning from several national inquiries into organisational and institutional abuse has shown that too often organisations that have responsibility to protect vulnerable children and adolescents have been sites of further abuse and compounded children's vulnerabilities[1]. Action to create safe environments within institutions needs to move beyond manipulation of the physical environment (situational prevention) to include organisational and individual responsibilities for child safety at home, school, residential institutions of justice and care and other areas of everyday life. Funders and philanthropic organisations can contribute to this work by supporting the implementation and external monitoring of institutional standards for child protection, including better advocacy and voice for child and adolescent victims. Evaluations of 'whole school' approaches to violence have brought promising findings on creating safe institutions basing programmes for change on what young people have said about their daily experiences. These approaches aim to change the whole school culture, involving pupils, teachers, other school staff and often parents in a comprehensive programme of change to create a safe learning environment. Examples are the *Good Schools Toolkit* in Uganda (Devries et al, 2015; 2017) and *Shifting Boundaries* in the US (Taylor et al, 2013; 2015; 2017).

Lack of political will and lack of adequate resources are often cited as the reasons that systems do not work or that children do not have access to services, however much can be achieved in contexts where resources are scarce (Economist, 2019). Context relevant evidence can aid decisions in low resource environments about which responses may be most effective.

Table 10 summarises effective, promising and prudent actions to help create an enabling national environment for preventing and responding to child sexual abuse and exploitation. Examples of actions and programmes are shown. These have been selected from HICs and LMICs on the basis of the strength of evaluations and commitments to international standards. In LMICs some examples shown are adaptations and implementations of programmes evaluated in HICs only.

TABLE 10: Actions to support an enabling national environment

EVIDENCE KEY					
1	one or more of the INSPIRE seven strategies	○	High income countries		evidence rating effective
2	1 or more of the RESPECT seven strategies	△	Low & middle income countries		evidence rating promising
3	recommended action in UNICEF strategies				evidence rating prudent

ENABLING NATIONAL ENVIRONMENT			
Actions	Examples	Implementation Issues	Evidence
Implement national strategies & policies, align & enforce laws with international standards and invest resources.	Legislation that operationalises commitments under the United Nations Convention on the Rights of the Child and other relevant commitments	Adequate resources – staff, training, multi sector coordination, monitoring etc - are allocated for enforcement.	1 2 3 ○ △
	Minimum age of marriage laws (18 years)	Remove parental or judicial permission exceptions. Policies to address the root causes of early marriage, e.g. education for girls	1 2 3 ○ △
	Global harmonisation of laws on online CSA/CSE as in WePROTECT Model National Response	Support collaboration between government, ICT sector & services working with children	1 2 3 ○ △[2]
	Victim sensitive & child friendly justice e.g. trauma informed approaches in Children's Advocacy/Barnahus models, specialist police desks e.g. Tanzania	Monitoring outcomes in different contexts with attention to access inequalities (e.g. in rural communities), implementation challenges & impact on prosecution.	1 2 ○[3] △
	National policy protocols on identification, assessment, reporting & response e.g UK & Zimbabwe[4]	National commitment to learn about and confront the barriers child victims face in getting help. Training, resources and multi sector coordination for service responses. Phased, adequately resourced and monitored introduction of mandatory reporting as evidence of impact is mixed[5].	1 2 3 ○ △[6]

TABLE 10: Actions to support an enabling national environment (*continued*)

ENABLING NATIONAL ENVIRONMENT			
Actions	Examples	Implementation Issues	Evidence
Regulate demand & prevent re-offending	Prosecution and criminal sanctions on adult offenders e.g. remove exceptions from criminal prosecution for rape and sexual offences by offenders who are married to or who offer to marry the victim while ensuring protection of victims from secondary victimisation	Resources for enforcement.	1 2 3 ● ▲
	Divert children who commit sexual offences from custody	Resources for enforcement and alternatives to custody for juveniles.	1 2 3 ● ▲
	Treatment for children with sexual harmful behaviours e.g. multi-systemic therapy (MST), targeted support involving juvenile & caregivers	MST requires high level of professional resource so piloting & monitoring targeted support likely to be more practical where resources are scarce	1 2 3 ●[7] ▲
Create safe environments and institutions	Manipulation of physical environment to increase safety – e.g. combined IPV and sexual violence prevention and situational/building strategies *Shifting Boundaries,* US, child friendly spaces & camp design in humanitarian contexts	Needs young people's participation in mapping unsafe hot spots & integration with service responses such as school response to peer perpetrators	1 2 3 ●[8] ▲[9]
	Whole-school approaches, targeting not only peer & partner violence but also violence perpetrated by teachers and other educational staff and general building safety e.g Good Schools Uganda Doorways III Ghana and Malawi. Effective for violence prevention but too little data on self-reported sexual violence to evaluate impact.	Longer term monitoring is needed as reports of sexual abuse may rise at first as victim confidence to report increases. Needs coordination and resources in schools and the wider community to implement an effective response.	1 2 3 ●[10] ▲[11]
	Use of technology to detect & online report abuse buttons, lead to increase in public reports and identification of & take down of CSAM or harmful materials	Requires continued international efforts to identify materials reposted on different sites or in unregulated areas	1 2 3 ●[12] ▲
	Safeguarding policies and systems for children's and community organisations, faith groups & sports – e.g Child Safe Standards, Australia; guidance on child safeguarding in sport	Needs integration into broader prevention strategies to address risks and organisational drivers. Currently low evidence on impact	1 2 3 ●[13] ▲
	Involving private sector and communities in creating safe environments e.g. codes of conduct in travel and tourism.		1 2 3 ● ▲[14]

Service delivery

RATIONALE

Articles 19, 20, 34 and 39 of the United Nations Convention on the Rights of the Child (CRC) set out a state's obligation to protect children from all forms of violence, neglect, maltreatment, sexual abuse and exploitation and to establish procedures and social programmes for prevention and response, including the identification, reporting, referral, support and care of children.

Improving access to good quality health, social care, justice and support services for all children is one of the seven INSPIRE strategies. This can reduce the long term impact of sexual abuse and exploitation thereby also helping to prevent abuse in the next generation.

CRC Article 12 sets out state responsibilities to protect, promote and respect the rights of children to participate in decisions that affect them. Taking into account the best interests of the child, participation work with children should be ethical, safe and meaningful.

SDG 16.7 aims to ensure responsive, inclusive, participatory and representative decision-making at all levels.

Two specific actions to improve service delivery were identified from the evidence review:

- investing resources and building the capacity of services to prevent and respond
- improving the participation of, advocacy for and accountability towards children

All child protection systems need responses to be developed in context and make sense to the communities that use them (Wessells, 2015). Many countries face challenges in ensuring there are services that are accessible and relevant to the needs of children and young people at risk or experiencing different types of sexual abuse and/or sexual exploitation (Blakemore et al, 2017; Bohm et al, 2014; Euser et al, 2014; John Jay College, 2004; Know Violence in Childhood, 2017; Lyneham & Facchini, 2019; Sawikar & Katz, 2018; Mason-Jones & Loggie, 2019; Sherr, Roberts & Gandhi, 2016; Skold & Swain, 2015; Sumner et al, 2015). Friends, family and informal support are the first port of call for many children seeking help (Alaggio, Collin-Vezina & Lateef, 2019; Collin-Vezina et al, 2015; Lahtinen et al, 2018; Stiller & Hellman, 2017). Lack of trust and frustration with inaccessibility or poor responses from formal services can leave children and families with little option other than seeking informal solutions. Some community responses, such as requiring the rapist to marry an adolescent victim, may be unhelpful in tackling the underlying causes (Kafuko et al, 2015; Stark et al, 2012; Wessells, Kastelny & Ondoro, 2014). Services are more likely to be effective where:

1. children are meaningfully and ethically involved directly in multi-sector efforts from the community level upwards in mapping needs and the availability of services. Direct inclusive and ethical consultation with young people can improve service delivery and, given the hidden nature of the problem, the shame and blame

too often experienced by child and adolescent victims, this is a clear area of priority for child sexual abuse and exploitation (Benelli, Fikiri & Oumarai, 2019; Save the Children, 2015; Scott et al, 2019, Wessells, 2015);

2. formal services build on the strengths and gaps in existing child protection mechanisms to prevent, identify, report and respond to sexual abuse and exploitation in specific communities (UNICEF, 2019; Wessells, 2015);

3. help is accessible and appropriate to the needs of younger and older girls and boys (Know Violence , 2017; Ligiero et al, 2019);

4. delivery is guided by the principles of trauma informed care (Cody, 2017; Pratt, 2013; Quadara & Hunter, 2016; Scott et al, 2019).

In low resource settings frontline services may be concentrated in urban areas or unevenly available in areas of past conflict or emergency, making accessibility a particular challenge for children in rural areas. Many states have set up free and confidential child helplines providing advice and support directly to children themselves as a first step response (United Nations, 2019a). Resources are needed to respond to children in communities who are identified as vulnerable and children and adolescents themselves are best placed to express their views on which services are helpful.

Multi-component and multi-agency services, such as well resourced 'one stop shop' style services with effective coordination and links with other services are likely to be more effective although research on child and adolescent safety and wellbeing outcomes needs to be further developed. One stop sexual violence services, such as gender and child abuse police desks in Tanzania and Sudan or South Africa's Thuzulela services and SARCs in the UK, typically bring together professionals from health, forensic and legal services, counselling and victim support to provide more holistic and coordinated care. One stop services with a specific child protection focus typically include more child focused services and specialists from child welfare and advocacy, health and justice professionals in a child friendly environment to provide holistic care from identification, assessment, protection and prosecution through to treatment and recovery. There is evidence from services such as Children's Advocacy Centers in the US and from Children's Houses/Barnahus across Europe of a growth in sexual violence related referrals and services provided, improved prosecution processes and child and parent/caregiver satisfaction with the service (Ali Mussa & Mohamed, 2019; Children's Commissioner, 2015; Cross et al, 2008; Herbert & Bromfield, 2016; Johansson & Stefansen, 2019; Johansson et al, 2017; Miller & Rubin, 2009; Nwogu et al, 2016; United Nations Tanzania/UNICEF, 2013). Service standards and guidelines for Barnahus have been developed to help guide implementation of these services across different national contexts while maintaining fidelity to the main standards of holistic care for children (Haldorsson, 2018).

The social work workforce is thinly spread and poorly supported in many countries and there is a need for further

investment. UNICEF have recently published guidance on strengthening the child protection social work workforce (UNICEF, 2019). There are encouraging early research findings that suggest that in low resource settings, capacity of services can also be developed through specialist task force or mobile hub and spoke models of service development (Bailey et al, 2015; Mace, Powell & Benson, 2015; Pearce, 2014).

Sexually exploited adolescents may be resistant to traditional child protection responses, particularly if they have run away from a residential care facility and lack trust in welfare services. Outreach and advocacy programmes are often linked with one stop shop or shelter services and increasingly tend to draw on trauma informed practice and case management methods. Consultations with adolescents, qualitative evaluations and practice experience favour specialist outreach or advocacy models that respond to immediate practical needs (food, health care etc) and build trust, taking a staged approach on the journey to safety, recovery and reintegration (Cordisco et al, 2018; Scott et al, 2019; Shepherd & Lewis, 2017). These approaches warrant further research and attention.

TABLE 11: Actions to Support Service Delivery

EVIDENCE KEY					
1	1 or more of the INSPIRE seven strategies	○	High income countries		evidence rating effective
2	1 or more of the RESPECT seven strategies				evidence rating promising
3	recommended action in UNICEF strategies	△	Low & middle income countries		evidence rating prudent
					needs more research

SERVICE DELIVERY					
Actions	Examples	Implementation Issues	Evidence		
Build the capacity of services and invest resources	Child helplines or report abuse lines for adults e.g. Childline Kenya, Tanzania, UK. Bring an increase in calls and children's access to services. Follow up research on outcomes is limited.	Resources needed for implementation, training, policy, procedures & governance framework and links with multi sector responses, resources and awareness raising. Many helplines also provide online services[15]	1	2	3
			○		△[16]
	Training professionals to identify and report child sexual abuse/sexual exploitation e.g. *Darkness to Light Stewards of Children*, US. Reported cases rise. Training has to be reinforced and repeated.	Further monitoring is needed to assess the impact of reporting on child outcomes.	1	2	3
			○[17]		△

TABLE 11: Actions to Support Service Delivery (*continued*)

SERVICE DELIVERY			
Actions	Examples	Implementation Issues	Evidence
Build the capacity of services and invest resources *(continued)*	Cross-national police collaboration on online victim and CSAM perpetrator identification, reporting & prosecution. Increases reports, prosecutions and take down of CSAM	Requires implementation of WeProtect guidance, a framework of legislation, resources to develop expertise for collaboration in national police, collaboration with private sector online service providers, supported by preventive education with children in schools & parents	1 2 3 ● ▲
	One stop coordinated services to respond to gender-based violence and child abuse e.g. *Thuzulela* centres South Africa, Malindi *CPC* Kenya, *SARCs* UK	Service design is appropriate and accessible to children & adolescents in the community	1 2 3 ● ▲[18]
	Outreach and advocacy providing trauma informed, staged approaches to care for sexually exploited children & adolescents e.g *Barnardo's 4 A* model UK, advocacy for trafficking victims	Multi sector coordination with formal services & community.	2 3 ●[19] ▲[20]
	Services for recovery e.g. Cognitive behavioural therapy with a trauma focus	In low resource settings mentorship and trained paraprofessionals can provide therapy.	1 2 3 ●[21] ▲[22]
	EMDR (eye movement desensitization and processing) – found to be effective for treating trauma symptoms in older children and adolescents especially if below the clinical level for PTSD.	Other modes of delivery may be better in low resource areas e.g. use of volunteers, online therapy	1 2 3 ●[23] ▲[24]
Improve participation of, advocacy for and accountability towards children	Children and adolescents have a meaningful role in public policy and in the design, delivery and monitoring of services eg Congo, identifying priorities in conflict contexts, influencing law of consent Kosovo	Requires organisational structures and processes for children's voices to be heard	1 3 ● ▲

Social & behavioural change

RATIONALE

All seven of the INSPIRE strategies for action are founded on the recognition that ending violence against children requires both primary prevention and effective responses. Primary prevention addresses the underlying beliefs, attitudes and behaviours, inequalities, risks and drivers for violence at the levels of the individual, family and relationships, community, organisation/institution and broader social and political context.

Three areas of inter-related activity were identified in the review of evidence:

- addressing the risks and drivers, and enhancing protective factors for child sexual abuse and exploitation in context, some of which differ from those associated with other forms of violence
- changing social norms and behaviour that support gender inequality, discrimination and the sexual abuse of children and adolescents
- supporting parents and caregivers to keep their children safe from child sexual abuse and exploitation.

All three areas of action work best if they involve children, families or caregivers (where appropriate) and communities. Efforts to change social norms for example will not succeed without the involvement of people in the community, including men and boys. Community participation aids coordination and working together and supports local capacity to respond, and also contributes to more sustainable outcomes.

The general messages for best practice are:

1. good quality, interactive, gender and age appropriate programmes work best for targeting the behaviour and attitudes of children and young people. For example, as part of making environments safe for younger children, safety education in school, home and community settings for parents and their children aged 4 to 9 years may focus on safety in relationships with adults and peers, including trusted adults, body parts, recognising inappropriate touching or other forms of sexual behaviour, including online, and who to talk to about this. Programmes for older children (aged 10+) might address sexual victimisation and perpetration, include consent and respectful and gender equal peer, family and intimate relationships.

2. comprehensive approaches that combine risk reduction with education, behaviour changing and broader asset, skills building and empowerment strategies are showing the most promising results.

TABLE 12: Actions to Support Social & Behavioural Change

EVIDENCE KEY					
1	1 or more of the INSPIRE seven strategies	○	High income countries		evidence rating effective
2	1 or more of the RESPECT seven strategies				evidence rating promising
3	recommended action in UNICEF strategies	△	Low & middle income countries		evidence rating prudent
					needs more research

SOCIAL & BEHAVIOURAL CHANGE			
Actions	Examples	Implementation Issues	Evidence
Address risks & drivers in context & build resilience	School & nursery based keeping safe education for children e.g. *Who Do You Tell?* Canada; *I Have The Right To Feel Safe,* Ecuador. Improves children's knowledge about sexual abuse, safe and unsafe touches, who to tell/what to do without adverse consequences such as increasing fears. There is no evidence of impact on victimisation rates after programme exposure.	Impact influenced by the quality of the programme, longer duration, interactive format that allows children to practice skills (such as role play) & involvement of parents and teachers. Data on disclosure often not collected.	1 2 ○[25] △[26]
	Empowerment and self defense for adolescent girls- no evidence on impact on under 18s in HICs found. RCTs in Malawi and Kenya found *IMPower* programme, brought reduced self reported sexual victimisation, increased self confidence and self reported successful use of defensive behaviour. Analysis at the individual level was not possible.	Delivered in the context of a wider Safe Schools programme, not as a standalone.	1 2 3 △[27]
	Economic strengthening for women & girls & vulnerable children such as orphans, e.g. social security, conditional or non-conditional cash transfers as in *Zomba* programme, Malawi.	If combined with other prevention efforts may have potential to address associated risks of sexual abuse and exploitation for adolescents.	1 2 3 △[28]
	Combined gender, economic empowerment & vocational life skills programmes for adolescent girls e.g. *ELA* programme Uganda	Programmes vary in different contexts but usually involve safe spaces for peer groups, health education, life skills & confidence building & economic empowerment	△[29]

TABLE 12: Actions to Support Social & Behavioural Change (*continued*)

SOCIAL & BEHAVIOURAL CHANGE			
Actions	Examples	Implementation Issues	Evidence
Change social norms & behaviours that support gender inequality & sexual abuse of children	Community or school-based education to target entrenched norms and values of males & females that support gender inequality and violence. Most programmes have IPV focus & no direct evidence of impact on CSA/CSE e.g. *Safe Dates* US & South Africa.	Programmes for adolescents that involve parents seem to be more effective.	1 2 ●[30] ▲[31]
	Sex education/HIV prevention programmes for males & females. Lower rates of transactional sex and IPV perpetration reported by men after intervention but no impact on women's victimisation. E.g. *Stepping Stones,* South Africa	May work better for females if combined with economic empowerment	1 2 ▲[32]
	Involving men and boys and communities in violence prevention, e.g. mentoring, community engagement & bystander programmes.	Evaluations show changes in attitudes and bystander intentions but impact on child sexual abuse has not been measured.	1 2 3 ●[33] ▲
Support parents & caregivers to prevent and protect children from sexual abuse & exploitation	Targeted home visits with vulnerable families and structured programme to develop positive parenting. E.g. *Family Nurse Partnerships* UK, Netherlands, US. Effective at reducing child protection registrations & addressing risks related to child sexual abuse.	Although effective for reducing associated risks, data specific to child sexual abuse and exploitation is limited and could be improved.	1 2 3 ●[34] ▲[35]
	Parenting programmes to prevent maltreatment and physical punishment, few report impact on CSA/CSE & none address risk of children developing harmful sexual behaviour. E.g. *Head Start* RCT in US found reduction in child sexual abuse. Effective at reducing child protection registrations & addressing risks related to child sexual abuse such as perceptions of punitive parenting.	Most effective if resources exist for coordinated child protection system responses.	1 2 3 ●[36] ▲
	Improving parent child communication about sex and safety E.g. *Parents Matter!* US; *Families Matter!* Botswana, Côte d'Ivoire, Kenya, Mozambique, Namibia, South Africa, United Republic of Tanzania, Zambia	Communication improves but impact on sexual abuse and young people's behaviour needs to be measured	●[37] ▲[38]

Gaps & challenges

The purpose of this review is to build on, and hopefully take forward, existing system focused work to end child sexual abuse and exploitation. Knowing the facts about the problem in context is necessarily the first step but also an ongoing part of the process of change. Much is already being done. Because there are some common risks and drivers for violence against women and violence against children (Guedes et al, 2016), interventions that aim to reduce these (such as life skills, gender equity and economic and social empowerment programmes) are likely to have an impact on some forms of child sexual abuse and exploitation (such as transactional sex or adolescent partner abuse). Findings from this review endorse recommendations for further collaboration and coordination of efforts to address violence against children and violence against women. Gathering data from this work to examine the specific impact on child sexual abuse and exploitation is a necessity although likely to be challenging given the hidden nature of the problem for both girls and boys and widespread under reporting. Further research on safe schools would be helpful for improving the evidence base. Experience from both low, middle and high income country contexts shows that reported cases are likely to rise as confidence in the child protection system increases.

There are areas where research evidence indicates that to end child sexual abuse and exploitation, a change in approach is needed. Efforts to confront child sexual abuse and exploitation and help children affected will not succeed unless founded on what children and young people themselves need, which requires continued effort to support children's meaningful participation. While every attempt has been made in this review to be as inclusive as possible in the search for evidence, there are many gaps in knowledge and challenges for practice to confront including:

- **BROADENING THE FOCUS ON PERPETRATORS** to reduce the demand for child sexual abuse and exploitation, including online facilitated abuse and the production of child sexual abuse materials. Recent research on social norms and sexual violence (Buller et al, 2020) and ongoing cross regional work in Africa on creating baselines to measure and track changes in social norms is welcome. Too little is known about the social norms that fuel demand for different types of child sexual abuse and exploitation in different contexts and relationships. Too little is known about policies that may regulate demand, including the demand for child sexual abuse materials online.

- **PREVENTION FOR YOUNG PEOPLE WITH HARMFUL SEXUAL BEHAVIOUR** Research and practice on the prevention, primary and secondary, of harmful sexual behaviour among children and adolescents living in the community is very limited especially in the global south. There is a lack of robust data on recidivism for young offenders at the individual level as well as a lack of context relevant behaviour changing

and therapeutic responses. Strategies for earlier intervention in schools to prevent harmful sexual behaviours could be integrated with ongoing whole school programmes to address gender based violence and create safer schools.

- **EFFECTIVE RESPONSES TO ONLINE ABUSE** – there are many programmes targeting children, parents and teachers but research on their impact is still limited. The impact measures for education based programmes are not comprehensive as they often focus on one specific type of violence (sexual, online, bullying, partner abuse), tend to assess easily collected data such as knowledge gains with little data collected on behavioural change, child protection or child safety. Primary prevention programmes on online child abuse might be better integrated with wider programmes on preventing violence against children as abuse offline frequently includes abuse online.

- **REACHING ALL CHILDREN** – there are groups of children who have been neglected in research and practice on sexual abuse and exploitation. Research on what works to prevent and respond effectively to sexual abuse and exploitation is limited for boys, for children who identify as gay, lesbian, non-binary or transgender, for children with physical disabilities and learning difficulties, for children in marginalised and persecuted groups, for migrant, refugee, and stateless children. Existing global partnerships could take the lead in scoping what is known and in identifying priorities for future research.

- **BUILDING ON STRENGTHS IN THE INFORMAL SECTOR** Informal and community support from peers, family and community groups, including faith groups, are often the first or main source of help but too little is known about what this involves.

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ENDNOTES

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