

ACTION TO END CHILD SEXUAL ABUSE AND EXPLOITATION

 End Violence
Against Children

unicef 
for every child





Published by UNICEF Child Protection Section Programme Division 3 United Nations Plaza New York, NY 10017 Email: childprotection@unicef.org Website: www.unicef.org
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Cover photo: © UNICEF/UNI303881/Zaidi

Design and layout by Big Yellow Taxi, Inc.

Suggested citation: United Nations Children's Fund (2020) Action to end child sexual abuse and exploitation, UNICEF, New York

This publication has been produced with financial support from the End Violence Fund. However, the opinions, findings, conclusions, and recommendations expressed herein do not necessarily reflect those of the End Violence Fund.

 Click on section bars to navigate publication

CONTENTS

1. Introduction.....	3	6. Service delivery	21
2. A Global Problem.....	5	7. Social & behavioural change	27
3. Building on the evidence	11	8. Gaps & challenges.....	31
4. A Theory of Change	13	Endnotes	32
5. Enabling National Environments	15		

ACKNOWLEDGEMENTS

This report was commissioned by UNICEF to support the work of the Child Protection Section, Programme Division, UNICEF Headquarters in New York. Special thanks go to Rocio Aznar Daban, Child Protection Specialist, and to Stephen Blight, Senior Child Protection Adviser, for their expert guidance, advice, patience and coordination of consultations throughout the course of the work.

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UNICEF gratefully acknowledges the financial support provided for this programme by the End Violence Fund. The End Violence Fund provides financial support to programmes that deliver practical, innovative solutions to protect children from online exploitation and abuse.

Valuable feedback and advice was given by a number of research and practice experts. These include:

Greta Massetti, Branch Chief of the Field Epidemiology and Prevention Branch, US Center for Disease Control and Prevention; Berit Kieselbach, Technical Officer on the Prevention of Violence, World Health Organisation; Dina Deligiorgis, Policy Specialist, Ending Violence against Women and Girls, UNWomen; Upala Devi, Senior Gender-Based Violence Advisor, UNFPA; Chrissy Hart, Senior Advisor, Together for Girls; Anna Giudice, Crime Prevention and Criminal Justice Officer, UNODC; Wendy O'Brien, Legal Officer - Violence against Children, UNODC; Gabriele Aiello, Associate Expert, UNODC; Hanna Tiefengraber,

Associate Expert, UNODC; Catherine Maternowska, Lead Data, Evidence and Learning, End Violence Lab, Global Partnership to End Violence Against Children; Manus De Barra, Child Protection Officer, Office of the Special Representative of the Secretary-General on Violence against Children; Helena Duch, Head of Solutions Subprogramme, Oak Foundation; Marie-laure Lemineur, Deputy Executive Director/Programmes, ECPAT; Alessandra Guedes, Gender and Development Manager, Research, UNICEF Office of Research; Lauren Rumble, Principal Advisor Gender Equality, UNICEF; Andrew Brooks, Child Protection Regional Advisor, UNICEF West and Central Africa Regional Office; Kendra Gregson, Child Protection Regional Advisor, UNICEF Latin America and the Caribbean Regional Office; Rachel Harvey, Child Protection Regional Advisor, UNICEF East Asia and Pacific Regional Office; Aaron Greenberg, Child Protection Regional Advisor, UNICEF Europe and Central Asia Regional Office; Jean Francois Basse, Child Protection Regional Advisor, UNICEF East and South Africa Regional Office, UNICEF; Denise Ulwor, Child Protection Specialist, UNICEF West and Central Africa Regional Office; Esther Ruiz, Child Protection Specialist, UNICEF Latin America and the Caribbean Regional Office; Mona Aika, Child Protection Specialist, UNICEF East and South Africa Regional Office; Anjan Bose, Child Protection Specialist, UNICEF New York Headquarters; Catherine Poulton, Gender-Based Violence in Emergencies Manager, UNICEF New York Headquarters; Christine Heckman, Rapid Response Team, Information Management Specialist, UNICEF New York Headquarters.

We are also grateful for the helpful advice provided by the anonymous peer reviewers of this report.



INTRODUCTION

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 development¹. Awareness has grown of the nature and scale of the problem and considerable efforts are being made to prevent all forms of violence against children. Important developments include international agreement on targets to end violence against children by 2030 in the Sustainable Development Goals; the development of an inter-agency package of seven evidence-based prevention strategies known as INSPIRE²; and the establishment of the Global Partnership to End Violence against Children. To address the rapidly accelerating misuse of information and communications technologies to sexually exploit children, the WePROTECT Global Alliance has been formed and countries are being guided by its Model National Response. Increasingly, efforts to end violence against women and children are linked and mutually reinforcing, as set out in the RESPECT framework³. The Oak Foundation has recently funded important work on preventing child sexual abuse⁴, and an important new index has been developed to measure the completeness of national responses⁵.

Guided by the Convention on the Rights of the Child, UNICEF works with partners across the globe to prevent and respond to violence against girls, boys and young people, including adolescents, in all settings and in all its forms, supporting governments to achieve SDG 16.2 by 2030. In programme countries, UNICEF plays a key role in supporting national

coordination of multisectoral services, in strengthening national child protection systems and services and scaling up violence prevention programs such as parenting support community programs, school prevention programs and social norms change strategies. In 2019, UNICEF intensified efforts to scale up evidence-based violence prevention intervention and institutionalize response services to child victims of violence in 141 countries providing health, social work or justice and law enforcement services to 2.7 million children.

Comprehensive strategies to end violence against children need to include all forms of violence, whether physical, emotional, sexual abuse or neglect. There is however a need for a specific coordinated focus on child sexual abuse and exploitation. In many parts of the world child sexual abuse is still a taboo, hidden and stigmatising topic. Child sexual abuse and exploitation have unique drivers, risks and protective factors. 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, and this gets accentuated within the context of online child sexual exploitation and abuse. While other strategies on violence prevention have taken childhood sexual abuse into account, 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. 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.

The last two decades have seen the rapid rise and uptake of digital technologies globally, which has introduced new forms of online harms while also exacerbating the offline abuse of children, such as sexual abuse of very young children. Online grooming of children for the purpose of sexual abuse and exploitation, live streaming of sexual abuse of children over the Internet and distribution of child sexual abuse content have all seen significant increase. The volume of child sexual abuse materials in circulation both in the surface web as well as the hidden web have reached new highs, ranging in millions of images.⁶

There is a risk that specialised responses to online child sexual abuse are conceived in isolation of proven strategies to address child sexual abuse in the physical, offline world. Technology does not cause online child sexual exploitation and abuse, although it enables and facilitates it at a wider scale than before. Child sexual abuse materials are evidence of sexual abuse of a child offline, most often perpetrated by someone within the child's circle of trust. The unique nature of online child sexual abuse and exploitation requires close collaboration with the technology sector and cross border cooperation amongst law enforcement. It also calls for a more in depth and nuanced understanding of how children and their families use digital platforms and their online experiences. But much can be gained through considering

online sexual exploitation within its broader offline contexts, not a new behavior arising solely due to the digital age

This report aims to address these specific issues by updating two earlier publications for UNICEF⁷ 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.⁵ 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 INSPIRE² and RESPECT.³

Building on these efforts, this short report, intended for policy makers and partners, uses key findings from a research review commissioned by UNICEF to propose a framework of action to prevent and respond to child sexual abuse and exploitation⁸.

Addressing sexual violence is a significant challenge requiring informed and assertive action. UNICEF is committed to tireless work to reduce the threat and support responses for victims.

2

A GLOBAL PROBLEM

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. Those who live in low-income regions of the world, in conditions of insecurity, armed conflict or separation from their family are particularly vulnerable⁴ but it is important to note that all children are at risk of sexual abuse and exploitation.

The global data on children’s experiences of violence has improved in recent years and several robust studies now exist using similar definitions and measures, all showing the widespread nature of physical, emotional and sexual violence in childhood. Knowledge has been greatly advanced by national surveys designed to directly ask children and adolescents themselves, in a safe, private and ethical manner, about their experiences of violence and abuse.

PREVALENCE OF CHILD SEXUAL ABUSE

A review of 217 studies⁹, found 1 in 8 of the world’s children (12.7%) had been sexually abused before reaching the age of 18.

UNICEF estimates that 1 in every 20 girls aged 15 to 19 (around 13 million) have experienced forced sex during their lifetime¹⁰.

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 and 15% of girls aged 12-15 in Spain)¹¹.

A review of surveys asking men in the community about their use of online child sex abuse material and sexual behaviour towards children¹² 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.

The scale, complexity and danger of online facilitated child sexual abuse and exploitation is escalating¹³, 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 male¹⁴. Girls typically report rates of sexual abuse and exploitation 2–3 times higher than boys¹⁵ although rates for boys have been found to be higher than for girls in some nations¹⁶ and in certain organisational settings¹⁷ such as single sex residential institutions. Girls are the majority of victims in child sexual abuse materials online¹⁸.

DEVELOPMENTAL ASPECTS Experiences of victimisation and their consequences vary over the life course for girls and boys⁴. Younger children are most likely to be sexually abused by a family member or caregiver. 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 partners¹⁹. 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 levels²⁰. For effective prevention and response strategies, it is important to take into account the gendered and developmental differences in the situational, organisational and relationship risks of sexual abuse and exploitation for children and adolescents.

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 or an adult in a relationship of trust or authority²¹. The child's or perpetrator's home is the most frequently mentioned location for sexual assaults and rapes of children²², with the privacy of the family home, where this exists, providing a location where detection is less likely. Sexual abuse by a biological parent is less commonly mentioned in self-report surveys in HICs than sexual abuse by another relative, such as a sibling or uncle, or another member of the household²³. Peers, boyfriends/girlfriends, dating or romantic partners are the most commonly mentioned perpetrators of sexual violence for adolescent girls²⁴, with neighbours and friends also frequently mentioned²⁵.

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 time²⁶, from school²⁷ to work²⁸ or play and sport²⁹. 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 risks³⁰. 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 Asia³¹. Children and adolescents who are separated from their families, migrating and on the move,

or displaced by armed conflict or humanitarian emergency are also especially vulnerable³².

CHILD SEXUAL ABUSE AND EXPLOITATION IS OFTEN UNREPORTED Identifying children living with sexual abuse and exploitation is a notoriously difficult task and the research on children's reporting behaviours is underdeveloped.

CHALLENGES TO IDENTIFICATION INCLUDE:

For various reasons, not least the emotional manipulation often involved in an abusive relationship, a sexually victimised child or adolescent may not recognise their experiences as being sexual violence or exploitation. They may also be afraid or reluctant about being 'helped'.

Shame, social stigma and fear of the consequences of telling anybody about the abuse can be considerable barriers to disclosure and help seeking.

Informal and family support are important for prevention, child protection and recovery³³ and are usually the first line of support sought. However, there may be poor understanding of child sexual abuse and exploitation among family, peers and the wider community. Responses can be unhelpful, disbelieving, blaming the victim for

the abuse or enforcing silence or inaction to protect the perpetrator or preserve reputation and honour³⁴.

Professionals who work with children may lack the skills and training needed to effectively identify signs of abuse, engage with victims and provide effective responses.

Opportunities to provide help or support get lost because of poor working together and information sharing across different sectors such as education, health, justice, child welfare and community organisations³⁵.

Policy contexts and organisational or service priorities conflict with or do not enable effective prevention or child protection responses. For example, a common policy problem is a contradiction between laws regulating child marriage and parental or judicial exceptions, differential or no age definitions in laws of consent³⁶.

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.

For example, surveys in Finland³⁷ and in Germany³⁸ found that, although well over three quarters³⁹ of victims of childhood sexual abuse had told somebody about the abuse, most often a friend, at best only 14% of the disclosures were passed on to authorities.

Research on violence against children in the seven countries of Cambodia, Haiti, Kenya, Malawi, Swaziland, Tanzania and Zimbabwe, similarly found in most countries the proportion of victims who received a service was $\leq 10\%$ ⁴⁰.

In Uganda 57% of girls and 53% of boys who experienced sexual violence told someone about the abuse. Only 16% of girls and 6% of boys sought help from services and only 15% of girls and 5% of boys received help⁴.

A review of data from 30 countries collected for UNICEF found that only 1% of adolescent girls who had experienced forced sex reached out for help from services⁴¹.

Closing the gap between the large numbers of children and adolescents who experience sexual abuse and exploitation and the minority who have effective support or services is an essential step towards ending violence.

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.⁴² The harm caused includes the impact on physical health (such as high BMI, problems in childbirth⁴³); higher likelihood of contracting HIV due to sexual risk taking (such as having multiple sexual partners or inconsistent condom use)⁴⁴; drug or alcohol abuse⁴⁵; anxiety, depression, psychological trauma and self-harm⁴⁶; offending behaviour, missing school and lower educational attainment⁴³. 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 settings⁴⁷. Children who experience multiple victimisations tend to have the poorest outcomes⁴⁸. 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 unemployment⁴³.

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^{1,4}. Violence does

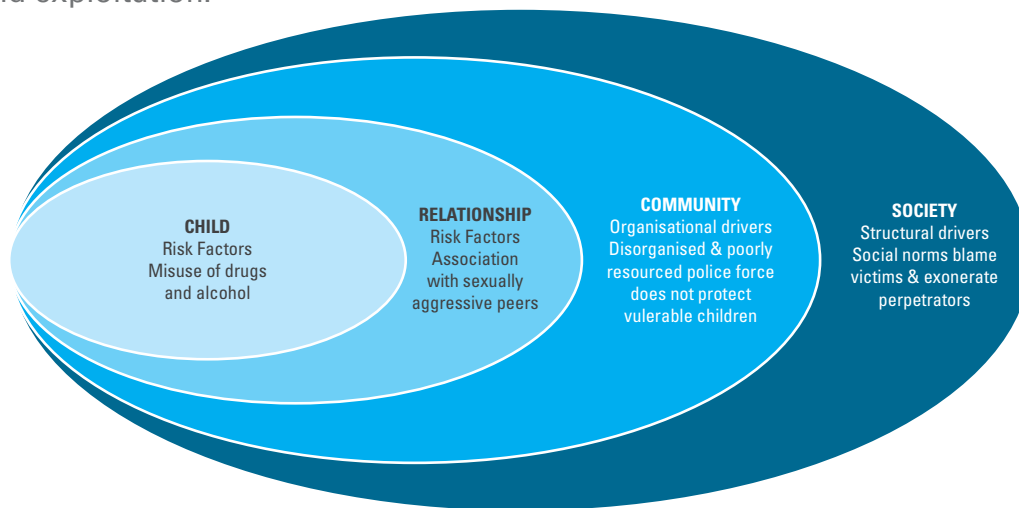
not happen in an isolated bubble between individuals unaffected by the wider social context. Most forms of interpersonal violence disproportionality affect groups in a community or population who are disadvantaged as a result of interacting structural inequalities such as poverty, gender inequity, racism, sexual orientation together with institutional and organisation practices that do little to challenge or even reinforce them. An adapted version of the socio-ecological framework of child development⁴⁹ is helpful for conceptualising why children are at risk and how best to focus prevention activities². As with violence towards children in general, the socio-ecological framework proposes that interactions between risks and protective factors at, and across, the levels of the individual child, family and

relationships, community and broader social, economic and cultural context will exert an influence on whether abuse happens and the consequences for an individual child. In their multi-country study of violence against children, Maternowska and Fry (2018)⁵⁰ distinguished between drivers of violence at the structural and organisational levels, that create the conditions in a society where violence against children is more, or less, likely to happen, and risks and vulnerabilities at the level of the individual child, family and relationships, and in the community/country context, that influence whether a particular child is abused.

From a prevention perspective, a contextually focused socio-ecological framework can alert us to the possibility that addressing an individual risk, such as legislation to limit adolescent access to alcohol, although helpful, would not be sufficient to end child sexual abuse and exploitation because structural drivers that contribute to the vulnerability of adolescent girls - such as poor resources for the police force and norms that exonerate men and boys and blame adolescent girls for their own sexual victimisation - would persist. It is widely recognised that to end violence, including child sexual abuse and exploitation, we need to recognise the interconnectedness between different types of violence and the multi-dimensional causes and consequences and take coordinated action simultaneously across the four different levels of the system⁵¹.

There is now an extensive literature on the risks and drivers that influence the victimisation and perpetration of violence against children.

Examples from research of drivers and risks for child sexual abuse and exploitation:



Common structural drivers for child sexual abuse and exploitation, victimisation and perpetration, 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 migrating⁵².

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 children⁵³.

Child sexual abuse and exploitation occurs across different relationships and generally the closer the relationship the greater the risk. 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 revictimisation⁵⁴.

At the level of the individual child, individual vulnerabilities associated with age, learning disability, prior sexual victimisation, misuse of drugs and alcohol are examples of some of the known risks for both victimisation and perpetration^{4, 26}.

Much of the research evidence on risks and drivers has developed in HICs. The UNICEF Multi Country Study of the Drivers of Violence piloted and tested a method for working with policy makers, governments, practitioners and other experts to assess drivers and risks in different national

contexts to inform priorities for action.⁵⁰ A key message from this work was that to successfully address violence against children, we need to change the environments in which children live not just address the risks they face as individuals and in their personal relationships.

3

BUILDING ON THE EVIDENCE

As children who experience one type of victimisation may also experience others⁴⁷, strategies to end sexual violence need to include all forms of violence, whether physical violence, emotional abuse, sexual abuse, neglect or living with a mother victimised by domestic violence. Many nation states 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 evidence-based INSPIRE strategies⁵⁵. The overlap between violence against women and violence against children is increasingly recognized, and there has been more collaboration between people working to prevent violence in these two areas. Evidence based 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.³ 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.

The global impact of Covid 19 has brought increased risks of sexual violence and gender-based violence and challenges for prevention and responses. The pandemic

has reinforced the need to ensure violence prevention is built into the core of public health policies. It is important to gather evidence on what works in different contexts to end child sexual abuse and exploitation. The findings from the evidence review are intended to aid further work by UNICEF, partner organisations, researchers, practitioners and policy building on current responses to violence as in INSPIRE and RESPECT.

Methods

The evidence review includes 168 research studies that were assessed as being high quality. New systematic reviews and original research studies on 'what works' to prevent and respond to child sexual abuse and exploitation, published from 2014 to 2019 were identified from systematic searches of ten research databases⁵⁶, 'grey' literature (such as government or research centre reports) and publications recommended by and practice experts.⁵⁷ The evidence review included experimental, quasi experimental and other quantitative evaluations as well as qualitative research on interventions and actions against child sexual abuse and exploitation. These were screened for relevance and quality using pre-agreed assessment criteria. The overall quality of the findings from studies of different interventions was graded into the following five categories:

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 was recommended following 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 as 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.

Interventions and actions rated from the body of evidence as either effective, promising or prudent are presented within the framework of a theory of change for preventing and responding to child sexual abuse and exploitation.

The theory of change was developed through extensive consultation with experts and partner organisations, reading across to UNICEF's Theory of Change frameworks⁵⁸ and the INSPIRE and RESPECT guidance^{2,3}.

4

A THEORY OF CHANGE

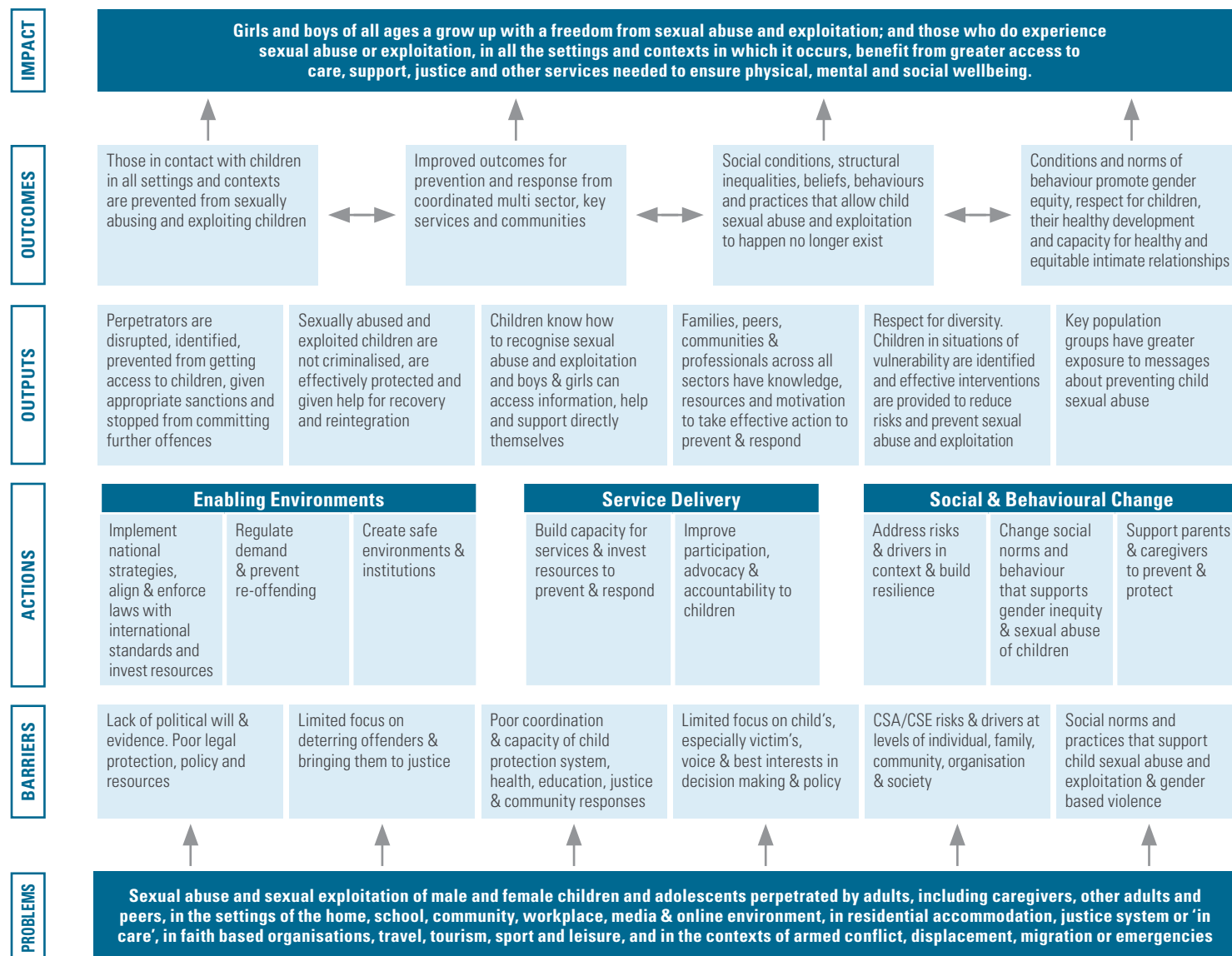
There is no fixed blueprint to guide violence prevention. Much has been achieved in the 30 years since the implementation of the Convention on the Rights of the Child and use of better data and research, widening collaboration and partnerships and amplifying the voice of children themselves have been among the key ingredients of change⁵⁹. A theory of change takes a structured and outcome focused approach to defining the problem in context alongside what needs to change. It can encourage honest and evidence based collaborative dialogue to identify the barriers to change, the processes for overcoming these, and what we need to achieve. 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 consultation when developing responses in different contexts with relevant partners and stakeholders.

The model shown in the diagram below, 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 focusing on 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 INSPIRE², RESPECT³ and UNICEF's own guidance⁵⁸), the theory of change sets out actions across three broad, inter-related areas to: create enabling environments for prevention and response, to build capacity for services and to 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'.

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



5

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 INSPIRE² and supported by RESPECT³.

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

- Implementing and enforcing laws & 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 marriage⁵⁹. 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 acts⁶⁰. The sexual abuse of boys is a neglected issue in policy and child protection practice⁴. 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 2019 as not being sufficient

to prevent this form of abuse and 16 countries still had no legislation at all⁶¹. Guidance exists to help policy makers to address these anomalies and gaps.⁶²

CASE STUDY - INVOLVING CHILDREN AND YOUNG PEOPLE IN PUBLIC POLICY

INDONESIA: Child Forum 2P (Pioneer and Reporter) was established to allow children to be involved in development planning at village, district, city, and provincial levels. Children were consulted during the development of the national strategy on ending violence against children⁶³.

CAMBODIA: Following the VACs survey in 2013, four technical working groups were set up to develop and implement the national action plan on preventing and responding to violence against children. Children and young people were consulted on the content, implementation and monitoring of the national strategy through the working groups, conferences and other participation events held Cambodia.⁶⁴

CROATIA: High school students attending a focus group facilitated by the Office of the Ombudsman for Children suggested that a survey should be conducted in schools to explore student's perspectives on the age of consent, as they had concerns that it did not provide sufficient protection for children. The survey, with 2500 children and young people revealed that 95% of children thought the age of consent (14 years) was too low. The Network of Young Advisors to the Ombudsman for Children (NYA), comprised of 20 members aged 12-18 years from across the country, used the survey results to advocate for change. Children gave their views and these were passed on to government decision makers by adults. In 2012, the Criminal Code was changed to raise the age of consent to 15⁶⁵.

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 nations 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 sentence⁶⁶. 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 professionals⁵⁸.

Responses to children and adolescents who commit sexual offences should not be the same as responses towards adults. Children who commit sexual offences before the age of 18 have low rates of sex offending recidivism and offending in general declines with age⁶⁷. 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 diverted from custody need developmentally appropriate treatments, involving parents and caregivers where possible⁶⁸.

CASE STUDY – YOUNG PEOPLE WITH HARMFUL SEXUAL BEHAVIOUR

SOUTH AFRICA: The Support Programme for Abuse Reactive Children (SPARC) is a diversion programme established by the Teddy Bear Clinic in Johannesburg, South Africa. It diverts children aged 6-18 years with sexually harmful behaviours and those who have committed sexual offences from the criminal justice system on to a therapeutic programme. The programme works with children with harmful sexual behaviours assessed as being low-to medium-risk to others. Children may be referred directly to the programme by their caregivers, although in practice most come via court orders. The programme aims to help children and young people to understand the consequences of their behaviour and equip them with a range of psychosocial skills and resources. The program is multi-component offering cognitive behavioural and creative therapies in individual, group and family sessions, as well as extracurricular activities for children and adolescents who have committed, or are at risk of committing, a sexual offense. Sessions cover modules on social skills

and empathy training, cognitive restructuring, impulse control, conflict resolution, and acknowledging behaviour. Concepts of masculinity, male sexuality, and relapse prevention are also explored. The length of the programme for each component varies according to the child's needs. Positive findings of on changes in attitudes, behaviours and family interactions come from a study of children and young people on the programme between 2009 to 2011. The intervention led to a significant increase in participants' self-confidence, prosocial behaviour, and positive gender-related attitudes. Participants improved their ability to cope with issues and devise constructive solutions, showed an increase in school and church attendance and a decrease in substance use. There was an increase in family engagement, communication and supervision, as well as positive discipline strategies. A telephone survey of 64% of caregivers from the 494 families on the programme found 95% of caregivers reported their child had not committed further sexual offenses 1-2 years after the program had ended. The caregiver reports on reoffending could not however be independently checked so further research is needed, with a comparison group design, to strengthen these encouraging findings on impact⁶⁹.

Learning from 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 vulnerabilities⁷⁰. 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 and *Shifting Boundaries, Safe Dates* and *Dating Matters* in the US.

SAFE ENVIRONMENTS – PROMISING RESEARCH




Shifting Boundaries is a school based programme that combines gender violence education with situational crime prevention, interventions with perpetrators and victims. The curriculum for the classroom programme focuses on the legal consequences of dating violence, gender equity and healthy relationships. This is supported by a building-based intervention where students and teachers identify “hot spots” where violence and harassment most often occurs, post signs and increase adult supervision in these places. Students who commit acts of violence or harassment receive temporary restraining orders. 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. It was found that students who were exposed to both the classroom-based and building-based interventions reported the lowest incidence of sexual harassment and sexual violence perpetration and victimisation. The building-based intervention alone was 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. A subsequent RCT found the programme to be effective for primary and secondary prevention with boys and girls. A higher level of saturation for programme delivery (not limiting the curriculum to just one school grade) led to reduced rates of sexual harassment suggesting that the multi-component approach involving the whole school is more effective.⁷¹

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 scarce⁵. Context relevant evidence can aid decisions in low resource environments about which responses may be most effective.

Table I 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 1: 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	  ⁷²
	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	  ⁷³
	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		 ⁷⁴ 
	National policy protocols on identification, assessment, reporting & response e.g UK & Zimbabwe ⁷⁵	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. ⁷⁶	1	2	3	  ⁷⁷

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
				⁷⁸	
Create safe environments and institutions	Manipulation of physical environment to increase safety – e.g. combined IPV and sexual violence prevention and situational/building strategies <i>Shifting Boundaries</i> , 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
				⁷⁹	
					⁸⁰
	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
				⁸¹	
					⁸²
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	
				⁸³	
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	
				⁸⁴	
Involving private sector and communities in creating safe environments e.g. codes of conduct in travel and tourism.		1	2	3	
				⁸⁵	

6

SERVICE DELIVERY

RATIONALE

Articles 19, 20, 34 and 39 of the United Nations Convention on the Rights of the Child (UNCRC) 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 them⁵⁹. 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^{33, 34, 40, 53, 59}. Friends, family and informal support are the first port of call for many children seeking help⁶⁶. 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 causes⁸⁷. 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 this is a clear area of priority for child sexual abuse and exploitation⁸⁸;
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 communities⁵⁹;
3. help is accessible and appropriate to the needs of younger and older girls and boys⁴;
4. delivery is guided by the principles of trauma informed care⁸⁹.

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 nations have set up free and confidential child helplines providing advice and support directly to children themselves as a first step response⁹⁰.

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.

CASE STUDY: INVOLVING CHILDREN AND YOUNG PEOPLE IN SERVICES

DEMOCRATIC REPUBLIC OF THE CONGO (DRC): To improve the relevance of services in humanitarian and conflict settings, Save the Children conducted a consultation via focus groups with 2,437 children and young people aged between 7 to 17 years and 234 adult caregivers of children below the age of 5 years living in five areas of the DRC. A dot voting system was used to identify children's and adolescents' needs and priorities. Priorities ranked highest were access to education, food security, health and safety and protection from exploitation. It was found that girls as young as 6 years rated protection from sexual abuse and exploitation among their priorities. Save the Children has published helpful guidance on meaningful and ethical child participation⁹¹.

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 bring together 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.⁷⁴ Service standards and guidelines for Barnahus have been developed⁹².

CASE STUDY : MALINDI CHILD PROTECTION CENTRE

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 main 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 limited cases coming in to the justice system and very few cases were concluded. Findings from the survey and international research were 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 (CPC) 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 CPC aimed to strengthen case management through coordinated and effective psychosocial and legal services. It is "a one stop shop" where, when any abuse, neglect or exploitation is reported and essential services can be offered in a child friendly space. It is also a community resource centre, open to all community members, 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 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. It is supported by a free and confidential helpline so anyone can report a case of child abuse. Evaluation data shows an increase in the average caseload of 100 per month in 2009 to 250 per month during the period 2012-2014 and 340 in 2017-2018. From 2010 to July 2018 the CPC in Malindi provided quality and integrated services to 27,607 children (51% girls). 90% of cases reported to Malindi CPC in the 2017- 2018 were successfully solved. Cases reported for child 'defilement', sexual abuse and exploitation have grown slowly and made up almost 6% of all cases referred in 2018⁹³. There are four CPCs operating and more scheduled to open in Kenya. The CPCs are supported by government efforts to improve service capacity, plug gaps in policy and legislation, set up a national case management database and improve the national systems of child protection.

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.⁹⁴ 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 development⁹⁵.

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 reintegration⁹⁶. These approaches warrant further research and attention.





TRAUMA FOCUSED RECOVERY : PROMISING RESEARCH













'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 choices⁹⁷. One third to a half of all school aged children who report experiences of sexual abuse also have clinical levels of Post-Traumatic Stress Disorder (PTSD)⁹⁸. On the basis of several robust studies, the WHO has endorsed CBT with a trauma focus as treatment for sexually abused children and adolescents with PostTraumatic Stress Disorder¹. CBT approaches with a trauma focus have been evaluated in LMICS in a small number of experimental trails. An RCT in Zambia aimed to compare trauma symptoms in orphans and vulnerable children provided with CBT with

a trauma focused 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 CBT with a trauma focus 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 CBT with trauma focus group compared with reductions of 21.1% for trauma symptoms and 68.3% for functional impairment in the comparison group⁹⁹. In the Democratic Republic of the Congo (DRC), another trial compared outcomes for 52 girls aged 12 to 17 years randomly assigned to CBT with trauma focus (N=24) or to a wait list comparison group (N=28)¹⁰⁰. Girls in the CBT with trauma focus group showed significantly greater reductions in trauma symptoms.

TABLE 2: 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				
3	recommended action in UNICEF strategies	△	Low & middle income countries		evidence rating prudent
					

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. ¹⁰¹	1	2	3	
						
	Training professionals to identify and report child sexual abuse/sexual exploitation e.g. <i>Darkness to Light Stewards of Children</i> , 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	
						

SERVICE DELIVERY						
Actions	Examples	Implementation Issues	Evidence			
Build the capacity of services and invest resources <i>(continued)</i>	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	
			 ⁸³			
	One stop coordinated services to respond to gender-based violence and child abuse e.g. <i>Thuzulela</i> centres South Africa, Malindi <i>CPC</i> Kenya, <i>SARCs</i> UK	Service design is appropriate and accessible to children & adolescents in the community	1	2	3	
					 ¹⁰⁴	
	Outreach and advocacy providing trauma informed, staged approaches to care for sexually exploited children & adolescents e.g. <i>Barnardo's 4 A</i> model UK, advocacy for trafficking victims	Multi sector coordination with formal services & community.	2	3		
		 ¹⁰⁵	 ¹⁰⁶			
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		
		 ¹⁰⁷		 ¹⁰⁸		
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		
		 ¹⁰⁹		 ¹¹⁰		
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 and 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 home, school 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, issues of consent and respect and gender equality in 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.

CASE STUDY : I HAVE THE RIGHT TO FEEL SAFE

ECUADOR: *I have the right to feel safe* is a 10 week child sexual abuse self protection programme for children aged 7 to 12 years in use in Latin America and Africa. It was adapted and established in Ecuador for use in schools by the NGO Fundacion Azulado, who work with teachers, parents and children to prevent violence and sexual abuse and support recovery. Teaching children self-protection and where to find help is an important part of a wider response to reduce the risks of child sexual abuse. The programme uses a train the trainer approach, where teachers are trained by a psychologist and mentored in delivering





the programme by members of Fundacion Azulado. The programme aims to increase children's self-esteem, help them identify a personal safety net of trusted adults, distinguish between good and bad touches, appropriate and inappropriate touching, avoid risky situations, practice the right to say 'no', disclose abuse and recognise that abuse is never a child's fault. An RCT of the programme delivered to 4932 children which compared score results for children who received the programme with those in a wait list control group at baseline, immediately after and at 6 months later found significant improvements in levels of knowledge for children on the programme. These gains were retained 6 months later¹¹¹.






THE EMPOWERMENT AND LIVELIHOOD FOR ADOLESCENTS PROJECT (ELA): PROMISING RESEARCH

UGANDA: The ELA project combines microfinance and life skills training and 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. In Uganda the ELA project 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 away from home in which to socialise and build social networks, receive mentoring, life skills,












vocational training, micro financing and help to become self-supporting. A randomised control trial in Uganda tracked 4,800 participants 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 cent¹¹².

TABLE 3: 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				
3	recommended action in UNICEF strategies	△	Low & middle income countries		evidence rating prudent
					

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. <i>Who Do You Tell?</i> Canada; <i>I Have The Right To Feel Safe</i> , 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.	 ¹¹³	 ¹¹⁴
	Empowerment and self defense for adolescent girls- no evidence on impact on under 18s in HICs found. RCTs in Malawi and Kenya found <i>IMPower</i> 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.		 ¹¹⁵
	Economic strengthening for women & girls & vulnerable children such as orphans, e.g. social security, conditional or non-conditional cash transfers as in <i>Zomba</i> programme, Malawi.	If combined with other prevention efforts may have potential to address associated risks of sexual abuse and exploitation for adolescents.		 ¹¹⁶
	Combined gender, economic empowerment & vocational life skills programmes for adolescent girls e.g. <i>ELA</i> programme Uganda	Programmes vary in different contexts but usually involve safe spaces for peer groups, health education, life skills & confidence building & economic empowerment		 ¹¹²

SOCIAL & BEHAVIOURAL CHANGE

Actions	Examples	Implementation Issues	Evidence	
<p>Change social norms & behaviours that support gender inequality & sexual abuse of children</p>	<p>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. <i>Safe Dates</i> US & South Africa.</p>	<p>Programmes for adolescents that involve parents seem to be more effective.</p>	 ¹¹⁷	 ¹¹⁸
	<p>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. <i>Stepping Stones</i>, South Africa</p>	<p>May work better for females if combined with economic empowerment</p>		 ¹¹⁹
	<p>Involving men and boys and communities in violence prevention, e.g. mentoring, community engagement & bystander programmes.</p>	<p>Evaluations show changes in attitudes and bystander intentions but impact on child sexual abuse has not been measured.</p>	 ¹²⁰	
<p>Support parents & caregivers to prevent and protect children from sexual abuse & exploitation</p>	<p>Targeted home visits with vulnerable families and structured programme to develop positive parenting. E.g. <i>Family Nurse Partnerships</i> UK, Netherlands, US. Effective at reducing child protection registrations & addressing risks related to child sexual abuse.</p>	<p>Although effective for reducing associated risks, data specific to child sexual abuse and exploitation is limited and could be improved.</p>	 ¹²¹	 ¹²²
	<p>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. <i>Head Start</i> 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.</p>	<p>Most effective if resources exist for coordinated child protection system responses.</p>	 ¹²³	
	<p>Improving parent child communication about sex and safety E.g. <i>Parents Matter!</i> US; <i>Families Matter!</i> Botswana, Côte d'Ivoire, Kenya, Mozambique, Namibia, South Africa, United Republic of Tanzania, Zambia</p>	<p>Communication improves but impact on sexual abuse and young people's behaviour needs to be measured</p>	 ¹²⁴	 ¹²⁵

8

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. Much is already being done. Because there are some common risks and drivers for violence against women and violence against children¹²⁶, interventions that aim to reduce these (such as life skills, gender equity and economic and social empowerment programmes) will 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 show 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.

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 and this requires continued effort to support children's meaningful participation. 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 violence¹²⁷ 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.
- **PREVENTION FOR YOUNG PEOPLE WITH HARMFUL 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.
- **EFFECTIVE RESPONSES TO ONLINE ABUSE** where programmes exist but research on their effectiveness is still limited
- **REACHING ALL CHILDREN** including groups of children who have been neglected in research, policy and practice such as boys, children with physical disabilities and learning difficulties and children in marginalised groups.
- **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.

ENDNOTES

- 1 WHO (2017) *Responding to children and adolescents who have been sexually abused* :WHO clinical guidelines, World Health Organisation, Geneva.
- 2 WHO (2016) *INSPIRE : Seven strategies for ending violence against children*, World Health Organisation : Geneva; WHO (2018) *INSPIRE Handbook: action for implementing the seven strategies for ending violence against children*, Geneva, World Health Organisation.
- 3 WHO (2019) *RESPECT women: Preventing violence against women*, Geneva: World Health Organization
- 4 Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019) *What works to prevent sexual violence against children: Evidence Review. Together for Girls.* www.togetherforgirls.org/svsolutions
- 5 Economist (2018) *Out of the shadows: Shining the light on the response to child sexual abuse and exploitation: A 40 country benchmarking index*, Economist Intelligence Unit, London.
- 6 <https://static1.squarespace.com/static/5630f48de4b00a75476ecf0a/t/5deecb0fc4c5ef23016423cf/1575930642519/FINAL+-+Global+Threat+Assessment.pdf>
- 7 Radford, L. Allnock, D. & Hynes, P. (2015) *Preventing and Responding to Child Sexual Abuse and Exploitation : Evidence Review* New York : UNICEF; Radford, L. Allnock, D. & Hynes, P. (2015) *Promising programmes to prevent and respond to child sexual abuse and exploitation*, New York: UNICEF
- 8 The full evidence review can be found at <https://www.unicef.org/documents/action-end-child-sexual-abuse-and-exploitation-review-evidence-2020>
- 9 Stoltenborgh, M. van Ijzendoorn, M. Euser, E. & Bakermans-Kranenburg, M. (2011) A Global Perspective on Child Sexual Abuse: Meta-analysis of prevalence around the world, *Child Maltreatment*, 16:2, 79–101.
- 10 UNICEF (2020) *A new era for girls: Taking stock of 25 years of progress*, UNICEF/ UNWomen/Plan International: New York.
- 11 Finkelhor, D. Shattuck, A. Turner, H. & Hamby, S. (2014a) The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence, *Journal of adolescent Health*, 14: 1-5; de Santisteban, P. & Gámez-Guadix, M. (2018) Prevalence and Risk Factors Among Minors for Online Sexual Solicitations and Interactions With Adults, *The Journal of Sex Research*, 55:7, 939-950.
- 12 Wager, N. Armitage, R. Christmann, R. Gallagher, B. et al (2018) *Rapid evidence assessment: quantifying the extent of online-facilitated child sexual abuse: Report for the Independent Inquiry into Child Sexual Abuse*, University of Huddersfield, Huddersfield, <https://www.iicsa.org.uk/document/rapid-evidence-assessment-quantifying-extent-online-facilitated-child-sexual-abuse>
- 13 WePROTECT (2018) *Global Threat Assessment 2018*WePROTECT Global Alliance, London.
- 14 Parkinson P, & Cashmore J., (2017) *Assessing the different dimensions and degrees of risk of child sexual abuse*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney; Pereda, N. Guilera, G. Forns, M. & Gómez-Benito, J. (2009) *The Prevalence of Child Sexual Abuse in Community and Student Samples: A meta-analysis*”, *Clinical Psychology Review*, 29: 4, 328–38; Priebe, G. Hansson, K. & Göran Svedin, C. (2010) *Sexual abuse and associations with psychosocial aspects of health. A population-based study with Swedish adolescents*, *Nordic Journal of Psychiatry*, 64:1, 40-48; Radford, L. Barter, C. Dodd, S. Stanley, N. & Ahkmaq, A. (2017) *The abuse of children in care in Scotland : a research review for the Scottish Government Inquiry into Child Abuse* Edinburgh : Scottish Government.
- 15 de Santisteban, P. & Gámez-Guadix, M. (2018) *Prevalence and Risk Factors Among Minors for Online Sexual Solicitations and Interactions With Adults*, *The Journal of Sex Research*, 55:7, 939-950; Finkelhor, D. Turner, H. Shattock, A. & Hamby, S. (2015) *Prevalence of Childhood Exposure to Violence, Crime, and Abuse: Results From the National Survey of Children’s Exposure to Violence*, *JAMA Pediatrics*, August, 169:8, 746-754; Fisher, H. Caspi, A. Moffitt, T. Wertz, J. et al (2015) *Measuring adolescents’ exposure to victimization: The Environmental Risk (E-Risk) Longitudinal Twin Study*, *Development and Psychopathology* 27, 1399–1416; ONS (2016) *Abuse during childhood: Findings from the Crime Survey for England and Wales, year ending March 2016*, Office for National Statistics, London <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/abuseduringchildhood/findingsfromtheyearendingmarch2016crimesurveyforenglandandwales>
- 16 Ji, K. Finkelhor, D. & Dunne, M. (2013) *Child Sexual Abuse in China: A meta-analysis of 27 studies*, *Child Abuse and Neglect*, 37: 9, 613–22; Ministry of Women’s Affairs (2014), *Findings from Cambodia’s Violence Against Children Survey 2* UNICEF Cambodia, US Centers for Disease Control and Prevention, Ministry of Women’s Affairs, Phnom Penh, Cambodia; Nikolaidis, G. Petroulaki, K. Zarokosta, P. Tsirigoti, A. et

- al (2018) Lifetime and past-year prevalence of children's exposure to violence in 9 Balkan countries: the BECAN study, *Child & Adolescent Psychiatry & Mental Health*, 12:1; Ward, C. Artz, L. Leoschut, L. Kassanje, R & Burton, P. (2018) Sexual violence against children in South Africa: a nationally representative cross-sectional study of prevalence and correlates, *Lancet Global Health*, 6:e460-68
- 17 Parkinson P., & Cashmore J., (2017) *Assessing the different dimensions and degrees of risk of child sexual abuse*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney; Ward, M. & Rodger, H. (2018) *Child sexual abuse in residential schools: A literature review*, IICSA, London
- 18 ECPAT International (2018) *Trends in online child sexual abuse material*, April, ECPAT International: Bangkok.
- 19 Finkelhor, D. (2008) *Childhood Victimization: Violence, crime, and abuse in the lives of young people*, Oxford University Press, Oxford; Know Violence in Childhood (2017) *Ending Violence in Childhood Global Report*, Know Violence in Childhood, New Delhi India; Maternowska, M. C., A. Potts and D. Fry. (2016) *The Multi-Country Study on the Drivers of Violence Affecting Children: A Cross-Country Snapshot of Findings*, UNICEF Office of Research, Florence, Italy.
- 20 Finkelhor, D. Shattuck, A. Turner, H. & Hamby, S. (2014a) The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence, *Journal of adolescent Health*, 14: 1-5; Radford, L. Corral, S. Bradley, C. Fisher, H. et al., (2011) *Child Abuse and Neglect in the UK Today*, NSPCC, London.
- 21 Know Violence in Childhood (2017) *Ending Violence in Childhood Global Report*, Know Violence in Childhood, New Delhi India; Pinheiro, P. (2006) *World Report on Violence Against Children*, United Nations, Geneva.
- 22 Averdijk, M. Mueller-Johnson, K. & Eisner, M. (2011) *Sexual Victimization among Adolescents in Switzerland*, UBS Optimus Foundation, Geneva; Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019) *What works to prevent sexual violence against children: Executive Summary*. Together for Girls. www.togetherforgirls.org/svsolutions UNICEF Tanzania (2011) *Violence Against Children in Tanzania: Findings from a national survey 2009*, US Centers for Disease Control, Muhimbili University of Health and Allied Sciences, UNICEF Tanzania, Dar es Salaam.
- 23 Radford, L. Corral, S. Bradley, C. Fisher, H. et al., (2011) *Child Abuse and Neglect in the UK Today*, NSPCC, London; Gekoski, A. Davidson, J. & Horvath, M. (2016) The prevalence, nature, and impact of intrafamilial child sexual abuse: findings from a rapid evidence assessment, *Journal of Criminological Research, Policy and Practice*, 2:4, 231-243.
- 24 Finkelhor, D. Shattuck, A. Turner, H. & Hamby, S. (2014a) The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence, *Journal of adolescent Health*, 14: 1-5;
- 25 CDC (2014) *Violence Against Children in Haiti : Findings from a National Survey 2012* US Centers for Disease Control and Prevention, Interuniversity Institute for Research and Development, Comite de Coordination, Centers for Disease Control and Prevention, Port au Prince, Haiti; Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019) *What works to prevent sexual violence against children: Executive Summary*. Together for Girls. www.togetherforgirls.org/svsolutions.
- 26 Know Violence in Childhood (2017) *Ending Violence in Childhood Global Report*, Know Violence in Childhood, New Delhi India.
- 27 Devries, K. Knight, L. Allen, E. Parkes, J. Kyegombe, N. & Naker, D. (2017) Does the Good Schools Toolkit Reduce Physical, Sexual and Emotional Violence, and Injuries, in Girls and Boys equally? A Cluster-Randomised Controlled Trial, *Prevention Science*, 838-853; Jewkes, R. Levin, J. Mbananga, N. & Bradshaw, D. (2002) Rape of Girls in South Africa, *Lancet*, 359: 9303, 319–20; Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013) Shifting boundaries: An experimental evaluation of a dating violence prevention program in middle schools. *Prevention Science*, 14, 64–76
- 28 Audu, B. Geidam, A. & Jarma, H. (2009) Child Labor and Sexual Assault among Girls in Maidaguri, Nigeria, *International Journal of Gynecology & Obstetrics*, 104:4, 64–67; Choudhry V, Dayal R, Pillai D, Kalokhe AS, Beier K, Patel V (2018) Child sexual abuse in India: A systematic review. *PLoS ONE* 13:10, e0205086.
- 29 Alexander, K. Stafford, A. & Lewis, R. (2011) *The Experiences of Children Participating in Organised Sport*, University of Edinburgh/ NSPCC Child Protection Research Centre, Edinburgh; Bjørnseth, I. & Szabo, A. (2018) Sexual Violence Against Children in Sports and Exercise: A Systematic Literature Review, *Journal of Child Sexual Abuse*, 27:4, 365-385; Brackenridge, C. Fasting, K. Kirby, S. & Leahy, T. (2010) *Protecting Children from Violence in Sport: A review with a focus on industrialized countries*, UNICEF Innocenti Research Centre, Florence.
- 30 Blakemore, T. Herbert, J. Arney, F. & Parkinson, F. (2017) The impacts of institutional child sexual abuse: A rapid review of the evidence, *Child Abuse & Neglect*, 74, 35-48; Sherr, L. Roberts, K. & Gandhi, N. (2016) Child violence experiences in institutionalised/orphanage care, *Psychology, Health & Medicine*, 22:S1, 31-57; Skold, J. & Swain, J. (2015) *Apologies and the legacy of abuse of children in 'care'* Palgrave, London
- 31 Lyneham, D. & Facchini, L. (2019) *Benevolent harm: Orphanages, voluntourism and child sexual exploitation in South-East Asia*, Trends & Issues in Crime & Criminal Justice, Australian Institute of Criminology, 574, March, Canberra www.aic.gov.au

- 32 CDC (2014) Violence Against Children in Haiti : Findings from a National Survey 2012 US Centers for Disease Control and Prevention, Interuniversity Institute for Research and Development, Comite de Coordination, Centers for Disease Control and Prevention, Port au Prince, Haiti; Ferris, E. (2007) Abuse of Power: Sexual exploitation of refugee women and girls, *Signs: Journal of Women in Culture and Society*, 32:3, 584–91; Stark ,L. Asghar, K. Yu, G. Bora,C. et al (2017) Prevalence and associated risk factors of violence against conflict-affected female adolescents: a multi-country, cross-sectional study, *Journal of Global Health*, 7: 1.
- 33 Cordisco, T.Tsai, L. Varntheary, L. & Chanththa, N. (2018) *Experiences in shelter care : perspectives from participants in the Butterfly Longitudinal Study*, Chab Dai/Sioban Miles Memorial Library and Resource Center; Marriott, C. Hamilton-Giachritsis, C. & Harrop, C. (2013) Factors Promoting Resilience Following Childhood Sexual Abuse: A structured, narrative review of the literature, *Child Abuse Review*, Meinck, F. Cluver, L. Boyes, M. & Mhlongo, E. (2015) Risk and Protective Factors for Physical and Sexual Abuse of Children and Adolescents in Africa: A review and implications for practice, *Trauma, Violence & Abuse*, 16:1,81-107; Melville, J. Kellogg, N. Perezc, N. & Lukefahr, J. (2014) Assessment for Self-Blame and Trauma Symptoms during the Medical Evaluation of Suspected Sexual Abuse, *Child Abuse & Neglect*, 38 :5, May, 851–57.
- 34 Sawikar, P. & Katz. I. (2018) Preventing child sexual abuse (CSA) in ethnic minority communities: A literature review and suggestions for practice in Australia, *Children & Youth Services Review*, 85, 174-186.
- 35 Mason-Jones, A. & Loggie, J. (2019) Child Sexual Exploitation. : An analysis of Serious Case Reviews in England: Poor communication, incorrect assumptions and adolescent neglect. *Journal of public health*. ISSN 1741-3842
- 36 Wismyanti, Y. O’Leary, P. Tilbury, C. & Tjoe, Y. (2019) Child sexual abuse in Indonesia : A systematic review of literature, law and policy, *Child Abuse & Neglect* 95:104034
- 37 Lahtinen, H. Laitila , A. Korkman, J. & Ellonen, N. (2018) Children’s disclosures of sexual abuse in a population-based sample, *Child Abuse & Neglect*, 76, 84-94
- 38 Stiller, A.& Hellmann, D. (2017) In the aftermath of disclosing child sexual abuse: consequences, needs, and wishes, *Journal of Sexual Aggression*, 23:3, 251-265
- 39 76% in Germany; 80% in Finland
- 40 Sumner, S. Mercy, J. Saul, J. et al (2015) Prevalence of Sexual Violence Against Children and Use of Social Services — Seven Countries, 2007–2013, *Morbidity & Mortality Weekly Report*, Centers for Disease Control and Prevention, 64:21.
- 41 UNICEF (2017a) *A Familiar Face: Violence in the lives of children and adolescents*, United Nations Children’s Fund, New York. https://www.unicef.org/publications/files/Violence_in_the_lives_of_children_and_adolescents.pdf
- 42 Kendall-Tackett, K. (2008) Developmental Impact, in D. Finkelhor *Childhood Victimization*, Oxford University Press, Oxford, pp. 65–101.
- 43 Fisher, C. Goldsmith, A. Hurcombe, R. & Soares, C. IICSA Research Team (2017) *The impacts of child sexual abuse : A rapid evidence assessment*, Independent Inquiry into Child Sexual Abuse, London.
- 44 Sommarin, C. Kilbane, T. Mercy, J. Moloney-Kitts, M. & Ligiero, D. (2014) Preventing sexual violence and HIV in children, *Journal of Acquired Immune Deficiency Syndrome*, 66: Supplement 2, July 1, S217-223.
- 45 Fisher, C. Goldsmith, A. Hurcombe, R. & Soares, C. IICSA Research Team (2017) *The impacts of child sexual abuse : A rapid evidence assessment*, Independent Inquiry into Child Sexual Abuse, London; Longman-Mills, S. González, W. Meléndez, M. García, M. et al. (2013) Exploring Child Maltreatment and its Relationship to Alcohol and Cannabis Use in Selected Latin American and Caribbean Countries, *Child Abuse and Neglect*, 37:1,77–85.
- 46 Chen, L., H. Murad, M. Paras, K. Colbensa, et al. (2010) Sexual Abuse and Lifetime Diagnosis of Psychiatric Disorders: Systematic review and meta-analysis, *Mayo Clinic Proceedings*, 85:7, 618–29; Haileye, A. (2013) Psychopathological Correlates of Child Sexual Abuse: The case of female students in Jimma Zone, South West Ethiopia, *Ethiopian Journal of Health Sciences*, 23:1, 32–38; Maniglio, R. (2013) Child Sexual Abuse in the Etiology of Anxiety Disorders: A systematic review of reviews, *Trauma, Violence & Abuse*, 14:2, 96–112.
- 47 Ellonen, N. & Salmi, V. (2011) Polyvictimization as a Life Condition: Correlates of polyvictimization among Finnish children, *Journal of Scandinavian Studies in Criminology and Crime Prevention*, 12: 1, 20–44; Finkelhor, D. Ormrod, R. & Turner, H. (2007) Polyvictimization and Trauma in a National Longitudinal Cohort, *Development and Psychopathology*, 19:1, 149–66; Fisher, H. Caspi, A. Moffitt, T. Wertz, J. et al (2015) Measuring adolescents’ exposure to victimization: The Environmental Risk (E-Risk) Longitudinal Twin Study, *Development and Psychopathology* 27, 1399–1416.
- 48 Radford, L. Corral, S. Bradley, C. & Fisher, H. (2013) The prevalence and impact of child maltreatment and other types of victimization in the UK: Findings from a population survey of caregivers, children and young people and young adults *Child Abuse and Neglect* 37:10, 801-813.

- 49 Belsky, J. (1993) Etiology of Child Maltreatment: A developmental-ecological analysis, *Psychological Bulletin*, 114:3, 413–34; Bronfenbrenner, U. (1977) Toward an Experimental Ecology of Human Development, *American Psychologist*, 32 :7, July, 513–51; Bronfenbrenner, U. (1986) Ecology of the Family as a Context for Human Development: Research perspectives, *Developmental Psychology*, 22:6, 723–42.
- 50 Maternowska, M. & Fry, D. (2015) *The multi-country study on the drivers of violence affecting children : a child centred and integrated framework for violence prevention*, UNICEF Office of Research, Florence; Maternowska, C. & Fry, D. (2018) The Multi-Country Study on the Drivers of Violence Affecting Children: An overview, *Vulnerable Children and Youth Studies*, 13:sup1, 12-2.
- 51 UNICEF (2017) *Preventing and Responding to Violence Against Children and Adolescents : Theory of Change*, New York : UNICEF [https://www.unicef.org/protection/files/UNICEF_VAC_ToC_WEB_271117\(2\).pdf](https://www.unicef.org/protection/files/UNICEF_VAC_ToC_WEB_271117(2).pdf) ; WHO (2016) *INSPIRE : Seven strategies for ending violence against children*, World Health Organisation : Geneva.
- 52 Barker, G., Contreras, J. Hellman, B. et al.,(2011) *Evolving Men: Initial results from the International Men and Gender Equality Survey (IMAGES)*, International Center for Research on Women (ICRW), Washington, DC and Instituto Promundo, Rio de Janeiro; Buller, A. Pichon, M. McAlpine, A. Cislighi, B. Heise, L. & Meiksin, R. (2020) Systematic review of social norms, attitudes, and factual beliefs linked to the sexual exploitation of children and adolescents, *Child Abuse & Neglect*; CDC (2014) *Violence Against Children in Haiti : Findings from a National Survey 2012* US Centers for Disease Control and Prevention, Interuniversity *Institute* for Research and Development, Comite de Coordination, Centers for Disease Control and Prevention, Port au Prince, Haiti; Choudhry V, Dayal R, Pillai D, Kalokhe AS, Beier K, Patel V (2018) Child sexual abuse in India: A systematic review. *PLoS ONE* 13:10, e0205086; Fulu, E. Warner, X. Miedema, S. Jewkes, R. et al. (2013) *Why Do Some Men Use Violence against Women and How Can We Prevent It? Findings from the United Nations multi-country study on men and violence in Asia and the Pacific*, United Nations Development Programme, United Nations Population Fund, UN Women and United Nations Volunteers, Bangkok; Heise, L. & Kotsadam, A. (2015) Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys, *Lancet Global Health*, 3:e, 332-340; Know Violence in Childhood (2017) *Ending Violence in Childhood Global Report*, Know Violence in Childhood, New Delhi India; Lilleston, P. Goldmann, L. Verma, R. & McCleary-Sills, J. (2017) Understanding social norms and violence in childhood: theoretical underpinnings and strategies for intervention, *Psychology, Health & Medicine*, 22:S1, Willman, A. & Magisaka, M. (2011) *Interpersonal Violence Prevention: A review of the evidence and emerging lessons*, World Development Report Background Paper, World Bank, Washington, DC.
- 53 Blakemore, T. Herbert, J. Arney, F. & Parkinson, F. (2017) The impacts of institutional child sexual abuse: A rapid review of the evidence, *Child Abuse & Neglect*, 74, 35-48; Bohm, B., Zollner, H., Fegert, J. M., and Liebhardt, H. (2014) Child sexual abuse in the context of the Roman Catholic Church: a review of literature from 1981-2013 *Journal of child sexual abuse*, 23(6), pp. 635-656; Euser, S., Alink, R., Tharner, A., IJzendoorn, M., Bakermans-Kranenburg, M. (2014) Out of home placement to promote safety? The prevalence of physical abuse in residential and foster care. *Children and Youth Services Review* 37, 64-70; John Jay College (2004) *The Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States 1950-2002*, New York: City University; Know Violence in Childhood (2017) *Ending Violence in Childhood Global Report*, Know Violence in Childhood, New Delhi India; Skold, J. & Swain, J. (2015) *Apologies and the legacy of abuse of children in 'care'* Palgrave , London; Lyneham, D. & Facchini, L. (2019) Benevolent harm: Orphanages, voluntourism and child sexual exploitation in South-East Asia, *Trends & Issues in Crime & Criminal Justice*, Australian Institute of Criminology, 574, March, Canberra www.aic.gov.au ; Sherr, L. Roberts, K. & Gandhi, N. (2016) Child violence experiences in institutionalised/orphanage Care, *Psychology, Health & Medicine*, 22:S1, 31-57.
- 54 Cluver, L. Orkin, M. Boyes, M. Sherr, L. et al., (2013) Pathways from Parental AIDS to Child Psychological, Educational and Sexual Risk: Developing an empirically-based interactive theoretical model, *Social Science and Medicine*, 87, 183–93; Know Violence in Childhood (2017) *Ending Violence in Childhood Global Report*, Know Violence in Childhood, New Delhi India; Meinck, F. Cluver, L. Boyes, M. & Mhlongo, E. (2015) Risk and Protective Factors for Physical and Sexual Abuse of Children and Adolescents in Africa: A review and implications for practice, *Trauma, Violence & Abuse*, 16:1,81-107; Mootz, J. Stark, L. Meyer, E. Asghar, K. et al (2019) Examining intersections between violence against women and violence against children: perspectives of adolescents and adults in displaced Colombian communities, *Conflict & Health*, 13:25
- 55 The seven strategies are 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
- 56 Medline, Public Health, PsychInfo, Social Work Abstracts, CINAHL, Criminal Justice Abstracts, ERIC, Education Abstracts, Campbell Collaboration, Cochrane Library of Systematic Reviews
- 57 A full account of the methodology can be found in the Evidence Review at <https://www.unicef.org/documents/action-end-child-sexual-abuse-and-exploitation-review-evidence-2020>

- 58 UNICEF (2017) *Preventing and Responding to Violence Against Children and Adolescents : Theory of Change*, New York : UNICEF; UNICEF (2018) UNICEF Strategic Plan 2018-21, New York : UNICEF; UNICEF (2018) *INSPIRE Indicator Guidance and Results Framework: Ending Violence Against Children – How to Define and Measure Change*, New York : UNICEF; UNICEF (2017) *Gender based violence in emergencies : operational guide*, UNICEF, New York; WePROTECT (2016) *Model National Response*, WePROTECT Global Alliance, Open Government London.
- 59 United Nations (2019) *Keeping the promise: Ending violence against children by 2030*, United Nations : New York; Wessells, M. (2015) Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center, *Child Abuse & Neglect*, 43: 8-21.
- 60 Chae, S. & Ngo, T. (2017) *The Global State of Evidence on Interventions to Prevent Child Marriage*, GIRL Center Research Brief, No. 1. Population Council: New York; SRHR SAT (2017) *Age of consent: global legal review*, SRHR South Africa Trust; UNFPA (2017) *Harmonising the legal environment for addressing sexual and reproductive health and rights : a review of 23 countries in East and Southern Africa*, UNFPA, South Africa; Wodon, Q. Tavares, R. Fiala, O. Le Nestour, A. et al (2017) *Ending child marriage: child marriage laws and their limitations*, October, World Bank.
- 61 International Centre for Missing & Exploited Children (ICMEC) (2018) *Child Sexual Abuse Material: Model Legislation & Global Review*, 9th edn, ICMEC, <https://www.icmec.org/wp-content/uploads/2018/12/CSAM-Model-Law-9th-Ed-FINAL-12-3-18.pdf>
- 62 COE (2009) *Recommendation of the Committee of Ministers to Member States on Integrated National Strategies for the Protection of Children from Violence*, Council of Europe; International Centre for Missing & Exploited Children (ICMEC) (2018) *Child Sexual Abuse Material: Model Legislation & Global Review*, 9th edn, ICMEC; Jeney, P. (2015) *Combatting Child Abuse Online: Study for the LIBE Committee*, European Parliament, [https://www.europarl.europa.eu/RegData/etudes/STUD/2015/536481/IPOL_STU\(2015\)536481_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2015/536481/IPOL_STU(2015)536481_EN.pdf) UNODC /UNICEF (2009) *Justice in Matters involving Child Victims and Witnesses of Crime Model Law and Related Commentary*, UNICEF, New York; United Nations General Assembly (2014) *Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Detection and Criminal Justice*, A/C.3/69/L.5, 25 September, United Nations, New York; WHO (2016) *INSPIRE : Seven strategies for ending violence against children*, World Health Organisation : Geneva; WHO (2018) *INSPIRE Handbook action for implementing the seven strategies for ending violence against children*, Geneva, World Health Organisation; WePROTECT (2016) *Model National Response*, WePROTECT Global Alliance, Open Government London.
- 63 Kavidri Johnson, A. (2017) *Ending violence against children in ASEAN member states*, ASEAN, Jakarta, Indonesia.
- 64 Cambodia (2017) *Action Plan on Violence Against Children*, Phnom Penn, Cambodia;
- 65 Larkins, C. & Crowley, A. (2018) *Children's participation in public decision making- a review of practice in Europe*, Background Paper Euro Child Conference, Opatija, Croatia
- 66 Ritchie, D. (2016) *Does imprisonment deter? A review of the evidence*, Sentencing Council, Victoria.
- 67 Burton, D. Duty, K. & Leibowitz, G. (2011) Differences between Sexually Victimized and Nonsexually Victimized Male Adolescent Sexual Abusers: Developmental antecedents and behavioral comparisons, *Journal of Child Sexual Abuse*, 20:1, 77–93; Moffitt, T. (1993) Adolescent Limited and Life Course Persistent Antisocial Behaviour: A developmental taxonomy, *Psychological Review*, 100:4, 674–701; Moffitt, T. Caspi, A., Harrington, H. & Milne, B. (2002) Males on the life-course-persistent and adolescence-limited antisocial pathways: Follow-up at age 26 years, *Development and Psychopathology*. 14:1, 179-207.
- 68 Hackett, S. (2014) *Children and young people with harmful sexual behaviours* Research Review, Research in Practice, Totnes, Devon <http://www.ncsby.org/sites/default/files/UK%20Report%20on%20Children%20and%20Young%20People%20with%20Harmful%20Sexual%20Behavior.pdf>
- 69 Sources: Evaluation Fund (nd) *An innovative approach to reducing recidivism among child sexual abusers*, Evidence Brief, South Africa, Evaluation Fund, theevaluationfund.org; Gauteng Planning Commission (2014) *Evaluation synthesis violence: Final report March 2014*, Gauteng Planning Commission, Office of the Premier, Gauteng Provincial Government, lisavetten@gmail.com
- 70 For example findings from the Independent Inquiry into Child Sexual Abuse England investigations reports <https://www.iicsa.org.uk/publications/investigation> ; from the Australian Royal Commission on Inquiry into Institutional Responses to Child Abuse reports <https://www.iicsa.org.uk/publications/investigation>
- 71 *Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013) Shifting boundaries: An experimental evaluation of a dating violence prevention program in middle schools. *Prevention Science*, 14, 64–76; *Taylor, B. Mumford, E & Stein, N. (2015) Effectiveness of Shifting Boundaries Teen Dating Violence Prevention Program for Subgroups of Middle School Students, *Journal of Adolescent Health* 56, S20eS26; *Taylor, B. Mumford, E Liu, W. & Stein, N. (2017) The effects of different saturation levels of the Shifting Boundaries intervention on preventing adolescent relationship abuse and sexual harassment, *Journal of Experimental Criminology*, 13: 79-100.

- 72 Chae, S. & Ngo, T. (2017) *The Global State of Evidence on Interventions to Prevent Child Marriage*, GIRL Center Research Brief, No. 1. Population Council: New York; Wodon, Q. Tavares, R. Fiala, O. Le Nestour, A. et al (2017) *Ending child marriage: child marriage laws and their limitations*, October, World Bank.
- 73 Jeney, P. (2015) *Combating Child Abuse Online: Study for the LIBE Committee*, European Parliament, [https://www.europarl.europa.eu/RegData/etudes/STUD/2015/536481/IPOL_STU\(2015\)536481_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2015/536481/IPOL_STU(2015)536481_EN.pdf)
- 74 Ali Mussa, M. & Mohamed, F. (2019) Challenges Facing Police Gender and Children's Desks in Reduction of Gender-Based Violence and Violence against Children: A Case of Kinondoni District, Dar Es Salaam Region, Tanzania, *The International Journal of Humanities & Social Studies*, 7:8, August, 1-11; Children's Commissioner (2015) *Barnahus: Improving the response to child sexual abuse in England*, Children's Commissioner : London; *Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D., Sczepanski, J., Lippert, T., Davison, K., Crynes, A., and Sosnowski, P. (2008), Evaluating children's advocacy centers' response to child sexual abuse, *Juvenile Justice Bulletin*, <https://www.ncjrs.gov/pdffiles1/ojdp/218530.pdf> ; *Herbert, J. & Bromfield, L. (2016) Evidence for the Efficacy of the Child Advocacy Center Model: A Systematic Review, *Trauma, Violence & Abuse*, 17:3, 341-357; Johansson, S. & Stefansen, K. (2019) Policy-making for the diffusion of social innovations: the case of the Barnahus model in the Nordic region and the broader European context, *Innovation: The European Journal of Social Science Research*, DOI:10.1080/13511610.2019.1598255; Johansson, S. Stefansen, K. Bakketeig, E. & Kaldal, A. (2017) Implementing the Nordic Barnahus Model : Characteristics and local adaptations, in Johansson, S. Stefansen, K. Bakketeig, E. & Kaldal, A (eds) *Collaborating Against Child Abuse : Exploring the Nordic Barnahus Model*, Palgrave Macmillan, London 1-29; *Miller, A., and Rubin, D. (2009), The contribution of children's advocacy centers to felony prosecutions of child sexual abuse, *Child Abuse & Neglect*, 33(1), pp. 12-18.; *Nwogu, N. Agrawal, L. Chambers, S. Buagas, A. Daniele, R. & Singleton, J. (2016) Effectiveness of Child Advocacy Centers and the multidisciplinary team approach on prosecution rates of alleged sex offenders and satisfaction of non-offending caregivers with allegations of child sexual abuse: a systematic review, *JBI Database Of Systematic Reviews & Implementation Reports* 13:12, 93-129; United Nations Tanzania/UNICEF (2013) Strengthening the Police Response to Gender-Based Violence and Child Abuse: Action plan for the police, gender and children's desks 2013–2016, United Nations/UNICEF Tanzania, Dar es Salaam.
- 75 HM Govt (2018) *Working together to safeguard children*, Her Majesty's Government, London, UK; Judicial Service Commission (2012) *Protocol on the multi-sectoral management of sexual abuse & violence in Zimbabwe*, 3rd edn, Judicial Service Commission, Zimbabwe, protocol revised 2019 to incorporate online abuse.
- 76 Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D. and Macmillan, H. (2009b) Recognising and responding to child maltreatment, *Lancet*, 373:9658, 167-180; Her Majesty's Government (2016) ANNEX D: Summary of the evidence on the effectiveness of mandatory reporting in addressing child abuse and neglect, *Reporting and Acting on Child Abuse and Neglect: Government consultation: Supporting annexes* July, London: Home Office, Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539615/Reporting_and_acting_on_child_abuse_and_neglect_-_annexes_web_.pdf *McTavish JR, Kimber M, Devries K, et al. (2017) Mandated reporters' experiences with reporting child maltreatment: a meta-synthesis of qualitative studies. *BMJ Open*, 7: e013942; *McTavish JR, Kimber M, Devries K, et al. (2019) Children's and Caregivers' Perspectives about mandatory reporting of child maltreatment: a meta-synthesis of qualitative studies. *BMJ Open*, 9:e025741; *Mathews, B. Ju Lee, X. & Norman, R. (2016) Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven year time trend analysis, *Child Abuse & Neglect* 56, 62-79; Wirtz, A. Alvarez, C. Guedes, C. Brumana, L. et al (2016) Violence against children in Latin America and Caribbean countries: a comprehensive review of national health sector efforts in prevention and response, *BMC Public Health*, 16:1006
- 77 Mantula, F. & Saloojee, H. (2016) Child Sexual Abuse in Zimbabwe, *Journal of Child Sexual Abuse*, 25:8, 866-880; Shuko Musiwa, A. (2018) How Has the Presence of Zimbabwe's Victim-Friendly Court and Relevant Child Protection Policy and Legal Frameworks Affected the Management of Intrafamilial Child Sexual Abuse in Zimbabwe? The Case of Marondera District *Journal of Interpersonal Violence* 33:11, 1748–1777
- 78 *Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2009) A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity, *Journal of Consulting and Clinical Psychology*, 77, 26–37; *Carpentier, M. Y., Silovsky, J. F., and Chaffin, M. (2006). Randomized trial of treatment for children with sexual behavior problems: Ten-year follow-up, *Journal of Consulting and Clinical Psychology*, 74(3), 482-488; *Dopp, A. Borduin, C. & Brown, C (2015) Evidence based treatments for juvenile sex offenders: review and recommendations, *Journal of Aggression, Conflict and Peace Research* 7 (4) 223-236; Henggeler, S & Schaeffer, C (2016) Multisystemic therapy: Clinical overview, outcomes, and implementation research. *Family Process* 55: 514–528.
- 79 *Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013) Shifting boundaries: An experimental evaluation of a dating violence prevention program in middle schools. *Prevention Science*, 14, 64–76.

- 80 *IRC (2017) *A safe place to shine*, International Rescue Committee, Geneva.
- 81 *Stanley, N, Ellis J, Farrelly N, Hollinghurst S, and Downe S. (2015) Preventing domestic abuse for children and young people: A review of school-based interventions, *Children and Youth Services Review*, 59, pp. 120-131; *Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013) Shifting boundaries: An experimental evaluation of a dating violence prevention program in middle schools. *Prevention Science*, 14, 64–76.
- 82 *Devries, K. Knight, L. Allen, E. Parkes, J. Kyegombe, N. & Naker, D. (2017) Does the Good Schools Toolkit Reduce Physical, Sexual and Emotional Violence, and Injuries, in Girls and Boys equally? A Cluster-Randomised Controlled Trial, *Prevention Science*, 838-853; *Devries, K. Knight, L. Child, J. Mirembe, A et al, (2015) The Good Schools Toolkit for Reducing Physical Violence from School Staff to Primary School Students : A Cluster Randomised Control Trial in Uganda, *The Lancet Global Health* , 385e, 378-86.
- 83 Cybertip.ca (2018) *Mandatory reporting of child pornography in Manitoba : Cybertip.ca's 2017/8 annual review*, Canadian Centre for Child Protection, Manitoba, https://www.cybertip.ca/pdfs/CTIP_MB_MandatoryReporting_AnnualReview_2017-2018_en.pdf ; International Centre for Missing & Exploited Children (ICMEC) (2018) *Child Sexual Abuse Material: Model Legislation & Global Review*, 9th edn, ICMEC, <https://www.icmec.org/wp-content/uploads/2018/12/CSAM-Model-Law-9th-Ed-FINAL-12-3-18.pdf> ; IWF (2019) *Once upon a year: The Internet Watch Foundation annual report 2018*, IWF : Cambridge, <https://www.iwf.org.uk/report/2018-annual-report> Public Safety Canada (2015). *2013-2014 Evaluation of the National Strategy for the Protection of Children from Sexual Exploitation on the Internet*. Public Safety Canada: Montreal.
- 84 Australian Royal Commission into Institutional Abuse (2017) Volume 6, 7 & 8 available at <https://www.childabuseroyalcommission.gov.au/child-safe-institutions> ; Mountjoy, M., Rhind, D. J. A., Tiivas, A., and Leglise, M. (2015) Safeguarding the child athlete in sport: a review, a framework and recommendations for the IOC youth athlete development model, *British Journal of Sports Medicine*, 49:13, 883-886
- 85 Hawke, A. & Rapheal, A. (2016) *Offenders on the Move : Global study of child sexual exploitation of children in travel & tourism*, ECPAT International : Bangkok; Köpke, R. (2005) *Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism within the Context of Sustainability and Corporate Social Responsibility (CSR)*, Federal Ministry for Economic Cooperation and Development, Eschborn, Germany; UNICEF (2012) *Assessing The Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism, Discussion Paper*, UNICEF Innocenti Research Centre: Florence; UNICEF (2016) *Government, civil society and private sector responses to the prevention of sexual exploitation of children in travel and tourism*, UNICEF, New York.
- 86 Alaggia, R. Collin-Vezina, D.& Lateef, R. (2019) Facilitators and Barriers to Child Sexual Abuse (CSA) Disclosures: A Research Update (2000–2016), *Trauma, Violence, & Abuse*, 20:2, 260-283; Collin-Vezina, D., Sablonni, D. Palmer, A. & Milne, L. (2015) A preliminary mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse, *Child Abuse & Neglect*, 43, 123–134; Lahtinen, H. Laitila, A. Korkman, J. & Ellonen, N. (2018) Children's disclosures of sexual abuse in a population-based sample, *Child Abuse & Neglect*, 76, 84-94; Stiller, A.& Hellmann, D. (2017) In the aftermath of disclosing child sexual abuse: consequences, needs, and wishes, *Journal of Sexual Aggression*, 23:3, 251-265.
- 87 Kafuko A., Tusasiirwe S., Opobo, T (2015) *A Study of Community Based Child Protection Mechanisms in a Fishing Community in Central Uganda*, AfriChild; Stark , L. Bancroft , S. Cholid , S. Sustikarini, A. & Meliala, A. (2012) A qualitative study of community-based child protection mechanisms in Aceh, Indonesia, *Vulnerable Children and Youth Studies*, 7:3, 228-236; Wessells, M., Kostelny, K., & Ondoro, K. (2014) *A grounded view of community-based child protection mechanisms and their linkages with the wider child protection system in three rural and urban areas in Kenya*, London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.
- 88 Benelli, P. Fikiri, A. & Oumarai, Z. (2019) *Voicing the needs and priorities of children living in conflict in the Democratic Republic of Congo*, Save the children, DRC; Save the Children (2015) *Mapping and analysis of children's participation : global report 2015*, Save the Children : Stockholm, Sweden; *Scott, S. McNeish, D. Bovarnick, S. & Pearce, J. (2019) *What works in responding to child sexual exploitation*, Barnardos/University of Bedfordshire/DSMS; Wessells, M. (2015) Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center, *Child Abuse & Neglect*, 43: 8-21.
- 89 Cody, C. (2017) *Connecting the dots : Supporting the recovery and reintegration of children affected by sexual exploitation : thematic report*, ECPAT International : Bangkok, Thailand; Pratt, R. (2013) A community treatment model for adolescents who sexually harm: Diverting youth from criminal justice to therapeutic responses, *International Journal of Behavioural Consultation and Therapy* 8:3–4: 37–42; Quadara, A. and Hunter, C. (2016) *Principles of Trauma-informed approaches to child sexual abuse: A discussion paper*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney; *Scott, S. McNeish, D. Bovarnick, S. & Pearce, J. (2019) *What works in responding to child sexual exploitation*, Barnardos/University of Bedfordshire/DSMS.

- 90 United Nations (2019) *Keeping the promise: Ending violence against children by 2030*, United Nations : New York
- 91 Benelli, P. Fikiri, A. & Oumarai, Z. (2019) Voicing the needs and priorities of children living in conflict in the Democratic Republic of Congo, Save the children, DRC; Lansdown, G. & O’Kane, C. (2014) *A Toolkit for Monitoring and Evaluating Children’s Participation*, Save the Children, London.
- 92 Haldorsson, O. (2018) *Barnahus Quality Standards Guidance for Multidisciplinary and Interagency Response to Child Victims and Witnesses of Violence*, The PROMISE Project series <http://www.childrenatrisk.eu/promise/wp-content/uploads/sites/4/2018/04/PROMISE-Barnahus-Quality-Standards.pdf>
- 93 CISP- Comitato Internazionale per lo Sviluppo dei Popoli (2019) *CISP approach to child protection : Models, promising practices and success stories from Kenya*, CISP- International Committee for the Development of People, Kenya; UNICEF (2014) *Case studies in UNICEF child protection programming*, UNICEF: New York.
- 94 UNICEF (2019) Guidelines to strengthen the social services workforce for child protection, UNICEF, New York.
- 95 *Bailey, C., Mace, G., Powell, M., and Benson, M. (2015). Evaluation of a Collaborative Operation to Improve Child Sexual Abuse Reporting in Western Australian Indigenous Communities, *Criminal Justice & Behavior*, 42(12), 1303-1315; *Mace, G., Powell, M. B., and Benson, M. (2015), Evaluation of Operation RESET: an initiative for addressing child sexual abuse in Aboriginal communities, *Australian & New Zealand Journal of Criminology* 48:1, 82-103; Pearce, J. (2014) ‘What’s Going on’ to safeguard children and young people from sexual exploitation: a review of local safeguarding boards’ work to protect children from sexual exploitation’. *Child Abuse Review*, 23, 159-170
- 96 Cordisco, T. Tsai, L. Varntheary, L. & Channtha, N. (2018) *Experiences in shelter care : perspectives from participants in the Butterfly Longitudinal Study*, Chab Dai/Sioban Miles Memorial Library and Resource Center; *Scott, S. McNeish, D. Bovarnick, S. & Pearce, J. (2019) *What works in responding to child sexual exploitation*, Barnardos/University of Bedfordshire/DSMS; Shephard W & Lewis B. (2017) *Working with children who are victims or at risk of sexual exploitation: Barnardo’s model of practice*. Barnardo’s, Barkingside http://www.barnardos.org.uk/cse_barnardo_s_model_of_practice.pdf
- 97 Shlonsky, A. Albers, B. Paterson, N. (2017) *Rapid evidence review on the availability, modality and effectiveness of psychosocial support services for child and adult victims and survivors of child sexual abuse*. Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.
- 98 Collin-Vezina, D. Daigneault, I. & Herbert, M. (2013) Lessons learned from child sexual abuse research: prevalence, outcomes, and preventive strategies, *Child and Adolescent Psychiatry and Mental Health*, 7:22
- 99 Murray, L. Skavenski, S. Kane, J. Mayeya, J. *et al* (2015) Effectiveness of Trauma-Focused Cognitive Behavioral Therapy Among Trauma-Affected Children in Lusaka, Zambia A Randomized Clinical Trial, *JAMA Pediatr.* 169:8, 761-769.
- 100 *O’Callaghan, P. McMullen, J. Shannon, C. Rafferty, H. & Black, A. (2013) A randomised controlled trial of trauma-focused cognitive behavioral therapy for sexually exploited, war affected Congolese girls, *Journal of the American Academy of Child & Adolescent Psychiatry*, 52:4, 359-369.
- 101 Child Helpline International provides resources for helpline development, capacity and governance <https://www.childhelplineinternational.org/child-helplines/tools/page/4/>
- 102 ACPf (2014) *The African Report on Violence Against Children*. Addis Ababa: The African Child Policy forum (ACPf); Childline India Foundation (2011) *Annual Report CIF*, Mumbai; Fukink, R. Bruns, S. & Ligtvoert, R. (2016) *Voices of Children from Around the Globe; An International Analysis of Children’s Issues at Child Helplines*, Children & Society,
- 103 *McMahon-Howard, J., and Reimers, B. (2013), An evaluation of a child welfare training program on the commercial sexual exploitation of children (CSEC), *Evaluation & Program Planning*, 40, pp. 1-9; Parenting Research Centre, (2016) *Implementation best practice: A rapid evidence assessment*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney; *Rheingold, A. A., Zajac, K., Chapman, J. E., Patton, M., de Arellano, M., Saunders, B., and Kilpatrick, D. (2015) *Child sexual abuse prevention training for childcare professionals: an independent multi-site randomized controlled trial of Stewards of Children*, *Prevention Science: The Official Journal of the Society for Prevention Research*, 16(3), 374-385.
- 104 Carlson, C. Namy, S. Norcini Pala, A *et al* (2020) Violence against children and intimate partner violence against women: overlap and common contributing factors among caregiver-adolescent dyads, *BMC Public Health*, 20:124; CISP- Comitato Internazionale per lo Sviluppo dei Popoli (2019) *CISP approach to child protection : Models, promising practices and success stories from Kenya*, CISP- International Committee for the Development of People, Kenya; Guedes, A. Bott, S. Garcia-Moreno, C. & Colombini, M. (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children, *Global health action*, 9, 31516; Keesbury, J. Onyango-Ouma, W. Undie, C. Maternowska, C. Mugisha, F. Kageha, E. & Askew, I. (2012) *A Review and Evaluation of Multi-Sectoral Response Services*

- (One-Stop Center) for Gender-Based Violence in Kenya and Zambia. Population Council: Nairobi, Kenya; Mulumbia, Y. Miller, A. MacDonald, G. & Kennedy, N. (2018) Are one-stop centres an appropriate model to deliver services to sexually abused children in urban Malawi? *BMC Pediatrics*, 18:145; *Naved RT, Mamun MA, Mourin S. Parvin K (2018) A cluster randomized controlled trial to assess the impact of SAFE on spousal violence against women and girls in slums of Dhaka, Bangladesh. *PLoS ONE* 13(6): e0198926; Sithole, Z. Notion Tafara Gombe, N. Juru, T. Chonzi, P. Shambira, G. Nsubuga, P. Tshimanga. M. (2018) Evaluation of sexual and genderbased violence program in Harare City, Zimbabwe, 2016: a descriptive cross-sectional study, *Pan African Medical Journal*, 31:200; *Yount, K. Krause, K. & Miedema, S. (2017) Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews, *Social Science & Medicine*, 192;1-13.
- 105 Kohli, R.K.S., Hynes, P., Connolly, H., Thurnham, A., Westlake, D. and D'Arcy, K. (2015) *Evaluation of Independent Child Trafficking Advocates trial: Final Report*. Research Report 86, Home Office: London; Scott, S. McNeish, D. Bovarnick, S. & Pearce, J. (2019) *What works in responding to child sexual exploitation*, Barnardos/University of Bedfordshire/DSMS; Shephard W & Lewis B. (2017) *Working with children who are victims or at risk of sexual exploitation: Barnardo's model of practice*. Barnardo's, Barkingside;
- 106 Cordisco, T. Tsai, L. Varntheary, L. & Chanthan, N. (2018) *Experiences in shelter care : perspectives from participants in the Butterfly Longitudinal Study*, Chab Dai/Sioban Miles Memorial Library and Resource Center
- 107 *Cohen, J. A., Mannarino, A. P., and Knudsen, K. (2005) Treating sexually abused children: 1 year follow-up of a randomized controlled trial, *Child Abuse & Neglect*, 29(2), 135-145; *Cohen, J. A., Mannarino, A. P., Perel, J. M., and Staron, V. (2007) A pilot randomized controlled trial of combined trauma-focused CBT and setraline for childhood PTSD symptoms, *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(7), 811-819; *Cohen, J. A., Deblinger, E., Mannarino, A. & Steer, R. (2004) A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms, *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(4), 393-402; *Macdonald, G. Higgins, J, Ramchandani, P. Valentine, J. Bronger, L. Klein, P. O'Daniel, R. Pickering, M. Rademaker, B. Richardson, G. & Taylor, M. (2012) *Cognitive-behavioural interventions for children who have been sexually abused* Cochrane database of systematic reviews (Online), 5, CD001930; *Mannarino, A. P., Cohen, J. A., Deblinger, E., Runyon, M. K., and Steer, R. A. (2012). Trauma-Focused Cognitive-Behavioral Therapy for Children Sustained Impact of Treatment 6 and 12 Months Later, *Child Maltreatment*, 17(3), 231-241; *Sánchez-Meca, J., Rosa-Alcázar, A. & López-Soler, C. (2011) The psychological treatment of sexual abuse in children and adolescents: A meta-analysis, *International Journal of Clinical and Health Psychology*, 11:1, 67-93; Wethington, H. Hahn, R. Fuqua-Whitley, D. Sipe, T. et al. (2008) The Effectiveness of Interventions to Reduce Psychological Harm from Traumatic Events among Children and Adolescents, *American Journal of Preventive Medicine*, 35:3, 287-313.
- 108 *Murray, L, Familiara, I. Skavenskia, S. Jere, E. et al., (2013) An Evaluation of Trauma Focused Cognitive Behavioral Therapy for Children in Zambia, *Child Abuse & Neglect*, 37:12, 1175-85; *Murray, L. Skavenski, S. Kane, J. Mayeya, J. et al (2015) Effectiveness of Trauma-Focused Cognitive Behavioral Therapy Among Trauma-Affected Children in Lusaka, Zambia A Randomized Clinical Trial, *JAMA Pediatr.* 169:8, 761-769; *O'Callaghan, P. McMullen, J. Shannon, C. Rafferty, H. & Black, A. (2013) A randomised controlled trial of trauma-focused cognitive behavioral therapy for sexually exploited, war affected Congolese girls, *Journal of the American Academy of Child & Adolescent Psychiatry*, 52:4, 359-369; Wirtz, A. Alvarez, C. Guedes, C. Brumana, L. et al (2016) Violence against children in Latin America and Caribbean countries: a comprehensive review of national health sector efforts in prevention and response, *BMC Public Health*, 16:1006.
- 109 *Lewey, J., Smith, C. L., Burcham, B., Saunders, N. L., Elfallel, D. and O'Toole, S. K. (2018) Comparing the effect of EMDR and TF-CBT for children and adolescents: a meta-analysis, *Journal of Child and Adolescent Trauma*, 11:4, 1-16; NICE (2018) *Post-traumatic stress disorder [A] Evidence reviews for psychological, psychosocial and other non-pharmacological interventions for the prevention of PTSD in children NICE guideline NG116 Evidence reviews December 2018*, National Institute for Clinical Evidence, London <https://www.nice.org.uk/guidance/ng116/evidence/a-psychological-psychosocial-and-other-nonpharmacological-interventions-for-the-prevention-of-ptsd-in-children-pdf-6602621005>
- 110 Kazlauskas, E. (2017) Challenges for providing health care in traumatized populations: barriers for PTSD treatments and the need for new developments, *Global Health Action*, 10: 1322399.
- 111 *Bustamante, G. Soledad Andrade, M. Mikesell, C. Cullen, C. Endara, P. Burneo, V. Yopez, P. Saavedra, A. Ponce, P. Grunauer, M. (2019) "I have the right to feel safe": Evaluation of a school-based child sexual abuse prevention program in Ecuador, *Child Abuse & Neglect*, 91: 31-40
- 112 Bandiera, O. Buehren, N. Burgess, R. Goldstein, M. et al. (2012) *Empowering Adolescent Girls: Evidence from a Randomized Control Trial in Uganda : Working Paper*. London School of Economics and Political Science, Suntory and Toyota International Centres for Economics and Related Disciplines, London, UK; *Bandiera, O. Buehren, N. Burgess,

- R. Goldstein, M. Gulesci, S. Rasul, I. Sulaimany, M. (2018) *Women's empowerment in action: evidence from a randomized control trial in Africa (English)*. Washington, D.C: World Bank Group.
- 113 *Baker, C. K., Gleason, K., Naai, R., Mitchell, J., and Trecker, C. (2013) Increasing knowledge of sexual abuse: A study with elementary school children in Hawai'i, *Research on Social Work Practice*, 23(2), 167-178; *Citak Tunc, G., et al., (2018) Preventing Child Sexual Abuse: Body Safety Training for Young Children in Turkey. *Journal of Child Sexual Abuse*, 27(4): p. 347-364; *Czerwinski, F. Finne, E. Alfes, J. Kolip, P. (2018) Effectiveness of a school-based intervention to prevent child sexual abuse—Evaluation of the German IGEL program, *Child Abuse & Neglect*, 86: 109-122; *Daigneault, I., Hebert, M., and Tourigny, M. (2007) Personal and Interpersonal Characteristics Related to Resilient Developmental Pathways of Sexually Abused Adolescents, *Child and Adolescent Psychiatric Clinics of North America*, 16(2), 415-434; *Dake J. Price J. & Murnan J. (2003) Evaluation of a child abuse prevention curriculum for third-grade students: assessment of knowledge and efficacy expectations. *Journal of School Health*, 73(2):76-82; *Fryda, C.M. and Hulme, P. (2015) School-based childhood sexual abuse prevention programs: An integrative review. *The Journal of School Nursing*, 31(3): p. 167-182; *Gibson, L. & Leitenberg, H. (2000) Child Sexual Abuse Prevention Programs: Do they decrease the occurrence of child sexual abuse?, *Child Abuse & Neglect*, 24:9,1115–25; *Irmak, T. Kiziltepe, R. Aksel, S. Gungor, D. & Eslek, D. (2018) Summary I'm Learning to Protect Myself with Mika: Efficacy of Sexual Abuse Prevention Program, *Turkish Journal of Psychology*, June, 33(81), 58-61; *Jin, Y., et al. (2017). Evaluation of a sexual abuse prevention education program for school-age children in China: A comparison of teachers and parents as instructors, *Health Education Research* 32(4): 364-373; *Kenny, M. C., Wurtele, S. K., and Alonso, L. (2012). Evaluation of a Personal Safety Program with Latino Preschoolers, *Journal of Child Sexual Abuse*, 21(4), 368-385; *Krahé, B., and Knappert, L. (2009) A group-randomized evaluation of a theatre-based sexual abuse prevention programme for primary school children in Germany, *Journal of Community & Applied Social Psychology*, 19(4), pp. 321-329; *MacIntyre, D., & Carr, A. (1999). Evaluation of the effectiveness of the stay safe primary prevention programme for child sexual abuse. *Child Abuse & Neglect*, 23, 1307–1325; *Moreno-Manso, J. et al. (2014) Application of a child abuse prevention programme in an educational context, *Anales de Psicología* 30(3): 1014-1024; *Müller, A.R., Röder, M. and Fingerle, M. (2014) Child sexual abuse prevention goes online: Introducing "Cool and Safe" and its effects. *Computers and Education*, 78: p. 60-65; *Pitts, C. (2015). *Child sexual abuse prevention programs for pre-schoolers: A synthesis of current evidence*. Sydney; *Pulido, M. L., Dauber, S., Tully, B. A., Hamilton, P., Smith, M. J., and Freeman, K. (2015). Knowledge gains following a child sexual abuse prevention program among urban students: A cluster-randomized evaluation, *American Journal of Public Health*, 105(7), 1344-1350; *Tutty, L. M. (1997) Child sexual abuse prevention programs: evaluating Who Do You Tell, *Child Abuse & Neglect*, 21(9), 869-881; *Walsh, K., Zwi, K., Woolfenden, S., and Shlonsky, A. (2015) School-based education programmes for the prevention of child sexual abuse. *The Cochrane database of systematic reviews*, 4, CD004380; *Wood, M. and Archbold, M. (2015) Bad touches, getting away, and never keeping secrets: Assessing student knowledge retention of the 'red flag green flag people' program. *Journal of Interpersonal Violence*, 30(17): p. 2999-3021; *Zwi, K. J., Woolfenden, S. R., Wheeler, D. M., O'Brien, T. A., Tait, P., and Williams, K. W. (2007) School-based education programmes for the prevention of child sexual abuse, *Cochrane Database of Systematic Reviews*, (3)(CD004380).
- 114 *Bustamante, G. Soledad Andrade, M. Mikesell, C. Cullen, C. Endara, P. Burneo, V. Yepez, P. Saavedra, A. Ponce, P. Grunauer, M. (2019) "I have the right to feel safe": Evaluation of a school-based child sexual abuse prevention program in Ecuador, *Child Abuse & Neglect*, 91: 31-40; *Weatherley, R. Siti Hajar, A. Noralina, O. John, M. Preusser, N. & Yong, M. (2012) Evaluation of a School-Based Sexual Abuse Prevention Curriculum in Malaysia, *Child and Youth Services Review*, 34:1, 119–25.
- 115 *Baiocchi, M. Omondi, B. Langat, N. Boothroyd, D. et al (2016) A Behavior-Based Intervention That Prevents Sexual Assault: the Results of a Matched-Pairs, Cluster-Randomized Study in Nairobi, Kenya, *Prevention Science*, August, DOI 10.1007/s11212-016-0701-0. *Decker, M. Wood, S. Ndinda, E. Yenokyan, G. et al (2018) Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training, *BMC Public Health*, 18:1341
- 116 *Austrian, K. & Muthengi, E. (2014) Can economic assets increase girls' risk of sexual harassment? Evaluation results from a social, health and economic asset-building intervention for vulnerable adolescent girls in Uganda, *Children & Youth Services Review*, 47: 168-175; *Baird, S. Chirwa, E. McIntosh, C. & Özler, B. (2010) *The Short-Term Impacts of a Schooling Conditional Cash Transfer Program on the Sexual Behavior of Young Women* Policy Research Paper, World Bank, Washington; Cepeda, I. Lacalle-Calderon, M. & Torralba, M. (2017) Microfinance and Violence Against Women in Rural Guatemala, *Journal of Interpersonal Violence*, 1–23; *Cluver, L. Boyes, M. Orkin, M., Pantelic, M. Molwena, T. Sherr, L. (2013) Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: a propensity-score-matched case-control study, *Lancet Global Health*, 1: e, 362-70; *Peterman, A. Neijhoft, A. Cook, S. & Palermo, T. (2017) Understanding the linkages between social safety nets and childhood violence: a review of the evidence from low- and middle-income countries, *Health Policy and Planning*, 32, 1049–1071.

- 117 Ball, B. Kreig, P. & Rosenbluth, B. (2009) 'Like a Family but Better Because You Can Actually Trust Each Other': The Expect Respect dating violence prevention program for at-risk youth, *Health Promotion Practice*, 10:1, 45–58; *Foshee, V. Bauman, K. Arriaga, X. Helms, R. et al., (1998) An Evaluation of Safe Dates, an Adolescent Dating Violence Prevention Program, *American Journal of Public Health*, 88: 1, 45–50; Foshee, V. Bauman, K. Greene, W. Koch, G. Fletcher Linder, G. & MacDougall, J. (2000) The Safe Dates Program: 1 Year Follow Up Results, *American Journal of Public Health*, 90:1619-1622; *Foshee V, Bauman K, Ennett S, Fletcher-Linder, G. Benefield, T. & Suhindran, C. (2004) Assessing the long-term effects of the safe dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration, *American Journal of Public Health* 94:619–24; WHO and UNAIDS (2010) *Addressing Violence against Women and HIV/AIDS: What works?*, WHO, Geneva.
- 118 *Ricardo, C. Eads, M. & Barker, G. (2011) Engaging Boys and Young Men in the Prevention of Sexual Violence: A systematic and global review of evaluated interventions, *Sexual Violence Research Initiative*, Cape Town, South Africa WHO and UNAIDS (2010) *Addressing Violence against Women and HIV/AIDS: What works?*, WHO, Geneva.
- 119 * Fonner VA, Armstrong KS, Kennedy CE, O'Reilly KR, Sweat MD (2014) School Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis. *PLoS ONE* 9(3): e89692; *Jewkes, R. Nduna, M. Levin, J. Jama, N. Dunkle, K. Wood, K. Koss, M. Puren, A. & Duvvury, N. (2007) *Evaluation of Stepping Stones : A Gender Transformative HIV Prevention Intervention*, Policy Brief, Medical Research Council, South Africa; *Skevington, S. M., et al. (2013) A systematic review to quantitatively evaluate 'Stepping Stones': a participatory community-based HIV/ AIDS prevention intervention. *AIDS & Behaviour*, 17(3), 1025-1039
- 120 *Jouriles, E. McDonald, R. Rosenfeld, D. & Sargent, K. (2019) Increasing bystander behaviour to prevent adolescent relationship violence: a randomised controlled trial, *Journal of Counselling & Clinical Psychology*, 87:1, 3-15. *Miller, E. Tancredi, D. McCauley, H. Decker, M. Virata, M. Anderson, H. Stetkevich, N. Browne, E. Moideen, F. & Silverman, J. (2012) Coaching Boys into Men: A Cluster-Randomized Controlled Trial of a Dating Violence Prevention Program, *Journal of Adolescent Health* 51, 431–438;.
- 121 Mejdoubi J, van den Heijkant S. van Leerdam F Heymans M. Crijnen, A. Hirasig, R. (2015) The Effect of VoorZorg, the Dutch Nurse-Family Partnership, on Child Maltreatment and Development: A Randomized Controlled Trial *PLoS ONE* 10:4: e0120182; *Olds DL, Henderson CR, Chamberlin R, Tatelbaum R. (1986) Preventing Child-Abuse and Neglect—A Randomized Trial of Nurse Home Visitation, *Pediatrics*, 78: 65–78; *Olds DL, Eckenrode J, Henderson CR, Kitzman H, Powers J, Cole R et al (1997) Long-term effects of home visitation on maternal life course and child abuse and neglect, *Journal of the American Medical Association*, 278: 637–643.
- 122*Desai, C. Reece, J. & Shakespeare-Pellington,S. (2017) The prevention of violence in childhood through parenting programmes: a global review, *Psychology, Health & Medicine*, 22:sup1, 166-186;
- 123 *Green, B. L., Ayoub, C., Bartlett, J. D., et al. (2014) The effect of Early Head Start (EHS) on child welfare system involvement: A first look at longitudinal child maltreatment outcomes. *Children and Youth Services Review* 42 127-135
- 124 Armistead L. Forehand R. Long, N. Wyckoff S. & Miller KS (2006) The Parents Matter! Program (PMP): Effectiveness of a family-based sexual risk prevention program, *Poster Presentation at the XVI International AIDS Conference*, Toronto, Canada; Guilamo-Ramos, V. Jaccard, J. & Casillas, E. (2004) The Parents Matter! Program: Practical, Theoretical and Methodological Perspectives, *Journal of Child and Family Studies*, 13:1, 113-123; Widman, L, Choukas-Bradley S, Noar SM, Nesi Jacqueline, Garrett K. (2016) Parent-Adolescent Sexual Communication and Adolescent Safer Sex Behavior: A Meta-Analysis. *JAMA Pediatr.* January; 1701 (1): 52-61.
- 125 Forehand, R. Armistead, L. Long, N. Wyckoff, S. et al. (2007) Efficacy of a Parent-Based Sexual-Risk Prevention Program for African American Preadolescents, *Archives of Pediatric and Adolescent Medicine*, 161:12, December, 1123–29; Miller, K. Lasswell, S. Riley, D. & Poulson, M. (2013) Families Matter! Pre-sexual risk prevention intervention, *American Journal of Public Health*, 103:11, 1620; Miller, K. Lin, C. Poulsen, M. Fasula, A. et al. (2011) Enhancing HIV Communication between Parents and Children: Efficacy of the Parents Matter! program, *AIDS Education and Prevention*, 23:6, 550–63; Miller, K. Maxwell, K. Fasula, A. Parker, J. et al. (2010) Pre-Risk HIV-Prevention Paradigm Shift: The feasibility and acceptability of the Parents Matter! program in HIV risk communities, *Public Health Reports*, 125, supplement 1, 38–46; Vandenhoudt, H. Miller, K. Ochura, J. Wyckoff, S. Obong'o, C. Otwoma, N. Poulsen, M. Menten, J. Marum, E, and Buvé, A. (2010) Evaluation of a U.S. Evidence-Based Parenting Intervention in rural Western Kenya : From Parents Matter! to Families Matter, *AIDS Education and Prevention*, 22(4), 328–343
- 126 Guedes, A. Bott, S. Garcia-Moreno, C. & Colombini, M. (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children, *Global health action*, 9, 31516;
- 127 Buller, A. Pichon, M. McAlpine, A. Cislighi, B. Heise, L. & Meiksin, R. (2020) Systematic review of social norms, attitudes, and factual beliefs linked to the sexual exploitation of children and adolescents, *Child Abuse & Neglect*

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