

International structures and competence centres for prevalence research on (sexual) violence against children and adolescents

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Unabhängige Beauftragte
für Fragen des sexuellen
Kindesmissbrauchs



Deutsches
Jugendinstitut

Arbeitspapier

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International structures and competence centres for prevalence research on (sexual) violence against children and adolescents

Forschung zu Kindern, Jugendlichen und Familien an der Schnittstelle von Wissenschaft, Politik und Fachpraxis

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1 Background

Violence against children and adolescents (VAC) is a major concern and societal burden, as it impacts health and well-being across the life course and as parents' previous exposure to VAC can influence the parenting and discipline practices used for their children (WHO 2022; Assink u.a. 2018; WHO 2016; UNICEF 2014). Within the context of VAC, sexual violence against children is a global public health concern and associated with long-lasting negative outcomes across the life course (Hailes u.a. 2019). It is a leading cause of social and health inequality (Kuhlman u.a. 2018). Reducing sexual violence and other forms of VAC is therefore a public health imperative, but research on and data collection around violence is difficult to conduct due to the sensitive and stigmatized nature of the topic (Neelakantan u.a. 2023; ISPCAN 2016). Reliable, easily accessible, and internationally standardized data on the prevalence of sexual violence against children and adolescents or other forms of VAC are lacking (Child Protection Monitoring and Evaluation Reference Group 2014). Estimates suggest that up to 90% of child sexual violence cases remain unreported and are therefore undetected by child protection services (Lahtinen u.a. 2022; McGuire/London 2020; London u.a. 2008; Hanson u.a. 1999). Survey data using child self-reported instances of sexual violence are therefore needed to examine the full extent of the problem.

The German Independent Commissioner on Child Sexual Abuse (UBSKM) and The German National Council on the Prevention of Sexual Violence against Children and Adolescents (Nationaler Rat) are therefore in agreement that a national prevalence survey on child sexual abuse/sexual violence (CSA/SV) against children and adolescents should be carried out in the foreseeable future. Under the auspices of the Independent Commissioner, a number of expert reviews have taken place to establish how and under which conditions national prevalence surveys on sexual violence against children could be carried out in Germany (UBSKM 2023). These have led to a joint agreement of the National Council on the Prevention of Sexual Violence against Children and Young People to establish a competence centre for prevalence research in Germany.

A competence centre on violence prevalence research is an interdisciplinary centre established especially for the purpose of violence research funded by a national or local government with the aim of conducting violence research to improve policy and clinical practice. Competence centres can be part of a university or government agency or independent in their approach. To inform the establishment and running of this competence centre for sexual violence prevalence research, it is important to understand challenges and opportunities which may arise in founding, implementing, and sustaining this type of competence centre and around VAC prevalence research and centre work more generally.

1.1 Aims

The aim of this project and report were to:

- Establish whether other countries have national competence research centres for VAC prevalence studies or centres focusing on similarly sensitive topics;
- Investigate the challenges and opportunities experienced in other countries while establishing and running national competence centres for prevalence research on VAC;
- Describe the structural organisation and operational work of these centres and whether/how these centres are networked with services for, survivors of, and prevention efforts for VAC;
- Examine these centres' use of data, including agency and administrative data, and any connection with data centres;
- Gather expert recommendations and lessons learned from their work in a national competence centre and/or their work conducting VAC prevalence research or running a VAC-related centre; and
- Discuss the extent to which experiences from other countries can be transferred to Germany and which concrete structures are considered useful for implementation in the German context.

2 Methods

2.1 Literature Review and Expert Networks

A literature review was conducted to establish which countries conduct regular national prevalence surveys with child respondents on CSA/SV or other forms of VAC. Keyword searches were conducted to identify studies reporting national prevalence data for VAC. Additional keyword searches were conducted to identify non-academic (grey) literature and websites related to national VAC prevalence or competence centres. Relevant VAC papers and reports were collected, and the lead authors of these papers and their affiliation was searched to establish whether they were based at a competence centre or were conducting this research independently of a competence centre. Further searches were conducted to identify any literature that explored the establishment or running of a competence centre for research on VAC but did not yield any results or publications relevant to the scope of this project.

Beyond the literature searches, the authors of this report contacted experts in their networks who are engaged in VAC research across Europe and North America. These contacts provided recommendations of other researchers and/or centres to consider beyond what was available via English-language literature/web searches. (As many of the centres published non-English grey literature reports, this advice from experts in VAC networks was valuable and provided additional contacts for subsequent interviews.)

2.2 In-Depth Interviews with Competence Centre Directors or VAC researchers

Based on the findings from the literature review and the recommendations of VAC experts, the principal investigators of national prevalence studies and/or competence (or research) centre directors were contacted and informed of the purpose of this project. They were invited to participate in an interview about the establishment, structure, scope, data, and opportunities/challenges of their research or centre or to recommend someone suitable in their organization who could provide this information. If the investigator, director, or staff member agreed, they provided written informed consent to participate in an online in-depth interview covering the aims of this project. Participants were provided with the interview guide (available in Appendix A) prior to the interview. Interviews were conducted on the Microsoft Teams platform and lasted between 35–90 minutes. Participants were not compensated for participation in the interview. Most interviews were recorded using the Teams platform and then used Microsoft software to auto-transcribe the discussion. Transcriptions were then cleaned—reviewed and revised for accuracy—before being qualitatively coded for key aims, discussion themes, and relevant recommendations. One interview participant declined to have their interview recorded and instead requested that the author (HFO) take notes during their discussion. Notes were then sent to the participant who agreed that they accurately captured the items discussed in the interview.

2.3 Search/Network Results and Invited Interviewees

Literature searches and expert guidance identified 13 potential competence/research centres or VAC researchers who may be relevant to this project. Subsequent investigation into the nature of the centres or research eliminated four centres/researchers as out-of-scope for the aims of this project. Nine centres/researchers were contacted via email or ResearchGate. Further conversations with these contacted centres/researchers revealed that an additional three of these were out-of-scope for this project, and one researcher did not reply to multiple attempts to contact them. Five centres/researchers were determined to have relevant expertise to contribute to this project and participated in an in-depth interview.

2.4 Discussions/Interviews with German Stakeholders

Following completion of the first version of this report, the preliminary draft was shared with stakeholders at the German Youth Institute who sought input on the findings from other relevant stakeholders. A meeting of relevant German experts and stakeholders was arranged and held in August 2023, which allowed for general feedback to be sought on the report and for an in-depth discussion to occur regarding how the findings and recommendations could/should be adapted to the German context. Following the August 2023 meeting with relevant German stakeholders, one additional interview/consultation was conducted with member of the leadership team at the Forschungsinstitut Gesellschaftlicher Zusammenhalt (FGZ), which conducts research outside of the CSA/SV and VAC scope. Like previous interviews, this interview explored the structure and funding of the FGZ and sought recommendations from the FGZ coordinator regarding the proposed competence centre. Discussion points from both these consultations/interviews were thematically analysed for key aims, discussion themes, and relevant recommendations.

2.5 Ethics

Ethical approval for this work was granted by the University of Edinburgh School of Social and Political Science Research Ethics Committee (ID 287377). The consent form signed by participants is included in Appendix B.

3 Summary of Findings

Findings were drawn from five in-depth interviews with experts associated with competence centres, connected to research centres, or who had conducted their own national VAC prevalence studies. Additional insights were drawn from documentation (e.g., centre reports, slides) provided by interviewed experts.

Five countries in which relevant VAC research is conducted/VAC centres exist are represented in these findings: Denmark, Norway, Sweden, the United Kingdom, and the United States. Two of these settings (Norway, Sweden) have a national competence centre that receives the majority of its funding from annual government budgets. Only one of these national competence centres (Norway) conducts prevalence research into VAC and other related topics. The centre from the United States conducts VAC prevalence research among other research but is a more traditional university research centre with funding coming from project-based grants. The VAC prevalence work done in Denmark resulted from project-based grants as well and was conducted by a single investigator and a small team, rather than through a research or competence centre. The work from the United Kingdom comes from a research and data institute funded by a private organization and has a national and global focus around specific forms of VAC.

In addition, a discussion with the research coordinator at the German Forschungsinstitut Gesellschaftlicher Zusammenhalt (FGZ) was conducted to understand how a large, collaborative research and data centre spread across multiple institutions in Germany operates. Though the centre's scope does not overlap with that for the proposed competence centre, key insights about how the centre was established, organized, funded, and staffed are included. Finally, a focus group discussion was held with VAC researchers in Germany and those with expertise of setting up and running research centres or research data centres to explore how some of the findings from other contexts and other research centres might translate to the German context.

3.1 Norway: Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)

3.1.1 History and Background

NKVTS was established in 2004 following a political recognition¹ of the lack of research and research competencies in the areas of violence and traumatic stress and the need for a better evidence base. Prior to 2004, research and competence

¹ Recognized by the ministries in Norway, including the Ministry of Health, the Ministry of Justice, the Ministry of Child, Family, and Equality, & the Ministry of Defence.

work in these areas were scattered across several smaller institutions which were based at universities or municipalities across Norway. Based on government will and coordination through the ministries, NKVTS was created through the merging of these smaller centres to create one centralized national institution focused on violence and traumatic stress.

3.1.2 Organizational Structure and Funding

The primary activities of NKVTS fall into the broad categories of research, training, guidance/mentoring, dissemination, and implementation, as detailed below:

- Research: research development, measurement, evaluations, prevention, assessment, and treatment on topics in the areas of violence and traumatic stress (including VAC)
- Training: train researchers and educate professionals to better address the issues of violence and traumatic stress
- Guidance/Mentoring: guide and consult students, doctoral candidates, and national and regional authorities to build their expertise in violence and traumatic stress topics
- Dissemination: disseminate research findings of the centre and other researchers to government and public audiences
- Implementation: implementation of evidence-based methods for treating/responding to violence and traumatic stress into health clinics²

NKVTS is organized as a limited company (a shareholding company) which is entirely owned by the Norwegian Research Centre.^{3,4} As shown in Figure 1, this organizational model structures NKVTS as the supplier, the Norwegian Research Centre (NORCE) as the owner, and the Norwegian ministries and directorates (of Health and Child and Family Affairs) as the financiers and customers of the research.

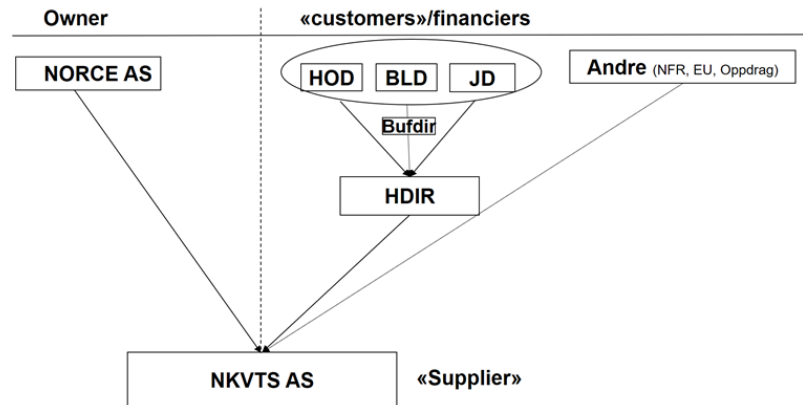
² This was not initially part of the scope of NKVTS but has been added to their mandate since their establishment.

³ Norwegian Research Centre (NORCE) is the second biggest research institute in Norway, government-owned centre that is majority owned by the University of Bergen.

⁴ When NKVTS was established in 2004, the centre was owned through an organization at the University of Oslo which hosted these types of centres. (The organization and NKVTS were a bit on the edge of the university's activities.) Since 2019, NKVTS has been a part of NORCE.

Figure 1: Organizational model of NKVTS

Organisational model



Source: provided via personal communication with NKVTS director

The vast majority of the NKVTS budget (85%; approximately €8.5 million⁵) comes from the Norwegian ministries via (1) a set annual budget allocated for the centre and (2) project-based funding from the government. The remainder of the budget (15%) comes from national or international funders (e.g., the European Union) for grant-based projects. When founded in 2004, NKVTS had approximately 30 employees, and the centre has now grown to have 100 researchers and support staff members drawn from many disciplines (e.g., psychology, psychiatry, paediatrics, social work, sociology, criminology, anthropology, special needs education, and nursery). Staff are divided between focus areas of the centre which includes (1) refugee health, (2) implementation and clinical research, (3) catastrophes, and (4) violence and abuse.⁶ Though the staff are housed in these focus areas to allow specialization, the centre works to encourage collaboration across the departments.

NKVTS is a key player in the Norwegian trauma model in which NKVTS functions as the national centre for research and competence and collaborates with five regional centres across the country which were established years after NKVTS was founded. The regional centres do not conduct research but focus on competence building (e.g., provide courses, digital resources) and, in turn, collaborate with services at the local level, including clinical practices, to bring the knowledge base from NKVTS to local services. This national-regional-local trauma model is presented in Figure 2 and seeks to allow NKVTS to do high-level, rigorous research while providing a direct path to disseminate and implement the findings among regional and local services. Collaboration between NKVTS and regional/local partners has,

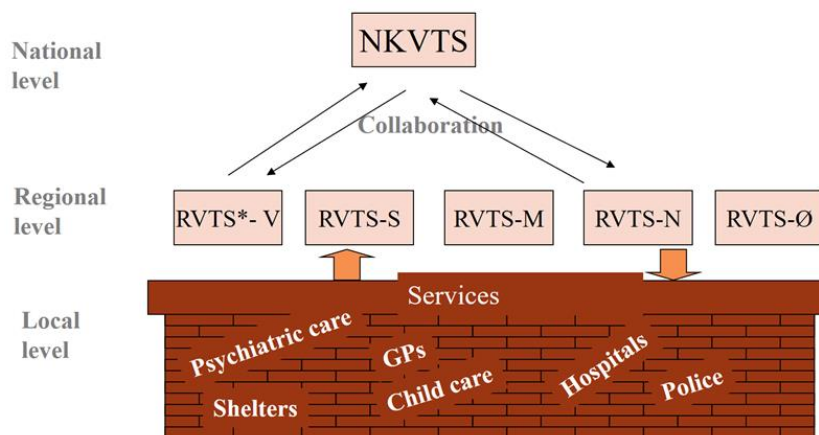
⁵ Budget in 2022 was approximately €10 million.

⁶ In May 2023, the projects of the centre split the work of the four areas as follows: refugee health (12%), implementation and clinical research (33%), catastrophes (24%), violence and abuse (31%).

thus far, taken the form of embedding research studies within the clinical practices, seeking support from staff of local services with interviews and data collection, engaging services in providing evidence dissemination and education, and implementing evidence-based interventions. NKVTS seeks to deepen further these collaborations and to seek greater regional/local input about upcoming research priorities at the national level.

Figure 2: NKVTS as part of the Norwegian trauma model

The Norwegian trauma model



* Regional resource centre on violence, traumatic stress and suicide prevention

Source: provided via personal communication with NKVTS director

Violence survivors and youth are also part of the collaborative network of NKVTS. Youth and others with lived experience of violence or traumatic stress are invited to consult in an advisory capacity in the development of research studies and their measures. They are also included in the analysis, synthesis, and dissemination of research to ensure it accurately reflects the lived experiences of the groups and appropriately reaches the target audiences.

3.1.3 Data

NKVTS collects quantitative and qualitative data, depending on the needs of a given project or study. The scope of the centre's work (and, subsequently the data that are collected) falls into four types of research studies:

- Population-based studies: includes prevalence, risk factors, and phenomenology studies
- Exposed populations studies: investigations into who copes and who does not and why
- Clinical populations studies: investigations into which interventions work and why

- Implementation studies: implementation and investigation into the integration of evidence-based interventions into clinical and community settings⁷

Projects and data priority areas are often developed in collaboration with the Norwegian ministries as NKVTS brings recommendations for needed research to the table and the ministries bring forward areas that are their research priorities. These dialogues allow for a collaborative relationship wherein NKVTS is asked to provide data and insight for government action plans and the government is able to direct NKVTS data collection based on priority research areas for the ministries.

Specifically, population-based violence prevalence studies are conducted by NKVTS in all age-groups, including children/adolescents, and for numerous topic areas including VAC and CSA/SV. Prevalence studies follow the evidence-based recommendations to ask about specific experiences or actions (e.g., “Has anyone ever physically forced you to have sexual intercourse when you did not want to?”) rather than applying labels to the event (e.g., “Have you been raped?”). Children are included in the prevalence studies from age 12 and older, as that is the age at which they can participate in health research without parental consent, and most child prevalence studies are collected via school-based sampling.

NKVTS also makes use of administrative data via Norwegian registers which allow data from prevalence studies to be linked to broader health data, educational data, social security data, and so forth through a unique identifier issued to every Norwegian at birth. While external data are linked to the NKVTS primary data, the centre feels strongly that it is crucial that they conduct their own studies and collect their own data for their primary areas of interest (violence, traumatic stress, refugee health, etc.) otherwise their resulting research lacks rigor or is too superficial to guide practice and policy.

Data management and security is handled both within the centre and outsourced. NKVTS purchases secure server space from the University of Oslo to encrypt and store all the centre’s data, much of which are highly sensitive. The centre has an in-house project team which is focused on data ethics and general data protection regulation (GDPR). Data cleaning and general management of individual datasets is handled within project teams.

The centre aims to disseminate their research findings broadly to reach regional and local stakeholders, government officials, and the public. Dissemination efforts include digital resources (websites, social media, newsletters) for practitioners or at-risk or survivor populations. The centre regularly holds seminars and events to summarize recent work to which they invite and regularly host high-level government officials. NKVTS seeks to spotlight their findings in national media coverage to ensure it reaches a broad audience and to maintain their status as a highly regarded

⁷ This implantation research often happens in local health clinics and is possible via the strong national-regional-local collaborations established through the Norwegian trauma model (see Figure 2).

national centre. They also engage with academic conferences and other peer-reviewed settings to integrate their research into the global conversations around violence and traumatic stress.

3.1.4 Policies

The centre's policies around ethics, service provision, and child protection are relevant to the scope of this report. NKVTS projects and research around health (including violence) undergo an ethical review process by the regional ethics boards which ensures the work complies with essential ethical principles and aligns with GDPR. Following the completion of a survey/interview, participants are offered the chance to speak to someone or further connect with follow-up services. This allows participants, including children, to exercise their agency when determining if and how they need additional support. Any disclosures by children of child abuse or neglect in a survey/interview where children provide their contact information or contact information is held results in mandatory reporting to child protection services. The data from the Norwegian Prevalence Survey on child abuse and neglect (CAN) are completely anonymous but children are encouraged to seek help through a pop-up window in which they can provide contact information.

3.1.5 Challenges and Opportunities

The challenges of establishing and running NKVTS include a mix of external and internal factors. Externally, it was difficult—but crucial—to obtain the political backing and willingness from the ministries to establish this centre and have it be a success. Once the centre was established, maintaining that support from the ministries and building a good relationship with open dialogue between the centre and government stakeholders required consistent work within NKVTS. Economic forces have impacted the funding of the centre, which has presented some challenges, e.g., the current governmental requirement that NKVTS must go through a competitive process to obtain any project-based funding. Internally, establishing the centre was challenging as it was difficult to merge multiple smaller university- and municipality-based centres into a single national centre with centralized processes and priorities. Though there seemed to be a certain amount of hesitation among some at the smaller centres, most involved in that merging seemed to support it and believe it was a good idea.

That merging to create NKVTS has strengthened the centre and provided the opportunity to be a stable and impressive national centre. By becoming a single national centre rather than fractured smaller centres across Norway, NKVTS is more financially robust and better poised to take on larger projects and more international collaboration than would have been otherwise possible in Norway. This has allowed the centre to be resilient, flexible, and impactful nationally and internationally in the areas of violence and traumatic stress.

3.2 Sweden: Barnafriid—National Centre on Violence against Children

3.2.1 History and Background

Barnafriid⁸ is a national knowledge and competence centre based at Linköping University in Sweden. The centre came about via government assignment in 2015, and the university placed a bid to have the centre housed within their institution. Prior to the establishment of Barnafriid, Sweden had a national centre at the University of Uppsala (National Centre for Knowledge on Men’s Violence Against Women; established 2006)⁹ where they published research and reports on the topic of violence against women and ran on behalf of the government a national helpline for women experiencing violence. Following the feelings of social and political urgency in Sweden that a national centre focused on VAC was needed¹⁰, the centre was created from scratch (rather than through merging existing centres or hubs). Barnafriid was established with the assignment to collect and disseminate knowledge about VAC, which included all forms of violence experienced by children aged 0–18 years. Barnafriid is grounded in the core values of child rights and bases their objectives on the Convention on the Rights of the Child and Sustainable Development Goals (particularly 16.2). The centre seeks to practice democratic values and equality in all their work, such as through the inclusion of child panels, which assist in the planning of their projects, and the principles of gender equality in their VAC work and recommendations.

Barnafriid has implemented their assignment by compiling tools or methods for measurement, promoting collaboration, and conducting training activities, knowledge dissemination, and capacity building on a broad range of VAC topics. The centre receives fixed-term government assignments¹¹ for activities within their scope. The target groups for their materials and knowledge dissemination are professionals working in VAC-related areas (healthcare, social services, justice, university researchers), and they partner with a subset of government agencies and non-governmental organizations to reach these target groups (counties, municipalities, researchers, universities, clinical professional, experts).

A key element of the Barnafriid centre is that their work as a competence centre cannot include any research activities. They are only permitted to gather and disseminate existing research knowledge in order to build competence in topics of VAC. Though their role allows them to promote research and encourage collaboration, they cannot use any government funding—which is the majority of the centre’s

⁸ Name meaning: barna—child, friid—peace.

⁹ Centre is still in existence and continues to run the hotline.

¹⁰ Involved government offices: Ministry of Health and Social Affairs; Ministry of Education and Research; Ministry of Employment via the Minister of Gender Equality.

¹¹ Examples of assignment scope include capacity building for child services, best practices for compilation, evaluation of the Barnahaus model, and training materials for Barnahaus.

budget—to conduct research as under Swedish law the government cannot have any role in steering research in order to ensure that the research is “free” from political influence.

3.2.2 Organizational Structure and Funding

Barnafrid is situated as a national competence centre while residing within the organization of Linköping University. The centre has an internal steering group which guides the work at a strategic level underneath which there are five program units, each with its own program manager who handle elements at the tactical and operational level. The organizational position of the centre—wherein it functions as national centre which receives assignments from the government while being housed within an independent university—is complex and one that is currently under discussion at the university and the centre and which may result in structural changes to the organization of Barnafrid in the future. Barnafrid was originally placed within the medical office at the university, as much of the VAC research that was being done was conducted by medical faculty. Thus, though there is a departmental steering group within the medical office meant to oversee and direct the centre, the internal Barnafrid steering group does not get much support from the departmental group as the latter does not understand well the work and scope of the centre. This mismatch and lack of higher steering support places a high demand on the internal steering group at Barnafrid. The centre director (and others involved with steering) believe that Barnafrid would be better positioned if it was placed outside of a department and directly below university management and then allowed to have an external steering group composed of individuals with competence in the VAC and activities of Barnafrid. Their opinion is that this alternate organizational structure would allow the centre to better position itself nationally and internationally. However, the acknowledged difficulty with seeking that type of external steering is that it requires finding individuals who have the expertise around how a university works and is structured as well as having the topic area expertise in VAC.

Beyond the university steering, the centre also receives steering and direction from the government given Barnafrid’s dual status as a government-funded national centre and organization within a university. This can result in competing demands or recommendations from the university and the government which can be difficult to manage and balance at the level of the centre. However, the dual status of Barnafrid allows it to receive greater flexibility in the assignments it receives from the government than would be possible if it were strictly a government office. For example, they may receive an assignment to “identify ____ and help solve the VAC-related problem of ____ for adolescents” but are not restricted on the outcomes they need to produce or the interpretation of the results given the academic freedom that exists within a university. Due to this university independence, the centre is also insulated from political power shifts as certain parties or individuals gain or lose power.

The existing (and proposed) structural organization of Barnafrid are intended to support the centre’s fundamental assignment to disseminate knowledge and learn of existing needs in target groups. Examples of this include asking professionals, “What are the most urgent topics about which they need information or resources?”

What are needs around knowledge of certain forms of VAC or around how to appropriately implement methods?” Barnafriid responds to these needs by gathering existing data or publications, analysing or synthesizing the data/research, and developing activities and resources for dissemination. These activities can include eLearning models, webinars/seminars, networking activities, and research and development work.

The current government-provided funding for the centre to disseminate knowledge is approximately €500,000 per year, though this covers very little of the centre’s dissemination work, so there are ongoing efforts to increase the annual government funding to €1.5 million for dissemination. Additional government assignments outside of their competence remit brings the centre’s budget up to approximately €2 million in government funding per year with the centre receiving further funds (e.g., from the European Union and other funders) for additional research and development activities. Barnafriid is structured as a non-profit, so they cannot supplement their budget via fees for their conferences and events, though the centre does take a usage fee to cover the costs of those activities.

Given that the work is multi-sectoral and interdisciplinary, Barnafriid is staffed by a multi-professional working group including experts from the fields of psychology, psycho-trauma, social work, police/justice, education, communications, logistics, and statistics. Barnafriid has a diversity in training and background among experts, as well, with staff composed of a mix of academically trained PhD researchers and expertise via professional competence in social services and/or healthcare. The centre aims to match the in-house competence with the needs of the target groups and facilitates collaboration among experts via the centre’s multi-sectoral group.

3.2.3 Data

Given the restrictions on research at the centre, no prevalence research is conducted at Barnafriid through government funding, though it would be possible for them to gain access to prevalence data collected by their collaborators. Any national prevalence work in Sweden could potentially be funded by the government, but it would not be able to go through a university centre. Instead, the task could be given to scientists outside of a university centre or to a government ministry (e.g., public health) who would have the remit for this work. As such, the primary data collected by Barnafriid under government assignments seek to understand competence needs and feedback from those engaging in the disseminated resources. (All other types of data collection—approximately 20–30% of centre time—comes from externally funded projects such as prevalence work or implementation studies.) The data that are analysed, synthesised, and disseminated via competence work are subject to the central value propositions of the centre which holds that all work and recommendations should be evidence-based and built on proven experience and that all communication should be qualified, adapted to the target group, supportive of the centre’s core values, credible, and rooted in neutral democratic equality.

3.2.4 Policies

Barnafrid engages children and youth at the centre via their participation in child and youth panels and for which they obtain ethical approval to appropriately safeguard involved participants. This approval is handled via Sweden's national ethics handling system which reviews the risks and appropriate safeguards and policies for the participation of children/youth on the panels. Any disclosures of VAC that occur from participants on the panels lead to mandated reports into the social services system.

3.2.5 Challenges and Opportunities

The organizational structure of Barnafrid has proved challenging, as the centre is not able to get the needed support around the competence elements and the crucial priorities of the centre. As explained above, this is primarily due to the centre not fitting well within the organizational structure of the university, and these support needs may be solved if an external steering group were implemented. The limited funding for the competence elements of the centre (approximately €0.5 million/year) has been difficult. Leaders at the centre feel that, in the university's eagerness to establish the centre within their organization, the university did not put the required pressure on the government to secure sufficient funding for the work of the centre. The centre has found it difficult to increase that funding commitment above the budget used when Barnafrid was founded.¹²

Staffing the centre has also been challenging as there are not many true VAC experts in Sweden, and many of these qualified individuals are working at other universities and invested in their own interests beyond the scope of Barnafrid. Experts are also needed at the centre who can navigate the bureaucracy of a university centre and have the skills to engage with government bodies and ministries. Finding those with the skills to excel in both types of systems is difficult as is retaining needed experts for a long-term period, particularly on a limited centre budget.

Barnafrid has found that there is quite a lot of competition in Sweden over who gets to "own" the topics of VAC and child rights, and many of these organizations are better poised to compete for private funding and engage in political lobbying for themselves, neither of which is allowed for the national centre. Barnafrid has sought to handle this challenge of competition through collaboration with competing actors and inviting them to be involved in work that is led by and coordinated within Barnafrid. The centre has also been challenged in trying to maintain boundaries of work within their scope wherein they cannot work on individual cases (e.g., consult on child abuse cases that are being processed through the justice system) and must operate within existing structures.

¹² Not only has the funding's lack of growth since 2015 been challenging, but the centre funding came in under the value recommended by an external evaluator at the time it was established who recommended that the competence elements of the centre would require €2–€3 million per year.

The opportunity of the Barnafriid centre is the long-term stability offered by the organizational structure and funding model. Without this sustainable structure and funding that is protected from changing politics and power shifts, the competence work would be majorly exposed and not able to operate a centre like Barnafriid, as it takes time to conduct high-quality dissemination, to change the structures to fit the recommendations in the evidence, and to influence politicians around best practices. Barnafriid is viewed as a national asset and is now at the stage where government offices are seeking the advice of the centre around VAC-related policy and action before decisions are made. The centre's leadership seeks to run the centre focused on impact work with ongoing evaluation of goals and needed next steps. This allows the centre to have the required momentum to push developments through the systems and influence change in areas related to VAC. Leadership at Barnafriid has found that the centre's direct connections to individuals in a government office allow them to push through and advise on what research is needed and, subsequently, to impact policy and funding priorities within in the government; this is much easier within this national centre than it would be for an individual researcher with their own research priorities. As such, Barnafriid has been able to accomplish a high volume of competence training each year as well as continue to impact VAC policy and action within the Swedish government.

3.3 United States: Crimes against Children Research Centre (CCRC)

3.3.1 History and Background

CCRC is a university-based research centre at the University of New Hampshire. The centre was established in 1997 with a focus on children¹³ in answer to the U.S. federal government's (specifically, the U.S. Department of Justice's) desire to provide greater funding to research around violence and abuse against children. At its founding, the centre was based around epidemiologists trained in survey research, and much of the centre's work has been seeking to innovate how to get accurate data and truthful answers to sensitive questions on topics of VAC. The centre was founded with an intentionally broad scope which has made it more flexible over the decades to investigate the many forms of exposure and victimization that children experience, and that flexibility has allowed the centre to have greater opportunities to gain research funding on a range of topics as the evidence and VAC field developed. CCRC is not a national centre—it is based at a university around academic researchers, it is not directly linked to government offices and political priorities, and it does not focus on competence elements as a majority of its work—however,

¹³ A previous research centre at the university was called the Family Research Laboratory and which CCRC's founder/director had co-directed. The previous research centre conducted prevalence studies about child maltreatment within the context of family violence, while the scope of CCRC aimed to focus exclusively on children.

it is one of the national and international leaders in VAC research and methodologies. Given the long history of CCRC's leading and innovation of VAC prevalence surveys, it is included in this report to highlight applicable information that may inform a national competence centre.

3.3.2 Organizational Structure and Funding

As a university-based research centre, CCRC does not have an advisory board, but they do receive guidance around strategy development from the Vice President for Research (at the University of New Hampshire) as well as from the New Hampshire state senator with whom CCRC has a strategic alliance. Beyond these connections for strategic guidance, CCRC collaborates with a group located at their research centre (The Internet Crimes against Children Technical Training and Technical Assistance Taskforce) as well as ongoing working relationships with police departments across the country and large survey research firms. CCRC consults with and disseminates research findings to practitioner and survivor groups but does not have formal involvement of the survivor community within their research centre.

Established as a centre at the university, CCRC does not get university funding; it instead relies on project-based grant funding. However, as it holds the status of a centre, it is able to take advantage of a mechanism of indirect cost return wherein CCRC recoups a significant portion of the funding lost from grants via university overheads. The centre is staffed by a relatively small group of somewhere between 6–12 full-time academic researchers, plus students gaining training at the centre from affiliated departments (e.g., epidemiology, human development and family studies, psychology, social work, sociology). CCRC employs one full-time data analyst and is able to engage support from the university for grant applications and administrations given their status as a centre within the university.

3.3.3 Data

A large portion of CCRC's work over the past two decades has been conducting prevalence surveys using a methodology developed at the centre (and widely emulated globally) to collect sensitive VAC data. Data collected include community data (e.g., population-based samples) and agency data (e.g., policy agency data and case files) to understand the scope, prevalence, and context of various forms of VAC. Since its establishment, CCRC has conducted prevalence research using primary data for a broad scope of VAC topics (e.g., child sexual abuse, physical abuse, polyvictimization, bullying, firearm violence, sexual exploitation, online victimization, etc.) and used the data to publish recommendations for research, programmatic prevention and evaluation, policy action, and beyond.

Data cleaning and general management is handled by the researcher running the project, though the centre's data analyst is available to assist when needed. Once the project is complete and data are appropriately de-identified, data are archived in

one of the social science repositories run by other U.S. universities.¹⁴ One interesting note from CCRC was about how the U.S. government is aiming to increase transparency around data and have created tools for individuals to examine basic datasets and produce descriptive statistics for topics of interest using an easily accessible web platform. Though CCRC is not releasing sensitive data in that public manner, the centre acknowledges that this type of public accessibility increases buy-in for the work and appreciation of data among the public and stakeholders.

3.3.4 Policies

All the work at CCRC is subject to approval and oversight by the university's ethics boards. CCRC projects do not have any mandated reporting required based on a participant responses. At the end of a survey, a child/youth participant will be provided with resources they can contact if they would like support. Additionally, surveys are coded with a risk flag tailored to the topic of the survey that is triggered based on participant responses. Surveys with a risk flag are sent to an on-staff clinical assistant (who has both clinical and evaluation skills) to evaluate the case, get in touch with the child/youth as needed, and provided required follow up support.¹⁵ However, neither the risk flag nor the involvement of the clinical assistant results in reporting to social service systems without the consent of the child/youth.

3.3.5 Challenges and Opportunities

CCRC has encountered challenges where people misuse or misrepresent the data or the statistics reported. (For example, if a CCRC report demonstrated that 25% of adolescents had experienced sexual abuse or assault with 20% reporting peer assault and 5% reporting abuse/assault by an adult, that data may be taken and misrepresented broadly as 25% of adolescents are assaulted by an adult.) CCRC has found that it is essential that all reporting and dissemination of prevalence results carefully breaks down the estimates by VAC type and population subgroups as to protect better against the possibility of overstating or misrepresenting the prevalence of a certain VAC event.

CCRC has had the opportunity to innovate the methodologies and conceptualization around various forms of VAC data. This work would not have been possible without their status as a university research centre and collaboration with key government stakeholders at the state and federal levels, which has allowed CCRC to be successful in securing grant funding on a variety of VAC topics since it was established.

¹⁴ Cornell University; University of Michigan

¹⁵ Sampling for the surveys often involves random digit dialing, so participants can be contacted again, as needed, through their phone number.

3.4 Additional Work by Relevant VAC Stakeholders

3.4.1 Danish VAC Prevalence Studies

Two VAC national prevalence studies were commissioned by the government and conducted in Denmark in the 2010s. This work was not conducted at a national competence centre or through a research centre but was awarded as project-based funding to one researcher who was a part of SFI (previously: The Danish National Centre for Social Research). The Danish government wanted a large-scale representative study of how many children in Denmark were exposed to violence. As the study was conceptualized and the survey designed, the lead researcher consulted an expert advisory board who provided feedback on the methods and scope of the study. The first study sampled 15-year-olds in schools and measured all types of physical, sexual, and psychological violence, as the survey scope primarily focused on violence in the family via caregiver violence or other family perpetrators. Approximately five years after the completion of the first prevalence study, the Danish government awarded a second cross-sectional wave of research wherein in-school 15-year-olds were again sampled. All data were managed by the research team (lead researcher and one research assistant) and were stored on the SFI server. Data analyses were very descriptive, and survey results were not linked to any administrative data. The prevalence findings were used to inform subsequent child protection legislation in Denmark. These prevalence studies did not require approval from any centre or national ethics boards, due to the lack of these structures at the time in Denmark. Given the age of the students, passive parental consent was employed. All adolescents were given the option to speak to a qualified psychologist at their discretion following the survey, and no mandatory reports were made based on reported experiences in the survey (all data anonymized). Based on this experience, the lead researcher of these studies believes a national centre conducting prevalence research would be a huge advantage as it would allow experts to couple the research, policy, and advocacy elements within a single institution and make the most of the VAC data and evidence available.

3.4.2 Childlight: Global Child Safety Institute

Childlight is a data institute at the University of Edinburgh focused on the global prevalence of child sexual exploitation and abuse (CSEA). Established in 2023, Childlight is funded by an external, non-governmental organization (Human Dignity Foundation) with the goal to have a long-term, data-driven, capacity-building project that leveraged data support and expertise to organizations across the globe and across sectors/disciplines. Though they are not a national centre nor is their primary focus on conducting national VAC prevalence research within the United Kingdom or beyond currently, their centre has grappled with and continues to strategically address many of the issues encountered by those at a national competence centre for prevalence research or any researcher seeking to engage with and conduct research on sensitive and stigmatized topics such as VAC. Their strategic insights and

recommendations are included (below) in this report as they apply to planning, designing, and establishing a national competence centre for VAC or CSA/SV prevalence research.

3.5 Germany: Forschungsinstitut Gesellschaftlicher Zusammenhalt (FGZ)

3.5.1 History and Background

FGZ originated from an initiative from Bundesministerium für Bildung und Forschung (BMBF) where multiple institutes applied and were selected to work together to establish this multi-disciplinary centre. The institute has a broad political mandate to look at community cohesion.

3.5.2 Organizational Structure and Funding

The goal of the FGZ was to create centre permanency through allocated, continuous funding through the year 2028, and the FGZ is currently in the process of applying for a second phase of funding. In Phase 1 of the FGZ, the type of research conducted followed a classic collaborative model where principal investigators had projects they carried out with their teams. However, the FGZ is now moving away from individual projects to a more networked approach across locations and disciplines in order to address the important research questions of community cohesion across disciplines (e.g., social sciences, history, classics, etc.) to allow for diverse exchange of knowledge and expertise. BMBF is closely involved in the advisory board. However, it is important that FGZ is granted and guaranteed academic freedom and is protected from undue involvement of the funding body in research and publication decisions.

A key consideration in setting up a new centre is the organizational and administrative structure. The FGZ has directorates in three locations. Each location has a single focus: administration of the centre, research data, or research and knowledge transfer. The allocation of the directorates was based on these tasks. The data centre is hosted in Bremen, the public relations responsibilities are hosted in Leipzig, and knowledge transfer and research coordination are hosted in Frankfurt. The remaining eight FGZ institutes contribute their research profiles to the centre. All eleven locations were selected via an open competition selection process by the BMBF based on each institute's competences and skills. The various locations/institutes of the FGZ are affiliated with universities and share resources with the university in which they are anchored.

In the first phase of the FGZ, the included locations brought in large sums of federal and state funds.¹⁶ All the involved institutes must apply for third-party funds. Institutes have their own funds (e.g., for visiting speakers) but also are provided with university support (e.g., such as a human resource department). Principal investigators (PIs) are predominantly funded through positions as university chairs, which allows them to hire their own staff. However, there are also PIs within FGZ institutes that are fully funded by the FGZ and work as postdoctoral researchers. PI turnover within the FGZ has been relatively low across the involved institutions. Because connection to the FGZ comes via institutions rather than individuals, when people leave their institutional role to work in a new role at a non-FGZ institution, they must seek “outsider associate” status to stay involved with the FGZ. Failure to tie involvement to specific institutions within such a large multi-institute research centre can create structural problems and issues in the delivery of research. This has not been a problem for the FGZ because there is broad competence within the centres, so PIs and others can be replaced. However, this structure may create problems for a field of research that is less well established and that relies on the work of a few individual experts.

During the first phase of the organization, the FGZ used equal distribution of funds for research and administration. Each participating institute had equal funding and decided what type of research was possible for them within the constraints of the overall budget and framework. The BMBF would like to establish the FGZ as a federal institute within which equal distribution of funds would not work. In the application for the second phase of funding (just applied for), the proposed allocation of funds is organized based on the types of research being conducted and the contribution of individual participating institutes based on the quality of their research. Thus, the second phase of funding is structured to have more internal competition among participating institutes, which requires having the right administration set up for the FGZ. The Phase 2 funding proposal is for €50 million over five years which would be spread across 11 locations with 200 total employees.

3.5.3 Data

The FGZ has its own data centre hosted in Bremen. The data centre is important to generate needed data and carries considerable operational costs. The FGZ data centre works in line with data transparency requirements. They have founded a data hub with relevant partners and created data management and data curation jobs to ensure data are well handled, processed correctly, and appropriately linked with each other.

¹⁶ For example, the Executive Spokesperson is paid by the state, not the BMBF.

3.6 Expert Recommendations

The following recommendations were compiled from the interviews with and documentation provided by the experts interviewed for this report. Recommendations are grouped thematically, and the centre/setting from which the recommendation was drawn is noted. As appropriate, figures provided by Childlight resources are included to support a recommendation.

3.6.1 Recommendations: Organizational structure, Steering, and Liaisons

- 1) It is crucial to think carefully about the steering of the centre. If the centre is organized as a national agency then they will receive their assignments from the government, which can result in various shifts as political priorities and power changes. If centre is situated at a university, there is a need to consider how the political steering is incorporated (e.g., Are there any restrictions on the political steering?; What is the independent role as researchers and what is the political will?). (Barnafrid)
- 2) It is essential to determine who in a particular government office will be taking care of the German centre because that relationship is significant. The government partner needs to be invested and skilled to make decisions and deal with the hoops involved on their side. (Barnafrid)
- 3) If the centre is at a university and has external steering committee (see Barnafrid: Organizational Structure for more context), members may not necessarily understand how management structure of a university works which results in steering member recommendations that do not fit in the university context. Thus, if an external steering committee is used, members need to be individuals who understand the university system but also have the external voices and views and expertise in the VAC area. This steering committee needs sufficient competency to help the centre strategically rather than thinking of it as a regular university unit/department. (Barnafrid)
- 4) Building a relationship with the centre's linked government office is valuable as it allows the centre to push crucial research and policy priorities into the government. (Barnafrid)
- 5) It is essential that decisions around the governance and management of a centre are made and clearly articulated before getting into the research details of the centre's work. This means that the centre in Germany should clearly define intent of the centre before moving on to its competencies, resources, etc. (Childlight)
- 6) It is essential to move through the stages of the design process systematically, clearly documenting plans for each stage before moving on to the next. See example of design process in Figure 3. (Childlight)

Figure 3: Centre design process stages (provided via personal communication with Childlight)

CHILDLIGHT					
WHERE ARE WE IN THE DESIGN PROCESS?					
THE CONTEXT	OUR INTENT	THE MODEL	OUR GROWTH	THE FUTURE	OUR IMPACT
<p>Why?</p> <ul style="list-style-type: none"> Understand the changing landscape Describe the PEDSTLE context and potential impacts Understand what factors or influences we need to take into account or design for <p>Example Key Questions:</p> <ul style="list-style-type: none"> What external factors are beyond our control? How might they impact CSEA? What does the CSEA ecosystem look like today? What is the experience of different groups across the CSEA ecosystem? What are the implications for Childlight? 	<p>Why?</p> <ul style="list-style-type: none"> Expand on the current Childlight strategy Capture design principles to keep us focused and objective Centre the op model design in tangible impact <p>Example Key Questions:</p> <ul style="list-style-type: none"> What is our [refined] purpose and vision? How are we currently progressing to this vision? What has worked well, or could work better? What are our aspirations and ambition? What does "success" look like? What is our role in the CSEA ecosystem? Where is there tension, and is this healthy? 	<p>Why?</p> <ul style="list-style-type: none"> Develop the operating model Explore available options and consequences of decisions [e.g. investment vs funding models] Identify where to start at pace <p>Example Key Questions:</p> <ul style="list-style-type: none"> What unique capabilities do we need to enact our vision? How are these capabilities best provided? What enablers do we need to support these core capabilities? Do we buy, build, borrow or "boot" our capabilities and enablers? Where might we share capabilities and enablers? What design options do we need to consider? 	<p>Why?</p> <ul style="list-style-type: none"> Identify, build on, and replicate success Understand what needs to change Grow Childlight mindfully, with decisions based on our strategy <p>Example Key Questions:</p> <ul style="list-style-type: none"> What building blocks do we need to grow Childlight's impact? How to we structure these building blocks over time? What are the indicative costs, benefits, and effort associated? How does this affect our decisions and strategy to date? 	<p>Why?</p> <ul style="list-style-type: none"> Plan for what comes next for Childlight Deliberately and proactively know when and why we will review our strategy, op model, and plan Proactively approach innovation and continuous improvement <p>Example Key Questions:</p> <ul style="list-style-type: none"> Where do we start? What do we prioritise? When do we review our op model? What might trigger this? 	<p>Why?</p> <ul style="list-style-type: none"> Measure the tangible impact we are having on children Advocate for ourselves and others Understand what needs to change for us to increase our impact [or that of our partners] Celebrate our collective successes <p>Example Key Questions:</p> <ul style="list-style-type: none"> How do we know we are doing the right thing? How do we keep track of our impact? Is one type of impact or action "better" than others? How do we communicate our success? How do we celebrate collective success?

Source: Zoe Pitman. (2023) Childlight. University of Edinburgh

- 7) Related to the systematic design process, one option for building the centre is to proceed transitorily and set stages/phases and goals for each period of the new centre. (FGZ)
- 8) It is crucial to consider if the centre is being made from existing pieces or brand-new structures. In making this decision, must consider the potential various pieces of the centre and their origins, evolution, and adaptation, as well as considering what the mandate and focus of the new centre will be. (Childlight; FGZ)
- 9) Given the focused nature of research for the proposed competence centre, one directorate seems sufficient. As there is not a requirement for multiple locations, the centre could be attached to an existing research unit or could be a single institute. (FGZ)

3.6.2 Recommendations: Public and political will/backing

- 1) At the onset, there is a need to establish a broad acceptance that this type of centre is necessary, so no one (public, politicians, other stakeholders) have any leverage after the centre was established that it was a mistake. Part of this acceptance process includes involving all the stakeholders early on and ensuring that the work of the centre is framed as very inclusive and not poised to take away from anyone else's work. If that stakeholder backing is on solid ground then you can move on and build a centre from there, which requires diving into answering the questions of "How? Why? How much money? What type of competencies? Etc.". Creating broad acceptance for a centre is the most important element and may require dealing with individual interests (e.g., may be other universities/institutions/ministries that want that profile of having a centre). (Barnafrid)
- 2) Related to item 1 above, the commitment and acceptance must include very senior commitment for the centre at all organizations/institutions where the centre will be housed or receive steering. See example of levels of commitment in Figure 4. (Childlight)

Figure 4: Centre organizational levels (provided via personal communication with Childlight)



Source: Zoe Pitman. (2023) Childlight. University of Edinburgh

3.6.3 Recommendations: Scope of the centre

- 1) It is important that the scope of the centre and the data collected includes all types of violence (very difficult to just look at sexual violence via CSA/SV) because violence is difficult to isolate one form of violence from another. It is neither efficient nor productive to focus on single form as a national centre. (NKVTS; CCRC; Denmark)
- 2) It is critical that the centre conduct its own research. One must focus the centre's time on being a research centre and building that expertise before going out and giving advice and focusing on the competency portions of the centre. (NKVTS)
- 3) There are numerous changes in the VAC and CSA/SV fields coming including shifts in the means through which CSA/SV is perpetrated. These incoming shifts should motivate any newly established centres to be broad and expansive in scope because otherwise any current work may be quickly out of date as the fields move on. (CCRC)
- 4) It is necessary to have an ongoing discussion at all levels of the centre and organization if the aim is to conduct work around the prevalence because it would strengthen their work if they collect, hold, and steer the data. If the centre collects the primary data from the national survey and is then given the task to disseminate the knowledge, they know the data better than anyone and have the capacity and infrastructure to disseminate knowledge and do various forms educational activities related to the findings. (Barnafrid)
- 5) The centre needs to have clear policy to not be involved in individual VAC or CSA/SV cases and not to work as expert witnesses in challenges, etc. (Barnafrid)
- 6) The scope of the centre must clearly define who is of interest to the research and data because forms of CSA/SV like commercial sexual exploitation and online abuse are particularly without boundaries. It is key to consider this in the delineation of the scope. (Childlight)
- 7) It is necessary to determine the model of the centre and ensure it correctly aligns with what it is seeking to accomplish and its scope. See example of model options in Figure 5. (Childlight)

Figure 5: Centre model options (provided via personal communication with Childlight)

CHILDLIGHT		BUSINESS MODEL: OPTIONS						
There are multiple options for how we organise and structure Childlight to get to our outcomes and impact. Childlight is <u>not</u> however starting from a blank page, and any model design options need to consider the impact (positive or negative) in moving from the as-is Childlight structure.		MODEL #1 OWNER	MODEL #2 PARTNER	MODEL #3 FRANCHISE	MODEL #4 LICENSE	MODEL #5 LAYERS	MODEL #6 ORCHESTRATOR	MODEL #7 HOSTED
DESCRIPTION	<ul style="list-style-type: none"> Childlight owns all capabilities and outputs All resource and capability is owned and operated by a single organisation <p><i>EXAMPLE: Tencent, Zara</i></p>	<ul style="list-style-type: none"> Childlight operates at the center of a partner network Childlight works collaboratively with partner orgs, becoming a partner itself <p><i>EXAMPLE: Porsche & Volkswagen</i></p>	<ul style="list-style-type: none"> Multiple Childlight organisations follow the same blueprint and model, but operate independently <p><i>EXAMPLE: McDonalds</i></p>	<ul style="list-style-type: none"> Childlight is a brand that encompasses multiple organisations and partners No capabilities or resources are owned or managed by Childlight <p><i>EXAMPLE: IBM, Disney</i></p>	<ul style="list-style-type: none"> Childlight provides core capability to other organisations and partners <p><i>EXAMPLE: Amazon, Wipro</i></p>	<ul style="list-style-type: none"> Childlight focuses on a single core capability at the heart of the CSEA data impact chain Other capabilities are sourced from different partner organisations <p><i>EXAMPLE: Ford, Shell, Slack</i></p>	<ul style="list-style-type: none"> Childlight establishes its own units in other partner organisations <p><i>EXAMPLE: Bosch, MAC</i></p>	
	<ul style="list-style-type: none"> Childlight becomes a "one-stopshop" for all capabilities related to CSEA data, research and intervention needs Childlight owns and controls all capabilities required to provide this service and products High set up costs to establish all capabilities, but benefits of owning the end-to-end value chain from research to impact Risk that all needs cannot be met / provided by Childlight, requiring integration of other partners and suppliers regardless 	<ul style="list-style-type: none"> Childlight knowledge and resources are offered to other partner organisations, as well as being used by Childlight Option for accumulated knowledge and expertise to be monetised New expertise from partner organisations can be brought back to Childlight to improve internal processes, working knowledge and ways of working Organisations in this model often seen as an innovation leader 	<ul style="list-style-type: none"> Requires repeatable, scalable operations Element of control of master franchise structure and capabilities, but independence of operations and focus locally Master franchise organisation provides professional development, in-depth knowledge and research / intervention capacity Multiplies the Childlight effect and reach Risk of franchisee orgs taking own direction and stance 	<ul style="list-style-type: none"> Requires the creation of intellectual property that is licensed to third parties Viable at expanding the Childlight brand, reach and impact Risk of control over what is licensed as "Childlight", and how Allows strong focus on research and development with interventions and dissemination of outputs taken on by others 	<ul style="list-style-type: none"> Identification of single core capability and focus that differentiates Childlight and fills a gap across the ecosystem Simplicity to operate Opportunity to commercialise differentiated capability Focus on becoming a global expert in that single differentiated capability Opportunity to expand into other core capabilities over time Requires ability to spot changing trends and rapidly alter Childlight focus to meet these Works well where there are economies of scale 	<ul style="list-style-type: none"> A large portion of time is spent coordinating and matching other capabilities to Childlight's needs Specialist or specific partner skills and knowledge can be harnessed, without needing Childlight to build our own Cooperation with partners All Childlight effort needs to be focused on the activities that create the most impact, and where the best strengths lie Total costs can be reduced by sourcing supporting services from other organisations High effort to manage multiple partners 	<ul style="list-style-type: none"> Childlight needs can be flexed by location and "host" organisation, including space, access and talent The host organisation benefits from the connections, research and partnership attracted by Childlight to the host Childlight benefits from being organised in many active organisations Ability to access hard-to-reach locations, partnerships and talent through existing infrastructure and organisations Lower costs by aligning with existing infrastructure and services Could be hosted by government, education or private organisation 	
IMPLICATIONS								

- 8) In building a competence centre, it is essential to remember that competency is not capability and will only get you some of the way towards solving a problem. (Childlight)

3.6.4 Recommendations: Data used

- 1) Any new centre needs to begin by collecting their own research data. By having a centre dataset to dig into rather than relying on the work of others, the centre is positioning themselves as experts and they are better able to direct the data. (NKVTS)
- 2) In conducting VAC research on sensitive issues, particularly issues of CSA/SV, caution needs to be paid to the data limitations and power requirements to obtain meaningful estimates. Only once these have been considered, can it be known if the centre's work is feasible. For example, it is very difficult to get sufficient power in the data for child sexual abuse cases when the prevalence is low (e.g., 1–4% of a population-based sample) and the sample size required to get any meaningful confidence intervals from this prevalence data is large and expensive. (CCRC)
- 3) All data decisions need to carefully determine and document who owns the centre data. (Childlight)
- 4) Data need to be viewed as a solution to these issues of CSA/SV, VAC, CSEA, etc. and as part of the problem, as (1) current data do not reflect the complete ecosystem of these issues within a country, region, or global setting (certain contexts, victims, perpetrators, and other actors are missed because of flaws or problems in the data); and (2) when data for these issues are collected, often data are not analysed, shared, or explored deeply within an organization or across collaborative partnerships, which means the data are used in a problematic and limited scope. (Childlight)

3.6.5 Recommendations: Staffing

- 1) Relying on external consultants to provide much of the centre's work or expertise (e.g., around data) is not a sustainable way to build and hold the knowledge in-house at the centre. Instead, the centre should aim to grow and achieve a high in-house competence. This allows the centre to be adaptable and well-positioned to take on unexpected challenges. (For example, Barnafriid and NKVTS were able to quickly steer to new pandemic-related research questions at the onset of the Covid-19 pandemic due to that high in-house competence.) If the centre aims to have a sustainable structure, it must prioritize hiring and building that high competence from within. (Barnafriid; NKVTS)
- 2) Considerations around how to maintain institutional memory and sustain high competence within the centre must be made early in the design process. If the

competence and knowledge of the centre is dependent on specific people rather than specific institutions, problems could arise when people leave roles or their institutions. (FGZ)

- 3) Leadership at the centre is crucial to its success. Centre leadership must be clear and facilitate coordination of research and have clearly defined roles for all staff at the centre and engage in clear communication across all staffing levels. Continuous shifts in leadership positions will harm the functionality of the centre. (FGZ)

3.6.6 Recommendations: Funding

- 1) The centre needs good funding at the onset of establishment. Funding should be sufficient and long-term so the centre can rely on incoming funds to set up and support all the functions of ambitious research, which requires significant resources in time, staff, and money. (NKVTS)
- 2) The funding at the onset must be generous or the centre is not worth starting. It is reasonable to assume the centre's budget may not be adjusted/increased for many years, so that initial funding plan must be larger than some stakeholders may anticipate. (Barnafrid)
- 3) A decision must be made at the beginning of establishing the centre how funding should be proportionally divided between administration and research. Must consider whether researchers/PIs at the centre will be funded entirely through the centre's budget or through permanent positions at universities. (FGZ)

3.6.7 Recommendations: Partnerships

- 1) The centre must maintain contact with the ministries and those financing the centre, as well as with regional centres and clinical practice, and work hard to build those relationships. (NKVTS)
- 2) It is key that the centre stay in touch (and, if possible, collaboration with) the practice and survivor communities to know what issues are important to these stakeholders and which are emerging. This will ensure the centre's research speaks to these communities' needs and is on the cutting edge of emerging issues. (CCRC)

3.6.8 Recommendations: Visibility and dissemination of work

- 1) There is a need to ensure the work done is visible and widely disseminated, not just to the research community but to the media and beyond. (NKVTS)
- 2) All reports or disseminating information should include clear estimates that are detailed and specific (rather than representing aggregate estimates across multiple forms of CSA/SV or VAC). Because people often misuse data or statistics

to misrepresent an issue, all disseminated information should be clear and specific about prevalence scope and populations so it is difficult to overstate or misrepresent the prevalence of particular VAC event. (CCRC)

3.7 Considerations for Adapting Centre to German Context

German experts and stakeholders in VAC/CSV gathered to discuss the key findings and recommendations gathered from these interviews. All the stakeholders included had broad expertise in VAC/CSV or in setting up and running research/data institutes and understood the German context. Stakeholders from the following organizations and institutions were present: Deutsches Zentrum für Hochschul- und Wissenschaftsforschung (DZHW), Konsortium für die Sozial-, Verhaltens-, Bildungs- und Wirtschaftswissenschaften (KonsortSWD), Deutsches Jugendinstitut (DJI), Universität Dortmund, Leitung Arbeitsstelle Kinder- und Jugendhilfestatistik, and Unabhängige Beauftragte für Fragen des sexuellen Kindesmissbrauchs (UBSKM). The points of discussion are summarized and presented thematically, and all items included below represent stakeholder recommendations or insights.

3.7.1 Scope of Research and Collaboration at the Centre

Stakeholders discussed elements in the report that seemed contradictory or out-of-step with the German context (e.g., the need to gain broad acceptance while working in a competitive field; funding is for sexual violence work in Germany but expert recommendations from other centres push for consideration of violence more broadly). This prompted a discussion among the group that sought to clarify how these potentially conflicting elements could be viewed in the German context. For example, regarding the scope of the violence examined, the point was made that the purpose of those recommendations was not that the centre should treat all forms of violence equally. Instead, sexual violence could remain the primary focus of the centre while operating under a broader centre scope that considers VAC beyond CSA/SV. Stakeholders noted that the plans to mandate the set-up of a centre through the establishment of a national law that requires reporting on the prevalence of child sexual abuse is ideal. In light of this a general centre for research on violence/VAC is not planned. However, stakeholders felt it may be possible to keep the focus of the centre on CSA/SV—in line with the political will—while allowing space for the centre to include queries about other forms of violence in its work. There was a push from several gathered stakeholders that the German system should be challenged in considering the scope of this centre and that the focus should not be too narrow on sexual violence. The point was made that because prevalence research is resource intensive and because sexual abuse co-occurs with other forms of violence for which there are no estimated prevalence rates in the German context that it would be a missed opportunity to narrow the ultimate scope of the centre to only sexual violence. A broader violence framing would ensure that future possibilities for projects and funds were not blocked by a scope exclusionary to all non-CSA/SV sexual violence.

Key activities of the centre, which must be facilitated by its organizational structure, should include regular monitoring and primary research on the prevalence of key violence areas with in-depth supplementary studies. These supplementary studies should be broad and practical and should include intervention studies focused on relevant violence topics. Tasks of the centre should include developing questionnaires, drawing samples, programming, personnel/enumerator training, establishing links with schools and ministries of education, implementation, oversight, incorporation of scientific and therapeutic perspectives, follow-up of data, documentation, analysis, acquisition of third-party funds for research, and beyond. The discussion around acceptance and collaboration versus competition prompted a comment emphasizing that the centre's research should be carried out by the centre. While survey service providers can be included in the budget, the research task should remain with the centre and external commissioning of the research would be discouraged. The centre itself should hold the expertise, otherwise no institutional memory can be built.

3.7.2 Establishment and Funding

The group noted that the financing for the centre in Germany was planned to be via the planned UBSKM law, which is intended to establish a reporting obligation to the Bundestag. As part of this reporting obligation, the centre is to deliver research data to the UBSKM. The budget is estimated to be €1.7 million per year for the next four years. (This was noted as being a tight budget in current difficult budget times.) Stakeholders engaged in a discussion about the tension between free research and political funding/government ties. This raised the question among the group about how to establish the centre given the demand for the size of the project. For example, should the centre be a research group at an existing institution or come about by founding a unique institute or competence centre? Stakeholders emphasized that regardless of how the centre is established, it must be able to carry out its own research, which includes creating its own profile and demonstrated expertise and visibility in the research landscape of Germany. The group stated that the UBSKM law should be formulated in such a manner that it does not restrict the freedom of the centre's research, which includes ensuring that it is not too narrowly tailored to a research field. While there may always be a tension between the politics which are funding the research and the freedom of the research, the centre should work to maximize its independence and aim to build up its own exclusive databases, including those for use in secondary research.

Stakeholders considered the financial implications of the project and the rough estimates for the centre based on the given budget framework. To establish a centre in Germany would require high costs for independent set up. The costs of a scientific employee (E13 level 3) on the employer side are (currently) approximately €85,000–90,000 per year. Additional costs of the centre would include administration, management, secretariat, human resources, third-party fund management, office space, etc. before even covering the necessary funds for research and data management. The cost of establishing a centre would be lower if it were affiliated with an existing research institution. This could potentially be accomplished in Germany by renting research infrastructure from an existing institution and using the centre's

budget to increase staff. (Though this requires additional political will to create and sustain this collaboration.)

Stakeholders noted that there was consensus in the plenary session that founding a new institute from scratch is not financially feasible for this proposed centre. Instead, the session agreed that affiliation to or merging of different organizations makes the most sense for the competence centre's establishment with respect to the data needs, the scope/aims of the centre, and the ethics oversight required at the centre. Ensuring the centre has steady financing is not easy under the constraints of budgetary law. This difficulty could be handled by creating an institute that has long-term funding by German federal or state governments (e.g., through public research and development or university funding) or through cooperation agreements with universities (e.g., establishment of a chair within a university setting who would lead the centre).

3.7.3 Data and Organizational Structure

Building on the point that the centre must work to establish and expand its own exclusive database, stakeholders emphasized that centre data should be stored independently and be widely accessible to those outside the centre. However, allowing outside access to the data was recognized as difficult, given the sensitive nature of the data. All data management and data centre elements of the competence centre, including data collection, processing, and storage, must include active oversight by a research ethics committee. Because of the sensitive nature of the data there was discussion whether data could be provided via download from repositories or whether it required technically controlled access, e.g. through a remote desktop connection or by visiting in person.

For the German contexts, stakeholders noted a few options regarding how the centre could handle sensitive data. One option would be to provide data provision via remote access. This method is not widespread in Germany, as only about 11 research data centres (including the FGZ) offer this, and it carries a high administrative cost for servers, software, technical assistance, etc. Another option would be to provide on-site provision of data at the centre via workplaces for guest scientists. This option would be more technically and financially feasible than the first but would also require control measures to protect sensitive data and requires travel by the researchers to the centre. The last noted option was that the centre could collaborate with another research data centre (e.g., FGZ) that provides the necessary infrastructure and data expertise (e.g., for remote access option) that could be used by the competence centre to create access to the sensitive data. This option would

require that the data be checked, preferably by the competence centre's own staff, before output via the external centre's system due to the sensitivity of the data.¹⁷

Following this group discussion, stakeholders came to a consensus that for the German competence centre, (1) the data must be made available to those beyond the centre, (2) the competence centre must be connected to a certified data centre, and (3) the reporting obligation to UBSKM should be served. The group noted that there are various available options regarding data collection and centre organization. First, connecting the competence centre to government research centres (e.g., such as the prevalence research studies done by Bundeskriminalamt (BKA), Bundeszentrale für gesundheitliche Aufklärung (BZgA)) was thought not to be an option for this proposed centre. Affiliation with government research centres was emphasized as a poor model for the German context given the organizational constraints of such affiliation and the need for scientific independence. Likewise, it may not be feasible to connect the competence centre to a single university (such as criminological or medical research groups) due to subject-related restrictions. However, it may be possible to establish the centre as departmental research (such as DJI) or as a free-standing research institute in collaboration with a university. Second, the competence centre cannot be a completely new establishment (i.e., created entirely from scratch) but must be linked in some manner with existing institutions. (It may be reasonable to link the centre to several existing institutions, which may entail challenges in terms of public procurement law.) The stakeholders noted that the easiest way to implement this linked centre would be to combine a few existing institutes and ensure connection to a data centre, though there are not many prior examples of this in the German context. The group supported the idea of merging existing structures and noted this needed to be done without "sacrificing" or alienating them. To accomplish this merging will require good integration.

With respect to the specific structure of the centre, the UBSKM side is open to all options. Regarding previous models in Germany from which to gain insights for establishing this proposed centre, stakeholders noted that Arbeitsstelle Kinder und Jugend Statistik (AKJ STAT) is not a relevant precedent for the competence centre because AKJ STAT are only funded for a limited time period, are linked to a university, and only project-related funds are available, meaning the projects are funded ad hoc and there is not funding for a larger research institution, i.e., a centre. The FGZ was noted as an interesting model to look to as it has demonstrated the ability to bring together expertise from multiple institutions and disciplines under an umbrella institute. Forschungsdatenzentren des Bundes und der Länder (FDZ) may also be a good partner for cooperation around the storage of the data. This type of collaboration with an FDZ would require decision making around the competence centre's use of secondary data. FDZ institutes in Germany range from one to 30 employees, depending on the focus and dissemination of the research. The Leibniz Institute for the Social Sciences (GESIS) model e.g. relies on one to two scientific

¹⁷ Stakeholders recommended exchanging expertise with the Research Data Centre of the Leibniz Institute for Population Health in Bremen, as that institute may be able to provide insight on how to handle and make available highly sensitive data.

employees who focus on data preparation and secondary use.¹⁸) Stakeholders believed that cooperating with an FDZ is crucial and required to ensure the competence centre is well-positioned and well-resourced around data.

3.7.4 Staffing

Given the extensive list of tasks planned for the competence centre, it is crucial that the centre is provided with sufficient staff, expertise, and funding to operate and deliver this wide range of research activities. Stakeholders discussed the competence required at the centre, noting that management must hold a position like W1, W2, or professorship and have great research expertise. It was recommended that the centre include research positions with a focus on prevalence research and non-research positions focused on building relationships with stakeholders and research communication.¹⁹ Research staffing likely requires an additional five or six research associates all with expertise in quantitative research. As a minimum, the centre should also plan for one to two staff positions for research data management, which requires continuous funding to keep staff with rare and essential expertise in science and data management. Additional personnel are also needed with expertise in data protection and research ethics to correctly handle sensitive data. Given the importance of the communication and dissemination strategy, the centre should also include one or more non-research positions focused on scientific communication, including communication to the government and other stakeholders central to this project. Stakeholders recommended that at least one person be included on staff who can establish practical relevance and benefits of the findings beyond academic/research settings, noting that research should not serve as an end in itself. Qualitative expertise is also required at the centre to aid in the development of questionnaires, consult on safeguarding procedures, and other relevant tasks. Psychosocial support should also be available for centre employees given the research focus on difficult topics and the potential for secondary traumatic stress. Stakeholders stated that the feasibility of structuring this centre around such a relatively small research group and a limited budget required careful thought and further discussion.

3.7.5 Dissemination and Partnerships

Stakeholders emphasized the need to anchor international perspectives and networks in the centre, ensuring the scope of dissemination is broader than a focus only on Germany. This broad dissemination could include ensuring the centre staff are funded to regularly attend international conferences, participate in international collaborations, engage in relevant subject-matter or methods-based workshops, and beyond. Related to the need for research that is independent from political pressure,

¹⁸ Stakeholders recommended seeking to exchange experiences with GESIS, as they may have insights around staffing for suitable expertise and controlling output for sensitive data.

¹⁹ One noted example for these types of staffing roles was the Deutsches Zentrum für Integrations- und Migrationsforschung (DEZIM).

the necessary guarantee of scientific independence should not only apply to the research but also the publications put out by the centre. Though stakeholders did not recommend linking the centre to a specific government office, they emphasized that partnerships with the government should be a focus of the centre’s organization and collaboration. This form of partnership depends heavily on the trust between the respective organizations and working levels. Further consideration is required as to whether an advisory board should exist consisting of the centre’s stakeholders.

3.7.6 Relevant Insights from Recommended Report

Stakeholders recommended two additional papers for consultation, one focused on the foundation of research data centres, the other on Institutes for Advanced Studies in Germany. Relevant data considerations and recommendations from one of these papers^{20,21}, are included below:

(From the RatSWD Working Paper Series (July 2022) “Handreichung: Forschungsdatenzentren gründen”)

- If establishing open access data (Open Data) is not feasible given data sensitivity, the FAIR principles can be implemented which allows data to be understood by the public via high-quality data documentation and establishing transparent regulations for data and metadata access. (Page 5)
- Organizing data via a research data centre (RDC) is required when data cannot be made available otherwise due to data protection and confidentiality, copyright and licensing, and/or research ethics concerns. (Page 9) RDCs represent an established manner of allowing protected access paths to data that cannot be made publicly available in a repository. (Page 10) Existing RDCs can serve as a blueprint for the establishment of new RDCs with respect to organizing data access. (Page 6)
- Documentation of data to be added to the RDC should use general metadata standards such as Dublin Core or subject-specific metadata standards and should be compatible with metadata schema for registering persistent identifiers. (Page 12)
- Long-term data preservation—meaning the systematic archiving or information and long-term assurance of readability, interpretability, and usability—is crucial. Various resources and certificates are available to assist data centres with navigating this complex requirement. (Page 12)

More specific information on the personnel and IT infrastructure requirements, as well as the legal basis and phases of establishing and running and FDZ can be found on pages 17–26 of the RatSWD Working Paper. The information in the working

²⁰ Included recommendations in this section drawn from RatSWD Working Paper Series (July 2022), found here: https://www.konsortswd.de/wp-content/uploads/RatSWD_WP_280.pdf

²¹ Though not summarized in this report, a second publication was recommended as relevant. It can be found here: <https://www.wissenschaftsrat.de/download/2021/8958-21.pdf>

paper accounts for the potentially diverse needs of the data centre elements of the proposed competence centre, and its recommendations can be adapted or applied according to the research scope and data requirements of the proposed German competence centre.

4 Conclusion

The findings of this report summarize the work of VAC competence centres, research centres, or researchers across five countries. Multiple experts stated that the presence of a national competence centre is a significant opportunity to conduct innovative research, dissemination, and competence building in areas of VAC at a national level. Findings also emphasized the advantages of having a direct link to government offices as a way to ensure research findings and priorities reached government stakeholders. The organizational structure and steering of a centre poised to conduct national prevalence research can be difficult and must be clearly aligned with the scope and mission of the centre, as well as national expertise available. The centre should be guaranteed sufficient and long-term funding and be insulated from changing political powers and priorities in order to be successful. The broader the scope of the centre's work (i.e., the more inclusive it is in the forms of VAC considered and prioritized) the greater flexibility and longevity the centre is likely to have. Consultation with stakeholders in Germany demonstrated that the proposed centre should not be created entirely from scratch, as there are insufficient resources to meet the research, data, and staffing requirements for a completely new centre. Stakeholders explored the options for linking the proposed centre to existing institutions while emphasizing the need for the focus of the centre to be sufficiently broad (under the umbrella of VAC) to remain flexible and competitive while also meeting the research goals and matching the political will of the government funders. The centre must also be independent and have relative freedom in research activities, academic publications, and broad disseminations of findings, while also finding ways to allow access to its secondary data to those outside the centre without compromising the protection of participants and their sensitive data. Further relevant items to consider and resources to explore were provided by stakeholders.

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7 Abkürzungsverzeichnis

AKJ STAT	Arbeitsstelle Kinder und Jugend Statistik
BKA	Bundeskriminalamt
BZgA	Bundeszentrale für gesundheitliche Aufklärung
BMBF	Bundesministerium für Bildung und Forschung
CAN	Child abuse and neglect
CSA/SV	Child sexual abuse/sexual violence
CSEA	Child sexual exploitation and abuse
CCRC	Crimes against Children Research Centre
DEZIM	Deutsches Zentrum für Integrations- und Migrationsforschung
DJI	Deutsches Jugendinstitut
DZHW	Deutsches Zentrum für Hochschul- und Wissenschaftsforschung
FDZ	Forschungsdatenzentren des Bundes und der Länder
FGZ	Forschungsinstitut Gesellschaftlicher Zusammenhalt
GDPR	General data protection regulation
GESIS	Leibniz Institute for the Social Sciences
KonsortSWD	Konsortium für die Sozial-, Verhaltens-, Bildungs- und Wirtschaftswissenschaften
NKVTS	Norwegian Centre for Violence and Traumatic Stress Studies
NORCE	Norwegian Research Centre
PI(s)	Principal investigator(s)
RDC	Research data centre
UBSKM missbrauchs	Unabhängige Beauftragte für Fragen des sexuellen Kindesmissbrauchs
VAC	Violence against children