

**Preventing and Responding to Child Sexual Abuse and  
Exploitation: Evidence review**

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## Acronyms and abbreviations

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<b>ASEAN</b>	Association of South East Asian Nations
<b>CBT</b>	cognitive behavioural therapy
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CEDAW</b>	Convention on the Elimination of All forms of Discrimination against Women
<b>CRC</b>	Convention on the Rights of the Child
<b>ECPAT</b>	End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes
<b>EMDR</b>	eye movement desensitization and processing
<b>FGM/C</b>	female genital mutilation/cutting
<b>GBV</b>	gender-based violence
<b>HIC</b>	high-income country
<b>ICT</b>	information and communication technology
<b>ILO</b>	International Labour Organization
<b>IRC</b>	International Rescue Committee
<b>LMICs</b>	low- and middle-income countries
<b>NAP</b>	national action plan
<b>NGO</b>	non-governmental organization
<b>OPSC</b>	Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography
<b>RAP</b>	regional action plan
<b>RCT</b>	randomized controlled trial
<b>STI</b>	sexually transmitted infection
<b>TF-CBT</b>	trauma-focused cognitive behavioural therapy
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNSVAC</b>	United Nations Study on Violence against Children
<b>VAWG</b>	violence against women and girls
<b>WHO</b>	World Health Organization

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## Glossary/definitions

Term (source)	Definition
<b>Armed conflict</b> (International Committee of the Red Cross 2008)	<i>Resort to armed force between two or more States, or protracted armed confrontations occurring between governmental armed forces and the forces of one or more armed groups, or between such organized groups arising in the territory of a State which reaches a minimum level of intensity</i>
<b>Child</b> (Article 1, Convention on the Rights of the Child (CRC))	<i>Any human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier</i>
<b>Child maltreatment</b> (Krug et al. 2002)	<i>All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power</i>
<b>Child protection</b> (UNICEF 2008b)	<i>Philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm</i>
<b>Child protection system</b> (Wulczyn et al. 2010)	<i>Structures, functions, and capacities, among other components that have been assembled in relation to a set of child protection goals</i>
<b>Child sexual abuse</b> (Article 18, Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention))	<i>(a) Engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities (this does not apply to consensual sexual activities between minors), and (b) engaging in sexual activities with a child where use is made of coercion, force or threats; or abuse is made of a recognized position of trust, authority or influence over the child, including within the family; or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence</i>
<b>Child sexual exploitation</b> (Lanzarote Convention)	<i>Child sexual abuse becomes sexual exploitation when a second party benefits monetarily, through sexual activity involving a child. It includes harmful acts such as sexual solicitation and prostitution of a child or adolescent and, in the Council of Europe Convention, covers situations where a child or other person is given or promised money or other form of remuneration, payment or consideration in return for the child engaging in sexual activity, even if the payment/remuneration is not made.</i>
<b>Child trafficking</b> (Article 3, Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime (Palermo Protocol))	<i>(a) the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation</i>

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	<p><i>(b)Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs</i></p> <p><i>(c) the recruitment, transportation, transfer, harbouring or receipt of a child for the purposes of exploitation shall be considered trafficking in persons even if this does not involve any of the means set forth in subparagraph (a)</i></p> <p><i>Under the terms of this Protocol, children under 18 cannot give valid consent and the ‘means’ of trafficking is therefore not relevant.</i></p>
<b>Evaluation</b> (DFID 2012a)	<i>The systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation, outcomes and results in relation to specified evaluation criteria</i>
<b>Exploitation of a child in pornography/ child sexual abuse materials</b> (Article 2(c), Optional Protocol to the CRC of the Child on the sale of children, child prostitution and child pornography (OPSC); Lanzarote Convention)	<p><i>Any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or representation of the sexual parts of a child, the dominant characteristic of which is depiction for a sexual purpose</i></p> <p><i>Intentionally causing, for sexual purposes, a child who has not reached the legal age for sexual activities, to witness sexual abuse or sexual activities, even without having to participate</i></p>
<b>Exploitation of a child in prostitution</b> (Article 2(b) OPSC)	<i>The use of a child in sexual activities for remuneration or any other form of consideration</i>
<b>Gender-based violence</b> (IASA 2005)	<i>An umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between males and females. While men and boys can be survivors of some types of gender-based (particularly sexual) violence, around the world, gender-based violence has a greater impact on women and girls.</i>
<b>Grooming</b> (Council of Europe 2007b)	<i>The deliberate preparation of a child for sexual abuse or sexual exploitation, motivated by the desire to use the child for sexual gratification. It may involve the befriending of a child, drawing the child into discussing intimate matters, and gradually exposing the child to sexually explicit materials in order to reduce resistance or inhibitions about sex.</i>
<b>Humanitarian crisis situation</b> (UNICEF 2010b)	<i>Any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multi-sectoral response is needed, with the engagement of a wide range of international humanitarian actors</i>
<b>Internally displaced persons</b> (OCHA 2004)	<i>Persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to, avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border</i>

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<b>Online abuse</b>	There is no agreed definition of online abuse of children in international law. For the purposes of this document, online child abuse is defined as an umbrella term covering: <i>use of the Internet, mobile phone or other form of information communication technology to bully, threaten, harass, groom, sexually abuse or sexually exploit a child.</i>
<b>Migration</b> (IOM 2004)	<i>A process of moving, either across an international border or within a State. It is a population movement encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, uprooted people, and economic migrants.</i>
<b>Monitoring</b> (DFID 2012a)	<i>A continuous process, conducted internally throughout the project cycle, either by managers or by beneficiaries, to measure the progress of development interventions against pre-defined objectives and plans</i>
<b>Neglect</b> (Pinheiro 2006; General Comment 13 of the CRC Committee)	<i>The failure of parents or carers to meet a child's physical and emotional needs when they have the means, knowledge and access to services to do so; or failure to protect him or her from exposure to danger. Neglect includes failure to provide for the child's physical, emotional, health and educational needs and child abandonment.</i>
<b>Prevention</b> WHO 2002	Definition used is based on the World Health Organization (WHO) definition of 'primary prevention': <i>Stopping child sexual abuse and exploitation before it occurs</i>
<b>Protracted refugee situations</b> (UNHCR 2004)	<i>Refers to situations in which refugees find themselves in a long-lasting and intractable state of limbo. Their lives may not be at risk, but their basic rights and essential economic, social and psychological needs remain unfulfilled. A refugee in this situation is often unable to break free from enforced external assistance.</i>
<b>Recovery</b> (Article 39, CRC)	Definition is based on the CRC approach to recovery, paraphrased as: <i>Enabling the child to overcome the harm caused by child sexual abuse or exploitation and ensuring a safe and protective environment for the return of the child to his/her home, city, country or place of origin. Such recovery and reintegration shall take place in an environment that fosters the health, self-respect and dignity of the child.</i>
<b>Refugee</b> (Convention Relating to the Status of Refugees)	<i>A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country</i>
<b>Reintegration</b> (Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups)	<i>The process through which children associated with armed forces or armed groups transition into civil society and enter meaningful roles and identities as civilians who are accepted by their families and communities in a context of local and national reconciliation</i>



<b>Sexting</b> (Mitchell et al. 2012)	<i>Sending sexual images or sexual texts via cell phone and other electronic devices</i>
<b>Sexual violence</b> (Based on definition in Krug et al. 2002)	An umbrella term used here to refer to all forms of sexual victimization of women and children: child sexual abuse and exploitation, rape and other sexual assaults, sexual harassment, abuse in pornography, prostitution, trafficking and female genital mutilation. <i>Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed at a person's sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work</i>
<b>Solicitation of child for sexual purposes</b> (Article 23, Lanzarote Convention)	<i>Intentional proposal, through information and communication technologies, of an adult to meet a child who has not reached the legal age for sexual activities, for the purpose of engaging in sexual activities or the production of child pornography</i>
<b>Violence against children</b> (Article 19, CRC)	<i>All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse</i>

## Executive Summary

### Introduction

This briefing is a summary of an independent review of evidence commissioned by the United Nations Children's Fund (UNICEF) to inform guidance for professionals, policy makers and field workers on effective strategies to prevent and respond to child sexual abuse and exploitation. The review involved desk-based research into a wide and varied range of literature on the extent, nature and consequences of child sexual abuse and exploitation and responses made to this in high-, medium- and low-income countries of the world. We included research published in English language peer-reviewed journals, 'grey literature', legal instruments and resolutions, policy documents, progress reports and guidance documents from 2000 to 2014. We built on a bibliography compiled by UNICEF (Reza 2012), supplemented by searches of 17 electronic research databases, websites, contents of key journals and grey literature, and articles referenced in papers read.

'Sexual abuse' is defined in Article 18 of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention) (Council of Europe 2007a) as:

*(a) engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities (this does not apply to consensual sexual activities between minors), and (b) engaging in sexual activities with a child where use is made of coercion, force or threats; or abuse is made of a recognised position of trust, authority or influence over the child, including within the family; or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence.*

Child sexual abuse becomes sexual exploitation when a second party benefits monetarily through sexual activity involving a child. It includes harmful acts such as sexual solicitation and prostitution of a child or adolescent.

### Nature, prevalence and impact

Sexual abuse and exploitation of children takes many forms, does not always involve touching and can occur in any setting. It includes situations where a child is sexually abused by a relative or carer at home; made to sell sex in exchange for food, cash or favours; raped or sexually molested on the way to or at school by an adult, a gang or a peer living in the community; groomed online by an older man and lured into sex acts, exhibitionism or producing indecent images; trapped into sexual slavery by organized groups of child sex offenders; or raped by a combatant in the context of war.

Worldwide, it is estimated that around 120 million girls under the age of 20 (about 1 in 10) have experienced forced sexual intercourse or other forced sexual acts (UNICEF 2014a). Boys are subject to sexual violence too, but data on this are lacking from most countries (ibid.). Moreover, huge differences in the design and measures used in surveys make it difficult to accurately compare rates of child sexual abuse and exploitation in different countries. A review of 58 prevalence studies, including eight systematic reviews and meta-analyses, (Andrews et al. 2004; Barth et al. 2012; Ji et al. 2013; Jones et al. 2012; Pereda et al. 2009; Pinheiro 2006; Stoltenborgh et al. 2011; UNICEF 2012a) found that, globally, child sexual abuse involving physical contact is reported by between 2 and 56 per cent of girls and 0.4 and 44 per cent of boys. Examples of reported rates of sexual exploitation include 7 per cent for girls and 6 per cent for boys in Kenya (UNICEF Kenya et al. 2012), 5.7 per cent and 7.4 per cent of girls in Ethiopia and Uganda respectively (Stravropoulos 2006) and 6 per cent for both girls and boys in Sri Lanka (Miles 2000). Higher rates overall have been found in

some countries in Africa (12 per cent to 44 per cent of boys, 15 per cent to 53 per cent of girls) (Andersson and Ho-Foster 2008; Stavropoulos 2006; UNICEF et al. 2011) and lower rates overall in China (15 per cent of girls, 14 per cent of boys) (Ji et al. 2013).

Child sexual abuse is a gendered crime; girls typically report lifetime rates three times higher than boys. One study found particularly high rates of contact sexual abuse reported by girls in Sweden and Estonia (Svedin 2007). However, in some regions – such as China (Ji et al. 2013), Poland (Svedin 2007) and the Lebanon (Usta et al. 2008) – rates reported by boys are close to or higher than those reported by girls. Some evidence is emerging that social desirability factors, i.e., giving answers that are perceived as being social acceptable, may influence what females and males report (Masood 2014).

Children are most likely to be sexually abused by a person known to them, usually an adult or older child who is a family member, relative, family friend or in a relationship of trust or authority (Pinheiro 2006). An adolescent's own intimate partner – a boyfriend or girlfriend – is the most frequently mentioned perpetrator in both low- and middle-income countries (LMICs), such as countries in Africa, as well as in high-income countries (HICs) (Barter et al. 2009; Reza et al. 2009). High rates of sexual violence in schools or on the journey to school have been found in some LMICs (Pinheiro 2006; Jewkes, Levin, Mbananga et al. 2002). Children living in alternative family, residential or foster care are known to be vulnerable (Berelowitz et al. 2012; Uliando and Mellor 2012) as are children involved in domestic labour, hazardous work and bonded or forced labour (Audu et al. 2009; Banerjee et al. 2008; Pinheiro 2006).

There is evidence from multiple sources in the United States and self-reports in the United Kingdom that overall trends in violence against children and adults have declined since the 1990s, indicating an impact from many years of violence prevention policy initiatives (Finkelhor et al. 2014).

### **Risks and protective factors**

It is widely accepted that the causes of violence against children are complex and responses need to address the interaction of risks that exist at the following different levels: individual, family and relationships, community and society.

**Individual risks** include being female (Alikasifoglu et al. 2006; Averdijk et al. 2011; Radford et al. 2011b) – although, as noted above, boys are also sexually abused – and age. Children may have less experience, knowledge and physical strength than abusive adults and older peers and therefore are easier prey. Family members and trusted adults are frequent perpetrators, but adolescents are at risk also from known as well as 'stranger' adults or peers (Gallagher et al. 2002), boyfriends/girlfriends and teachers (Jewkes, Levin and Penn-Kekana 2002; Stavropoulos 2006; UNICEF et al. 2011). Sexual offending behaviour often begins in adolescence (Jewkes et al. 2010).

Children with a disability are also more vulnerable to all forms of victimization (Jones et al. 2012; Averdijk et al. 2011; Sullivan and Knutson 2000), and children with depression and mental health problems are at greater risk of both victimization and perpetration (Andrews et al. 2004; Cuevesa et al. 2010; Vizard et al. 2007b).

In addition, distorted beliefs about male entitlement and the 'appropriateness' of having sex with children are prevalent among sex offenders and among young people who abuse partners in heterosexual (dating) relationships (Basile et al. 2013; Beech and Ward 2004; Berelowitz et al. 2012; ECPAT 2006; Skorpe Tennfjord 2006). Substance misuse may also be a factor. While the research does not show a causal relationship between sexual abuse and intoxication, whether with alcohol or drugs, substance misuse can significantly influence victim vulnerability and the offender's propensity

to commit an assault (Abbey 2005; Abbey et al. 2003; King et al. 2004; Sorensen and Claramont 2003; Testa et al. 2004).

**Family and relationship risks** include poor parenting and lack of family support, with homeless children, children who have been orphaned, separated from family or with a poor, distant, neglectful or abusive relationship with parents/caregivers having higher rates of sexual exploitation (Mahmud et al. nd; Reza et al. 2009). Previous experience of sexual abuse also increases the risk that the child will be re-victimized (Arata 2002) and the risk increases in line with the severity of the abuse (Briere and Elliott 2003). Children and adolescents who are sexually abused or exploited may, as a consequence, exhibit harmful sexualized behaviour that can sometimes be directed at other children (Burton et al. 2011; Hickey et al. 2006; Vizard et al. 2007a; Vizard et al. 2007b). Association with sexually aggressive peers/gangs and organized gangs and networks of criminal adults increases the risk of offending (Beckett et al. 2012; Berelowitz et al. 2012).

**Community risks** include high levels of violence in the community (WHO 2013a) and poverty, which is linked with child maltreatment, although the relationship with sexual abuse is less clear cut than for other maltreatment types (Black et al. 2001; Butler 2013).

**Societal risks** include economic development, which influences a country's capacity to respond (Garcia-Moreno et al. 2005); social norms that condone/accept violence, weak legal sanctions and child protection system responses (Pinheiro 2006; UNICEF 2013); social inequalities, with discrimination and poor access to resources and services making children in disadvantaged groups more vulnerable to sexual abuse and sexual exploitation; child labour, hazardous work and domestic work (Audu et al. 2009; Banerjee et al. 2008; Pinheiro 2006); and armed conflict and humanitarian crisis (Canning 2010).

## Consequences

Child sexual abuse and exploitation has a significant impact on the health and well-being of children worldwide. The harm caused includes early pregnancy (UNICEF Kenya et al. 2012), higher likelihood of contracting HIV (WHO 2013a), drug or alcohol abuse (in HICS) (Longmann Mills et al. 2013), depression and psychological trauma (Andrews et al. 2004; Chen et al. 2010; Seedat et al. 2004; Widom 2000), suicidal tendencies (Dinwiddie et al. 2000; Molnar et al. 2001) and sexualized and risk-taking behaviours (Wilson and Widom 2010). A young child may respond with intense masturbatory or harmful and inappropriate behaviour towards others. A sexually abused child may be secretive and socially isolated, which can in turn create a risk of additional victimization and bullying from peers or predatory adults. Older children often respond in ways that may put them at further risk, such as running away, skipping school, taking drugs or alcohol and promiscuity (Bentovim et al. 2009). A child who is sexually abused or exploited is at greater risk of experiencing other types of violence from adults or peers (Daigneault et al. 2009). Children who experience multiple forms of violence at home, in school and in the community tend to have the poorest outcomes (Clemmons et al. 2007; Ellonen and Salmi 2011; Finkelhor et al. 2007).

## Protective factors

Children who have a supportive and believing response from their family after discovery of the abuse, especially from the mother/primary carer, have fewer adverse outcomes (Mullen et al. 1996; Melville et al. 2014; O'Keefe et al. 2004). A recent review of over 50 published studies on protective factors and child sexual abuse (mostly in HICS) found the child's inner resources (coping skills, interpretation of the experience, self-esteem, etc.) and their family relationships, friendships, academic success, spirituality and sense of community were factors frequently linked with more

resilient outcomes. Children who were older at the time of the onset of the abuse also tended to be more resilient than children abused at a very young age; however, the severity of the abuse was also important (Marriott et al. 2013).

### Responses

Evidence on interventions to prevent and respond to child sexual abuse and exploitation in all sectors from the national/government level to health, criminal justice, education, child protection, community and civil society were assessed. Research evidence was assessed on a five-point scale as 'tested-effective' (if there had been positive findings from several high quality experimental design studies), 'promising' (if further experimental design research was needed to confirm positive findings), 'emerging promising' (if evidence existed but was limited because the intervention was new or difficult to evaluate), 'pioneering' (examples of new responses with no evaluation evidence as yet) or 'low' (if no positive evidence could be found). A summary of the range of evidence ratings for each area is shown in Figure A.

Figure A. Summary of evidence ratings

Tested effective	Promising	Emerging promising	Pioneering	Low/harmful
		← National More known	System about what	Responses does not work →
		Prevention ← →		
		← Identification	and	Protection →
		← Recovery	and	Reintegration

Overall, there are significant gaps in the evidence. There are gaps in knowledge about the impact of policies, legislation and child protection system responses. Evidence is fragmented across different areas of responses to HIV and AIDS, to gender-based violence, to child protection in general as well as specifically to child sexual abuse or sexual exploitation. There are nonetheless plenty of examples showing promising results where evidence could be developed in context.

### National responses

National child protection system-building responses are wide ranging and have included: legislative reform; strategy development and planning; coordination; mapping needs and gaps in services; capacity building and developing service structures; and mobilizing to change attitudes and behaviour. Some initiatives, such as national violence against children surveys (Together for Girls 2013) and national needs mapping exercises (UNICEF 2008a and 2010b), have helped in developing coordinated government action plans and global indicators (UNICEF 2011), although implementation and monitoring change are common challenges (UNICEF 2013). Lack of political will and lack of adequate resources are often cited as the reasons that systems do not work or that children do not

have access to services (Bott, Morrison et al. 2005; ECSA-HC, 2011) despite some evidence that violence carries considerable economic as well as health and well-being costs (Fang et al. 2012). Given the overlap between gender-based violence against women and sexual abuse and exploitation of children, plus evidence that tackling violence on several levels has had an impact on declining trends in HICs, there is scope for governments to support coordinated responses. The success of any coordinated response is largely dependent on strong leadership support for the issue at a strategic level and multi-agency/cross sector collaboration, community engagement and monitoring.

## **Prevention**

Prevention is about addressing child sexual abuse and exploitation before it occurs, and this cannot be achieved without changing social norms, attitudes and behaviour towards children and adolescents. Prevention strategies can be universal (covering the whole population) or targeted (towards vulnerable groups). Three approaches to prevention were found in the evidence review: those aimed at mobilization to change social norms, attitudes and behaviour; situational prevention (altering the environmental and situational context that provide opportunities for abuse); and prevention by reducing risks and vulnerabilities of children. While there are many prevention strategies operating, in HICs these have been focused more on child sexual abuse while in LMICs more attention has been given to child sexual exploitation, AIDS prevention and gender-based intimate partner violence. (See Table 6 in the full report for a summary of the evidence reviewed on prevention.)

Only a small number of prevention programmes have been evaluated and just a few have been evaluated experimentally. There is a lack of good, robust evidence for prevention measures that reduce rates of sexual abuse and exploitation in populations, although there are some promising impacts on attitudes, knowledge and behaviours that can be used to guide responses. Prevention initiatives are increasingly targeting boys and men, and these could be widened to address also the vulnerabilities of boys to sexual violence. The best evidence available is indirect, focusing on preventing HIV and AIDS and improving sexual health and on gender-based violence and intimate partner victimization. There is some promising evidence on public education and social norms marketing and some effective to promising evidence from programmes delivered in schools.

## **Identification and protection**

Identifying children living with sexual abuse and exploitation is a notoriously difficult task. Challenges include: barriers to disclosure by children, especially social stigma; lack of awareness, understanding and recognition of sexual abuse and exploitation among parents and the wider public; professionals' lack of skills and training in identification; poor information sharing by agencies; and policy contexts that do not support identification and child protection responses. (See Table 7 in the full report for a summary of the evidence reviewed on identification and protection.)

Strategies to improve identification include: law reform to enable formal reporting; training those in contact with children to be alert to the signs of abuse; providing age-appropriate information to children on their rights to protection and where to find help directly themselves; introducing methods to 'screen' clients for experiences of sexual abuse and exploitation; introducing assessment and risk assessment methods; improving data sharing and guidance for multi-sectoral methods of working together; developing reporting and referral pathways; and developing integrated or 'one-stop shop' identification and response teams.

Health workers play a key role in identifying sexually exploited and abused children, and training on indicators of sexual abuse have been provided in HICs and LMICs, especially in connection with sexually transmitted infection (STI)/HIV services. Integrated or 'one-stop shop' identification and

response teams, as in health, can bring an increase in rape victims using services in LMIC contexts (Kim et al. 2007; Kim et al. 2009). Child-friendly approaches are crucial.

Child protection services in HICs have been the main agencies responsible for protecting children from sexual abuse and exploitation. The general trend in HICs has been to provide family support and earlier interventions. Less is known from research about effective than ineffective child protection responses, such as poor coordination, lack of information sharing, poor training, inadequate resources, poor assessment of needs and risks and failure to focus on the child (Davies and Ward 2012). This knowledge can be used to inform positive responses and has influenced developments in coordinated and child-focused methods of working.

Child protection in LMICs is more commonly provided through non-governmental organizations (NGOs) and community groups, and services tend to be thin and unevenly spread, presenting challenges for access, efficiency and coordinated working. Improvements in these areas are likely to be essential for change. Case management is one approach that can bring better coordination of responses. This is seen as good practice across HICs, LMICs and, increasingly, humanitarian settings and there is emerging promising evidence on its effectiveness (UNICEF Malawi 2011). Community-based child protection mechanisms (CBCPM) have become very important in supporting and strengthening child protection systems and have given emerging promising results under the right conditions, although there is as yet no clear evidence about their effectiveness in helping to identify and refer children and adolescents at risk of sexual abuse and exploitation (War Child 2010; Wessells 2009).

Helplines can provide easy access for children. Although evidence on their child protection impact has not been found, it is clear that children can access and want to use these services.

There are methods used to identify and control perpetrators via police surveillance and detection, prosecution and/or treatment, although little evidence to indicate whether or not it is more effective to prosecute or treat or attempt a combination of both these when responding to offender recidivism (Andrews and Bonta 2003; Dennis et al. 2012; Hanson et al. 2009; Losel and Schumaker 2005). There has been an increase in prosecution of sex offenders in some HICs, particularly for online abuse, while rates of prosecution in LMICs remain low. Research on sex offender treatment methods have produced mixed findings, but clearly gaps in responses to perpetrators in LMICs need to be addressed to stop impunity.

### **Recovery and reintegration**

Responsibilities of States for the recovery and reintegration of child victims of violence are set out in article 39 of the Convention on the Rights of the Child (CRC). (*See Table 8 in the full report for a summary of research on responses to aid the recovery and reintegration of child victims of sexual abuse and exploitation.*) Robust research and evaluation in this area is seriously lacking, particularly in LMICs. HICs have focused more on psychological recovery for sexually abused children, while reintegration of victims has had greater attention in LMICs. Comprehensive services providing a package of support that addresses children's emotional, practical and social needs are most appropriate and worthy of further investment. Since recovery can begin from the first point of contact with services, health and other related professionals, including in humanitarian settings, should be trained in responding sensitively to the needs of children and adolescents.

Trauma Focused Cognitive Behavioural Therapy is the only intervention with any robust evidence of effectiveness. It may not be effective with all children or adolescents so it was rated as promising in the evidence review. Further testing would help inform culturally relevant application. Creative therapies are relatively widely used but historically have been difficult to research. Limited evidence available shows some promising impact that could be developed in LMIC contexts. One-stop shops

providing a continuum of services to meet psychosocial, practical and social needs have produced some promising research results in HICs in terms of victim satisfaction and justice responses, although evidence of impact on recovery and reintegration of child victims is still limited.

### **Implications for policy**

While there are many gaps in the research literature, there are also areas where research evidence has grown, and there is scope to build on this to inform and develop more effective responses. A number of specific recommendations for policy, practice research and guidance are made in the full report. These include:

**Recommendations for conceptual clarity** in definitions to distinguish different types and settings for child sexual abuse and exploitation; in focus (on multi-level causes and needs for coordinated multi-level and multi-sectoral responses); on overlapping experiences and rights as regards gender-based violence and violence towards children; and on differences and intersectionality to address the impacts of victimization on different children, girls or boys, of different ages, in different contexts.

**Recommendations for coordinated multi-sectoral responses** that focus strategically on outcomes, implementation, adequate resources and child participation.

**Recommendations for better context-specific evidence** showing impacts over time.

**Recommendations for monitoring and evaluation:** Evidence tends to be single intervention focused, and there is a need to employ methods for evaluating complex systems. Theories of change that bring together work on gender-based violence with work to prevent and respond to violence against children might encourage policy and programme developers to focus on outcomes for children, how they might best be achieved and what the structural and broader societal barriers to their achievement might be.



## 1. Introduction

Although the exact numbers of children affected worldwide are not known, the United Nations Children's Fund (UNICEF) estimates that around 120 million girls under the age of 20 (about 1 in 10) have experienced forced sexual intercourse or other forced sexual acts (UNICEF 2014a). Boys are subject to sexual violence too, but there is a lack of data from most countries (ibid.). Sexual abuse and exploitation of children takes many forms, does not always involve direct touching and can occur in any setting. It includes situations where a child is sexually abused by a relative or carer at home; made to sell sex in exchange for food, cash or favours; raped or sexually molested on the way to or at school by an adult, a gang or a peer living in the community; groomed online by an older man and lured into sex acts, exhibitionism or producing indecent images; trapped into sexual slavery by organized groups of child sex offenders; or raped by a combatant in the context of war. Children who live in low-income regions of the world in conditions of insecurity, armed conflict or separation from their family are particularly vulnerable, and eliminating sexual abuse and exploitation and all forms of gender-based violence is recognized as crucial to economic and social development (Pinheiro 2006).

Considerable efforts have been made globally to deal with child sexual abuse and exploitation by implementing the Convention on the Rights of the Child (CRC), the Optional Protocol on the sale of children, child prostitution and child pornography (OPSC), the commitments made at the three World Congresses against Sexual Exploitation of Children (Stockholm 1996, Yokohama 2001, Rio de Janeiro 2008) and United Nations Security Council Resolutions 1820, 1882, 1888, 1889 and 1960 addressing sexual violence in conflict. Action against gender-based violence has also advanced, aided by the coordination of efforts for United Nations and partner responses made possible by the establishment of the Gender-based Violence Area of Responsibility working group in 2008. The overlap between gender-based violence towards adults, mostly women, and violence against children is increasingly recognized, and there has been more collaboration between people working to prevent violence in these two areas. A review of UNICEF Country Office Annual Reports from 2011 found that at least 70 offices across all regions supported government and civil society efforts to address sexual abuse and exploitation of children and women, in and out of emergency, in accordance with international standards and commitments (UNICEF 2011). These initiatives focus on the two inter-related pillars of the UNICEF Child Protection Strategy: strengthening of child protection systems (legislation, policies and comprehensive services for children); and supporting social change to address attitudes, social norms and practices that harm both girls and boys (UNICEF 2008b).

However, progress reviews (UNICEF 2009a; Human Rights Council 2013) show there is still much to be done, and UNICEF has identified a need for consolidated guidance on effective programme and policy responses. It therefore commissioned this report, which is a review of evidence on the nature and scope of the problem and effective strategies to prevent and respond to child sexual abuse and exploitation. Its purpose is to provide knowledge to support an evidence-based consolidated guidance document on promising programmes. The evidence review and guidance document are primarily for professionals, policy makers, field workers and researchers working in UNICEF at country, regional and headquarters offices and partners in other human rights and violence-prevention organizations, in governments, in services and in non-governmental organizations (NGOs), especially in low- and middle-income countries (LMICs) and in humanitarian crisis situations.

### 1.1 Methodology

The review involved desk-based research into a wide and varied range of literature covering the extent, nature and consequences of child sexual abuse and exploitation and responses made to this in high, medium and low-income countries, including in the context of humanitarian crises. The

evidence considered included published research, 'grey literature',<sup>1</sup> legal instruments and resolutions, policy documents, progress reports and guidance documents. The review built on a bibliography compiled by UNICEF (Reza 2012), supplemented by searches of 17 electronic research databases, website searches, searching contents of key journals and grey literature, and snowball searching for articles referenced in papers we read. We limited the searches to English language publications only. The searches aimed to identify literature relevant to four areas of evidence.

- a. **Prevalence and impact:** We reviewed the extent, nature and consequences of child sexual abuse and exploitation to identify key messages about risks and protective factors for girls and boys at different ages/developmental stages and in different settings, communities and cultural and political contexts. This built on previous research by the report authors (Allnock and Hynes 2012; Radford et al. 2011b) and on eight identified systematic reviews on the global prevalence of child sexual abuse (Andrews et al. 2004; Barth et al. 2012; Ji et al. 2013; Jones et al. 2012; Pereda et al. 2009; Pinheiro 2006; Stoltenborgh et al. 2011; UNICEF 2012a). The materials were updated with an electronic search of four databases – ASSIA, PubMed, PsychInfo, Social Services Abstracts – using the search terms and strategy set out in Appendix A. The database search was limited to studies published between 2005 and 2013. The search was updated in 2014 to capture any new publications from 2013 to August 2014. In addition, we snowball searched for research cited in publications and in the UNICEF bibliography.

Grey literature and additional resources were identified from the following organizational websites: UNICEF, Save the Children, the World Health Organization (WHO) and the Sexual Violence Research Initiative. An expert review organized anonymously by UNICEF in 2013 yielded some further research evidence that was included. The quality of prevalence survey research was assessed using criteria proposed by Boyle (1998). From the 950 readings found, 192 were included in the review, as described in Appendix A, and are referenced throughout this report. Some publications addressed both prevalence and impact. Altogether, 73 were publications primarily on the prevalence of (mostly) child sexual abuse and (less commonly) sexual exploitation and 119 were mostly on the nature and consequences. The quality of impact studies, qualitative and quantitative, was assessed using the checklists developed for the UK Centre for Public Health Excellence (NICE 2009).

- b. **Law and policy implementation:** Policy and reports on preventing and responding to child sexual abuse and exploitation included in the UNICEF bibliography were updated via a search of the United Nations and WHO websites for relevant reports on progress. Only a few research and evaluation studies of policy impact in the area of child sexual abuse and exploitation were found. The review of policy is therefore mostly descriptive.
- c. **Interventions:** The scope of the review was broad, covering preventing and responding to all forms of child sexual abuse and sexual exploitation. Given the constrained timetable for this review and the focus on knowledge relevant for LMICs and humanitarian crisis contexts, a full and comprehensive search and analysis of interventions in high-income countries (HICs) was impossible. The authors drew on previous research and focused the search initially on databases known to provide access to high quality, evidence-based research studies. These included: The Cochrane Library, the Campbell Library, Blueprints for Violence Prevention, Child Trends Databank, Harvard Family Research Project – Evaluation Exchange, Office of Juvenile Justice and Delinquency Prevention and the National Registry of Evidence Based Programs and Practices. The search terms are set out in Appendix A. We aimed to capture interventions covering

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<sup>1</sup> Grey literature refers to literature produced by academics, governments, businesses, etc. rather than by commercial publishers.

prevention, identification and protection and recovery and reintegration. To identify literature on interventions in LMICs, we took two approaches. First, we searched 17 research databases (listed in Appendix A Table A1) using a search string of words in the abstracts or titles to cover four domains: LMICs and humanitarian contexts, sexual abuse and exploitation, children or adolescents and variations on the term 'intervention' (search terms are shown in Appendix Table A2). From this, 10,837 readings were identified, 108 were potentially relevant and 13 covered interventions tested in LMICs. The search was updated in 2014 to capture any new publications from 2013 to August 2014, and 17 new publications were identified. Second, grey literature was found by: (1) searching specialist evaluation databases, such as i3e International Initiative for Impact Evaluation and the UNICEF evaluation database; (2) snowball techniques; and (3) a Google search. We also included systematic reviews and meta-analyses where these were relevant, including three Cochrane reviews (Fellmeth et al. 2013; Macdonald et al. 2012; Zwi et al. 2009). The research literature on sexual violence has developed over time from different subject areas such as health, economic development and human rights. Alongside the direct focus on child sexual abuse and/or exploitation, we found and considered literature that included preventing and responding to child sexual abuse and exploitation within a wider focus on gender-based violence, sexual health or child maltreatment.

Public health research guidance checklists are widely available (e.g., NICE 2009) and often used to rank the quality of research studies for service interventions. The 'gold standard' of evaluation evidence is generally seen to be the randomized controlled trial (RCT), where outcomes for a representative sample of children assigned at random to receive the programme are compared with those who did not. This rating approach can miss important evidence gathered from other approaches, such as from longitudinal cohort studies, and some organizations have argued for a more rounded emphasis looking at the range of high quality research evidence available, the quality of implementation and the cost benefits analysis (Early Intervention Foundation 2014). Few studies on child sexual abuse and exploitation conform to this high level of evidence on effectiveness and, although some exist, there are fewer in the context of LMICs. Very little evidence was found on the costs of interventions to prevent or respond to child sexual abuse and exploitation. For this review we wanted to take an approach that would preserve the high quality standards for ranking research evidence as well as provide information on responses to sexual abuse and exploitation where evidence is emerging. We therefore rated the intervention evidence on five levels:

- 1) *Tested-effective*: These were programmes that had been rigorously evaluated through an experimental design, showed impact on both attitudes and behaviours towards sexual abuse/violence/exploitation and had been formalized to the extent that outside parties could replicate the programme (e.g., Safe Dates discussed later in this report).
- 2) *Promising*: Programmes were identified as promising and in need of further research in context if: evaluation data suggested a positive impact on attitudes OR behaviours, but no experimental evaluation had yet occurred; OR if experimental testing revealed positive but as yet limited impacts; OR where several studies have been done but results are mixed and further research would be worthwhile (as for child sexual abuse prevention programmes in HICs). To be rated promising, programmes had to be formalized to the extent that outside parties could have access to programme information (such as a manual/programme information that could be found, e.g., online). It should be noted that although these are rated as promising, they have not been tested across multiple cultural communities. Caution should be used in implementing these programmes in populations where they have not been evaluated.
- 3) *Emerging promising*: These are programmes that have a limited evidence base because (a) they are new and evidence is just emerging (e.g., online education programmes); (b) they are

programmes where evaluation may be difficult but there is some data that can be used for monitoring purposes (e.g., helplines); or (c) they are practice-/field-based and there is enough available information and recognized, established and high-profile organizations, such as the International Labour Organization (ILO), UNICEF or WHO, identify them as good practice even if they may not as yet have substantial evaluations.

4) *Pioneering*: These are programmes that are identified in other reviews and publications as examples of what is being done, but there is as yet very poor, or even no, evidence or evaluation of impact. Classifying a programme as pioneering allows us to recognize what is being done in the field, particularly in settings where resources/possibilities for evaluation may be severely lacking and where nothing may have been done before. Including pioneering programmes helps to identify areas where research is clearly needed.

5) *Low/harmful*: Where no positive evidence or evaluation on impact exists or there is some research suggesting potential harmful consequences.

One hundred and eighteen intervention studies and reviews are included in the analysis.

d. **Guidance**: One hundred and ten global guidance documents on preventing and responding to child sexual abuse and exploitation were identified from the UNICEF bibliography and supplemented by a search of websites of organizations with an interest in child protection or violence prevention. Documents were defined to be 'guidance' if their aims and purposes were explicit in providing guidance to people working in the area of child protection, gender-based violence, violence against women and girls or sexual violence (including sexual exploitation). Documents identified as potentially relevant were excluded if:

- There was no focus on gender-based or sexual violence (e.g., humanitarian guidance that focused on trauma related to emergencies or conflict broadly, without reference to sexual violence).
- A document appeared to be guidance but on closer examination could be better described as a policy review or discussion document.
- A document was defined as a training manual.

A full list of guidance documents included can be found in Appendix B. Guidance quality was rated on the basis of seven criteria identified by the research team: clarity and scope, emergency-specific criteria (where relevant), use of evidence, coverage, focus on children, approach to diversity and facilitating access to other resources. The rating criteria are shown in full in Appendix C. A content analysis of 81 guidance documents was completed.

While there is some available and emerging evidence on effective responses to prevent violence against children at the project or intervention level, there is a notable lack of 'scaling up' evidence to cover wider communities (Dodge and Lambelet Coleman 2009) or to measure change overall in a child protection system. What is effective in one context may not have the same impact in another. There is a general lack of research on the combination of factors (whether law reform, policies, investments, service developments, etc.) that together might contribute to social change and wider changes in beliefs, behaviour and practices towards children. Our presentation of findings from the evidence has been structured around a children's rights framework, discussed further in Chapter 3. This incorporates UNICEF's approach to prevent and respond to child sexual abuse and exploitation, supporting wider community level changes in social norms, attitudes and behaviour and building effective child protection systems that encompass prevention as well as identify, protect and support recovery (Fluke and Wulczyn 2010).

## 1.2 Report structure

In the next section of this report, Chapter 2, we review research on the nature, extent and consequences of child sexual abuse and exploitation. We argue that conceptual clarity about different types of child sexual abuse, exploitation and gender-based violence and how they may overlap should inform responses and monitoring. Chapter 3 first discusses findings on national actions and nationally coordinated responses to child sexual abuse and exploitation and then reviews findings on prevention, identification and response and recovery and reintegration. We include evidence from HICs as well as evidence from LMICs and make specific reference to emergency contexts. The final chapter, Chapter 4, considers the implications of this review for future work.

### 1.3 Definitions

'Child sexual abuse' and 'child sexual exploitation' are terms that cover a wide range of harmful behaviour towards children and adolescents. The terms 'sexual abuse', 'sexual exploitation' and 'sexual violence' are sometimes used interchangeably, although they refer to different types of the broader category of sexual victimization of children. Some researchers have used the term 'child sexual abuse' to refer to abuse of children by adults while others have used the term 'sexual victimization of children' to cover sexual abuse by adults as well as inappropriate and harmful sexual acts by one child to another. The term 'sexual violence' is usually used as an umbrella term to cover all types of sexual victimization of adult women and children – i.e., child sexual abuse and exploitation, female genital mutilation/cutting (FGM/C), rape, other sexual assaults, sexual harassment, abuse/exploitation in pornography, prostitution and trafficking of adult women. Child sexual abuse can include a range of abusive acts: inappropriate touching, penetration, coerced sex, rape, attempted rape, online grooming, harassment, voyeurism, exhibitionism and producing or distributing indecent images of the child. It can occur in any setting, in and outside the home, in schools, in workplaces, in neighbourhoods and communities, in social welfare, justice or state institutions and in travel and tourism facilities (Pinheiro 2006). Those responsible can be adults or peers, acting alone or as a group.

'Sexual abuse' in this report is defined as in Article 18 of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention):

*(a) engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities (this does not apply to consensual sexual activities between minors), and (b) engaging in sexual activities with a child where use is made of coercion, force or threats; or abuse is made of a recognised position of trust, authority or influence over the child, including within the family; or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence*

Child sexual abuse becomes sexual exploitation when a second party benefits monetarily through sexual activity involving a child. It includes harmful acts such as sexual solicitation and prostitution of a child or adolescent and, in the Lanzarote Convention, covers situations where a child or other person is given or promised money or other form of remuneration, payment or consideration in return for the child engaging in sexual activity, even if the payment/remuneration is not made (Council of Europe 2007a).

The focus in this report will be primarily on the definitions and framework of international responsibilities towards sexually abused and exploited children set out in the CRC, specifically in articles 19, 34, 35 and 39, and its Optional Protocol on the sale of children, child prostitution and child pornography (OPSC) (2000) as well as in the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000) (Palermo protocol) (see Box A).

#### **Box A. Definitions and responsibilities**

A **child** is defined by the Convention on the Rights of the Child (CRC) as *a person below the age of 18 unless, under the law applicable to the child, majority is attained earlier* (article 1). Child sexual abuse and exploitation researchers, however, have employed different definitions of a 'child', making it hard to compare children's experiences across different studies.

**Child sexual abuse and exploitation** is addressed by several articles of the CRC. Under article 19, States Parties are directed to: *take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse*

Article 34 additionally requires States to: *undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:*

- a) the inducement or coercion of a child to engage in any unlawful sexual activity;*
- b) the exploitative use of children in prostitution or other unlawful sexual practices;*
- c) the exploitative use of children in pornographic performances and material*

Article 35 directs States to: *take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.*

And article 39 requires States to provide recovery and reintegration in an environment that fosters the health, self-respect and dignity of child victims of sexual exploitation and abuse.

**Child pornography**, now more commonly referred to as 'child sexual abuse materials', is clearly and concisely defined by the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography (OPSC) as: *any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or representation of the sexual parts of a child, the dominant characteristic of which is depiction for a sexual purpose* (article 2(c)).

**Exploitation of a child in prostitution** is defined by the OPSC as *the use of a child in sexual activities for remuneration or any other form of consideration* (article 2(b)).

**Child trafficking** is defined under the trafficking protocol as: *(a) the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.*

*(b) Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.*

*(c) the recruitment, transportation, transfer, harbouring or receipt of a child for the purposes of exploitation shall be considered trafficking in persons even if this does not involve any of the means set forth in subparagraph (a).<sup>2</sup>*

Sexual abuse and exploitation may include force and violence but not necessarily. Coercion, deception, trickery, entrapment, emotional manipulation and/or grooming are often involved, and there is usually a power imbalance between the perpetrator and victim.

<sup>2</sup> Article 3 Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention against Transnational Organised Crime, United Nations, 2000.

Within research in HICs more attention has been given to child sexual abuse than to child sexual exploitation. Child protection organizations working in low-income countries, however, have focused more on child sexual exploitation, possibly because this is the more noticeable form of victimization in the context of a humanitarian crisis or conditions of poverty. Another reason could be that many global 'child protection' organizations (ECPAT, UNICEF, Save the Children, etc.) have been focusing on promoting follow-up on recommendations made by the three World Congresses against Sexual Exploitation, where the focus was on sexual exploitation rather than on sexual abuse.

The United Nations Study on Violence against Children (hereafter UNSVAC) (Pinheiro 2006) and its accompanying report to the General Assembly (United Nations General Assembly 2006a) considered violence in five key settings:

1. Home and family
2. Schools and educational settings
3. Community
4. Workplace
5. Care and justice institutions

There are settings broadly grouped in the 'community' in the UNSVAC that warrant particular headings in a typology: abuse and exploitation associated with travel and tourism, and abuse and exploitation of children and adolescents in sport and leisure. An additional setting, 'the online world', raises new issues for children's safety worldwide. While access to the online world is uneven and requires access to resources, use of information and communication technologies (ICTs) is rapidly growing among adults and children in LMICs and any child can be victimized online.

**Figure 1. The different dimensions of child sexual abuse and exploitation in context**

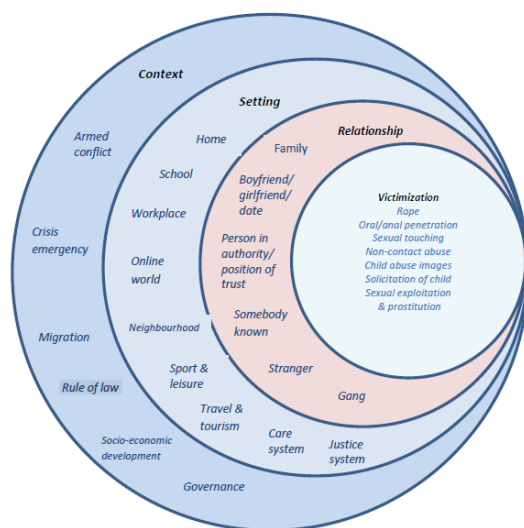


Figure 1 presents a typology categorizing the different dimensions of child sexual abuse and exploitation by victimization type, perpetrator/relationship type and the setting and the political context in which this occurred. Considering the context is important for prevention and protection,

enabling resources to focus on children's diverse needs and rights. For example, responses to prevent and protect will vary for an individual child in relation to the type of victimization experienced (e.g., whether sexual exploitation through prostitution or non-contact sexual abuse), the relationship (e.g., whether committed by an intimate partner or a gang), setting (e.g., whether at home or in the care system) and political context in which it happens (e.g., whether in the context of a humanitarian crisis or of the political, economic and social changes associated with 'development' and globalization in a particular LMIC).

What is defined as 'sexual abuse' can vary culturally and there are some practices directed at children – such as FGM/C or child marriage – that are accepted as being in 'the child's best interests' within the community in which they live. Harmful practices are included within the concept of child sexual abuse and exploitation as they harm the health and physical integrity of the child. There will be only a limited discussion of FGM/C and child marriage within this review, however, as these topics are covered comprehensively in other areas of UNICEF's work. Some forms of violence towards children directed at their genitals, such as castration of boys in conditions of armed conflict, are also not covered in the typology or in this report as they have been classified as predominantly physical violence towards children. It should be recognized, however, that sexual abuse and exploitation can co-occur with other forms of violence towards a child (physical, emotional, child neglect, abandonment, etc.) in a range of settings.

Attitudes and beliefs about the age at which it is developmentally appropriate for children to have sexual intercourse vary across different nations. The age of consent varies from age 12 for girls living in Mexico to age 18 in Egypt (UNICEF nd). Having an age of consent too low may expose children to the risk of sexual abuse and exploitation. Setting the age of consent too high can criminalize the behaviour of many young people and expose them to increased risk in sexual relationships because advice on safe sex and contraception is also often denied them. Lansdown (2005) uses the concept of 'evolving capacities' set out in article 5 of the CRC to recognize that children acquire different competencies at different rates, and as they acquire enhanced capacities they are more able to make their own decisions and have less need for adults to make decisions on their behalf. The development of capacities will vary in different cultural contexts, children will be exposed to different life experiences (such as working for survival) and shared societal 'norms' about what children can or cannot do will vary cross culturally. Laws that determine the age of consent can pose difficulties for balancing the child's right to protection with respect for these evolving capacities. While some young people at age 14 can be capable of making informed choices about whether to have a sexual relationship with a person of their own or a similar age, others may not be ready to take this step. The situation is more difficult if there is an age disparity or the young person has been manipulated or coerced and does not regard her/himself as being sexually exploited. Legal protection from sexual abuse and exploitation needs to take into consideration the situations where a child is unable to consent freely to sex. These situations should include threats of violence, grooming, power imbalances, intoxication and being under the influence of drugs.

In some societies or communities there can be a mismatch between statutory recognition of children's rights not to be sexually exploited and abused and social norms and attitudes, so that behaviour recognized as a sex crime, such as forced sexual intercourse with a minor, may be viewed by family and community as the child's promiscuity and/or dishonour, making it difficult to enforce legal protection. A child or young person may be legally identified as a 'victim' in one context yet viewed as responsible for her or his own victimization in another context and even criminalized, as has often been the case with sexual exploitation or with sexual abuse in close relationships. Sexual violence from males towards females in particular contexts or relationships, especially in intimate partner or dating relationships, has typically been the most difficult historically to get recognized and prosecuted as criminal behaviour.



## 2. What is Known about Child Sexual Abuse and Exploitation and its Consequences

### 2.1. The nature and extent of the problem

It is recognized that the sexual abuse and exploitation of children exists in every country in the world, but accurate estimates of the scale of the problem are difficult to produce. Much abuse and exploitation is unreported and never comes to the attention of authorities and child protection services. Self-report surveys are thought to provide more accurate estimates of the prevalence in a population (Gilbert et al. 2008a; Stoltenborgh et al. 2011), and the number of studies of child sexual abuse in LMICs has increased. Research on the extent of online sexual abuse and exploitation is more limited but has similarly grown (Jones et al. 2013). There are few studies on the prevalence of child sexual exploitation and of rates of abuse and exploitation in the context of emergencies and humanitarian crises (Spangaro et al, 2013a and b). It is even more difficult to identify and safely involve children affected in surveys in these circumstances although there is research on children post crisis (CDC 2014). Estimates of the prevalence of child sexual exploitation tend to draw mostly on reported incidents, data gained from agencies such as the police or courts, which are widely accepted to be underestimates of the numbers of children affected. Child protection statistics generally do not identify specific types of sexual abuse and exploitation involved when children are subject to proceedings.

Data gathered on child protection issues during crises and emergencies similarly have come mostly from agency reports or from rapid assessment exercises, which understandably involve small numbers of informants purposively approached to give feedback quickly. No reliable data on the prevalence of any form of sexual violence towards children in the context of armed conflict exists, although there is some evidence gathered from specific areas where sexual violence towards women and girls has been rampant. In the Democratic Republic of the Congo, for example, between 2006 and 2007 more than 10,000 survivors (*sic*) of sexual abuse, exploitation and sexual violence were identified by the United Nations and partners and 37 per cent were children (UNICEF 2009b). Documentation and grey literature surrounding gender-based violence has emerged from a range of civil society, international non-governmental organizations (INGOs) and UN agencies in the context of ongoing conflicts. For example, ongoing documentation in Myanmar has been amassed over several decades (Apple 1998; Amnesty International 1996 and 2015; Karen Human Rights Group 2006 and 2014; Meger 2014; Shan Women's Action Network 2002).

Eight separate systematic reviews and meta-analyses have recently analysed the international self-report survey data on the prevalence of child sexual abuse (Andrews et al. 2004; Barth et al. 2012; Ji et al. 2013; Jones et al. 2012; Pereda et al. 2009; Pinheiro 2006; Stoltenborgh et al. 2011; UNICEF 2012a). Two of these have broadly comparable findings on the extent of child sexual abuse in different regions of the world. Andrews et al. (2004) found 179 population studies from 14 different world regions covering the period 1981 to 2001 and Stoltenborgh et al. (2011) found 217 publications on child sexual abuse prevalence relevant to the period 1980 to 2008. These reviews and other studies show that findings on the prevalence of child sexual abuse present a very mixed picture on the extent of the problem even in the same region, and comparisons are difficult to make (Table 1).

**Table 1. Prevalence of child sexual abuse by region from two meta-analyses, Andrews et al. 2004 and Stoltenborgh et al. 2011 (percentages)**

Region	Lifetime prevalence females (%)		Lifetime prevalence males (%)	
	Andrews	Stoltenborgh	Andrews	Stoltenborgh
Africa	21.3–42.7	20.2	9.6–29.8	19.3
Asia	7.1–67.7	11.3	6–35	4.1
Australia/Western Pacific	27.8–29.1	21.5	5.9–28.6	7.5
Europe	15.8–28	13.5	3.8–11.5	5.6
South and Central America	8.4–13.3	13.4	2–10.7	13.8
United States and Canada	26.5	20.1	6.7	8

It is highly likely that many of these differences stem from variations in definition, study design and methods of data collection. Researchers have asked different types of participants, with some focusing on adults' retrospective reports of abusive experiences in childhood (e.g., Olsson et al. 2000; Stavropoulos 2006; Tarczon and Quardura 2012) while others have asked children and adolescents about recent and lifetime experiences (UNICEF Kenya et al. 2012; Finkelhor et al. 2009). Information on the abuse of boys is limited because some studies have been set within a gender-based violence context and have only asked about the experiences of women and girls (e.g., Birdthistle et al. 2008). Other researchers that include boys do not always show the findings for females and males separately in the publications (Ndetei et al. 2007).

The narrowness of the definition of sexual abuse also has an influence. Few studies reviewed include all types of sexual abuse and exploitation, and questions on Internet and mobile phone abuse, exploitation in prostitution, trafficking for the purpose of sexual exploitation and exploitation in child sexual abuse materials are less common. Researchers have employed different measures of sexual abuse. A few include sexual exploitation as well as sexual abuse, some look at all forms of unwanted sexual victimization whether by adults or peers (Averdijk et al. 2011; Pineda-Lucatero et al. 2009) while others have looked more restrictively at forced or coerced first sexual intercourse (Andersson and Ho Foster 2008; Birdthistle et al. 2008; Jewkes, Levin and Penn-Kekana 2002). Research that covers unwanted and inappropriate sexual behaviour from peer to peer tends to refer to different forms of 'child sexual victimization' rather than to 'child sexual abuse'.

Looking at 38 of the selected primary studies of prevalence considered for this report, the majority (17) measured sexual abuse as limited to some form of physical touching, six measured only forced sexual intercourse, five measured sexual abuse as covering touching and non-contact forms of abuse, two included contact, non-contact abuse and selling sex, seven had measures covering contact, non-contact abuse and online abuse, two had measures that included contact and non-contact abuse that specifically mentioned exploitation in child sexual abuse materials and one measured only online sexual victimization.

Rates of sexual abuse were found by Andrews et al. (2004) to range from 6 per cent on average for studies using narrow definitions to an average of 23 per cent for those with broader concepts. Lower rates for the prevalence of child sexual abuse were produced in studies that only included one question on this topic. The average rate for sexual abuse for studies that contained just one question was 14 per cent compared with 23 per cent for the average prevalence rates found in studies that asked more than one question. The number of questions asked and scope of the definitions included

might explain the higher rates of sexual abuse against girls shown for Sweden (Svedin 2007) compared with other European countries, as shown in the graphs in Appendix D.

Some conclusions about global prevalence rates for child sexual abuse can, however, be made. It is a gendered crime, with higher rates of sexual abuse reported by girls compared with boys – typically three times higher in HICs. However, rates reported by boys in some regions are close to those reported by girls and some studies – in China (Cheng-Fang et al. 2008; Finkelhor et al. 2011; Leung et al. 2008), Poland (Svedin 2007), Cambodia (Ministry of Women 2014), **some countries in the Balkan region (Nikolaidis 2013)**, in South Africa (Burton et al. 2015) and the Lebanon (Usta et al. 2008) – found boys reporting similar or higher rates of child sexual abuse/child sexual victimization than girls. It is not known whether these different patterns reflect differences in girls' and boys' experiences or differences in their willingness to report sexually abusive experiences in these regions. The age of the boys at the time of sexual victimisation may be a factor with younger boys reporting higher rates (Ministry of Women 2014; Nikolaidis 2013). Findings on the prevalence of child sexual abuse reported in some African and South Asian countries are the highest and prevalence rates tend to be lower in Western Europe compared with the United States, where similar measures have been used in the surveys. A review of sexual abuse and exploitation of children in African nations found lifetime exposure to sexual abuse was reported by an average of 23 per cent (9 to 33 per cent) of 13- to 15-year-old school children from Namibia, Swaziland, Uganda, Zambia and Zimbabwe. High levels of sexual coercion at sexual debut were reported by 12- to 19-year-old girls in four countries: In Malawi, 38 per cent of those surveyed said they were 'not willing at all' at their first sexual experience, followed by Ghana (30 per cent), Uganda (23 per cent) and Burkina Faso (15 per cent) (ECSA-HC 2011).

Rates of child sexual exploitation have been included in some population surveys, where commonly children and adolescents have been asked about exchanging sex for money or food (CDC 2014). Prevalence rates for children 'selling sex' (*sic*) in the seven relevant studies reviewed for this report were 7 per cent for girls and 6 per cent for boys in Kenya (UNICEF Kenya et al. 2012), 1.6% for girls and 0.1% for boys in Cambodia (Ministry of Women 2014), 4% for girls, 0% for boys in Tanzania (UNICEF 2011), 4% for girls and 7% for boys in Haiti (CDC 2014), 5.7 per cent and 7.4 per cent of girls in Ethiopia and Uganda respectively (Stavropoulos 2006) and 6 per cent for girls and boys in Sri Lanka (Miles 2000). Research in Baltic Sea nations found males in some nations (Lithuania, Norway, Poland and Sweden) reporting higher rates of 'selling sex' than females. Rates ranged from 1 per cent (in Norway) to 14.6 per cent (in Poland) for females reporting having sold sex and 0.4 per cent (in Estonia) to 25.2 per cent (in Poland) for males (Svedin 2007). There were, however, some methodological differences in how the surveys were administered in the different regions and these may have influenced the findings.

### **The extent of child sexual abuse and exploitation in different settings**

Worldwide children are most likely to be sexually abused by a person known to them, usually a boyfriend, an adult or older child who is a family member, other relative, family friend or in a relationship of trust or authority (Pinheiro 2006). The family or child's own home is the most frequently mentioned location for sexual assaults and rapes on children (Averdijk et al. 2011; Stavropoulos 2006; UNICEF et al. 2011), with the privacy of the family home, where this exists, providing a location where detection is less likely. Sexual abuse by a parent is less commonly mentioned in self-report surveys in HICs than sexual abuse by another relative, such as a sibling or uncle, or another member of the household (Radford et al. 2011b; UNICEF et al. 2011). An adolescent's own intimate partner – a boyfriend or girlfriend – is often the perpetrator of sexual abuse involving rape or physical contact in surveys in HICs and is also the most frequently mentioned perpetrator in LMICs such as Africa and Haiti (Barter et al. 2009; CDC 2014; Reza et al. 2009). High rates of sexual harassment in schools from peers and from teachers, or of sexual assaults from people in the community while on the journey to school, have been found in some LMICs (Jewkes,

Levin, Mbananga et al. 2002; Pinheiro 2006). Sexual abuse on the road was a particular risk for children and young people in Haiti (CDC 2014).

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

Online sexual victimization is linked with victimization that occurs offline, being part of overall grooming by adults (Bourke and Hernandez 2009; Svedin and Beck 2011; Wolak et al. 2008), monitoring by abusive partners (Barter et al. 2009) and an overall pattern of violence that reaches across different settings of home, school and community (Ybarra et al. 2007). Research on the extent of online sexual abuse and exploitation relates mostly to HICs (Jones et al. 2013), although police reports indicate an increase in the detection of the online abuse of children in LMIC and trading in these images in HICs (CEOP Command 2012). A self-report survey in the United States found 9 per cent of children and adolescents aged 10 to 17 years who were Internet users had been subject to unwanted online sexual solicitation (Priebe et al. 2013). The EU Kids Online study found Internet use and low risk was linked with low levels of use. In Europe, between 1 in 10 (Germany, Ireland, Portugal) and 1 in 2 (Poland) teenagers had been bullied or received unwanted sexual comments online (Livingstone and Haddon 2009). Rates of online sexual abuse across Europe reported by teenagers range widely, and similar issues exist regarding the link between net use and risks and the measures used by researchers to ask about different risks experienced (Ainsaar and Lööf 2011). Longitudinal research in the United States, based on telephone interviews with over 2,500 law enforcement agencies, has shown that overall arrests for online child sexual exploitation did not increase between 2006 and 2009 but arrests for possession of child sexual abuse materials rose by one third and there was a doubling in prosecutions for production of such materials online (Wolak et al. 2012a, 2012b, 2012c).

Sport can provide a context where children and adolescents are vulnerable to physical, sexual and psychological abuse from peers and coaches. There is little research on the extent of abuse in sport in LMICs, and the limited evidence on its prevalence in HICs suggests that rates of exposure to sexual abuse increase with the intensity of the child's involvement in sporting activities (Brackenridge et al. 2010). One survey in Australia found 46 per cent of elite athletes interviewed retrospectively reported experiences of child sexual abuse in sport compared with 26 per cent of athletes who participated in sports clubs (Leahy et al. 2002). A larger but self-selected online survey of over 6,000 university students in the United Kingdom found higher rates for males reporting 'sexual harm' in sport (5 per cent) compared to females (2 per cent) (Alexander et al. 2011).

Children living in alternative family, residential or foster care are known to be vulnerable to sexual abuse and exploitation (Berelowitz et al. 2012; Pinheiro 2006), although few studies have been found on the extent of this problem in HICs or LMICs (Uliando and Mellor 2012). This is also the case for research into the abuse of children in the justice system, where the problem is known to exist (Pinheiro 2006) but where it is very difficult to get information on the prevalence. Evidence on the prevalence of child sexual abuse and exploitation in refugee camps is scarce although it is recognised children and adolescents are vulnerable in these settings (Ferris 2007). A survey in Haiti after the 2010 earthquake found that children living in camps or tent settlements were significantly more likely to report experiences of sexual abuse than their displaced and not displaced peers not living in camps or tent settlements (CDC 2014).

Reliable figures for the prevalence of child sexual abuse and exploitation in travel and tourism are similarly lacking, although researchers have asked children in high-risk areas about experiences of sexual abuse or exploitation by tourists. Findings indicate that children are most often abused by a

person living in the same locality, with rates of abuse by foreigners living in the country varying across studies and areas (ESCA-HC 2011; Sorensen and Claramunt 2003).

### **Trends in prevalence rates**

There are a few studies, mostly in HICs, that have attempted to assess trends in the prevalence of child sexual abuse and exploitation over time. Insufficient data tracking trends in violence against children in LMICs has been found so conclusions about trends are difficult to make – although, as shown later, there are risk indicators that will have undoubtedly influenced prevalence.

Opportunities for child abuse perpetrators have widened with the growth of cheap transnational travel opening up routes of access for sexual exploitation of children in travel and tourism and online technologies facilitating distribution of abusive imagery. The reported prevalence of child sexual abuse materials has grown according to police data. For example, CEOP Command, the section of the National Crime Agency in the United Kingdom that deals with child exploitation and online protection, reports that in 1995 Greater Manchester police seized 12 indecent images of children in police raids. In 1999 they seized 41,000, mostly electronic images. The police now find as many as 2.5 million in a single collection. These police seizures show white children as the victims. The police assessed severity of the abuse in the images has increased, while the age of children involved has declined (CEOP Command 2012). However, data on police confiscations and arrests can only tell us that there has been a growth in police activity and it is not possible to make conclusions about trends in the prevalence of this type of abusive experience for children. There is some evidence that some children are accessing and regularly using mobile phone or online pornographic images (Mossige et al. 2007).

Cross sectional surveys conducted over several years in the United States present a mixed picture of trends in online child sexual exploitation, with rates reported by young Internet users not increasing as expected with wider access. Rates of unwanted sexual solicitation declined from 19 per cent in 2000 to 13 per cent in 2005 and 9 per cent in 2010 (Priebe et al. 2013). Arrests for adolescents 'sexting' and producing abusive images of other children have increased there (Wolak et al. 2012a). Combined with the declining age of children in indecent images and wider commercial trends to target children with 'adult' fashions and other products, this has given rise to concerns about a perceived increasing 'sexualization of childhood' (Papadopoulus 2009).

Prevalence rates of childhood sexual abuse reported by adults tend to be higher than rates reported by children and adolescents below the age of 18 (Andrews et al. 2004; Radford et al. 2013). Some researchers have explored whether a clear pattern can be observed to support the view that younger people (in HICs) experience less abuse than was previously the case. No conclusive evidence can be found from these studies, and it is highly likely that different reporting rates across age groups may reflect a greater willingness of older people to report their experiences in the context of research (Andrews et al. 2004). However, many HICs have seen a decline in professional substantiated child protection cases of sexual abuse and a variety of sources in the United States – from cases reported to services (Finkelhor et al. 2013) to cases recorded by National Incidence Study sentinels (Sedlak et al. 2010) and child victimization self-report surveys – show a fall in rates of recorded child sexual abuse since the mid-1990s, although self-report trends there show no significant changes since 2008 (Finkelhor et al. 2013; Finkelhor et al. 2014). Possible explanations for this apparent decline from the 1990s include changes in reporting and recording practices, possibly a decline in willingness to report, as well as changes in actual prevalence rates (Almeida et al. 2008). In the UK adult disclosures of historic child sexual abuse increased following posthumous discoveries of the crimes by the celebrity Jimmy Savile (Telegraph, 2015) and subsequent police activity under operation Yewtree in 2012 targeting Savile and other offenders who were identified by adult victims. Adult disclosures support the view that much abuse remains hidden and unknown. Given the nature of the crimes, it is likely that having an accurate baseline from which to measure trends will be difficult in most countries across the world. It is nonetheless accepted that the *nature* of child sexual

abuse and exploitation has changed with time and that globalization and new technologies present new risks for child protection. Trends downwards shown in multiple data sources are paralleled by an overall decline, in the United States and several European countries, in violent crimes, homicides, domestic violence, youth violence and youth self harm/suicide, which some researchers take as optimistic evidence that many years of violence prevention policies have had an impact (Finkelhor et al. 2014).

Our ability to monitor and respond effectively to the problem has been frustrated by the lack of robust epidemiological data on the prevalence, impact and trends in child sexual abuse and exploitation. Steps have been taken to produce robust evidence to allow monitoring over time and to inform policy and programme interventions in LMICs through the work of global partnerships to end violence against children such as Together for Girls (UNICEF 2011). Clearly there is still much work to be done by researchers and policy makers to improve the nature of the prevalence data on child sexual abuse and exploitation so that trends can be tracked and progress monitored effectively.

#### **Key messages**

A large minority of the world's children have been sexually abused and/or sexually exploited at some time in their lives.

Child sexual abuse is gendered, with girls typically reporting rates 2–3 times higher than boys, although rates for boys have been found to be higher than for girls in surveys in some nations such as China.

Higher prevalence rates of child sexual abuse are reported in surveys from some African and South Asian nations.

Prevalence estimates for child sexual abuse vary widely, even within nations. Conceptual and methodological differences in surveys limit capacity to make cross-national comparisons and monitor trends over time.

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

Social desirability measures will help assess possible reporting bias.

Mixed methods of data collection, with surveys followed up with qualitative interviewing, will also help advance understanding of the meaning of reported experiences in the context of individual children's lives.

Data collected and triangulated from a range of different sources should be used to improve monitoring of trends in the prevalence and incidence of child sexual abuse and exploitation over time.

Gender-based violence research should present findings separately for child (under 18) and for adult experiences. Data on both boys and girls should be included.

Robust data on the prevalence rates for online abuse and for sexual exploitation is limited and needs to be improved.

To date research has suggested that it is mostly children in HICs who are victims of online and ITC-facilitated forms of sexual abuse and exploitation. The rapid growth of Internet and mobile phone

use by adults and children in LMICs carries the risk of increased vulnerability to these forms of technology-facilitated abuse.

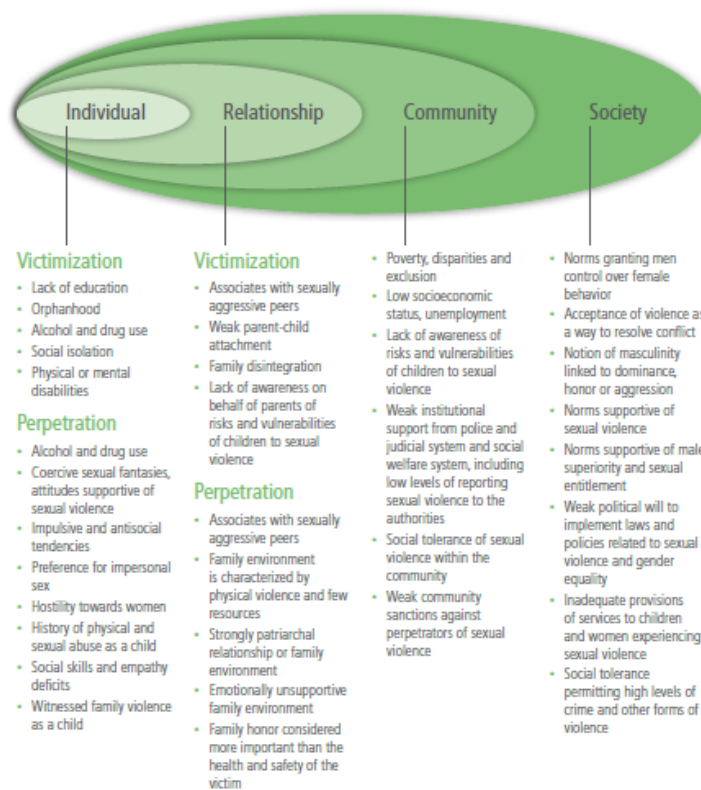
Experience gained from national surveys of violence against children could be used to guide improved monitoring of prevention efforts, prevalence and trends at regional, national and community levels.

## 2.2 Causes, risks and vulnerabilities

There are a variety of theoretical explanations for sexual violence, although no one explanation adequately addresses all forms of sexual violence towards children and adolescents. For example, psychosocial theories on perpetrator psychopathology, commonly used with reference to paedophilic child sex offenders (Nielsen et al. 2011; Seto et al. 2010) may not be useful for explaining other forms of sexual violence, such as ‘date rape’, where some risks and determinants may differ (Eke et al. 2011). It is now widely accepted that no single factor can adequately explain why an individual might target children (Jewkes 2012; Seto and Lalumiere 2010) nor why a child might be targeted for sexual abuse and exploitation, although a very clear risk factor is a child’s developmental vulnerability. The status of children in a society, the value placed on upholding their rights, weak legal and policy frameworks, cultural and socially accepted forms of violence, including gender-based violence, all exert significant influences on whether or not children in a society are sexually exploited and abused (Willman and Magisaka 2010). As discussed below, economic inequality is strongly linked with most forms of violence; however, cultural beliefs and norms of behaviour on masculinity and gender relationships, childhood, family life and sexuality are highly influential. The concept of intersectionality (Crenshaw 1991; Sokoloff and Pratt 2005; Thiara and Gill 2009) adapted here to include ‘childhood’ and transitions to ‘adulthood’, helps us to understand the interactions of multiple discriminations that occur (on the basis of gender, age, ethnicity, culture, religion, sexual orientation, disability and citizenship) and how these influence identity, experiences of violence and a person’s access to rights and opportunities. As with violence towards children in general, a complex interplay between individual vulnerabilities, family and relationship factors, risks, opportunities and protective factors in the neighbourhood or community and in the broader social, economic and cultural context will all exert an influence on whether abuse happens and the consequences for an individual child (Belsky 1980 and 1993).

Research on risks is well established in the field of child maltreatment, but studies (e.g., Ruangkanchanasetr et al. 2005) do not always clearly distinguish risks associated with specific types of violence for children of different ages. The US Centers for Disease Control and Prevention (CDC) and Together for Girls have both applied the ‘ecological model’ emphasizing overlapping individual, family, community, environmental and societal risks factors to illustrate the interplay of different forces that influence sexual violence (CDC 2004; Together for Girls 2011). The origins of the ecological perspective on child maltreatment are mostly attributed to the work of Bronfenbrenner (1977 and 1986). Writing from a child development perspective, Bronfenbrenner shifted attention from just focusing on parental stress and observations of a child’s interaction with the mother by proposing a nested model of spheres of influence to represent the developing child’s interaction with her/his family, community and wider environment. The ecological perspective has since been widely used in research on child maltreatment (Belsky 1980 and 1993; Freisthler et al. 2006), intimate partner violence (Hagemann-White 2010) and youth violence (Krug et al. 2002). The Together for Girls approach to the ecological perspective offers a practical and simplified version of Bronfenbrenner’s original model applied to sexual violence, as illustrated in Figure 2.

### Figure 2. Risks for sexual violence against children



Source: Together for Girls 2011, p. 5.

Developmental outcomes are directly influenced by the child's interactions at the four levels (illustrated in the model as the nested oval shapes) and their 'progressive accommodation' or adaptation to these aspects of the wider environment influencing everyday life.

At the **individual level** (sometimes referred to as the 'ontogenetic level') are the individual characteristics of the child, including inherited genetic and biological factors, the child's age, disability or health and the individual characteristics of the child's parents, which can influence susceptibility to maltreatment as a victim or a perpetrator.

The **relationship level** refers to the child's or young person's interactions with others in the context of close and not so close relationships (family, friends, peers, intimate partners, neighbours, etc.), which can influence vulnerability to sexual victimization as well as the likelihood of perpetrating abuse against others.

The **community level** incorporates the risks that exist in the settings and institutions in which the child's relationships and interactions take place (the neighbourhood, schools, residential units, workplaces, criminal justice agencies, etc.), which can contribute to sexual victimization.



Finally, at the **societal level**, there are the laws, cultural and belief systems, social inequalities and political issues, such as gender inequality, social exclusion, poverty and failure to challenge physical punishment of children, which can provide environments that allow sexual violence towards children to thrive.

The child’s vulnerabilities within the ecological approach are not fixed and may change over the life course with the child’s developmental process. Bronfenbrenner (1977; 1986 referred to this process of change over time as the “chronosystem”. A number of factors at each level are associated with increased risk that a child or young person will be maltreated, and risks may accumulate with age and gender for some children.

Vulnerabilities that might place a child at greater risk, aspects of the perpetrator’s behaviour and motivation, together with opportunities presented in a specific setting or context will all play a part (Bentovim et al. 2009). Table 2 summarizes what is known from research about the risks to victims and risks influencing perpetrators. The table adapts a framework used by the World Health Organization (WHO 2010) for gender-based violence to child sexual abuse and exploitation.

**Table 2. Risks of child sexual abuse and exploitation**

Perpetrator	Child victim
<b>Individual level</b>	
<b>Demographics</b>	<b>Demographics</b>
Gender – male; age; learning disability	Gender – female; age; disability
<b>Mental health issues</b>	<b>Mental health issues</b>
Anti-social personality and conduct disorder	Internalizing and externalizing symptoms
<b>Substance misuse</b>	<b>Substance misuse</b>
Harmful use of alcohol Illicit drugs	Harmful use of alcohol Illicit drugs
Attitudes and beliefs that support child sexual exploitation and abuse	
<b>Family and relationship level</b>	
Association with sexually aggressive peers Intimate partner abuse Gang membership	Association with sexually aggressive peers Intimate partner abuse Man other than biological father in home Gang membership
Parenting	Parenting
	Lack of family support/separation from family
<b>Exposure to child maltreatment</b>	<b>Exposure to child maltreatment</b>
Childhood experience of sexual, physical, emotional abuse or neglect, exposure to parental domestic violence	Childhood experience of sexual, physical, emotional abuse or neglect, exposure to parental domestic violence
<b>Community level</b>	
General tolerance of sexual abuse and exploitation High level of violence in the community	General tolerance of sexual abuse and exploitation High level of violence in the community
	Lack of support from police and other services
Weak community sanctions against perpetrators	Weak community sanctions against perpetrators
Poverty	Poverty

Family honour/norms of sexual 'purity' for girls and women	Criminalization, punishment or blaming of the victim
<b>Societal level</b>	
Social norms that support child sexual exploitation and abuse	Social norms that support child sexual exploitation and abuse
Ideologies of male sexual entitlement Child marriage	Ideologies of male sexual entitlement Child marriage
Weak legal sanctions and child protection system responses	Weak legal sanctions and child protection system responses
Social inequalities and discrimination on the basis of gender, ethnicity, religious belief	Social inequalities and discrimination on the basis of gender, ethnicity, religious belief
Armed conflict	Armed conflict
Humanitarian crisis	Humanitarian crisis

### Individual level risks

*Demographic factors – Gender:* Gender- and age-related inequalities are key risks for sexual violence victimization and perpetration across the life course. Being female is a significant risk factor for sexual abuse and exploitation in most parts of the world and is linked to the gender-based power inequalities that persist globally, although it is important to recognize that boys can also be sexually abused and exploited and can be stigmatized and deliberately targeted because of their gender (WHO 2012). Most adult perpetrators are male.

Where there are high levels of violence against women, there tends also to be high levels of violence against girls (Bott, Guedes et al. 2012). Child marriage exposes girls to increased risks of sexual abuse and other forms of violence from the intimate partner (Garcia-Moreno et al. 2005). Adult power in sex-segregated societies can present risks of sexual abuse and exploitation for girls or for boys, depending on the cultural context. Masculinity and achieving 'manhood' based on sexual prowess strongly influences motivations of men who commit sexual violence against women and children (Jewkes 2012). Although it is important to be aware that females also sexually abuse and exploit children (Bunting 2007), female child sex abuse perpetrators are a minority, with population representative surveys typically finding 90 per cent or more child sex abuse perpetrators are male (Alikasifoglu et al. 2006; Averdijk et al. 2011; Radford et al. 2011b).

Research with perpetrators in the general population is, however, limited and most of what we know is drawn from research in HICs with perpetrators in treatment or in the criminal justice system or with convenience samples such as college students (Jewkes 2012). Perpetrators of child sexual abuse and exploitation can be parents and other family members, caregivers, friends, acquaintances, strangers, people in authority such as teachers, soldiers, police officers, religious leaders, employers, health-care workers, and other children and adolescents (Butchart et al. 2006; Gwirayi 2013; Mohler-Kuo et al. 2014). Perpetrators are mostly people already known to the victim who have opportunity and access to children. Child sex offenders are widely agreed in the literature to be heterogeneous and there is considerable variation in the ways in which they select target children and in their means of avoiding detection (Wortley and Smallbone 2006). One community-based survey in South Africa found men's boredom, quest for 'entertainment' and situational factors that made children rather than adults 'convenient' targets were also reported to be motivating factors (Jewkes et al. 2010).

Research into online sexual exploitation of children, mostly in HICs, has found gender differences in the risks and use of the online world among girls and boys (Ainsaar and Lööf 2011; Livingstone and Haddon 2009; ROBERT team 2012). These studies suggest that girls are two to four times at greater risk of being sexually solicited by adults or peers online than are boys.

Both girls and boys may find it hard to find help if sexually abused or exploited. Boys are less likely than girls to call child helplines (Child Helpline International 2011a), and some community surveys, in both HICs and LMICs have found that boys are less likely than girls to tell anybody about the abuse or seek help (Barter et al. 2009; UNICEF Kenya et al. 2012; Meinck 2014).

*Demographic factors – Age:* Children are vulnerable to sexual abuse and exploitation for developmental reasons and may experience different types of abuse at different ages (Ajdukovic et al. 2013; Bebbington et al. 2011). They may have less experience, knowledge and physical strength than abusive adults and older peers and therefore are easier prey. Children of different ages are likely to be exposed to different types of risks. Older children and adolescents are likely to be exposed to a wider range of known and ‘stranger’ perpetrators: adults, peers, employers, neighbours and intimate partners (Child Research and Resource Centre 2009; Finkelhor 2008). Surveys in African nations have found that boyfriends/girlfriends, dating or romantic partners are the most commonly mentioned perpetrators of sexual violence, with neighbours and friends also frequently mentioned (Jewkes, Levin and Penn-Kekana 2002; Meinck et al. 2014; Stavropoulos 2006; UNICEF et al. 2011). A number of studies in HICs have found adolescents to be a high proportion of perpetrators of sexual abuse, including online, while abuse involving physical contact with a parent is less frequently mentioned, although other family members are more common (Averdijk et al. 2011; Radford et al. 2011b).

Children of all ages often know or are related to their abusers, but young children are especially vulnerable to abuse by an adult or older peer in the family or in a setting or relationship where there is a position of trust, dependency or power – as in school, for example. Older children and adolescents generally have more independence, spend more of their time in different settings outside the family home and are consequently also exposed to risks from abusers outside the family, including greater risk from ‘strangers’ (Gallagher et al. 2002) and boyfriends/girlfriends, dating or romantic partners (Jewkes, Levin, Mbananga et al. 2002; Stavropoulos 2006; UNICEF et al. 2011).

Younger children are particularly vulnerable to manipulation, coercion and grooming by adults or older children. The grooming relationship that often exists between a perpetrator and victim can mean that the child is not aware or able to name her/his experience as being ‘abuse’ or ‘exploitation’ (Mudaly and Goddard 2006). Grooming is a term used to refer to actions undertaken to establish an emotional connection with a child to prepare them for abuse. According to the Explanatory Report on the Lanzarote Convention (Council of Europe 2007b), grooming is referred to by “the solicitation of children for sexual purposes” in article 23 of the Convention, which the Report defines as:

*The deliberate preparation of a child for sexual abuse or sexual exploitation, motivated by the desire to use the child for sexual gratification. It may involve the befriending of a child, drawing the child into discussing intimate matters, and gradually exposing the child to sexually explicit materials in order to reduce resistance or inhibitions about sex.*

Craven et al. (2006, p. 297) in their definition draw attention to the methods of gaining compliance inherent in the grooming as:

*a process by which a person prepares a child, significant adults and the environment for the abuse of this child. Specific goals include gaining access to the child, gaining the child’s compliance and maintaining the child’s secrecy to avoid disclosure. This process serves to strengthen the offender’s abusive pattern, as it may be used as a means of justifying or denying their actions.*

Grooming involves the abuser not only creating emotional ties with the child but also gaining the trust of other adults in the child’s life, such as the mother, and getting into an environment where

access to the child for the purpose of sexual abuse is possible. Some view grooming as analogous to adult courtship relationships, the abuser using rewards and favours to make a child feel special or 'wanted'. Once trust and a relationship have been created, child sex exploiters and abusers frequently begin a process of desensitizing the child or young person to taking part in sexual acts. Guilt, shame and being made to feel responsible for the abuse is very common and adds to the secrecy about what is happening and entrapment of the child in the abusive relationship (Craven et al. 2006).

Research with adolescents who have been sexually exploited suggests there may be different patterns in the relationship between the victim and abuser, although the emotional manipulation is still often a common feature. The UK-based child protection organization Barnardo's has identified from research done with adolescent users of their child sexual exploitation services the following three types of relationship between the exploiters and the young person: inappropriate relationships where there is one perpetrator with significant power over the young person (either physical, financial or emotional) and often a large age gap; the boyfriend model, where the abuser may be a peer or an adult and the perpetrator has groomed the young person into a relationship and then coerces them into having sex with friends or associates; and an organized network of child sex abusers.

Use of online and mobile phone technologies can increase the opportunities for abusers – whether intimate partners (Barter et al. 2009), peers (Ybarra et al. 2007) or known or previously unknown adults (Livingstone and Haddon 2009) – to gain access to and groom or harass children as well as making it more difficult for a parent or caregiver to detect. It has been argued by researchers in the United States, however, that the belief that online sex offenders use trickery or violence to assault children is largely incorrect. Many cases of online-initiated sex crimes were found to be cases where an adult male used the Internet to meet and seduce an under-age adolescent. In the majority of cases the children and adolescents knew they were conversing with an adult (Wolak et al. 2008). Protecting children from exploitation in these circumstances can be difficult because a young person may not see her/himself as a 'victim' to be rescued from contact with the abuser. Whether or not the same coercive strategies employed by perpetrators apply in HICs and LMICs needs further research.

A survey of over 10,000 men in Bangladesh, Cambodia, China, Indonesia, Papua New Guinea and Sri Lanka found that many men who admitted perpetrating rape had done so first while a teenager, and a substantial number were at the time below the age of 15 (Fulu et al. 2013). One community-based confidential survey in South Africa similarly found 75 per cent of the men who admitted rape had done so first when they were teenagers (Jewkes et al. 2010). It is not known whether a young perpetrator who sexually abuses a peer may have different motivations to an older perpetrator who abuses a child where the age gap is large and a very young child has been sought as the target for abuse. A meta-analysis of research with convicted adult sex offenders found only one difference in risk factors (externalizing behaviour) between those who abused children and those who abused adults only (Whitaker et al. 2007).

Sexual exploitation perpetrators can operate individually or collectively within wider organized criminal activity, as part of a group or gang, in a relationship or family setting. Beech et al. (2008), for example, found four patterns for online child sex offenders in HICs: those who used child sexual abuse materials online to fuel a developing sexual interest in children; contact sex offenders who used the images as part of a wider pattern of sexual abuse and exploitation; impulsive or curious individuals; and those who deal in child sexual abuse materials for non-sexual reasons such as financial gain. Responses to curb offenders need to consider these varied motivations. However, the belief that on-line offenders are a lesser threat to children because they look rather than touch has not been supported by research.

Children and young people who sexually victimize others are also a very diverse group. A particular challenge for child protection in the area of online and cyber abuse is that although the harm caused by online abuse cannot be ignored, children and adolescents may act impulsively, misread signals and not always be aware that their behaviour is experienced by others as harmful. There is a permanency for images and other materials posted in cyberspace and often very little control over what materials may be distributed by 'friends'. In 'sexting', for example, adolescents, often in the context of a close or intimate relationship, share sexually explicit images by text that may then be passed on. Responses to sexting and online sexualized behaviour by children and adolescents need to confront the coercive aspects of this behaviour but also be measured and not stifle nor over-control adolescents developing their own intimate relationships.

Responses to children and adolescents who sexually harm others need to be different to responses to adult sex offenders, to protect children but also avoid criminalizing children early on as offenders when it is more appropriate to assess and deal with the problem behaviour. This is especially important if, as shown later in this chapter, a high proportion of children and adolescents who are sexually abused or exploited may as a consequence do the same to others.

*Attitudes and beliefs:* It is common for abuse perpetrators to deny or minimize the harm their behaviour causes, and research with convicted on-line sex offenders has found that further crimes, including sexual abuse involving physical contact, are usually uncovered during offender treatment (Bourke and Hernandez, 2009). Attitudes and beliefs about child sexual abuse have been identified as being important precursors of abusive behaviour, and distorted beliefs about male entitlement and the 'appropriateness' of having sex with children are prevalent among sex offenders and among young people who abuse their partners in heterosexual (dating) relationships (Beech and Ward 2004; Basile et al. 2013; Fulu et al. 2013). One research study in Norway compared attitudes of convicted sex offenders towards child sexual abuse with the attitudes of a randomly selected sample of the general public and with a sample of Christians and found sex offenders to be more accepting of child sexual abuse as 'appropriate' behaviour. The strongest predictor of accepting attitudes was found to be views supporting male power towards women (Skorpe Tennfjord 2006).

*Disability:* Between 93 million and 150 million children around the world are estimated to live with disabilities (UNESCO 2015). Children with a disability are more vulnerable to maltreatment for a range of reasons, including their greater vulnerability to harm as a result of physical impairment or different needs for medical and social care and greater dependence on a caregiver, which can put them in a very unequal power relationship (Sullivan and Knutson 2000). A systematic review and meta-analysis of the research on the relationship between disability and child maltreatment in the United Kingdom found that disabled children are almost three times more likely to be sexually abused than their non-disabled peers (Jones et al. 2012). Different types of disability may contribute differently to risks for children. A Swiss study found that physical disability was a significant risk for sexual abuse among adolescent males but not adolescent females (Averdijk et al. 2011). There are, however, significant gaps in knowledge about the vulnerabilities of disabled children in LMICs to the range of different types of sexual abuse and exploitation.

*Mental health issues:* Many children who have been sexually abused have symptoms of depression and higher trauma symptoms than children not so abused (Andrews et al. 2004). This may increase their social isolation, so that they are more likely to be singled out by perpetrators and as a result re-victimized (Jones et al. 2012). Research on the developmental trajectories of children and young people indicates that those most likely to persist with sexually harmful behaviour towards others into adulthood tend to begin doing this at an early age and to have symptoms of emerging severe personality disorders (Vizard et al. 2007b).

*Substance misuse:* The research does not show a causal relationship between sexual abuse and intoxication, whether with alcohol or drugs, but there are many features of substance misuse that

significantly influence victim vulnerability and the offender's propensity to commit an assault. Alcohol has been cited as one of the major risk factors for both experiencing and perpetrating sexual victimization in HICs such as the United States (Abbey 2005) and also in middle-income nations such as South Africa (King et al. 2004). Alcohol consumption is a significant factor in girls' and women's experiences of rape (Flatley et al. 2010). Intoxication may increase their vulnerability because perpetrators may target women under the influence of alcohol (Testa et al. 2004). Research with offenders has found a relationship between the quantity of alcohol consumed and the level of aggression (Abbey et al. 2003). A young person may be at risk of sexual exploitation because s/he needs to find money to get drugs. In some cases the young person's sexual exploitation is linked with the use of drugs, with drugs sometimes part of the exploiter's grooming/ensnarement tactics (Sorensen and Claramunt 2003). While neither drugs nor alcohol alone explain the high levels of child sexual exploitation and abuse across the world, drugs and alcohol misuse and illegal trading in these substances are also linked with high levels of violent crime, creating environmental risk factors for children and adolescents.

### **Family and relationship level risks**

*Parenting and family support:* A poor or distant relationship with a parent and/or living with domestic violence, abuse or neglect or in a chaotic household with a low level of parental supervision and support can increase the risk of exposure to abuse and exploitation and, in particular in neighbourhoods where this is more prevalent, make children and adolescents more vulnerable to abuse and to associating with others involved in criminal, abusive or exploitative behaviour (Berelowitz et al. 2012; Helweg-Larsen et al. 2009; Ibrahim et al. 2008; Kim and Kim 2005). On the other hand, the impact of violence and abuse may be mitigated for children where there is a secure attachment with an adult carer and practical and emotional support from the wider family or from friendships or the wider community. There is some evidence to suggest that children in out-of-home care and orphaned children are at greater risk of experiencing sexual abuse and exploitation (Birdthistle et al. 2008; Euser et al. 2013). In some low-income regions, children living or working on the street and orphans have greater vulnerabilities and higher rates of sexual exploitation (Mahmud et al. nd; Reza et al. 2009; Rickmans 2012; Abt Enterprises 2001). Orphanhood due to AIDS has been found to be indirectly associated with sexual risk-taking among adolescents in South Africa if it occurs in combination with other family-related risks (Cluver et al. 2013b). However, findings from research are mixed as to whether orphans in sub-Saharan Africa experience more sexual violence than non-orphaned children (Nichols et al. 2014). In emergencies or in the context of a humanitarian crisis children may be exposed to particular risks such as separation from family, making them less able to protect themselves and vulnerable to trafficking or sexual exploitation (ECPAT 2006).

*Child maltreatment:* Community surveys of child maltreatment have found that domestic violence and child maltreatment often co-exist (Garcia Moreno et al. 2005; Hamby et al. 2010; Herrenkohl and Herrenkohl 2007; Radford et al. 2011b), although the overlap with physical violence and neglect has been explored more often. Abused children are likely to experience multiple victimization (Al-Fayez et al. 2012). Previous experience of sexual abuse increases the risk that the child will be re-victimized (Arata 2002; Olley 2008). The more severe the sexual abuse, the greater this risk (Briere and Elliott 2003). Researchers in both HICs and LMICs have explored the relationship between child sexual abuse and subsequent risk-taking behaviour, such as using drugs or alcohol as a means to block out or cope with the abuse, and whether or not this can explain the increased likelihood of re-victimization (Icard et al. 2014; Macy 2007; Messman Moore et al. 2014; Moore et al. 2007; Slonim-Nevo and Mukukab 2007). Children who live with abuse and violence at home may be more likely to run away, drift into street life and be vulnerable to sexual exploitation (Rees 1993). Some observe that children who have been sexually abused have higher trauma symptoms than children who have not been abused and that this may increase their social isolation, so that they are more likely to be singled out by perpetrators and as a result re-victimized (Cuevasa et al. 2010). It has been suggested

that the traumatic sexualization caused by early exposure to sexual activity can decrease the child's ability subsequently to resist unwanted sexual experiences, thereby increasing their vulnerability to further victimization (Finkelhor and Browne 1985). Early sexualization, as well as exchanging sex for food or drugs, has been observed among children living and working on the street so that they are effectively socialized into a culture of early and abusive sexual activity (Mahmud et al. nd).

Some researchers have found that childhood experiences of emotional abuse and neglect are significant factors of sexual violence perpetration (Jewkes 2012). Others note a strong association with experiencing sexual victimization. Children and adolescents who are sexually abused or exploited may exhibit harmful sexualized behaviour that can sometimes be directed at other children. However, research with adolescents who sexually harm others suggests that only a minority of them will continue to abuse or exploit into adulthood (Hickey et al. 2006; Vizard et al. 2007a and 2007b). Burton et al. (2011) studied the offender pathways of 325 incarcerated adolescent male sex offenders ranging in age from 12 to 19 years; 55 per cent had been sexually abused during childhood themselves. The researchers compared the developmental antecedents (trauma, family characteristics, exposure to pornography, personality factors) and behavioural characteristics of the victimized and the non-victimized sex offenders to test whether the history and severity of a young person's own experiences of sexual abuse influenced the subsequent abusive behaviour and its severity. Sexually victimized child sex offenders had more adverse developmental antecedents than non-sexually victimized offenders. They not only had more experiences of childhood victimization than the non-victimized juvenile sex offenders but were also more likely to have witnessed criminality at home or in their communities and to have exposure to pornography before age 10. The victimized sex offenders were found to start abuse at a younger age (11.7 years compared with 13.3 years), were more likely to commit incest, had higher numbers of reported victims and were more likely to abuse males, commit more serious offences and use pornography. The victimized group had more traumatic childhoods, had elevated scores on personality measures, lived in more criminogenic environments and exhibited more anti-social behaviours, which started younger and lasted longer than behaviours exhibited by the non-victimized sex offenders. Moffitt's three-group categorization of 'early onset, adolescent onset and life course persistent offending' (Moffitt 1993) was applied to the sex offender research to identify early onset (paraphilic) offenders who abuse children, adolescent onset (non-paraphilic) offenders who sexually abuse adults and peers and life course persistent offenders. The researchers concluded that the victimized offenders were best understood as life course persistent and early onset offenders, while the non-sexually victimized offenders showed more adolescent limited behaviour patterns, being delinquent youth who also committed sexual offenses (Burton et al. 2011).

Research in Scotland on young people who are in contact with therapeutic services similarly found differences existed between young people with early onset and young people who began sexually offending during adolescence, although child neglect and maltreatment were issues for both types of young offender (Hutton and Whyte 2008). Research from HICs suggests that young people who sexually harm others are a diverse group who need both care and control responses to help them stop offending, and that children with learning disabilities who sexually abuse others (38 per cent of the sample in one UK study) are a particularly vulnerable group for treatment (Hackett et al. 2013).

*Association with sexually aggressive peers/gangs:* Peer relationships, especially with delinquent peers, are associated with increased risk of sexual violence perpetration, although this may have less influence on partner sexual violence (Jewkes 2012). Sexual abuse and exploitation can be linked with gang activity, both youth gangs and organized gangs and networks of adult criminals (Beckett et al. 2012; Berelowitz et al. 2012). There may be a small network of exploiters, often involving family members and associates, or there may be a large criminal network involving numerous exploiters,

related or unrelated to the child, operating in direct contact with the child or via distributors of child sexual abuse materials operating online (Ainsaar and Lööf 2011).

### **Community level risks**

*Violence in the community:* Within nations there often exist neighbourhood and area variations in levels of violence. In HICs and in many LMICs there are higher rates of reported violence in urban than in rural areas (Maguire et al. 2007). In LMICs the different rates of reported violence might be partly influenced by the wider access to services in urban areas. Highest rates of child homicide exist in low-income nations with low levels of legal protection for children and high acceptance levels for violence (Pineiro 2006). Where there are high levels of violence in a society, there also tend to be high levels of violence in the family, violence in intimate relationships and sexual violence towards women and girls (WHO 2013a).

*Poor police and service response:* Between 30 and 80 per cent of victims do not disclose experiences of child sexual abuse before adulthood (Arata 1998; Paine and Hansen 2002), children in HICs typically delay disclosure by 3 to 18 years (Lamb and Edgar Smith 1994) and research suggests many feel ambiguous about sexual assaults perpetrated by peers (Weiss 2013). If the police do not enforce the law and child protection services do little to respond to children who are sexually abused or sexually exploited, then victims are more reluctant to disclose their experiences and seek help and perpetrators have impunity. Corruption in (and risk of violence from) the police makes it unlikely that child victims will want to approach them for assistance. For refugees and other migrants, tough law enforcement around immigration regimes can also act as a barrier to disclosure (Hynes 2009).

*Weak community sanctions:* Children and adolescents are unable to seek help and perpetrators are not stopped if members of the wider community do not recognize and respond to child sexual abuse and exploitation.

*Poverty:* Poverty is linked with child maltreatment, including child sexual abuse and exploitation (Macmillan et al. 2013), although the relationship with sexual abuse is less clear-cut than for other maltreatment types (Black et al. 2001; Butler 2013). Sexual exploitation can result because exchanging sex for money or food is the only option for a runaway or abandoned child to provide for subsistence needs (Estes 2001). Poverty can create conditions where a child or young person may be at increased risk of exposure to perpetrators, such as having to walk a long way alone to school, work on the streets or in domestic labour or with a parent having to work away from home. It can create the 'pull' factors and wish for excitement or to find a better life that can make children vulnerable to sexual exploitation or trafficking.

*Blaming the victim:* In many societies, attitudes towards child sexual abuse and exploitation are hostile, disbelieving and victim blaming. This is reflected in the greater emphasis placed on the criminalization of child and adolescent victims, especially those involved in sexual exploitation, than on dealing with perpetrators (Barnardo's 2011). Children and adolescents may also be unable to talk about victimization in cultures where sexual purity and virginity are strong expectations in the marriageability of girls. In some cultures, revealing one's victimization can challenge perceptions of family honour and carries risks of being ostracized by members of the family and community (Human Rights Council 2013).

### **Societal level risks**

*Economic development:* While types of gender-based violence – sexual abuse, intimate partner victimization, trafficking for purposes of sexual exploitation, FGM/C and conflict-related violence – can be found in most countries, there are variations in rates within and across nations. The WHO



world study found, for example, that the lowest rates of gender-based violence were found in Japan, Montenegro and Serbia and the highest rates in Ethiopia, Peru and United Republic of Tanzania, suggesting that the levels of violence reflect levels of economic development (Garcia-Moreno et al. 2005). It is evident that women in industrialized nations find it easier to leave violent relationships than women in developing nations.

*Social norms:* Sexual abuse and exploitation is widely recognized as unlawful, but laws prohibiting abusive behaviour are not always enforced and may conflict with other policies, practices and cultural beliefs regulating sexual behaviour. Norms and beliefs that support or condone gender-based violence and double standards of sexual behaviour for females and males are widespread (Barker et al. 2011). In many parts of the world, women and girls have limited legal rights and protection compared to men and boys, making them vulnerable to sexual abuse and exploitation. In many contexts there are high levels of tolerance towards sex with under-age girls, making adolescent girls particularly vulnerable (Human Rights Council 2013).

*Weak legal sanctions and child protection system responses:* Children lack protection across the range of settings in which they spend their lives and are too frequently not believed when they disclose experiences of child sexual abuse and exploitation (Finkelhor 2008). Traditional, customary and religious justice systems may not always respond to support the victim and adequately sanction the perpetrator of sexual abuse and exploitation. Cultural or religious beliefs can also act as a barrier to talking about these forms of violence. Failure to sanction perpetrators is evidenced by the very low rates of prosecution for those responsible for sexual abuse, sexual exploitation and other forms of sexual violence towards children across the world (Human Rights Council 2013).

In addition, child marriage presents a significant risk of intimate partner abuse and sexual abuse for girls in many nations (Hong Le et al. 2014) due to the strong association between age disparity and intimate partner abuse (Barter et al. 2009; Pinheiro 2006) and the privileging of male power that often exists where child marriage is widespread. The majority of women enter marriage before their 18th birthday in Guinea (71 per cent), Chad (72 per cent) and Niger (78 per cent) (ECSA-HC 2011).

*Social inequalities:* Discrimination and poor access to resources and services makes children in disadvantaged groups who are socially excluded more vulnerable to sexual abuse and sexual exploitation.

*Child labour and domestic work:* The most recent International Labour Office (ILO) data shows that some 264 million children aged 5 to 17 were in economic activity in the world in 2012 (Diallo et al. 2013). Children are vulnerable to all forms of violence including sexual abuse and sexual exploitation in the workplace, particularly if involved in domestic labour, hazardous work or bonded or forced labour (Audi et al. 2009; Banerjee et al. 2008; CDC 2014; Pinheiro 2006). Lack of legal protection, economic dependence on the employer and workplace settings such as isolated working conditions and informal settings such as domestic households put children in vulnerable situations.

*Armed conflict and humanitarian crisis:* The risks of sexual abuse, sexual exploitation and other forms of sexual violence towards children increase significantly during and after armed conflict. It is now recognized that rape is a weapon of war and women and children are targets (Canning 2010). A systematic review of initiatives to reduce risk and incidence of sexual violence in armed conflict and other humanitarian crises identified four forms or contexts in which sexual violence occurs: (a) militarized sexual violence as a systematic means of terrorizing or humiliating communities; (b) opportunistic sexual violence by perpetrators who take advantage of any contexts of impunity; (c) sexual abuse and exploitation by peacekeepers or humanitarian staff wherein abuses of trust occur as a result of positions of power; and (d) the exacerbation of gender inequalities and breakdown of regular social norms following emergencies (Spangaro et al. 2013a and b). When social norms that facilitate sexual violence are present in countries of origin, these may be exacerbated following

displacement or forced migration as a result of conflicts over the social order along ethnic, language or religious lines (Hynes 2003). Thus, at a societal level, trust breaks down along perceived differences and incidence of sexual abuse and exploitation is exacerbated along similar fracture lines.

Extremes of poverty in the context of armed conflict and humanitarian crisis can force children into migration or hazardous work. Children without documentation may find it difficult to prove their identity and status, and as a result they are vulnerable to predators and exploiters. Food distribution and transit routes can be sites of violence and conflict if poorly managed and men control resources. In refugee camps, women and children can be vulnerable to violence and sexual assaults in conditions of overcrowding, poor lighting, lack of privacy for female sanitation and long distances to collect food, water or cooking fuel (WHO 2012). Children are also vulnerable while awaiting the durable solutions of repatriation, local integration and resettlement, especially in cases of protracted refugee situations. During armed conflict children, often as a result of force or manipulation, may become involved in combat or in committing acts of violence and sexual abuse against other children (WHO 2012).

#### **Key messages**

People who sexually abuse or exploit children and adolescents can be adults or other children and they have diverse motivations. However, distorted beliefs about male entitlement and the 'appropriateness' of having sex with children are prevalent among perpetrators.

Although it is important to be aware that females sexually abuse and exploit children, the majority of perpetrators are male.

Perpetrators are mostly people already known to the victim who have opportunity and access to children.

Perpetrators in positions of trust or power may use violence, force or threat, groom, entrap and emotionally manipulate in order to sexually abuse or exploit the child.

Risks of victimization are generally higher:

- for girls, disabled children and those with depression and mental health problems
- for children in care, who have experienced child abuse or neglect or who have lived with parental domestic violence
- in communities with high levels of tolerance for violence and sexual abuse
- where there is alcohol or substance abuse
- where children lack legal rights to be safe, are marginalized by discrimination or lack of citizenship status and when they are criminalized or shunned if their victimization becomes known
- in conditions of armed conflict, humanitarian crisis, migration, domestic labour and separation from family or sources of informal support

Risk factors are age-related and some start from birth. Age-related prevention and responses to child sexual abuse and exploitation are needed. For example, infants may benefit from prevention initiatives that support strong attachments with parent(s).

Older children and adolescents are likely to be exposed to a wider range of known and 'stranger' perpetrators: adults, peers, employers, neighbours and intimate partners.

Research suggests that around 50 per cent of adolescents who sexually harm others have been maltreated or suffered other adversities in childhood.

Responses to children and adolescents who sexually harm others need to be different to responses to adult sex offenders, not only to protect children but also to avoid criminalizing children early on as offenders when it is more appropriate to assess and deal with the problem behaviour.

### 2.3 Consequences

Sexual abuse and exploitation have consequences for the healthy development and physical and mental health of children. Table 3 presents a summary of the impacts.

**Table 3. The impacts of child sexual abuse and exploitation**

Physical harm	Injury HIV and AIDS Early or unintended pregnancy Pregnancy complications Sexually transmitted disease Obesity
Psychological well-being	Self-blame      Shame      Guilt Depression      Anxiety and panic disorders Post-traumatic stress disorder (PTSD) Self-harm and suicidal feelings Bulimia or anorexia      Dissociation
Behaviour	Secretive behaviour Premature sexualization      Masturbation Risky behaviour – alcohol or drug misuse Early sexual relationships/unsafe sexual practice Promiscuity Running away      Not going to school Sexually harmful behaviour to others
Relationships	Lack of trust Disorganized and insecure attachments Difficulty in forming close relationships Impact on parenting
Social consequences	Isolation Rejection by family and community Victim blaming Stigma and social disapproval Poorer education Economic consequences in adult life Entrenchment of societal divisions

The consequences for children in HICs include self-harm, eating disorders (bulimia and anorexia) and sexualized and risk-taking behaviour (Bentovim et al. 2009; Chen et al. 2010). Studies considering outcomes for sexually abused and non-abused twins in HICs also provide evidence of significant associations between sexual abuse in childhood and symptoms of depression, panic disorder, anxiety (Maniglio 2013; Mchichi and Kadri 2004) alcohol abuse/dependence, drug

abuse/dependence (Longmann-Mills et al. 2013) and suicide attempts (Dinwiddie et al. 2000; Molnar et al. 2001).

The adverse impact on mental health has similarly been found in LMICs (Haileye 2013), with research findings from some African nations showing worse mental health outcomes for children (Andrews et al. 2004). The more frequent and more severe the exposure to sexual abuse and exploitation, the greater are the risks for developing poorer mental health outcomes (ibid.; Clemmons et al. 2007). There is a clear, undisputed association between early sexual debut and risk of HIV and AIDS, and sexual violence especially to girls is a significant contributor to the widespread nature of HIV and AIDS (Reza et al. 2009; WHO 2013a). One study in Kenya also found that 30 per cent of the females who had experienced forced sex before the age of 18 had become pregnant as a result (UNICEF Kenya et al. 2012).

In the context of a close relationship, an abuser has ready, constant access to the victim and expert knowledge on how best to cause hurt or upset. There is often an age- or gender-related imbalance of power or a dependency relationship between the victim and abuser. Family and close intimate relationships are expected to be nurturing and based on love, so the potential for abusers to cause psychological or emotional harm or to betray trust is greatest (Finkelhor and Browne 1985).

The psychological and emotional impact of child sexual abuse can be particularly devastating because the secrecy, shame and stigma surrounding this means that many children have to cope alone. There is often an unwritten code of family privacy that makes it more difficult to get help, to be believed and to have complaints taken seriously. Speaking out about an experience of sexual abuse can be met with disbelief or victim-blaming responses. Developmental and social factors make it difficult for children to recognize and talk about experiences of violence and abuse. This may be particularly so for abuse in the family or in close relationships that start early on in a child's life because, until the child is able to extend social networks and relationships outside the family or a close relationship, what is experienced may be understood to be 'what happens'. In the context of a culture of disbelief or victim blaming where victims are seen as responsible and may be shamed and shunned, it will be very difficult for a child or young person to tell anybody what has happened (Pinheiro 2006).

Sexual abuse and exploitation often have an impact on the behaviour of the victim, exposing her/him to sexualized behaviour. A young child may respond with intense masturbatory or harmful and inappropriate behaviour towards others (Bentovim et al. 2009). A sexually abused child may be secretive and socially isolated, which can in turn create a risk of additional victimization and bullying from peers or predatory adults. Older children often respond in ways that may put them at further risk, running away, skipping or being kept away from school, taking drugs or alcohol or becoming promiscuous. Experiences of abuse often accumulate and overlap with other adversities so that a child or young person who is sexually abused or exploited is also at greater risk of experiencing other types of violence or abuse from adults or peers in a range of settings. Children who are 'polyvictimized' in this way tend to have the poorest outcomes (Ellonen and Salmi 2011; Finkelhor et al. 2007).

The impact for each individual child and the responses given by others around the child will influence this. Kendall-Tackett (2008) proposed that developmental differences in how children respond to experiences of sexual abuse and exploitation at different ages can help provide an explanation of a sequential response over the life course. Responses to experiences of sexual abuse and exploitation are believed to vary developmentally across the following dimensions:

*Appraisals of the victimization and its implications:* Children at different stages of development appraise victimizations differently and tend to form different expectations based on these. Different appraisals include the child's perceptions and cognitions of the victimization in terms

of self-blame, wrongness, dangerousness, a breach of moral rules, etc. For example, a 2-year-old sexually touched by an older person is likely to have a different understanding to a 10-year-old; a young person abused by an intimate partner may blame herself.

*Task application:* Children face different developmental tasks (e.g., forming attachments, making relationships with peers or an intimate partner) at different stages of their development. The appraisals made of experiences of sexual abuse and exploitation influence their approach to these developmental tasks. For example, the understanding that a young person has of an experience of child sexual abuse can affect how s/he approaches intimate relationships. Children abused and maltreated by a caregiver in early childhood may have developed a disorganized or insecure attachment and have difficulty forming relationships in later life. High levels of fear and arousal may mean a young person has a heightened sense of threat or hostility from others.

*Coping strategies:* Children at different stages of development have different coping strategies available to them. Running away, fighting, self-harm, promiscuous sexual activity, alcohol or drug abuse are common coping strategies for adolescents. Anxiety and nightmares are more often observed in younger children. Withdrawal, avoidance or shutting down, depression and aggression or belligerent behaviours are observed in all ages. Coping strategies may change with age so that a child who is depressed and withdrawn at age 8 may use drugs to cope at age 14.

*Environmental buffers:* Children at different stages of development operate in different family and social contexts that can alter how victimization affects them. For example, a mother's response to finding out about child sexual abuse can strongly influence the impact of the abuse on the child. Children have more negative outcomes if the mother does not believe them, blames them and/or is allied to the perpetrator. Some types of abuse may be 'normalized' (Kendall-Tackett 2008) in the family or culture in which the child lives, making it more difficult for the child to tell anybody what has happened and to seek help.

Understanding the varied age-related and context-specific risks, as well as how these might influence how children cope, adapt and respond, is important for identification, protection and supporting recovery and reintegration.

There has been extensive research in HICs into whether or not children who are maltreated in childhood are more likely to be law-breakers or sex offenders in adult life. Sexually abused girls are at higher risk of later exploitation in prostitution (Wilson and Widom 2010) and of experiencing violence and abuse from an intimate partner (Daigneault et al. 2009). In the United States, Widom (2000) conducted a longitudinal study of physically and sexually abused and neglected boys and girls aged 0–11 identified by child protection agencies, who were matched with a control group of children not identified as experiencing abuse and neglect. Following them through to adulthood, Widom found that girls who had been abused or neglected in childhood were twice as likely to be arrested when adolescents, twice as likely to be arrested as adults and 2.4 times more likely to be arrested for violent crimes than were non-abused and neglected girls. However, 70 per cent of the girls in the abused or neglected sample did not go on to offend. This suggests that although abuse or neglect may increase the likelihood of girls taking part in crime, this is not inevitable (ibid.).

Boys sexually abused as children are at greater risk of persisting in sexually harmful behaviour as adults; however, similarly, the majority of victimized boys do not abuse others in adult life. While some of the previously discussed studies of persistence and desistance in youth offending are based on population samples, the secret nature of sexual abuse and exploitation makes it unlikely that all those who had at some time exploited or abused a child get identified by researchers. An important message to take from this research is that only a small proportion of children and adolescents who

are sexually abused as children seem to continue to be sex offenders as adults. Other factors – such as gender, age when abused, severity and duration of abuse, living in an environment where crime, abuse and violence is normalized, etc. – must exert an influence and need to be considered when planning prevention, rehabilitation and support of children with sexually harmful behaviour.

Child sexual abuse and exploitation have consequences that extend beyond the impact on the individual well-being of the child and her/his family to the wider society. Wider consequences include lost economic productivity, life chances and opportunities for adults, especially women, arising from poorer education, the cost burden created by poorer global health and the consequences of crime and inequality (WHO 2006). Where researchers have attempted to cost violence against children, the economic burden for HICs is considerable (Fang et al. 2012)

## 2.4 Protective factors

There are also some factors that work protectively to prevent or mitigate the adverse impact of child maltreatment and other forms of violence on a particular child. Not all of these factors have been assessed specifically for experiences of child sexual abuse or exploitation. A summary of some of these protective factors for child maltreatment in general (i.e., physical, sexual, psychological abuse and neglect), based on various child protection publications is presented in Table 4. The research specifically looking at resilience and protective factors for child sexual abuse and sexual exploitation is far more limited. As yet, far less is known from research about some of these protective factors at the societal level, where cross-national comparative research is needed.

**Table 4. Common protective factors for child maltreatment**

Ecological level	Protective factors
<b>Individual</b>	<ul style="list-style-type: none"> <li>▪ Good health and development</li> <li>▪ Above-average intelligence</li> <li>▪ Hobbies and interests</li> <li>▪ Personality factors</li> <li>▪ Easy temperament</li> <li>▪ Positive disposition</li> <li>▪ Active coping style</li> <li>▪ Positive self-esteem</li> <li>▪ Good social skills</li> </ul>
<b>Relationships and family</b>	<ul style="list-style-type: none"> <li>▪ Secure attachment to adult family member</li> <li>▪ Warm parent–child relationship, high level of care during childhood</li> <li>▪ Supportive family environment</li> <li>▪ Extended family support and involvement, including childcare</li> <li>▪ Good peer relationships</li> <li>▪ Lack of abuse-related stress</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>▪ Access to health care, therapeutic, protective and social services</li> <li>▪ Supportive adults outside of family</li> <li>▪ Social cohesion in community</li> </ul>
<b>Societal</b>	<ul style="list-style-type: none"> <li>▪ Enforcement and legal protection from violence and maltreatment</li> <li>▪ Gender equality measures</li> <li>▪ Implementation of children’s rights</li> </ul>

Sources: Adapted from Bentovim et al. 2009; Butchart et al. 2006; Krug et al. 2002; Newman 2004.

Looking at research that focused specifically on resilience, coping and protective factors for children who have been sexually abused, the response of the family after discovery of the abuse, especially a response from the mother that is supportive and believing, has been found to have an impact on whether or not the child will subsequently develop depression and other adverse consequences (Mullen et al. 1996; Wilcox et al. 2004). Children and adolescents who do not blame themselves and are able to attribute responsibility to the abuser and those who have someone to confide in have also been found to have fewer adverse consequences (Bentovim et al. 2009; Wilcox et al. 2004). Having and seeking out sources of social support was found to be associated with better outcomes in one study with self-identified adult female survivors of child sexual abuse (Jonzon and Lindblad 2006).

A recent review of over 50 published studies on protective factors and child sexual abuse found the child's inner resources (coping skills, interpretation of the experience, self esteem, etc.) and their family relationships, friendships, academic success, spirituality and sense of community were factors frequently linked with more resilient outcomes. Children who were older at the time of the onset of the abuse also tended to be more resilient than were children abused at a very young age; however, the severity of the abuse was also important (Marriott et al. 2013). Access to support services and rights to legal protection are essential protective factors at the wider community and societal level.

Actions taken to prevent and respond to child sexual abuse and exploitation need to draw from the review of evidence on the prevalence, consequences, risks and protective factors.

#### **Key messages**

Child sexual abuse and exploitation has a significant impact on the health and well-being of children worldwide.

The harm caused to children includes early pregnancy, higher likelihood of contracting HIV, drug or alcohol abuse, depression and psychological trauma and suicidal, sexualized and risk-taking behaviours.

A child who is sexually abused or exploited is also at greater risk of experiencing other types of violence or abuse from adults or peers in a range of settings. Children who experience multiple victimizations tend to have the poorest outcomes.

Boys sexually abused as children are at greater risk of persisting in sexually harmful behaviour as adults; however, the majority of victimized boys do not abuse others.

Children who have a supportive and believing response by the family, especially the mother, after discovery of the abuse have fewer adverse outcomes.

Children who do not blame themselves and have someone to confide in have fewer adverse consequences.

Other factors associated with resiliency after child sexual abuse include: being older, having more inner resources to draw on, support from friends, academic success, spirituality, a sense of belonging in a community, access to protective services and effective legislative and policy frameworks.

### 3. Review of What Has Been Done

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

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

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

#### 3.1 Measuring change

The need for research is increasingly recognized in the area of child protection and funding for services dependent on it. Research evidence on effective responses to child sexual abuse and exploitation, however, is not easy to find. Most of this research originates from HICs such as the United States or Europe, with far fewer studies in LMICS. Many gaps exist in the evidence on effective responses in LMICS.

Psychological, behavioural and interactional factors of child abuse have tended to dominate the research literature on effective interventions in HICs. Many focusing predominantly on improving child-parent relationships, whereas, as previously shown, the risks of sexual abuse and exploitation for children and adolescents extend beyond the immediate family and tend to vary developmentally.

Evidence-gathering on effective child protection responses in HICs has focused more on interventions, evaluating the impact of service-based interventions (such as therapies for abused and troubled children) rather than on broader issues of social change, such as the implementation of policy for strengthening child protection system responses. In the research literature there is an acknowledged gap in 'scaling up' evidence from well-tested preventive interventions to influence change in the wider community (Dodge and Lambelet-Coleman 2009).

Where there are well-developed child protection systems, the system elements needed to support a response can be taken for granted. However, a child protection response shown to be effective in an HIC might not produce similar results elsewhere. There is the risk that there could be unforeseen adverse consequences if a response is transplanted into a community without regard to the context and particular needs of the people targeted. Programme developers working in the area of gender-based violence are advised to assess for risks of backlash effects and to take steps to prevent harm



(DFID 2012b). A similarly cautious and context-specific approach is vital when considering the applicability of evidence on responses to child sexual abuse and exploitation from HICs to LMICS.

It is likely that some context-specific responses to child sexual abuse and exploitation have been developed in LMICs that have not been evaluated and evidence on what works not yet captured in research. Much of the literature on LMICs found for this study describes these types of projects and we have been unable to find t evidence on their impact. In some contexts, such as in an emergency or humanitarian crisis, carrying out ‘scientific’ research can be practically and ethically challenging. There may, however, be professional consensus about effective responses from practice-based knowledge. We did not want to exclude this information from the review as doing so might give a false impression about responses that currently exist. For this reason, where appropriate, evidence from field- and practice-based knowledge has been included. Much came from grey literature. The limitations and lack of generalizability of this evidence is noted and, throughout the report, we make it clear which type of evidence examples are based on.

### 3.2 Evidence of progress in implementing children’s rights

As stated earlier, an influential approach in violence prevention work for understanding the causes and consequences of child maltreatment has been the ‘ecological model’ of child development. This model has been promoted by organizations such as WHO, Together for Girls and the CDC (Krug et al. 2002; Together for Girls 2011). prevention. The WHO uses the ecological model in its public health approach to violence prevention. This takes four steps to violence prevention : defining and scoping the scale of the problem; researching key risks and protective factors; taking action, using research to reduce risks and inform responses; and evaluating the impact of interventions experimentally. The ecological model that informs the approach provides a valuable integrated perspective and is helpful for identifying risks and vulnerabilities that need to be addressed at the different levels from individual to societal.

In developing the framework for analysis in this review we have combined aspects of the ecological approach to reducing risks and supporting protective factors with a children’s rights perspective on actions at international and national levels and across different sectors of a child protection system (UNICEF 2008b and 2009c). Table 5 illustrates our framework with examples showing how we have organized the discussion of evidence in this chapter to take into account:

- i. The delivery and coordination of the three types of responses to child sexual abuse and exploitation required within a children’s rights framework: prevention; identification and protection (including efforts to change and control perpetrators); and enabling children’s recovery and reintegration. For each of these areas of response, we have included the cross-cutting issues of children’s participation and non-discrimination/equity, ensuring the rights of all children are met, including those most socially excluded.
- ii. The four system levels at which responses to influence social change and capacity building are needed.

**Table 5. Framework for presenting findings on the evidence**

	Type of response

System level	Prevention	Identification and child protection	Recovery and reintegration
1. National	<i>Example – action plan on prevention</i>	<i>Example – reform criminal law</i>	<i>Example – allocate resources for therapeutic care</i>
2. Multi-sectoral and sectors	<i>Example – public awareness campaign</i>	<i>Example – one-stop shop services</i>	<i>Example – restorative justice conferencing</i>
3. Community/civil society	<i>Example – situational prevention</i>	<i>Example – crisis shelters</i>	<i>Example – strengthen community support</i>
4. Child, family and relationships	<i>Example – parent support</i>	<i>Example – childlines</i>	<i>Example – safe carer programmes</i>

**System Level 1** covers the state’s efforts to develop macro-level responses of a ‘child protection system’ (creating an environment in which change can occur, implementing the CRC in a framework of national laws and policies, action plans, coordination of responses at the national and regional levels, capacity building, resources invested in child protection, etc.).

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

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

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

The discussion in each section of this chapter is structured around this framework, with equity and participation issues included at the end of each of the main sections where sufficient evidence has been found to discuss these issues. In the following sections, national responses (level 1 in Table 5) are discussed first as a separate section, as many national action plans (NAPs) aim to address all three types of response (prevention, protection and recovery). The following sections then present the evidence on the three types of response separately, analysing these where possible across the remaining system levels (2, 3 and 4 in Table 5).

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

### 3.3 What is good evidence?

Research and evaluation evidence on national legislation and policy on child sexual abuse and exploitation is limited, and the ratings discussed previously to assess research quality (section 1.1) are therefore only relevant to sector and programme level interventions. A summary of the ratings of the quality of evidence is presented in the tables at the end of sections 3.5 (prevention), 3.6 (identification and protection) and 3.7 (recovery and integration) but not for section 3.4 (national responses).

### 3.4 National responses

This section covers responses made by governments at the national level. Responses made by the range of different sectors, including civil society, are discussed separately in the sections after this. Responses towards child sexual abuse and exploitation at the national level cannot be completely disentangled from broader national responses to child protection or gender-based violence as these specific areas tend to be integrated, with the more comprehensive violence prevention systems building approaches that have developed in recent years. Much attention has been given in child protection responses to the processes of system building and social change, in contrast to work in the area of gender-based violence where there has been more emphasis on outcomes (empowerment of women and girls) and theories of change (DFID 2012c). National child protection responses in LMICs are very varied and include creating an enabling environment through legislative reform, developing strategic responses, standards and regulations (often in a national action plan), coordinating responses with the aid of government level coordination groups, national mapping exercises of needs and gaps in services and child protection systems, capacity building and developing service structures, and mobilizing to change attitudes and behaviour. There is very little evidence to show which responses or combination of responses have an impact on reducing violence against children.

#### Legislation

It could be argued that prevention, protection and recovery are all areas that can be addressed in national legislation, although more efforts seem to have been spent on protection. The CRC, OPSC, and Trafficking Protocol provide a framework for legislation to protect children from sexual abuse and exploitation. ECPAT has produced guidance containing a number of checklists on strengthening the law on sexual exploitation (ECPAT 2008). Guidance for parliamentarians on how to translate these commitments into legislation is provided by the Council of Europe (Council of Europe 2011). More countries have taken steps to criminalize child sexual abuse and exploitation, to harmonize laws to international standards and to develop systems to support and reintegrate victims. The United Nations Office on Drugs and Crime (UNODC) and UNICEF have published useful guidance on legislation to support child witnesses (UNODC/UNICEF 2009), and there are standards in *Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Detection and Criminal Justice* (United Nations 2014).

Prevention has had less attention, and legislation that addresses the root causes of violence towards children is rare (Human Rights Council 2013). Prosecution and reform of the criminal law could be seen to be 'effective' if perpetrators of sexual abuse and exploitation are stopped from committing offenses as a result. This could arguably be measured through rates of identification, reporting, prevention or treatment of perpetrators and potential perpetrators. In 2011, five years after the publication of the UNSVAC (Pinheiro 2006), a global survey of States' progress was launched by the UN Special Representative of the Secretary-General on Violence against Children. Over 100 states submitted replies.

The results show that violence against children had gained visibility in national agendas, with increased legislative activity, awareness and information campaigns and other initiatives to improve

data on children's experiences. Over 80 per cent of States had legislation on violence against children and over 90 per cent had specific legislation prohibiting sexual exploitation of children, including in prostitution, and provisions on child sexual abuse materials. There are nonetheless gaps in legislation and in the implementation of legal provisions for responding to exploitation of children in prostitution and pornography in many States (Human Rights Council 2013). Prosecution rates for child sexual exploitation are low. Common gaps are laws that only criminalize the prostitution of children below the 'age of consent' or define prostitution in gender-specific terms or exclude certain sexual acts. For example, some national legislation in South Asia on trafficking focuses on sexual exploitation of women and girls, which neglects trafficking of boys for sexual exploitation. The laws of some countries focus on the immorality of sexual activities rather than the exploitation and abuse that has occurred (UNICEF 2009a).

It has not been possible to identify evidence to show what has influenced some nations to support and enforce legislative change on child sexual abuse and exploitation while others have been less able to do so. Research indicates that the forces that can influence social change are complex and vary historically and culturally, although in HICs campaigns by women's rights and child protection organizations have been significant drivers (Bolt 1993; Dobash and Dobash 1992; Donzelot 1981; Garland 2001; Gilbert et al. 2011; Gordon 1989; Parton 1985). Important aspects of change in both the United Kingdom's and the United States' strategic approaches to gender-based violence in development have been creating partnerships with women's rights organizations, strengthening women's leadership and voices at the national level, mobilizing change through community engagement, including men and boys as resources and supporters for change and raising awareness of gender-based violence as a significant social problem (DFID 2012b; USAID 2012).

#### **Regional and national action plans**

The three World Congresses on the sexual exploitation of children in Stockholm (Sweden) 1996, Yokohama (Japan) 2001 and in Rio de Janeiro (Brazil) 2008 did much to encourage international and regional collaboration as well as national action against child sexual exploitation. The Stockholm Declaration and Plan of Action (United Nations 1996) first set out international commitments for action, long-term strategies with five-year progress reviews. Progress was reviewed and global, regional and national action against child sexual exploitation endorsed by the Yokohama Global Commitment in 2001 (United Nations 2001). This called for comprehensive strategies with monitoring and mid-term reviews. The Rio de Janeiro Declaration and Call for Action (United Nations 2008) set out further specific actions for national strategies and indicators of progress.

At the level of multi-national cooperation, a number of regional action plans (RAPs) have been adopted to coordinate prevention activities and raise public awareness about child sexual exploitation. An example is the Association of Southeast Asian Nations (ASEAN), supported by Child Wise, the national group of ECPAT in Australia. They have initiated a series of activities with ASEAN and the Ministries of Tourism in the region. At a Regional Taskforce Meeting held in Bali in January 2004, all ASEAN member countries were signatory to a RAP that included a proposal to conduct a Regional Education Campaign (Abueva 2007). Market research undertaken found that, previously, it was primarily offenders that had been reached by advertising campaigns. It was thought there was much greater potential to tackle the problem if further education campaigns were aimed at responsible travellers. The campaign focused on mobilizing responsible travellers and local citizens to report sexual exploitation using dedicated hotline numbers; deterring child sex offenders; and the creation of a culture of intolerance in relation to child sexual abuse (ECPAT 2007).

Similarly, UNICEF was instrumental in supporting the development and implementation of the Regional Declaration on the Prevention of Sexual Exploitation in Tourism in Central America and the Dominican Republic, which was adopted in 2004 by the Ministries of Tourism in Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras and Nicaragua, jointly with representatives

of the National Chambers of Tourism from the region represented through the Federation of Chambers of Tourism of Central America (FEDECATUR) through which they committed to develop a RAP to prevent sexual exploitation of children in the travel and tourism sector (UNICEF TACRO 2005).

While some countries have yet to develop national action plans (NAPs) (e.g., Cameroon, Chad and Togo) (Maalla M'jid 2008), many States have adopted these as a first step in the commitment to preventing violence against children (UN Women 2012). NAPs set out government plans to prevent sexual abuse and exploitation, and an increasing number provide support and funding for awareness-raising campaigns to change attitudes and norms. Countries where there has been a national survey on violence against children, such as Swaziland and United Republic of Tanzania, have used the findings on the scale and impact of the problem to inform their NAPs. The focus on sexual exploitation in NAPs initiated by the three World Congresses has widened to cover more forms of child sexual abuse and exploitation, but NAPs still vary in the extent to which they address child sexual abuse and exploitation in different settings – for example, the home or school. A UNICEF report indicates that only five countries in West and Central Africa provide detail in their NAPs on preventing and protecting children in this regard (UNICEF WCARO 2006).

Some countries opt for plans that focus on the wider system of child protection (e.g., Benin, Ghana); or gender-based violence (e.g., Sierra Leone). An increasing number of nations are developing NAPs that address sexual violence against women and children (UNICEF 2011). Some HICs have been relatively slow to incorporate child sexual exploitation into national strategies. The United Kingdom, for instance, has only recently, in 2011, established a national plan *Tackling Child Sexual Exploitation* detailing the responsibilities of government organizations and NGOs in relation to prevention (Department for Education 2011).

While progress can be seen in the increasing number of countries that have adopted NAPs, implementation and monitoring are common issues. Self-monitoring by governments is a requirement and has been supported by the activities of organizations such as ECPAT and national, international and global efforts in the follow up and progress reviews following the three World Congresses (ECPAT 2009). There is nonetheless still a lack of monitoring data. A self-assessment toolkit has been developed for use by agencies with responsibility under the NAP to prevent and protect children from sexual exploitation. This allows agencies to monitor their own progress in developing multi-sectoral working arrangements, strategies to better recognize sexual exploitation and supportive services for children and families (University of Bedfordshire 2012). It could be adapted for agencies in HICs and in LMICs that wish to pro-actively monitor their progress, achievements and requirements in meeting their responsibilities for addressing sexual exploitation. UNICEF collects data on implementation but has noted that few state reports have quantitative data (UNICEF 2009a). Those that do collect data from sources such as the police or courts on trafficking or prostitution rarely cover all areas of child sexual abuse and exploitation. Independent monitoring has been recommended but is not often found.

### **Coordination**

Coordination is important because the availability of services to respond to child sexual abuse and exploitation in many LMICs is thin and unevenly spread, with rural communities tending to have poorer service provision than urban areas – as in Kenya, for example (UNICEF 2010b). Coordination can help prevent unnecessary duplication of efforts that wastes resources. It can greatly improve efficiency in service delivery and help prevent children falling through gaps between the responses given by different sectors involved. Two thirds of States responding to the UNSVAC follow-up survey mentioned that a national coordination body existed (Human Rights Council 2013). Well-coordinated responses may start from a wider multi-agency strategy so that agencies and actors know what their responsibilities are (Barnardo's 2012). Multi-agency meetings may be held to address sexual abuse and exploitation and wider issues of child protection. Coordinating a multi-agency response to all

forms of sexual abuse and exploitation requires agency commitment to cooperation, sharing of information, leadership and good management of all the actors and agencies involved. In HICs such as the United Kingdom, for example, coordination from national policy level through to individuals working in local communities is facilitated by setting up Local Safeguarding Children Boards (LSCBs) that have responsibilities for assessing local needs and planning and delivering child safeguarding services. Key agencies such as the police, social welfare, health, education, youth offending, probation and housing have statutory responsibilities to take part in the work of LSCBs. National, regional and local area coordination groups have potential to greatly improve multi sector responses.

There is more information on the failings of coordination among different agencies working together in HICs than there is evidence on effectiveness (Laming 2003 and 2009; Munro 2010, 2011a and 2011b) and impact, although good working together is nonetheless regarded as being crucial in an effective child protection response. There is practice evidence that appointing a lead specifically for sexual exploitation can catalyse and inform responses. The success of any coordinated response is largely dependent on strong support for the issue at a strategic level and multi-agency engagement (Beckett 2011; DCSF 2008; Jago et al. 2011).

Multi-agency coordinated child protection responses are recognized in LMICs and responsibilities for coordination are generally set out in NAPs. For example, M'jid reported that in 2004, 13 of the 24 countries in West and Central Africa had developed NAPs and identified focal points for response to sexual abuse and violence in departments responsible for social issues, social welfare, children, women, family, justice or health, depending on the actual ministries in each country. Inter-country responses have been initiated in some areas – for example, the Indian Ocean Region Child Rights Observatory, based at the University of Mauritius, works in an area where a total of around 10 million children live (the Comoros, La Réunion, Madagascar, Mauritius and Seychelles). In many cases, however, legal provisions and NAPs have not translated into significant and sustainable actions. Lack of adequate resources is often cited as the reason that systems do not work or that children do not have access to services (Bott, Morrison et al. 2005). Lack of political will also underpins the lack of engagement in protecting children and providing services (ECSA-HC 2011).

#### **Scoping prevalence, causes and consequences to inform action**

Over 100 nations have mapped child protection systems to identify gaps in provision since 2005 (UNICEF 2011). Examples of good practice in gathering data in LMICs include violence against children surveys initiated under the Together for Girls initiative (Together for Girls 2013). Surveys that consider the variations in the types, severity and often cumulative impact of violence are most worthwhile for investigating risks, vulnerabilities and protective factors in context. The Together for Girls initiative has so far influenced survey development and response in Cambodia, Haiti, Indonesia, Kenya, Malawi, Swaziland, the United Republic of Tanzania and Zimbabwe. The Haiti, Kenya, Swaziland, Tanzania and Zimbabwe survey findings have been influential in informing the development of strategies or NAPs on violence against children.

From this work, UNICEF, the CDC and other Together for Girls partners have helped develop global indicators and a common survey instrument and methodology (UNICEF 2011). Key to the success of the survey implementation and response in every country is ensuring national leadership and ownership of the entire process, preferably at ministerial level, to move from research to evidence-based policy and programmatic action. While evidence of the impact of these initiatives on violence against children needs to be found, there is scope to build on this experience and to broaden the approach to other nations. Household surveys are important for gathering data on the experiences of children in the general population, but some of the most vulnerable children – migrant children, children living or working on the street and exploited children who are heavily monitored by their

exploiters – are poorly represented in such surveys as they tend not to be living in conventional households.

#### **Identification, protection and building service capacity**

Policy and child protection practice concerning sexually abused and sexually exploited children started to change considerably in HICs from the late 1970s to early 1980s onwards. Recognition and reporting increased, as shown by increases in the numbers of child sexual abuse cases processed by child protection services in HICs such as the United States beginning in the late 1970s (Finkelhor 1979) and the United Kingdom from the early 1980s to 1995 (LaFontaine 1990). Barriers to recognition had not been primarily caused by lack of laws but by failure to recognize, identify and act on children affected. Professional awareness of the problem and child-friendly methods of interviewing and assessment for key agencies such as the police and social work/child protection agencies were developed. These brought significant changes in the identification and assessment of sexually abused children.

The UNSVAC follow-up survey found substantial gaps in identification and reporting of child abuse and in the provision of child-focused counselling and complaints services for children. Only 25 per cent of States had mandatory child abuse reporting, half mentioned services for recovery and reintegration and 13 per cent had child victim compensation schemes (Human Rights Council 2013). Mandatory reporting of child maltreatment is widely recommended and often part of government NAPs. However, there is little research on its impact (Wallace and Bunting 2007; Gilbert et al. 2008). Wekerle (2013) has argued that mandatory reporting is an important first step in creating resilience and early intervention; however, reporting needs to be followed up with assessment and an appropriate protective response for this to be realized. A significant development in recent years for building capacity for identification and referral in LMICs has been the production of the “Child Protection Mapping Toolkit” (UNICEF 2008a). In many nations, the identification and responses to sexually exploited children have been frustrated by legislation or policing practice that criminalizes young people involved in prostitution. In some HICs, law reform, policy guidance and changes in professional practice have brought greater recognition of the child protection needs of children drawn into prostitution and a decline in the rates of their criminalization (Swann 2000; Westmarland 2006).

#### **Changing attitudes and behaviour**

The Global Protection Cluster has conducted various missions to scope out gender-based violence, prevention and responses. In Chad, for example, prevention activities were challenged by socio-cultural constraints including very high levels of tolerance and acceptance of violence and division between various ethnic groups, impacting gender issues in the country (Global Protection Cluster 2011a). Gender-based violence in Chad includes child marriage, extremely common but rarely reported incidents of female genital mutilation (FGM), *rapt* (kidnapping a young woman with the intention to rape first and then marry her) and trafficking. Domestic violence is most often reported in internally displaced or refugee populations when collecting firewood or water outside camp environments. The social norm of child marriage is reported to relate to levels of education among girls and as well as to ‘honour’. Patriarchal traditions in Chad severely limit the rights and mobility of women.

In South Sudan, gender-based violence is inherent in the context of violence following many years of civil war (Global Protection Cluster 2011b). Various forms of violence include conflict-related sexual violence, post-conflict sexual violence, domestic and intimate partner violence, systems supporting dowries, polygamy, the inheritance of wives by brothers on the death of a husband, sexual exploitation of girls in schools and one of the most significant forms of gender-based violence: child marriage.

A similar mission to Pakistan outlined processes of change occurring as a result of the devolution of federal structures of government (Global Protection Cluster 2011c). Different forms of gender-based violence reflected this diversity of federal level structures, although 'shame' related incidents were a common pattern. Domestic violence, trafficking of women and boys, 'swara' ('penalty marriage' when someone is wronged and compensated by marriage to a girl or woman), child marriage, forced marriage and 'honour' killings were each found in a context of increasing conservatism.

In the Philippines, the presence of a modern and developed infrastructure, legal mechanisms related directly to gender-based violence and a stable and functional government with the capacity to lead emergency responses when necessary provided a context wherein the status of women was relatively high (Global Protection Cluster 2012). A legal framework for the implementation of the Convention on the Elimination of All forms of Discrimination against Women (CEDAW) and other laws related to gender-based violence were present. However, social norms for women dictated by religious mores disallowing contraception or divorce from abusive relationships were reported. Domestic violence, rape and trafficking were the three most often cited forms of gender-based violence in the Philippines, with low rates of reporting considered to be a result of religious and patriarchal norms and values. A profound stigma surrounding rape also resulted in impunity for perpetrators.

Social norms that allow for such impunity require interventions that challenge these contexts in a holistic manner. Evidence that contextual factors such as community engagement or community mobilization strategies contribute to the success of such programmes is emerging, although in a limited way given the logistical challenges of collecting rigorous data in such contexts (Spangaro et al. 2013a and b). Fear, stigma, secrecy and displacement create additional barriers to such data collection (ibid.).

Advocacy and campaigning at the macro-level are important activities that assist in keeping sexual abuse and exploitation – and violence in general – on the radar. These activities can influence government policy and raise awareness. For example, advocacy efforts in the wake of the 2004 Asian tsunami led to a government ban on adoptions and limitations on the travel of unaccompanied children (Delaney 2010). Prevention responses have mostly been initiated by NGOs, and a discussion of the evidence of their impact is provided in the sub-section 3.5.

### **Key messages**

Responses towards child sexual abuse and exploitation at the national level must be integrated into broader prevention system-building responses to violence against children and women.

National child protection system-building responses have included: legislative reform, strategy development and planning, coordination, mapping needs and gaps in services, capacity building, developing service structures and mobilizing to change attitudes and behaviour. There is a lack of information on the impact of these measures separately or combined.

More attention has been given to legislation to criminalize child sexual exploitation than to the prevention of child sexual abuse and exploitation. National strategies are needed that recognize the need for combined efforts on prevention and response.

Despite this activity, prosecution rates for child sexual abuse and exploitation are low. Legislation needs to be implemented if perpetrators of sexual abuse and exploitation are to be identified and prevented from reoffending.



Progress can be seen in the increasing number of countries that have adopted NAPs for child sexual abuse and exploitation, but plans will achieve little without effective, sustainable implementation and monitoring of change to agreed and workable targets.

Lack of political will and lack of adequate resources are often cited as the reasons that systems do not work or that children do not have access to services.

The success of any coordinated response is largely dependent on strong support for the issue at a strategic level and multi-agency and community engagement.

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

### 3.5 Prevention

Prevention efforts have been identified in different sectors such as health, education and the criminal justice system. Some are multi-sectoral, involving a range of different agencies. Prevention strategies can be universal (covering the whole population) or targeted (towards vulnerable groups). Three approaches to prevention were found in the evidence review: (1) those aimed at mobilization to change social norms, attitudes and behaviour (most common); (2) situational prevention (altering the environmental and situational context that provide opportunities for abuse); and (3) prevention by reducing risks and vulnerabilities of children to victimisation via programmes for social and economic empowerment – such as cash transfer projects, life-skills training, education and awareness raising about risks and protection, and programmes that target parents to help them better protect their children. Prevention activities that address the perpetrators of child sexual abuse or the ‘demand’ side of child sexual exploitation should form an important part of overall prevention activities but they have been given less attention. While there are many prevention strategies operating, in HICs these have been focused more on child sexual abuse while in LMICs more attention has been given to child sexual exploitation, AIDS prevention and gender-based intimate partner violence. There are numerous prevention activities aimed at sexual exploitation, although few have been rigorously evaluated for impact. The majority of the programmes and activities with evaluation evidence focus on the wider issues of gender-based violence and gender inequality. It is difficult to demonstrate from research that prevention responses contribute to a decline in population rates of child sexual abuse or exploitation because changes can take time, may not be sustained over time and many other factors may intervene to influence them. There are, however, some very well-evaluated studies of prevention responses in HICs and well-designed studies in progress in LMICs that will improve context-specific knowledge about prevention responses.

#### **Prevention: Multi-sectoral responses**

Coordinated multi-sectoral responses to child sexual abuse and exploitation often combine prevention and protection activities delivered by a range of different agencies. Due to the complexity of the issues and the needs of those affected, almost all responses to child protection issues involve working across a number of different service sectors. Within prevention this is also the case as the forces that influence vulnerabilities, as previously shown, operate over different levels and across different organizational sectors. There are examples of multi-sector prevention approaches, although as yet research evidence on impact is limited.

The Kenyan 'Be a champion for children campaign', highlighted by the UNSVAC, is a good example of attempts to deal with child sexual abuse taking place in the community, including homes (Pinheiro 2006). Launched in 2006, it is a partnership between UNICEF and Kenyan NGOs and calls on families, schools, faith-based organizations, the private sector, the mass media and all other elements of society to collaborate (with financial and other support) in efforts to ensure that every home, school and community in the nation is committed to stopping violence against children. The campaign raised funds to support a number of activities, including a core package of child protection services for the most vulnerable communities: hotlines for children and adults; training for counsellors to help victims and also to help families and other perpetrators of violence break their patterns of violent behaviour; training for teachers, health workers and police in how to reduce violence and intervene when it occurs; and school-based programmes and youth programmes to reduce violence. Multi-sector school- and parent-focused primary prevention responses are also under development to generate robust evaluation evidence on outcomes in Kenya as well as the United Republic of Tanzania (SVRI 2014).

Another important approach has been the creation of local and national networks and coalitions working to end violence against women and girls. The Nicaraguan Network of Women against Violence and the Network of Violence Prevention and Care in Bolivia are examples of such multi-sectoral coalitions that have carried out strategies to prevent and respond to violence against women, including awareness campaigns, political advocacy, monitoring legislative reform and mobilizing communities to improve the service responses (Contreras et al. 2010; Ellsberg et al. 1997). Evidence suggests that while these types of initiatives regularly face financial and other challenges, they have contributed to preventing and responding to violence against women. National surveys suggest that women in Nicaragua are increasingly aware of their rights and may be less accepting of sexual violence than in the past (Morrison, Ellsberg et al. 2004). While these changes may have occurred as a result of a number of initiatives and social changes, over one quarter of women surveyed in a subsequent government health survey were able to repeat one or more of the messages included in the awareness campaigns carried out by the Nicaraguan Network of Women against Violence (Barker et al. 2011).

### **Prevention: Sectoral responses**

#### *Health sector prevention responses*

No tested-effective or promising prevention responses on child sexual abuse and exploitation specific to health services have been identified in HICs, despite the fact that sexual abuse and exploitation can be seen as a public health issue. In LMICs there are HIV health prevention initiatives that have included the prevention of early sexual debut, and these are relevant to sexual abuse prevention given the increased risks of sexual abuse among younger girls by intimate partners or by boys and men that they know.

Integrated health responses have been developing worldwide to respond to violence against women and girls, including sexual violence (Ellsberg and Arcas 2001). There are different models of integrated health services in LMICs such as the integration of gender-based violence/violence against women services into reproductive health services (Watts and Mayhew 2004), or cross-sectoral collaborations between the health sector and the police (Keesbury et al. 2009). These services primarily address protection responses and play an active role in identification, support and referral. Prevention, however, has played a small part in the wider strategies for responding to sexual violence. Staff delivering these services display or distribute educational and informative material within and outside hospitals in the community to raise awareness about the services (Keesbury et al. 2009) but also to inform the community about the problem of sexual abuse (Jones and Brown 2008; Kim et al. 2007; Kim et al. 2009). Police working with integrated health services

have also been involved in promoting sexual violence knowledge and services in the community as a part of these collaborations (Keesbury et al. 2009).

The inability to identify any tested-effective or promising programmes in this area is partly because this prevention activity forms only one component of a much wider reform of health services and, as such, has not formalized the prevention strategies. Evaluations that do exist focus more widely on the protective elements of the services. Limited evidence on integrated post-rape care services does exist, showing increased use of services following community awareness campaigns (Kim et al. 2007) and increased knowledge among parents and staff about signs of abuse (Jones and Brown 2008). A process evaluation of an integrated health service for responding to family violence (Ellsberg and Arcas 2001) found challenges to the successful delivery of prevention activities within services, which often lack the financial resources to develop materials for raising awareness. These services are also not widespread and thus the reach of such awareness campaigns will be fairly limited.

#### *Education sector responses*

*Sex education classes:* Schools are an efficient way to reach children and young people and their families (Birdthistle and Vince-Whitman 1998), although they can only reach children who attend school. Religious and cultural beliefs may make sex education difficult to deliver in some contexts. Schools have nonetheless taken a proactive role in preventing HIV and AIDs by introducing reproductive health classes into the curriculum, many of which also address the related issues of sexual coercion and gender inequality (ibid.). In HICs, school-based sex education classes are increasingly being seen as a vehicle for delivering messages on sexual violence (Department for Education 2011). An international review of reproductive health/sex education classes found mildly promising results that these classes increase knowledge and improve attitudes; however, they have not been found to have a significant impact on sexual or reproductive behaviour (Birdthistle and Vince-Whitman 1998).

*Child sexual abuse school-based prevention programmes:* There are a number of child sexual abuse-specific school-based prevention programmes that aim to teach children and adolescents skills to be safe, including safe and un-safe touch, boundaries in relationships and where to turn for help. None of the programmes with robust research evidence – such as the Canadian programme ‘Who do you tell?’ (Tutty 1997) – directly address sexual exploitation, although they address wider and related issues such as negotiating safe relationships. Some of these programmes have been tested experimentally, primarily in HICs, and have shown some promising findings, although it is not possible to say whether or not the programmes have influenced any decline in rates of sexual abuse (Finkelhor and Jones 2006; Jones et al. 2006). The studies suggest that these prevention programmes improve children’s awareness (Tutty 1997; Zwi et al. 2009) and promote disclosure (Finkelhor 2007), and some have found that children exhibit less self-blame if they are victimized later (Finkelhor et al. 1995). There are also findings that suggest children who have completed these prevention programmes are victimized less in later life (Gibson and Leitenberg 2000). Some have cautioned, however, that the gains made by children are small and that for some children they are negligible (Tutty 1997). A key concern with these programmes is whether or not they may have adverse consequences for children such as causing fear or nightmares. A Cochrane review by Zwi et al. (2009) found research consistently shows a very small minority of children experience negative reactions (Finkelhor 2007; Tutty 1997; Wurtele and Miller-Perrin 1987).

Two studies evaluating these types of programmes have been found in LMICs. One programme delivered in Malaysia aimed to improve children’s knowledge about what is ‘safe’ and what is not safe. The study found mildly promising results that at least some children absorbed the messages (Weatherley et al. 2012). The second programme, delivered in Taiwan, was designed to improve children’s self-protection skills and improve knowledge of sexuality and safety (Chen et al. 2012). The pilot evaluation found that self-protection skills improved. Both studies, however, found limited

gains in improvement of knowledge about sexuality and safety, which Tutty (1997) similarly found in her research in Canada.

*Online abuse school-based prevention programmes:* There are also school-based programmes aiming to educate children, parents and teachers about the dangers posed by sex offenders in cyberspace. Such programmes are now routinely delivered to secondary school children in the United Kingdom and other countries such as the Canada, New Zealand and the United States (Davidson and Martellozzo 2008; Ospina et al. 2010). In HICs, a number of these programmes are designed and delivered by law enforcement agencies but targeted at children in school. Early interventions of some of these programmes have shown positive impact. The Safer Surfing programme in the United Kingdom, for example, was modelled on 'Netsmartz', an American programme developed by the Internet Crimes Against Children (ICAC) Taskforce.<sup>3</sup> A pre- and post-test evaluation that also used a comparison group of children who had not yet received the Safer Surfing programme showed that children made significant improvements in knowledge about safety and the dangers of chat rooms. The evaluation concluded that children receiving the programme had learned key programme messages and were able to discuss safety strategies (Davidson and Martellozzo 2008).

Another school-based programme is the CEOP Command's ThinkuKnow (TUK) Internet safety programme in the United Kingdom. In 2011 there were 70,000 professionals registered with the site. At the publication of the 2011 Annual Report (CEOP Command 2011), the programme had been viewed over 8 million times by children in the country. The evaluation surveyed 1,718 children nationally aged 11–16 years old and undertook focus groups with 84 children to explore their online behaviour prior to the intervention and its impact. Many reported having engaged in high-risk behaviour online and one in five reported sharing their full name, where they go to school and photos of themselves. The survey found that 48 per cent appeared willing to have some sort of interaction in the future with 'strangers' – receiving messages or adding them to their social networking friends' group – irrespective of whether they have received online safety advice or not. Importantly, this evaluation suggests that messages need to be child-oriented and not adult-oriented. Messages to children should explain the problems that can arise from interacting with people online as opposed to simplistic messages that merely tell children what 'not' to do (Davidson et al. 2009; UNICEF Innocenti Research Centre 2011). Thus while it can be seen that initiatives such as ThinkUKnow are good at gaining direct access to children and adolescents and alerting them to Internet dangers, long-term impacts are less clear. Both evaluations mentioned above used very different methodologies, making comparisons and conclusions difficult. The evidence base on this type of programme is in its early stages and more research in this area is necessary to understand the short- and long-term impacts.

It is also not clear whether the findings are relevant in LMICs. Although there are examples of school-based programmes in LMICs, for example, SaferNet Brasil (UNICEF Innocenti Research 2011). Children's and adolescents' use of the Internet is very different in these countries and therefore the dangers they face will be different (ITU 2010). Further, capacities to deliver these programmes on the scale of HICs will be different, given that it is often voluntary organizations with few resources implementing these strategies.

*Dating and interpersonal violence school-based prevention programmes:* Other school-based interventions such as dating violence programmes aim to address gender norms and equality early in life, before gender stereotypes become deeply ingrained in children and youth (WHO 2010). Two systematic reviews of these programmes show changes in attitudes but as yet little evidence of impact on behaviour (Fellmeth et al. 2013; Ricardo et al. 2011). Some of these programmes have been tested in HICs with very good results (Ball et al. 2009; Wolfe et al. 2009). The Safe Dates

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<sup>3</sup> For description of the ICAC, see <<https://www.icactaskforce.org/Pages/Home.aspx>>.

programme (Foshee et al. 1998) in particular has been identified across a number of reviews as an example of good practice (Casey 2007; WHO 2010) because it has been rigorously evaluated through an experimental design, showed positive impacts on attitudes and behaviours and has been formalized, allowing it to be rolled-out by external parties (Casey 2007). Safe Dates is a multi-component prevention programme designed for middle and high school students. It aims to challenge violence-supportive norms; increase students' help-seeking knowledge and behaviours; enhance healthy relationships skills; and reduce physical and sexual abuse perpetration and victimization in dating relationships. The evaluation studies found reductions in physical violence, psychological abuse and sexual abuse for up to four years after completion of the programme. The programme was designated as a Model Program by the Substance Abuse and Mental Health Services Administration, and in 2006 it was selected for the National Registry of Evidence-based Programs and Practices (NREPP) in the United States.<sup>4</sup>

There are several other programmes in this area in the United States that have been evaluated and shown increases in knowledge and awareness of abusive behaviours, personal safety and coping mechanisms (Expect Respect, Meraviglia et al. 2003); and increased willingness by adolescents to intervene in inappropriate behaviours or attitudes exhibited by peers (Men of Strength, Hawkins 2005; Mentors in Violence Prevention, Ward. 2000). Dating programmes have been found to be more effective if they are interactive (Heppner et al. 1995); are delivered over multiple sessions rather than in a single session (Anderson and Whitson 2005; Brecklin and Forde 2001; Jewkes, Levin and Penn-Kekana 2002); use local data on sexual violence and culturally-specific and relevant information in the curriculum (Heppner et al. 1999; Shewe 2002); and aim to change attitudes rather than just provide information to young people (Jewkes, Levin and Penn-Kekana 2002). There is also some evidence that these programmes may be more effective for men if delivered in single-gendered groups (Brecklin and Forde 2001; Colombini et al. 2008; Shewe 2002). Although the majority of evaluated school programmes for dating violence have been conducted in the United States and other HICs, some initiatives are being implemented in LMICs (Ricardo et al. 2011). Safe Dates is being adapted for students in eighth grade (13–14-year-olds) in South Africa and is currently being evaluated (WHO 2010).

While there is certainly promising evidence about the effectiveness of these approaches, there are some limitations to note that are relevant to future programme development and monitoring. First, shifts in attitudes tend to be short term and regress to pre-intervention levels after brief follow-up periods (Davis and Liddell 2002; Heppner et al. 1995). This may mean that learning needs to be reinforced and preventive education initiatives need to be repeated because achieving a cultural or population-wide change in norms, attitudes and beliefs can take time. One-off prevention initiatives are unlikely to be sufficient. Second, none of these programmes has so far demonstrated an impact on community prevalence rates of sexual violence. This may be because they might need to be sustained and tracked over time (Casey 2007). Finally, there is currently no evidence available for culturally specific prevention programming, although Safe Dates is being evaluated on the African continent at present. The current state of research evidence should not block efforts to develop these preventive responses. There is an urgent need to create context-specific evidence and to adequately monitor impact over time.

*Whole-school approaches to sexual violence prevention:* These types of programmes aimed at children and young people in their school environments appear to be promising in tackling peer to peer sexual and physical victimization, although sexual abuse and exploitation in schools is not perpetrated only by adolescents. Studies and reviews in HICs and LMICs have identified significant levels of sexual violence in schools (Antonowicz 2010; CERT and DevTech Systems 2008; Maxwell et al. 2010; Muthukrishna and Ngcobo 2012). Sexual harassment by educators is widespread in many

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<sup>4</sup> See <http://www.nrepp.samhsa.gov/>.

parts of the world (Antonowicz 2010; Mirsky 2003). School environments are not always safe, and in some countries this has led to a reduction in girls' school enrolment (Bott, Morrison et al. 2005). For example, parents' fears about their daughters' safety have contributed to reduced school attendance in South Asia and sub-Saharan Africa (Mensch and Lloyd 1998; Sathar and Lloyd 1993; UNICEF 2004). In response to this, wider strategies for change have been developed to include training and awareness-raising for educators and staff; improvement of school infrastructure to increase girls' safety; school-based counselling and referrals; development and implementation of codes of conduct; and school-based education for students on sexual violence (Antonowicz 2010; Bott, Morrison et al. 2005; Ghana Teachers' Code of Conduct 2008).

Whole school approaches for addressing gender-based violence are developing worldwide. Such approaches aim to challenge entrenched attitudes that support gender inequality and violence (including sexual violence) in school cultures, targeting not only students but staff and management as well. These approaches have included training teachers in order to change their attitudes to prevent teacher-pupil sexual abuse. There are promising findings from more general whole school (physical) violence prevention programmes such as the *Good Schools Toolkit*, trialled in Uganda (Devries et al 2015). One example of the whole school approach that also addresses sexual violence and is considered promising is the Safe Schools programme delivered by USAID in Ghana and Malawi. The manual, *Doorways III: Teacher training manual on school-related gender-based violence prevention and response*, was delivered over a week to upper primary and lower secondary school teachers. The manual covers attitudes towards young people; gender; violence and school-related gender-based violence; human rights; safe and supportive classroom environments; responses to gender-based violence; and action planning. The research included baseline and post-test surveys and found improved attitudes related to some gendered norms. For example, after receiving the Doorways training, a greater number of teachers believed it was not the fault of a female student if she was harassed by a teacher.

Other training efforts have extended beyond teachers, training all school personnel including administrative and custodial staff (Open Society Foundation for South Africa 2001). Some initiatives have used situational crime prevention methods by aiming to improve the safety of girls at school and on the way to school. This has had some positive impacts on girls' enrolment, increasing it by up to 15 per cent (UNESCO 2003). However, the evidence base for research on these programmes is limited due to problematic evaluations (Bott, Morrison et al. 2005).

While few robust experimental studies exist on this approach, some evaluations that have looked at the key elements of a whole-school strategy have identified promising impacts on inappropriate behaviours (Maxwell et al. 2010). These studies point to the importance of having clear policies in place to address sexual violence (Antonowicz 2010; Maxwell et al. 2010). Yet, findings also suggest that despite policy statements and the development of a culture that seeks to challenge discriminatory and violent attitudes and behaviours, there are still significant challenges to creating environments that promote gender inequality (ibid.). Research has found that students and staff often lack an understanding of how social norms promote gender inequality and violence, and information and training on violence against women and girls in school environments have been minimal (CERT and DevTech Systems, 2008; Maxwell et al. 2010). These barriers have been found to impact on the priority that schools place on violence against women and girls in the curriculum and in staff training. However, research has also shown that there are ways to overcome these barriers by promoting training and open discussion among staff and management groups. It is clear from the research as well that a sound understanding of the particular dynamics of gender inequality and violence in schools must be obtained to understand local contexts, promoting more effective strategies for intervention. This can be done through qualitative evaluation in schools and may also present opportunities for involving young people in research (Maxwell et al. 2010).

Although these approaches are increasingly common, the evidence base on what works is still not strong (Bott, Morrison et al. 2005). While education sector reform such as this addresses gender-based violence/violence against women and girls, it is less clear how these programmes impact specifically on knowledge and attitudes about child sexual abuse and exploitation. Children and adolescents vulnerable to sexual abuse and exploitation who are still attending school may, however, benefit from this work and there is clearly a need to improve the evidence in LMICs.

#### *Criminal justice and security sector responses*

New interventions have developed in the criminal justice sector that aim to reduce opportunities for violence and abuse and decrease the risks of individuals committing offences (Erooga 2012). No tested-effective strategies have been identified specifically on child sexual abuse and exploitation, and the research in this area is still very limited.

In some HICS, methods of notification, vetting and barring and criminal records checks have traditionally been viewed as a preventive measure to keep 'paedophiles' and known sex offenders out of areas where they have contact with children and out of organizations with a duty of care to children. Notification schemes require convicted sex offenders to notify the police of changes in their name or address so that the police know if they are residing in a particular area and able to access public places where there are children. Vetting and barring enable police checks to be done on sex offending records for employment that involves contact with children. England has had one of the strongest sex offender regulation systems in the world and notification, vetting and barring procedures are supported by a range of other types of community surveillance of known sex offenders. While these checks may be effective at preventing convicted sex offenders working with children, they cannot prevent abusers who have not been detected or those who are yet to abuse from entering organizations to work with children. Recent research from the United States that tracked outcomes for sex offenders subject to notification and registration and offenders who had not been subject to such procedures found that being on a sex offender register did not predict whether or not an offender might re-offend and there were adverse consequences for offender rehabilitation from the notification scheme. The researchers concluded that targeted sex offender registration and notification may be a better policy option (Tewksbury et al. 2012).

Situational crime prevention in this area employs methods that can be closely interlinked with surveillance and evidence-gathering for crime detection. These methods include vigilance in the organizational culture, re-designing the layout of buildings to keep children safe and introducing good monitoring and supervision procedures. Situational measures used by the police in the United Kingdom to target sexual exploitation include 'disruption plans'. These use surveillance measures and information about risky adults' association with vulnerable children to 'disrupt' abuse attempts without involving the child. Strategies include: observation of risky adults; formal warnings to risky adults within legislative frameworks; application of Sex Offender Prevention Orders (SOPOs) or Risk of Harm Prevention Orders (RHPOs); and investigation of other criminal acts including immigration and money-laundering offences (Jago and Pearce 2008). Police will inform adults that they are under suspicion, using automatic number plate recognition systems to track vehicles linked to individuals under suspicion, or they will use health and safety legislation or licensing regulations to review public venues suspected of being used for exploitation (Barnardo's 2012).

A scoping exercise carried out in the United Kingdom on these types of plans identified some key messages with regard to this work. First, a multi-agency approach is necessary for a proactive and coordinated response to perpetrators. Second, disruption plans were seen as crucial – not merely a 'fall-back' position – in preventing sexual exploitation (Jago and Pearce 2008). The scoping exercise highlights significant challenges, however, which would likely be compounded in low-resource settings. Greater resources are required for this work, for example, employing greater numbers of police officers with specific remit to challenge localized grooming and to monitor and report. In low-

resource settings where financial resources and workforce capacity is circumscribed, disruption plans may be difficult to implement. Furthermore, a key resource for police officers in using disruption plans is the existence of special sex offender orders that can be applied. In many LMICs, however, the legislative frameworks are not sufficient to support these strategies. Having said this, there are examples of this sort of work in LMICs whereby police visit 'hot spots' for trafficking (i.e., borders), although they are not referred to specifically as disruption plans (ECPAT 2007) and may therefore have some currency in tackling sexual exploitation.

#### *Child protection service responses*

At present, no specific research on prevention responses within child protection services have been identified.

#### *Private sector*

In the private sector, the travel and tourism sub-sectors have taken the lead on preventing child sexual exploitation and were well represented at the First World Congress on Child Sexual Exploitation (ECPAT 2009). The international travel and tourism industry has concentrated efforts on educating members on child sexual exploitation and offering them guidance on how they can contribute to its prevention and eradication. Codes of conduct and charters have been key strategies for regulating this industry. Umbrella organizations have developed in this sector and established charters to control and regulate membership. For example, the Universal Federation of Travel Agents' Associations (UFTAA) developed a Child and Travel Agents' Charter that includes a feature requiring members to assist organizations that provide recovery support to victims of sexual exploitation. Efforts to prevent sexual exploitation in the tourism sector have led to the development of the Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism<sup>5</sup> (O'Briain 2008; UNICEF 2001). The Code is an instrument for self-regulation and corporate social responsibility, which is intended to provide increased protection from sexual exploitation in travel and tourism.

In 2003, the Federation of Tour Operators (FTO) formed a Responsible Tourism Committee, which signed a "Statement of Commitment" to initiate responsible tourism practices and to support and help ECPAT in developing guidelines for tour operators. Regional action has also been evidenced. For example, the Group of National Travel Agents and Tour Operators Association in the European Union (ECTAA) passed a "Declaration against Child Sex Tourism" in which groups committed themselves to excluding "without delay" any member proven to be engaged in sexual exploitation of children in travel and tourism. As noted earlier, UNICEF was instrumental in supporting the development and implementation of the Regional Declaration for Central America and the Dominican Republic, and corresponding Plan of Action (UNICEF 2005a) in eight countries in the region to prevent sexual exploitation of children in the travel and tourism sector (UNICEF TACRO 2005).

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

There are also examples of cooperation between Internet service providers (ISPs), the online payments industry and other private sector stakeholders to track child sex abusers and to close down channels to this type of crime – for example, the Financial Coalition against Child Pornography,

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<sup>5</sup> See <http://www.thecode.org/>



set up by the National Center for Missing and Exploited Children in the United States and supported by banks and other institutions, among others. Microsoft has also partnered with law enforcement agencies and ISPs in various countries to develop initiatives to stop child sexual exploitation over the Internet (UNICEF Innocenti Research Centre 2011).

The transportation sector has a key role to play in preventing sexual exploitation. Taxi drivers, trucking companies and bus and railway stations all serve as links between potential perpetrators of sexual exploitation and vulnerable children and young people (IPEC 2007). There are some notable projects that have attempted to tackle the problem in this sector. In Brazil, for example, the World Childhood Foundation has developed a national programme *On the Right Track* with the transport sector to combat internal trafficking for sexual exploitation. It includes private sector actors in transport who signed a pact that commits them all to a list of rules to combat trafficking for the purpose of sexual exploitation of children on Brazilian roads and highways. Promising evaluation findings are emerging from this work (Werneck, 2015). The transport union in Burkina Faso has trained its staff, including bus drivers, on what child trafficking is and how and to whom to report cases. Lessons learned from the initiative have been shared in regional meetings, but so far no evaluation of this initiative has been found (IPEC 2007).

#### **Prevention: Community level interventions**

Well-evaluated prevention efforts aimed at changing norms and attitudes of individuals in communities towards sexual abuse and exploitation are minimal. There are, however, numerous examples of localized prevention efforts worldwide that derive from field and practice evidence and can provide some interesting examples. There are many more community-based prevention activities aimed at related areas such as gender-based violence or gender inequality, and there is a developing evidence base that some of these programmes are effective in changing knowledge and attitudes. But evidence is still poor regarding the impact of these programmes on actual levels of violence (WHO 2010).

*NGOs/ voluntary sector:* In HICs, efforts are being made by NGOs to reach out to potential perpetrators in the community and/or people close to them who may be concerned. Stop it Now! is an organization that originated in the United States but has since rolled out to Australia, Canada and the United Kingdom and provides a helpline for adults concerned about their own behaviour. Stop it Now! UK and Ireland statistics show that 50 per cent of all calls come from people who are concerned about their own sexual thoughts, feelings or behaviour towards children (Stop It Now! 2009). Advice from the helpline follows the Good Lives Model (Ward and Brown 2004) in which the motivations of callers are addressed and they are encouraged through agreed actions to develop a life in which their human needs are met positively and children are not sexually abused. Although outcome research does not exist on the impact of the helpline on overall levels of sex offending, the helpline does demonstrate that some adults who recognize their own inappropriate thoughts will reach out for help to manage their behaviours and that some who have already sexually abused children want help to manage their behaviours. Stop it Now! monitoring statistics have also helped highlight trends, showing an increase in the number of adults concerned about their behaviour on the Internet (Stop It Now! 2009). Such a service is valuable in reaching some abusers, but those who are not motivated to call or who are sexually exploiting children for monetary reward are unlikely to access the service.

NGOs have carried out significant preventive activities around child sexual exploitation and probably represent the most active sector supporting participation of children and young people in these campaigns. ECPAT, for example, has carried out awareness-raising campaigns related to child sexual abuse materials in the Ukraine that involved training young people in peer education and involving them in the development of materials designed to educate and inform other young people in how to

be safe (ECPAT 2007). Prevention activities in LMICs include outreach work to vulnerable children (Frederick 2010), although research evidence has yet to be generated on these pioneering initiatives.

A number of campaigns on sexual exploitation specifically have been identified in HICs launched by a variety of actors. Examples include the Campaign Against Sexual Exploitation (CASE) in the United States run by the National Centre for Missing and Exploited Children,<sup>6</sup> the National Campaign against Child Sex Tourism in Canada<sup>7</sup> and the 'Don't Trade Lives' Campaign against human trafficking and exploitation launched by World Vision in Australia.<sup>8</sup> To date, however, no robust evaluative reports have been identified to assess the impact of these campaigns on the community. Similarly, there have been prevention efforts in LMICs focused on creating change in public attitudes about sexual exploitation. Some campaigns in Latin America and the Caribbean – in the tourism sector in Mexico and Trinidad and Tobago, for example – have been described as examples of good practice (UNICEF 2001), although research evidence to support this is not given.

The National Sexual Exploitation and Abuse campaign in Liberia, launched in 2006, provides another example and has been evaluated using a non-experimental approach. The evaluation examined the awareness levels of the campaign among the public, NGOs and government institutions. NGOs showed most awareness of the campaign and believed it was helpful in preventing sexual exploitation and abuse, pointing to increased levels of reporting by women and girls afterwards. Awareness levels among the public and in government were lower, and government respondents were most likely to say that the campaign was not helpful in preventing sexual exploitation and abuse. This finding was attributed to the fact that levels of exploitation and abuse in the areas evaluated still remained high (Carlon 2008).

A study on sexual exploitation carried out in Central America by the International Programme on the Elimination of Child Labour (IPEC) revealed a high level of tolerance towards child sexual exploitation among men across the social spectrum. This study resulted in the development of new intervention strategies including awareness-raising campaigns aimed specifically at men, the development of better tools for prevention, and training initiatives aimed at men in different sectors such as trade unions, law enforcement, the military and NGOs. Further research is being carried out to develop this area further (ILO nd).

Other examples of efforts that have placed the prevention of sexual exploitation at the forefront include 'sensitization days' with community members, educational discussions, seminars and the use of the media through radio and television announcements (Frederick 2010). Children have participated to advocate for the rights of children (Maalla M'jid 2004; UNICEF 2001). In some South Asian countries with significant numbers of children trafficked for sexual purposes (CWIN 2004), local prevention campaigns have been carried out to reach wider numbers of vulnerable children. Innovative media strategies, often using local art forms such as street theatre, puppetry and cultural dances, are used to create awareness of trafficking in the community (ECPAT 2007).

More common than campaigns focused specifically on sexual exploitation in HICs are those – such as the White Ribbon Campaign – that focus more broadly on gender-based violence. The White Ribbon campaign, which operates in some HICs and some LMICs, engages men and boys in work to end violence against women. This educational initiative raises awareness about violence against women and challenges men to speak out against it. Supporters wear a white ribbon, symbolizing their promise never to commit, condone or remain silent about violence towards women. The White Ribbon campaign also operates a schools programme that takes a 'whole school approach'. Only

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<sup>6</sup> See <<http://missingkids.com/home>>.

<sup>7</sup> See <[http://www.ibcr.org/eng/Campagne\\_contre\\_tsie.html](http://www.ibcr.org/eng/Campagne_contre_tsie.html)>.

<sup>8</sup> See <<http://campaign.worldvision.com.au/campaigns/don't-trade-lives/>>.

small, non-rigorous assessments of the community's knowledge of the White Ribbon campaign have so far been found – for example, a post-test only study was carried out in Namibia with 500 community members to understand levels of awareness of the campaign (White Ribbon Campaign Namibia 2009).

In LMICs, the campaigns aimed at gender-based violence are increasingly being delivered through joint programming with HIV programmes, based on compelling evidence that the two issues are strongly related (UN Women 2010; WHO 2010b). LMICs also place emphasis on involving men as 'positive partners' in ending gender-based violence (Spratt 2012). Some of these programmes are media-based campaigns or 'social norms marketing' (Paluck and Ball 2010) and include the One Man Can campaign and Project H in South Africa (Colvin 2009; Pulerwitz and Barker 2008). Soul City, a very well-known and well-researched programme in South Africa (WHO 2010a and 2010b), employed a model of 'edutainment' to educate the community and broader society about domestic violence. There is promising support for an association between 'edutainment' and individual attitudes and perceptions of social norms related to domestic violence (Usdin et al. 2005). Soul City has become so successful a model that there are plans to roll it out in other countries (WHO 2010b).

Other media-based campaigns have been carried out that focus on cross-generational sex. Examples include PSI/Kenya (Berman 2004), 100% Jeune<sup>9</sup> and Plan Kenya, all of which used a variety of media strategies to reach young people (Hope 2007) although evaluations have so far been limited. Media campaigns have proven successful in increasing knowledge of intimate partner violence and influencing attitudes towards gender norms, but less is known about their ability to reduce violent behaviour as it is difficult to measure potential changes in levels of violence associated with media interventions. Research shows, however, that the most successful media interventions are those that begin by understanding the behaviour of their audience and engaging its members in developing the intervention (WHO 2010).

There are other community programmes that are not delivered through the media but that also challenge gender norms and attitudes that justify intimate partner violence. The most widely established and rigorously evaluated is the Stepping Stones programme, a life-skills training intervention developed for HIV prevention that has been implemented in Africa and Asia (Jewkes et al. 2008). The programme encourages reflection on one's attitudes and behaviour, using role-play and drama, and addresses issues such as gender-based violence, communication about HIV, relationship skills and assertiveness. Thirteen three-hour sessions are run in parallel for single-sex groups of women and men, complemented by mixed peer group and community meetings. Stepping Stones is designed to improve sexual health by developing stronger, more equal relationships between women and men. Versions of the programme have been evaluated in a variety of countries; however, the most thorough study is a randomized controlled trial in the Eastern Cape province of South Africa with participants aged 15–26. This indicated that a lower proportion of the men who had participated in the programme committed physical or sexual intimate partner violence in the two years after the programme compared with the men in a control group. This is clearly a very encouraging finding.

Bystander interventions where young people are given skills to challenge attitudes and behaviour that support sexual violence have shown some emerging promising findings as regards impact on attitudes among student populations in the United States and from project evaluations emerging in LMICs (Banyard et al. 2007; Bennett et al. 2014; Miller et al. 2014; Moynihan et al. 2015).

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<sup>9</sup> The 100% Jeune programme is a social marketing and communication initiative in Cameroon that promotes adolescent reproductive health by empowering youth to practice safe sex, by promoting dialogue about adolescent reproductive health in the community and by making condoms accessible to youth.

### **Prevention: Child, family and relationships**

In HICs, parents, carers and other family members have been the targets of educational campaigns to prevent online child sexual abuse and exploitation, addressing the gulf between what children are doing online and what their parents think they are doing (IYAC 2008). CEOP Command in the United Kingdom has developed a 'Cybercafe' for 8–10-year-olds and Hector's World for 5–7-year-olds that allows parents and children to explore the online world together (Baines 2008). Stop it Now! in the United Kingdom and Ireland has developed 'Parents Protect' courses that are 90-minute child sexual abuse awareness workshops delivered at children's centres, schools and other community venues such as youth and church groups.<sup>10</sup> Filters and other types of parental control software enable parents to manage and support their child's access. Follow up suggests, however, that only just over half of parents actually activate the filtering software on their computers because they think it is activated automatically, while others believe that their children can bypass the controls. In Hong Kong, the Council of Social Service is raising awareness of this issue by providing free filtering services and educating parents on their use. Increasingly, evidence from HICs is showing that the strongest protective factor for children is parents who are actively engaged, share their Internet experiences with their children and are willing to talk about the issues involved (Cho and Hongsik 2005). Respect for, and interest in, children's engagement with the online environment are likely to be more effective than restrictive or punitive controls. Research has also shown that children and young people would like parents to be more involved (Staksrud and Livingstone 2009).

Outside of school contexts, there have been efforts to reach individual children and adolescents in communities to educate them about the risks of sexual exploitation. In Venezuela, the children's group Manos por la Niñez e Adolescencia (Hands for Children and Adolescents) promotes Internet safety for children, adolescents, adults and Internet cafe owners. These sorts of preventive efforts targeted directly towards children are increasingly common in HICs and LMICs, yet to date no robust studies have been published that provide evidence of their efficacy (Ospina et al. 2010), although it is possible to see that these programmes are reaching increasing numbers of children. There still remain challenges in ensuring that prevention activities reach the most vulnerable and socially excluded children and adolescents who may not have access to social media.

Parent education programmes that address child sexual abuse and gender-based violence – such as the 'Parents/Families Matters! Program' – have been implemented in the United States and eight African countries (Families Matter! 2014; Forehand et al. 2007; Miller et al. 2010; Miller et al. 2011; Miller et al. 2013). These are community-based, group-level interventions for parents and caregivers of 9–12-year-olds that promote positive parenting practices and effective parent-child communication around issues such as sex, sexuality, sexual risk reduction, HIV prevention, violence and sexual abuse. Pre- and post-test results show that parents significantly increased their knowledge, skills, comfort and confidence in communicating with their adolescents about sexuality and sexual risk reduction (Miller et al. 2010).

Prevention responses in LMICs for which there is some emerging programme evidence and which are aimed at the child/adolescent are generally not sexual exploitation-specific but rather address wider social dynamics – such as gender inequality – which is seen to restrict and suppress girls' life chances, leaving them vulnerable to violence and abuse. Girls who are missing from school and do not have parental support may be vulnerable to unsafe work, including sexual exploitation (UNAIDS 2004). Thus a number of programmes have been established that approach prevention by responding to the poverty and economic and gender inequalities experienced by adolescents (Sewall-Menon and Bruce 2012).

<sup>10</sup> See <<http://www.parentsprotect.co.uk>>.

Siyakha Nentsha (Zulu for Building with Young People) was initiated in 2007 with the objective of enhancing participants' financial skills, social support, knowledge and skills regarding HIV and AIDS and reproductive health, and future life options. It was targeted at in-school female and male secondary students in grades 10 and 11 in peri-urban and rural communities in KwaZulu Natal, South Africa. The programme's outcome research found higher rates of young people discussing social grants, looking for work, starting a business and understanding sexuality, HIV and AIDS and gender relations, particularly among males; higher rates discussing financial decision-making, careers, starting a business and looking for work, especially among females; better knowledge of social grants available in South Africa; and a significantly smaller percentage of male participants (compared with control group males) initiating sexual relations between the first and second surveys. Among males already having sex before the study began, those in the programme significantly reduced their number of sexual partners compared with males in the control group. Female participants reported a significant increase in confidence in the ability to find and use a condom effectively. Among females already having sex, more participants reported regularly using a condom with their most recent sexual partner; and a substantial percentage of female participants started to save money for their future (Roca et al. 2012).

Several other similar programmes have also found positive outcomes for participants (Sewell-Menon and Bruce 2012). Social protection programmes such as cash transfer programmes, and 'asset building' aim to improve life chances and reduce poverty. Cash transfer programmes provide money to ease poverty as well as, for example, increase school attendance or help prevent children being separated from families and becoming institutionalized as a result of poverty. Cash transfers are increasingly being used in LMICs to reduce risky sexual behaviour and reduce levels of HIV and AIDS. Asset-building programmes focus more broadly on empowerment and often include cash transfer elements. Research on cash transfer programmes (among other mixed findings) shows some promise in reducing sexually risky behaviour (Baird et al. 2010; Cluver et al. 2013a; De Walque et al. 2012), but we have been unable to find any evidence on impact where children or young people are being sexually abused by a family member living in the same household. Programmes that combine an element of economic independence/micro finance with life skills and education to equip and empower participants show some promising evidence for reducing subsequent risky behaviour. An example of such a promising programme is BRAC ELA (Empowerment and Livelihood for Adolescents) which operates in Bangladesh, Uganda, Tanzania, Sierra Leone, South Sudan and Liberia. A randomised controlled trial in Uganda found the combined intervention of simultaneously providing vocational training and information on sex, reproduction and marriage for adolescent girls, two years later showed girls from the programme had a 72% increased likelihood of engaging in income generating activities, driven by increased self-employment compared with girls in the control group. Girls also had a 41% increase in monthly spending on consumption. There was a 26% decline in teenage pregnancies and a decline in girls reporting having had unwilling sex from 14% to 8% (Bandiera et al 2012).

#### **Prevention, equity and socially disadvantaged groups**

No research was found that addressed the needs of the most disadvantaged groups of children in LMICs who are vulnerable to sexual abuse and exploitation, although analysis of practice experience based on programming work with disadvantaged adolescent girls in Egypt, Ethiopia, Guatemala, Kenya, South Africa and Uganda was identified (Sewell-Menon and Bruce 2012). Although data on

longitudinal impact and on full costs and benefits of asset-building programmes are not yet available, practice experience from the programmes suggests these are not very costly to provide and it can be argued that targeted support towards children who are most disadvantaged may be cost effective if those with greatest need receive resources as a priority. A pioneering aspect of this work is the development of methods of using data from the Demographic and Health Surveys to map areas with high concentrations of disadvantaged girls and to involve them in situational analysis to identify needs and safety issues and inform responses.

### **Humanitarian crisis contexts**

Prevention responses in the context of humanitarian crises, emergencies and areas of conflict were primarily identified in policy reviews and guidance documents. No research studies were found that assessed the prevention of sexual violence in the context of humanitarian crisis, although NGOs do sometimes collect their own evaluation evidence. Despite such practice evidence being invaluable for those working in these settings, tested-effective or promising programmes for preventing sexual abuse and exploitation have not been identified. A systematic review of sexual violence prevention in conflict zones similarly found a lack of research with only two out of 40 research papers focusing on preventing sexual violence among young people in conflict zones (Spangaro et al 2013).

*Guidelines for prevention:* Humanitarian organizations have developed guidelines for humanitarian personnel in a variety of contexts, whether in LMICs or humanitarian crisis contexts, to prevent sexual exploitation (Delaney 2010) although field-testing information is not easily available. There are also a range of guidelines on gender-based violence (e.g., Benjamin and Murchison 2004) aimed variably at protecting women or children or sometimes all adults and children. The guidelines on responses in humanitarian crisis offer advice, tools, examples and recommendations for prevention efforts that begin before an emergency has occurred (e.g., interventions to change gender norms) through to prevention in the midst of crisis (e.g., camp design and layout). The majority of these guidelines are based on field-based practice or post-emergency consultations, some of which report that the guidelines have also been field-tested (or would be in future). In 2010, the United Nations Civil Society Advisory Group on Women, Peace and Security developed concrete recommendations for ensuring a coordinated and coherent approach to protecting women's rights during armed conflict. The first key recommendation requires the full dissemination of the *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* (IASC 2005) to all UN agencies, humanitarian NGOs and host governments and also recommends that staff in these agencies be fully trained in the guidance (Steinberg 2010).

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

One project was identified that sought to evaluate a Code of Conduct for Humanitarian Workers in Kenya that was developed in 2003. Over a three-year period beginning in 2004, the project – funded by Bureau of Population, Refugee Migration and led by the International Rescue Committee (IRC) Kenya – sought to raise awareness of sexual abuse and exploitation of refugees and to implement an agreed process for investigations of abuse and exploitation. The evaluation found success in the

project's aim to deter abuse and exploitation by humanitarian workers, teachers and police, based on evidence of increased confidence among the refugee population in their ability to report incidents and on their increased knowledge of their rights. At the camp level, a reduction in reported cases of sexual abuse and exploitation was found after the campaign. There was also evidence of ownership of the project by refugees, who formed committees of youth, women and community leaders and who continued to promote messages of prevention after the project ended (Xefina Consulting 2007). This evaluation provides some promising findings regarding the effectiveness of the Code, but importantly highlights the fact that drafting a code in and of itself is not enough. People must be aware of their rights and there must be pathways for complaints and reports to be made for a code to be effective. Further projects – and associated evaluations – will be important to build the evidence base further.

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

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

#### **Key messages**

Three types of prevention strategies to tackle sexual abuse and exploitation were found: those aimed at mobilization to change social norms, attitudes and behaviour; situational prevention; and prevention by reducing risks. It is likely that all three approaches are needed for an effective prevention approach.

Few prevention interventions have been evaluated experimentally and only a small number have been evaluated at all. Most examples found in LMICs and emergency contexts are based on evidence from the field.

Many prevention responses are not directly targeted at child sexual abuse and exploitation but take a wider focus on preventing gender-based violence, violence against women and girls, interpersonal/dating violence or HIV and AIDS prevention.

Rigorous evaluations of prevention responses are both costly and challenging. This type of research takes time, and it can be difficult to demonstrate an impact on levels of abuse and exploitation in a population as many other factors will intervene to influence this.

There are some positive impacts from prevention responses on attitudes, knowledge and behaviour but, as yet, there is very little robust evidence to show that prevention measures can reduce rates of sexual abuse and exploitation.

It is crucial to gather good information on local contexts to effectively target interventions. Interventions in HICs may not be transferable or they may need significant adaptation to address the specific dynamics in local contexts.

**Tested-effective programmes include:**

*Safe Dates*: education programme on intimate partner violence showing short-term impacts on physically and sexually aggressive behaviours.

*Stepping Stones*: life skills education with documented lower rates of physical and sexual violence among men after intervention.

**Promising programmes include:**

*Child sexual abuse prevention programmes*: showing improved knowledge and awareness among some children in HICs of sexual abuse; the evidence base is only beginning to emerge in LMICs.

*Whole school prevention programmes such as Safe Schools*: Showing positive changes in teacher attitudes towards gender inequality.

*Soul City*: public education aimed at changing social norms about partner violence.

*Disruption plans*: showing increased use of strategies that directly target perpetrators.

*Awareness-raising projects to support codes of conduct*: showing increased confidence and knowledge among refugee populations of their rights and where they can report incidents.

**Emerging-promising programmes include:**

*Online abuse education and awareness*: showing improved knowledge and awareness of the dangers of online abuse, but no impact yet seen on behaviours.

*Situational prevention in emergencies and conflict*: prevention of sexual abuse and exploitation by careful design and layout of camps and provision of security to women and girls.

*Cash transfer programmes*: A small number of studies in LMICs have found these programmes can bring a reduction in risky choice of partner among girls.



**Table 6. Summary of evidence on prevention**

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Prevention across different sectors		Quality of evidence HICs	Quality of evidence LMICs
<i>Multi sector</i>	Public education prevention activities based on 'edutainment' strategies or social norms marketing to change entrenched beliefs – e.g., <i>Soul City, with promising results for changing awareness of domestic violence.</i>	Promising (indirect evidence)	Promising
	Awareness campaigns targeting sexual exploitation have been used in HICs and LMICs but the research evidence on impact is limited – e.g., <i>projects by ECPAT, CASE campaigns in the United States, Don't Trade Lives in Australia</i>	Pioneering	Pioneering
	Reducing vulnerabilities – e.g., <i>cash transfer payments and micro finance schemes, usually targeted at adult women or carers of orphaned and vulnerable children.</i>	Low	Emerging promising
<i>Health</i>	Promoting community education of gender-based violence including sexual violence – e.g., <i>distributing health information.</i>	Low	Low
	Targeted home visits with vulnerable families reduce child maltreatment, although results specific to child sexual abuse and exploitation were not found – e.g., <i>Family Nurse Partnerships</i>	Tested-effective (indirect evidence)	
<i>Education</i>	Community or school-based education to target entrenched norms and values that support gender inequality and violence. <i>While no direct evidence exists relative to sexual abuse and exploitation, Safe Dates is one example aimed at adolescents to help them recognize the difference between caring, supportive dating relationships and controlling, manipulative or abusive ones.</i>	Tested-effective (indirect evidence)	Testing in South Africa
	Child sexual abuse school-based prevention programmes such as <i>Who do you tell?</i> have been found to improve awareness, promote disclosure and reduce self-blame and further victimization, although adverse consequences such as increased fears about abuse may result for a minority of children.	Promising in HICs	Pioneering
	School-based prevention programmes to target online sexual abuse and exploitation and raise awareness among children, teachers and parents about the dangers are widely used in HICs, and pre- and post-test evaluations show children have learned the key messages – e.g., <i>Safer Surfing in the United Kingdom, Netsmartz in the United States.</i>	Emerging promising in HICs	Pioneering
	Whole-school approaches, targeting not only peer violence but also violence perpetrated by teachers and other educational staff – e.g., <i>the Doorways III programme in Ghana and Malawi, Safe Schools Uganda.</i>	Promising	Emerging promising
	Life-skills training programmes have shown important strides in empowering attitudes among girls and reducing sexual partners among boys. More evidence is needed to understand their impact on levels of sexual abuse and exploitation. <i>Stepping Stones documented lower rates of physical and sexual violence among men after intervention.</i>	Promising (indirect evidence)	Tested-effective and promising in LMICs

<i>Criminal justice</i>	Regulating known offender access to children, e.g., employment vetting and barring; offender registration; offender surveillance; criminal justice sector disruption plans; Internet regulation. <i>Although these responses to regulate offenders have been widely adopted in HICs, they can be costly and the evidence is limited to restrictions placed on the small minority of sex offenders who are already known to agencies.</i>	Low	Low
<i>Child protection</i>	None yet identified		
<i>Community</i>	Situational prevention approaches – e.g., <i>codes of conduct in travel and tourism</i>	Low	Emerging promising to low
	Involving men and boys in prevention – e.g., <i>White Ribbon, bystander actions, Stop It Now!</i>	Emerging promising to low (Indirect evidence)	Emerging promising to low
<i>Child, family and relationships</i>	Parent education programmes that aim to improve communication about sexual and gender-based violence between parents and adolescent children have been found through pre- and post-test evaluations to improve parent communications in HICS and are currently under trial in eight sub-Saharan countries – e.g., <i>Parents Matter! United States; Families Matter! in Botswana, Côte d'Ivoire, Kenya, Mozambique, Namibia, South Africa, United Republic of Tanzania, Zambia</i>	Promising	Emerging promising
	Advice helplines for parents and public	Pioneering	Pioneering
<i>Humanitarian crisis-specific</i>	Situational prevention approaches - e.g., <i>creating child-friendly spaces, camp design; codes of conduct for humanitarian workers</i>		Emerging promising to low

### 3.6. Identification and protection

Protection responses aim to identify children who are at risk and take action to stop further harm. There are two aspects to protection: (1) taking steps to make children and young people safe (often by social work/child protection agencies or children's services) and (2) stopping perpetrators from committing further offences (often a police or criminal justice system response). A variety of protection responses have developed across different nations. In HICs protection responses for sexually exploited and abused children are embedded in broader child welfare and child protection system responses. Many HICs have seen a shift in child protection focus towards earlier intervention and responses that meet the range of needs children have for protection across a continuum of care (Frost and Parton 2009; Gilbert et al. 2011). This has meant identifying the responsibilities of professionals in a range of different services in contact with children so that child protection is no longer seen as only the responsibility of social workers, although of course in HICs social work is the key agency in this area of work.

In LMICs, where child protection systems are less well developed, there may be no formal social work or child protection agency and many of the responsibilities for the immediate and longer-term safety of children are taken on by NGOs and services set up in the context of humanitarian crises. For example, a review by the East, Central and Southern Africa Health Community found that close to 90 per cent of prevention activities and a very high proportion of response-related activities in South Africa are delivered by civil society organizations (ESCA-HC 2011), and this is true across the

continent. Services can therefore be patchy and can overlap as a result of being concentrated in areas where they were initially set up by NGOs, perhaps to respond to a humanitarian crisis. It can be challenging to coordinate protection activities in these contexts.

Identifying children living with, or at risk of, sexual abuse and exploitation is a notoriously difficult task. There is no 'conspicuous syndrome' (Kendall-Tackett et al. 1993) or single symptom to help with the identification of children affected. There is still much to be understood about identifying vulnerable children online (Livingstone and Palmer 2012). Other universal challenges to recognition and identification include: (1) barriers to disclosure by children; (2) parents', carers' and the wider public's lack of awareness, understanding and recognition of sexual abuse and exploitation; (3) professionals' lack of skills and training in identification; (4) poor information sharing by agencies; and (5) a policy or cultural context that does not support identification and child protection responses. In addition, prosecution and detention of the perpetrator may be influenced by common delays in presentation for treatment by sexually abused children (Girgira et al. 2014).

A range of responses has been taken at the agency, organization and community level to improve identification of children who are sexually abused or sexually exploited. These include training those who work with children to be alert to the signs of sexual abuse and exploitation; introducing methods to 'screen' for sexual abuse; introducing assessment methods, particularly risk assessments, to identify children most likely to be vulnerable; improving data sharing and guidance for multi-sectoral methods of working together; and developing reporting and referral pathways. This section discusses the evidence from HICs and LMICs on the range of ways that sexually exploited and abused children are identified and referred for help or support.

#### **Protection: Social institutions (sectoral)**

##### *Health sector responses*

A growing body of research worldwide has explored the quality of the health service response to violence against women and girls, including sexual violence (Contreras et al. 2010). Professional associations are increasingly endorsing the view that health workers play a key role in identifying sexually exploited and abused children and providing emergency care following rape (Bott et al. 2010; Trossman 2008). Children and adolescents may need emergency services such as first aid, STI/HIV prophylaxis, forensic exams and emergency contraception, in addition to immediate medical attention for physical injuries and non-emergency treatment for sexual health, pregnancy and mental health services. Physical injuries in sexually abused or sexually exploited children are relatively infrequent (Gilbert et al. 2008). Indicators of sexual violence have been built into training and protocols for health workers.

However, health service responses to sexual abuse and exploitation remain poor in many parts of the world (Contreras et al. 2010). Key challenges in the health sector in many LMICs include:

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

These problems can result in re-victimization of children and adolescents, and the problems are particularly acute in marginalized and poor areas, indigenous communities and conflict settings.

A key strategy for improving responses in some countries has been to integrate work on violence against girls and women into health services. This 'integrated' approach demands comprehensive reform of the health sector at every level to address gender inequality (WHO 2013b). Evidence suggests that this type of institution-wide approach is the most effective way to achieve sustainable improvements in the quality of care provided to victims of violence (Heise et al. 1999), linking health with other important services such as the police and mental health services. However, evidence on which to build a comprehensive health approach is insufficient (Ward 2011). There are no tested-effective strategies in the literature, although there have been some small-scale, non-experimental and qualitative studies undertaken with attention to various aspects of health interventions, including initiatives to train staff in understanding gender-based violence and gender inequality (Bott et al. 2005), improvement of health knowledge related to HIV (Jewkes et al. 2008) and attempts to build more comprehensive, multi-sectoral services (Keesbury et al. 2009).

These research studies have identified important elements in building an integrated and comprehensive response. Essential requirements at the national level for establishing an enabling environment for health sector reform include: investment in gender equality, developing or reforming legislation, ensuring national plans sufficiently support reform, securing budgets and resources for reform, promoting prevention, developing coordinated community responses, engaging key groups, developing capacity, conducting research and situational analysis and establishing effective monitoring systems for accountability. In the health sector specifically, an integrated and coordinated system must include:

- Adopting a systems-wide approach in health facilities, including attention to policies, guidelines, infrastructure, equipment, supplies, staff capacity, staff training and development, data systems, sufficient and efficient referral systems and safety (Guedes 2004)
- Establishing policies and protocols and ensuring staff are trained in these
- Training students of medicine to recognize and respond to issues of gender-based violence (Faúndes and Andalf 2002)
- Investing in equipment and supplies
- Establishing one-stop shops, integrated services in facilities or effective referral pathways to other services
- Establishing standardized data collection and management systems
- Ensuring quality training for all employees in health settings (Guedes, Stevens et al. 2002)
- Increasing availability of forensic exams through, for example, the use of nurse examiners
- Improving monitoring and evaluation
- Providing community education
- Addressing the needs of specific populations, including children and adolescents, sex workers, indigenous populations, disabled children and adolescents, etc. Different approaches may be needed to respond adequately.

An example of an integrated approach is the network of Women and Children Protection Units established in hospitals in the Philippines to provide a coordinated and informed health-care response to adult women and child victims of violence. It is estimated that 59 per cent of cases dealt are cases of sexual violence (Department of Health Philippines 2011).

Evaluations of coordinated health responses have produced some promising findings. The International Planned Parenthood Federation (IPPF) evaluation of an integrated approach to gender-based violence in sexual and reproductive health services found some positive impacts, including: improved overall quality of health care; improved providers' knowledge, attitudes and practices as regards violence against women and girls; strengthened patient privacy and confidentiality; increased ability of providers to detect and care for girls and women who experienced violence; and

benefit to victims through the provision of specialized services such as legal aid, counselling and support groups (Bott, Guedes et al. 2005). Strengths identified by an examination of the Pan-American Health Organization (PAHO) project “Towards an Integrated Model of Care for Family Violence in Central America” include: increased visibility of gender and family-based violence as a public health concern; the project has promoted reflection on men’s roles in violence against women; sensitization programmes have been set up aimed at improving health personnel knowledge and awareness of gender-based violence; in some countries involved, there has been increased access to the project following integration of health units/centres; and services for domestic violence have been integrated into health sector reforms so that they are part of the basic health services package in some areas (Ellsberg and Arcas 2001).

An evaluation of an integrated and comprehensive health model to respond to rape and HIV in South Africa found that: utilization of services increased from 8 to 13 cases per month; those who reported seeing six or more providers on their first visit decreased from 86 per cent to 54 per cent; quality of history and exams improved; more service users were provided with post-exposure prophylaxis (PEP) on their first visit and received the full 28-day course on their visit; and nurses’ roles expanded in the delivery of post-rape care. Links with the police were made stronger, but the evaluation found that participant attitudes towards the criminal justice system – particularly the courts – remained very unfavourable (Kim et al. 2007; Kim et al. 2009; Jones and Brown 2008). Another evaluation of a multi-sectoral initiative in the Copperbelt’s Ndola District examined police collaboration with the health sector with the aim of reducing unwanted pregnancy among victims of sexual assault through the provision of emergency contraception. The police were trained by health providers in how to distribute this. The study found that the police could be effectively trained to distribute emergency contraception safely and health personnel were pleased with the intervention; there was a 48 per cent increase in reported incidents of sexual violence; the police consistently referred victims to other health services; and management believed this to be a cost-effective and sustainable project. As a result, national scale-up of the project has been strongly endorsed (Keesbury et al. 2009). ‘One stop shop’ models of integrated care such as the Thuzulela sexual violence centres in South Africa and the Barnahus (Children’s House) approach from Scandinavia and Europe are discussed further in the later section on recovery and reintegration.

#### *Education sector responses*

Given that children vulnerable to sexual exploitation are often missing from school, the education sector could be well placed to identify this group. Although efforts have been made to improve school child protection responses, no tested-effective studies could be found on identification strategies in schools. In some HICs, specially designated posts with responsibility for child protection have been set up to improve training, responses and coordination across different agencies. A cross-sectional study in the United Kingdom found that training and knowledge among these post-holders in relation to sexual exploitation is highly variable (Harper and Scott 2005).

In LMICs, training initiatives in the education system may be helping to increase the numbers of children at risk of sexual violence and abuse who are identified. One ‘whole school approach’ in Zimbabwe, for example, not only trains teachers and administrative staff in understanding gender-based violence but also teaches them how to detect, refer and counsel children who have been identified (Management Systems International 2008). Teachers are taught how to produce accurate records for referrals and for court cases. To allow time for these new roles, the school has lightened the teaching load so that teachers are able to spend time with children to complete the required paperwork. Evidence of impact has not, however, been found.

#### *Criminal justice sector responses*

In many countries, the police may be the first responders to reports of sexual abuse and exploitation (or in areas of conflict and emergency, this may be military personnel) (Population Council, 2010;

Kerr-Wilson et al. 2011). It is important that the police have the institutional and human capacities to respond sensitively to children and young people reporting sexual abuse and exploitation. This will encourage victims to report their experiences and provide them with referrals to services that they may need.

The evidence base in this area is limited and refers primarily to police forces working with violence against women, not children (Kerr-Wilson et al. 2011). There is also an absence of large-scale comparative studies and meta-analyses of police responses in this area. Despite the limited evaluated evidence of strategies and approaches, there are a growing number of programming guides and toolkits available for working with the security sector, particularly for training initiatives and largely drawing on experiences of countries in the Global North or with post-conflict settings (ibid.). Specialist children's police desks or family violence units have been established in HICs and LMICs. Field evidence is available from the UN and UNICEF in the United Republic of Tanzania on the Tanzania Police Force efforts in the establishment of Gender and Children's Desks in all 417 police stations in the country. These are dedicated units within police stations staffed by specially trained personnel to ensure an efficient and effective response to cases of violence against women and children. So far, the police have trained 1,000 officers on the national Guidelines for the Establishment of Gender and Children's Desks and on the Standard Operating Procedures for Prevention and Response to Gender-Based Violence and Child Abuse (UN Tanzania/UNICEF 2013).

Prosecution and sex offender treatment and surveillance are the two most common protective criminal justice responses to child sex offenders. At the agency level in HICs, it has been accepted that effective multi-agency or cross-sectoral working is vitally necessary. Examples of close collaboration between the police and social work to develop clear policy and reporting mechanisms exist as in work developed in Glasgow, Scotland (Rigby et al. 2012). There is, however, a lack of rigorous evidence on how to respond to some groups of sexually exploited young people, such as those internally trafficked for purposes of sexual exploitation, and poor multi-agency practice is recognized as a problem still to be overcome (Jago et al. 2011).

In HICs including Australia, Canada, New Zealand, the United Kingdom and the United States, there are significant efforts to identify perpetrators including the establishment of law enforcement agencies with direct responsibility for sexual exploitation and investigating online abuse. These agencies work across borders (Ospina et al. 2010). The Virtual Global Taskforce<sup>11</sup> is an organization that seeks to build an international partnership of law enforcement agencies, NGOs and industry to help protect children from online abuse. The taskforce has membership from agencies such as Interpol, CEOP Command in the United Kingdom, the National Child Exploitation Coordination Centre (part of the Royal Canadian Mounted Police), and U.S. Immigration and Customs Enforcement. Success has included the rescue of children, targeted law enforcement operations and identifying and holding to account child sex offenders worldwide.

In 2013, an initiative led by the European Union and the United States established a Global Alliance Against Child Sexual Abuse Online, which 52 countries have signed up to. The Alliance set four shared political goals: to improve identification and responses to victims of sexual abuse online; to improve identification and responses to perpetrators; to increase awareness among the public, parents and professionals about the risks to children; and to reduce the availability of online child sexual abuse materials to prevent the re-victimization of children and promote their recovery. Measures have been developed for countries to monitor progress Global Alliance Against Child Sexual Abuse Online 2013). Country reports presented at the second ministerial meeting in

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<sup>11</sup> See [www.virtualglobaltaskforce.com/who-we-are/](http://www.virtualglobaltaskforce.com/who-we-are/)

Washington in September 2014 show considerable progress across all four areas of response<sup>12</sup>. A commitment to tackle the transborder obstacles to prosecution and victim protection was made.

In HICs, responses to sexual exploitation include the use of vice units patrolling red light areas and off-street sex work locations; working with young people who run away or go missing by investigating missing persons reports; and working in partnership with other agencies through multi-agency planning and case management. However, evaluation research has found a range of challenges beset this work, including the lack of a clear remit to investigate sexual exploitation, a lack of resources and staff and narrow levels of awareness of sexual exploitation and its contexts (Harper and Scott 2005).

Training on gender-based violence to aid identification and response among professionals has been provided by governmental organizations, NGOs, civil society organizations and international organizations such as the United Nations in LMICs – for example, in Latin America (Contreras et al. 2010; Guedes, Bott et al. 2002), Asia (Rashid 2001) and Africa (ECSA 2011; Usdin et al. 2005; Wessells 2009). The Comité de Prevención y Control del VIH/SIDA de las Fuerzas Armadas y Policía Nacional (COPRECOS) (Armed Forces and Police Committee for the Prevention of HIV/AIDS), United Nations Population Fund (UNFPA) and others have developed curricula of military and police academies to include reproductive and sexual health, gender and violence against women, and this training has been extended to many countries in the Latin American region (Contreras et al. 2005). In humanitarian settings, particularly in areas of on-going conflict, training has been provided to personnel in the police, defence and judicial sectors to improve their knowledge of sexual violence, how they recognize it and respond. The civil organization Liga de Mujeres Desplazadas (Displaced Women's League) in Colombia – which established the Ciudad de Mujeres (City of Women) – is an example, advocating for improved responses to sexual violence during the decades-long conflict (Bastik et al. 2010).

Most evaluations of training initiatives mentioned above have not been very rigorous, but the training has been found to be constructive (Rashid 2001), to have improved levels of knowledge and awareness of gender-based violence (Guedes, Bott et al. 2002) and to be most effective when all levels of personnel (especially high-level officials) participate and when training is backed by simultaneous reforms to policies, procedures, adequate resources and monitoring and evaluation processes (Bott et al. 2005).

Training and awareness-raising to prevent and protect against online child sexual abuse and exploitation has also been offered by criminal justice agencies to professionals working with children such as teachers and community youth workers (Ospina et al. 2010). As identified in the previous section, recent efforts in the United Kingdom by CEOP Command include disseminating materials to teachers so they can know how to respond to online sexual abuse and exploitation (CEOP Command 2012; Ospina et al. 2010). Similar projects have been developed in LMICs – for example, a digital literacy course on safe Internet usage delivered to 300 teachers in Thailand (UNICEF 2011) – although the evidence is not yet well developed enough to be rated as emerging promising.

In LMICs, as in HICs, specialist child protection or sexual violence units have developed with dedicated police specialists following up on or sometimes attending initial calls. The Sierra Leone Police (SLP), for example, have established Family Support Units (FSU) with specially trained female and male officers dedicated to working with victims of rape, sexual abuse, domestic violence and trafficking (UNFPA 2005). Located in the main police stations across the country, the FSUs are intended to provide compassionate, humane and appropriate assistance. Referral services for free medical care and legal assistance have developed. The FSU also engages in extensive public

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<sup>12</sup> See country reports at [http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/global-alliance-against-child-abuse/index\\_en.htm](http://ec.europa.eu/dgs/home-affairs/what-we-do/policies/organized-crime-and-human-trafficking/global-alliance-against-child-abuse/index_en.htm)

awareness-raising efforts, especially on the topics of sexual violence, domestic violence, HIV and AIDS, trafficking and FGM, which improved channels for women and girls to report cases of gender-based violence. In 2003, FSUs received and investigated 3,121 reports of sexual and physical violence, a significant increase over reporting in previous years. This rise in the number of reported cases is seen as a result of increased public awareness and public confidence in the FSUs (Bastik et al. 2010). UNICEF assessment of the FSUs found that the stigma associated with sexual abuse and exploitation has diminished, and people are more aware of the support services available.

There is no doubt that in HICs criminal justice responses to some types of sex offenders have grown, as shown in the increase in prosecution particularly for online abuse and distribution of child sexual abuse materials and prosecution of adults involved in sexual abuse and exploitation (Walsh et al. 2013). To facilitate the prosecution process for child witnesses, special measures have been introduced in many HICs – although there is also research evidence that the measures are not consistently applied and children in court may often be poorly supported (Plotnikoff and Wolfson 2009; Hayes et al. 2011). The impact of prosecution on sex offenders has been assessed through studies of recidivism, which explore whether or not offenders who are prosecuted subsequently re-offend. These suggest child sex offenders released from prison have relatively higher rates of recidivism than do non-sex offenders (Gelb 2007; Knight and Thornton 2004; Langan et al. 2003; Lievore 2004), suggesting that prosecution alone may not be effective protection and that other policies and interventions may be needed alongside criminal sanctions.

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

There has been fairly extensive but rather inconclusive research into sex offender treatment programmes. The most commonly employed include cognitive-behavioural therapy (CBT), designed to change the attitudes and distorted cognitions that underpin sex offending behaviour as well as to teach sex offenders to manage their behaviour (Andrews 2001; Hanson et al. 2009). Some programmes, especially in prisons, have combined CBT and pharmacological treatment (Lösel and Schmucker 2005). Responses have also changed to take into account the motivations of sex offenders and to recognize these in therapy and behaviour management, as in the ‘good lives model’ (Ward et al. 2012). The findings from meta-analyses and systematic reviews on sex offender treatment are mixed, and though some positive findings have emerged, they are limited (Andrews and Bonta 2003; Hanson et al. 2009; Lösel and Schmucke 2005). A Cochrane review (Dennis et al. 2012) found no evidence for reduced recidivism and urgently called for more studies to clarify the evidence. This does not, however, necessarily mean that these efforts are not worth pursuing, merely that, as yet, the evidence does not exist to support claims that they reform sex offenders and thereby protect children.

There has been considerable research in HICs on young people with sexually harmful behaviour, as discussed in Chapter 2. Nine-year follow-up research found multi-systemic therapy for serious young offenders to be effective in reducing arrests for sexual offences (Henggeler et al. 1996). The International Association for the Treatment of Sexual Offenders provides some guidance on the care of juveniles who have committed sexual offences (Miner et al. 2006), recommending that they are



understood in the context of their family and social environments; that assessment and treatment should be developmentally focused and strengths-based; that they are a diverse group who should be treated individually; that treatment should be broad-based and comprehensive; that sex offender registries and community notifications should not apply to juveniles; and that effective interventions result from research guided by specialized clinical experience and not from popular beliefs or unusual cases in the media.

In LMICs, very little information is available on programmes and projects to address sexual offending, particularly by boys (ECSA 2011). As very few adult offenders are apprehended in many LMICs, the majority of adults who commit sexual offences against children never engage with rehabilitation programmes. Thus, prevention programmes that halt the perpetration of sexual offences against children in the first place are critical (*see prevention section for discussion*).

#### *Child protection agency responses*

Historically, the lead agency for child protection in HICs has been social work, which has developed two main responses: family support, which involves social workers supporting the child and family to improve safety and care; and removal of the child to a place of safety, usually short-term care with a foster carer. There are limited evaluations on effective practice in social work in HICs, and evidence of outcomes for children who have been subject to orders for care or protection do not specifically consider protecting children from sexual abuse and exploitation (Davies and Ward 2012; Farmer and Lutman 2010; Wade et al. 2011).

There is very patchy provision of protective services for children and young people who have been sexually exploited and continuing problems with identifying those at risk (Harper and Scott 2005). Sexually exploited children may be identified more proactively through social welfare workers who can search their own client base to identify those likely to be vulnerable. Searching for indicators of sexual exploitation in case records, for example, may identify children at risk or, alternately, it is recognized that parents and family members may have some knowledge of what is happening to the child (Harper and Scott 2005). In LMICs, however, where social welfare systems are not well developed and lacking in resources, such strategies for identification will not be feasible. Other methods of identification based on analysing risks and vulnerabilities in other social care agencies have yet to be explored.

A limitation of risk-based identification is that it can yield false positives (over-identify those thought to be vulnerable) and false negatives (fail to identify some of those most at risk). If there is any social stigma attached to being identified as vulnerable, such methods could be counter-productive and deter those most in need from approaching services that aim to give help (Radford et al. 2006; Radford et al. 2011a). Experience from HIV and health promotion services in LMICs indicates that those involved in prostitution are reluctant to approach services (Okala et al. 2009). Young people sexually exploited by prostitution may similarly be deterred from accessing services if they fear discriminatory responses from service providers. Developers of new initiatives must take into consideration potential harm that can result so that risks of harm are considered in advance, steps are taken to minimize the risks and services are alert to any risks that arise as soon as possible.

Services that do exist attempt to provide integrated services that prevent further exploitation and help children and young people to reintegrate. A co-ordinated approach is crucial because the needs of sexually exploited children and young people are multi-dimensional and not likely to be met by one sector alone (Creegan et al. 2005; Cusick 2002; Swann and Balding 2001; Pearce et al. 2003). A non-experimental study of a service for sexually exploited young people in the UK found a decline in recorded episodes of young people in the service going missing, reduced conflict with families, improved ability to recognize risky and exploitative relationships and an increased awareness of service users' rights. The direct service focused on access, assertive outreach, advocacy and

flexibility in service provision. Intensity of contact was found to be crucial in engaging service users (Beckett 2011). While these types of services are valued by multi-agency partners and professionals, they are frequently underfunded and providing a service in line with national guidance has not always been easy to achieve (ibid.).

*Case management:* Case management is one particular approach that is seen as good practice, across HICs (Cheung et al. 1991), LMICs (McCormick 2011; Terre des Hommes 2009; UNICEF Malawi 2011) and, increasingly, humanitarian settings (IRC/UNICEF 2011). Case management is the process of assisting an individual child and his/her family through direct support and referral to other needed services, and the activities that case workers, social workers or other child protection agency staff carry out in working with children and families in addressing their child safety concerns (McCormick 2011). Case managers may alternately be called 'key workers' or 'guardians', as identified in UNICEF guidance on the protection of trafficked children (UNICEF 2006). Whatever the name, the case manager can advocate on the child's behalf, ensure any action taken is in the best interests of the child, co-ordinate the response and act as a consistent, trusted person for the child to engage with, as well as a single point of contact for those different agencies to communicate with. This has been recommended for those working with child victims of sexual exploitation and internal and international trafficking for sexual purposes in many different contexts (Clawson and Dutch 2008; GTZ 2007).

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

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

#### *Private sector*

In LMICs, training for personnel to aid identification and responses in the travel and tourism industry has been delivered for many years and is quite well developed (O'Briain 2008). In Europe, Groupe Developpement/ECPAT France developed a training module for use in tourism schools. This has been integrated into the curricula of both state-run and private training institutions in Europe and in destination countries where Groupe Developpement and other NGOs operate. Other projects and training modules to prevent sexual exploitation of children exist, such as the 'Training in Tourism Module' commissioned by the World Tourism Organization (UNWTO 2001), although evidence of impact has not been found.

#### **Protection: Community**

Protective services for children in many LMICs countries tend to be multi-sectoral or provided by NGOs and community groups, and they have more limited capacity and reach. For example, in Afghanistan, all protective services such as safe shelters and drop-in centres are limited to urban areas and often only open to children by day (Frederick 2010). In LMICs, safe houses and temporary shelters are usually seen as a last resort (Zabala 2001) and are often limited because they are expensive to run and difficult to sustain (Keesbury and Askew 2010). Some countries fare better and offer more comprehensive services, such as the crisis centre at the Dhaka Medical College Hospital and the Rajshahi Medical College Hospital in Bangladesh. These multi-sector agencies provide immediate medical care, counselling, crime reporting and legal advice to victims of sexual and physical violence. The centres are supported by the Ministry of Women and Children Affairs in cooperation with the Bangladesh National Woman Lawyers Association (BNWLA) and the NGO Naripokkho (Frederick 2010) and engage doctors, counsellors, police and lawyers for comprehensive, rapid response for women and children in crisis.

A further example of a protective service is ChildWise in Cambodia, which offers a range of activities for sexually exploited children including prevention, protection and recovery. This organization brings together a variety of actors such as tuk-tuk drivers and staff of hotels, guesthouses and restaurants to create a network of key people who receive on-going training in child protection. These people are then able to help identify children at risk and suspicious behaviour of tourists so that appropriate action can be taken. The ChildSafe Information and Referral Centre in Phnom Penh provides information to members and people who want to know more about what they do, but also provides a safe haven for children at risk of abuse to seek immediate support and referral to other services (which could be medical, counselling, police or education) (ChildSafe International nd). No research on impact has been identified as yet. Ongoing longitudinal research with victims of sexual exploitation, discussed further in the section on recovery and re-integration, is likely to produce valuable findings on the impact of residential projects on victim safety (Miles et al, 2013).

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

A range of community-level actors may be involved in helping to identify children at risk of sexual abuse and exploitation in HICs, but this will be dependent on the level of knowledge they hold in relation to these issues. Youth workers, volunteers, civic organizations and faith leaders are all examples of those at the community level who may have a part to play. Helplines exist for adults to contact for advice – for example, the NSPCC Helpline is offered in several different languages and is staffed by trained social workers who provide confidential advice about recognizing and reporting sexual abuse (NSPCC nd). Although most of these projects keep data on caller numbers, there is little evidence from research on whether or not they lead to an increase in identification and referrals (Gilbert et al. 2008).

In LMICs and humanitarian contexts, community-level mechanisms have become very important in supporting and strengthening child protection systems (Save the Children Sweden 2010; Wessells 2009). A community-based child protection mechanism is a network or group of individuals at community level who work in a coordinated way toward child protection goals (De Sas Kropinwnicki 2012). While community protection committees are involved in a range of preventive and protective activities, identifying children at risk of abuse is one aspect of their work. These are increasingly being supported by child protection actors in NGOs and government to increase the impact and sustainability of the existing child protection systems and interventions (War Child 2010). As they are

based in local communities, they are well placed to identify local vulnerable children and can help to support the existing child protection system by facilitating links and access between community groups, family and kinship structures and national services (where they exist) (INCIDIN Bangladesh 2001; Save the Children Sweden 2010). Community mechanisms can be largely internal (a mixture of traditional and outside influence) or externally initiated and supported.

Guidance in this area suggests that externally supported community-based mechanisms such as child-welfare committees are less effective because they undermine existing ownership and resources. Effective community mechanisms are those that include local structures and traditional or informal processes for promoting or supporting the well-being of children. Several qualitative studies in areas of conflict (De Lay and Knudsen 2008; War Child UK 2010) found evidence of the ways in which community mechanisms could strengthen existing systems by increasing access to services, strengthening relationships between civil society and government and supporting existing structures. A review by Wessells (2009) found that gender-based violence was not commonly covered in studies and documentation of community mechanisms he reviewed, making assessment of their usefulness in protecting children against sexual abuse and exploitation difficult. While these systems have been found to be effective under the right conditions, there is no clear evidence about their effectiveness in helping to identify and refer children and adolescents who are at risk of or being sexually exploited.

#### **Protection: Child, the family and relationships**

Although known adults or peers, including relatives, are the most prevalent perpetrators, family members also play a key role in protecting children. They often identify and report sexual abuse (McCormack et al. 2005). It appears that although family support has been crucial in child protection work, most of the research literature has centred on the family role in prevention or in supporting recovery and reintegration.

Enabling children and adolescents to protect themselves has had more attention. In some cases, as in work by Save the Children Alliance in Afghanistan, children have participated in developing broader child protection procedures. A child protection monitoring tool was developed for children to record child protection incidents and to help them identify and plan protective actions (Frederick, 2010), although information on its impact has not been found. Free, child-friendly, confidential telephone services, Childlines, have been set up in many parts of the world. The international movement to develop child helplines has been identified as good practice in the UNSVAC report (Pinheiro 2006) and elsewhere (ECSA 2011; UNICEF 2014b) as a strategy for reaching out to children who may find it difficult to talk about abuse and find help. Helplines provide easy access for children via mobile and landline telephones and, increasingly, web-based services (Child Helpline International 2011b). They are becoming more available globally, although the services offered are not standardized and vary significantly from place to place.

In HICs, child helplines generally take calls from children and provide an active listening service and, where information becomes available, they offer a protective response through referral. The UK Childline model, well supported by government funding, has been adopted by LMICs such as India, Malaysia and South Africa. There are many more small helplines that exist worldwide without government funding and are entirely reliant on donors or partners (Maalla M'jid 2008). Child helplines in LMICs fill gaps in the child protection system that those in HICs do not have to do – for example, providing education, housing or legal counsel or organizing direct interventions for recovery (covered in more depth in the final section). Childlines often report annual figures on the numbers of children who call, why they call and other descriptive information on what they do (e.g., numbers of referrals), and it is possible to track trends in caller demand, which can help governments and civil society organizations plan and meet children's needs. However, no long-terms

studies have been carried out to evaluate the impact of childlines on caller safety because follow-up methodologies are difficult when anonymity is promised to callers.

Peers and siblings can be an important source of protection and help for maltreated children, although there has been little research on this in HICs (one example is Mudaly and Goddard 2006) or LMICs (one example is Meinck 2014). Most efforts to build on children's roles in child protection in HICs have focused on online abuse. There are simple but important ways that children can protect themselves and others through opportunities to report abuse easily in the online environment (Ospina et al. 2010). Internet providers and software packages can provide parents with ways to monitor their children's online activities, although the evidence is mixed as to the effectiveness of some software (Quayle 2012).

#### *Humanitarian crisis-specific responses*

Child helplines have a role in humanitarian contexts. For example, Childline India was swiftly established in the initial stages of the 2001 Gujarat earthquake and worked to refer vulnerable children to appropriate services (Childline India Foundation 2011). The Child Workers in Nepal (CWIN) helpline was very active during the Maoist 'People's War'. The focus of their work was on identifying children who had dropped out of school and providing them with educational programmes. While not specifically addressing just sexual abuse and exploitation, this may have had a protective effect on vulnerable children considering that one risk factor for sexual exploitation is being missing from school (CWIN 2004).

In humanitarian and emergency settings, child-friendly spaces have been used with increasing frequency to provide protection for children (Save the Children Sweden 2010). These are also places where children may be identified and referred to other services. Child-friendly spaces are recommended as good practice in guidance on sexual exploitation in emergencies based on experience in the field (CCF 2008; Davis and Iltus nd; Save the Children Sweden 2009). Many examples exist such as those set up by UNICEF in Indonesia following the 2004 tsunami. Many centres have gained long-term sustainability by transforming into more formal service providers (UNICEF Evaluation Department 2009). The Christian Children's Fund developed guidance on setting up child-friendly spaces based on many years of field experience in areas of armed conflict and natural disasters in diverse parts of the world (CCF 2008). A review of the literature (Agar and Metzler 2012) on child-friendly spaces did not identify any impact on identification methods but did find outcomes for protection. Several studies documented an increased sense of safety among children and a decrease in sexual exploitation and rape (Agar and Metzler 2012; Kostelny 2008; Madfis et al. 2010). One study found an increase in child rights awareness, which meant children were more likely to tell someone if they saw something bad happening (Gladwell 2011). Other studies documented a decrease in physical injuries since the start of the child-friendly space intervention (Kostelny 2008).

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

Humanitarian organizations have developed safeguarding policies to protect children from abuse and exploitation by staff in those organizations as well as provide staff with clear guidelines for responding to abuse disclosed in the course of their work. Save the Children International, for example, developed policies that include: a global safeguarding policy; a code of conduct for staff;

global human resources policies for recruitment, induction, staff development and training; whistle-blowing pathways; and country-specific child protection procedures (Save the Children nd). There are other toolkits and guidance documents developed by humanitarian organizations for use by other agencies that want to strengthen their own safeguarding policies, such as those developed by Keeping Children Safe (2011) and the Consortium for Street Children (nd).

There is often a resistance to reporting, investigating and punishing abuse. A key issue for this sector is that peacekeeping forces are not accountable to the host country's criminal jurisdiction but to the country that deployed them. Steps should be taken to address a culture of impunity by sending clear messages to military and police travelling into humanitarian settings that sexual abuse and exploitation will not be tolerated. For example, certain countries have taken steps to hold peacekeepers accountable by implementing disciplinary action (Jordan 2005). It is far from clear, however, how successful these measures are in protecting children and adolescents from sexual abuse and exploitation, given the difficulties in gathering evidence and calling witnesses at a distance from the setting in which the abuse occurred (Bastik et al. 2010). To address these problems, it is recommended that troop-contributing countries hold on-site court martials in the country where the alleged offences were committed (United Nations General Assembly 2005).

#### **Key messages**

Identifying children living with sexual abuse and exploitation is a notoriously difficult task.

Universal challenges to identification include:

- 1) barriers to disclosure by children, especially social stigma
- 2) lack of awareness, understanding and recognition of sexual abuse and exploitation among parents and the wider public
- 3) professionals' lack of skills and training in identification;
- 4) poor information sharing by agencies
- 5) a policy or cultural context that does not support identification and child protection responses

Efforts to improve the identification of children who are sexually abused or sexually exploited include:

- law reform and policy changes to enable formal reporting of child sexual abuse and exploitation
- training those in contact with children to be alert to the signs of abuse
- providing age-appropriate information to children on their rights to protection and where to find help directly themselves
- introducing methods to 'screen' clients for experiences of sexual abuse and exploitation
- introducing assessment and risk-assessment methods
- improving data sharing and guidance for multi-sectoral methods of working together
- developing reporting and referral pathways
- developing integrated or 'one-stop shop' identification and response teams

Health workers play a key role in identifying sexually exploited and abused children, and training and indicators of sexual abuse have been provided in HICs and LMICs, especially in connection with STI/HIV services.

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

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

#### **Promising programmes**

Integrated or one-stop shop identification and response teams, as in health, can bring an increase in rape victims using services in HIC and LMIC contexts.

Case management is seen as good practice across HICs, LMICs and, increasingly, humanitarian settings.

Research on sex offender treatment methods have produced mixed findings on their effectiveness in reducing recidivism. This does not, however, necessarily mean that these efforts are not worth pursuing.

There has been an increase in prosecution of sex offenders in some HICs, particularly for online abuse, while rates of prosecution in LMICs remain low. Perpetrator impunity needs to be addressed if children are to be effectively protected.

Evidence on treating young people with sexually harmful behaviour in HICs are promising, with approaches such as multi-systemic therapies showing reduced rates of recidivism. Interventions with young people are essential to prevent sexual violence in the next generation.

#### **Further work is needed for:**

Community-based child protection mechanisms (CBCPM), which have become very important in supporting and strengthening child protection systems and have been found to be effective under the right conditions. As yet there is no clear evidence about their effectiveness in helping to identify and refer children and adolescents at risk of sexual abuse and exploitation.

Helplines that provide easy access to children to self-refer.

Crisis centres and shelters and specialist services with outreach components.

Child-friendly – or safe spaces for children – which are recommended as good practice in guidance on sexual abuse and exploitation in emergencies, based on experience in the field. There is some emerging promising evidence on their impact.

**Table 7. Summary of evidence on identification and protection**

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Identification and protection across different sectors		Quality of evidence HICs	Quality of evidence LMICs
<i>Multi sector</i>	Special multi-agency boards; integrated health and justice responses	Low	Low
<i>Health</i>	Integrated health services	Promising	Promising
<i>Education</i>	Training education professionals	Low	Low
<i>Criminal justice</i>	Cross-national police collaboration	Low	Low
	Patrolling 'hot spots' for sexual exploitation	Low	Low
	Focusing efforts on missing children	Low	Low
	Training a range of personnel on identifying vulnerable children	Low	Low
	Special police units (e.g., Family Support Units)	Promising	Emerging promising
	Special measures for vulnerable and child witnesses – <i>some positive outcomes in terms of client satisfaction but service provision is uneven</i>	Promising	Low
	Prosecution of sex offenders – <i>prosecution rates are low</i>	Low	Low
	Sex offender risk management – <i>this is limited to the minority of sex offenders who are identified and prosecuted</i>	Low	Low
<i>Child protection</i>	Sex offender treatment programmes – <i>these are limited to the minority of sex offenders identified, prosecuted and assessed as suitable for treatment. Findings on recidivism are mixed.</i>	Low	Low
	Treatment programmes for young people with sexually harmful behaviour – <i>e.g., multi-systemic therapy</i>	Promising	Low
	<i>Research on effective child protection is limited and rarely addresses effective responses to child sexual abuse and exploitation. More is known about ineffective child protection responses.</i>	Low	Low
<i>Community</i>	Case management systems	Promising	Emerging promising
	Crisis centres and shelters Specialist services with an outreach component Community-based child protection committees	Low	Low
<i>Child, family and relationships</i>	Child helplines or report abuse lines for adults – <i>children call services and access services as a result, but evaluation evidence on outcomes is limited</i>	Low	Low
<i>Humanitarian crisis-specific</i>	Community identification, protection and referral initiatives – <i>child-friendly spaces have been found to reduce rates of rape and exploitation</i>		Emerging promising



### 3.7 Recovery and reintegration

This section focuses on recovery, overcoming the harmful consequences, and reintegration, acceptance of the victim back into a family and community. Responsibilities of States are set out in article 39 of the CRC. Recovery and reintegration following sexual abuse and exploitation are particularly challenging areas of work. In regions with low resources and where there has traditionally been poor recognition of these issues, there is clearly a need to focus on the immediate protective needs of victims. The longer-term processes of recovery and reintegration have had less attention (IRC/UNICEF 2011). A consultation carried out by the Oak Foundation with key actors in the field revealed a common perception that this area of work takes a back seat to protection and a significant gap between rhetoric and reality (Asquith and Turner 2008). Other challenges faced by recovery services relate to the impact of sexual violence on children and young people. In some areas, victims of sexual violence prefer to resolve the issue at home, with possible reasons stemming from the influence of traditional culture, fear and stigma (Keesbury and Askew 2010) or individuals may see sexual violence as a primarily criminal issue and make the police their first point of contact (Rumbold 2008). This makes it difficult for recovery and support services to even identify those who might need their services.

#### Multi-sectoral responses

Many of the services that have developed to address recovery and reintegration are closely linked with existing protective services. Addressing the wide spectrum of needs of sexually abused and exploited children and adolescents requires a comprehensive response as these needs are unlikely to be met by one organization alone. International commitments, legal frameworks and NAPs provide the commitment of States to provide recovery and reintegration services to children who have experienced sexual abuse and exploitation. Of course, as with other areas of response, national level commitment does not mean that meaningful action is being taken to meet these obligations for a whole host of reasons. Service planning has not necessarily been demand led. There are gaps in the provision of recovery-focused services in the community (Allnock et al. 2012; Coy et al. 2007; Scott and Skidmore 2006). Specialized services, more often NGO than government operated, most often deliver recovery provision and employ staff trained in responding to sexual violence.

Children and adolescents have identified key components of services they would want (Harper and Scott 2005). Specialist services should be flexible, comfortable for children and adolescents and delivered by staff who are proficient at forming relationships based on trust and knowledgeable about the dynamics and impacts of sexual abuse and exploitation. The types of services most often accessed by sexually exploited children/adolescents are those that offer a range of services such as legal advice, health, social care, outreach and drop-in access (Pearce et al. 2003). One-stop services that bring together forensic services, medical help and support with legal proceedings and counselling exist in some countries. For example, in England and Wales, under the Violence Against Women and Girls strategy (Her Majesty's Government 2010 and 2011), sexual assault referral centres (SARCS) that include specialist services for child victims have been promoted. One-stop centres that deal with a wider range of child protection concerns, such as National Children's Advocacy Centres, also exist in the United States (Cross et al. 2008) and in many parts of Scandinavia as the Barnahus (children's house). The children's house model of comprehensive child-focused response has been promoted by the Council of Europe and is in keeping with the Lanzarote Convention. Protective functions cannot be completely separated from recovery responses in one-stop shops, shelters and other multi-functional services in LMICs. The provision of psychosocial care in some contexts can be limited, but there are emerging promising findings on service user satisfaction (Jones et al. 2007; Keesbury et al. 2012; Robinson et al. 2009).

*Psychosocial support:* The impact of sexual abuse for children is far-reaching with adverse effects on their physical, intellectual, emotional and social functioning. It is widely recognized that children and

adolescents who have been sexually abused or exploited should have access to psychosocial support, and this is also required by international law (ECPAT International 2011). However, capacity for the delivery of these services is low in many parts of the world. Staff must be trained to deliver this type of intervention safely and effectively, and technical and financial support for this training must be provided (Heissler 2001). Although promising psychosocial support responses for victims of child sexual abuse may also be promising for sexual exploitation, the context of sexual exploitation can raise unique issues and needs not covered by broader sexual abuse responses. Children and adolescents who have been abused or exploited online may similarly have specific therapeutic needs, yet to date no specific therapeutic interventions have been identified that are targeted at this group (Ospina et al. 2010).

*Practical and social support:* In addition to therapeutic needs, children and adolescents who have been sexually abused or exploited often have a range of practical and social needs. They may be homeless, have drug and alcohol dependence, be single parents, have low self-esteem and have poor employment options (Barnardo's 2002; Miller 2003). Providing practical and psychosocial support to help them to overcome these difficulties is seen as an important strategy to prevent repeat victimization. When effective support is not available, sexually exploited children may go missing from care, return to prostitution or be re-trafficked (ECPAT International 2011; Sunusi 2012).

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

Given the limited evidence base on these types of services, one project has been chosen as an example of the types of pioneering work occurring in the field. Although not fully evaluated, the project does provide some monitoring statistics. Cebu City (GTZ 2007) is a centre run by the Christian order of Sisters of the Good Shepherd, supported by the German Karl Kübel Foundation and the W.P. Schmitz Foundation. Originally intended for pregnant girls and teenage mothers wanting to escape prostitution, it houses about 30 girls and young women from 13 to 25 years of age and about 20 children. Girls and young women can stay in the centre for up to three years. They are provided with psychological care in the form of individual and group therapy, counselling, health care (e.g., for pregnancy or drug abuse), legal support (e.g., with legal proceedings against pimps/traffickers), education in cooperation with the local schools and recreational activities. Girls have their own individual reintegration plans. In preparation for reintegration, the girls can access life skills training, including in domestic/household tasks and informal income-generating activities. Since its inception, the centre has provided these services to more than 100 girls. Although it is estimated that about 30 per cent left the centre to go back to prostitution, 40 per cent were placed with their original families and for the other 30 per cent other solutions were found, such as jobs as a household helper

with a Christian order, etc. Unfortunately, there are no data available on what happened thereafter to the girls in the longer term.

Children trafficked across borders may be returned to families in their country of origin. Trafficking shelters have been established to provide vocational training and support mechanisms for victims, such as that introduced under the Vietnamese Government's Receiving and Reintegration Programme (CEOP Command and British Embassy 2011). After repatriation, on-going reintegration support for the children is necessary. This includes psychosocial recovery, formal or non-formal education and economic empowerment. Follow-up visits and monitoring are especially important to help avoid children being re-trafficked. A report by ECPAT found that there is little recognition and coordination among relevant agencies to ensure the needs of sexually exploited child victims are met, and consequently the care and rehabilitation of these vulnerable children are not differentiated sufficiently to meet their requirements. It is also often found that the support services provided to child victims do not vary from those provided to adult victims. Furthermore, the near absence of programmes that provide care and rehabilitation for boy victims is also noted, despite the fact that it has been widely recognized that boys also fall into sexually exploitative situations.

Studies examining the effectiveness of these types of services are very limited. The ones that do exist report mixed practice, making it difficult to identify promising practice in this area of response. Four evaluations of UNICEF-supported programmes for trafficked children were examined within a larger meta-synthesis of UNICEF evaluation reports (UNICEF 2012b). The evaluator concluded that only two of these were effective in the provision of repatriation services (Rasmussen 2006) and psychosocial support (Tan and Baguyo 2007).

A qualitative study of NGOs in Cambodia implementing the IOM's Long Term Recovery and Reintegration Assistance to Trafficked Women and Children Project examined the partner NGO provision of these services (Bureau of Population 2006). The service was designed to offer long-term accommodation and, to variable degrees depending on NGO resources, counselling, education and income-generation support. The ultimate goal was repatriation via recognized procedures and plans designed to prepare children for reuniting with their families. Although the study was not able to assess whether the support received prevented future trafficking and sexual exploitation among the participants, it was able to assess satisfaction of the service user and document the ways in which the service helped support the building of protective factors such as educational and employment achievements. Findings were mixed, noting that girls who received the services felt they benefited in some ways, but the services were also criticized for being disorganized and support after reunification with families was limited and not well understood by the girls and their families (ibid.). A case study of repatriation services in Thailand noted that these services represented progress in providing short-, medium- and long-term support for trafficked women and girls; however, it also found shortcomings limiting the service's effectiveness. Notably, this service was located in the country to which the girls had been trafficked, not their home country. Preparation activities for employment were often not matched to the availability of work in the girls' home country and thus this aspect of the service was a failure (Jersild 2008). Emerging findings from a 10 year longitudinal study of child and adult victims of sexual exploitation in Cambodia show that education to provide skills and qualifications for employment were seen by women and young people to be the most essential element of their recovery and reintegration. However most of those who were in the process of reintegration with their families were returning to situations of poverty (Miles et al 2013).

## **Recovery and reintegration: Social institutions (sectoral)**

### *Health sector responses*

As previously noted, the health sector plays a critical role in responding to the needs of children who have experienced sexual abuse and exploitation. The first section of this report highlighted the many physical and mental health impacts of sexual violence, which may include both fatal and non-fatal health consequences such as chronic infections, somatic responses, eating disorders and alcohol and drug abuse. Sexual violence may also have adverse impacts on maternal health and pregnancy (Garcia-Moreno and Stockl 2009; Ward 2011). However, the health sector plays a minimal role in providing longer-term psychosocial support in LMICs, particularly in humanitarian, emergency and conflict/post-conflict settings. There are emerging examples of integrated and comprehensive care (as described in the previous section), but these are still not widespread (ECSA 2011) and are not often able to provide more than minimal and short-term counselling to victims of sexual abuse and exploitation. It could be argued, however, that they contribute in early stages to the recovery from trauma because 'recovery' is not something that happens 'down the road' but can begin immediately.

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

There has been an increasing focus by mental health professionals in HICs on evidence-based practices for the treatment of child abuse and trauma. The knowledge base currently identifies TF-CBT, creative therapies, EMDR and counselling as potential models of intervention for sexually abused children and young people (Allnock and Hynes 2012). Only CBT has provided robust evidence through randomized controlled trials (RCTs) (Cohen et al. 2006; MacDonald et al. 2012; Wethington et al. 2008). It has, as a result, become a recommended treatment for adolescents by the US Centers for Disease Control and the National Institute for Clinical Evidence in the United Kingdom (NICE 2008). It is thought that while CBT may be effective for some adolescents, it is less appropriate for younger children, and authors reviewing the treatment have urged caution in assuming universal application with children.

EMDR has a strong evidence base for relieving distress caused by trauma, including sexual violence (Chemtob et al. 2002; Edmond et al. 1999) although most of these studies have been adult-focused. Creative therapies such as play, dance or music therapy can offer children an alternative for healing and restoration, and there are examples of this approach being used in LMICs such as Cambodia (Schrader and Wendland 2012) and the Philippines (Brillantes-Evangelista 2013). A meta-analysis of play therapy in HICs with children found positive impact across modalities, settings, age and gender, with the most significant impact seen with humanistic, non-directive play therapy approaches (Bratton et al. 2005). A recent Delphi study has found strong professional consensus among professionals working with sexual violence and abuse that a child-centred approach and factors related to the therapist – rather than the model of therapy applied – are the most important and effective ways to provide treatment to children (Itzen et al. 2010). Few robust studies, however, have been undertaken on the use of play and other creative therapies specifically with sexually abused or exploited children and adolescents, therefore more research is needed to understand the impact with this group.

#### *Education responses*

This review identified no tested-effective, promising, emerging promising or pioneering work by the education sector with respect to recovery and reintegration. Reviews and literature cite education frequently in the areas of prevention and protection, but they are not seen as a key sector in the area of recovery. Education, however, is a vital component of the multi-sector reintegration process (Miles et al 2013) which suggests there is a crucial gap in the literature regarding the role of education in this area of work.

#### *Criminal justice responses*

Criminal justice sanctions, arguably, could contribute to victim recovery by bringing closure or a sense of justice through responses made to offenders. The justice sector is responsible for providing justice for victims of sexual violence and other human right violations, upholding accountability and supporting the long-term process of rebuilding communities. The right to justice for victims of violence and human rights violations has been extensively affirmed and developed in international law, from the International Covenant on Civil and Political Rights of 1996 to the “Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law” (United Nations General Assembly 2006b). Even in times of armed conflict, the national courts of a State have the responsibility to prosecute sexual abuse and exploitation and provide justice for victims. However, it is usually only after a conflict is over that society turns its attention to accountability and justice. There are many challenges to providing justice for victims of conflict-related sexual violence, and victims of sexual abuse and exploitation in general face significant economic, educational and socio-cultural barriers in gaining access to justice (Bastik et al. 2010). Making courts child friendly could help to rehabilitate child victims (Sana et al. 2013).

Some researchers propose that the focus on perpetrators should shift to include victim reparation and offender reintegration as well as offender management. Models such as Circles of Support are based on the principles of restorative justice (Braithwaite 1989) applied to sex offending. Circles of Support aim to involve the victim, offender and community in acknowledging and confronting the harm caused by sex offending, the offender making reparations to the victim and the community, the offender changing his behaviour with the support of members of the community and then moving towards a position of re-acceptance and reintegration. Restorative justice models are often regarded as particularly suitable for minority communities and LMICs because they also aim to divert minority groups of offenders away from the penal system as well as involve members of the community in managing offender behaviour. There is scope to involve community and faith groups in the processes of protection, change and recovery. Evidence from research on restorative justice indicates that offenders, especially young offenders, benefit most but victims are not always adequately supported in feeling safe (Braithwaite and Daly 1994; Daly 2006; Hudson 2002) and victim experiences seem to vary with the closeness of the prior relationship with the offender (Koss 2014). Support programmes are developing the evidence base on impact, but as yet findings regarding improved safety for child victims are limited (Wilson et al. 2010).

Conferencing is a widely used form of restorative justice that has been adopted specifically for sexual assault (Koss and Achilles 2008) and involves victims, offenders and their family and friends meeting after intensive preparation. Anecdotal evidence indicates that offenders gain insight into their own behaviour and the harm they have caused and are able to make positive changes as a result (Minnerm et al. 2006). A diversion programme for young sex offenders, the South African Young Sex Offenders Programme (SAYStOP), was developed in 2000 and has been implemented at the Stepping Stones Project in Eastern Cape Province. It is also used by the provincial Department of Social Development in Western Cape. A 2002 evaluation of SAYStOP suggested that it had developed an intervention useful for holding children who have committed sexual offences accountable and providing them with an opportunity to reflect on their abusive behaviour. The sessions appeared to

be fairly successful in accomplishing their individual aims and objectives. In particular, the children assessed seemed to have developed insight into their victim's feelings and realized the importance of responsible decision-making. Group work seemed to be a necessary and beneficial aspect (UNICEF 2005b). No studies have been identified as tested-effective, promising or emerging promising in terms of work with perpetrators of sexual abuse and exploitation in LMICs. This highlights a particularly stark gap in post-abuse responses to offenders. Examples of what is being done have been offered in several reviews, however.

#### *Child protection agencies*

Child protection agencies may directly offer recovery services to child and adolescent victims of sexual abuse and exploitation or refer them on to other agencies able to provide these services. Responses should be determined by the victim's level of risk and by what agencies and services can offer. Best practice suggests that the 'gold-standard' of support is delivered through multi-agency teams that are co-located, offering direct support to victims (Barnardo's 2012). Capacity, resources and good multi-agency working arrangements are not always available, however, even in relatively high-resource areas. A recent study of therapeutic services for children and young people in the United Kingdom found significant gaps locally and nationally between the availability of resources, levels of demand and estimated need (Allnock et al. 2009).

Unlike in HICs, child protection sector responses to recovery in LMICs are generally weak, and local grass-roots organizations tend to be the main providers (Mildred and Plummer 2009). Efforts to improve the social welfare response to service provision in LMICs have been in evidence – for example, to expand, improve and coordinate services for victims such as counselling, shelters, victim advocacy, hotlines, women's support groups, children's services and legal aid (Bott, Morrison and Ellsberg 2005). Much of this work has relied on attention to better coordination between agencies, and social services such as these are often delivered by NGOs and other community organizations. Research on the effectiveness, quality and impact of social service programmes, however, is scarce in LMICs (ibid.).

#### **Recovery and reintegration: The community, non-governmental and voluntary sector**

As previously stated, in LMICs recovery responses to child sexual abuse and exploitation have been mostly provided by civil society organizations often working with agencies in other sectors. In some cases, these initiatives are supported by government, UN organizations and/or partner organizations (Heissler 2001). One emerging-promising example implemented by the ILO is a direct assistance programme called "Programme on Prevention and Integrated Care for Children and Adolescents in Situations of Child Sexual Exploitation". Developed in Latin America with cooperation from local public and private institutions, it provided health care, psychosocial care, formal education, informal education, vocational training, family assistance, legal aid and temporary shelter. The programme helped 318 young girls to withdraw from sexual exploitation (Casal Cacharrón 2005). No robust evaluation of this programme exists, however, so it is not possible to assess the long-term impact.

Shelters were mentioned above as strategies for protection, but they often provide more than this. Shelters provide women and girls with a place to recover from their experiences, rebuild self-esteem and take steps to regain a self-determined and independent life. Historically, of course, these developed to respond to domestic violence against women, although sexual violence is usually part and parcel of this. Shelters continue to focus on protecting and empowering women who have experienced intimate partner and gender-based violence. While it is difficult to draw conclusions of the effectiveness of such a service for children and adolescents who have experienced sexual abuse or exploitation, it is possible to learn something about the impact of comprehensive services. Although shelters vary in structure depending on funding and resources, recovery and reintegration services typically offered include counselling and therapeutic support, financial and economic

assistance, legal assistance and long-term housing (Geirman et al. 2013). Most of the evaluations and research studies on shelters derive from Europe and North America (Sullivan et al. 2008), and the evidence base remains limited due to deficits in research and rigorous evaluations. Services such as these are difficult to evaluate because of the multiple components that contribute. Understanding the individual impacts of, for example, counselling services is not easy given the other multiple services also being provided. However, some evaluations in HICs have found improved outcomes for women's resilience, self-esteem and coping through individual counselling interventions (Bennett et al. 2004; Tutty et al. 2006). It is likely that shelters raise different issues for the recovery of adult and child victims, as adults are less likely to remain in these institutions for long periods of time and less likely as a result to suffer the disadvantages associated with institutional accommodation.

Where resources are limited, methods to mobilize community support directly in recovery have been tried. An example is the 'apprenticeship model' where members of the community are recruited, trained and supervised by experienced professionals to provide psychosocial support for mental health problems including trauma resulting from living through armed conflict or sexual violence (Murray et al. 2011). Evidence in LMICs is pioneering and warrants further attention (Murray et al. 2013).

#### **Recovery and reintegration: Child, family and relationships**

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

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

One example of recovery assistance developed for parents in LMICs is a resource pack for use with children who have experienced child sexual abuse but are unlikely to access formal counselling. The pack was developed by a local NGO in South Africa, Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN nd). They offer a 'Healers Package', which is a therapeutic toolkit to support community-level practitioners and parents or caregivers in therapeutic work with sexually abused children and consists of therapeutic activity books for children aged 4–7, 8–12 and adolescents; a practitioner's manual; a manual for the parents or caregiver/s of the child; and activity materials such as play dough, toys, a journal and crayons. No evaluation of this project has

been identified, but it represents a pioneering project to address gaps for parents in accessing recovery support for themselves.

#### *Child and adolescent participation*

Child/adolescent participation in programmes is seen as a contributor to their recovery and rehabilitation (Heissler 2001). There are numerous examples of the ways in which children who have experienced sexual abuse and exploitation have become involved in service design and delivery (Frederick 2010). A key example considered as an emerging promising project, led by ECPAT International and supported by other NGOs locally, is the Youth Partnership Project (YPP) for child victims of sexual exploitation and children from vulnerable communities. It is designed to empower and build the capacity of children and young people by involving them in the fight against sexual exploitation. Children and adolescents are given training and support in, for example, media advocacy and peer support to develop the knowledge and skills to help themselves and their peers to create positive changes in their lives (ECPAT 2005). YPP encourages young people's participation in social activism to raise public awareness and to demand better protection of their rights from decision makers (Crispin 2009). This project has been replicated across Africa, East and South Asia, Latin America and Eastern Europe. We have so far been unable to identify any formal evaluations of this project or any of its chapters, although the project provides some monitoring statistics and reports on activities. Guidelines for peer supporters have also been developed and made accessible online (Crispin et al. 2008).

#### *Humanitarian crisis contexts*

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

Policy and guideline development such as the Inter-Agency Standing Committee guidelines (IASC 2005), which recommend comprehensive care for women and girls affected by sexual violence, also seem to have had some influence. A number of examples of comprehensive care for war-affected women and girls exist, providing medical services, reproductive health care, psychosocial counselling and referral and advocacy. The Rainbo Centers in Sierra Leone provide a good example of this as well as of how government and local institutions are working together to respond to gender-based violence (Ward and Marsh 2006). An example of a multi-sectoral response discussed by Ward and Marsh (2006) is that of the Organization of Angolan Women, which provides psychosocial support, conflict management assistance and legal aid. The organization facilitates access to other services such as health care and is also involved in training and raising awareness among professionals in the criminal justice sector as well as members of the public. In the main centre in the capital city of Luanda, there are a number of senior lawyers, lawyers-in-training, and student interns, as well as a psychologist and several psychosocial assistants. The organization conducts advocacy and training activities with various institutions, has worked with the National Department of Criminal Investigation on increasing the speed of interventions and is currently helping the Ministry of Health to develop a standardized form for forensic exams, for use in court. It also runs one safe house in Luanda for women and their children who have been exposed to domestic violence.



### **Key messages**

Robust research and evaluation of recovery and rehabilitation services for children and adolescents who have been sexually abused or exploited is seriously lacking, and the quality of studies covered in this review ranged from promising to low.

Less attention has been given to this important area of work than other areas such as prevention and protection. More research is required to identify good practice, especially in LMICs.

Children and adolescents who have been sexually abused and exploited require comprehensive services providing a package of multi-sectoral support that addresses their emotional, practical and social needs to enable recovery and reintegration into communities. Improved multi-sector cooperation is needed to bring together responses in health, law, child protection, education and employment especially.

As recovery can begin from the first point of contact with services, health and other related professionals should be trained in responding sensitively to the needs of children and adolescents.

Greater attention should be focused on building capacity and providing humanitarian staff in LMICs with training and guidance on responding to children's individual needs.

### **Promising programmes**

The best evidence on recovery responses was found for *trauma-focused cognitive behavioural therapy* in HICs, with some testing in LMIC contexts. This has been found to have moderate effects on reducing post-traumatic stress disorder (PTSD) and anxiety symptoms in sexually abused children. Even so, it may not be effective with all children or adolescents and has not been tested experimentally with those who have experienced sexual exploitation.

*Creative therapies* are relatively widely used but historically have been difficult to research. Limited evidence available shows some promising impact.

Promising results on recovery were also found for *EMDR* therapy, although there is a need to test this further with children.

*One-stop shops, children's advocacy centres and Barnahus/children's house approaches* providing a continuum of services to meet psychosocial, practical and social needs have produced some promising research results in HICs in terms of victim and caregiver satisfaction and justice responses and are recommended by the Council of Europe. Evidence of impact on recovery and reintegration of child victims is still limited and could be tested further in LMIC contexts.

**Table 8. Summary of evidence on recovery and reintegration response**

Commented [TJ4]: Still disappearing words

Recovery and reintegration across different sectors		Quality of evidence HICs	Quality of evidence LMICs
<i>Multi sector</i>	One-stop shop models can include counselling and comprehensive psycho social support – e.g., <i>Sexual Assault Referral Centres (SARCs), Children’s House (Barnahus) and Thuzulela Care Centres</i>	Promising	Emerging promising
	Psychosocial and practical support in Transit homes	Low	Low
<i>Health</i>	Trauma-focused cognitive behavioural therapy	Promising	Pioneering
	EMDR (eye movement desensitization and processing) – <i>research is mostly with adult victims</i>	Promising	Promising
	Creative therapies – e.g., <i>play, dance or music therapy are widely used but no robust studies focusing on outcomes for sexually abused or exploited children found</i>	Promising to pioneering	Low
	Counselling	Pioneering	
<i>Education</i>	No education sector-specific recovery projects were identified.		
<i>Criminal justice</i>	Restorative justice and conferencing approaches to offenders – e.g., <i>Circles of Support, SAYStOP</i>	Low	Low
<i>Child protection</i>	Referral to therapeutic services	Low	Low
<i>Community</i>	Shelters providing holistic services – <i>research evidence is limited and relates mostly to adult victims in HICs</i>	Low	Low
	Community-based psychosocial support – e.g., <i>‘apprenticeship models’ for community-based support for victimized children</i>		Pioneering
	Strengthening community support – e.g., <i>activating social networks; communal traditional or faith-based support</i>	Low	Low
<i>Child, family and relationships</i>	Safe carer model – <i>parental support is a strong predictor of improved outcomes for sexually abused children</i>	Pioneering	Pioneering
<i>Humanitarian crisis-specific</i>	Counselling – <i>guidelines are available for fieldworkers</i>		Low

## 4. Implications for Policy

The main purpose of this evidence review is to produce knowledge on child sexual abuse and exploitation that can be used to inform guidance for the future work of UNICEF and partners. The need to produce consolidated guidance on developing responses to child sexual abuse and exploitation in LMICs and humanitarian emergency contexts was identified by UNICEF, and a significant gap has been confirmed by our own review of guidance publications. In this final section of the report, we draw out conclusions from the evidence and make recommendations about what can be used to support the proposed consolidated guidance. The conclusions and the implications are presented under the next two sub-sections: understanding the problem; and identifying potentially effective responses. In the sub-section after that, we briefly consider findings from a review of 81 guidance documents relevant to programme development. The final sub-section of the chapter contains general recommendations and recommendations for developing consolidated guidance.

### 4.1 Understanding the problem

*Defining the problem:* Few studies or programmes were found that fully defined or addressed child sexual abuse and exploitation in all its complexity. Within research in HICS, more attention has been given to child sexual abuse than to child sexual exploitation. Definitions and responses in children's rights organizations working in LMICs tend to have focused more on child sexual exploitation. Indeed, a clear definition of child sexual abuse in children's rights provisions was not produced until 2007 when the Lanzarote Convention was agreed. Organizations such as the WHO have developed a typology of violence, which is useful for highlighting the overlapping aspects of specific types of abuse and some of the different contexts and relationships in which this can occur (see *Appendix E*). However, the typology is better suited to adult experiences of violence than to the experiences of children, especially children living in LMICs, as it simplifies the settings in which inter-personal violence can occur into just the two areas of 'family' and 'community'.

We need operational definitions of child sexual abuse and exploitation that are useful for defining the problems to be addressed in policy and programme responses, as well as definitions that can inform research to yield meaningful data on the experiences of children and adolescents. It is important that operational definitions and assessment measures are agreed that cover the different types of child sexual victimization (sexual abuse, sexual exploitation, sexual violence) and the settings and political contexts in which they occur, as illustrated earlier in Figure 1 of this report.

*Prevalence:* Research on children and violence has grown rapidly in recent years and this has greatly improved understanding of children's experiences in both HICS and LMICs. Violence against children across the world is prevalent, and a large minority of the world's children have been sexually abused and/or sexually exploited at some time in their lives. Rates of sexual abuse identified from systematic reviews range across regions between 13.5–28 per cent of girls and 4–12 per cent of boys in Europe, 20–26.5 per cent of girls and 7–8 per cent of boys in Canada and the United States, 8–13 per cent of girls and 2–14 per cent of boys in South America, 7–68 per cent of girls and 4–35 per cent of boys in Asia and 20–43 per cent of girls and 10–30 per cent of boys in Africa (Andrews 2004; Stoltenborough 2011).

There are considerable methodological and conceptual variations in these national studies, which makes cross-national comparison difficult and thereby frustrate efforts to identify what broader societal factors might influence higher or lower levels of sexual abuse and exploitation. Research that has been informed by children and adolescents and has involved them meaningfully in design, conduct and dissemination is generally of better quality and has greater utility. We need to continue

collecting high quality data on prevalence rates, impact, risks and trends for girls and boys of different ages to confront the problem of child sexual abuse and exploitation and make a real difference to children's safety across the world. A more standardized approach to data collection would improve the availability of research across different nations and over time. There is currently some data, such as the Demographic and Health Surveys and those gathered by national surveys by Together for Girls, UNICEF and the CDC, that could be used to improve cross-national analysis and methods of data collection.

*Ethical issues:* Considerable ethical issues are raised by going into children's homes or schools to ask them about their experiences of abuse and violence, although these are not impossible to overcome. The evidence indicates that this research can be done safely and ethically and that children generally feel strongly that they should be included. We are aware of efforts made in a number of different organizations such as the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) (Dunne et al. 2009), UNICEF (Graham et al. 2013), Save the Children Sweden (2004) and Co-ordination Action on Human Rights Violations (CAHRV 2007) to bring together lessons learnt from conducting victimization research with children across the world. It is vitally important that these important messages from ethical practice in research are widely shared and promoted.

*Prevalence among disadvantaged groups:* Household and school-based surveys may leave out the children who are most vulnerable to sexual abuse and exploitation. There are practical and ethical difficulties associated with identifying and in reaching out to the most disadvantaged children. Household and school-based surveys need to be supplemented with additional recruitment methods that can ethically target and involve children from disadvantaged groups in research (e.g. CDC 2014).

*Tracking trends:* Steps have been taken over many years in HICs to deal with the problems of child sexual abuse and exploitation, and there is growing evidence that these efforts may have brought about a decline in prevalence (Finkelhor et al. 2013; Radford et al. 2011b). It is, however, also possible that risks of sexual abuse and exploitation have declined for some children and adolescents in some contexts but have increased for others in different circumstances. Some children and adolescents, and people working with them, may be more able to report abuse while others are less able. Population-based surveys and national incidence studies are expensive, but they also can be wasted expenses if they remain as 'one-off' cross-sectional studies and no efforts are made to follow up and track changes over time. Examples of excellence exist in the work of the University of New Hampshire Crimes Against Children Research Center, in national incidence studies that have been used in public health monitoring as in Public Health Canada, in collaborative cross-national comparative epidemiological research such as research by Gilbert et al. (2011) and in the small number of longitudinal studies of child maltreatment that exist (Meinck 2014). To build understanding of effective interventions, it is important to improve data monitoring and trend tracking over time and in different regional contexts.

*Risks and protective factors:* Much of the research on risks of sexual abuse and exploitation, or child maltreatment more generally, has developed in HICs. It has been argued that it is important to know about the risks and vulnerabilities of children in different settings and contexts in order to address these in prevention and protection. While some of the messages from research on risks in HICs are likely to be transferable to work in LMICs, issues relevant to the experiences of socially disadvantaged children in LMICs warrant more attention. More is known about children's vulnerabilities than is known about their strengths and the protective factors that work to keep them safe. New population-based surveys in LMICs present a good opportunity to explore not only the prevalence, associated risks and impact of all forms of violence on children but also what might help to keep them safe. Focusing on children's strengths and assets as well as their vulnerabilities could vastly improve knowledge about prevention and protection. Measures and methods of research to cover strengths need to be built into future studies.

*Gender and developmental risks:* Being female is a significant risk factor for sexual abuse and exploitation in most parts of the world and is linked to the gender-based power inequalities that persist globally. Girls typically report rates of sexual abuse that are at least three times higher than rates reported by boys, although boys have reported similar or higher rates in community-based surveys in some countries such as China (Finkelhor et al. 2011), the Lebanon (Usta et al. 2008), some countries in the Balkan region (Nikolaidis 2013), Cambodia (Ministry of Women 2014), South Africa (Burton et al. 2015) and Poland (Svedin 2009). Gender- and age-related inequalities or developmental differences are key risks for the sexual abuse and exploitation of both girls and boys. In some contexts, the age-related inequalities associated with being a child might present a greater risk for child sexual abuse and exploitation than the person's gender. It is crucial that understanding of risks takes into account age and developmental issues as well as gender.

*Perpetrators:* People who sexually abuse or exploit children and adolescents can be adults or other children. They are mostly male and mostly known to the victim, although adolescents are at greater risk of also being abused by strangers and the online world widens access for perpetrators. Perpetrators of child sexual abuse and/or child sexual exploitation have diverse motivations but are able to commit these acts of violence against children because they are not effectively prevented from doing so. Efforts have been made to introduce criminal sanctions, but rates of conviction are low and very little attention has been given in LMICs to changing or controlling perpetrator behaviour. Knowledge about perpetrator behaviour and motivations in LMICs seems to be a significant gap in the literature. Most of the research on motivation has been based on samples of convicted sex offenders apprehended in HICs: 'paedophiles' rather than 'ordinary' men and boys. For about 10 years, gender-based violence prevention programmes in LMICs have aimed to involve men and boys and there are pioneering projects such as the International Men and Gender Equality Survey (IMAGES) that track changes in men's behaviour and beliefs, including their use of violence towards women (Barker et al. 2011). Important messages may arise from the future analysis of these interventions. There is scope to use this work to explore why some men and boys are not motivated to abuse women and girls. Preventing and responding to perpetrators of child sexual abuse and exploitation should include working with men and boys in the general population, mobilising men and boys as resources in changing cultures and norms that support violence, rather than focusing only on convicted sex offenders.

*Conceptual frameworks and theories of change:* The 'ecological approach' – which identifies inter-related risks and protective factors affecting children's individual, family specific, community and wider societal vulnerabilities – was discussed earlier and has been very influential in informing prevention-focused responses that need to occur at all levels of intervention. In HICs, child maltreatment responses have tended to place more emphasis on parenting and individual risks than on broader social inequalities that contribute to child sexual abuse and exploitation. Responses to gender-based violence have, by contrast, focused on structural factors to reduce gendered inequalities by empowering women. While these models can only be as good as the assumptions that underpin them, 'theories of change' (DFID 2012c) have been produced to map the often inter-related areas of change required at all levels in a society to prevent and respond to violence. Theories of change that bring together the work on gender-based violence with work to prevent and respond to violence against children could encourage policy and programme developers to focus on outcomes for children, how they might be achieved and what the structural and broader societal barriers to their achievement might be across different contexts.

*Reducing harm:* There is no doubt that sexual abuse and exploitation has harmful consequences for children that can persist through adulthood, blighting their lives and the lives of others. Research on the consequences of child sexual abuse is extensive. Links have been found between child sexual abuse and risk-taking behaviour and between sexual abuse and exploitation and intimate partner abuse. A child who is sexually abused or exploited is at greater risk of experiencing other types of

violence or abuse from adults or peers in a range of settings. Children who are 'polyvictimized' tend to have the poorest outcomes. Early identification and early help could prevent re-victimization and also prevent harm accumulating. An early intervention approach should not focus solely on very young children or infants. Responses to prevent and respond need to include earlier help for children and young people of all age groups as the risks and nature of violence experienced can vary across the life course.

*Young people who harm others:* Research suggests that around 50 per cent of adolescents who sexually harm others have been maltreated or suffered other adversities in childhood (Vizard et al. 2007a). Responses to children and adolescents who sexually harm others need to be different to responses to adult sex offenders, to protect children who are victimized but also to avoid criminalizing children early on as offenders when it is more appropriate to assess and deal with the problem behaviour.

#### **4.2 identifying potentially effective responses**

The findings from this review show that more is known about the nature of the problem of child sexual abuse and exploitation than is known about how to confront it. Finding robust evidence on effective responses was difficult, and the general availability of this evidence in LMICs is widely acknowledged to be poor. Some of the responses included in the review had an 'off-centre' focus, being primarily set up to deal with a different issue (such as gender-based violence or HIV and AIDS) or with child protection issues generally. The next sections consider first the implications from the review regarding national responses to child sexual abuse and exploitation and second the responses for prevention, protection, recovery and reintegration in different service sectors and communities.

##### **National responses**

*Limitations in policy research:* Much of the information on national responses exists in publications relating to practice, grey literature, programme monitoring and evaluation reports. We cannot claim to have comprehensively covered this literature in this review as there are few searchable databases to enable systematic searches to locate the materials. Some of the evidence on implementing child protection responses in HICs tells us more about what does not work well rather than what is effective. For example, there is ample information on the problems caused by poor coordination and planning of services (Laming 2003 and 2009; Munro 2011b). It appears to be easier to find guidance on what to do and on what has been done than it is to find information on what is effective. As stated earlier, this is likely to be a feature of the nature of this work in LMICs where a lot of initiatives have been prompted by humanitarian crises and considerable knowledge has developed from working in the field. Notions of sustainability in responses are now widely accepted, and this may help with consolidating evidence from practice. Further research on policy implementation and policy impact is needed.

*Creating enabling environments for change:* While there is unlikely to be one system model to suit all nations, it is accepted that the basic elements of a child protection system need to exist for children to be kept safe. These include having clearly understood child protection goals and a normative framework to support them as well as a system of governance and delivery with the capacity to implement the goals and provide responses across the continuum of care (Wulczyn et al. 2010). Developing child protection systems involves changing attitudes and beliefs as well as building capacity for effective responses to prevent violence and protect children. National child protection system-building responses have included: legislative reform; strategy development and planning; coordination; improving governance; mapping needs and gaps in services; capacity building and developing service structures; and mobilizing to change attitudes and behaviour. Law reform is

necessary but by itself likely to be very limited in effect and difficult to implement if not supported by adequate resources, capacity building and changes in social norms, public beliefs and behaviour. Important aspects of change identified in both the United Kingdom's and United States' strategic approaches to gender-based violence in development have been creating partnerships with women's rights organizations, strengthening women's leadership and voices at the national level, mobilizing change through community engagement, including men and boys and raising awareness of gender-based violence as a significant social problem (DFID 2012b; USAID 2012). Progress can be seen in the increasing number of countries that have adopted NAPs for child sexual abuse and exploitation, but poor implementation and poor monitoring of change are common issues that need to be addressed.

### **Prevention**

Three main approaches to prevention were identified in the literature: changing norms and attitudes, situational prevention and prevention responses designed to reduce risks and build strengths. All three have a place in prevention responses, although most emphasis has been upon changing norms and attitudes with least emphasis on reducing risks and building strengths and protective factors for children, although work in these areas seems to be growing.

*Preventing child sexual exploitation:* No research on preventing child sexual exploitation by changing norms was found for HICs. Awareness campaigns to prevent child sexual exploitation have taken place in Latin America and the Caribbean that have been described as examples of good practice (UNICEF 2001), although research evidence to support this is limited. This is an area of policy, practice and evidence-gathering that could clearly be improved to benefit children in HICs and LMICs.

*Education and safety from child sexual abuse:* There are school-based prevention programmes that have good evidence of impact over a number of indicators such as improving children's awareness (Tutty 1997), promoting disclosure (Finkelhor 2007), reducing self-blame (Finkelhor et al. 1995) and reducing rates of victimization in later life (Gibson and Leitenberg 2000). While there is no firm evidence as yet to show that these brought a decline in rates of sexual abuse in the wider community (Finkelhor 2007), there are some encouraging findings about trends in HICs (Finkelhor et al. 2013). Improving child and parent awareness is an important part of a holistic strategic response.

*Do no harm:* The possibility of adverse, unforeseen consequences resulting from projects set up to prevent child sexual abuse and exploitation should be considered. In work on gender-based violence, assessing the likelihood of 'backlash effects' (where members of a community may react with violence and aggression in response especially to women's empowerment projects) is recommended (WHO 2010a). Sex education may be important to safeguard children and young people but is highly contentious in some contexts. Interventions targeted at vulnerable and disadvantaged children and adolescents should consider and monitor carefully any potential risk of harm resulting from the prevention response. Effective partnerships and collaboration with community groups, parents and children is important to help address the challenges of implementation.

*Sustaining change in attitudes over the longer term:* There are some very well-evaluated studies of prevention responses in HICs and well-designed studies in progress in LMICs. Many awareness-raising and educational-focused responses, as previously discussed, have had successful outcomes. Shifts in attitudes tend to be short term and regress to pre-intervention levels after brief follow-up periods (Davis and Liddell 2002; Heppner et al. 1995). One-off prevention initiatives are unlikely to be sufficient, and efforts need to be reinforced, maintained and monitored over time.

*Good evidence exists on gender-based violence prevention:* The review found good evidence existed for changing norms and building strengths through education on gender-based violence. Three prevention projects in particular have good to promising evidence in HICs and have evidence developing in LMICs. The *Safe Dates* programme (Foshee et al. 1998), currently being evaluated in South Africa (WHO 2010a), has been identified across a number of reviews as an example of good practice (Casey 2007). It has been rigorously evaluated in HICs through an experimental design, showed positive impacts on attitudes and behaviours, and has been formalized, allowing it to be rolled-out by external parties. Dating violence programmes have been found to be more effective if they are interactive (Heppner et al. 1995); are delivered over multiple sessions rather than in a single session (Anderson and Whitson 2005; Brecklin and Forde 2001; Jewkes et al. 2002); use local data on sexual violence and culturally-specific and relevant information in the curriculum (Heppner et al. 1999; Shewe 2002); and aim to change attitudes rather than just provide information to young people (Jewkes et al. 2008). The *Stepping Stones* programme has been implemented in Africa and Asia (ibid.) and evaluations include a randomized controlled trial in the Eastern Cape. There is promising support for an association between ‘*edutainment*’ – such as Soul City in South Africa (WHO 2010a, 2010b) – and individual attitudes and perceptions of social norms related to domestic violence (Usdin et al. 2005).

*Situational crime prevention:* This has been used to regulate perpetrators in HICs and applied in the context of migration or humanitarian crisis in LMICS. Attention to camp design, layout, security and lighting, for instance, has been found to contribute to a safer environment for women and children in conflict settings (Anderson 2010). This approach to prevention could be explored outside the context of humanitarian crisis and applied alongside other efforts to reduce risks. Promising practice developments have been found in the work of groups such as the Global Alliance Against Child Sexual Abuse Online to enhance international efforts and transnational collaborations to reduce the supply and availability of child pornography online and to regulate offenders’ capacity to search for abusive materials (Global Alliance Against Child Sexual Abuse Online 2013).

*Prevention by asset strengthening and reducing risks:* This has been used more commonly in work on gender-based violence or in HIV and AIDS prevention in LMICS, but there is scope to develop this approach for preventing child sexual exploitation and possibly also child sexual abuse in HICs, LMICs and humanitarian emergency contexts. Economic strength building is promoted by the UK government’s Department for International Development Global Programme to End Violence Against Women and Girls, What Works, which is funding further innovation and research and has created resources available online to guide gender based violence prevention responses<sup>13</sup>.

#### **Identification and protection**

Although there have been funding constraints, welfare service restructuring and differences in system responses, the overall trend in HICs in recent years has been to strengthen and widen the net of child protection (Gilbert et al. 2011). In LMICs, the focus has been on building a safety net and a network of relationships needed to make it work to protect children. Three aspects to protection have been covered in this review: identification, protection of the child and stopping the perpetrator from further offending. The implications for policy and research are considered below.

*Identification:* It is difficult to protect children effectively if those who are in need are not identified. However, identifying children living with sexual abuse and exploitation is difficult. As previously discussed, there are many reasons why a sexually abused or exploited child or adolescent may be reluctant to seek help, among them fear, shame and social stigma. The broader social context may be hostile to child victims. Professionals may have limited capacity to identify children and to respond to abuse disclosure.

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<sup>13</sup> See <http://www.whatworks.co.za/>



Efforts to improve the identification of children who are sexually abused or sexually exploited include:

- law reform to enable formal reporting of child sexual abuse and exploitation
- training those in contact with children to be alert to the signs of abuse
- providing age-appropriate information to children on their rights to protection and where to find help directly themselves
- introducing methods to 'screen' clients for experiences of sexual abuse or exploitation
- introducing assessment and risk assessment methods
- improving data sharing and guidance for multi-sectoral methods of working together
- developing reporting and referral pathways
- developing integrated or one-stop shop identification and response teams, especially in health

*Coordinating protection responses:* Child protection services in HICs have been the main agency responsible for protecting children from sexual abuse and exploitation, although there is a lack of evidence on outcomes for children and on which child protection responses are the most effective. It is increasingly recognized that effective child protection needs a cross-agency, multi-sector response. Case management is one approach that is seen as good practice across HICs, LMICs and, increasingly, humanitarian settings.

*Community-based child protection:* Child protection in LMICs is more commonly provided through NGOs and community groups, and services tend to be thin and unevenly spread. Community-based child protection mechanisms (CBCPM) have become very important in supporting and strengthening child protection systems and have been found to be effective under the right conditions, although there is as yet no clear evidence about their effectiveness in helping to identify and refer children and adolescents at risk of sexual abuse and exploitation. More effective community mechanisms seem to be those that include local structures and traditional or informal processes for promoting or supporting the well-being of children. Several qualitative studies in areas of conflict found evidence of the ways in which these mechanisms could strengthen existing systems by increasing access to services, strengthening relationships between civil society and government and supporting existing structures (De Lay and Knudson 2008; War Child 2010).

*Child-friendly spaces:* Child-friendly or safe spaces for children, where children may be identified and referred on for other services, are recommended as good practice in guidance on sexual exploitation in emergencies, based on experience in the field (CCF 2008; Davis and Ittus nd). These centres have gained long-term sustainability by transforming into more formal service providers (UNICEF Evaluation Department 2009).

*Helplines:* These provide easy access for children, but evidence has not yet been found on impact in terms of how many children are protected and whether or not helplines can reduce the extent of child sexual abuse and exploitation.

*Responding to perpetrators:* There are also methods used to identify and control perpetrators via police surveillance and detection, prosecution and/or treatment, although little evidence to indicate whether or not it is more effective to prosecute, treat or attempt a combination of both when responding to offender recidivism. There has been an increase in prosecution of sex offenders in some HICs, particularly for online abuse, while rates of prosecution in LMICS remain low. Some HICs have also increased surveillance and control of sex offenders. Research on sex offender treatment methods have produced mixed findings on their effectiveness in reducing recidivism. This does not necessarily mean, however, that these efforts are not worth pursuing.

## **Recovery and reintegration**

In LMICs, recovery responses to child sexual abuse and exploitation have been mostly provided by civil society organizations. In the many countries where even protective and immediate services are lacking, help with recovery is unlikely to be given despite the fact that the harm caused by abuse can continue into adulthood. As has been the case with other responses considered, the evidence on effective responses is slimmer in LMICs although projects that include education or enable economic empowerment are valued by survivors.

*Therapies:* The knowledge base from research in HICs currently identifies TF-CBT, creative therapies, eye-movement desensitization and reprocessing (EMDR) and counselling (Allnock et al. 2009) as potential models of intervention for sexually abused children and young people. Only CBT has provided promising evidence through randomized controlled trials (MacDonald et al. 2012; Wetherington et al. 2008). It may be promising for some adolescents but is less appropriate for younger children, and authors reviewing the treatment have urged caution in assuming universal application with children. EMDR has a strong evidence base for relieving distress caused by trauma, including sexual violence (Chemtob et al. 2002), although most of these studies have been adult-focused (Edmond et al. 1999). Creative therapies such as play, dance or music therapy offer children an alternative for healing and restoration, and there are examples of this approach being used in LMICs such as Cambodia; however, as yet no robust evidence of impact has been found (Schrader and Wendland 2012).

*Support to match the needs of the child:* Children and adolescents who have been sexually abused and exploited may need a package of support to address their health-care, emotional, practical and social needs. Reintegration may require a sustained response with children's participation and input into plans for return to family or community. Parental support is the strongest predictor determining good outcomes for sexually abused young children.

### 4.3 Existing guidance on child sexual abuse and exploitation

#### What exists

A review of existing guidance documents on sexual abuse and exploitation of children in LMICs and emergency contexts was undertaken as part of the work for this report. Eighty-one documents were covered in the review, including a list of existing UNICEF and partner guidance documents provided by UNICEF at the start of this consultancy work and further grey literature identified through Internet searches focusing on UN agencies and NGOs with experience of working with sexual and gender-based violence, other forms of child sexual exploitation or child sexual abuse in LMICs and humanitarian crisis contexts. The review does not cover all existing guidance and since the initial search, further resources have been developed. A full list of all guidance documents reviewed can be found in Appendix B. Twenty-six of the guidance reports included make reference to humanitarian crisis and/or conflict settings. Documents were defined to be 'guidance' if their aims and purposes were explicit in providing guidance to people working in the area of child protection, gender-based violence, violence against women and girls or sexual violence (including sexual exploitation). The guidance documents reviewed covered five main areas:

- Child protection (9)
- Data collection and monitoring (12)
- Gender-based violence or violence against women (33)
- Sexual abuse and sexual violence (14)
- Sexual exploitation (13)

Twenty-six (32 per cent) of the guidance documents reviewed provided specific advice in an emergency or conflict setting.

Only 24 guidance documents were rated as 'high' on evidence. These documents clearly stated that a review had been carried out of research and practice to provide a basis for the recommendations, clearly described the methodological process and provided either a link to the evidence review or sufficient referencing in the document. Thirty-seven of the guidance documents stated that an evidence review had been carried out, but it was not clear how this was done, no link to the underpinning review was provided and clear referencing to research or evaluation was not systematic throughout the document. Finally, 20 documents lacked any information about how evidence underpinned the review, and references were ad-hoc or absent altogether. The majority of the guidance documents supported evidence with some form of consultation exercise, but none had any consultation with children. Seventeen had field-testing prior to publication.

The guidance documents reviewed are diverse and focus on different aspects of responding to sexual abuse and sexual exploitation in different contexts. Clearly the target user groups, focus and objectives of the guidance reports considered influence the content. We were unable to find any guidance that covered child sexual abuse and exploitation in the different settings and relationships in which this occurs and across the different political contexts that present challenges in LMICs.

The following principles were found in a number of the guidance documents reviewed and are highly relevant to a consolidated guidance document:

- i. A child-centred focus – focusing specifically and primarily on the child and the individual child's needs, rather than merging or side-tracking the focus on the child onto adults (parents, professionals, experts, adults etc.).
- ii. A focus on the rights of the child under the CRC and employing these rights to guide the overall framework for responses.
- iii. Awareness of the evolving capacities of the child – recognizing that children at different developmental stages and of different genders may have different needs and capacities to make their own decisions. So, for example, a 5-year-old girl who has been sexually abused by a teacher is likely to have different needs for help and less capacity to make an informed decision about responses than a 15-year-old girl might have.
- iv. Child participation – in responses, in the design and delivery of services, in the type of care given and in decisions made by courts or child protective services. Consultation with children in the guidance documents reviewed was extremely limited. The gender-based violence literature tends to consult more with adults affected than with children.
- v. Recognition that child sexual abuse and exploitation are types of child abuse and that the child who experiences this is a child victim, not a criminal.
- vi. Community participation – working with and strengthening capacity in the community. A number of the gender-based violence guidance documents stress the importance of involving men and boys as well as women's groups in responses, particularly those that aim to change attitudes, beliefs and behaviour or alter the social norms that support sexual abuse and exploitation.
- vii. Multi-sectoral and coordinated responses – protecting children from harm and preventing harm from occurring in the first place is a responsibility at all levels and sectors from policy-making in national government to face-to-face interactions between individuals in institutions, services and communities. Multi-sectoral and coordinated responses are also needed because child sexual abuse and exploitation in its many forms is a complex issue, and responses involve many services working together across a continuum of care needs. It is thought that coordinated working together can prevent children from slipping through the net.
- viii. The do-no-harm principle – this means monitoring for unforeseen, unexpected or backlash consequences of actions taken to prevent harm.

- ix. Multi-stakeholder approaches – identifying and involving the right stakeholders with capacity to implement and champion changes.
- x. Results orientation – some of the guidance reviewed focused largely on processes while others more clearly spell out what needs to be changed and how change will be monitored.
- xi. Evidence-based approaches – the guidance documents reviewed included variable levels of research evidence, more covering research on the prevalence, nature and consequences of sexual abuse, sexual exploitation or gender-based violence in general than on effective responses with different groups of children in different settings and contexts.

### **Content analysis**

*Understanding the problem:* Many of the guidance documents reviewed covered the nature, extent and consequences of the problem of gender-based violence or of child maltreatment in general but few specifically covered child sexual abuse and exploitation. At the time of the initial search we found no guidance that included any discussion of online sexual abuse or exploitation, although there were policy reviews of this issue (UNICEF Innocenti Research Centre 2011). The guidance documents reviewed tend to echo findings from the review of evidence regarding the complex interaction of risks and protective factors in different contexts that influence levels of violence in any society, although there was surprisingly little on the causes and consequences of child sexual abuse in the family in a low- to middle-income context. The rather reactive nature of child protection responses is reflected in the relatively large number of guidance documents covering humanitarian crisis responses, although some include an understanding of the different stages of crisis responses and the need to take preventive steps before a crisis occurs and to develop sustainability in the aftermath.

Guidance reviewed on gender-based violence emphasized structural and societal inequalities between women and men, with changing norms, beliefs and behaviour and empowering women essential components of any comprehensive response. While the gender-based violence guidance documents often acknowledge that both boys and girls may be sexually abused and exploited, we found none that applied understanding of the gender issues for children to gender-based violence empowerment responses. The gender and child development aspects of sexual abuse and exploitation need to be integrated better in future guidance.

Some of the guidance documents reviewed that covered help or recovery aspects of the response echo findings from our evidence review about the difficulties in reaching out to sexually exploited children if the abuse is not recognized as such, the child might be stigmatized if the abuse comes to light, the abuse has become a way to survive or the child has been ‘corrupted’ and groomed.

*Areas covered:* Most of the guidance documents reviewed acknowledged the importance of prevention as well as protection when developing responses. A number of them employ the WHO prevention model to inform programme responses (Butchart et al. 2006). As stated in the section on quality review, the nature of ‘prevention’ and ‘protection’ is not always explained. It appears that many guidance documents that use the generic term ‘prevention’ are referring to primary prevention as defined by the WHO.

*Identifying the issues in context:* There is well-developed guidance on situational analysis, although among the guidance documents reviewed we found little information on the specific challenges of getting an accurate picture of the experience of sexual abuse and exploitation from children themselves. Guidance exists on conducting research on violence against women and on involving children in research. None of the guidance reviewed covered the ethical and practical issues of collecting data on experiences of violence directly from children, although this has subsequently been produced by UNICEF (Graham et al. 2013). While there is an emphasis on the importance of

child victim and community members' participation, there has been limited discussion on the ways in which participants are accessed to provide accounts of sexual violence, abuse or exploitation and limited discussion of how difficult it is to conduct this type of work in the field.

*Coordination and planning:* A number of the guidance documents reviewed cover planning, leadership and coordination of responses.

*Developing prevention strategies:* A number of the guidance documents imply that changing beliefs will change behaviour; however, it may be the case that behaviour can be altered without any shift in beliefs (as proposed by nudge theory, Thaler and Sunstein 2008) or beliefs may change but not behaviour (if a person has incentives to act in ways that go against his/her beliefs). Clarity over different aspects of prevention would be helpful in future guidance.

*Identification and response:* Many of the guidance documents reviewed stress the importance of training and resources for professionals, plus legal measures to enable professionals to take appropriate action to protect and rehabilitate children who are sexually exploited or abused.

*Taking action against perpetrators:* The guidance documents reviewed give little attention to the behaviour and motivations of perpetrators of child sexual abuse and exploitation. Research evidence on working with perpetrators seems to have had relatively little impact on guidance recommendations for prevention or protection. Some of the guidance reports discussed the need to decriminalize child victims, criminalize perpetrators and provide support for child witnesses involved with the legal system. We found little discussion of responses to young people with sexually harmful behaviour.

*Dealing with the consequences:* Guidance on dealing with the consequences for children of sexual exploitation gives good coverage of psychosocial support and health needs.

*Monitoring and evaluation:* The need for monitoring and evaluation is widely accepted. Guidance specifically addressing monitoring trends and impact would be welcome in this area of work.

#### **4.4 General recommendations**

1. *Defining the problem:* While it is recognized that child sexual abuse and exploitation is a sub-category of the much broader experiences children may have of violence globally, and often overlaps with other experiences of violence and adversity, operational definitions of child sexual abuse and exploitation should cover, as discussed in this review, the different types of sexual victimization children and adolescents of different ages can experience as well as the different relationships, settings and political contexts in which these may occur.

2. *Prevalence:* Future research on the prevalence and impact of child sexual abuse and exploitation should build on recent developments in child victimization research by situating this within broader experiences of victimization, including boys and girls and employing consistent definitions and age-appropriate measures of past year as well as lifetime childhood experiences. In modules assessing sexual abuse and exploitation, questions should cover penetration, sexual touching, non-contact forms of sexual victimization (exposure, involvement in child sexual abuse materials, etc.), online solicitation and sexual exploitation.

3. *Ethical issues:* The safety and need to minimize potential harm to children involved in research must be a priority over data gathering. Lessons learnt from high-quality and ethically conducted research into children's experiences of victimization should be shared and widely promoted.

4. *Prevalence among disadvantaged groups*: Research experience, especially in LMICs, and practice-based learning from situational analysis exercises could be reviewed to help improve the scope of future surveys to reach out to disadvantaged groups.

5. *Tracking trends*: Researchers, research funders and commissioners should consider how best to develop research that can track over time trends in children's experiences of sexual abuse and exploitation and changes in their experiences of seeking help, whether from family, friends or professionals. Questions on experiences of violence across the life course could be built into longitudinal and cohort studies.

6. *Risks and protective factors*: When planning research on children and violence to inform prevention and child protection responses, researchers, research funders and commissioners should consider children's strengths and protective factors as well as their vulnerabilities and experiences of victimization.

7. *Gender*: Responses to sexual abuse and exploitation need to adopt a life course perspective that can address both gender- and age-related inequalities. Global responses to violence could benefit from bringing together those working to improve child protection with those working to end gender-based violence.

8. *Sustaining change over the longer term*: Researchers, evaluators, funders and programme developers need to be aware that prevention responses may need to be sustained over time. If change is not sustained, short-term interventions are unlikely to be effective or cost effective.

9. *Prevention by reducing risks*: This has been given less attention in research on preventing child sexual abuse and exploitation, and new research in this area could be beneficial.

10. *Preventing child sexual exploitation*: There is a gap in research on the effectiveness of interventions to prevent child sexual exploitation that researchers and research funders could address.

11. *Situational crime prevention*: Further research in this area could be beneficial, especially in LMICs.

12. *Rigorous evaluation of prevention strategies*: The evidence base for preventing child sexual abuse and exploitation is very weak. There is an urgent need to support experimental and quasi-experimental evaluations of various strategies in both HICs and LMICs. It is very important to tie these evaluations to measuring impact on behavioural outcomes (i.e., actual measures of child sexual abuse and exploitation) whenever feasible and to include costs.

13. *Helplines*: These have an essential role in providing resources directly to children and adolescents. Evidence on the impact of helplines on children's well-being is needed.

14. *Recovery and reintegration*: More needs to be known about what responses best aid recovery and reintegration of sexually exploited and abused children. Services are thin, and research in LMICs has found significant evidence of trauma symptoms among children and adolescents who report experiences of sexual abuse.

15. *Creation of implementation infrastructure*: Many countries lack the infrastructure to implement, scale up and sustain strategies for preventing and responding to child sexual abuse and exploitation.

#### **4.5 Recommendations for consolidated guidance**

1. Guidance is needed to cover the full scope of child sexual abuse and exploitation in the different relationships, settings and political contexts in which this occurs.
2. Guidance should be founded on research and practice-based knowledge. It will draw particularly on what is known from research about re-victimization, polyvictimization and the advantages of providing early help.
3. Guidance should clearly show where evidence from research exists and where it is slim and needs to be developed. It should promote the building of new evidence in LMICs contexts.
4. Guidance should promote the principle that interventions should 'do no harm'. It is important that researchers and programme developers consider the possibility that well-intentioned interventions may cause harm.
5. Guidance should address the principles identified in the review of guidance reports undertaken for this study.
6. Guidance should ensure recommended actions are based on context-specific theories of change and aim to prevent and protect children from sexual abuse and exploitation by reducing their vulnerabilities and risks and building on their strengths, the protective and nurturing strengths of others in their lives and other protective factors.
7. Guidance should make specific reference to equity issues and the rights of children in the most disadvantaged groups.
8. Guidance should reiterate the importance of not criminalizing children who are victims of sexual abuse and exploitation. It should also address responses to children who sexually harm others.
9. Guidance should address the need to involve men and boys in working against child sexual abuse and exploitation, which is confirmed by our review.
10. Guidance should build on lessons learnt from research and practice about coordinating, strengthening and sustaining community-based child protection resources.
11. Guidance should build on lessons learnt from research and practice about children's recovery and reintegration.

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## Appendix A. Search Strategy

### Reviewing the evidence on prevalence and impact

A brief search of some key publications indicated that there have been at least four systematic reviews on the prevalence and impact of child sexual abuse since 2004 (Andrews et al. 2004; Barth et al. 2012; Pereda et al. 2009; Stoltenborg et al. 2011). Drawing from the search strategies employed in these studies, we used the limited terms of 'child sexual abuse' OR 'child sexual exploitation' AND 'prevalen\*' OR 'epidemiolog\*' to search the following databases for articles in English language journals published since the year 2000:

ASSIA  
PubMed  
PsychInfo  
Social Services Abstracts

The database search was limited to studies published between 2005 and 2013. The search was updated in 2014 to capture any new publications from 2013 to August 2014. In addition, we snowball searched for additional readings and studies included in a bibliography previously developed by a consultant in UNICEF (Reza 2012) and searched for 'grey literature' on the websites of the following children's and violence prevention organizations:

Save the Children  
Sexual Violence Research Institute.  
UNICEF  
World Health Organization

An expert review organized anonymously by UNICEF in 2013 yielded some further research evidence that was included. The quality of prevalence survey research was assessed using criteria proposed by Boyle (1998). After taking out repeats and those on irrelevant topics, 950 publications were identified. Studies on the prevalence of child sexual exploitation or sexual abuse with less than 100 participants, using convenience samples or basing estimates entirely on older adults' retrospective accounts of childhood experiences were excluded. There is a lot of research on the consequences of child sexual abuse conducted in HICs, so we prioritized for inclusion in the discussion evidence that offered the most robust, generalizable findings, especially quantitative and experimental studies. We took a more inclusive approach to reading and reviewing context-specific research from LMICS, although the majority of these covered prevalence issues as well so tended to have over 100 participants. Publications covering humanitarian emergencies included rapid assessment exercises and, where relevant to the analysis, were included. The quality of impact studies, qualitative and quantitative, was assessed using the checklists developed for the UK Centre for Public Health Excellence (NICE 2009). The evidence on prevalence and trends in sexual exploitation, child prostitution and the involvement of children and adolescents in pornography is substantially more limited in amount and quality, so decisions about inclusion were made on the basis of the quality of the research evidence and its relevance to the analysis. Of 950 publications screened, 73 publications mostly on trends and prevalence and 119 mostly on nature and consequences were included in the analysis. Some publications covered both these areas. In all 192 publications on prevalence, causes and impact were included.

### b. Law and policy implementation

Policy and reports included in a bibliography previously developed by a consultant in UNICEF (Reza 2012) were the primary focus of this part of the evidence review. The materials were supplemented by a search on the United Nations and WHO websites for relevant reports on progress. Few research

and evaluation studies of policy impact in the area of child sexual abuse and exploitation were found. The review of policy is therefore mostly descriptive.

### c. Interventions

#### **High-income countries**

The initial focus of the search on HICs was primarily limited to databases providing access to high-quality, evidence-based research studies (e.g., RCTs, experimental designs, reviews and meta-analyses). These included:

- The Cochrane Library
- The Campbell Library
- Blueprints for Violence Prevention
- Child Trends Databank
- Harvard Family Research Project – Evaluation Exchange
- Office of Juvenile Justice and Delinquency Prevention
- National Registry of Evidence-Based Programs and Practices

These databases were quickly searched using the search terms in Table A2 below (excluding the string of terms on LMICs and humanitarian contexts). The research team drew on work they were already aware of and searched on an individual basis in topic areas where little information was known. This was not an exhaustive or systematic search of the literature but provides some overview of the types of responses to child abuse that exist in HICs.

#### **Low- and middle-income countries and humanitarian contexts**

The search for literature in LMICs and humanitarian contexts was split into two phases: a search of the academic literature using the databases listed in Table A1 and the full search string listed in Table A2.

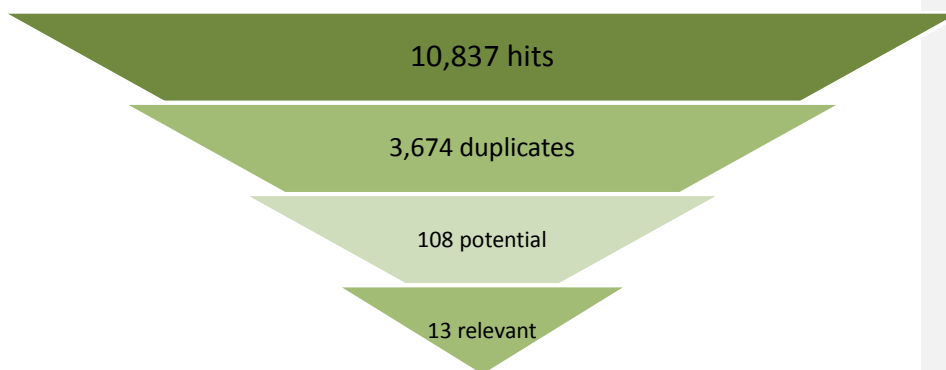
Table A1. Databases searched	
Anthropology Plus	ESRC
AnthroSource	IBSS
ASSIA	Medline
CINAHL	Psycharticles
Conference Proceedings Citation Index	PsychInfo
Education Research Complete	Social Sciences Citation on the Web
EMBASE	Social Services Abstracts
ERIC	Sociological Abstracts
	SocIndex

#### Table A2. Search strings used

<b>LMICs and humanitarian search string</b>	Humanitarian OR post-conflict OR post conflict OR armed conflict OR war zone OR refugee camp OR genocide OR tsunami OR flood OR hurricane OR drought OR disaster OR natural disaster OR emergencies OR low income OR low and middle income OR refugee OR asylum OR aid OR relief OR development OR Afghanistan OR Angola OR Bangladesh OR Benin OR Bhutan OR Burkina OR Faso OR Burundi OR Cambodia OR Central African Republic OR Chad OR Comoros OR Congo OR Dem Rep OR Djibouti OR Equatorial Guinea OR Eritrea OR Ethiopia OR Gambia OR Guinea OR Guinea-Bissau OR Haiti OR Kiribati OR Laos OR Lesotho OR Liberia OR Madagascar OR Malawi OR Mali OR Mauritania OR Mozambique OR Myanmar OR Nepal OR Niger OR Rwanda OR Samoa OR São Tomé and Príncipe OR Senegal OR Sierra Leone OR Solomon Islands OR Somalia OR Sudan OR Tanzania OR Timor-Leste OR Togo OR Tuvalu OR Uganda OR Vanuatu OR Yemen OR Zambia OR Kenya OR Korea, Dem. Rep OR Kyrgyz Rep OR South Sudan OR Tajikistan OR Zimbabwe OR Armenia OR Belize OR Bolivia OR Cameroon OR Cape Verde OR Congo OR Côte d'Ivoire OR Egypt OR El Salvador OR Fiji OR Georgia OR Ghana OR Guatemala OR Guyana OR Honduras OR India OR Indonesia OR Iraq OR Kosovo OR Marshall Islands OR Micronesia OR Moldova OR Mongolia OR Morocco OR Nicaragua OR Nigeria OR Pakistan OR Papua New Guinea OR Paraguay OR Philippines OR Sri Lanka OR Swaziland OR Syria OR Tokelau OR Tonga OR Turkmenistan OR Ukraine OR Uzbekistan OR Vietnam OR West Bank OR Gaza Strip OR Albania OR Algeria OR Anguilla OR Antigua OR Barbuda OR Argentina OR Azerbaijan OR Belarus OR Bosnia and Herzegovina OR Botswana OR Brazil OR Chile OR China OR Colombia OR Cook Islands OR Costa Rica OR Cuba OR Dominica OR Dominican Republic OR Ecuador OR Macedonia OR Gabon OR Grenada OR Iran OR Jamaica OR Jordan OR Kazakhstan OR Lebanon OR Libya OR Malaysia OR Maldives OR Mauritius OR Mexico OR Montenegro OR Montserrat OR Namibia OR Nauru OR Niue OR Palau OR Panama OR Peru OR Serbia OR Seychelles OR South Africa OR St. Helena OR St. Kitts-Nevis OR St. Lucia OR St. Vincent and Grenadines OR Suriname OR Thailand OR Tunisia OR Turkey OR Uruguay OR Venezuela OR Wallis and Futuna
<b>Sexual exploitation search string</b>	Sexual abuse OR sexual violence OR rape OR sexual assault OR sexual exploitation OR sexual victimization OR sex crime OR child prostitution OR violence against women and girls OR Online child sexual abuse OR Internet abuse OR online sexual activity OR child pornography OR cyber abuse OR abusive images of children OR child grooming OR female genital mutilation OR FGM OR female circumcision OR female genital cutting OR FCC OR harmful traditional practice OR child traffick OR child migration OR child sex trafficking OR commercial sexual exploitation of children OR CSEC OR cross border child sexual exploitation OR domestic violence OR domestic abuse OR interpersonal violence OR IPV OR dating violence OR dating abuse OR partner abuse OR partner violence OR street child OR street work children OR early marriage OR forced marriage OR early pregnancy OR dowry OR child marriage OR bride kidnap OR child bride OR harmful traditional practices OR traditional practices OR culture practice OR sexual and gender-based violence OR servitude OR slavery OR debt OR forced labour OR re-trafficking OR anti-

	trafficking OR private fostering OR fostering OR separated children OR missing children OR child smuggling OR honour
<b>Child/adolescent search string</b>	Child OR young person OR young people OR adolescent OR teen OR teenage OR infant OR pre-school
<b>Intervention/response search string</b>	Intervention OR support mechanism OR evaluation OR outcome OR programme OR program OR service OR value for money OR support programme OR support program OR prevent OR protect OR therapy OR rehabilitation OR support

The figure below provides the number of total hits from the 17 databases listed in Table A1 combined. The references were uploaded into Endnote Web and duplicates were removed. Then articles with no relevance to the topic of sexual abuse or exploitation (as listed in the search strings above) or children/young people were removed. Following this, articles that were not related to response or intervention (examples of this were studies of prevalence or impact, or descriptive studies of 'issues') were removed and 108 articles remained. At this point, two researchers examined the 108 abstracts for relevance; some had to be retrieved to examine the article further. Many of the 108 articles turned out to be further descriptive studies, commentaries on the scope and nature of sexual abuse or other issues such as children living and working on the street. Only 13 were response/intervention related.



The next phase of the search concentrated on the grey literature. There are different methods of searching the grey literature, some more rigorous than others. The most rigorous searches can require access to expensive databases and be extremely time-consuming. In light of the short duration of this project, a three-prong approach was used: (1) specialized evaluation databases were searched (e.g., i3e International Initiative for Impact Evaluation at <http://www.3ieimpact.org/> and the UNICEF Evaluation Database); (2) a snowball technique, whereby report and article bibliographies were searched for relevant sources that would lead on to other reports, and so on; and (3) a Google search.

The search was updated in 2014 to cover intervention studies from 2013 to August 2014. Additional articles were identified. Altogether 118 research studies are included in the review.

#### **d. Guidance documents**

One hundred and ten guidance documents on responding to child sexual abuse and sexual exploitation were identified from the UNICEF bibliography and supplemented by a search of websites of organizations with an interest in child protection or violence prevention. Documents were defined to be 'guidance' if their aims and purposes were explicit in providing guidance to people working in the area of child protection, gender-based violence, violence against women and girls or sexual violence (including sexual exploitation).

Documents identified as potentially relevant were excluded if:

- There was no focus on gender-based or sexual violence (e.g., humanitarian guidance that focused on trauma related to emergencies or conflict broadly, without reference to sexual violence).
- A document appeared to be guidance but on closer examination could be better described as a review or discussion document.
- A document was defined as a training manual.

Eighty-one guidance documents were included in the review. A full list can be found in Appendix B.



**Appendix B. Table of guidance assessed and included**

**Commented [TJ7]:** Table has become squeezed up – see column headings; some row headings missing

**Commented [L8]:** Reformatted

	Guidelines	Target problem <sup>b</sup>	Context <sup>c</sup>	Document type <sup>d</sup>	Aim <sup>e</sup>	Disentangle issues?	Inclu for analysis
1	DCSF (Department for Children, School and Families), <i>Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to working together to safeguard children</i> , DCSF, London, 2010.	SE	UK	IG	CYP	N/A	x
2	ECPAT, <i>Guide for National Planning: To prevent, stop and redress violations of commercial sexual exploitation of children</i> ECPAT, Bangkok, 2009.	CSE	WW	IG	C	N/A	x
3	ECPAT: Delaney, S., <i>Protecting Children from Sexual Exploitation and Sexual Violence in Disaster and Emergency Situations</i> , ECPAT, Bangkok, 2006.	SE/SV	H	IG	C	N/A	x
4	ECPAT: Beaulieu, C., <i>Strengthening Laws Addressing Child Sexual Exploitation: A practical guide</i> , ECPAT, Bangkok, 2008.	SE	WW	IG	C	N/A	x
5	ECPAT: Crispin et al., <i>Youth Partnership Project Guidelines</i> , ECPAT, Bangkok, 2009.	CSE	DVL	IG	C	N/A	x
6	GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit), <i>Quality Standards for Protecting Child Victims of Commercial Sexual Exploitation</i> , GTZ, Eschborn, Germany, 2007.	SE	DV	IG	C	N/A	x
7	IPEC (International Programme on the Elimination of Child Labour), <i>Guidelines on the Design of Direct Action Strategies to Combat Commercial Sexual Exploitation of Children</i> , ILO (International Labour Organization), Geneva, 2007.	CSE	DV	IG	C	N/A	x
8	ILO (International Labour Organization): Shaw, D., <i>Belize Protocol: How to care for child and adolescent victims of commercial sexual exploitation</i> , ILO, Geneva, 2008	CSE	Belize	IG	CYP	N/A	x
9	ILO, <i>An Example of Best Practice for Institutionalization and Sustainability of the Topic in National Policies: Costa Rica</i> , ILO, 2009.	CSE	DV	IG	CYP	N/A	x
10	International Organization for Adolescents: Boak, A., A. Boldosser and O. Biu, <i>Smooth Flight: A guide to preventing youth trafficking</i> , International Organization for Adolescents, New York, 2003.	CSA/ trafficking					
11	ILO: <i>Rehabilitation of the Victims of Child Trafficking: A Multi-Disciplinary Approach</i> , Center for the Protection of Children's Rights, Bangkok, 2006.	CSE					
12	TdH (Terres des Hommes), <i>Supporting Child (Re)Integration: Terre des Hommes policy paper</i> , 2009.	SE	DV	IG	C	N/A	x

13	UNICEF: <i>Guidelines on the Protection of Child Victims of Trafficking</i> UNICEF, New York, 2006	CSA/trafficking						
<b>Sexual violence or abuse more broadly</b>								
14	CDC (Centers for Disease Control): <i>Sexual Violence Prevention: Starting the dialogue</i> , CDC, Atlanta, 2004	SV	WW	IG	CYP	N/A		x
15	CoE (Council of Europe), <i>One in Five: A Council of Europe campaign to stop sexual violence against children – Campaign guidelines</i> , COE, Brussels, 2012.							
16	IAWG (Inter-Agency Working Group), <i>Inter-Agency Reproductive Health Kits for Crisis Situations</i> , 5 <sup>th</sup> edition, IAWG, 2010.	SV	WW	IG	WG	Yes		x
17	IRC (International Rescue Committee)/UNICEF (United Nations Children’s Fund), <i>Caring for Child Survivors of Sexual Abuse: Guidelines for health and psycho-social service providers in humanitarian settings</i> , IRC, New York, 2012.	SA	H	IG	C	N/A		x
18	LaFASA (Louisiana Foundation Against Sexual Assault)/NSVRC (National Sexual Violence Research Center): Klein, A. <i>Sexual Violence in Disasters: A planning guide for prevention and response</i> , LaFASA/NSVRC, 2007	SV	H	IG	AC			
19	Population Council: Austrian, K. and D. Ghati, <i>Girl-Centered Program Design: A toolkit to develop, strengthen and expand adolescent girls programme</i> , Population Council, New York, 2010.	SV/GBV	DV	IG	YP	N/A		X
20	RCPCH (UK Royal College of Paediatrics and Child Health): <i>Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse</i> , Faculty of Forensic and Legal Medicine, 2012.	CSE	WW	IG	CYP	N/A		X
21	UNICEF (United Nations Children’s Fund), <i>Eliminating Violence against Children: Handbook for parliamentarians</i> , UNICEF, New York, 2007.	SE	WW	IG	C	N/A		x
22	UNICEF (United Nations Children’s Fund), <i>Commitment to Action: What religious communities can do to eliminate violence against children</i> , Religions for Peace and UNICEF, New York, 2010.	SV	DV/H	IG	C	N/A		x
23	UNFPA (United Nations Population Fund), <i>Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings</i> , UNFPA, New York, 2009.	SV	H	IG	YP	N/A		x
24	USAID (United States Agency for International Development): Keesbury, J. and J. Thompson, <i>A Step-by-Step Guide to Strengthening Sexual Violence Services in Public Health Facilities: Lessons and tools from sexual violence services in Africa</i> , Population Council, Lusaka, 2010.	SV	DV	IG	AC			x
25	WHO (World Health Organization), <i>Guidelines for Medico-Legal Care for Victims of Sexual Violence</i> WHO, Geneva, 2003	SV	DV	IG	AC	Some separation of issues		x

26	WHO (World Health Organization), <i>Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons</i> , WHO, Geneva, 2004.	SV	H	IG	AC		
27	WHO (World Health Organization), <i>Do's and Don'ts in Community-Based Psychosocial Support for Sexual Violence Survivors in Conflict-Affected Settings</i> , WHO, Geneva, 2012.	SV	H	IG	AC		
28	ARC (American Refugee Committee) International: Kamara, C., <i>Gender-Based Violence Legal Aid: A participatory toolkit</i> , ARC International, Minneapolis, 2005.	GBV	H	IG	AC	No	X
29	IPPFWHR (International Planned Parenthood Federation Western Hemisphere Region): Bott, S., A. Guedes, C. Claramunt and A. Guezmes, <i>Improving the Health Sector Response to Gender Based Violence: A resource manual for health care professionals in developing countries</i> , IPPFWHR, New York, 2010.	GBV	DV	IG	W	No	X
30	CoE (Council of Europe): Van der Ver, D., K. Vrethem, G. Titley, G. Toth and Y. Ohana, <i>Gender Matters: A manual on addressing GBV affecting young people</i> , CoE Directorate of Youth and Sport, Budapest, 2007.	GBV	EUR	IG	YP		
31	DFID (UK Department for International Development): <i>Guide 2 A Practical Guide on Community Programming on VAW</i> DFID, London, 2012.	GBV					
32	DFID (UK Department for International Development), <i>Guide 1 A Theory of Change for Tackling Violence against Women and Girls</i> , DFID, London, 2012.						
33	Gender Based Violence Area of Responsibility Working Group: Ward, J., <i>Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings</i> , 2010.	GBV	H	IG	WC		
34	IASC (Inter-Agency Standing Committee), <i>Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention and Response to Sexual Violence in Emergencies</i> , IASC, Geneva, 2005.	GBV	H	IG	WC		
35	IASC (Inter-Agency Standing Committee), <i>Guidelines for Addressing HIV in Humanitarian Settings</i> , IASC, Geneva, 2009.	GBV/HIV	H	IG	AC		
36	IASC (Inter-Agency Standing Committee), <i>Women, Girls, Boys and Men: Different needs, equal opportunities – Gender handbook in humanitarian action</i> , IASC, Geneva, 2006.	GBV	H	IG	WC		
37	IAWG (Inter-Agency Working Group on Reproductive Health in Crises): <i>Inter-Agency Field manual on Reproductive Health in Humanitarian Settings</i> , IAWG, Australia, 2010.	GBV	H	IG	AC		

38	ICRW (International Center for Research on Women): Kidd, R., N. Prasad and J. Tajuddin, <i>Reducing HIV Stigma and Gender-Based Violence: Toolkit for health providers in India</i> , ICRW, Washington, DC.	GBV/HIV	DV	TM	AC		
39	NRC (Norwegian Refugee Council), <i>Camp Management Toolkit</i> , NRC, Oslo, 2008 (chapter 10 on GBV).	GBV	H	IG	AC		
40	Promundo, <i>Engaging Men and Boys in Gender Equality and Health: A global toolkit for action</i> , Promundo, Brazil, 2010.						
41	Save the Children: Benjamin, J. and L. Muchison, <i>Gender-Based Violence: Care and protection of children in emergencies</i> , Save the Children, London, 2004.	GBV	H	IG	C	N/A	x
42	UN Women: Raab, M. and J. Rocha, <i>Campaigns to End Violence against Women and Girls</i> , UN Women, New York, 2011.						
43	UNDESA (United Nations Department for Economic and Social Affairs), <i>Handbook for Legislation on Violence against Women</i> United Nations, New York, 2010.	VAW	DV	IG	W		
44	Reproductive Health for Refugees Consortium (RHRC)/JSI Research and Training Institute: <i>Checklist for Action: Prevention and response to gender-based violence in displaced settings</i> , RHRC Gender Based Violence Global Technical Support Project, Arlington, VA.	GBV	H	IG	Uncl ear		
45	UNHCR (United Nations High Commission for Refugees), <i>Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for prevention and response</i> , UNHCR, Geneva, 2003.	SV/GBV	H	IG			
46	UNFPA (United Nations Population Fund), <i>A Practical Approach to Gender-Based Violence: A programme guide for health care providers and managers</i> , UNFPA, New York, 2001.	GBV	DV	IG	W		
47	UNFPA (United Nations Population Fund), <i>Managing Gender-Based Violence Programmes in Emergencies</i> , UNFPA, New York,	GBV	H	IG	AC		
48	UNFPA (United Nations Population Fund), <i>Strategy and Framework for Action to Addressing Gender-Based Violence 2008–2011</i> , Gender, Human Rights and Culture Branch, UNFPA, New York, 2011	GBV	DV	IG	AC		
49	UN Women, <i>Handbook for National Action Plans on Violence against Women</i> , UN Women, New York, 2012.	VAW	WW	IG	W		
50	UN Women: Guedes, A., <i>Men and Boys</i> , UN Women, New York, 2012.	VAWG	DV	TM	WG		
51	UN Women, <i>Programming Module on Working with the Health Sector to Address Violence against Women and Girls</i> , UN Women, New York, 2011.	VAWG	DV	IG	WG		

52	UN Women: Ward, J., <i>Working with the Justice Sector to End Violence against Women and Girls</i> , UN Women, New York, 2011.	GBV	WW	TM	WG		
53	UN Women: Kerr Wilson et al., <i>Working with the Security Sector to End Violence against Women and Girls</i> , UN Women, New York, 2011.	VAWG	DV	IG	WG		
54	UN Women: Gierman, T., A. Liska and J. Reimer, <i>Shelter for Women and Girls at Risk of or Survivors of Violence</i> , UN Women, New York, 2013.						
55	IGWG (Inter-Agency Gender Working Group), <i>Addressing Gender-Based Violence through USAID's Health Programs: A guide for health sector program officers</i> , 2 <sup>nd</sup> edition, IGWG, Washington, DC, 2008.	GBV	DV	IG	WC		
56	USAID (United States Agency for International Development): <i>Gender-Based Violence and HIV</i> USAID Washington, DC.	GBV/HIV	DV	IG			
57	USAID (United States Agency for International Development), <i>A Guide to Programming Gender-Based Violence Prevention and Response Activities</i> , USAID, Washington, DC, 2008.	GBV	DV	IG	WG		
58	WHO (World Health Organization), <i>Preventing Violence: A guide to implementing the recommendations of the world report on violence and health</i> , WHO, Geneva, 2007 (no specific reference to SV/SE/GBV).	SV	WW	IG	AC	Yes	
59	WHO (World Health Organization), <i>Preventing Intimate Partner and Sexual Violence Against Women</i> , WHO, Geneva.	IPV/SV	WW	IG	W	N/A	x
60	UNICEF (United Nations Children's Fund), <i>Protecting Pacific Island Children and Women during Economic and Food Crises: A working document for advocacy, debate and guidance</i> UNICEF, Suva, Fiji, 2009.						
61	CCF (Christian Children's Fund): Kostelny, K. <i>Starting up Child Centred Spaces in Emergencies: A field manual</i> , CCF, Richmond, VA, 2008.	CP	H	IG	C		
62	CPWG (Child Protection Working Group): <i>Minimum Standards for Child Protection in Humanitarian Action</i> , 2012.	CP	H	IG	C	Yes	
63	CPWG Sudan (Child Protection Working Group Sudan): Quigley, P. and S. Delaney, <i>Working with Community-Based Child Protection Committees and Networks</i> , Child Frontiers, Hong Kong, 2012.	CP	DV	IG	C		
64	UNICEF (United Nations children's fund): Davis, K. and D. Iltus, <i>A Practical Guide for Developing Child Friendly Spaces</i> , UNICEF, New York (no date).	CP	DV/H	IG	C		

65	GEC (Global Education Cluster), <i>Guidelines for Child Friendly Spaces in Emergencies</i> , GEC, 2011.	CP	H	IG	C	Yes	
66	Keeping Children Safe Coalition, <i>Safeguarding Children in Emergencies: Toolkit and pocket guide</i> , Save the Children, London, 2007.	CP	H	IG	C		
67	Plan International, <i>Policy and Programming Resource Guide for Child Protection Systems Strengthening in Sub-Saharan Africa</i> , Plan International, London, 2012.	CP	DV/H	IG	C		
68	TA Partnership: Reveal, E. and K. Helfgott, <i>Putting the Pieces Together: Guidebook for fact-based decision making to improve outcomes for children and families</i> , Technical Assistance Partnership for Child and Family Health, Washington, DC, 2012.						
69	Save the Children, <i>Child Friendly Spaces in Emergencies: A handbook for Save the Children staff</i> , Save the Children, London, 2008.	CP	H	IG	C		
70	UNICEF (United Nations Children's Fund): <i>Child Protection Systems: Mapping and assessment toolkit</i> UNICEF, New York, 2008.	CP	DV/H	IG	C		
71	ChildONEurope, <i>Guidelines on Data Collection and Monitoring Systems on Child Abuse</i> , Florence, Italy, 2009.						
72	DFID (UK Department for International Development): Lockett, K. and K. Bishop, <i>Guide 3 Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls</i> , DFID, London, 2012.						
73	IRC (International Rescue Committee), <i>Gender-Based Violence Information Management System User Guide</i> , IRC, Geneva.						
74	RHRC (Reproductive Health Response in Conflict Consortium), <i>Gender-Based Violence Tools Manual for Assessment and Program Design, Monitoring and Evaluation in Conflict-Affected Settings (and Tools Volume)</i> , RHRC, <a href="http://www.rhrc.org">www.rhrc.org</a>	GBV	H	IG	Unclear	No	
75	Save the Children Sweden, <i>So You Want to Involve Children in Research? A toolkit supporting children's meaningful and ethical participation in research relating to violence against children</i> , Save the Children, Stockholm, 2004.						
76	USAID: Bloom, S. <i>Violence against Women: A Compendium of monitoring and evaluation indicators</i> , USAID East Africa, 2008.						
77	WHO (World Health Organization), <i>Ethical and Safety Recommendations for Researching, Documenting and Monitoring</i>						

	<i>Sexual Violence in Emergencies</i> , WHO, Geneva, 2007.						
78	WHO (World Health Organization), <i>Preventing Child Maltreatment: A guide to taking action and generating evidence</i> , WHO, Geneva, 2007.						
79	WHO (World Health Organization) and PATH: Ellsberg, M. and L. Heise, <i>Researching Violence against Women: A practical guide for researchers and activists</i> , WHO, Geneva, 2005.						
80	WHO (World Health Organization), Stop Rape Now, MRC South Africa and Sexual Violence Research Institute (SVRI), <i>Research Themes and Questions to Guide Research on Sexual Violence in Conflict and Post-Conflict Settings</i> , SVRI, Pretoria.						
81	Rape Crisis Network Ireland (RCNI), <i>Sexual Violence against People with Disabilities: Data collection and barriers to disclosure</i> , RCNI, 2011.						

Notes

- a. Previously identified guidance on trafficking of children has been excluded upon request of UNICEF.
- b. This refers to the primary target problem for intervention. CSE=commercial sexual exploitation; SE=sexual exploitation (general); SV=sexual violence; SA=sexual abuse; GBV=gender-based violence; VAWG=violence against women and girls; IPV=intimate partner violence; OT=other trauma; CP=child protection (general).
- c. This refers to the social context at which the guidance is aimed; there are occasions when guidance is broad and may apply worldwide but takes a focus on development contexts and/or is published by a development agency. In these cases, DVL becomes the primary context. D=Disasters, C=Conflict, DVL=Development, WW=worldwide; EUR=Europe, UK=UK-specific, Belize=Belize-specific.
- d. This refers to the type of guidance included; IG=implementation guidance; TM=training manual.
- e. This is the primary target group for intervention. C=children; CYP=children and adolescents; YP=adolescents only; WG=women and girls; W=women only; AC=adults and children (not gender differentiated); MB=men and boys.





## Appendix C. Guidance rating framework

Guidance dimension	Measure	Indicators	Justification for the rating given to each dimension of the guidance <sup>a</sup>	Rating <sup>b</sup>	Numerical rating <sup>c</sup>
<b>What dimension does guidance focus on? (1) Primary prevention, (2) Identification, (3) Protection, (4) Recovery/rehabilitation or (5) Cross-cutting issues</b>					
Clarity and scope of the guidance	What needs does the guidance target and what is the context?	Indicator: 1) Title is clear about group of needs it is targeted at and in what contexts, and this matches what is in the guidance (High=3) 2) Title is clear about who it is targeted at and in what contexts, but there is some degree of mismatch with the content (Moderate=2) 3) The title is not clear about who it is targeted at and in what contexts (Low=1)			
	Does the guidance provide definitional clarity?	Indicator: 1) Provides a comprehensive overview of all relevant definitions to group and context (High) 2) Provides brief definitions, or definitions only cover some aspects of the group and context under consideration (Moderate) 3) Provides no definitions (Low)			
	Does the guidance state why it was written and clearly identify target audiences?	Indicator: 1) Explains why it was written and who it is aimed at for use (e.g., practitioners, NGOs) and addresses responsibilities of all target audiences (High) 2) Explains why it was written and who it is aimed at, but not all responsibilities clearly actionable or some areas of target audience responsibilities not addressed (Moderate) 3) Does not specify why it was written and who it is aimed at for use, and responsibilities of target audiences not set out (Low)			

	Limitations to guidance?	Indicators: 1) Limitations to the guidance are clearly stated (e.g., issues in one setting may not be transferable to another) (High) 2) Limitations to the guidance are not stated (Low)			
Emergency-specific indicators	Does the guidance cover all the stages of an emergency (before, during and after)?	Indicators 1) Reference to activities to undertake before, during and after an emergency (High) 2) Reference to activities to be undertaken during only one or two of these dimensions (Moderate) 3) Reference to activities to be undertaken in only one of these areas (Low)			
	Does the guidance refer to the Sphere standards? <sup>e</sup>	Indicator: 1) Clear reference and use of the Sphere standards (High) 2) Reference to the Sphere standards, but does not elaborate clearly what to do to meet them (Moderate) 3) No reference to the Sphere standards (Low)			
How constructed?	Is the guidance based on evidence?	Indicators: 1) The guidance is a product of relevant empirical research <sup>14</sup> and includes a clear methodological description of how research was identified, assessed and incorporated (High) 2) Reference to the use of research evidence is made, but it is not clear what was done and how the evidence was incorporated (Moderate) 3) No reference to the use of research evidence and no indication of the basis for the guidance recommendations (Low)			
	Was there a meaningful consultation	Indicators: 1) Clear meaningful consultation process outlined with range of contributors from grass-roots			

	process? If so, who was involved? (excluding children, who will be considered separately below)	<p>practitioners through to NGO and government organizations and guidance clearly reflects this (High)</p> <p>2) Evidence of a consultation process, but not clear how this happened, what was contributed or how feedback was incorporated (Moderate)</p> <p>3) No evidence of a consultation process (Low)</p>			
	Was the guidance piloted?	<p>Indicators:</p> <p>1) Guidance was piloted and is being rolled out further</p> <p>2) Guidance is planning to be piloted in the field</p> <p>3) No indication about whether or not it has been piloted or is intended to be</p>			
Dimensions of work being done 'out there' (this will aid in comparison of what is being recommended with what is in the evidence base and practice examples 'out there')	Is there guidance on adhering to international commitments and support and development of national legal and policy initiatives?	<p>Indicators:</p> <p>1) Reference to international commitments (human and/or children's rights) and coordinating activities at a national level (High)</p> <p>2) Reference to this, but provides no examples of coordination practice (Moderate)</p> <p>3) No reference to international commitments and national legal and policy frameworks (Low)</p>			
	Is there guidance for addressing all the relevant dimensions that guidance is focused on?	<p>Indicators:</p> <p>1) Reference to the relevant dimensions and clear guidance for how to do so (High)</p> <p>2) Reference to the need to address relevant dimensions, but no clear method provided (moderate)</p> <p>3) No reference to methods of identifying children at risk (low)</p>			
Focus on children	Does the guidance make explicit reference to the improvement of children's rights??	<p>Indicators:</p> <p>1) The guidance explicitly takes a children's rights approach (by saying so in the guidance) and refers to specific international commitments providing clear references to these (High)</p> <p>2) The guidance does not explicitly state that it takes a children's rights approach, but it does</p>			

		refer to international commitments or targets action that will address specific areas of implementation (Moderate) 3) The guidance does not take an explicit approach to improving children’s rights (Low)			
	Were children meaningfully consulted as part of the guidance development?	Indicators: 1) Children were engaged and meaningfully consulted directly through forums, focus groups, research or consultation (High) 2) Children were consulted indirectly through use of other consultations or published materials (Moderate) 3) Consultation processes were poor or tokenistic, or children’s voices were not included (Low)			
Diversity	Does the guidance aid in responding to diversity?	Indicators: 1) A range of issues of diversity (e.g., gender, disability, sexuality, ethnicity, culture or religion, unaccompanied children) are acknowledged, and clear guidance is given on responsibilities for specific groups (High) 2) Reference to responsibilities covering one or two issues of diversity (Moderate) 3) No reference to responsibilities for diversity of children’s needs (Low)			
	If guidance cuts across ages, does it disentangle issues for female children and women?	Indicators: 1) Clear differentiation of issues for children and women, developmentally appropriate (High) 2) Some recognition that female children and women differ, but little practical engagement with these differences (Moderate) 3) No recognition that female children may have different needs (Low)			
Informative and supportive	Does the guidance provide the audience with additional materials?	Indicators 1) Provision of references and tools (e.g., useful and documents such as legal and policy frameworks and tools for practitioners)			

		2) Provision of only references, or only tools			
Total		3) No provision of additional materials			

### Notes

- a. This should be used to justify the rating given to the guidance.
- b. A stoplight colour system is used to denote 'high' (green), 'moderate' (amber) and 'low' (red).
- c. All ratings will be added up and given an overall score measuring strength and quality of guidance; each area, however, can be broken down to assess the quality of the guidance dimension and how relevant the guidance is to children.
- d. It is recognized that high quality and robust research studies in this area are limited given the contexts and resource issues; and also that some studies that are robust or show promising findings may not be relevant given the context of LMICs or humanitarian crises. Therefore, it is recognized that empirical research utilized may not be a 'gold standard', although it may support work with groups/ areas where information is limited or may be highly relevant for contextual and local information.
- e. The Sphere Project's core standards in humanitarian response: < <http://www.spherehandbook.org/en/what-is-sphere/>>.

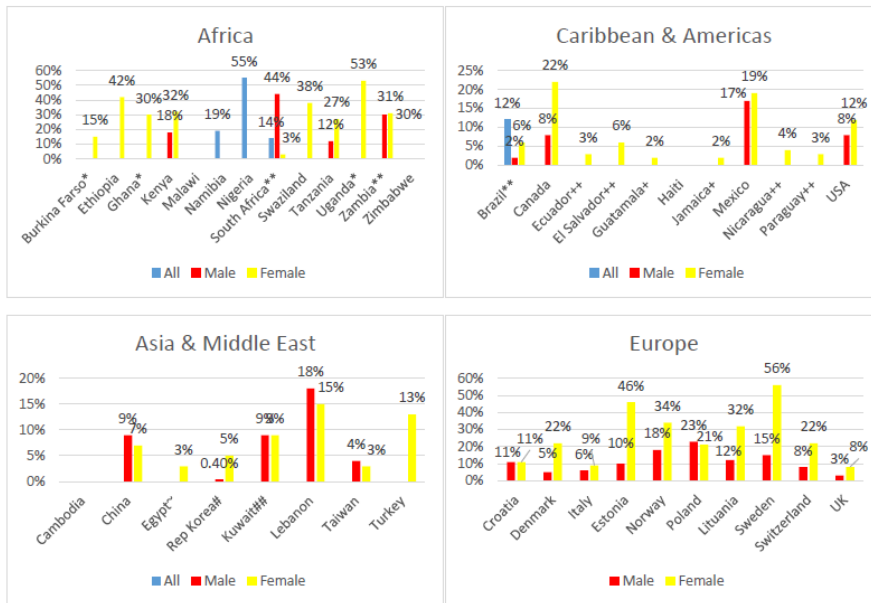
Commented [TJ9]: I don't see the fourth note on the table

**Appendix D. Prevalence of Child Abuse in Selected Regions**

**Commented [TJ10]:** Should be 'United Republic of Tanzania', 'United States' and 'United Kingdom'

**Commented [TJ11]:** I don't think it can be right for Jamaica either: <https://www.guttmacher.org/pubs/journals/3502109.html>

**Commented [L12]:** Insert correct country titles please at time of layout



\*Coerced first sex \*\*Coerced sex +Coerced sex before age 15 years +++Coerced sex or sexual touching before age 15 years  
 #Incest rape ## Sexual attacks ~Forced contact

**Appendix E. World Health Organization (WHO) typology of violence**

