

Rapid Evidence Assessment: What can be learnt from other jurisdictions about preventing and responding to child sexual abuse

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Disclaimer

This is a Rapid Evidence Assessment prepared at IICSA's request. The views expressed in this report are those of the authors alone.

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Glossary of acronyms and abbreviations

ACPO	Association of Chief Police Officers
ASO	Adult sex offender
BAMER	Black, Asian, minority ethnic and refugee
CBT	Cognitive behavioural therapy
CEOP	Child Exploitation and Online Protection Centre
CoSA	Circles of Support and Accountability
CSA	Child sexual abuse
CSE	Child sexual exploitation
DfE	Department for Education
EC	European Community
ECPAT	End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes
ELA	Empowerment and Livelihood for Adolescents project
EMDR	Eye movement desensitisation and reprocessing
eNASCO	European NGO Alliance for Child Safety Online
ESO	Education for sex offenders
EU	European Union
HMIC	Her Majesty's Inspectorate of Constabulary
IICSA	Independent Inquiry into Child Sexual Abuse
IWF	Internet Watch Foundation
LGBT	Lesbian, gay, bisexual and transgender
MAPPA	Multi Agency Public Protection Arrangements
MST	Multi systemic therapy
NCA	National Crime Agency
NGO	Non-Governmental Organisation
NOMS	National Offender Management Service
NSPCC	National Society for the Protection of Children
PACE	Parents Against Child Sexual Exploitation
PTSD	Post traumatic stress disorder

REA	Rapid evidence assessment
RCT	Randomised controlled trial
RNR	Risk, needs and responsivity
SARC	Sexual assault referral centre
SBP	Sexual behaviour problems
SORN	Sex offender registration and notification policy
TF-CBT	Trauma focused cognitive behavioural therapy
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations
WHO	World Health Organisation

Definitions

A 'child' is any person under the age of 18, as defined by the United Nations Convention on the Rights of the Child, 1989.

'Sexual abuse of children' involves forcing or enticing a child or young person to take part in sexual activities. The activities may include physical contact and non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse including via the internet. Child sexual abuse includes child sexual exploitation (DfE, 2009).

'Sexual exploitation of children' is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (DfE, 2017, p.5).

'Other jurisdiction' is a jurisdiction outside England and Wales, that is similar to the jurisdiction of England and Wales but may have different models of cooperation, funding arrangements, information sharing and departmental structures designed to protect children from sexual abuse and exploitation. 'Similar' jurisdictions have been interpreted broadly to include other countries within the United Kingdom and Ireland (Scotland, Ireland, Northern Ireland), high income English speaking nations commonly included in comparative cross national research on child protection (such as the USA, Canada, New Zealand, Australia), members of the EU 28 and Scandinavian nations (Iceland and Norway).

'Institution' or 'organisation', as defined by the Independent Inquiry into Child Sexual Abuse (IICSA), covers the state and non-state organisations with responsibility for preventing and responding to child sexual abuse and exploitation. These cover a wide range of organisations across the different sectors of health, education, welfare and social care, law and justice, including local authorities, children's homes, police, prisons, young offender institutions, health and mental health treatment services, schools, colleges, special schools, residential schools, early years provision, charities, faith based organisations, armed forces and the private sector.

'Prevention' is understood to mean prevention and response, covering primary prevention (preventing child sexual abuse and sexual exploitation happening in the first place through universal or targeted interventions), secondary prevention (immediate

responses taken after child sexual abuse or exploitation has happened to deal with the consequences and prevent further victimisation, this includes identification and assessment of victims and survivors, child protection responses, prosecution or management of offenders) and tertiary prevention (long term responses to deal with the lasting consequences and future offending, this includes rehabilitation, therapy and treatment for victims and survivors and offenders) (Centers for Disease Control and Prevention, 2004).

The term 'victims and survivors' is used throughout the report to indicate those who have experienced child sexual abuse or exploitation, unless an alternative phrase has been specifically used in the research referenced or where a police or court response is discussed.

Executive Summary

Introduction

This Rapid Evidence Assessment was commissioned by the Independent Inquiry into Child Sexual Abuse in England and Wales which is investigating whether public bodies and other non-state institutions have taken seriously their duties to care for and protect children and young people from child sexual abuse and exploitation. The question for the review was: *What can be learnt from jurisdictions, outside of England and Wales, about the role of institutions, including accountable state and non-state organisations with responsibility for children in preventing and responding to child sexual abuse and exploitation?*

Key messages

- No jurisdiction has everything 'right'. While overall robust research on what is effective is limited, there is plenty of promising evidence that can be developed further to inform work in England and Wales.
- Adequately resourced, comprehensive, multi sector approaches that aim to prevent *and* respond to child sexual abuse and exploitation are likely to be the most effective approaches.
- Effective responses are those able to meet the complexity and diversity of the needs of children and young people who are vulnerable or affected.
- Work with sexual offenders could broaden out to include earlier intervention to prevent offending by adults and adolescents who have not been convicted.

Findings

Primary prevention

None of the jurisdictions¹ included in the review had a comprehensive approach combining primary prevention and response but we found more evidence of prevention efforts in Australia, Finland, Norway, Sweden and the USA.

Changing attitudes and behaviour by education or awareness raising - There is moderately good evidence from Canada and the USA that pre-school and school based education programmes on child sexual abuse are effective at teaching children to recognise inappropriate behaviour and improving their knowledge of self protection. Research in Australia and the USA supports whole school approaches and involving parents, faith and community groups. Public education and social marketing campaigns to prevent abuse are commonly used but poorly evaluated.

¹ Wales, Scotland, Northern Ireland, Ireland, EU 28 countries, Norway, Iceland, USA, Canada, Australia, New Zealand

Situational prevention – The UK has led primary prevention and early identification efforts online and there is evidence of successful take-down, site blocking, extensive take up of online safety resources and considerable international collaboration through the work of CEOP, the National Crime Agency, and participation in the Global Alliance and WePROTECT. In other organisational contexts, efforts have been more limited covering pre-employment checks, vetting and barring. While important, these only exclude the minority of offenders already known or convicted. Inquiries in the USA, Germany, the Netherlands, Belgium and Ireland on institutional child abuse in churches show we need a wider focus on organisational safety and the opportunities for unmonitored contact.

Reducing vulnerabilities - Very little evidence could be found on the best approaches to reduce the vulnerabilities of children to sexual abuse and exploitation in the jurisdictions covered. Some promising evidence from the UK, Canada and the Netherlands was found from *Stop It Now* which aims to reduce offending among those not previously identified as offenders.

Disclosure, identification, reporting and response

Professionals need to be aware of the barriers children face in disclosing abuse and trained to recognise signs of abuse other than the child's disclosure. Identification in children's social services, education and health particularly needs to be recognised as a process of proactively asking, building a relationship with a vulnerable child or young person and collecting information from a range of sources over time.

Research in Australia confirms that mandatory reporting can increase reports of child sexual abuse but that resources are needed to manage these. The number of cases investigated but not then substantiated also increased.

From Australia and the USA, there is evidence that training, proactive identification and promoting expertise and good practice through specialist mobile teams or task forces in health, justice and child protection can have a positive impact. For health, use of new technologies such as telemedicine can give access to specialist skills. Also in Australia, proactive approaches to involve the wider community in identification and reporting had a positive impact on reporting rates, arrests, prosecution and convictions for child sexual abuse cases.

Support for children through prosecution and the court process is generally poor but there is promising evidence on the effectiveness of co-located multi-disciplinary services such as the National Children's Advocacy Centers in the USA and the Children's Houses (or *Barnahus*) in Iceland and other parts of Europe.

Managing offenders

Management of offenders has focused largely on those high risk sexual offenders against children already convicted. In the UK, Germany and Sweden, attention is shifting to look at offenders at lower levels of assessed risk, including those not convicted. More work is needed on effective responses for health, education and social work; on managing peer abusers; on improving prosecution and the use of appropriate sanctions for offenders in organisations such as churches and faith groups.

Commonly used policies such as sexual offender registration, notification schemes and residency restrictions evaluated in the USA found these have not been effective in reducing recidivism and may work against efforts to rehabilitate offenders. Sex offender treatment responses are more likely to be effective if they can address the type of offence and level of risk, the offender's criminogenic needs, learning style and abilities. Restorative justice approaches to sex offender treatment such as Circles of Support and Accountability show promising results from Australia and the US, but have high levels of programme drop out. Treatment responses developed for adults are less relevant for young people who present with harmful sexual behaviour. There is more evidence to support the use of MST than CBT based treatment approaches for young people who present with harmful sexual behaviour.

Supporting victims and survivors

There are significant gaps in the availability of relevant support and therapeutic services for child victims of sexual abuse in the UK and funding for services addressing significant risks such as domestic abuse has declined.

Research from Scotland on guardianship schemes shows positive results improving support for trafficked young people. Advocacy schemes do not prevent sexually exploited young people from going missing, but can ensure there is a coordinated response should this happen.

The evidence on victim support and recovery focuses mostly on child sexual abuse, while needs of those who have been sexually exploited may differ. Best evidence on therapeutic treatment for children exists for trauma focused CBT although a variety of therapeutic methods, for example those using drama or EMDR, also show promise. Therapy approaches may be more effective when tailored to the individual needs of the child or young person, taking into account their specific symptom constellation, development, context, and background.

Evidence from other jurisdictions on the effectiveness of victim redress, compensation schemes, no fault insurance, publicly available insurance registers and the structure and source of different funding streams could not be found.

Implications

- A wider focus on prevention and response is needed, with prevention moving beyond teaching children to protect themselves and beyond the regulation of convicted sexual offenders to focus on wider prevention efforts targeting risks and vulnerabilities.
- Prevention and response needs to be comprehensive, cover the complexity and diversity of children's experiences and be guided by leadership promoting an outcome focused theory of change.
- Responsibility for preventing and responding to child sexual abuse and exploitation needs to extend beyond specialist and child protection services to include the wider range of organisations, particularly faith groups, industry, the private sector, sport and leisure. The National Response Unit and proposed Centre for Excellence (in the UK) could play an important role in partnerships.
- Research from the USA and Canada provides evidence for prevention delivered in schools to increase children's knowledge and awareness and starting to change the attitudes and environments that contribute to abuse. A strong argument could be made for compulsory PSHE for all schools and academies on safety and respectful relationships.
- Additional resources will be needed to deal with increased reports and additional screening procedures that will result if mandatory reporting is introduced.
- The gaps in knowledge identified in this review could be used to inform priorities for future funding.

Approach

The project was desk based using recognised methods for rapid evidence assessment. Rapid evidence assessments, like systematic reviews, aim to thoroughly and transparently identify and assess the evidence on a particular topic but within a more limited time frame and with restrictions on the breadth of literature included.

Using agreed search terms, we searched online databases (Embase, ASSIA, PsychInfo, Social Work Abstracts and Criminal Justice Abstracts) and websites for relevant peer reviewed articles and research reports on effective responses delivered by different institutions from jurisdictions outside of, but similar to, those in England and Wales. Grey literature and references in publications included were additionally searched. We rated 1,460 relevant studies for quality and included 88 high quality studies in the review. To address gaps in the research, we were asked to identify examples of responses where the evidence was promising but did not yet meet quality

standards. We were also asked to discuss the findings with reference to the current context of research, policy and practice in England and Wales. This meant reading a large body of additional materials which we included in the report bibliography. A full description of the methods are in the research report.

Limitations

The scope of the Rapid Evidence Assessment was narrow and might not have identified all the relevant evidence. The search was limited to articles published in English, between 2004- 2016, in peer reviewed journals and online in 'grey literature' research reports. We were unable to consult with international academic or practice experts to check whether all significant research evidence had been covered, but the draft report was reviewed by the IICSA advisory groups, including academic experts, who made suggestions on research to include (mostly from the UK).

1. Introduction

1.1 Background

In 2015 the UK government announced that child sexual abuse and exploitation was a national threat on a par with organised crime and dealing with it had become a government priority (BBC, March 2015). A series of inquiries in the UK has uncovered alarming levels of child sexual abuse in the past in institutions, residential facilities and care homes (Operation Hydrant), by public figures such as Jimmy Savile and Rolf Harris (Operation Yewtree) and more recently there have been several investigations into the sexual exploitation of children, most often vulnerable adolescent girls and care leavers, where those responsible for their care and protection failed to take effective action (Casey, 2015; Jay, 2014). When children and young people in the UK were asked in 2009 whether they had ever experienced any sexual victimisation in their childhoods, 16.5 per cent of those aged 11 to 17 said they had (12.5% of boys and 20.8% of girls). Almost 1 in 10, 9.4 per cent had experienced an act of sexual victimisation in the past year (6.8% of boys and 12.2% of girls). One in twenty had experienced sexual victimisation at some time in their childhood that involved physical contact or rape (2.5% of boys and 7.2% of girls). One in twenty (5.1%) had experienced abuse online (Radford et al, 2011; 2013). This widespread prevalence of child sexual abuse and exploitation is not a problem that is unique to the UK. 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, 2014). Child sexual abuse is a gendered crime; girls typically report lifetime rates three times higher than boys, although data on boys' experiences is lacking from many countries (ibid.). A combined analysis of self-report surveys across Europe found that 13.4 per cent of girls and 5.7 per cent of boys had experienced childhood sexual abuse (Sethi, 2013). Huge differences in the design and measures used in these surveys make it difficult to accurately compare rates of child sexual abuse and exploitation across different countries (Stoltenborgh et al, 2011), nonetheless these figures show that child sexual abuse and exploitation is indeed widespread and warrants tough and immediate action.

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, such as countries in Africa, as well as in high-income countries such as the UK (Barter et al. 2009; UNICEF Tanzania, 2011; UNICEF, 2014). Children living in alternative family, residential or foster care are known to be particularly vulnerable (Berelowitz et al. 2013; Uliando & Mellor 2012) and the institutional abuse of children, currently and in the past, has become a matter of national and international concern, prompting inquiries in Australia, Canada, Denmark, Germany, Ireland, the Netherlands,

Scotland and the USA (Cameron et al, 2015; Skold & Swain, 2015). Organisational and systemic risks that contribute to cultures where abuse can thrive and prioritise the interests and reputation of the institution over the safety of children have been common features of these reviews (Bohm et al, 2014).

This study was commissioned following a competitive tender by the Independent Inquiry into Child Sexual Abuse (IICSA), set up to investigate whether public bodies and other non-state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales. The Inquiry, led by Professor Alexis Jay, is independent of government. Research, including the commissioning of reviews to evaluate the available research evidence, forms one of the Inquiry's three strands of work. The Rapid Evidence Assessment was to identify what is known in countries other than England and Wales about best practice and 'what works' to prevent, identify and respond to child sexual abuse with an institutional dimension. The key question to be addressed in the study was:

What can be learnt from jurisdictions, outside of England and Wales, about the role of institutions, including accountable state and non-state organisations with responsibility for children in preventing child sexual abuse and exploitation?

Considering jurisdictions outside of England and Wales that have different models of cooperation, funding arrangements, information sharing and departmental structures designed to protect children, the review was to focus primarily on literature relating to the evaluation of interventions and services intended to prevent, identify or respond to child sexual abuse with an institutional dimension. The Inquiry was also interested in the evaluation of processes and practices that support effective services and interventions.

1.2 Methodology

The project was predominantly desk based research using recognised methods for rapid evidence assessment (Galvani et al, 2011; Gough, 2007; Kangura et al, 2012; Sherman et al, 1998). Rapid evidence assessments, like systematic reviews, aim to thoroughly and transparently identify and assess the evidence on a particular topic but within a more limited time frame and with restrictions on the breadth of literature included. A full account of the methodology, the search sources, search terms used and methods to assess quality for research evidence included is provided in the appendix of this report. Our conceptual approach to prevention and response was informed by our understanding of childhood studies (James & James, 2004; Jenks, 1996) and children's rights (Council of Europe, 2007) and recognition that child sexual abuse and sexual exploitation are complex and varied problems with different impacts for different children (Belsky, 1993; Butler 2013). High quality, peer reviewed research literature on effective policy and interventions delivered by different sectors and

institutions to prevent and respond to child sexual abuse and exploitation operating in jurisdictions outside, but comparable to, England and Wales were included in the review. There were 36 jurisdictions included, made up from high income English language nations Wales, Scotland, Northern Ireland, USA, Canada, Australia, New Zealand and the EU 28 countries, plus Norway and Iceland.

Using the agreed search terms set out in Appendix B, online databases (Embase, ASSIA, PsychInfo, Social Work Abstracts and Criminal Justice Abstracts) were searched. The searches were time limited to the years 2004 to 2016, although research prior to these dates was included by following up references from articles read when these were found to be particularly relevant to the review. Only English language publications in peer reviewed journals were included in the online database searches. A search for 'grey' literature (meaning publications not available in peer reviewed journals) was conducted using snowball methods of searching from articles read², searching websites of key voluntary sector and government organisations from relevant jurisdictions and setting up keyword searches for research publications on Google. The quality of research evidence was assessed using five standard quality assessment instruments agreed with IICSA (included in the appendix).

The searches online yielded 12,169 records to be screened. Following screening, 1,460 relevant studies were rated for quality with 88 high quality studies identified to include in the review. To address gaps in the research that emerged during quality screening, the authors were asked to identify examples of research where the evidence was promising³ but did not yet meet quality standards. Grey literature was assessed to consider whether the research evidence was promising or lacking. The authors were also asked to address the current context of research, policy and practice in England and Wales. This was achieved by re-examining the literature identified in relation to other jurisdictions for relevant content, conducting additional online searches of practice in England and Wales, mostly in the grey literature, following up further references.

Data was extracted from the included studies using the data recording sheets. Findings from the included systematic reviews, quantitative studies and qualitative studies were synthesised and structured around the themes that emerged during the review. The final step in the assessment was a weight of evidence assessment which assessed three areas: the quality of the research; whether the research is specific and

² The snowball method refers to the practice of following the citations or references within a relevant document to find other literature about the same subject. These further documents in turn identify other documents that, in turn also include further references that may be of relevance to the review.

³ A study was identified as promising and in need of further research in context if: it was well designed qualitative research that provided useful information on processes, implementation or if it considered diversity issues OR there was some evaluation data suggesting a positive impact on attitudes OR behaviours, but no experimental evaluations had yet occurred; OR if experimental testing showed positive but as yet limited impacts. To be rated promising, programmes had to be formalised to the extent that outside agencies could have access to programme information (such as a manual/programme information that could be found in open source).

appropriate to answer the review question; and how helpful /useful this knowledge is for addressing the review and whether or not it was conducted ethically (Gough, 2007).

Outcomes relevant to review question

To provide useful feedback on the messages from other jurisdictions, the review considered the quality of evidence on different responses. One important part of this quality assessment was whether or not a particular piece of evidence (a publication about a service evaluation for example) defined and measured changes, or 'outcomes', that were of interest to the review question. The review also aimed to capture the range of outputs that deliver or indicate positive outcomes for victims and survivors. An outcome framework to cover the effective prevention of and responses to child sexual abuse and sexual exploitation was agreed with the commissioners. Three types of outcomes were specified:

- **Outcomes** which articulate the objectives of child protection measures. However we recognise that they are difficult to measure directly and we have therefore proposed some direct and indirect measures which may be useful in understanding whether particular interventions are likely to have a positive outcome in terms of protecting children from child sexual abuse with an institutional element.
- **Measures** that show response outputs (results from interventions designed to improve rates of safe disclosure for example) or outputs from primary prevention activities (results from interventions aiming to reduce vulnerabilities by reducing known risk factors for example) which are highly likely to influence children's safety, wellbeing and experiences of sexual abuse and exploitation. These are often indirect or proxy measures of the intended final outcomes.
- **Process measures** are associated with the efficiency of the delivery of a particular institutional or multi sector response. They cut across all kinds of intervention.

The outcome framework is relevant for the different types of responses needed to address child sexual abuse and sexual exploitation comprehensively in any jurisdiction, following a 'public health' prevention and children's rights informed approach (Butchart et al, 2006; Pinheiro, 2006). Different types of responses can be categorised as:

- Those aimed at *primary prevention*, stopping child sexual abuse and/or sexual exploitation happening in the first place.
- Those aimed at improving child protection through better *identification, disclosure, reporting and responses*, enabling children to disclose abuse, improving recognition among those in contact with children and so on, especially ensuring children are not victimised again,

- Those aimed at better *control and management of offenders*, especially ensuring they do not reoffend,
- Those aimed at providing better *support for victims and survivors*, aiding *recovery* and undoing the harm and injustices caused to victims and survivors and their families.

Cross cutting each of these ‘types’ of response, the outcomes framework also addresses children’s rights to equal, non-discriminatory treatment (Article 2 United Nations Convention on the Rights of the Child, UNCRC) and rights to participation in decisions that influence their welfare (especially Article 12 UNCRC). The outcomes framework finally takes into consideration the capacity and efficiency of processes in delivering particular responses. The outcomes framework was used to structure the presentation of results in this report so that findings are presented under sections with headings that correspond to the four different types of response required.

It is acknowledged that some individual and multiagency collaborative services will not fit neatly under one particular heading as they may aim to provide a range of responses, covering for example both primary prevention (to change beliefs for example), identification (helping victims and survivors come forward), support and recovery (through advocacy and counselling for example). We recognise that some of these terms are controversial and hard to define clearly. The Inquiry may refine some terms over time based on evidence and research, primarily with victims and survivors. The outcomes of interest are shown in Table 1.

Table 1 Outcomes Framework

	Prevention and early intervention	Disclosure and identification	Response and reducing reoffending	Support for victims and survivors, including recovery and reintegration services
<i>Definition</i>	<p>Prevention measures are those intended to prevent child sexual abuse before it occurs. This includes identification of risk of vulnerability within an institutional context. Includes interventions and services that aim to:</p> <ul style="list-style-type: none"> - Decrease child vulnerability, including improving understanding of vulnerability - Prevent potential offenders from committing a first offence, including improved understanding of risk factors - Make organisations more 'child safe' and close systemic loopholes - Change community attitudes that enable child sexual abuse to occur? 	<p>This strand relates to increasing the proportion and number of actual offences that are identified by institutions and relevant authorities. Includes identification and disclosure of recent and non-recent abuse, and child victims/survivors.</p> <p>Disclosure Taken to mean when a victim or survivor of sexual abuse discloses to another person. This includes disclosure to peers, adults and institutions and services. It also includes disclosure of non-recent abuse.</p> <p>Identification Taken to mean when someone, who is not the victim of child sexual abuse, recognises an instance of abuse.</p>	<p>The response strand encompasses all actions taken after an instance of abuse (or alleged) abuse is reported, disclosed or identified. This means that it includes the response of the identifying individual, the institution's response to allegations as well as criminal justice responses, compensation schemes and civil litigation.</p> <p>As with all outcome measures, the response strand equally includes the response to reported/disclosed non-recent abuse.</p> <p>We also include in this strand offender management and treatments which aim to reduce reoffending.</p>	<p>Services to support victims, survivors and their families, to reduce the impact of the experiences of child sexual abuse.</p> <p>Includes services and support provided to both adult survivors of non-recent abuse, and child victims/survivors.</p> <p>Includes therapeutic support and services provided to survivors through any accountability or reparations process, whether civil or criminal.</p>

	Prevention and early intervention	Disclosure and identification	Response and reducing reoffending	Support for victims and survivors, including recovery and reintegration services
	Does NOT include interventions intended to prevent reoffending.			
Outcomes	Fewer children are sexually abused (reduced victimisation). ^{4,5,6,7} Improved awareness of people who may be at risk of offending for the first time. Improved awareness of children	More children who are being sexually abused are correctly identified by relevant institutions or adults. More children who experience child sexual abuse disclose it when it happens.	An increase in the number of offenders who are disrupted or subject to other interventions. Institutions respond in a timely and appropriate way to allegations of child sexual abuse.	Improved wellbeing amongst victims and survivors (including mental, physical, emotional and quality of life). ^{10,11,12} Improved access to support services. ^{13,14} Improved level of satisfaction

⁴ Donnelly, P. & Ward, C. (2015) Oxford Textbook of Violence Prevention, Oxford: Oxford University Press; Finkelhor, D. (2008) Childhood Victimization Oxford: Oxford University Press; Gilbert, R., C. Spatz Widom, K. Browne, D. Fergusson et al. (2008) "Burden and Consequences of Child Maltreatment in High-Income Countries", The Lancet, vol. 373, no. 9657, December pp. 7–20

⁵ Butchart, Alexander, Alison Phinney Harvey, Marcellina Mian and Tilman Fürniss, (2006) *Preventing Child Maltreatment: A guide to taking action and generating evidence*, World Health Organization, Geneva

⁶ Pinheiro, Paulo Sérgio, (2006) *World Report on Violence Against Children*, United Nations, Geneva.

⁷ Sethi, D. et al (2013) *European report on preventing child maltreatment*, World Health Organisation: Geneva.

¹⁰ Krug, Etienne G., Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi and Rafael Lozano, eds. (2002) *World Report on Violence and Health*. World Health Organization, Geneva.

¹¹ Butchart, Alexander, Alison Phinney Harvey, Marcellina Mian and Tilman Fürniss, (2006) *Preventing Child Maltreatment: A guide to taking action and generating evidence*, World Health Organization, Geneva.

¹² Department of Health (2011) Commissioning Services for Women and Children who are Victims of Violence – A Guide for Health Commissioners, London: Department of Health, available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215635/dh_125938.pdf

¹³ Office of Children's Commissioner (2015) *protecting children from harm* OCC: London; Jay, A. (2014) *Independent Inquiry into Child Sexual Exploitation in Rotherham*. Rotherham: Rotherham Metropolitan Borough Council.

¹⁴ UNICEF (2015) *Child Protection Resource Pack: How to plan, monitor and evaluate child protection programmes*, UNICEF: New York.

	Prevention and early intervention	Disclosure and identification	Response and reducing reoffending	Support for victims and survivors, including recovery and reintegration services
	who may be vulnerable to sexual abuse.	Increase in self-identification of sexual abuse.	Reduced reoffending rates. ⁹	with response of institutions.
	Reduction in revictimisation. ⁸	More adults who have experienced child sexual abuse disclose.	Improved equity in response for victims and survivors.	Improved equity of access to services for victims and survivors across different demographics (e.g. age, gender, geographic location).
	Improved self-awareness of vulnerability amongst young people.	Increase in accurate identification of instances of child sexual abuse.		
		Improved equity in identification and disclosure for victims.		
<i>Measures</i>	Parents/schools/wider family members show improved awareness of indicators of child sexual abuse.	Increased number and proportion of victims and survivors show awareness of how to access help and support. ¹⁶	Increase in proportion of prosecuted cases that result in convictions.	Increased numbers of victims and survivors accessing support services.
	Increase in accurate referrals by professionals of individuals at risk of offending.	Increased number of offenders identified. ¹⁷	Reductions in risk indicators for offenders.	Increase in the number of support services available.
			Improvements in self-reported	Increase in self-reported

⁸ Daigneault, Isabelle, Martine Hébert and Pierre McDuff, (2009) “Men’s and Women’s Childhood Sexual Abuse and Victimization in Adult Partner Relationships: A study of risk factors”, *Child Abuse & Neglect*, vol. 33, no. 9, pp. 638–4; Finkelhor (2008).

⁹ Langan, Patrick A., Erica L. Schmitt and Matthew R. Durose (2003) *Recidivism of Sex Offenders Released from Prison in 1994*, US Department of Justice, Washington, D

¹⁶ Tutty, Leslie M (1997) “Child Sexual Abuse Prevention Programs: Evaluating who do you tell”, *Child Abuse & Neglect*, vol. 21, no. 9, pp. 869–81.

¹⁷ UNICEF (2015) *Child Protection Resource Pack: How to plan, monitor and evaluate child protection programmes*, UNICEF: New York.

Prevention and early intervention	Disclosure and identification	Response and reducing reoffending	Support for victims and survivors, including recovery and reintegration services
Increase in accurate referrals by professionals of vulnerable individuals.	Increase in proportion of victims who report. ¹⁸ Reductions in vulnerability indicators for victims and survivors. ¹⁹	satisfaction by victims and survivors through the response of institutions.	satisfaction with support services. ^{22,23,24}
More 'at risk' families access universal family support services.	Improved public understanding of child sexual abuse and exploitation. ^{20,21}		Greater proportions of victims and survivors engaging with civil or criminal compensation schemes.
Reductions in vulnerability indicators for potential victims. ¹⁵	Improved understanding of CSA and CSE amongst criminal justice organisations.		Improved understanding of impacts of CSA and CSE leading to improved victim credibility.
Increased numbers of potential offenders self-refer to early intervention services.	Increase in accurate referrals by professionals of offenders.		Shorter waiting times to access service.
Increased number and proportion of children show awareness of how to access help and support. ¹⁴	Increase in accurate referrals by		Improved ease of access to appropriate services for victims and survivors.

¹⁵ Butchart, Alexander, Alison Phinney Harvey, Marcellina Mian and Tilman Föhn, (2006) *Preventing Child Maltreatment: A guide to taking action and generating evidence*, World Health Organization, Geneva.

¹⁸ UNICEF (2015) *Child Protection Resource Pack: How to plan, monitor and evaluate child protection programmes*, UNICEF: New York.

¹⁹ Butchart et al (2015)

²⁰ UNICEF (2015) *Child Protection Resource Pack: How to plan, monitor and evaluate child protection programmes*, UNICEF: New York.

²¹ Stanley N., Ellis, J., Farrelly, N., Hollinghurst, S., Downe, S. (2015) Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review* ,59, 120-131

²² Scott, S., Williams, J., McNaughton Nicholls, S., McManus, S., Brown, A.S., Kelly, L. and Lovett, J. (2015) *A Briefing for Service Providers and Commissioners: Measuring outcomes for survivors of violence and abuse*, REVA Project Briefing 5, DMSS Research/NatCen/CWASU/Truth Consulting.

²³ Department of Health (2011) *Commissioning Services for Women and Children who are Victims of Violence – A Guide for Health Commissioners*, London: Department of Health, available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215635/dh_125938.pdf

²⁴ *Convention on the Rights of the Child (CRC)* United Nations, New York 1989, ratified 1991 by UK.

Prevention and early intervention	Disclosure and identification	Response and reducing reoffending	Support for victims and survivors, including recovery and reintegration services
	<p>professionals of victims and survivors.</p> <p>Improved multiagency working and information sharing.</p>		<p>Improved need assessments.</p> <p>Increased awareness of available services amongst victims and survivors.</p> <p>Increase the number of victims and survivors of child sexual abuse who access appropriate services when they want to.²⁵</p> <p>Increase in the number of survivors who engage with civil or criminal redress processes.</p>
		<p>Efficiency²⁶</p> <p>Cost effectiveness^{27, 28}</p> <p>Professional satisfaction²⁹</p> <p>Timeliness of response³⁰</p>	

²⁵ UNICEF (2015) *Child Protection Resource Pack: How to plan, monitor and evaluate child protection programmes*, UNICEF: New York.

²⁶ Grinnell, R. Gabor, P. & Unrau, Y (2012) *Program Evaluation for Social Workers: Foundations of evidence based programs* 6th edn, Oxford University Press, Oxford

²⁷ Grinnell, R. Gabor, P. & Unrau, Y (2012) *Program Evaluation for Social Workers: Foundations of evidence based programs* 6th edn, Oxford University Press, Oxford

²⁸ UNICEF (2015) *Child Protection Resource Pack: How to plan, monitor and evaluate child protection programmes*, UNICEF: New York.

²⁹ Grinnell, R. Gabor, P. & Unrau, Y (2012) *Program Evaluation for Social Workers: Foundations of evidence based programs* 6th edn, Oxford University Press, Oxford

³⁰ Munro, E. (2011) *The Munro Review of Child Protection. Final report: A child-centered system*, London: Department for Education

1.3 Challenges in demonstrating ‘what works’

There are a number of challenges in answering the review question on the basis of the evidence found from online searches of research literature databases. The main question to be addressed is essentially a policy question about what other jurisdictions do, yet we found the number of policy evaluations that met the quality thresholds established for this review were limited. Evaluation research has been heavily influenced by public health approaches to ‘good evidence’ where there is an evidence hierarchy with experimental research designs, such as the randomised controlled trial (RCT), at the pinnacle. Researchers coming from a health, mental health or social science background are more likely to lean towards experimental evaluation studies of treatment or intervention ‘effectiveness’. Policy interests and research interests do not always match and in some areas there are gaps between what policy requires and what research recommends. Like others who have attempted similar reviews (e.g. Bohm et al, 2014), we found that few studies meeting evaluation quality standards exist for some of the areas we were to consider, particularly the area of abuse in organisations where many of the publications identified were describing, rather than evaluating, particular policy responses. For example, victim impact statements are one area of policy interest but a search through the 17,000+ research references we had gathered into our Endnote library found only one study from South Africa that considered these with specific reference to child victims³¹ of sexual abuse or exploitation. The article was a study of just two cases that went through the South African courts (van de Merwe, 2008). To take into account these differences and the difficulties in reconciling gaps between policy interests and what research shows, we have tried to cover the landscape of the research literature, making reference where there are specific gaps between policy interests and evidence to studies that are ‘promising’ but where further research is needed. Literature included in this review that meets the agreed research quality is listed in the tables at the end of each section of the report and marked with an asterisk (*) in the reference section at the end of the report. Descriptive and ‘promising’ studies discussed but not yet meeting the quality criteria are also included in the reference section but are not identified with an asterisk and not included in the chapter evidence tables.

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

³¹ In this report the term ‘victims’ is used rather than ‘victims and survivors’ when discussing the criminal justice literature.

implementation (Mikton et al, 2013) and how to measure this from an organisational perspective (Ehrhart et al, 2016). A well evaluated response in one jurisdiction may not work as well elsewhere and, as yet, the evidence is still developing on what works, for which groups of children and young people and in what contexts (Dodge & Lambelet Coleman, 2009). It should be noted that even where the research evidence for a particular response is rated as being good from one jurisdiction, a cautious and carefully monitored approach with consideration of implementation issues and any perverse consequences would be needed to transfer learning to another context.

A further challenge we faced in addressing the review question on the basis of the research literature on 'effective' responses to child sexual abuse and sexual exploitation was in the limited focus of many 'what works' evaluations. We found that the majority are evaluations of specific programmes or interventions, such as a method to interview child victims for example. However, a response to child sexual abuse and exploitation in a particular jurisdiction is unlikely to be restricted to one particular intervention, and more likely to be made up of a bundle of responses, actions and multi sector responsibilities across a whole system. Child protection system responses have not necessarily been driven by coherent or unified theories on the causes of child abuse and neglect and how to bring about social change. The public health (Butchart et al, 2006) and children's rights approaches to violence prevention (Pinheiro, 2006) have arguably brought a broader focus on the vulnerabilities, risks, inequalities and lack of rights at individual, family, community and societal levels that need to be addressed in a society. While understanding of the components of a 'child protection system' and how to map it has grown (Wulczyn et al, 2010) it is generally accepted that there is no single 'right' way to structure a system response. Within the area of social policy research different typologies of child protection and child welfare regimes have been identified for comparative purposes and efforts made to compare their impact on levels of child safety (Gilbert, Parton & Skivenes 2011; Gilbert, Fluke et al, 2011). Comparative research on the effectiveness of a particular child protection system is still at the point of relative infancy and it is not known whether or not efforts to improve general child wellbeing, such as eradicating child poverty for example, might be better than, or equally important as, organisational efforts to specifically address child abuse (Finkelhor & Lannen, 2015). Efforts in one area of policy response may also be undermined or contradicted by policies in other areas. It has not been possible in the scope of this rapid assessment of evidence to include the broader and equally important context of general policies which impact on child safety and wellbeing.

While public health perspectives on good evidence have tended to favour systematic reviews, meta-analyses and RCTS as evidence of good practice, few studies in the field of child protection have been found to meet these standards. What level of evidence is good enough or useful for policy and practice has been the subject of debate with some researchers arguing that the usefulness and relevance of the research findings to the question to be addressed are also important considerations alongside the quality of the research (Gough, 2007; Nutley, Powell & Davies, 2013;

Williams et al, 2015). Recognising that all research knowledge is partial, in this review we considered the robustness of different types of research evidence, quantitative and qualitative, on their own merits, taking into consideration promising research findings where these could be found. Our approach was realist and pragmatic, taking into consideration the robustness of the research, whether or not research findings helped to answer the main question of the review and might be helpful to inform the development of better policy and practice in England.

1.4 Report structure

The next section of the report, Section 2, provides a brief overview of the literature included in the review, showing the number of studies included, the jurisdictions where the research originated, the type of response considered and the organisational sectors involved. Each of the chapters thereafter present findings for the different types of responses. Section 3 considers the research on the primary prevention of child sexual abuse and exploitation. Section 4 reviews the evidence on identification, disclosure and reporting. Section 5 discusses protection including the management of offenders to prevent re-offending. Section 6 reviews evidence on supporting victims and survivors and aiding the process of recovery. Each section begins with a summary of the key findings and concludes with an account of gaps in the evidence. There are clear imbalances in the research evidence with, for example, research on prevention being slim in comparison to the research on regulating convicted child sexual offenders. These imbalances probably reflect patterns in research funding and differences between more established and newer research themes. More quantitative studies and systematic reviews were included in the review than qualitative studies as fewer of the qualitative studies clearly addressed the central research question. Text boxes have been used to illustrate some 'promising' areas of research where further work could be helpful to address gaps in knowledge and inform policy and practice. It should be noted however that the 'promising' research studies discussed do not yet meet the quality thresholds applied to the other evidence discussed in this report so it would be premature to draw any conclusions about their possible impact on outcomes for sexually abused and exploited children. To provide context to the discussion of the research and evaluation studies from other jurisdictions included in the review, the authors also read a large number of publications that described research in England and Wales or policy in England and Wales and in other jurisdictions. These publications are also referenced at the end of the report and are not included in the evidence data tables presented in each chapter.

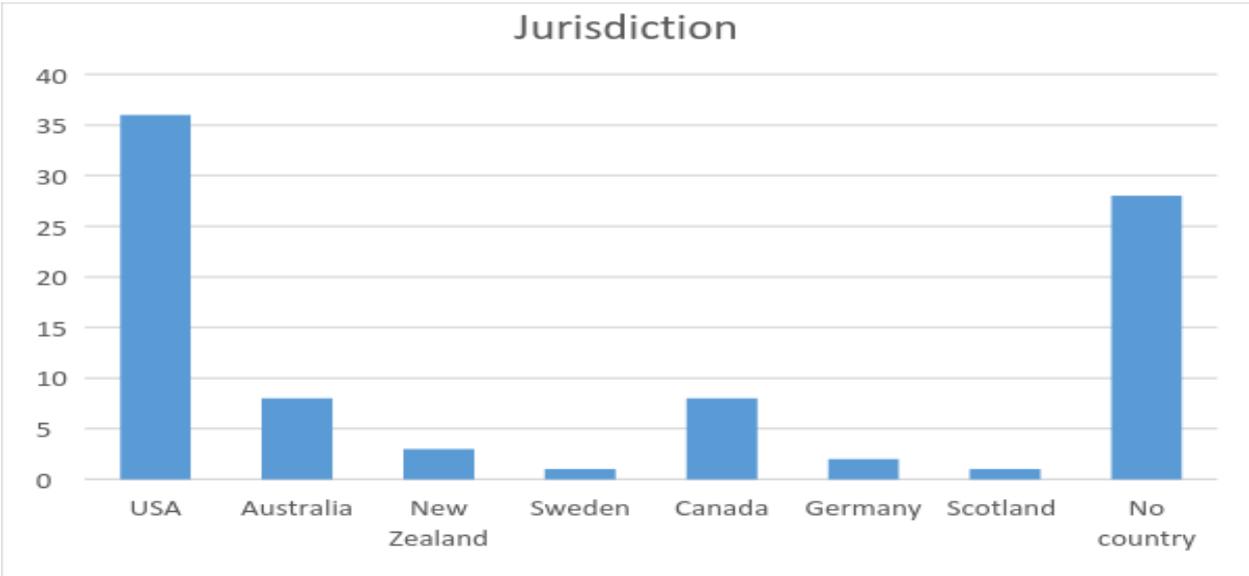
Section 7 of the report draws together the overall messages from this rapid evidence review and Section 8 presents our conclusions.

2. Overview of the evidence and research literature

The online searches of databases (Embase, ASSIA, PsychInfo, Social Work Abstracts and Criminal Justice Abstracts) yielded 19,049 publications and another 108 were identified from the grey literature, searching sources cited in publications read and from previous reviews the authors had completed (Radford, Allnock & Hynes, in press; Stanley et al, 2015) leaving, once repeats had been deleted, 12,169 publications to screen for relevance (being primary or secondary research and evaluation evidence from a relevant jurisdiction that addressed the review question). A large number of publications were excluded at this stage leaving 1,460 for quality assessment with the scales described in the Appendix. Eighty eight studies were included in the review of which 74 were quantitative evaluations, systematic reviews or meta-analyses and 14 were qualitative studies. An additional 90 qualitative and quantitative studies that were 'promising' were discussed where these could shed light on the review question. A full description of the search, screening, review and analysis methods is presented in the Appendix. The review covered jurisdictions other than England, however to draw out the messages for comparative purposes, the analysis and discussion also referred to the research and policy context in England and Wales. This meant reading and referring to a wider literature on policy and research into the nature and impact of child sexual abuse and exploitation in general. These sources are listed in the reference section of the report.

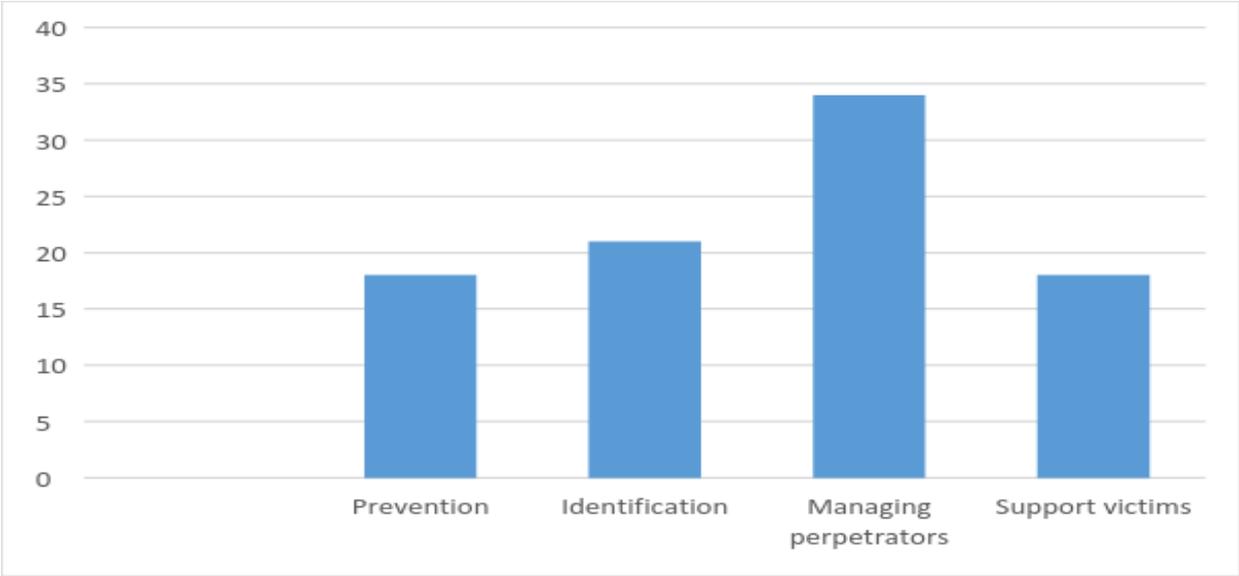
Figure 1 below shows the jurisdictions for the research studies included in this review. It can be seen that there were many more studies that originated from the USA.

Figure 1 Jurisdictions for the research studies included in the review



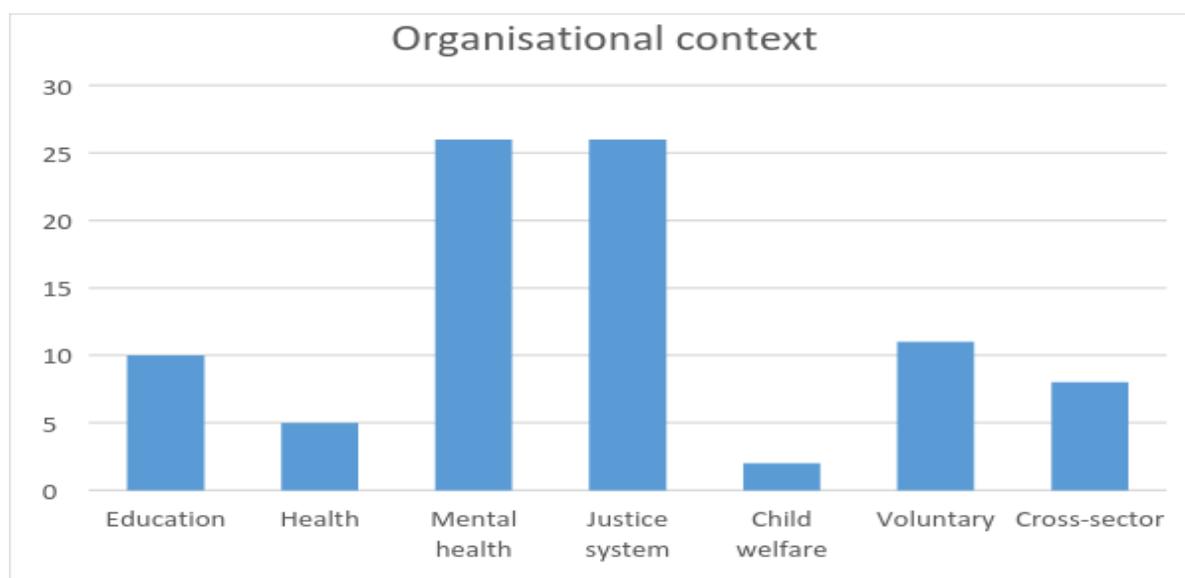
Many more studies were found on managing offenders to prevent re-offending than on supporting victims and survivors, or on identification, disclosure and response or on supporting victims and survivors. (Figure 2).

Figure 2: Type of response addressed by the research studies included in the review



The research papers covered a wide range of organisations but proportionately more papers were found discussing research about mental health and justice system responses (Figure 3).

Figure 3: Organisational context for research studies included in the review



While many of the research studies could be attributed to an organisational context, a much smaller number contained clear messages about organisational responses to prevent and respond to child sexual abuse and exploitation which occurred within the context of these particular organisations. In the discussion of findings from the review we have distinguished between institutional responses to child sexual abuse and exploitation that developed within different organisations that generally target abuse happening elsewhere and the responses that specifically address abuse and exploitation that might occur within a specific organisational context such as children’s homes or churches.

3. Primary prevention

Primary prevention approaches aim to stop child sexual abuse and exploitation from happening in the first place. Three types of primary prevention responses to child sexual abuse and exploitation have developed: those that aim to tackle demand or reduce the motivations of offenders and change wider social attitudes, norms and drivers of abuse; those that aim to reduce the risks and vulnerabilities of children as victims; and those that address the situational factors (such as the context and environmental accessibility of a child victim to a potential perpetrator). All approaches are relevant and can be found in examples from practice. However within organisations, situational prevention approaches have been the most common and the least researched. This section discusses the evidence reviewed on preventing child sexual abuse and exploitation and describes prevention activities where evidence is still limited but appears to be promising.

Summary of findings on primary prevention

- Primary prevention responses to child sexual abuse have focused predominantly on teaching children to protect themselves. There is moderately good evidence from Canada and the USA to show that pre-school and school based primary prevention programmes that teach children skills to keep safe from child sexual abuse are effective in improving their knowledge about protective behaviours.
- The content and delivery of preventative education is important. It needs to be developmentally appropriate and to recognise diversity issues.
- Whole school approaches that involve all school staff, pupils, governors and parents in creating a safe environment and promoting respectful relationships inside the school and the wider community are regarded as good practice.
- Evidence on the effectiveness of online abuse prevention, social marketing and using the media to promote public awareness is limited but emerging.
- Very limited evidence otherwise was found on the effectiveness of primary prevention for child sexual exploitation.
- The UK has led many developments in national and international efforts to restrict and take down online child abuse images and materials.
- Prevention targeting vulnerable children and young people to reduce risks and build strengths is underdeveloped in the area of child sexual abuse and sexual exploitation.

- Within many organisations, statutory and non-statutory, faith groups, children’s organisations and community groups, safeguarding policies on preventing sexual abuse in the organisation have mostly focused on situational prevention approaches, such as employment checks, with limited evaluation. The wider structural and systemic risks in organisations such as churches and residential care need to be addressed.
- There is limited but emerging evidence on prevention responses for those with a sexual interest in children.

3.1 National policy responses

One way to assess if a jurisdiction has an effective national policy on preventing child sexual abuse and exploitation is to consider whether or not there is a national plan or national policy that is implemented, adequately resourced and monitored. Global public health, human rights and violence prevention bodies have urged nation states to create systematic frameworks to respond to violence against children that are integrated into national planning processes (Pinheiro, 2006; WHO, 2014). This includes having an action plan or national policies and laws that comply with the Convention on the Rights of the Child (as recommended by General Comment 13 of the United Nations and the Committee of Ministers of the Council of Europe, COE, 2009; UN, 2011). It is recommended that national plans should aim to prevent and protect children comprehensively from all forms of violence (EC DG Justice, 2015; UN, 2011). Research by the World Health Organisation in Europe found that only 22 out of 51 countries responding to a survey had a national child maltreatment prevention plan in force (Sethi et al, 2013). The focus on child sexual abuse and exploitation is not shown and the effectiveness of the plans is not discussed in this WHO report. A survey led by the European Child Safety Network on implementing policies to prevent violence against children across Europe found that of the 19 respondents out of 32 European countries contacted, 89 per cent had a national plan to prevent violence against children and 93 per cent of these addressed child sexual abuse. However only 56 per cent of the plans had resources allocated for implementation and only 44 per cent were said to have any monitoring of impact (Radford & MacKay, 2015). The most comprehensive plans were found to exist in Nordic nations, Sweden and Norway (Radford & MacKay, 2015).

The prevention and regulation of online abuse was also recommended by Directive 2011/93/EU on combating the sexual abuse, sexual exploitation of children and child pornography. However the European Parliament resolution 2015 noted that although this was due to be transposed by Member States by 18 December 2013, by 2015 fewer than half of the Member States had fully implemented it. Resolution 2015/2564/(RSP) calls for renewed efforts by EU members states to combat online

child sexual abuse and an EU wide prevention and awareness campaign. Considerable international efforts to respond to child sexual abuse and exploitation online by the Global Alliance on Child Sexual Abuse Online and WePROTECT are discussed further in the next section of this report on identification. WePROTECT has launched a Model Strategy on responses to child sexual abuse that includes guidance on legislation.

A survey, undertaken in 2014, by Missing Children Europe, ECPAT and eNASCO (2016) examined how the seven key provisions of Directive 2011/93/EU on preventing sexual abuse and sexual exploitation of children and child pornography had been interpreted and implemented by the 27 EU countries bound by the Directive³². It provides a means of comparing UK policy in this field with that of other European countries. The box below identifies UK policy on the seven key provisions and compares it with that of other EU states:

Progress in the Europe and UK on Preventing Child Sexual Abuse and Exploitation

1 Directive. Criminalise knowingly obtaining access via information and communication technologies to child pornography (Art. 5 (1) and (3), and Recital 18);

Twenty-five of the 27 EU states were found to have included this in their legislation. While several member states have adopted the original wording of Article 5 – ‘knowingly obtaining access to child pornography’ – in the UK, the offence is criminalised under ‘making any indecent photograph or pseudo-photograph of a child’ (Section 1 of the British Protection of Children Act 1978). Therefore, viewing such images without the intention to copy or store an image does not constitute an offence in the UK. The report recommends that, in order to bring the UK national framework in line with the Directive, an amendment should be made to Section 1 of the British Protection of Children Act, making it a criminal offence to access images of child pornography, as well as bringing Section 6 (3)(a) up to the maximum term of imprisonment of 1 year rather than 6 months and/or a fine.

2. Criminalise online grooming (Art. 6 and Recital 19);

The majority of Member States have introduced a specific criminal offence for online grooming. The report finds that the UK’s Serious Crime Act 2015 which introduced a new grooming offence which incriminates the mere “sexual communication with a child if committed for the purpose of obtaining sexual gratification or intended to encourage the child to make a sexual communication” goes beyond the minimum requirements set out by the Directive. However, the definitions in both Acts are described as insufficient as regards third party

³² Denmark is not bound by the Directive.

offences.

3. Disqualification arising from convictions, screening and transmission of criminal records information (Art.10 & Recitals 40-42)

The UK is described as having the 'most developed regulatory system' among the 27 EU states surveyed. It has a number of national provisions in place that go beyond the minimum standards of the Directive. The UK's Disclosure and Barring Service provides for three levels of checks and systems are established for exchanging criminal records and for checking non-nationals and residents who wish to work overseas as well as nationals.

4. Victim Identification (Art. 15 (4))

In many of the EU states included in the survey, victim identification and support were not given priority by comparison with identification of offenders. The UK was found to be one of a small group of countries (including Germany, the Netherlands and Sweden) that had introduced systems aimed at identification of child victims. In common with Austria, Ireland and Poland, it has a national victim database.

5. Extraterritorial extension of jurisdiction (Art. 17 and Recital 29)

The Sexual Offence Act 2003 (SOA) establishes the jurisdiction of England and Wales over acts committed by all UK nationals outside of its territory. The report describes this as 'one of the harshest legislative measures for these kinds of offences within the European Union'. (p 174). Moreover, the dual criminality clause which only allows extradition when a similar law exists in both countries involved, was removed by the Criminal Justice and Immigration Act 2008. However, the UK is still subject to the dual criminality clause of other countries.

6. Obligation to provide for assistance, support and protection measures for child victims during the investigation and trial (Arts. 18, 19 and 20)

In most EU states, a special representative may be appointed to child victims. However, there are limits on the availability of this support in some countries such as Ireland. The UK's recent introduction of independent advocates for child victims of trafficking (Modern Slavery Act 2015) is highlighted by the report.

The UK has implemented a range of measures to protect child victims in court including: the right to a representative from the witness care unit who will ensure that the child is informed; eligibility for special measures when testifying such as screens, live-video/audio-recorded interviews, and hearings without the public which aim to protect the privacy and identity of the child victim.

Unlike most EU states, UK national law does not provide for an appointment of a special representative for all child victims; furthermore, it does not provide services for reclaiming costs. The report therefore recommends that the appointment of special representatives for child victims free of charge be made a requirement in England and Wales.

7. Taking down and blocking measures against websites containing or disseminating child abuse material (Art. 25 and Recitals 46–47)

The majority of EU states have some mechanisms that aim to effect the prompt removal of child abuse images at source. UK takedown measures are conducted by a coordinated work of the NCA, CEOP and the Internet Watch Foundation (IWF). The report noted the importance of specifying a timeframe within which removal has to be undertaken and having legal safeguards surrounding it. In some EU countries (Austria, Croatia, Estonia, Germany, Latvia, Malta & the Netherlands), blocking has proved politically controversial or has been deemed ineffective and has not been introduced. In the UK, the blocking URL list is managed by the IWF, distributed and incorporated into blocking systems at the ISPs and search engines so people cannot have access to those sites, including the pathways of these images or videos. This mechanism is described as especially helpful when the illegal content has been hosted abroad.

Cameron and colleagues' (2015) review of policy in Sweden, Ireland, Australia, Canada, New Zealand, the USA, the EU and EC describes prevention policies on child sexual exploitation but does not cover the research evidence for these.

Social marketing and media campaigns designed to promote awareness and understanding about child sexual abuse and exploitation have been very much part of international, regional and national strategies for universal primary prevention promoted by governmental bodies (Cameron et al, 2015; Home Office, 2015) although evidence on their impact tends to be limited, with evaluation data on audience reach produced but not often any information on audience attitudes or behaviour change. A survey of 32 European governmental and non-governmental experts on child protection policy received detailed information from 14 countries on a range of media campaigns aimed at preventing child maltreatment: 78.5 per cent of countries reported a campaign in the last five years on child sexual abuse; 50 per cent reported a campaign in the last five years on child sexual exploitation; and 57 per cent had a campaign addressing online abuse. The majority of the campaigns (79%) were led by NGOs, 19 per cent were government led and 5 per cent led by health services (Povilaitis, 2015). The research to date suggests that health led initiatives on prevention gather more evaluation data on impact and a review of prevention found that projects on child sexual abuse and exploitation linked with sexual health and Aids/HIV prevention in low resource settings (such as *Soul City* implemented in a number of African nations) have been evaluated more consistently (Usdin et al, 2005) with changes in attitudes and sexual behaviour tracked through use of surveys such as the Demographic and Health Surveys (WHO & UNAIDs, 2010). Media campaigns that promote positive messages, especially for men and boys, use 'edutainment' techniques such as TV dramas or 'soap' story lines have the most promising evaluation

results across different jurisdictions (Scheepers et al, 2004; Soul City, 2008).

3.2 Regional and International policy

The review of policies by Cameron and colleagues (2015) also describe European and international responses to child sexual exploitation and to online abuse. International bodies such as the Internet Watch Foundation (IWF), based in the UK, block and remove child abuse images from the internet to prevent access and trading by potential child sexual offenders. Performance evaluation reports indicate these have been successful, showing some positive output measures (although impact cannot be assumed from these). For instance, the IWF blocked 31,266 instances of child abuse imagery on websites in 2012 (IWF, 2015). There is a delay between the time taken to block an abusive image site, which usually occurs in a matter of minutes from receiving the report, and removing a site, which can take up to ten days. This gives the distributors time to re-locate the abusive materials elsewhere. The technical challenges in preventing child sexual abuse and exploitation on the internet are considerable particularly with the increased use of Dark Web peer to peer networks and encryption methods to evade detection and a worrying growth in online live abusive image streaming, although the UK has been at the forefront of cross national efforts.

National and international efforts to respond to the sexual exploitation of children in travel and tourism were recently reviewed by the non-governmental organisation ECPAT International (Hawke & Raphael, 2016). The report found law enforcement agencies such as Interpol observing an increase in rates of sexual exploitation of children in travel and tourism, a decline in national action plans that specifically address this problem and a very low rate of convictions for sexual offenders who travel for the purpose of sexual exploitation. Few countries are able to show how many of their nationals are involved in these crimes. The British and Dutch law enforcement agencies are noted for the efforts to track and provide data on the sexual exploitation of children in travel and tourism relating to their own nationals. Child Protection Certificates developed in both countries enable police checks on nationals seeking work in schools, charities and other facilities serving children and young people in other countries. To support these efforts ECPAT call for further preventive awareness raising (discussed in more detail below) and a strong industry focus on strengthening implementation of the Code of Ethics in travel and tourism. However, as the nature of the sexual exploitation of children in travel and tourism has changed, it is proposed that a wider, more comprehensive definition is required to address the fact that those who sexually exploit children in this way are not only wealthy Western tourists but also business travellers, expatriates, volunteers and pseudo carers who travel abroad and regionally. The proposed definition is *acts of sexual exploitation of children embedded in the context of travel, tourism or both* (Hawke & Raphael, 2016).

3.3 Multi sector coordinated responses

The Internet Watch Foundation is an example of a coordinated multi sector response. As noted earlier, multi sector responses with service providers, law enforcement and child protection agencies to prevent online abuse have been successful in blocking access to abusive websites although the impact on the rates of online child sexual abuse and exploitation are difficult to show.

No other evidence was found on coordinated or co-located primary prevention responses although this work is linked with the 'one stop shop' models, Advocacy Centers and Children's Houses (Barnahus) and their roles in identification and reporting discussed in the next chapter.

3.4 Justice system

Many of the activities within a justice system will focus on upholding the laws of a nation which are likely to be reactive rather than preventative. However, crime prevention has been part of government policy for many years. Historically, and currently in many jurisdictions, sexually exploited children have been criminalised by laws on prostitution rather than being protected and helped as child victims. The need for greater efforts to be made to understand and to regulate the demand for sexual services that influences the sexual exploitation of children has been endorsed by the UN Special Rapporteur on the sale of children, child prostitution and child pornography (UN Special Rapporteur, 2015). Not enough is known about the factors that drive demand although there is evidence that most offenders have no particular paedophilic preferences but are best described as situational offenders accessing children through prostitution because they are available. To address these issues, regulating access to victims may be effective. In 1999 Sweden was the first country in the world to pass laws to address this injustice (Swedish Law Prohibiting the Purchase of Sexual Services, referenced in Cameron et al, 2015). Laws in Sweden, developed primarily to address gender equality and concerns about violence against women, support the decriminalisation of prostitution and aim to tackle the demand for sexual services by sanctioning those who attempt to purchase them. Evidence of the impact is available in Swedish and only a summary report is available in English making it difficult to assess the quality of the evidence. Nonetheless the summary findings are encouraging.

Promising evidence on primary prevention in the justice system

An evaluation ten years on in Sweden found multiple sources of evidence supporting the conclusion that the ban on purchasing sexual services had reduced demand in Sweden compared with similar, neighbouring countries such as Denmark and Norway who had not had this approach (SOU, 2010). Prior to the legislation street based prostitution levels were similar in Norway, Sweden and Denmark but by 2008 the levels

were three times higher in Denmark and Norway compared to those in Sweden. Research with professionals in Sweden supports the view that levels of street based prostitution in Sweden declined and there is no evidence that there was a growth instead in prostitution in other sites such as massage parlours. Surveys of men in Sweden are said to show lower rates of self-reported purchasing of sexual services compared with rates reported in surveys in Denmark and Norway. It should be noted however that the impact of the policy on child sexual exploitation is not known. It is likely that children and young people may have been exploited in different, less public locations or private residences before and after the legislation so that measures of decline in street based prostitution may not be good measures of change in the numbers of sexually exploited children (Melrose, 2013). It is also difficult to measure the extent of buying sexual services online, whether involving adults or children (Holger-Ambrose et al, 2013), and when intermediaries or organised criminal groups may be involved. The preventative potential of policies to regulate demand warrant further investigation and, developed in consultation with young people and professionals, robust research is needed to test these policies in selected localities.

The findings on the impact of the Swedish policies however have been contested by Levy and Jakobsson (2014), as noted in the Home Affairs Select Committee Report on Prostitution (House of Commons, 2016) which recently reviewed some of the research and policy on prostitution from other jurisdictions. Levy and Jakobsson argue that there is no evidence that the Swedish law on sanctioning purchasers has led to a reduction in prostitution as only street based prostitution is counted, not prostitution in other locations. Prostitution is argued to have dispersed following passing of the law, alongside the spread in use of mobile phones. Adverse consequences for women in the sex trade are said to have occurred, including eviction from home, loss of custody of children, fear of reporting crime and deportation. While these claims are worrying, it should be noted that the research by Levy and Jakobsson did not pass the quality assessment criteria for inclusion in the present review because of the lack of clarity over the number of participants involved in the research and the method of recruitment and analysis.

The Norwegian Penal Code criminalised the purchase of sexual services in 2009. An evaluation was commissioned in 2013. Again only a summary of the evaluation in English is available so it is not possible to comment on the quality of the evidence presented (EU Norway, 2014). This concluded that the law had made Norway less attractive for prostitution based trafficking and there was no evidence that the ban had led to any increase in violence against women involved in prostitution. The numbers observed to be involved in street based prostitution declined. For example, in Oslo the numbers of women observed as being involved in street based prostitution fell from around 115,000 in 2008 to under 60,000 in 2014. As with Sweden, some concerns about the impact of the policies in Norway are presented in the grey literature. A report from Amnesty International (2016), drawing on interviews with 30 women selling sex in

Oslo, 23 of whom were migrants, notes the adverse consequences of criminalising the purchase of sexual services in a context where there are few efforts to decriminalise and safeguard the women working in the sex trade. Amnesty International argues that women involved in street and 'indoor' prostitution in Norway continue to be criminalised and targeted by aggressive policing and face increased risk of homelessness, deportation and loss of livelihood.

Northern Ireland and France introduced similar legislation on the purchase of sexual services in 2015 and in 2016 respectively but it is too soon for meaningful evaluation of evidence to emerge (House of Commons, 2016). Section 15 of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) (Northern Ireland) Act 2015 in effect from June 2015 makes it an offence to obtain sexual services in exchange for payment, either by paying or promising to pay any person directly or through a third party. The offence is liable to a fine of up to £1,000 or one year imprisonment. Legislation criminalising the purchase of sexual services now also exists in Ireland in the Criminal Law (Sexual Offences) Bill 2015 which was passed in January 2016. The impact of these new laws in other jurisdictions will be of interest to policy makers in England and Wales.

The justice systems in a number of countries have also contributed to educational prevention initiatives and have developed some of the online child sexual abuse and exploitation prevention programmes (discussed in detail below).

There is a growing research literature which has aimed to identify characteristics of offenders to help inform prevention, early identification and targeted treatment strategies. Much of this research has been conducted with known groups of child sexual offenders accessed through the criminal justice system. However any predictive messages from the research are likely to be relevant for early identification in other sectors such as mental health or education. One area that has been explored covers the reasons and motivations behind sex offending behaviour and whether or not enough is known to be able to identify which individuals might be likely to become sexual offenders. Theories of sex offending behaviour are diverse although single causal models tend to be less favoured among researchers and practitioners than integrative theories (such as that of Ward & Beech, 2006) that take into account the complexity of causes and variation in offender types. Integrative theories propose a combination of biological and individual propensities and motivational factors, clinical symptoms, environmental and cultural factors which are likely to interact to influence sex offending behaviour. One aspect of this includes the social and relationship difficulties some child sexual offenders may face, such as emotional loneliness, isolation, social anxiety and so on that limit their ability to have their sexual and emotional needs met by an appropriate adult partner (Ward & Beech, 2006). Porter and colleagues (2015) systematically reviewed research that considered whether or not social anxiety was associated with child sex offending behaviour and concluded

that more research is needed to inform an evidence based approach. Out of the 18 studies included in the review, 8 found an inconclusive statistical association between sex offending and social anxiety while of the other 10 only one study showed a strong association, four were medium and five were weak. An association between social anxiety and sex offending behaviour may not be causal. The anxiety could be a consequence of being a sexual offender, especially if convicted. A considerable limitation of the research on sex offenders is that most has been conducted with convicted sexual offenders while there is evidence that much child sexual abuse and exploitation goes undetected and unreported (Berelowitz, 2013; OCC, 2015). Those convicted may include only a minority of persons who are a risk to children in the community. There clearly is scope to develop research, policy and practice on the prevention and earlier identification of adults who sexually abuse and exploit children.

Promising practice – identifying offenders

Stop It Now! Is an organisation that originated in the USA but has since rolled out to Australia, Canada, Ireland, the Netherlands and the United Kingdom. It provides a helpline for adults concerned about somebody else's or their own behaviour or sexual feelings towards children and as such is an example of an early identification approach for potential offenders in the community. The purpose of Stop It Now! is to offer an early response to those likely to commit an offence to prevent this happening and to provide an accessible service for sexual offenders who call the helpline because they want to stop. The evidence of impact is rather limited although a recent evaluation of Stop It Now! in the UK, Ireland and Netherlands shows some actual and potential child sexual offenders are willing to make contact (Brown et al, 2014). Advice provided by the helpline follows the Good Lives Model of working with sexual offenders (Ward & Brown 2004) in which the motivations of callers are addressed and they are encouraged, through agreed actions, to develop a life in which their human needs are met positively and children are not sexually abused. Qualitative feedback from interviews with 47 helpline users was said to be 'overwhelmingly positive' with reports made of increased knowledge of protective behaviours that may aid desistance from child sexual offending.

3.5 Education

Primary prevention responses in educational settings include prevention programmes in primary and secondary schools and further education colleges, but less commonly provision for younger children and those who are out of school. Online safety awareness is also increasingly offered in schools (but is discussed separately below).

School based preventive education for children began in the 1970s as awareness of child sexual abuse grew. There are a number of child sexual abuse school-based prevention programmes that aim to teach children and adolescents the skills to be

safe, responding to vulnerabilities caused by lack of awareness about sexual abuse, especially where the perpetrator is a trusted adult. The content of the curriculum varies but typically covers themes such as body ownership, distinguishing safe and un-safe touch, identifying potentially abusive situations, boundaries in relationships, avoiding, resisting or escaping from potentially abusive situations, secrecy and where and who to turn to for help. Delivery formats vary from didactic to more participatory and skills focused, using a wide range of different resources such as films, plays, multi-media, puppets, comics, colouring books, discussion groups, role play and practice based activities to enhance learning of skills (Walsh et al, 2015). None of the programmes with robust research evidence – such as the Canadian programme ‘Who do you tell?’ (Tutty 1997; 2014) – directly address sexual exploitation, although they address wider and related issues such as negotiating safe relationships. Some of these programmes have been tested experimentally 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 & Jones 2006) as the outcomes measured have not generally included measures of impact on victimisation. Most common measures are changes in knowledge about protective behaviour, where to get help or changes in knowledge about sexual abuse, which may, or may not, impact on behaviour. A widely used measure of increased knowledge about child sexual abuse for instance is the Children’s Knowledge of Abuse Questionnaire (CKAQ). This includes a measure of knowledge about ‘stranger danger’ however not all programmes on child sexual abuse prevention include stranger danger, some such as *Safe Touches* focusing on abuse from known adults (Pulido, 2015).

The systematic review and meta-analysis by Walsh and colleagues (2015) reviewed 24 trials involving 5,802 participants and found evidence of improvements in protective behaviour and knowledge among children exposed to school based programmes on child sexual abuse regardless of the type of programme offered. There was no evidence that taking part in a programme increased, or decreased, children’s anxiety or fears about child sexual abuse. The studies suggest that these prevention programmes improve children’s awareness (Tutty 1997; Zwi et al. 2007), increase the odds of child disclosure and the changes in knowledge do not deteriorate over time (Daigneault et al, 2012; Krahe, & Knappert, 2009; Walsh et al, 2015). Programmes have been shown to be appropriate and effective in improving knowledge among diverse minority groups and with children living in low income communities (Baker et al, 2013; Daigneault et al, 2012; Pulido et al, 2015). Some have cautioned, however, that the gains made by children are small and that for some children they are negligible particularly if messages are not reinforced by caregivers and family (Tutty 1997). The complex dependency relationship that often exists between a sexual abuse offender and the victim can make the negotiation of safety difficult. Walsh and colleagues (2015) note that the overall quality of evidence on effectiveness was ‘moderate’ and in the mid-1990s at least two thirds of all school children in the USA had taken part in one of these programmes. We have been unable to find an estimate of current rates of

participation. As Smallbone and McKillop point out (2015), a limitation in the overall philosophy of child safety education prevention programmes is that no similar expectations are made that children should be taught to prevent adults from mistreating them in other ways, by for example physically abusing or neglecting them.

Stanley and colleagues' (2015) review of the primary prevention of teenage partner abuse, the PEACH study, included sexual abuse prevention in relationships. The study was informed by realist principles and included four overlapping phases: a UK mapping survey to identify current provision; a systematic review of the existing international literature; a review of the UK 'grey' literature and consultation with young people and experts. The systematic literature searches yielded 82 papers for full text screening; 28 quantitative papers were included in the systematic review covering 20 separate programmes and six qualitative studies reporting children's views.

The majority of the studies included in the systematic review were undertaken in the USA or Canada. Most of the programmes evaluated were delivered in school settings and all were designed for children of 11 and over. The content of the programmes varied, but it is likely that most included prevention of sexual abuse/violence in young people's intimate relationships in their definition of dating violence/domestic abuse prevention. Some may also have included content that addressed prevention of other forms of sexual abuse including sexual exploitation.

The systematic review by Stanley and colleagues (2015) found robust evidence that these interventions have been successful in increasing positive attitudes and knowledge about intimate relationships. They can also increase young people's readiness to seek help when they encounter abusive behaviour. There is some evidence that they can reduce boys' abusive behaviour in the long-term (Wolfe et al 2009), (although self-reported sexual abuse of a partner was not specifically measured at follow up by Wolfe and colleagues, 2009). The PEACH study's consultation interviews and groups identified the value of targeting interventions more directly at boys, who can be resistant to programme messages, and it was suggested that framing messages positively for boys would contribute to increased effectiveness. Programmes also need to take account of the needs of other diverse groups of young people, particularly Lesbian, Gay, Bisexual and Transgender (LGBT) young people. The consultations undertaken as part of this research also emphasised the importance of schools building links with specialist services that could offer appropriate support to young people who disclosed abuse (Stanley et al 2015b). One young person noted: '*it makes people aware but then they need the help afterwards*' (young people's consultation group 1). Evidence from consultations with experts in Australia, the US and Canada emphasised the importance of government support for these interventions: framing the delivery of these preventative interventions as a statutory requirement made for wider and more consistent implementation in jurisdictions where that was the case as well as providing a strong message from governments that

contributed to shifting social norms. For example, in Australia, the National Plan to Reduce Violence against Women and their Children (Department of Families, Housing, Community Services and Indigenous Affairs, 2009) included a commitment to introduce respectful relationship education which was underpinned by funding for preventative initiatives and this has resulted in a plethora of initiatives.

3.6 Health and mental health

Public health and health service providers could potentially play an important role in primary prevention responses to child sexual abuse and exploitation. While educational resources have been produced and distributed by health services in the USA and UK, especially on child sexual exploitation (Cameron et al, 2015), no evidence on the impact and effectiveness of these on primary prevention was found in the search. Further work could be developed in this area.

3.7 Child welfare

There is extensive literature on early intervention to promote child wellbeing and to prevent child abuse and neglect (Allen, 2011; Smallbone & McKillop, 2015). Much of the literature has focused on parenting and supporting parents in the important task of raising physically and emotionally healthy children, able to achieve their full potential in adult life (Allen, 2011). Early intervention approaches often promote the preventative targeting of support for parents whose children are likely to be vulnerable because of poverty or other family and environmental adversities (Dodge & Lambelet-Coleman, 2009). The evidence on primary prevention of child sexual abuse and exploitation from this literature is limited and mixed as impact specifically on sexual violence has not often been assessed (the review by Allen, 2011 considered just one prevention programme considering sexual violence, Safe Dates which targets teenagers generally in schools). Child sexual abuse and sexual exploitation covers a range of different types of offences and, unlike child abuse or neglect in the family, the main offenders are not necessarily parents and caregivers but include known and previously 'unknown'/unacquainted adult and peer offenders, and 'boyfriends'. Nonetheless there are important aspects of the public health targeting of support to address family and environmental risks and vulnerabilities, shown to be effective in preventing child maltreatment, that are likely to be equally important in preventative work for child sexual abuse. Smallbone and McKillop (2015) note that there is support for the view that the 'resistance training' emphasis of child sexual abuse prevention in education (see discussion in Section 3.5) should be replaced with a developmental prevention approach and a focus instead on a 'resilience building' model that targets evidence based individual (e.g. low confidence, loneliness) and family vulnerability factors (e.g. insecure attachments, domestic violence and so on). (This is the approach often taken in the life skills and empowerment approaches in low resource settings discussed in detail later). Developmental crime prevention has drawn on extensive literature linking

developmental risk and protective factors to later involvement in crime and delinquency. The early intervention preventative approach aims to reduce individual criminal propensities in order to forestall the negative impact of developmental circumstances and experiences that increase the likelihood of delinquency and crime. Vulnerabilities targeted in developmental crime prevention include individual issues such as impulsivity, family issues such as domestic violence, peer relationships such as associations with antisocial peers, school issues such as truancy and drop-out and neighbourhood issues such as high rates of community violence and disorganisation. As Smallbone and McKillop point out, these developmental risk factors for delinquency are also related to problematic sexual outcomes such as early sexual activity, multiple sex partners, early pregnancy, partner abuse. Targeting prevention especially on males to reduce risk of victimisation could be a worthwhile adjunct to this developmental prevention approach. Similarly it could be argued that specifically including reducing the risk of sexual abuse in early intervention policies for child development could be a valuable enhancement of the primary prevention efforts. No evidence was found in this review on the effectiveness of primary prevention initiatives within the child welfare sector that adopt this approach although this is an area that could be developed.

Interestingly, in low resource settings and post-conflict settings particularly, efforts have been made in policies and programmes to reduce the risks of sexual exploitation and increase skills and strengths among vulnerable children and young people (Radford, Allnock & Hynes, *in press*). This is most probably because in low resource settings the relationship between poverty, gender and age inequality and sexual violence is more clearly acknowledged, whereas in high income nations the relationship between these risks and sexual violence is still poorly understood. An example of this type of prevention approach is the Empowerment and Livelihood for Adolescents project (ELA) set up initially in 2003, reaching 290,000 young people worldwide and now running in six countries - Bangladesh, Uganda, Tanzania, Sierra Leone, South Sudan and Liberia. It is run by Brac, a development organisation which has been involved in microfinance activities in rural areas since 1974. ELA programmes combine microfinance and life skills training. ELA in Uganda targets adolescent girls and young women aged 13 to 21, especially those who are out of school. It aims to reduce risky behaviour and improve girls' health and wellbeing by socially and financially empowering them, providing them with a safe space to socialise, receive mentoring and life skills training. Like many projects targeting adolescent girls in African nations, it has been greatly influenced by the need to reduce levels of HIV and Aids, and as a result has addressed sexual health, teenage pregnancy and experiences of forced sexual intercourse. ELA projects vary according to context but generally have three components: creating safe spaces close to the home, where adolescents can discuss problems with their peers in small groups and build their social networks, away from the pressures of family and male-centred society; health education, life skills and confidence building; and economic empowerment via livelihood training, microfinancing and help to become self

supporting. A randomised control trial in Uganda (Bandiera et al, 2012; 2014) tracked 4,800 girls over two years, comparing outcomes for girls in 100 communities randomly assigned to receive the ELA programme with outcomes for girls in 50 control communities without the ELA programme. At the time the Uganda ELA programme had no microfinance scheme. Relative to adolescent girls in the control communities, the combined intervention of simultaneously providing vocational training and information on sex, reproduction and marriage, showed that two years later girls had a 72 per cent increased likelihood of engaging in income generating activities, driven by increased self-employment. Girls also had a 41 per cent increase in monthly spending on consumption. There was a 26 per cent decline in teenage pregnancies and a decline in girls reporting having had unwilling sex from 14 per cent to 8 per cent. While the ELA programme approach is clearly not directly relevant to England and Wales, the emphasis on understanding the structural, community, peer relationship and individual child level risks and vulnerabilities associated with child sexual abuse and exploitation and using this knowledge to inform prevention responses is of interest.

3.8 Voluntary sector, faith based organisations and independent services

Five articles were included on primary prevention initiatives led by faith based organisations and the voluntary sector, one by Pitts commissioned for the Australian Child Abuse Inquiry (Pitts, 2015), a systematic review of abuse in the Catholic church (Bohm et al, 2014) and another three papers from the USA. The review by Pitts considers evidence on primary prevention of sexual abuse for pre-school children and includes 23 articles, many delivered by voluntary sector and independent organisations. This concluded that the child sexual abuse prevention programmes for pre-school children appear to be effective at improving knowledge and skills regarding what to do and who to tell about inappropriate touching. The programmes are well received by parents and teachers and appear to have no adverse impact on the children. However sample sizes in the evaluations are small and there is no evidence on cost effectiveness. It is not known whether the programmes increase rates of disclosure and reduce levels of child sexual abuse. Kenny and colleagues' (2012) study similarly suggests that education on protective behaviours is acceptable and improves understanding for very young children. Kenny and colleagues evaluated *Kids Learning About Safety*, a pre-school prevention programme for children aged 3 to 5 years. Working with Latino families, learning outcomes were compared for 78 children and families who participated in the programme with 45 children and families who did not take part. Children who attended the programme showed significant improvements in knowledge about child sexual abuse and in their ability to respond correctly to vignettes portraying hypothetical situations compared with children who did not take part. Children who participated in the programme showed no negative side effects. At follow up three months later however it was found that children had not retained some of the knowledge gains. For example, their ability to use correct terms to describe genitalia had not been retained, suggesting that services and families need to reinforce

and repeat messages from preventative education to enable retention of knowledge.

The two papers by Rheingold and colleagues (2007 & 2015) report on independent evaluations of child sexual abuse primary prevention projects delivered by the US non-profit organisation *Darkness to Light*. Rheingold and colleagues (2007) evaluated a community based multi-media campaign where 200 parents with at least one child aged under 18 were recruited as participants and randomly assigned to one of four groups: a group shown a video on preventing child sexual abuse, a group given an educational pamphlet on preventing child sexual abuse and exploitation, a group who watched the video and also were given the pamphlet, a control group who received neither of these resources. Self-report measures were used immediately after the delivery of the education programme to assess level of knowledge about child sexual abuse and responses to vignettes portraying hypothetical situations. This was followed up one month later with questions about impact on behaviour. Findings indicate that the *Darkness to Light* campaign had a significant impact on short term knowledge, no significant impact on attitudes about child sexual abuse and a significant impact on prevention responses to the hypothetical vignettes. However, the follow up data was limited with only 37 per cent (73) parents taking part on the follow up interviews one month later. The video alone was not as influential as the booklet or the video accompanied by the booklet. Gains in knowledge were also small suggesting that more than a one-off exposure to primary prevention is needed to reinforce change.

Rheingold and colleagues (2015) describe an independent multi-site controlled evaluation of *Stewards for Children* a child sexual abuse prevention programme developed by *Darkness to Light*. Child care professionals (N=306) were recruited from children's advocacy centres and received either the web based or in person training on child sexual abuse prevention or joined a (wait list) control group. The *Stewards for Children* programme aimed to train professionals to prevent and respond to child sexual abuse. Pre and post-test assessments were completed with a follow up assessment three months later (with 267 participants). The researchers found encouraging changes in improved knowledge and preventive behaviour among those who received the prevention programme online or in person. The impact of *Darkness to Light* on levels of reporting is discussed in the next chapter.

Promising practice – supporting parents in keeping children safe

Parents and caregivers play an important part in safeguarding children. The *Parents Matter!* programme developed in the USA is an evidence-based intervention for parents and caregivers of 9-12 year-olds that promotes positive parenting practices and effective parent-child communication about sex-related issues and sexual risk reduction. The *Parents Matter!* approach was rigorously evaluated using a randomised controlled trial with African American parents of preadolescents aged 9-12 (Forehand et al., 2007). The results of this trial showed that parents in the intervention significantly

increased the number of sex topics they discussed with their preadolescents and increased their knowledge, skills, comfort, and confidence in communicating with their preadolescents about these sex topics. This approach has been adapted for use on sexual health, sexual violence and HIV prevention into a programme called *Families Matter* which is currently being implemented and evaluated in eight African countries with support from UNICEF and the US Centers for Disease Control (CDC) (Radford, Allnock & Hynes, *in press*).

In the UK, the voluntary sector has pioneered many innovative approaches for safeguarding children and young people from child sexual abuse and exploitation and Barnardos' work over many years has contributed significantly to increased awareness (Barnardos, 2011; Palmer & Stacey, 2002). The Families and Communities Against Child Sexual Exploitation (FCASE) model is an example of this.

Promising practice – Barnardo's Families and Communities Against Child Sexual Exploitation

D'Arcy and colleagues (2015) evaluated Barnardo's Families and Communities Against Child Sexual Exploitation (FCASE) service across three sites. The service provides direct work for a period of 6-8 weeks with children and their families where young people are at risk of child sexual exploitation, delivers training to professionals and undertakes community awareness raising. The evaluation examined outcomes for 31 cases, conducted interviews with children, parents, project staff and other professional stakeholders, undertook observations and analysed project data.

The evaluation highlighted work with parents as a positive feature of the FCASE model: this provided an opportunity to deliver early intervention work. FCASE's strength-based approach facilitated families' voluntary engagement with the service. Risks to children were judged to have been reduced in 80 per cent of the cases examined and parents'/carers' and children's capacity to identify exploitative behaviour had improved in 84 per cent of cases. Parent/carer- child relationships were judged to have been enhanced in 70 per cent of cases.

The professional training delivered addressed CSE as a child protection issue, how children become sexually exploited and the support they need, the impact of CSE and multi-agency working. Secondary analysis of evaluation data found that participants' average post-training scores were consistently higher than pre-training across all sites.

In terms of raising community awareness, there was evidence that events that gave 'space' for discussion and allowed participants to relay information about their own communities and contexts worked well. An example was facilitating single-sex groups to allow women to speak more freely about CSE. Using local stories and case study examples was also effective in raising awareness of CSE as something that does

happen locally. The location of a community event was judged to be important: using venues that were accessible and well known to communities rather than council or police headquarters was found to be helpful. FACSE staff valued 'community champion' or 'children's champion' models whereby a group of people are trained and supported to raise awareness and cascade information into their own communities.

Analysis of the needs of local communities and identification of vulnerable groups, which can further inform community awareness raising

Although a number of specific groups were targeted from the start – BME, Special Educational Needs (SEN), new and emerging communities, and LGBT – many sites learnt much more about who was in their local communities by analysing the needs in their localities. For example, delivering gender specific activities was helpful to enable conversations and discussions to address and support the specific needs of girls and adult women.

The Barnardo's service evaluators summarised the key features of effective community awareness raising as:

- ***Relationship building*** – with local networks, existing partners, community groups and organisations in order to tailor events to the specific needs of communities.
- ***Pro-active outreach work*** that engages community members in the places they are located.
- ***Embedding the community awareness raising element*** of the work in wider CSE strategy and practice as raising awareness can increase the demand for support.
- ***Reciprocity*** – locating community awareness raising in holistic support can help to address the wider needs of the group /community in order to protect them.
- ***Flexibility*** – being able to adapt activities according to group's/community's needs.
- ***Reflective learning, monitoring, evaluation and follow up*** of those activities which work (p37-38)

It is clear from these studies that voluntary sector and non-profit organisations have pioneered innovative primary prevention work which could be developed to further inform practice.

Initiatives to prevent child sexual abuse that takes place *within* voluntary sector, faith based and independent organisations however have a more limited evidence base.

Bohm et al (2014) completed a systematic review of the evidence on child sexual abuse in the Catholic church between 1981 to 2013, considering published research on risks concerning clerical offenders as well as the findings of inquiries held in the five countries of the USA, Ireland, Germany, Belgium and the Netherlands. One issue addressed was whether or not clergy prone to abuse could be identified and prevented from doing so on the basis of screening for known risk factors. Research on risk factors for child sexual abuse among clergy were identified for repeat offending. These included: young age of the victim, young age of the cleric at first offence, male victims and the perpetrator's own history of prior victimisation. However no specific individual risk factors were found to identify the more diverse wider group of sexual offenders in the Church, with the majority being older, showing no evidence of paedophilia and having no prior victimisation history themselves. This finding has been controversial and the US churches and media have contested the evidence provided that sexual abuse of boys and young men does not necessarily indicate that the offender is homosexual.

The John Jay researchers Terry and Ackerman (2008) argued that situational factors, which give an opportunity for sexual abuse, privacy in the context of a power relationship combined with organisational factors such as lack of safeguarding policies and failure to sanction offenders, were the key factors in creating risks for children, especially boys, in churches. Boys made up more than 81% of clergy abuse victims because at the time of the abuse clergy had more access to boys than girls (Terry & Ackerman, 2008). The power relationship between victim and clergy in the Church and especially in residential settings produced a culture in which abuse could thrive. Clergy had opportunities to abuse in a privileged relationship of spiritual and moral authority where a large number of incidents occurred in a priest's own home. The oppressive and humiliating discipline regimes of residential settings aimed at children in need of 'improvement', provided a context for abuse where any complaint from a child would be unlikely to be heard. One recommendation made from the John Jay College review in the US (2004; Terry & Ackerman, 2008) was that some of the situational risks could be addressed by church policy, for instance not having clergy alone with a child at home without another person being present. No evidence has been found on whether or not the situational approach has been widely implemented in churches and shown to be effective. A further publication by a member of the John Jay team notes a decline in clergy related child sexual abuse but that this may have been related to a general decline in child sexual abuse in the USA (Terry, 2008).

In an article which is not a systematic review, Wurtele (2012) summarises good practice in relation to the prevention of sexual exploitation and abuse of children in 'youth serving organisations' such as sports, and also churches and community based projects. Using an ecosystem perspective, she outlines the key elements of a preventative approach in such settings. These include: national and state policies; addressing organisational culture through the use of formal and informal structures;

and creating formal policies and procedures such as screening policies in the employment of individuals. The article calls for national coordination in the USA to screen information for youth serving organisation (YSOs) and to provide support and training to YSOs in their work. The agency culture can also be addressed through approaches such as 'codes of conduct' and training for staff in such organisations particularly with regard to boundaries and behaviour. We found no evidence on the effectiveness of codes of conduct and employment screening on the prevention of child sexual abuse and exploitation. One limitation of this approach is that employment vetting and police checks will only identify those who are already known to have harmed children.

3.9 Online

Online primary prevention programmes have been developed by a range of agencies, including law enforcement, and many are being widely delivered in schools (ThinkUKnow, CEOP/NCA) and to parents and carers (Stop It Now!) in the United Kingdom and other jurisdictions such as Australia, Canada, New Zealand, Sweden and the United States as well as in the EU (Cameron et al, 2015; Davidson, Martellozzo & Lorenz, 2009). As with school based sexual abuse prevention work the content and methods used to convey prevention messages vary. School-based programmes often aim to educate children, parents and teachers about the dangers posed by sexual offenders in cyberspace. Early evaluations 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. 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, Martellozzo & Lorenz, 2009). Davidson, Martellozzo and Lorenz (2009) also evaluated CEOP's ThinkUKnow programme using a large-scale survey of 1,718 young people aged 11-16 years and 21 focus groups with young people who had received the programme. Recall of the programme faded over time and the researchers recommended that safety messages are repeated within school settings on a regular basis. There was no evidence that the training and website reduced the likelihood of young people sharing personal information with or interacting with strangers online. Parents/relatives and schools emerged as the most common source of safety advice for young people and Davidson and colleagues recommended that CEOP develop the programme to focus on enhancing parents' and carers' understanding of online safety issues. Young people themselves criticised the ThinkUKnow website as too text heavy and insufficiently interactive. Child sexual exploitation prevention initiatives online in the USA include programmes such as *My*

*Life My Choice*³³. P.R.E.V.E.N.T. (Promoting Respect, Enhancing Value, Establishing New Trust) which targets high risk groups in Atlanta and *Powerful Voices Powerful Choices* which is targeting young women and girls in Seattle (Cameron et al, 2015).

3.10 Research gaps

While the evidence of the effectiveness of especially school based primary prevention programmes to address child sexual abuse is encouraging in terms of increased knowledge, protective behaviour and, for older children, increased odds of child disclosure, there is a gap in knowledge with regard to the impact of these prevention efforts on rates of child sexual abuse in the community. Longitudinal, prospective and data linkage studies are needed to begin to address this gap in the evidence. There are also limits to the scope of this approach for primary prevention as the focus is largely on teaching children to 'resist', deter or avoid sexual crimes when they are likely to be in very vulnerable and emotionally dependent relationships with the offenders. Primary prevention needs to address the diversity of experiences of child sexual abuse and exploitation, particularly covering abuse by peers and 'boyfriends', as research in the UK and from many other countries shows that many offenders of child sexual victimisation are other young people (Radford et al, 2013; UNICEF, 2014).

A sound theoretical and evidence based approach is needed for primary prevention of child sexual abuse and a developmental prevention approach, as applied in public health approaches to early child development and in crime prevention, is likely to provide a more comprehensive approach. However despite many years of research on early intervention and preventing child maltreatment there are gaps in the research looking specifically at effective approaches to reduce the risks and vulnerabilities associated with sexual victimisation and sex offending.

There is only limited research that addresses the effectiveness of primary prevention of child sexual abuse among diverse groups of young people, particularly Lesbian, Gay, Bisexual and Transgender young people and children with disabilities. Research with diverse groups is needed.

Research evidence on policy and policy implementation for the prevention of child sexual abuse and exploitation is particularly limited and this makes it difficult to draw conclusions on effective policy responses from other jurisdictions although encouraging indicators of change exist where nations such as Sweden have passed laws to prohibit the purchase of sexual services. Efforts to prevent online abuse have advanced considerably through global alliances across different countries, private sector providers and NGOs. There is a need for further evidence on effective policies to reduce demand.

³³ See: <http://www.fightingexploitation.org/prevention-education>

There are gaps in knowledge about the effectiveness of situational prevention policies in the creation of safe organisations.

The research to date in this field includes very little information on costs and cost effectiveness of primary prevention approaches.

3.11 Description of evidence on primary prevention

Sixteen papers relevant to primary prevention responses were included in the review (see Table 2). Six were systematic reviews, one looking at risks among sexual offenders (Porter et al, 2015) the other five reviewed the prevention literature (Bohm et al, 2014; Pitts, 2015; Stanley et al, 2015; Walsh et al 2015; Zwi et al, 2007), looking at preventing child sexual abuse/peer abuse mostly without specific reference to child sexual exploitation. The other ten papers were empirical studies, six originating from the USA, three from Canada and one from Germany. Eight of these were evaluations of school based sexual abuse self-protection programmes for children. Very limited evidence was found on primary prevention evaluations for child sexual exploitation, most evidence in high income countries being pilot studies or pioneering projects on child sexual exploitation prevention without as yet any evaluation evidence. Studies of prevention programmes for child trafficking for example were located in the grey literature (Boak et al, 2003; Cameron et al, 2015). However where evaluation evidence exists, none of these papers passed the quality assessment criteria for inclusion in the review.

Table 2: Prevention papers

Reference	Study Type	Jurisdiction	Organisation	Intervention	Methods	Participants	Results
Baker, C. K., Gleason, K., Naai, R., Mitchell, J., and Trecker, C. (2013). Increasing knowledge of sexual abuse: A study with elementary school children in Hawaii, <i>Research on Social Work Practice</i> , 23(2), pp. 167-178.	Quantitative evaluation	USA	Education	School based prevention curriculum delivered for grades 3 to 5.	Measured knowledge using Children's Knowledge of Abuse Questionnaire CKAQR III, before and after programme delivered	80 children participated in three schools, 53 in the intervention group and 27 in the comparison group. Children aged 7-10 years, with majority aged 8. Hawaii schools, where 75% (intervention) and 70% (control) from Asian-Pacific background	Children in intervention schools significantly increased their knowledge of appropriate and inappropriate touch and what to do if they experience sexual abuse.
Barron, I. G., and Topping, K. J. (2013). Exploratory Evaluation of a School-Based Child Sexual Abuse Prevention Program, <i>Journal of Child Sexual Abuse</i> , 22(8), pp. 931-948.	Quantitative evaluation	USA	Education	Tweenees prevention programme delivered in schools over two months	Pre- and post-test comparing intervention with wait list control. Used an adapted version of the Children's Safety Knowledge and Skills Questionnaire to measure skills and knowledge at 4 weeks pretest and after (2 weeks) combined with video coding	Children in Grade 6 (n = 88), mean age 11.1 and grade 7/8 students (n = 117), mean age 12.5 compared to a control (n = 185). All urban schools	Limited improvements in the older high school grade group suggest a programme ceiling effect.

Reference	Study Type	Jurisdiction	Organisation	Intervention	Methods	Participants	Results
Bohm, B., Zollner, H., Fegert, J. M., and Liebhardt, H. (2014). Child sexual abuse in the context of the Roman Catholic Church: a review of literature from 1981-2013, <i>Journal of Child Sexual Abuse</i> , 23(6), pp. 635-656.	Systematic review	-	Voluntary		of lessons and systematic		Systematic review of evidence base of child sexual abuse in Catholic church. It was found that reports, legal assessments, and research on child sexual abuse within the Catholic Church provide extensive descriptive and qualitative information for five different countries. The researchers conclude that individual risks cannot be used to prevent potential abusers accessing children but situational prevention initiatives may work better.
Daigneault, I., Hebert, M., and Tourigny, M. (2007), Personal and interpersonal characteristics related to resilient developmental pathways of sexually abused adolescents, <i>Child and Adolescent Psychiatric Clinics of North America</i> , 16(2), pp. 415-434.	Quantitative evaluation	Canada	Education	ESPACE sexual abuse prevention workshop and booster sessions 2 years later delivered in schools for children grades 1 -4	Standardised questionnaires (CKAQ-R and WIST) administered to children pre and post Test at initial sessions and 2 year booster	160 participants (70 experimental, 90 control) aged 5-11, low socio economic areas	Participants obtained low scores on measures of sexual abuse knowledge. Shorter booster sessions that elicit children's recall might produce greater improvements.
Kenny, M. C., Wurtele, S. K.,	Quantitative	USA	Voluntary	Kids	Pre and post	78 intervention	Gains in knowledge were

Reference	Study Type	Jurisdiction	Organisation	Intervention	Methods	Participants	Results
and Alonso, L. (2012), Evaluation of a Personal Safety Program with Latino Preschoolers, <i>Journal of Child Sexual Abuse</i> , 21(4), pp. 368-385.	evaluation			Learning About Safety' Programme for Latino families	questionnaires administered to children to measure their knowledge and skills including PSQ, WIST, GBT and questionnaires on body parts and safety. 7	children, 45 control group. Children aged 3, 4 and 5 years. Majority Latino families (84%)	maintained at three-month follow-up testing for all content areas except genital terminology. Recruiting and maintaining participants was difficult
Krahé, B., and Knappert, L. (2009) A group-randomized evaluation of a theatre-based sexual abuse prevention programme for primary school children in Germany, <i>Journal of Community & Applied Social Psychology</i> , 19(4), 321-329	Quantitative evaluation	Germany	Education	Theatre prevention programme delivered to Grade 1 and 2 students either live or by watching a DVD.	Randomised trial, two week and 30 week follow up questionnaires	148 children in grades 1 and 2, mean age 7.7, 78 girls, 70 boys.	Treatments combined with supportive therapy and a psychodynamic element (e.g.play therapy) showed the best results.
Pitts, C. (2015) <i>Child sexual abuse prevention programs for pre-schoolers: A synthesis of current evidence</i> . Sydney.	Systematic review	n/a	Voluntary	Prevention programmes	Systematic review		Reviewed 23 articles on child sexual abuse prevention programs for pre-schoolers. Found they appear to be effective at increasing young children's ability to detect inappropriate touch requests, and increase their behavioural skills around what to do and say, who to

Reference	Study Type	Jurisdiction	Organisation	Intervention	Methods	Participants	Results
Porter, S., Newman, E., Tansey, L., and Quayle, E. (2015), Sex offending and social anxiety: A systematic review, <i>Aggression & Violent Behavior</i> , 24, pp. 42-60	Systematic review	n/a	Mental health		Systematic review		<p>tell and what to report. Prevention programs for pre-schoolers are well received by parents and pre-school teachers, and appear not to have adverse effects for pre-schoolers. There is very limited evidence to suggest whether child sexual abuse prevention programs for pre-schoolers have an effect on rates of disclosure of child sexual abuse. Very few studies have evaluated the cost effectiveness of such programmes.</p> <p>Review critically evaluates previous research on the association between social anxiety and sexual offending against children. One study had a strong statistical association, four studies had a moderate statistical association and five studies had weak statistical association. Overall, the findings indicate methodological inconsistencies and lack of</p>

Reference	Study Type	Jurisdiction	Organisation	Intervention	Methods	Participants	Results
Pulido, M. L., Dauber, S., Tully, B. A., Hamilton, P., Smith, M. J., and Freeman, K. (2015), Knowledge gains following a child sexual abuse prevention program among urban students: A cluster-randomized evaluation, <i>American Journal of Public Health</i> , 105(7), pp. 1344-1350.	Quantitative evaluation	USA	Education	Safe Touches Prevention Programme	Cluster randomized evaluation, using CKAQ measure	Total sample 492, children in grade 2 or 3 (at least 7 years old, mean age 8.34) in 6 schools in New York. Analysis sample 437: Intervention group N=195, control group N=242. Multi-racial, low economic group schools	definitional clarity of subgroups of sexual offenders, therefore comparison between studies is challenging. Increase in knowledge of inappropriate touch in intervention group compared to no change in control group. Greater impact on second grade children
Rheingold, A. A., Campbell, C., Self-Brown, S., De Arellano, M., Resnick, H., and Kilpatrick, D. (2007), Prevention of child sexual abuse: evaluation of a community media campaign, <i>Child Maltreatment</i> , 12(4), pp. 352-363	Quantitative evaluation	USA	Voluntary	Campaign materials (video or pamphlet) on child sexual abuse	Quasi experimental study, interviews questionnaires with range of measures re: knowledge of sexual abuse and vignettes to gauge response	200 adults in 8 sites, 18-71 years, mean 32. 57 % female, 52%white, 34%single, 25% experienced sexual victimization.	A positive impact on primary prevention response behaviours assessed using hypothetical vignettes was found at t2 but knowledge and behavioural gains were not sustained at one month follow up, suggesting that media campaigns alone may not significantly affect primary prevention of child sexual abuse
Rheingold, A. A., Zajac, K., Chapman, J. E., Patton, M.,	Quantitative evaluation	USA	Voluntary	Stewards of Children	Multisite randomised	352 child care professionals from	Stewards impacted knowledge, attitudes, and

Reference	Study Type	Jurisdiction	Organisation	Intervention	Methods	Participants	Results
de Arellano, M., Saunders, B., and Kilpatrick, D. (2015), Child sexual abuse prevention training for childcare professionals: an independent multi-site randomized controlled trial of Stewards of Children, <i>Prevention Science: The Official Journal of the Society for Prevention Research</i> , 16(3), pp. 374-385.				child sexual abuse prevention programme ('Darkness to Light') for child care professionals	controlled trial evaluation of programme, pre and post-intervention assessments	youth serving organisations. 306 assessments, 267 completed 3-month follow-up. Mean age 38.9, 85% female.	preventive behaviours. No differences were found between training modalities (i.e., in-person versus web-based) on knowledge and preventive behaviours.
Stanley N, Ellis J, Farrelly N, Hollinghurst S, and Downe S. (2015) 'Preventing domestic abuse for children and young people: A review of school-based interventions'. <i>Children and Youth Services Review</i> , 59, pp.120-131	Systematic review	n/a	Education	School-based domestic abuse interventions	Systematic review		The evidence for interventions achieving changes in knowledge and attitudes was stronger than that for behavioural change; however, increasing knowledge and awareness in the general population of children and young people can result in a general pressure for behaviour change within the peer group.
Tutty, L. M. (1997) Child sexual abuse prevention programs: evaluating Who Do You Tell, <i>Child Abuse & Neglect</i> , 21(9), pp. 869-881.	Qualitative evaluation	Canada	Education	Preventive programme on child sexual abuse for primary school children	Focus groups with participants after participating in the programme.	231 children randomly assigned (matched by age) to participate in the programme (N = 117) or wait-list control (N = 114)	Increased knowledge of appropriate and inappropriate touch. Age differentiated the knowledge levels regarding appropriate touch. The results are consistent with other

Reference	Study Type	Jurisdiction	Organisation	Intervention	Methods	Participants	Results
Tutty, L.M. (2014) 'Listen to the children: Kids' impressions of Who Do You Tell™' <i>Journal of Child Sexual Abuse</i> , 23(1), pp. 17-37.	Qualitative Evaluation	Canada	Education	Preventive programme on child sexual abuse for primary school children	Focus groups with participants after participating in the programme.	116 primary school pupils from across all grades from kindergarten to Grade 6	evaluations of CSA prevention programmes, however the statistically significant though small gains suggest that the programs need to be presented in a more powerful manner. Children remembered the Who Do You Tell programme and the core sexual abuse prevention concepts, even though the programme had been implemented two to three month previously. Some participants were surprised by concept of inappropriate touch. Older children expressed desire for single gender groups due to embarrassment.
Walsh, K., Zwi, K., Woolfenden, S., and Shlonsky, A. (2015) School-based education programmes for the prevention of child sexual abuse, <i>The Cochrane database of systematic reviews</i> , 4, CD004380.	Systematic review	n/a	Education	School based prevention programmes	Systematic review		Found moderate quality evidence that school-based programmes for the prevention of child sexual abuse are effective in increasing primary (elementary) school-aged children's protective

Reference	Study Type	Jurisdiction	Organisation	Intervention	Methods	Participants	Results
Zwi, K. J., Woolfenden, S. R., Wheeler, D. M., O'Brien, T. A., Tait, P., and Williams, K. W. (2007), School-based education programmes for the prevention of child sexual abuse <i>Cochrane Database of Systematic Reviews</i> , (3) (no pagination) (CD004380)	Systematic review	n/a	Education	School based prevention programmes	Systematic review		<p>behaviours and knowledge immediately post-intervention. Knowledge scores did not deteriorate for intervention participants one to six months after programme participation, signalling that booster sessions or other maintenance strategies for reinforcement of key messages remain appropriate follow-up strategies. Retention of knowledge should be measured beyond six months.</p> <p>Found improvements in knowledge and protective behaviours among children who had received school-based programmes, but notes these results should be interpreted with caution - it is not known whether these interventions will result in future prevention of sexual abuse</p>

4. Identification, disclosure and reporting

Identification involves enabling children to disclose abuse so that they can be made safe as well as improving recognition and reporting rates among those in contact with children. It can also include early identification of offenders in a community who are not yet known to services. There is a gap between the prevalence of child sexual abuse and exploitation in the community and cases that are known to authorities. An investigation by the Children's Commissioner in England found a substantial discrepancy between prevalence (425,000 cases) and 'known' cases of child sexual abuse within the family environment (49,673 cases) over the period 2012 -2014. Only 1 in 8 victims of child sexual abuse in the family environment are 'known' to police or child protection services (OCC, 2015). It is important to address this gap between known and unreported cases to respond to unmet needs.

The identification of children living with, or at risk of, sexual abuse and exploitation is difficult because:

1. there is often no immediate physical evidence to indicate abuse (Gilbert et al, 2009);
2. the signs and symptoms of distress can be ambiguous or may be misread as having another root cause (Gilbert et al, 2008; OCC, 2015);
3. the child's age, experience of grooming, feelings of shame, fear and consequences create barriers to disclosure (Kendall-Tackett, 2008);
4. the attitudes, beliefs and reactions of parents, carers, family, friends, professionals and the wider public can reinforce a culture of silence, deter child disclosure, limit scope for identification or result in a lack of belief and failure to act (Jay, 2014; Casey, 2015);
5. if disclosed at all, disclosure of an abusive experience may not happen straight away, as children may not recognise their experience as abusive and 'telling' may be confined to displaying signs and symptoms (Cossar et al, 2013). Moreover, disclosure may be delayed for many years (John Jay College, 2004), making the collection of evidence more difficult;
6. a child might be reluctant to tell anybody about the abuse because previous attempts to talk about it made things worse or were not responded to in a helpful way (Kendall-Tackett, 2008);
7. 'system failure' (Munro & Fish, 2015) where, despite training and policies being in place, staff do not recognise and report behaviours which may indicate child sexual abuse and 'system outcome abuse' (Stein, 2006) where there is systemic and organisational failure to safeguard children and aid their recovery from

harm. This can result in children who are vulnerable being lost by the very services that should be protecting them;

8. offenders do not want to get caught, they may be evasive, manipulative, put pressure on the victim to retract allegations and take steps to 'groom' others as well as the child victim, especially if they are in positions of trust (Kendall-Tackett, 2008); high levels of technical skills and use of facilities such as the 'Dark Web' to share online abusive images of children can be employed to evade detection.

This section of the report looks at how to improve the identification of children and offenders of the variety of forms of sexual abuse and exploitation across different contexts - online and offline, in the family, in relationships and in different organisational environments. In particular, we consider the research evidence found on how to facilitate 'disclosure', enabling children to get help by telling someone about the abuse; efforts made internationally, nationally and across a range of different organisations to identify as early as possible child victims and offenders; and what happens next once cases are identified by considering different approaches to reporting and reporting responsibilities.

Summary of findings on identification, disclosure and reporting

- There is considerable evidence that child sexual abuse and sexual exploitation is still substantially under reported. Many organisations such as Churches, residential care, child welfare and health and mental health services have been found to have a history of a culture of denial and failure to identify, report and act on cases.
- Research on improving disclosure, identification and reporting of child sexual abuse and exploitation has focused mostly on identifying children and young people who are victims. Research on how to identify offenders has been a relatively recent development.
- Access to protection for sexually abused children has been reliant on children coming forward to tell someone about the abuse. Proactive engagement is needed to identify child victims of sexual abuse and exploitation.
- A much discussed difference in approaches to identification across different jurisdictions is whether or not there is a system of mandatory reporting. However the research evidence on the impact of mandatory reporting on effective child safeguarding is mixed with differing views about the impact of a referral and investigation on families where allegations are not substantiated.

- Research from the USA and from systematic reviews and inquiries into institutional abuse suggests that training professionals to spot the signs of abuse may increase their knowledge but capacity to take action is limited if no clear policy or referral pathway exists to subsequently support a child's safety.
- A challenge for investigation and reporting allegations has been finding a fair balance between the rights of children to be protected and treated with respect and the rights of the accused to fairness and due process. A number of research studies have shown benefits to identification and assessment and parent/carer satisfaction from co-located and multi-disciplinary specialist sexual violence teams such as Children's Advocacy Centres or Children's Houses (Barnahus).
- From literature reviewed from Australia and the USA, it would appear some benefits are also gained by setting up specialist teams in remoter rural areas, mobile teams to mentor and build capacity. Technology has also been used to enable specialist knowledge to be shared through online training and telemedicine.
- Parents and carers play an important part in keeping children safe and while some good evidence exists from other jurisdictions on methods of supporting parents in this, further research is needed to develop and evaluate resources that are appropriate to the needs of children and families in diverse communities.
- Methods of identification and reporting online, especially through cross sector and international cooperation, have advanced considerably in recent years showing increases in the numbers of child victims identified and protected, increases in the identification of offenders and abusive materials and websites. The UK has played a major part in many of these developments but failure to ratify the Lanzarote Convention has limited scope for international cooperation in timely sharing of information and evidence about offenders.

4.1 National policy responses

Legislation and policy on identifying child sexual exploitation from the UK and similar jurisdictions is described in the desk review for the DfE by Cameron and colleagues (2015). However, very little research on the effectiveness of national policy efforts to improve disclosure, identification and reporting was found in this review although some research has been conducted into national and local mandatory reporting policies. Mandatory reporting means that a legal requirement is imposed on certain groups, professionals or organisations to report child abuse and neglect. Mandatory reporting laws exist in jurisdictions such as Canada, Australia, the USA and now Ireland. The policy is widely recommended (COE, 2009) and is often part of a government's child

protection strategy. Mandatory reporting does not exist in England as there is no legal requirement to report cases of child abuse and neglect. Instead statutory guidance, stating that practitioners directly working with children should make an immediate referral to social care if they believe a child has suffered or is likely to suffer significant harm, must be considered. A practitioner should have a clear reason for not following the statutory guidance that exists (this being mainly *Working Together to Safeguard Children*, HM Govt, 2015b). In 2015, the government in England introduced a specific requirement for teachers, health care and social workers to report known cases of Female Genital Mutilation (FGM) of girls under age 18 to the police, thereby introducing mandatory reporting for these professionals for FGM (S5B FGM Act 2005, introduced 2015, Home Office, 2016). A recent government consultation also invited views from the public, from practitioners and organisations on whether or not the law should be changed to introduce in England either mandatory reporting or a broader, statutory 'duty to act', which could include mandatory reporting but also requires a practitioner to take appropriate action when a case of child abuse or neglect comes to light (HM Govt, 2016a). This consultation also included a review of the research evidence on mandatory reporting policies, concluding that there are considerable differences in approaches taken to mandatory reporting (in terms of the type of abuse that must be reported, thresholds for reporting, who is required to report, to whom and with what penalties or sanctions for non-reporting) and the evidence on outcomes for children is insufficient to support advising for or against the introduction of such a policy in England (HM Govt, 2016b). Research on the impact is mixed suggesting that mandatory reporting can increase the numbers of reports to child protection agencies, especially if accompanied by publicity and training. However if communication is poor, as one qualitative study in Cyprus found, notifications may not increase (Panayiotopoulos, 2011). Within this increase of notifications some researchers argue there are also increased reports of suspected abuse or neglect which are subsequently found to be unsubstantiated (Wallace and Bunting 2007; Gilbert et al. 2008). Families may be harmed by going through the process of a child abuse investigation. A recent study by Mathew, Ju Lee and Norman (2016) assessed the impact of the introduction of a mandatory reporting law in Victoria, Australia on the identification of child sexual abuse cases. Looking at reported cases over a seven year period, it was found that there was an increase in cases reported from 551 in 2006 to 2719 in 2012. The numbers of cases investigated grew (from 366 to 2040) but so did the numbers not investigated (from 185 in 2006 to 1239 in 2009, 1522 in 2010 and downwards to 679 in 2012) and the numbers not substantiated (from 235 to 1660). There was an increase in cases substantiated from 131 in 2006 to 380 in 2012. Similar findings about increased notifications and reports of child abuse cases are noted in the evidence reviewed for the consultation on mandatory reporting in England, although in areas such as New South Wales and Queensland, thresholds for reporting were increased to reduce the numbers of notifications made (HM Govt, 2016b). Views are mixed about whether or not increased reports are helpful or unhelpful. Some researchers argue however that cases not substantiated may still have had their needs assessed and support given

(Mathews, Ju Lee & Norman (2016). Research has not generally taken into account the context in which reporting takes place, particularly features of the child protection system that may encourage or discourage reporting and taking action. Wekerle (2013) has argued that mandatory reporting is an important first step in creating resilience and early intervention, however, reporting needs to be followed up with assessment and an appropriate protective response for this to be realised. Others raise concerns that services can be overburdened and resources diverted away from cases of need (HM Govt, 2016b).

Other national policies may support identification and reporting practice. One area where there has been recent debate concerns sexual exploitation and trafficking of children. The Council of Europe Convention on Action against Trafficking in Human Beings 2005 and the EU Directive on preventing and combating trafficking in human beings and protecting its victims 2011 call on Member States to appoint national rapporteurs or equivalent mechanisms to assess trends in human trafficking, monitor and measure the anti-trafficking activities of State institutions, gather statistics and report on their findings. Current monitoring of trends in child trafficking is poor in many nations. A national rapporteur exists in Holland and has made over 200 recommendations to the Dutch Government many of which have brought changes in policy and data analysis. The UK government has argued that the existing Inter-Departmental Ministerial Group on Human Trafficking (IDMG) fulfils the role of a national rapporteur however the NGO ECPAT has said this lacks independence and fails to produce any data or reports (ECPAT, 2016). Not knowing the extent of child involvement in trafficking for the purposes of sexual exploitation in the UK limits the effectiveness of organisational responses.

4.2 Regional and International policy

Extensive collaboration occurs cross nationally via online services and through the activities of law enforcement agencies such as Interpol to improve early identification of victims and offenders and, as noted in chapter 3, the UK has led the development of many of these initiatives. In 2013, the European Union and the United States established a Global Alliance Against Child Sexual Abuse Online, which 54 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 offenders; 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-victimisation of children and promote their recovery. Measures have been developed for countries to monitor progress (Global Alliance Against Child Sexual Abuse 2015). In 2014, the UK, US and EU work in the Global Alliance Against Child Sexual Abuse merged with WePROTECT. Recognising that online abuse and exploitation are crimes that cross borders and require collaborative, global action and sharing of good practice, the WePROTECT alliance

has developed a Global Statement of Action on child sexual abuse and exploitation online covering 63 countries, 30 NGOs and 20 leading technology providers. In a summit in 2015 a 'Model National Response' was developed which sets out the components needed for a nation to develop an effective response. These include provisions for cross sector working arrangements, a framework for prosecution and reporting, financial and human resources and capacity to implement, national legislation and the data required for monitoring and tracking trends and impact. WePROTECT includes capacity building funds for nations with low resources managed by UNICEF ³⁴.

Interpol has created an International Child Sexual Exploitation database of known child abuse images to enable monitoring and investigation of files shared over peer to peer networks and to facilitate victim identification. Country reports show considerable progress across all four areas of response. In addition, the European Cybercrime Centre within Europol (EC3) has two key operational areas: it works to prevent the sharing of child sexual abuse material and also on victim identification through the Victim Identification Taskforce. The centre coordinates police agencies across member states in identifying victims in order to prevent revictimisation and to prosecute offenders (Jeney, 2015). Policy responses to child abuse online have included: blocking and removing websites; covert infiltration into online worlds; identification of victims; sex offender registration; support and management of offenders; tools to facilitate safer internet use such as parental controls; and public awareness raising (Jeney, 2015, p 43). This type of policy response requires a multi-agency response which involves law enforcement agencies, child welfare organisations, ICT companies and other stakeholders.

Other efforts to identify child sexual exploitation online are described in the online section below.

While there has been progress in these policy areas, the UK has not yet ratified the Lanzarote convention. ECPAT (2016) and the UK Children Commissioners (2016) have called for the UK to sign up to this convention to implement legislative measures to prevent and combat the sexual exploitation and sexual abuse of children, at national and international level.

4.3 Multi sector coordinated responses

A co-ordinated approach is crucial because the needs of sexually abused and 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). Government policies in the UK have sought to strengthen and improve

³⁴ The Model National Response and supporting documents for countries, NGOs and industry can be found at: <https://www.gov.uk/government/publications/weprotect-summit-2015-in-abu-dhabi-supporting-documents>.

identification and responses to child sexual abuse and exploitation through coordination across departments at the governmental level and local area multi sector working (HM Govt, 2014; DfE, 2015). The Children's Commissioner England report into child sexual exploitation in gangs in 2013 recommended a framework for improving coordination and response to help identification across services, the See Me Hear Me framework which is being evaluated in selected areas (Berelowitz et al, 2013; OCC, 2015). While poorly coordinated multi agency responses are known to be unhelpful, there is little empirical research on whether bodies such as Local Safeguarding Children's Boards in England are more or less effective in protecting children from sexual abuse than equivalent bodies, where these exist, in other jurisdictions. The work has tended to be descriptive mapping the organisational structures rather than looking at their effectiveness (FRA, 2014). This is a gap in research knowledge. The research evidence has looked more at the problems of identification posed by poor information sharing in multi sector working than at what is effective although this now appears to be changing as multi sector approaches have grown. Examples of multi sector collaboration to identify victims and offenders exist in the work of organisations such as the National Centre for Missing and Exploited Children and the UK Council for Child Internet Safety.

Seven papers on the effectiveness of multi sector approaches to identifying child sexual abuse were included in this review. Two (Bailey et al, 2015 and Mace et al, 2015) discussed RESET, a multi-agency engagement project developed in Australia to improve identification and reporting of child sexual abuse cases within Aboriginal communities where risks are known to be high but rates of reporting currently low. RESET involves creating an interdisciplinary mobile team bringing together police, child protection, family support services with responsibilities for proactive outreach, to engage with and consult with members of the community, sharing responsibility with them to identify the nature and extent of child sexual abuse in the area, its underlying causes and devise a collective action plan that builds relationships, capacity and strengths to respond. The RESET approach is interesting because rather than reporting findings from a de-contextualised, single intervention, 'what works' evaluation (reporting on the effectiveness of an assessment tool, for example), the focus is on making a difference to the extent of child sexual abuse with a community level response, within a particular context. Mace and colleagues (2015) evaluated the effectiveness of RESET via a qualitative evaluation 18 months into the project. This involved 64 stakeholder interviews. It was found that the four elements of RESET success were proactive outreach, dedication to capacity building, taking a holistic focus to the community problems and establishing relationships to facilitate trust. Bailey and colleagues (2015) report on the quantitative evaluation of data on reporting, arrest and prosecution trends. Significant increases in reporting, arrests, prosecution and convictions for child sexual abuse cases were observed in the RESET sites compared with the four control sites that had no RESET programme. While these findings are promising, further follow up studies in different areas will be needed to support any

conclusions about effective approaches to increase reporting in minority communities. The findings from Australia may not be generalisable to the UK where the cultural and organisational contexts that influence reporting and identification are different however the overall emphasis on proactive community engagement in safeguarding is likely to be highly relevant and worthy of further investigation.

Five of the papers on multi sector identification of child sexual abuse report on research within USA Children's Advocacy Centers (Benia et al, 2015; Cross et al, 2008; Jones et al, 2007; Lippert et al, 2009; Miller et al, 2009). Child Advocacy Centers developed in 1986 and by 2006 over 600 were operating in the USA. These centres are one stop shop, co-located multi-disciplinary team approaches bringing together police, prosecutors, health and child protection professionals, to improve the experiences of child victims who disclose child sexual abuse and exploitation as well as improve the agency responses. Similar multi sector models for child protection exist in the Children's Houses (*Barnahus*) developed in Iceland and now in several other European countries, in sexual assault referral centres, SARCs in the UK and Thuzulela centres in South Africa (Radford, Allnock & Hynes, *in press*). The one stop shop models differ in taking children only as their client group focus, as in the Children's Advocacy Centers and Children's Houses, or in focusing on sexual violence experienced by adults and by children, as in the UK SARCs and South African Thuzulela centres. Children's Advocacy Centres and Children's Houses aim to promote children's best interests as well as respect the rights of defendants to be treated fairly in the prosecution process. The expertise over many years gained in these centres from working with abused children and young people has contributed to knowledge on many aspects of effective identification, including how to conduct forensic interviews and make timely decisions. The research on the impact of *Barnahus* is currently limited but developing. Early findings suggest there are improvements in investigations, prosecution, parent and child satisfaction.

Promising practice *Barnahus*

In Iceland there is a mandatory child abuse reporting system so cases are referred to *Barnahus* from the prosecution service or the courts. Data gathered by the Director General of Iceland's child protection services shows nearly 4,000 children and young people were referred the Iceland *Barnahus* between 1998 to 2014, with an average of 250 to 300 cases per year being referred in more recent years. The number of cases investigated and convictions secured more than doubled from 1995-7 and 2006-8. In 1995-7 there were 146 child referrals and 49 offender convictions. In 2006-8 there were 315 child victim referrals and 108 offender convictions. Evaluation research in Iceland with children and their families found that 86% of child victims thought that the *Barnahus* was a good environment in which to be interviewed compared with 42% of child victims with experience of interviews in the court house (Guobrandsson, 2013). The findings regards increased support for child victims, improved prosecution

processes and victim satisfaction are supported by the Swedish evaluation of six pilots published in 2008, with a summary in English (Riksopolisstyrelsen, 2008). Different approaches to implementation of *Barnahus* have been explored by Johansson (2012).

There is evidence from the research to support the view that non-abusive parents/carers of child victims have higher levels of satisfaction about the interviewing of their children in the US Child Advocacy Centres compared with parents of children interviewed elsewhere. However no differences have been found for child levels of satisfaction (Cross et al, 2008; Jones et al, 2007). Cases of child sexual abuse in Child Advocacy Centers have been found to have greater law enforcement involvement, more evidence of coordinated investigations, better access to medical examination and higher rates of referral to mental health treatment services than cases outside Advocacy Centers. Nevertheless there is no evidence to show that the Advocacy Centers reduce the number of interviews children undergo as both those in Centers and outside typically have only one or two interviews. Cross and colleagues (2008) found children involved with Child Advocacy Centers were more likely to be removed from their homes than were children in control groups.

While professionals in contact with Child Advocacy Centers and similar multi-disciplinary models tend to be satisfied that these approaches can improve multi sector working, the research evidence on increased prosecution rates in the US appears to be mixed, suggesting that there are a number of factors that exert an influence. Cross et al (2008) found similar rates of prosecution for child sexual abuse cases in Advocacy Centers and those outside. Miller and colleagues (2009) looked at prosecutions over a ten year period from 1992-2002 in two districts in the USA comparing rates of prosecution in areas with an advocacy centre with those without. Rates of reporting child sexual abuse fell in all areas in this time period but prosecutions in one area doubled, while assessments in the Advocacy Center trebled, and prosecutions remained the same in a neighbouring area where the Advocacy Center had no increase in cases seen. It seems that the implementation aspects of the Advocacy Centers may exert an important influence on the effectiveness of the multi sector response. This is an area which has been considered in the research in Sweden on *Barnahus* mentioned earlier (Johansson, 2012) and would need to be carefully considered for the UK context.

Promoting good practice among the broader community of practitioners by developing specialist but mobile multi disciplinary teams is an approach where evaluation evidence is developing in Australia. Powell and Wright (2012) present findings from a qualitative evaluation of professionals and stakeholders involved in a multi-disciplinary response in Australia that support the findings from elsewhere that professionals can see benefits in these models for improving working together. The researchers interviewed 90 professionals in contact with a new multi sector response to sexual violence for adults and children in Victoria, SOCIT-MDC. SOCIT are Sexual Offence and Child

Abuse Investigation Teams bringing together police officers trained to the level of detective, in forensic interviews with children and in sexual assault. The SOCIT work in a multi-disciplinary centre (MDC) separate from the police station alongside counselling and support services for victims, child protection, forensic medicine and mental health. The researchers found stakeholders believed the SOCIT-MDC had improved collaboration, referral rates, reporting, reduced response and investigation times, improved the quality of evidence, and rate of prosecution and convictions. A limitation of this study is however the lack of any evidence on victim perspectives.

4.5 Justice system

The UK and the international research evidence suggests that even very young children can give credible evidence in the justice system. They are however vulnerable to inept adult questioning and their competence in communication depends greatly on the competence of the professional interviewers, court intermediaries, advocates and judiciary (Marchant, 2013). Children with learning difficulties particularly are let down in the court process by poor gathering and presentation of their evidence (Cederborg & Lamb, 2006). To facilitate the prosecution process for child witnesses, special measures have been introduced in many nations, including the use of intermediaries and guidelines on collecting evidence and conducting inquiries (Cameron et al, 2015). In the UK the Achieving Best Evidence (ABE) guidance covers the treatment of vulnerable and intimidated witnesses and those such as child victims of sexual abuse who are eligible for special measures to protect them from further harm in court (MOJ, 2011). Special measures guidance was first introduced in England under the Youth Justice and Criminal Evidence Act 1999, updated in 2002 and 2007 and again in 2011. The guidance covers all aspects of the prosecution process from planning interviews, their location and timing, conduct and method of interviewing, preparation of vulnerable witnesses and providing support and their responsibilities while in court. Vulnerable victims such as children who are sexually abused are eligible for special measures such as giving evidence by video link and intermediaries to support them through the process. Intermediaries are thought to help improve the quality of evidence for child witnesses unable to detect or cope with misunderstanding or clearly express their wishes in court. There is research evidence that these measures are not consistently applied and children in court may often be poorly supported (Plotnikoff and Wolfson 2009; Hayes et al. 2011, Beckett and Warrington 2015). The Children's Commissioner inquiry into child sexual abuse in the home found that application of the ABE guidance was patchy (OCC, 2015). An inspection from the Criminal Justice & Joint Inspection committee further found poor compliance with the ABE guidance, with interviews taking place in environments that were not child friendly, intermediaries not generally used even for very young children, lack of planning and poor labelling and storage of ABE recorded interviews (CJJI, 2014).

Benia and colleagues (2015) present findings from a systematic review and meta-

analysis of an approach to best practice in interviews developed from the work in Child Advocacy Centers, the National Institute for Child Health and Human Development Investigative Interview Protocol (hereafter NICHHD protocol). The NICHHD Protocol was designed to improve the quality of forensic interviews with children thought to have been sexually abused. In Benia and colleagues' research, the interview quality was measured by the type of interviewer utterances and the amount of information provided by children. Comparing interviews following the protocol with those that did not, the studies show that interviewers using the NICHHD protocol made more invitations and fewer option posing and suggestive prompts than interviewers in the control group. Children interviewed following the NICHHD protocol provided more central details about the abuse.

A recent research study in Sweden with sexually abused children aged 4 to 5 years evaluated the use of a new computer assisted interview technique, *In My Shoes*, comparing accuracy with a best practice interview approach based on the National Child Advocacy Center Child Forensic Interview (Fangstrom et al, 2016). No difference in accuracy was found between the two methods of interview. The *In My Shoes* computer assisted interview took longer to administer, most likely because more time was taken establishing rapport with the child in this approach.

Lippert and colleagues (2009) found that the approach to interviewing and support given in a Children's Advocacy Center was not the only factor influencing whether or not a child might disclose an experience of child sexual abuse. From an analysis of 987 interview records conducted in Advocacy Centres and interview sites outside centres, no differences were found in rates of complete, partial or no disclosure. The age of the child, gender (being female) and age at onset of the abuse had a greater impact on disclosures than whether or not the child was interviewed in an Advocacy Center. Therefore while the review by Benia et al (2015) found using the NICHHD Protocol improves the quality of interviews with sexually abused children and young people, it does not entirely overcome the significant barriers to disclosure that exist for younger children, boys and for children abused from an early age. Further research is needed to explore these issues.

4.6 Education

Within education services, there has been some research on the importance of training so that teachers and those employed in pre-school children's services are able to identify and respond to concerns about a child or deal with allegations. Given that children vulnerable to different forms of child abuse and neglect, and especially sexual exploitation, are often missing from school, the education sector could be well placed to identify this group. A survey of 470 primary teachers in five areas in Australia (Mathews, 2011) found low levels of pre-service training related to child sexual abuse. There were higher levels of in-service training about general child abuse and neglect

(approximately two thirds of the sample had received this) but for those who had, it was of low average duration (a mean of 4 hours).

In the UK 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 on identifying and supporting those at risk of sexual exploitation among these post-holders is highly variable (Harper & Scott 2005). Guidance has since been produced for teachers in the UK on safeguarding children in education (Department of Education, 2014) and a sexual exploitation pathway has been developed for school nurses to help them respond (HM Government, 2015). Efforts such as these have been made to improve school child protection responses but no tested-effective studies could be found on their impact on identification and reporting responses in schools in the UK or in similar jurisdictions.

A detailed investigation of child sexual abuse in the family by the Children's Commissioner in England similarly stressed the importance of teachers in the identification of child victims. Teachers were found to be often the preferred person for a child to talk to. However more proactive methods of identification and engagement are needed among teachers so that reliance is not solely put upon verbal disclosure as the only route to support. Teachers need to be trained to recognise non-verbal indicators and behavioural signs of sexual abuse and exploitation. The school itself also needs to provide a safe space for disclosure to take place (OCC, 2015). This requires a 'whole school approach' to responding to violence with attention to responsibilities for safety among all school members, pupils, teaching and other school staff (Stanley et al, 2015).

4.7 Health and mental health

There is a substantial literature on the medical assessment of sexually abused or exploited children and young people. In the UK the government has supported the development of a guide for healthcare practitioners in sexual health to help them spot the signs of child sexual exploitation and safeguard children. Indicators of sexual violence have been built into training and protocols for health workers (HM Government, 2015). Training and guidance on child sexual exploitation from the Department of Health for example focuses on ensuring professionals are aware:

- that child sexual exploitation is sexual abuse where there is a power relationship between the victim and perpetrator and where the perpetrator benefits socially or financially from the abuse;
- the abuse can include rape, physical contact, inappropriate touching and non contact abuse such as involvement in producing and distributing abusive images online;

- the relationship between the perpetrator and victim may vary and can include: an inappropriate relationship with an older sole perpetrator not involving others but with a payment in kind or in cash; a 'boyfriend' relationship, where the perpetrator grooms the young person into an intimate relationship and then coerces her into having sex with others; peer sexual exploitation often with a group of peers where there is no pretence of an intimate relationship; exploitation in an organised criminal gang or network;
- that an exploited child or young person may not recognise themselves as being exploited and may be reluctant to receive help;
- that girls aged 15 years are most commonly victimised although younger children and boys can also be exploited;
- that children who are sexually exploited usually have multiple vulnerabilities;
- physical indicators can include bruising or other physical injuries suggestive of sexual assault, chronic fatigue, sexually transmitted infections, pregnancy or seeking a termination, evidence of drug or alcohol abuse, sexually risky behaviour;
- additional indicators of risk include a history of running away or going missing, homelessness, being in care, disengaging from education, domestic violence in the family or problems at home, a prior history of experiencing physical or sexual abuse at home, low self esteem, receipt of unexplained gifts/money, distrust of authority (police, parents, teachers and so on) (PHE, 2014a; 2015).

The evidence to support the indicators came from a number of research studies drawing data from services working with sexually exploited children and young people, analysis of case records and interviews with young people who had experienced sexual exploitation (Barnardos, 2011; Beckett, 2011; Berelowitz et al, 2013; Scott & Harper, 2005).

A systematic review of methods of identification of abused and neglected children in health care found 4 out of 13 articles focused specifically on child sexual abuse (Bailhache et al, 2013). Methods of identification overall were rated as very poor, suggesting that there is too little evidence to inform early identification or screening policies for child abuse and neglect in health. Most of the identification methods reviewed assessed children only after they had presented with some symptoms.

All the primary research evidence found in this review on identifying child sexual abuse and exploitation in health services originated from the USA. The evidence on physical signs of child sexual abuse is discussed by Reading and colleagues (2007) who conclude that genital herpes in pre-pubescent children is a 'suspicious' rather than 'probable' indicator of sexual abuse. Allen and Tussey (2012) consider diagnosis

techniques in mental health based upon children's drawings and whether or not there is any robust evidence to support the view that a child's drawing (of, for example, themselves with exaggerated genitals) may present a reliable indicator of sexual abuse. A systematic review of the literature yielded 11 research studies and the reviewers conclude that there is no evidence in these of robust tools to assess child sexual abuse from children's drawings.

The availability of expertise to enable good diagnosis of sexual abuse in health has been a factor that has contributed to variable practice. Telemedicine is an approach which aims to provide medical care at a distance using new technologies to communicate either directly with the patient or to provide specialist support to less experienced physicians. It is used in rural areas where there may be practical difficulties in transporting a specialist into the area or transporting the patient to see the specialist. This may have potential to support improvements in medical practice. Miyamoto and colleagues (2014) set up a controlled trial in rural hospitals in California comparing the quality of examination and diagnosis of child sexual abuse in hospitals with telemedicine support (101 patients involved) with the quality of examination and diagnosis of child sexual abuse in hospitals without (82 patients involved). Hospitals using telemedicine were found to produce more complete, higher quality examinations and diagnoses of child sexual abuse than hospitals without.

Proactive engagement methods to improve identification may be of value in health care responses. Retrospectively reviewing 727 hospital case records on sexual abuse cases with follow up examinations of sexually abused children and adolescents undertaken by Children's Advocacy specialists in Texas, Gavril and colleagues (2012) found changes in identification for 23.2 per cent of the sample. The likelihood of a sexual abuse trauma was recorded for an additional 17.7 per cent of the cases and STIs were identified for an additional 6.5 per cent. Changes in identification at follow up were more likely to occur for cases involving adolescent females who had experienced sexual activity prior to the abuse. The researchers conclude that there is strong support for follow up examinations for child sexual abuse cases for adolescent girls, those recorded as 'unknown or non-acute' at first examination, sexually active patients, patients who were uncooperative at the initial examination and females who disclose genital-genital contact.

4.8 Child welfare

The policy review of child sexual abuse and sexual exploitation responses by Cameron and colleagues (2015) notes concerns about the level of training amongst staff who work with children and their ability to respond to child protection concerns in England and Wales, Australia and Ireland. Research on social workers' knowledge and confidence in working with child sexual abuse in six local authorities in England (Martin et al, 2014) found that social workers were more confident in handling cases of

intrafamilial child sexual abuse than they were in handling cases of child sexual exploitation or online grooming. The survey also revealed that workers reported receiving no training on child sexual abuse as part of their undergraduate social work training. Social workers stated that they would like more training in handling disclosure and supporting children and families post-disclosure. Following the Ryan Report on the abuse of children in state institutions in Ireland (2009) the Child and Family Agency (Tusla) was created in 2014 and this instigated a programme to standardise and develop national training in child protection as part of a number of reforms.

Not necessarily in a consistent fashion, Local Safeguarding Children's Boards in England have produced awareness resources for the public and professionals working with children to aid earlier identification of those who are vulnerable to child sexual exploitation. Examples are Doncaster's *Spot the Signs* posters supported by the National Working Group on Child Sexual Exploitation (Doncaster LSCB, 2015; NWG, 2015). Similar jurisdictions have also produced resources to improve early identification and response. One randomised controlled trial evaluating a 90 minute webinar training programme on child sexual exploitation was included in this review. Working in Georgia, the area with the highest recorded US national rates of child sexual exploitation, McMahon-Howard and Riemes (2013) compared the impact of child sexual exploitation training on knowledge about identification and response among 71 child protection workers in intervention sites receiving the webinar programme with 52 child protection workers in the comparison sites not receiving the training. A pre and post-test questionnaire found that those who had received the webinar training showed significantly higher scores on knowledge post-test three months later compared with those in the control group. There were however no significant changes in the mean numbers of children experiencing child sexual exploitation referred in sites receiving training compared with those without. One possible reason for this could be that none of the sites involved in the RCT in Georgia had specific policies or procedures for child sexual exploitation referrals. Training to improve identification practice may not be very effective if child protection organisations do not have the capacity to respond.

4.9 Voluntary sector, faith based organisations and independent services

Within the UK there have been a number of innovative approaches to the prevention and identification of child sexual abuse and exploitation. The work of Barnardo's to increase awareness of sexual exploitation was discussed in the previous chapter. Organisations such as PACE (Parents Against Child Sexual Exploitation) have produced online resources for professionals and parents to help spot the signs of child sexual exploitation and support safeguarding. The 'relational safeguarding' approach promoted by PACE offers a method of supporting and involving parents in protecting children and young people who are identified as being exploited and are living with all the difficulties that grooming brings (www.paceuk.info). Organisations such as the Lucy Faithfull Foundation offer resources to support parents in identifying sexual abuse via

the Parents Protect website³⁵ as do children's organisations such as the NSPCC. Evidence on the impact of these approaches in the UK and in similar jurisdictions was limited.

Campaigns have similarly targeted the voluntary and private sector. For example, *Say something if you see something* have been directed at taxi drivers, voluntary and private sector workers in hotels, restaurants and take-aways to raise awareness about the signs of child sexual exploitation and encourage reporting. Promising evaluation findings are emerging from this type of work in low resource and middle income settings where, although jurisdictions and contexts are different to the UK, there are encouraging messages about what could be achieved. In Brazil for example, the World Childhood Foundation developed *On the Right Track* to engage the private and transport sector in action to combat trafficking for the purpose of sexual exploitation of children on Brazilian roads and highways. The evaluation research shows promising increases in child sexual exploitation training and awareness levels among groups such as truck drivers (Werneck, 2015). While information may be collected on the reach, and sometimes on the numbers of reports made, in an area following these campaigns, robust research and evaluation of the impact on rates of identification is still limited.

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

A report based on a (non-systematic) review of literature, practice consultation and case study analysis of sexual abuse in institutional contexts by the National Crime Agency in the UK highlights the problem of 'positional grooming' in certain organisations which make disclosure and reporting more difficult. Organisations with a rigid hierarchy where junior staff are relatively powerless, where there exists a lack of supervision, positions of almost unchallengeable privilege and trust can contribute to a context where abusive behaviour is normalised and unchallenged. While situational crime prevention focuses on removing scope for abusers to access children, the NCA points out the additional need for good leadership, supervision and clear procedures for complaint in these types of organisations (NCA, 2011).

³⁵ See: www.parentsprotect.co.uk

Sport is an area where children and young people can be vulnerable to sexual abuse and where there is often a lack of supervision of coaches and teachers. A study of sports organisations in Quebec (Parent, 2011; Parent & Demers, 2011) based on 27 stakeholder interviews found that there was limited protection for young athletes in the clubs, in terms of preventing sexual abuse occurring, reporting, managing and prosecuting incidences of sexual abuse. Whilst administrators were aware of procedures to follow in cases of sexual abuse, they stated that they were complex and difficult to understand, and lacked training in this matter, whilst sports coaches, athletes and parents did not know what procedures should be followed. The authors conclude that young athletes were poorly protected. An international review of child abuse and maltreatment in sport for UNICEF (Brackenridge et al 2010) cites the UK, along with Canada, Australia and the Netherlands as examples of good practice in policies to address this issue. Provisions include the use of national and local bodies to provide guidance on ethical practice, and child protection strategy, and work to raise public awareness of the issue. For example, the work of the NSPCC Child Protection in Sport Unit – a partnership between the NSPCC, Sport England, Sport Northern Ireland and Sports Wales - seeks to promote safety for children in sport.

Mountjoy and colleagues (2015) report on the introduction of new international standards for safeguarding children in sport developed by the International Safeguarding Children in Sport Founders Group. The article refers to research conducted with stakeholders to guide the implementation of the safeguards which emphasised the importance of tailoring responses to the local context. The model's safeguards include establishing procedures, providing advice and support, guidelines for behaviour, partnership work, effective training and monitoring and evaluation. No research on the impact of these standards was found in this review although this may emerge if monitoring and evaluation recommendations are implemented in sports organisations.

In the Netherlands there is a telephone helpline for child sexual abuse in sport which was established by the National Olympic Committee and the Netherlands Sports Confederation following a high profile case in this country. A recent study by Vertommen (2015) found that this had been useful to sports organisations: 42% of calls to the helpline from 2001 to 2010 were from staff concerned about abuse of a child. The level of calls provides some evidence that professionals will seek advice on identifying cases of sexual abuse.

4.10 Online

Research by Quayle et al (2012) explored how online sexual offenders identify and target victims. Based on interviews with convicted online offenders and case file reviews they found that offenders targeted victims through a number of strategies such as reviewing their profiles and assessing their level of sexual curiosity. This area of

research is important for informing protection strategies.

In the UK, and in similar jurisdictions, organisations such as CEOP (Child Exploitation and Online Protection Centre) now part of the National Crime Agency, the National Child Exploitation Coordination Centre (part of the Royal Canadian Mounted Police) and FBI in the USA have established methods to identify victims of online abuse, to enable young people and adults to report abusive images and sites as well as develop resources to support prevention (as previously discussed in Chapter 3) and to identify and apprehend offenders (discussed in Chapter 5). Reports from these organisations show increases in online abuse reporting and increases in the numbers of child victims identified online although most of the research has centred on the impact on offenders. A five-year evaluation of Canada's national strategy for the protection of children from sexual exploitation on the internet by Public Safety Canada (2015) found that during the time period 2008-13 there had been a significant rise in reports from the public to the online abuse reporting site, cypertip.ca during the evaluation period, although factors outside the strategy will have contributed to this. The increased reporting was noted to have put pressure on the resourcing of law enforcement agencies. Interagency communication and problems with the roll out of the national 'child exploitation tracking system' (CETS) were found to hinder the coordination of the strategy's approach.

4.11 Gaps

The focus of identification and reporting in the UK and in other jurisdictions has been predominantly on the identification and disclosure of victims with far less attention given to effective ways to identify potential and actual offenders of child sexual abuse and exploitation. Although methods to identify both victims and actual or potential offenders online have developed rapidly, there are gaps in research knowledge about effective methods to tackle the demand side of child sexual abuse and exploitation in other settings.

There has been a welcome shift in focus within the literature from evaluating only child protection service identification and reporting of child sexual abuse and exploitation towards broader community efforts as shown in projects such as *On the Right Track* or *Say something if you see something*. Further robust quantitative and qualitative evaluation studies are needed to support the promising results found to date. Activities that involve men and boys as partners in the prevention of sexual violence warrant further attention.

There are resources to support methods on forensic interviewing and research shows that these improve the quality of evidence obtained. There remain gaps in the evidence on how to overcome the considerable barriers to disclosure and the problems of earlier identification for young children, boys who are sexually abused or sexually exploited

and those for whom the abuse begins at an early age.

Very little evidence was found to inform the identification of sexually abused and exploited children of all ages from minority communities.

Parents (and peers) have an important role in safeguarding and parents are targeted by public education resources such as *parents protect* and by campaigns that have been run by children's organisations such as the NSPCC, Action for Children and Barnardo's. The research on impact to date is limited and further work would be helpful.

4.12 Description of evidence on disclosure, identification and reporting

Twenty one papers were included that contained evidence on improving identification, disclosure, reporting and protection (Table 3). Only one reviewed any evidence on identifying child sexual exploitation, the other 20 looked at child sexual abuse. Twelve of the publications reported on research from the USA, four on research from Australia, one from Sweden and four were systematic reviews. The papers address a range of responses which have been taken at the agency, organisation and community level to improve the identification and immediate responses to protect children who are sexually abused or sexually exploited. These include proactive outreach and engagement with minority communities, training those who work with children to be alert to the signs of sexual abuse and exploitation, co-located multi-disciplinary investigation and response models, protocols and best practice approaches for investigative interviewing, improved assessment methods and training for professionals.

Table 3: Identification, disclosure, reporting and protection papers

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Allen, B., and Tussey, C. (2012), Can projective drawings detect if a child experienced sexual or physical abuse?: a systematic review of the controlled research." <i>Trauma, Violence & Abuse</i> , 13(2), pp. 97-111.	Systematic review	n/a	Mental Health		Systematic review	-	Although individual studies have found support for various indicators or scoring systems, these results are rarely replicated, many times studies finding significant results suffer from serious methodological flaws and alternative explanations for findings (e.g., mental illness) are often present. No graphic indicator or scoring system possessed sufficient empirical evidence to support its use for identifying sexual or physical abuse.
Bailey, C., Mace, G., Powell, M., and Benson, M. (2015), Evaluation of a collaborative operation to improve child sexual abuse reporting in Western Australian indigenous communities, <i>Criminal Justice & Behavior</i> , 42(12), pp. 1303-1315.	Quantitative evaluation	Australia	Cross sector	Operation RESET to encourage increased reporting of sexual abuse in indigenous communities	Measured arrest data pre and post intervention in 6 areas, 2 intervention and 4 comparison	Arrest data from six areas of Western Australia	Number of reports and arrests significantly increased in the intervention areas, but did not in the comparison areas, suggesting that this approach is effective in promoting increased reporting in indigenous

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Bailhache, M. Leroy, V. Pillet, P & Salmi, L (2013) Is early detection of abused children possible?: a systematic review of the diagnostic accuracy of the identification of abused children <i>BMC Pediatrics</i> , 13 (1) p 202	Systematic review	n/a	Health	Early identification in health	Systematic review	-	communities. 4 out of 13 studies reviewed considered identification of child sexual abuse. There was no evidence that early identification occurs as most referrals to health come when a child already has clinical symptoms. Evidence on identification in health is too poor to inform screening.
Benia, L. R., Hauck-Filho, N., Dillenburg, M., and Stein, L. M. (2015), The NICHD investigative interview protocol: a meta-analytic review, <i>Journal of Child Sexual Abuse</i> , 24(3), pp. 259-279.	Systematic review	n/a	Cross sector	NICHD investigative interview protocol	Meta-analytic review		Recommends use of the protocol. Found that interviewers using the protocol were able to follow good interview practices with children of different ages. When recommended interview practices are followed, there is a lower risk of contaminated or biased reports on the part of children.
Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D., Sczepanski, J., Lippert, T., Davison, K., Crynes, A., and	Quantitative evaluation	USA	Cross sector	Child Advocacy Centres	Quasi-experimental study - case file	1220 sexual abuse cases, 4 areas with CAC	The CACs appear to have increased coordination on

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Sosnowski, P. (2008), Evaluating children's advocacy centers' response to child sexual abuse, <i>Juvenile Justice Bulletin</i> .					analysis	and comparison in each	investigations and child forensic interviewing relative to comparison areas. Comparison areas often used unsuitable settings. The number of forensic interviews was comparable in both settings.
Fangstrom, K. Bokstrom, P. Dahlberg, A. Calam, R. Lucas, S. & Sarkadi, A. (2016), In My Shoes – Validation of a computer assisted approach for interviewing children, <i>Child Abuse & Neglect</i> , 58, pp.160-172	Qualitative evaluation	Sweden	Cross sector	Computer Assisted Child Interview method <i>In My Shoes</i>	Random assignment of child participant to either <i>In My Shoes</i> computer assisted interview or to standard child forensic interview. Comparison of accuracy, completeness of description, time taken	54 sexually abused children aged 4 -5 years old interviewed 2013-2015. 28 had <i>In My Shoes</i> interview, 26 standard interview	No differences found between the two interview approaches regards accuracy. <i>In My Shoes</i> interviews took longer to complete
Gavril, A. Kellogg, N. & Nair, P. (2012) Value of follow-up examinations of children and adolescents evaluated for sexual abuse and assault, <i>Pediatrics</i> 129 pp. 282-289	Quantitative evaluation	USA	Health	Follow up medical examination sexually exploited adolescents in paediatric care	Retrospective review of patient cases over a 5 year period comparing	727 adolescents investigated for sexual abuse trauma	Follow up examination by specialist affected the interpretation of trauma and detection of STIs in 23% of cases

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
					identification of trauma and STIs at first and then follow up examination		
Jones, L. M., Cross, T. P., Walsh, W. A., and Simone, M. (2007), Do Children's Advocacy Centers improve families' experiences of child sexual abuse investigations?" <i>Child Abuse & Neglect</i> , 31(10), pp. 1069-1085.	Quantitative evaluation	USA	Cross sector	Children's Advocacy Centres	Investigation Satisfaction Scale (ISS) for caregivers collected as part of multi-site evaluation	229 CAC cases, 55 non CAC community cases	Caregivers in CAC cases were more satisfied with the investigation than those from comparison sites, even after controlling for a number of relevant variables. There were few differences between CAC and comparison samples on children's satisfaction.
Krause-Parello, C. A., and Gulick, E. E. (2015), Forensic interviews for child sexual abuse allegations: an investigation into the effects of animal-assisted intervention on stress biomarkers, <i>Journal of Child Sexual Abuse</i> , 24(8), pp. 873-886	Quantitative evaluation	USA	Mental health	Canine therapy - presence of dogs in forensic interviews for child sexual abuse allegations	Investigated changes in salivary cortisol, immunoglobulin A, blood pressure, and heart rate as a result of forensic interview phenomenon in an intervention group compared to a control	42 children: 19 intervention, 23 control. 40 female and 2 male aged 5-15, M=8.92	Reduced stress biomarkers suggest that presence of the canine in the forensic interview may have acted as a buffer or safeguard for the children when disclosing details of sexual abuse.

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Letourneau, E. J., Nietert, P. J., and Rheingold, A. A. (2016), Initial assessment of stewards of children program effects on child sexual abuse reporting rates in selected South Carolina counties, <i>Child Maltreatment</i> , 21(1), pp. 74-79	Quantitative evaluation	USA	Voluntary	Stewards of Prevention programme in South Carolina	group. Examined child sexual abuse allegation data	Compared allegation data per 10,000 children in three counties with the programme to three without	Allegations in prevention areas did increase, but unable to assign causality to the prevention programme.
Lippert, T., Cross, T. P., Jones, L., and Walsh, W. (2009), Telling interviewers about sexual abuse: predictors of child disclosure at forensic interviews, <i>Child Maltreatment</i> , 14(1), pp. 100-113.	Quantitative evaluation	USA	Cross sector	Child Advocacy Centres in four states	Predictors of disclosure using agency case file data	987 cases, 4 CACS and comparison sites for 2 years. 81% female, 67% white	Communities differed on disclosure rates but CACs were not associated with increased disclosure. Disclosure increased with age, if victim was female and with caregiver support.
Mace, G., Powell, M. B., and Benson, M. (2015), Evaluation of Operation RESET: an initiative for addressing child sexual abuse in Aboriginal communities, <i>Australian & New Zealand Journal of Criminology</i> 48(1), pp. 82-103.	Qualitative evaluation	Australia	Cross sector	Community engagement programme	Interviews	64 stakeholders including RESET staff, other professionals and relatives of victims	Strong support for the programme was found. Stakeholders valued the proactive outreach approach, dedication to capacity building, holistic focus and the establishment of relationships that facilitated trust.
Martin, K. A. (2014). "Making sense of children's sexual behavior in child care: An analysis of adult responses in special	Non-evaluation qualitative	USA	Voluntary	N/A - looked at incident reports	Analysis of special incident reports made	44 reports about child sexual	In exploring how sexual behaviour is responded, data suggests that it

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
investigation reports." <i>Child Abuse & Neglect</i> , 38(10), pp. 1636-1646.					about child care providers	behaviour drawn from a wider sample (n=817)	depends primarily on who is doing the responding (parent, childcare provider, state licensing consultant) rather than the behaviour that is being responded to.
Mathews, B. Ju Lee, X. & Norman, R. (2016) Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven year time trend analysis, <i>Child Abuse & Neglect</i> 56, pp. 62-79	Quantitative non-evaluation	Australia	Child welfare	Mandatory reporting law	Analysis of data before and after introduction of mandatory reporting law for child sexual abuse in Victoria	Cases reported to child protection services	There was an increase in cases reported over a 7 year period from 551 in 2006 to 2719 in 2012. The numbers of cases investigated grew but so did the numbers not investigated and the numbers not substantiated. There was an increase in cases substantiated from 131 in 2006 to 380 in 2012. The authors argue however that cases not substantiated may still have had their needs assessed and support given.
McMahon-Howard, J., and Reimers, B. (2013), An evaluation of a child welfare training program on the commercial	Quantitative evaluation	USA	Child welfare	Webinar training programme to increase	Randomised Control Trial	CPS employees (for DFCS social service	90-min child sexual exploitation webinar training is effective for

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
sexual exploitation of children (CSEC), <i>Evaluation & Program Planning</i> , 40, pp. 1-9.				knowledge of child sexual exploitation in CPS employees		staff in Georgia). 123 participants (71 treatment, 52 waitlist control). 86.2% female, 69.9% white, 91% had at least a 4 year college degree.	increasing CPS employees' knowledge about child sexual exploitation
Miller, A., and Rubin, D. (2009), The contribution of children's advocacy centers to felony prosecutions of child sexual abuse, <i>Child Abuse & Neglect</i> , 33(1), pp. 12-18.	Quantitative evaluation	USA	Cross sector	Child Advocacy Centers in the two districts were compared	Prosecution data	questionnaire, 71 treatment group and 52 control group	Felony prosecutions of child sexual abuse doubled in a district where the use of CACs nearly tripled, while no increase in felony prosecutions of child sexual abuse was found in a neighbouring district, where the use of CACs remained fairly constant over time.
Miyamoto, S., Dharmar, M., Boyle, C., Yang, N. H., MacLeod, K., Rogers, K., Nesbitt, T., and Marcin, J. P. (2014), Impact of telemedicine on the quality of forensic sexual abuse examinations in rural communities, <i>Child Abuse & Neglect</i> , 38(9), pp. 1533-1539.	Quantitative evaluation	USA	Health	Telemedicine support for forensic examination in rural areas	Case data: medical records compared in eight rural hospitals	183 children: 101 (55.2%) evaluated at telemedicine hospitals and 82 (44.8%) at comparison	Telemedicine support produced higher quality evaluations, more complete examinations, and more accurate diagnoses than similar hospitals conducting

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Powell, M. B., and Wright, R. (2012), Professionals' perceptions of a new model of sexual assault investigation adopted by Victoria Police, <i>Current Issues in Criminal Justice</i> , 23(3), pp. 333-352.	Qualitative evaluation	Australia	Justice	Identification and treatment of sexual assault - new investigation procedure by police	Interviews	hospitals Total sample 90% female, 57% white. 90 stakeholders – all professionals but from diverse backgrounds - including staff from comparison sites	examinations without telemedicine support. Support for the reforms was found. Reported outcomes included the following: improved collaboration; increased victim satisfaction, referrals between professionals and reporting rates; reduced response and investigation times; better quality briefs; and higher prosecution and conviction rates.
Reading, R., and Rannan-Eliya, Y. (2007), Evidence for sexual transmission of genital herpes in children, <i>Archives of Disease in Childhood</i> , 92(7), pp. 608-613.	Systematic review	n/a	Health	Not an intervention - evidence for sexual transmission of genital herpes in children	Systematic review		Five suitable papers were identified. Although just over half of reported cases of genital herpes in children had evidence suggestive of a sexual mode of transmission, the quality of assessment of possible sexual abuse was too weak to enable any reliable estimation of its likelihood.

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Rheingold, A., Danielson, C., Davidson, T., Self-Brown, S., and Resnick, H. (2013), Video intervention for child and caregiver distress related to the child sexual abuse medical examination: a randomized controlled pilot study, <i>Journal of Child & Family Studies</i> , 22(3), pp. 386-397.	Quantitative evaluation	USA	Health	Brief psychoeducational video designed to instruct children and caregivers about the child sexual abuse forensic exam procedures and coping strategies to be used during the exam	Quasi experimental study	69 children ages 4-15 and their caregivers. Video (n = 35) or to standard practice (n = 34).	The intervention was well-received by families, increased caregiver knowledge, and decreased stress during the examination. Distress decreased across both groups at T2.
Schaeffer, P., Leventhal, J. M., and Asnes, A. G. (2011), Children's disclosures of sexual abuse: learning from direct inquiry, <i>Child Abuse & Neglect</i> , 35(5), pp. 343-352.	Non-evaluation qualitative	USA	Justice	Forensic interviews in child sexual abuse clinic in a children's hospital	Content analysis of forensic interviews	191 children, mean age of 8.9 years, 74% per cent female and 51% Caucasian	Children's reason for disclosure was classified into three domains: internal stimuli, outside influences and direct evidence of abuse. Barriers to disclosure were also detailed by the children. Direct questioning in the forensic interview can provide this information.

5. Protection response and reducing re-offending

Protection responses include measures taken to immediately protect a child or young person from further harm and efforts to stop the perpetrator from re-offending. Control and management of offenders has involved stopping an offender from committing further offences and, ideally, rehabilitation to reduce the risk of offending in the future. Most management of sexual offenders has been within the criminal justice system or in treatment services allied to the criminal justice system. Prosecution, sex offender treatment, surveillance and management in the community are the most common criminal justice responses to child sexual offenders in high income countries. Petrunik and Deutschmann (2007) argue that European and Anglo-American jurisdictions differ in their criminal justice and community responses to sexual offenders on an exclusion-inclusion spectrum, with jurisdictions favouring exclusive community protection measures (such as notification and registration schemes, residency restrictions and so on) at one end. In the middle are jurisdictions favouring therapeutic programmes (such as sex offender treatment, chemical castration and so on). At the opposite inclusion-focused end are those jurisdictions favouring restorative justice programmes. There is a vast amount of research on sexual offenders and this area of the review included the greatest number of publications although few originated from Europe. Evidence on inclusion-focused responses, as in restorative justice, was however found in high quality research from Australia. Existing policy responses are mixed and exclusionary and inclusionary approaches co-exist in some jurisdictions.

A challenge for organisations has been how best to ensure that child sexual offenders, adults in positions of trust and other young people, identified as sexual offenders in specific organisations such as schools, churches, residential care, leisure clubs and so on do not have the opportunity to gain further access to children and re-offend.

Summary of findings on response and reducing re-offending

- The research evidence on responses to offenders to reduce re-offending has mostly focused on responses to convicted offenders in the justice system or in specialist treatment services.
- Although widely used, there is very mixed evidence on the impact of residency restrictions and sex offender notification and registration policies on the prevention of further offending.
- Some positive although mixed findings from research were found on sex offender treatment suggesting that those tailored to an offender's offence type, motivations and learning styles are more likely to be effective.

- There are promising findings from research on restorative justice and inclusive approaches to sex offender treatment in Australia, Canada and the UK regards reoffending although the research is limited by high rates of programme attrition and studies with relatively small sample sizes.
- There exists a gap between research evidence and current practice regards treatment of young people who present with harmful sexual behaviour as there is less evidence on the applicability of CBT based programmes in preventing recidivism among young people although these approaches are commonly used. There is more evidence on the effectiveness of multi systemic therapies for young people who present with harmful sexual behaviour yet these are less often used.
- Research on child welfare, education services and family court responses towards adult offenders and young people who present with harmful sexual behaviour appears to be particularly weak with no studies addressing this topic included in this review. Research on the roles and good practices within organisations in contact with those not yet convicted and in contact with services other than the criminal justice system would be welcome.
- Inquiry findings on sexual abuse within organisations such as churches and institutional care highlight a history of ineffective action with failure to implement safeguarding guidance and few cases referred for prosecution. No research on effective responses was found in this review.

5.1 National policy responses

UK policy of sex offending is regarded as being strong and has recently been further strengthened by changes introduced by the government strategy *Tackling Child Sexual Exploitation* (HM Govt, 2015a). Significant changes include the recognition of child sexual abuse as a serious national threat and a priority for the police, requirements of the College of Policing to train police staff, increased powers of the police and legislative powers to strengthen regulation of known offenders and those not yet convicted whom the police consider to be a threat to children (via sexual harm prevention orders and sexual risk orders introduced in the Anti Social Behaviour Crime and Policy Act 2014, in force 2015).

There is no doubt that in the UK and similar jurisdictions criminal justice responses to some types of sexual 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 (NSPCC, 2015; Walsh et al. 2013). The impact of prosecution on sexual offenders has been assessed through studies of recidivism, which explore whether or not offenders who are

prosecuted subsequently re-offend. Recidivism is a problem in many areas of offending and policies have aimed to reduce this. The UK and USA have also had extensive legislation aimed at regulating sexual offenders to prevent them from re-offending when released into the community. Laws have been passed to require offender registration, community notification, monitoring of a sex offender's position via tagging and tracking methods, residency restrictions, prohibition of loitering and restrictions on use of the internet (Bonner-Kidd, 2010). A difference between the UK and USA is that USA approaches place more emphasis on publicising whereabouts of sexual offenders. The legislation has been controversial with some critics arguing that the laws have done more harm than good (Bonner-Kidd, 2010). The research evidence is discussed further in the section below on the justice system response.

One difficulty with the data on recidivism and sex offending is that the measures of reoffending vary with some studies looking at reconviction and others at arrests. The types of offences included also vary with some studies measuring all crimes including sexual offences and others just measuring further sex offences with variations in the type of offences included (Bonner-Kidd, 2010). In addition, follow up periods vary. Measuring recidivism from reported offending does not necessarily mean that an offender has stopped abusing children, rather it indicates whether or not he has been caught. UK policy to regulate unconvicted offenders represents a step to manage behaviour at lower levels of offender risk. Evidence on impact was not found for this review and this is an area where further research would be of interest.

5.2 Regional and International policy

A significant challenge in investigating and prosecuting cases of child sexual abuse and exploitation on a regional and international basis is the variance in age of consent across jurisdictions. The European Union has attempted to address this problem with Directive 2011/93/EU (discussed in section 3.1).

The UK has legislation that covers sexual offending committed overseas (under the Sexual Offences Act 2003 and the Criminal Justice and Immigration Act 2008). However British sexual offenders who commit sexual abuse overseas are rarely prosecuted by the courts in Britain (ECPAT, 2012). A concern was noted in section 4 of this report about the government failure to ratify the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Abuse (Lanzarote Convention) and its impact on information sharing and identifying offenders. Lack of information sharing between UK and foreign governments and law enforcement agencies resulting from this failure to ratify the Convention means British sexual offenders, who have been convicted of sexual abuse abroad, are able to travel back to the UK undetected, thus avoiding being placed on the Violent and Sex Offenders Register (ViSOR) (ECPAT, 2012).

5.3 Multi sector coordinated responses

The UK and the US have put substantial resources into the surveillance and monitoring of sexual 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. It also aims 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 in identifying those in need of high levels of supervision (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. Research in the US suggests that risk assessment measures such as Static 99 may not be accurate for assessing risk across diverse communities (Varela et al, 2013). Viljoen and colleagues (2009) also raised questions about the applicability of Static 99 for young people who present with harmful sexual behaviour.

5.4 Justice system

Sex offender registration and notification

Empirical research on registration and notification schemes indicates these have not been shown to be effective. Letourneau and colleagues conducted five studies looking at sex offender registration and notification schemes (SORN) in South Carolina, three looking at the impact on young people who present with harmful sexual behaviour and two looking at the impact on adult offenders (Letourneau & Armstrong, 2006; Letourneau et al, 2010a; Letourneau et al, 2010b; Letourneau et al, 2013; Levenson et al, 2012) concluding that they had no impact and may have been counter productive. Letourneau and colleagues (2010a) for example looked at the impact of sexual offender registration and notification schemes in South Carolina over a mean 8.4 year follow up period for 19,060 sexual offenders and found no impact on recidivism. Similar findings emerged for New York in a study by Sandler and colleagues (2008). The authors also noted that the impact on reducing further sexual crime was likely to be limited if 95 per cent of convictions for sex offenders were for first time offences. Bonner-Kidd (2010) highlights the collateral damage of USA policies in terms of vigilante behaviour and the severe restrictions imposed on where an offender can live, making the possibility of an offender finding employment and leading a 'good life' more remote. The impact on recidivism among young people who present with harmful sexual behaviour is negligible, indeed one study found that adolescents who were registered were more likely to commit other non-person offences than were those not registered (Letourneau & Armstrong, 2008).

Adult sex offender treatment

Treatment programmes can be the responsibility of the justice system or of health and mental health services or a multi agency responsibility involving a range of services. To simplify the discussion all treatment of sexual offenders is covered under the justice system response, however the distinctions between medicalised responses and justice system responses across different jurisdictions may influence outcomes and implementation. It has not been possible to consider these issues in this rapid assessment although these are potentially important differences that need to be considered.

There has been fairly extensive but rather inconclusive research into sex offender treatment programmes. Treatment approaches have been widely used and research on effectiveness exists in many jurisdictions including the USA, Canada, UK, Australia, New Zealand, Sweden, Holland and Germany. 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. Responses have also changed to take into account the motivations of sexual offenders and to recognise 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, though some positive findings have emerged, they are limited (Hanson et al. 2009). A Cochrane review (Dennis et al. 2012) found no evidence for reduced recidivism and called for more RCT studies to clarify the evidence. A systematic review by Langstrom and colleagues (2013) reviewed RCTs and observational studies on sex offender treatment and the impact of these on arrests, convictions, breaches of conditions, and self-reported sexual abuse of children after one year or more. Evidence for interventions aimed at reducing reoffending in identified sexual abusers of children was found to be weak. The evidence from five trials on treatment for adult sexual offenders was insufficient to draw conclusions on benefits or risks of using psychological treatment and pharmacotherapy.

Hanson and colleagues (2009) examine the applicability of the 'RNR' approach to treatment to sex offender treatment evaluation. This approach based on risk, needs and responsivity (RNR) has been advocated as being important in the treatment of general offenders. It is based on research suggesting that treatment is most likely to be effective if those most likely to reoffend are targeted (medium or high risk offenders), characteristics related to the offending behaviour are addressed (criminogenic needs) and treatment is matched to the offender's learning styles and abilities (responsivity, where CBT has been found to work best). Twenty three studies were included in Hanson and colleagues' meta-analysis, covering 3,121 sexual offenders in the treatment group and 3,625 sexual offenders in the comparison group. Sexual and

general offending recidivism rates for those in the treatment groups were significantly lower than for those in the comparison groups, being 10.9 per cent for sexual offence recidivism for the treatment groups versus 19.2 per cent for the comparison groups and 31.8 per cent for general reoffending for the treatment groups versus 48.3 per cent for the comparison groups. Only five out of the 23 studies included in the meta-analysis were rated as 'good' studies. The researchers conclude that if analysis is restricted to only 'good' studies then it might reasonably be concluded no evidence of treatment effectiveness exists. Treatments vary considerably and it may be the case that not all are effective. However, applying the RNR model to the evaluation of effectiveness, Hanson et al found that the pattern of results on what was effective were consistent with the RNR approach.

Little evidence was found on the effectiveness of treatment for female sexual offenders (Gannon & Alleyene, 2013). A recent review by Walton and Chou (2015) lends further support to the view that the sex offender treatment research needs to distinguish more rigorously between different types of sex offender who are likely to have different criminogenic needs. Some promising findings on culturally appropriate treatment were found from one study on treatment of Inuit sexual offenders (Stewart et al, 2015). Middleton and colleagues (2009) report on the interim evaluation findings from a programme using this RNR approach with internet sexual offenders in England and Wales. Emergent findings from the evaluation showed improvement in deficits relating to socio-affective functioning and pro-offending attitudes decreased. Although the study did not meet the quality criteria for this review, it is one of the approved programmes used by NOMS in the UK (Seto & Ahmed 2014) and noted as a promising approach (Lucy Faithful Foundation 2015).

A possible benefit, aside from reducing re-offending, may be that participation in a treatment programme initiates further crime disclosures from offenders thereby protecting more children and helping to inform assessment of further risk. In Australia, Pratley and Goodman (2011) however analysed disclosures by 124 male sexual offenders and found that more disclosures are made irrespective of whether or not the offender was involved in treatment.

In Australia, Sheehan and Ware (2012) explored the view that treatment is likely to be more effective if the offender is motivated or prepared to take part. Motivations, hope and feelings of self efficacy with regard to treatment were compared before and after for offenders (N=64) who took part in the New South Wales Corrective Services specially designed PREP programme, offenders (N=53) who took an Education for Sex Offenders (ESO) programme and offenders who had neither programme of preparation (N=40). Significant differences were found in the PREP programme offenders' levels of hope and self-efficacy compared to the ESO and control group. However, there were no differences in any of the groups in levels of motivation so further research is needed on what might influence and enhance motivation for treatment.

A qualitative study by Drapeau and colleagues (2004) of sexual offenders in Canada provides some insight into the different motivations the offenders expressed. Gaining a sense of mastery and autonomy, being in control of their own destiny were important motivating factors identified by the majority (of the 12 interviewed). Some offenders wanted to enter treatment in order to understand paedophilia and to control their impulses. A further qualitative study by Drapeau et al (2005) found sexual offenders valued structured programmes where group leaders treated them without unhelpful criticism. A qualitative study by Frost (2004) from New Zealand of 16 male child sexual offenders found that therapists' handling of disclosures had an impact on offenders' decisions to remain in the group. Therapists who reacted in oppositional, evasive or placatory manners to disclosures of offending were unfavourable to effective engagement in treatment (Frost, 2004). Comparing recidivism rates four years later for 175 adult male sexual offenders who received community treatment with a group of 28 having assessment only and a further 186 under probation control a New Zealand study found there were significantly better outcomes for offenders receiving community treatment. Those receiving community treatment had approximately half the recidivism rate when compared to the control group. It appeared that successful completion of the programme was a more important factor than purely the duration of the programme in reducing the risk of recidivism (Lambie & Stewart, 2012).

The effectiveness of different treatments such as eye movement desensitisation and reprocessing (EMDR) used as an adjunct to other forms of sex offender treatment was assessed by Ricci, Clayton and Shapiro (2006) in the USA. Huso (2010) indicates EMDR is "a therapeutic process that uses eye movements, sounds, and repetitive motions to help clients process and come to terms with traumatic memories more quickly than talk therapy alone. Ricci, Clayton and Shapiro compared results for 10 offenders who had EMDR as an adjunct treatment with 22 who had the same CBT treatment programme but not the EMDR. An unexpected finding was that the EMDR reduced deviant sexual arousal as measured by phallometry among the treated group.

Young people who present with harmful sexual behaviour

There is growing research on the applicability of treatment methods developed for adults for the treatment of young people who present with harmful sexual behaviour. Five systematic reviews included in this study consider how to reduce recidivism among young people who present with harmful sexual behaviour (Dopp et al, 2015; McCann & Lusier, 2008; St Amand et al, 2008; Reitzel & Carbonell, 2006; Walker et al, 2004). The meta-analysis of 18 research studies on recidivism among juvenile sexual offenders by McCann and Lusier (2008) concluded that was too soon to draw any conclusions about which risk factors might predict further sex offending among young people who present with harmful sexual behaviour making allocation of treatment on the basis of levels of risk a problem (McCann & Lusier, 2008). Two meta-analyses, by Walker and colleagues (2004), based on 10 studies, and by Reitzel and Carbonell

(2006), based on 9 studies, concluded that there was some evidence that treatment for young people who present with harmful sexual behaviour could reduce recidivism. However methodological weaknesses in the evidence were noted including failure to report drop out rates from treatment programmes, few studies having comparison groups and follow up periods to measure recidivism varying widely. McCann and Lusier (2008) noted that the longer the period allowed to measure recidivism, the higher the rates tend to be. An evaluation of community based treatment and recidivism in Australia by Laing and colleagues (2014) suggests that it may be better to assess recidivism with broader measures that include charges and reports. The researchers also found that the highest rates of subsequent sex offending were found among those young people who dropped out of treatment. A third meta-analysis by St Amand and colleagues (2008), based on 11 treatment outcome evaluations, questions the applicability of approaches to treatment of juveniles that are based on treatment models used for adult sexual offenders, especially if there is no involvement of the adolescent's family/caregivers. Positive messages on the role of parents and carers to support treatment were also found by qualitative research with 12 young people who presented with harmful sexual behaviour involved in a community based group treatment in Australia (Halse et al, 2012).

Carpentier and colleagues (2006) present findings from an RCT in the USA which prospectively looked 10 years later at further sex offending among children aged 5 to 12 years with sexual behaviour problems having CBT or play therapy (N=135) and non-sexual offending children with clinical behaviour problems (N=156). The CBT group had a 2 per cent sex offending rate at 10 years follow up compared to 10% for the play therapy group (compared with a 3 per cent sex offending rate among the control group). Carpentier and colleagues question the view that children in this younger age group who present with harmful sexual behaviour have persistent and difficult to modify risks.

A more recent systematic review by Dopp and colleagues (2015) included 10 studies mostly on CBT or multi systemic therapy (MST) approaches and concluded that there exists a gap between research evidence and current practice regarding treatment of young people who present with harmful sexual behaviour. While results for CBT and MST treatment programmes are described as 'promising' there are few RCT studies (only one RCT evaluating CBT with younger, prepubescent children, three RCTs on MST). At present the evidence suggests that MST programmes, less commonly used in the UK for young people who present with harmful sexual behaviour than CBT programmes, show more significant effects on recidivism.

Qualitative research with 24 adolescent offenders by Geary and colleagues (2010) in New Zealand found, as for adult offender groups, pre-group entry information, the quality of group leadership and types of activities were important for young people. Gillis and Gass (2010) compared re-arrest rates for adolescents who took part on an

adventure based treatment programme in the USA, the LEGACY programme, with young people on other specialist treatment programmes and found lower re-arrest rates over a period of 3 years for the LEGACY programme.

Restorative justice

Interest in the reintegration of offenders into the community has grown in treatment response programmes. Restorative justice is an example of this approach.

Descriptions of different models of restorative justice applied to child sexual abuse offenders can be found but evidence on their effectiveness is limited (Hoing et al, 2013). Restorative justice approaches aim to involve the victim/survivor, offender and community in acknowledging and confronting the harm caused by sex offending, the offender making reparations to the victim/survivor and the community, the offender changing his behaviour with the support of members of the community and then moving towards a position of re-acceptance and reintegration. Restorative justice (RJ) models are often regarded as particularly suitable for minority communities and young offenders because they aim to divert the offenders away from the penal system as well as involve members of the community in managing offender behaviour. Evidence from research on restorative justice in general indicates that offenders, especially young offenders, benefit most but victims and survivors are not always adequately supported in feeling safe (Braithwaite & Daly, 1994; Daly, 2006). The experiences of adult victims of sexual violence of RJ schemes in the USA seems to vary with the closeness of the prior relationship with the offender (Koss, 2014). As yet findings focusing on safer outcomes for child victims are limited (Wilson et al. 2010) although two promising evaluation studies from Australia were found (Daly, 2013; 2006).

Conferencing is a widely used form of restorative justice that has been adopted specifically for sexual assault (Koss & Achilles 2008) and involves victims, offenders and their family and friends meeting after intensive preparation. The evaluations by Daly in Australia included some young people's referrals to harmful sexual behaviours programmes where they also had contact with counsellors for a year. Daly's study in 2006 is thought to be the first research looking specifically at restorative justice with young people who present with harmful sexual behaviour in Australia. Daly analysed outcomes and variables associated with reoffending from 400 case records, comparing conferencing outcomes with those taking a court route and including those also getting support from a specialist programme (the Mary Street Programme). The prevalence of reoffending was higher for youth taking a court route (66%) than those conferenced (48%). Participation in the Mary Street Programme was associated with a significantly lower prevalence of reoffending for court youth (50%). Preliminary findings suggested that a targeted programme for young people who present with harmful sexual behaviour may have a greater impact on reducing reoffending than whether a case is finalised in court or by conference.

Six years later Daly and colleagues (2013) published an important study in South

Australia which reviewed over a period of 6.5 years 365 cases of youth charged with sexual offences when under age 18. The offences ranged from indecent exposure to rape. Using survival analysis, rates of reoffending for different groups were assessed. Overall rates of general and sexual re-offending were assessed for cases finalised by three different methods - in court (226, 59%), by conference (118, 31%) and by formal caution (41, 10%) - including cases with referral to a community HSB service. By the cut-off date, 54 per cent of youth had been charged with new nonsexual offences but only 9 per cent with new sexual offences. Court youth had a higher rate of re-offending than conference youth, but these differences were largely explained by prior offending. For the subgroup with no previous offending, a significantly slower rate of re-offending was observed for conference youth and for those who were referred to the community service. The researchers were able to control for the main effect of prior offending, but complex interactions between covariates such as offence types, early admissions to offending and legal and therapeutic responses could not be disentangled in the small sample, and they therefore could not explore factors linked specifically to sexual re-offending. Further research with a larger sample is needed.

There exists research from the UK, Canada and the USA on adult sex offender treatment models that draw on restorative justice principles with a focus on community support and accountability. Examples of the UK research on Circles of Support and Accountability (CoSA), an approach to working with sexual offenders that is informed by restorative justice, are listed on the Circles UK website³⁶. The approach developed in Canada in the 1990s within the Mennonite faith community as a response to concerns about public panic over sexual offenders (Wilson et al. 2010). It involves volunteers providing community support and practical help to high risk sexual offenders released into the community to reduce their social isolation and rate of recidivism. The UK research and evaluation studies on CoSA have been excluded on the grounds of topic relevance although these have been reviewed relatively recently in research for the Ministry of Justice by McCarten and colleagues (2014). The three empirical evaluations from other jurisdictions, two Canadian and one American, discussed below suggest offenders involved with CoSA have lower rates of recidivism. However all the studies had a small number of participants.

The first Canadian evaluation study by Wilson, Picheca and Prinzo in 2005 (published 2007) compared matched high risk sexual offenders (assessed using STATIC-99) in an CoSA group (60) with those in the community and not in a group (60) over an average period of four and a half years. Men in the CoSA group had significantly lower sexual, violent and general crime reconviction rates than men in the comparison group. The sexual crime reconviction rates for the CoSA men was half that of the men in the comparison group (8.5% for CoSA men, 16.7% comparison group, $p < 0.01$). The study does not describe the eligibility criteria for the CoSA group so bias in motivation

³⁶ See: www.circles-uk.org.uk

towards change among the CoSA men may have influenced the findings.

Subsequent research by Wilson, Cortoni and McWhinnie (2009) replicated the findings from the earlier research showing lower rates of reconviction when comparing 44 men on CoSA programmes with 44 offenders in the community who were not in a CoSA group. The study matched the groups for risk assessment, time in the community, location and prior treatment history. Average sex offence reconviction rates for CoSA men was 2.3 per cent, for the comparison group it was 13.7 per cent. In common with the study described above this study does not describe the eligibility criteria for the CoSA group.

In Minnesota, Duwe (2012) set up an RCT comparing outcomes on release from prison for 31 sexual offenders on a CoSA group with 31 sex offenders not in a group. Offenders willing to take part in a CoSA group were randomly assigned to either the CoSA group or not. This random assignment only of willing offenders aimed to address the motivation bias in other studies. Recidivism was measured on five assessments including reconviction rates. Sixty-five per cent of offenders in the comparator group were rearrested compared with 39 per cent in the CoSA group. Those in the CoSA group had significantly lower scores on three of the five measures compared with those in the comparator group. Reoffending rates for sexual offences were however low with only one arrest (in the comparator group) for a sexual offence and none in the CoSA group.

A systematic review of research literature on Circles of Support found 19 publications of which six empirically studied the impact of the CoSA approach (Wilson, Bates & Vollm, 2010). Four were from Canada (Cesaroni, 2001; Wilson et al, 2007a, 2007b, 2009) and two from the UK (Bates et al, 2007; Haslewood et al, 2008). The author notes the UK research and the mostly qualitative approaches taken to evaluation in the UK and concludes further controlled trial research with larger samples is needed to build on the promising evidence. A limitation of this review is that the author reviews mostly studies he has led.

5.5 Education

Education services have a role in perpetrator rehabilitation within the criminal justice system and prisons, although it is beyond the scope of this rapid evidence assessment to address availability and quality of education provided in the UK and other jurisdictions. No research based publications on managing sexual offenders within educational establishments were found in this review although clearly this is an important area to consider. There is literature that describes vetting and barring policies and their impact on preventing sexual offenders having access to children in education and other child care organisations (Erooga, 2009). While these checks may be effective at preventing convicted sexual offenders working with children, they cannot

prevent abusers who have not been detected or those who are yet to abuse from entering organisations to work with children. The management of young people with sexually harmful behaviour within the education system is an area where more research would be helpful.

5.6 Health and mental health

To simplify presentation, the evidence on health responses to sexual offenders has been included in earlier sections on the justice system and sex offender treatment. Organisational responses to sexual offenders within health and mental health services have focused largely on identification and situational prevention responses as discussed earlier in this report.

5.7 Child welfare

No publications on managing offenders in child welfare services were found in this review although children's social workers are likely to have offenders who are parents among their case loads, particularly where there has been a finding that a child has been abused but there has not been a successful conviction. This is a neglected area of research.

5.8 Voluntary sector, faith based organisations and independent services

To simplify presentation, some of the evidence on voluntary sector responses to sexual offenders, especially to young people who present with harmful sexual behaviour, has been included in earlier sections on the justice system and sex offender treatment. This section concentrates on organisational responses to protect victims and prevent offenders from re-offending when the abuse or exploitation has occurred within a voluntary sector, faith based organisation or an independent service.

One finding from Bohm and colleagues' (2014) systematic review of sexual abuse in the Catholic Church discussed previously (section 3 on identification) was that all of the ten abuse inquiries analysed pointed towards systemic historical abuse within church organisations and residential care facilities, a culture of denial in the Catholic Church, where concerns about the church's reputation overrode the safety of children and providing an adequate response to offenders. Safeguarding guidance has been limited and poorly followed. In Ireland guidance was produced in 1996 requiring allegations of child sexual abuse in the church to be passed on to the Irish Garda (police). The Cloyne report which considered cases of abuse in the church from 1996 to 2009 found 19 cases of clergy abuse and only nine passed on to authorities. Bohm and colleagues (2014) found that allegations in the Churches in the five countries were mostly dealt with internally without outside consultation, with clergy more likely to be referred to treatment or moved out of the area than referred to the authorities for investigation and

response. Many cases were handled by individual bishops as it was not until 2001 that a requirement was introduced for allegations of child abuse to be passed on to the Vatican in Rome. The Vatican has been criticised by the United Nations Committee on the Rights of the Child for its reluctance to adequately deal with clergy who abuse. Guidelines from the Vatican issued in 2010 say that bishops only need to report allegations of child abuse to the police if the local law requires them to do so. The Vatican has refused to give data on the child abuse case records it holds. Creating a safe space within organisations such as churches requires effective leadership, coordination and promoting understanding about responsibilities at each level from senior clerics through to parishes and church members.

5.9 Online

No further literature on responding to offenders was included in the review beyond that already discussed in previous sections on prevention and identification of offenders online (see Sections 3 and 4). Management of sexual offenders in the criminal justice system and community often includes restrictions on use of the internet. Research on the impact of these restrictions on re-offending was not identified.

5.10 Research gaps

There is growing research suggesting that sexual offenders vary in their motivations and in the crimes they commit, yet most of the research and treatment approaches have been with convicted and incarcerated sexual offenders. Further work is needed on managing and responding to different types of sexual offenders particularly those not convicted.

Limited research was found that considered the motivations of offenders who sexually exploit children and young people and how best to address these in responses.

There are gaps in research on what are effective policies with few studies on important policy issues found that met our quality criteria. Research planned to evaluate model legislation under WePROTECT would be welcome.

There is a lack of evidence on what key organisations such as health, child protection and education can do to effectively contribute to the management of offenders outside the justice system.

Further robust research on CoSA and restorative justice approaches is needed to enable conclusions to be drawn about impact.

There are gaps in research on effective situational and organisational policies to safeguard children in faith based organisations, voluntary sector groups and sport.

5.11 Description of evidence on the control and management of offenders

Thirty four papers were included in the review. Twelve were systematic reviews/meta-analyses, fifteen were quantitative evaluations, two were quantitative non-evaluation studies and the remainder were based on qualitative research. Eleven of the papers were based on research completed in the USA, five were completed in Australia, three originated from Canada and three from New Zealand. No papers from Europe met the quality criteria for inclusion although the systematic reviews included material on responses in Europe. Fourteen of the papers addressed responses to young people who present with harmful sexual behaviour.

Table 4: Protection response and reducing re-offending

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Bohm, B., Zollner, H., Fegert, J. M., and Liebhardt, H. (2014). Child sexual abuse in the context of the Roman Catholic Church: a review of literature from 1981-2013, <i>Journal of Child Sexual Abuse</i> , 23(6), pp. 635-656.	Systematic review	-	Voluntary				Systematic review of evidence base of child sexual abuse in Catholic church. It was found that reports, legal assessments, and research on child sexual abuse within the Catholic Church provide extensive descriptive and qualitative information for five different countries. This includes individual psychological factors (static risk predictors, multiple trajectories) and institutional factors (opportunity, social dynamics) as well as prevalence rates illustrating a high “dark figure” of child sexual abuse.
Carpentier, M. Y., Silovsky, J. F., and Chaffin, M. (2006), Randomized trial of treatment for children with sexual behavior problems: ten-year follow-up, <i>Journal of Consulting and Clinical Psychology</i> , 74(3), pp. 482-488.	Quantitative evaluation	USA	Mental health	CBT in 12 weekly sessions for children with sexual behaviour problems compared to play therapy	Randomised control trial - ten year follow up using arrest and child welfare data	135 children aged 5-12 who had CBT, compared with 156 general clinic children with non-sexual behaviour problems	Findings support the use of CBT with children with sexual behaviour problems. Children with SBP who were provided with short-term CBT had low future sex offence rates and were indistinguishable from the comparison group
Daly, K., Bouhours, B., Broadhurst, R., and Loh,	Quantitative evaluation	Australia	Justice	The 'Mary Street' sexual	Analysis of recidivism using	365 youth charged with	Slower rate of reoffending was observed for first time offenders referred

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
N. (2013), Youth sex offending, recidivism and restorative justice: comparing court and conference cases, <i>Australian & New Zealand Journal of Criminology</i> , 46(2), pp. 241-267.				abuse prevention programme compared to other types of community treatment given to offenders	survival analysis	sexual offences	to conference or the intervention programme, but the small sample size meant that factors relating to sexual offending could not be explored.
Dennis, J. Khan, O, Ferriter, M. Huband, N. et al., (2012), Psychological interventions for adults who have sexually offended or are at risk of offending, <i>The Cochrane Library</i> , no. 12 Article No: CD007507	Systematic review		Justice	Psychological treatment for sexual offenders	Systematic review and meta analysis		Ten studies included with inconclusive results and variable quality. More RCTs needed
Dopp, A. Borduin, C. and Brown, C (2015) Evidence based treatments for juvenile sex offenders: review and recommendations, <i>Journal of Aggression, Conflict and Peace Research</i> 7 (4), pp. 223-236	Systematic review		Justice	Treatment juvenile sexual offenders	Systematic review		Ten studies were included that addressed CBT or MST. Results are promising but evidence on treatment effectiveness is limited by methodological problems. There is a gap between research and practice with RCT evidence from MST but few from CBT approaches while CBT is more common in practice than MST.

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Drapeau, M., Korner, A. C., Granger, L., and Brunet, L. (2005), What sex abusers say about their treatment: results from a qualitative study on pedophiles in treatment at a Canadian penitentiary Clinic, <i>Journal of Child Sexual Abuse</i> , 14(1), pp. 91-115.	Qualitative evaluation	Canada	Justice	Therapeutic programme for child sexual offenders delivered in prison in individual and group sessions.	Non-directive semi-structured interviews	23 male offenders in prison aged 25-61	Results suggest that the therapists and the programme may have a function of containment or holding. Although part of the therapeutic process involves a focus on identifying and reducing cognitive distortions, results also warn therapists against misusing this concept by applying it to legitimately different opinions.
Drapeau, M., Körner, C. A., Brunet, L., and Granger, L. (2004), Treatment at La Macaza Clinic: a qualitative study of the sexual offenders' perspective, <i>Canadian Journal of Criminology & Criminal Justice</i> , 46(1), pp. 27-44.	Qualitative evaluation	Canada	Justice	Therapeutic programme for child sexual offenders delivered in prison in individual and group sessions.	Non-directive semi-structured interviews	24 male offenders in prison aged 25-69	Three major themes were explored: (1) the offenders' impressions about the voluntary basis of the treatment; (2) the nature of the motivation for treatment of the participants; and (3) the different ways in which therapy was or was not helpful
Frost, A. (2004), Therapeutic engagement styles of child sexual offenders in a group treatment program: a grounded theory study, <i>Sexual Abuse: A Journal</i>	Non evaluation qualitative	New Zealand	Justice	Group treatment programme for sexual offenders in prison	Interviews with participants, exploring a video of their contribution to a group therapy session	16 male child sexual offenders aged 23 to 65 (M=40.2)	Four distinct disclosure management styles emerged: exploratory, oppositional, evasive, and placatory; the latter three of which appear unfavourable to effective engagement in treatment

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
<i>of Research & Treatment</i> , 16(3), pp. 191-208.							
Gannon, T. A., and Alleyne, E. K. A. (2013), Female sexual abusers' cognition: a systematic review, <i>Trauma, Violence & Abuse</i> , 14(1), pp. 67-79.	Systematic review	-	Justice		Systematic review		Evaluation of current available research regarding implicit theories, rape myth acceptance, violence-supportive cognition, gender stereotypes, beliefs about sex, and empathy. Concludes more research is needed
Geary, J., Lambie, I., and Seymour, F. (2011), Consumer perspectives of New Zealand community treatment programmes for sexually abusive youth, <i>Journal of Sexual Aggression</i> , 17(2), pp. 181-195.	Qualitative evaluation	New Zealand	Voluntary	Three programmes offering individual and group sessions plus family meeting	Qualitative interviews with youth and caregivers	24 adolescents (1 female) aged 11-19, 23 family members/caregiver	Clients value good pre-entry information to reduce barriers to participation; engagement in treatment is facilitated by the quality of the client-therapist communication and creative and physical activities; and post-treatment support is important relationship, family involvement, culturally appropriate
Gillis, H. L., and Gass, M. A. (2010), Treating juveniles in a sex offender program using adventure-based programming: a matched group design, <i>Journal of Child Sexual Abuse</i> , 19(1), pp. 20-34.	Quantitative evaluation	USA	Mental health	Adventure-based behaviour management programme (LEGACY) and group therapy for juvenile sexual	Matched sample of arrest data from juvenile court database - youth on LEGACY programme compared to specialised	Three groups of juvenile sexual offenders aged 8-18 years in each group there were 95 participants, 65.3% white males and 34.7% black males.	LEGACY programme participants were rearrested significantly less often over a three-year period than participants in the other two programs.

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
				offenders	treatment programmes or youth development centres	White males and 33 (34.7%) Black males in each of the three groups. The mean age at first offence was 13.75 (SD = 1.43).	
Halse, A., Grant, J., Thornton, J., Indermaur, D., Stevens, G., and Chamarette, C. (2012), Intrafamilial adolescent sex offenders' response to psychological treatment, <i>Psychiatry, Psychology & Law</i> , 19(2), pp. 221-235	Qualitative evaluation	Australia	Justice	Community based treatment for young people who present with harmful sexual behaviour	Interviews	12 young offenders	Greatest improvements occurred in the areas of communication with family and friends, anger management, and impulsivity. Participants felt that group therapy was the most beneficial component of the programme. The space to express feelings about the inappropriate sexual behaviours, as well as other personal and family issues was regarded as key to positive change. Greater improvements in family functioning were reported when at least one parent also attended therapy. There were fewer indications of change in the expression of empathy and construction of relapse prevention plans.
Hanson, K, Bourgon, G. Helmus, L. and Hodgson, S. (2009), The principles of effective correctional treatment	Meta-analysis	-	Justice	Sex offender treatment and recidivism	Meta analysis of 23 studies		Unweighted sexual and general recidivism rates for the treated sexual offenders were lower than the rates observed for the comparison groups (10.9%, $n = 3,121$ vs. 19.2%, $n = 3,625$)

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
also apply to sexual offenders: a meta-analysis”, <i>Criminal Justice and Behavior</i> , 36, pp. 865–91							for sexual recidivism; 31.8%, $n = 1,979$ vs. 48.3%, $n = 2,822$ for any recidivism). Programs that adhered to the RNR principles showed the largest reductions in sexual and general recidivism.
Laing, L., Tolliday, D., Kelk, N., and Law, B. (2014), Recidivism following community based treatment for non-adjudicated young people with sexually abusive behaviors, <i>Sexual Abuse in Australia & New Zealand</i> , 6(1), pp. 38-47.	Quantitative evaluation	Australia	Mental health	Specialist community treatment programme for adolescents with focus on family engagement	Quasi-experimental study of recidivism in group treatment, measuring offences after 5 years (average follow up 54.7 months)	100 male young offenders aged 10-17, 50 treatment (of which 34=treatment and 16 = withdrawal group) and 50 control.	Treatment programme was found to be effective on: receiving any criminal charge or report (a broader measure of reoffending); and charges and reported offences that involved personal violence offences, but no significant difference between the completer and control groups regarding sexual reoffending. Withdrawal group showed higher levels of sexual reoffending.
Lambie, I., and Stewart, M. W. (2012), Community solutions for the community’s problem: an evaluation of three New Zealand community-based treatment programs for child sexual offenders, <i>International Journal of Offender Therapy & Comparative Criminology</i> , 56(7), pp.	Quantitative evaluation	New Zealand	Justice	Community treatment programmes for adult male child sex offenders	Recidivism study, mean follow up 4 years. Treatment group compared to assessment only cases and a probation control group.	175 men 19+ (oldest over 60); Assessment only arm: 28 men 19+ (oldest over 60); Probation group: 186 men 19+ (oldest over 60);	Significantly better outcomes for offenders receiving community treatment (approximately half the recidivism rate for any group attendees compared to control group). It appeared that successful completion of the programme was a more important factor than purely the duration of the programme in reducing risk of recidivism

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
1022-1036.							
Långström, N., Enebrink, P., Laurén, E.-M., Lindblom, J., Werkö, S., and Hanson, R. K. (2013), Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions, <i>BMJ: British Medical Journal</i> , 347, p. f4630	Systematic review	-	Justice	Medical and psychological interventions for sexual offenders	Systematic review		There are major weaknesses in the scientific evidence, particularly regarding adult men, the main category of sexual abusers of children. Found no eligible research on preventative methods for those at higher risk of offending.
Letourneau, E. J., and Armstrong, K. S. (2008), Recidivism rates for registered and nonregistered juvenile sexual offenders, <i>Sexual Abuse: A Journal of Research & Treatment</i> , 20(4), pp. 393-408.	Quantitative evaluation	USA	Justice	South Carolina's comprehensive registration policy for juveniles who sexually offend	Recidivism study, assessed across mean 4.3 year follow up compared to nonregistered controls	111 matched pairs of offenders, male offenders, mean age 14.72, 43.2% white 56.8% minority	Sexual offence reconviction rate was too low for between group analyses but found between group differences on non sexual offences (registered youth more likely than nonregistered youth to have new nonperson offence convictions at follow up).
Letourneau, E. J., Bandyopadhyay, D., Armstrong, K. S., and Sinha, D. (2010), Do sex offender registration and	Quantitative evaluation	USA	Justice	South Carolina's sex offender registration and notification	Trend analyses of data from the department of justice, modelled intervention	Compared all youth (N = 26,574) with those charged with sex crimes (n	Found no significant effects for the intervention year, SORN policy was not associated with general deterrent effect on juvenile sex crimes.

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
notification requirements deter juvenile sex crimes?, <i>Criminal Justice & Behavior</i> , 37(5), pp. 553-569.				policy (SORN)	effects of year the SORN policy was implemented	= 3,148), assault (23046)) and robbery (N=2094) from 1991-2004	
Letourneau, E. J., Levenson, J. S., Bandyopadhyay, D., Sinha, D., and Armstrong, K. S. (2010), Effects of South Carolina's sex offender registration and notification policy on adult recidivism, <i>Criminal Justice Policy Review</i> , 21(4), pp. 435-458.	Quantitative evaluation	USA	Justice	South Carolina's sex offender registration and notification policy (SORN)	Recidivism study, assessed across mean 8.4 year follow up, compared SORN period to preSORN implementation	Data of sex offences 1990-2004. Group of 194,575 arrestees, of which 19,060 were for a sex crime. Adult males, mean age 33.0, 49% white, 51% minority	Estimated the influence of registration status on risk of sexual recidivism while controlling for time at risk and found that registration status did not predict recidivism in any model
Letourneau, E. J., Armstrong, K. S., Bandyopadhyay, D., and Sinha, D. (2013), Sex offender registration and notification policy increases juvenile plea bargains, <i>Sexual Abuse: A Journal of Research & Treatment</i> , 25(2), pp. 189-207.	Quantitative evaluation	USA	Justice	South Carolina's sex offender registration and notification policy (SORN)	Used equation modelling to compare case data on plea bargaining for sexual offences with other offences	19,215 male youth ages 6 - 21 years (M=14.7) when charged with sex, assault, or robbery offences between 1990 and 2004	Significant increases in the probability of plea bargains for sex offense cases across subsequent time periods, supporting the hypothesis that the SORN policies were associated with significant increases the likelihood of plea bargains to different types of charges and to lower severity charges.

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Levenson, J., Letourneau, E., Armstrong, K. S., and Zgoba, K. M. (2012), Failure to register as a predictor of sex offense recidivism: the big bad wolf or a red herring?", <i>Sexual Abuse: A Journal of Research & Treatment</i> , 24(4), pp. 328-349.	Quantitative evaluation	USA	Justice	Registration of sexual offenders, New Jersey	Quasi-experimental study analysing recidivism rates in offender groups 1980-2005	Compared sample of failure to register SOs (n=644) to SOs who did register (n=481) in New Jersey prisons	Failure to register was not a significant predictor of sexual recidivism
McCann, K., and Lussier, P. (2008), Antisociality, sexual deviance, and sexual reoffending in juvenile sex offenders: a meta-analytical investigation, <i>Youth Violence & Juvenile Justice</i> , 6(4), pp. 363-385.	Systematic review	-	Mental health		Meta-analysis		Analysed recidivism rates and assessed the role of antisociality and sexual deviancy in sexual reoffending in juvenile sexual offenders. The best predictors of sexual recidivism were related to victim characteristics - having a stranger, extra-familial, prepubertal male victim are important risk factors for sexual recidivism in adulthood. Although this review gives some support for the use of these risk factors, they had very small effect sizes suggesting that the risk factors would be better used in combination.
Pratley, J., and Goodman-Delahunty, J. (2011), Increased self-	Quantitative evaluation	Australia	Justice	Pre-trial diversion of offenders	Analysis of clinical case records at six	124 men aged 23-57 (M=39.47) on treatment	Analyses of disclosures by offenders found that all offenders disclosed significantly more details regarding their

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
disclosure of offending by intrafamilial child sex offenders, <i>Sexual Abuse in Australia and New Zealand</i> , 3(1), pp. 10-22.				programme (Cedar Cottage)	time points to examine offenders' description of their abusive behaviour	programme, 42% completers, 22% failed to complete, 30% declined treatment programme.	offending behaviour, irrespective of whether they were accepted into the program for treatment or declined. Offenders also continued to make disclosures during treatment
Reitzel, L. R., and Carbonell, J. L. (2006), The effectiveness of sexual offender treatment for juveniles as measured by recidivism: a meta-analysis, <i>Sexual Abuse: A Journal of Research & Treatment</i> , 18(4), pp. 401-421.	Systematic review	-	Mental health	Treatments for juvenile sexual offenders	Meta-analysis		Nine studies, found average weighted effect size of 0.43 (CI=0.33–0.55) was obtained, indicating a statistically significant effect of treatment on sexual recidivism.
Ricci, R. J., Clayton, C. A., and Shapiro, F. (2006), Some effects of EMDR on previously abused child molesters: theoretical reviews and preliminary findings, <i>Journal of Forensic Psychiatry & Psychology</i> , 17(4), pp. 538-562.	Quantitative evaluation	USA	Mental health	Eye movement desensitization and reprocessing (EMDR) trauma treatment as an adjunct to standard cognitive-behavioural therapy-	Control study	32 child molesters with a history of child sexual abuse, 10 had EDMR treatment compared to 22 also on the same CBT treatment programme who did not	Trauma resolution produced significant pre/post changes on all relevant subscales of the Sexual Offender Treatment Rating Scale (SOTRS). One unanticipated benefit was a consistent and sustained decline in deviant sexual arousal compared to the control condition

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
				relapse prevention (CBT-RP) group treatment.			
Sandler, J. C., Freeman, N. J., and Socia, K. M. (2008), Does a watched pot boil? A time-series analysis of New York State's sex offender registration and notification law, <i>Psychology, Public Policy, and Law</i> , 14(4), pp. 284-302.	Quantitative evaluation	USA	Justice	New York State Sex Offender Registration Act	Time series analyses of offender data using arrest data	21 years of sexual offender data in New York State 1986-2006	Results provide no support for the effectiveness of registration and community notification laws in reducing sexual offending by: (a) rapists, (b) child molesters, (c) sexual recidivists, or (d) first-time sexual offenders. Analyses also showed that over 95% of all sexual offence arrests were committed by first-time sexual offenders
Sheehan, P., and Ware, J. (2012), Preparing sex offenders for treatment: a preliminary evaluation of a preparatory programme, <i>Sexual Abuse in Australia & New Zealand</i> , 4(2), pp. 3-11.	Quantitative evaluation	Australia	Justice	12 week preparatory programme to motivate offenders for treatment, prison-based	Quasi-experimental study, pre and post test measures used	117 sex offenders who completed either the PREP ($n = 64$) or ESO ($n = 53$) programme. Waitlist control ($n=40$). Men aged 22 years to 78 years ($M = 49$).	The Preparatory group showed significant positive changes on self-efficacy and hope. In contrast, sex offenders who completed a psycho-educational programme or who were on a wait-list did not receive such gains. There were no significant increases in measures of motivation
St. Amand, A., Bard, D. E., and Silovsky, J. F. (2008). Meta-analysis of	Systematic review	-	Mental health	Treatment for child sexual behaviour	Meta-analysis		11 treatment outcome studies of treatment for sexual behaviour problems. The caregiver practice

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
treatment for child sexual behavior problems: practice elements and outcomes, <i>Child Maltreatment</i> , 13(2), pp. 145-166.				problems			element Parenting/Behaviour Management Skills (BPT) predicted the Child Sexual Behaviour Inventory or checklist when used. In contrast, practice elements that evolved from Adult Sex Offender (ASO) treatments were not significant predictors. BPT and preschool age group provided the best model fit and more strongly predicted outcome than broad treatment type classifications (e.g., Play Therapy or Cognitive Behaviour Therapy). Results question current treatments for children with sexual behaviour problems (SBP) that are based on ASO models of treatment without caregiver involvement.
Stewart, L. A., Hamilton, E., Wilton, G., Cousineau, C., and Varrette, S. K. (2015), The effectiveness of the Tupiq program for Inuit Sex offenders, <i>International Journal of Offender Therapy & Comparative Criminology</i> , 59(12), pp. 1338-1357.	Quantitative evaluation	Canada	Justice	Tupiq programme, a culturally specific programme for Inuit sexual offenders	Treatment outcome measured using reoffending rates 7 years after release.	Male Inuit sexual offenders, 61 (intervention) 114 (control).	Tupiq participants had significantly lower rates of general reoffending and violent reoffending than those in the combined comparison group. Rates of sexual offending were not statistically proven.

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Varela, J. G., Boccaccini, M. T., Murrie, D. C., Caperton, J. D., and Gonzalez, E. (2013), Do the Static-99 and Static-99R perform similarly for White, Black, and Latino sexual offenders?, <i>International Journal of Forensic Mental Health</i> , 12(4), pp. 231-243.	Non-evaluation quantitative	USA	Justice	Static 99 risk assessment measure of reoffending	Recidivism study using arrest data	Convicted sexual offenders of different ethnicities, 912 white, 588 Latino and 411 black	Examined differences in predictive effects of static 99 for different ethnic groups. The finding of difference for Latino and Black offenders has implications for fairness in testing and highlight the need for continued research regarding the potentially moderating role of offender race/ethnicity in risk research
Viljoen, J. L., Elkovitch, N., Scalora, M. J., and Ullman, D. (2009), Assessment of reoffense risk in adolescents who have committed sexual offenses: Predictive validity of the ERASOR, PCL:YV, YLS/CMI, and Static-99, <i>Criminal Justice and Behavior</i> , 36(10), pp. 981-1000.	Non-evaluation quantitative	USA	Justice	Residential treatment programme	Recidivism data over 7 years	193 male adolescents enrolled in a nonsecure residential sexual offender treatment program	Examined which assessment tools predicted reoffending in sample of offenders who participated in a treatment programme. Although none of the instruments significantly predicted detected cases of sexual reoffending, ERASOR's structured professional judgments nearly reached significance the YLS/CMI and the PCL:YV predicted nonsexual violence, any violence, and any offending; although the Static-99 has considerable support with adult sexual offenders, it did not predict sexual or general reoffending in the sample of adolescents.
Walker, D. F., McGovern, S. K., Poey, E. L., and Otis, K. E.	Systematic review	SR	Mental health	Treatment for male adolescent	Meta-analysis		Treatments for male adolescent sexual offenders appear generally effective ($r = .37$). Studies which used self-report

Reference	Study type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
(2004), Treatment effectiveness for male adolescent sexual offenders: a meta-analysis and review, <i>Journal of Child Sexual Abuse</i> , 13(3/4), pp. 281-293.				sexual offenders			measures of outcome obtained a 6% higher effect size than studies which used measures of arousal in response to deviant stimuli, and a 22% higher effect size than studies using actual recidivism rates. A descriptive review of the set of 10 studies indicates that studies utilizing cognitive-behavioural therapy approaches were the most effective
Walton, J. S., and Chou, S. (2015), The effectiveness of psychological treatment for reducing recidivism in child molesters, <i>Trauma, Violence & Abuse</i> , 16(4), pp. 401-417.	Systematic review	SR	Justice	Psychological treatment for child sexual offenders	Systematic review		One RCT and 9 cohort studies were included in the data synthesis, providing 2,119 participants. In all, 52.1% received the intervention under investigation and 47.9% did not. The reported recidivism rates were 13.9% for the treated child molesters compared to 18.6% for the untreated child molesters.
Wilson, H., Bates, A. & Vollm, B. (2010) Circles of support and accountability: an innovative approach to manage high-risk sex offenders in the community, <i>The Open Criminology Journal</i> , 3, pp. 48-57	Systematic review	SR	Justice	Reentry programme	Systematic review		Systematic review of the literature relating to the Circles of Support and Accountability model. Reviewed 19 papers, the majority were descriptive, with 4 empirical studies identified and 2 within grey literature. Some promising evidence identified is identified but the author identifies that further research is required. A limitation of this review is that the author reviews mostly studies he has led.

6. Support for victims and survivors

Services for the support of child victims and survivors and to aid their recovery are considered in this section. Child sexual abuse and exploitation have a significant impact on the health and well-being of children worldwide. The harm caused includes early pregnancy (UNICEF Kenya et al. 2012), a higher likelihood of contracting HIV (WHO 2013), drug or alcohol abuse (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 sexualised and risk-taking behaviours (Wilson & 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 victimisation 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). The consequences can be long lasting impacting on adult health, life chances and relationships (Daigneault et al. 2009). Of course these adverse impacts on health, mental health and behaviour will not be experienced in the same way by every child and young person. 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; Elloneni and Salmi 2011; Finkelhor, 2008).

A range of different types of help and support will be needed to help children and young people to cope with and overcome the harmful consequences of sexual abuse and exploitation. It should be recognised that children have agency, the consequences of abuse will vary and not all will want or need the same type or intensity of support. The needs of children who have been sexually abused and those who have been sexually exploited are likely to differ as those sexually exploited may have additional vulnerabilities that will require different types of practical, emotional, therapeutic and social support. They may be homeless, have drug and alcohol dependence, be single parents, have low self-esteem and have poor employment options (Miller 2003). Providing practical and psychosocial support to help them to overcome these difficulties is seen as an important strategy to prevent repeat victimisation. When effective support is not available, sexually exploited children may go missing from care, return to prostitution or be re-trafficked (ECPAT International 2011; Pearce 2014; Sunusi 2012). Researchers who have asked children and adolescents what they want have identified key components of services that are important to children who have been sexually abused and exploited (Harper & 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). For sexually exploited children and young people proactive methods of outreach have been recommended (Jago & Pearce, 2008). Services for victims and survivors of child sexual abuse and exploitation must also work to support family members and carers (Jago et al 2011; Trowell et al, 2002). To date, much of the research on responses to victims has focused more on support for sexually abused children and young people, looking at single programme responses. While in this section the types of support for victims are discussed under discrete headings, it should be recognised that, in reality, many services provide a range of responses and therapeutic approaches rather than following one particular approach rigidly.

Summary of findings on support for victims and survivors

- Young people who have been sexually abused and exploited may be reluctant to seek help and may not identify as 'victims' or recognise the relationship with a perpetrator as abusive. This may be particularly so for sexually exploited young people. Proactive outreach is needed to support and protect them.
- Despite the introduction of special measures, policies and guidance, support for victims and survivors in many organisations has been inadequate.
- Child victims have been doubly victimised in the experience of going to court. Special measures to support child victims in legal processes have been inconsistently applied.
- There is limited evidence on the impact of Government and non-governmental victim compensation schemes for people sexually abused in childhood.
- Research on what works in aiding recovery has focused mostly on psychotherapeutic responses for sexually abused children and young people with trauma symptoms and behavioural difficulties. Overall, the evidence base is poor with few studies using a RCT or equivalent methodology.
- Cognitive behavioural therapy, CBT, shows the most potential in overcoming the adverse consequences of sexual abuse for children and young people under the age of 18, although a variety of therapeutic methods, for example using drama, also show promise.
- CBT may be less effective with younger children.
- There is some indication that a range of interventions, which can be more effectively tailored to the individual needs of children and young people, are

better than adherence to a single method.

- Longer-term programmes appear more effective than short-term interventions.
- Promising results also exist for EMDR.

6.1 National policy responses

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 organisation alone. Service planning for victim support and recovery however has not necessarily been demand led. Evidence from a range of different sources show substantial gaps in the provision of recovery-focused services in the community for child and adult victims of sexual violence (Allnock et al. 2012; Coy et al. 2007; Scott and Skidmore 2006). Drawing on survey findings on national prevalence rates of child sexual abuse and its impact, Allnock and colleagues (2012) mapped estimated levels of need against service provision. The location and availability of therapeutic services per head of child population was mapped for England, Wales, Scotland and Northern Ireland using online and GIS mapping methods, a survey of 195 services, in depth interviews with 21 service managers and 11 commissioners and focus groups with young people. The overall level of specialist therapeutic service provision was found to be low, with less than one service available per 10,000 children and young people in the UK. Calculations of need for a service were reached conservatively from the prevalence of sexual abuse involving physical contact among children aged 11 to 17 who had also reported having suicidal feelings in the past two months.

- The researchers found that there was a shortfall in provision for at least 57,156 children each year.
- Findings from services supported the view that need outstrips availability; that referral routes are limited, leaving few options for young people who have been raped or seriously sexually assaulted to directly access support.
- Significant waiting lists mean services must focus on reactive, rather than preventive, work; and that services are less accessible for certain groups, especially sexually abused teenagers, children with disabilities and those from Black, Asian, Minority Ethnic and Refugee backgrounds.

Specialised services, more often NGO than government operated, most often deliver recovery provision and employ staff trained in responding to sexual violence. Services have struggled to find sustainable funding and commissioning does not seem to have taken into account evidence on levels of need (Allnock et al, 2012).

A survey of practice in relation to child sexual exploitation in England (Jago et al 2011. Pearce 2014) noted that the majority (75%) of LSCBS have struggled to implement government guidance in relation to multi-agency work in this area. The 2009 statutory guidance recommends the establishment of a multiagency sub group, a dedicated

worker and a specialist service. Moreover, in places where a dedicated voluntary sector service did exist, this was often provided instead of, rather than complementing statutory services. A small number of LSCBs did report that they had co-located services for CSE victims/survivors such as police, child protection and youth workers in response to this guidance.

Many countries have had national inquiries into the historical abuse of children and young people, particularly in the care system where the focus has varied but commonly have included prevention and recovery - preventing abuse and improving safeguarding for children in the future as well as learning from the past, bringing offenders to justice and providing validation and redress for adult survivors (Daly, 2014; Skold & Swain, 2015). No evaluations of the overall outcomes from these national inquiries were found although comparative studies focusing mostly on victim redress and compensation are discussed later in section 6.4.

6.2 Regional and International policy

We were unable to find responses to support victims/survivors at the regional and international level that were relevant to the review question. Some aspects of support for victims and survivors would have been relevant in relation to earlier discussion on identification and response especially with reference to protection responses online.

6.3 Multi sector coordinated responses

Clayton and colleagues (2013) reported on the response within the USA to children who have been victims of 'commercial sexual exploitation' and trafficking for the purposes of sexual exploitation. Within this, some of the multi-sector and interagency responses in the USA are discussed. The findings echo those in other studies with regard to the challenges and successes of interagency working. The authors note that there is limited published research in this area and that *'programs lack a critically reviewed evidence base for practice'* (ibid p 253). Thus the detail given is limited to descriptions of projects and evaluations combined with findings from workshops the authors conducted with service providers. Successful projects were found to be those where partners had a shared framework. Limitations were identified around training, IT systems and data sharing, funding, and interagency communication. They recommend broad-based collaborative efforts which are tailored to the needs of individual victims and survivors responsive to individual communities.

One example of successful inter agency work cited is the Support to End Exploitation Now (SEEN) Coalition in Suffolk County, Massachusetts, which has three elements: collaboration between 35 public and private agencies; a 'trauma-informed continuum of care' and training for professionals. The collaboration is overseen by a steering and advisory group. A dedicated case worker coordinates the support offered through a

multidisciplinary team, including youth work, housing, therapists as well as the criminal investigation. The use of a multidisciplinary protocol to guide agencies in referral to services was also noted as a key feature.

6.4 Justice system

Victim compensation and redress

Victim compensation and redress is one area that policy makers have considered to partly address victims' rights to justice and aid recovery. Only two papers referring to one empirical study qualified for inclusion as research evidence that met the quality criteria (both by Rassenhofer et al, 2015a & 2015b). Most literature on compensation concerns financial compensation usually via civil litigation. Redress has been helpfully defined by Daly as 'all the activities, processes and outcomes that recognise and provide a compensatory mechanism for harms or wrongs against an individual or group' (Daly, 2014, p. 115). As such, redress is a broader concept than financial payment for harm caused and may include a redress package of payments and other services or outcomes, perhaps negotiated with survivors and survivor organisations. There is literature on victim compensation and victim redress that, although mostly descriptive with limited reference to evidence on what works, covers the types of policies that have been introduced in other jurisdictions. The descriptive literature outlines limitations in coverage in schemes and mentions national schemes, as in Sweden and Iceland, that are regarded as providing relatively 'good' coverage. There is limited evidence from research with child and adult survivors on their views about compensation and redress.

Rassenhofer and colleagues (2015a) report on research on two data sets on 927 critical incident reports collected by the government and Catholic churches in Germany. The researchers found little evidence of victim interest in compensation. Only a minority of victims (22%) raised the issue of compensation, either material or immaterial, such as acknowledgment of their suffering. The rate was higher in the government data set (37.7%) than in the church data set (13.0%; $p < .001$). The study was included as it had a 'medium' quality score but it should be noted that the research is based on mostly reports made by older adults (of an average age of 57 years) who volunteered to contact either the Church inquiry or the government inquiry.

Extracts from the Church and government data on survivors' views illustrate the range of findings:

It isn't about the money. I want what was done to me to be acknowledged. Moreover, I want the Order thinking about how to compensate me.

Money surely would help. However, this is not my point. For me, it is important that the

Church stop turning a blind eye to what this priest did to me and to other children.

You cannot ever make up for that with money.

It seems to be so easy to set up rescue funds for banks. Who will rescue us?"

The researchers found that there was more support for victim compensation among people contacting the government inquiry.

The Australian victim compensation scheme run by the Catholic Church, the Melbourne Response, is described by Campbell and colleagues (2015). It is argued that this scheme at least is a public attempt of the Catholic church to provide some institutional redress for organisational abuse. There is some evidence on positive benefits for historic abuse victims. However, the scheme requires victims to sign a deed of release which extinguishes taking any further civil proceedings. There are also concerns that the scheme discourages prosecution and sanctioning of offenders (Cameron et al, 2015).

Daly (2014) reviewed 83 documents from 19 inquiries into historical child abuse held in Canada and Australia looking particularly at the large number of redress claimants who gave testimony in the 14 areas where civil litigation or redress schemes existed. Sixteen of the inquiries covered sexual abuse, often with physical abuse and other harm such as forcible removal of children from aboriginal or low income communities. Only two out of the 19 inquiries had a civil litigation compensation scheme as the only outcome. Other outcomes commonly found in the redress schemes reviewed included public apologies and memorials by government or churches (as in Australia and Canada) medical, dental, vocational and educational benefits (as in Nova Scotia, Canada and in Queensland), counselling services (as in Tasmania), access to a dedicated crisis line (as in Australia). Daly found governments and church organisations funding redress and financial compensation schemes rarely publish any information on outcomes. Average rates of payment were estimated by Daly to vary from \$10,000 to \$100,000 in Canada and \$7,000 to \$58,333 in Australia (Daly, 2014).

Criminal court and family court interface

The limited literature found suggests there exist some innovative approaches to improve multi agency responses and conflicts between criminal and family court approaches to child sexual abuse cases. The main difficulties to be addressed are conflicts between criminal and family law standards of proof where there are allegations of child sexual abuse with criminal courts requiring higher standards of proof for a conviction, based on beyond reasonable doubt standards of proof, and family courts looking at whether or not the allegations against a person are shown to be true on the balance of probabilities. There is also differential treatment of victims

and child witnesses and poor information sharing between family courts and criminal courts. In family courts this can present difficulties if allegations of child sexual abuse are raised in a family court by a parent, typically in the context of a case arising from a couple's separation. In Australia multi-agency case management was introduced to improve responses and gather further information where sexual abuse allegations were made and the evidence of effectiveness was very limited (Higgins, 2010).

6.5 Education

Two qualitative studies which did not meet the quality criteria in the evidence assessment point to the role of teachers and schools in supporting children who are survivors of child sexual abuse. A study in South Africa by Phasa (2008) interviewed 22 young people (20 were aged 11-18) and conducted focus groups with teachers. Their results highlighted the importance of teachers - not only in providing direct support and security for survivors of child sexual abuse but also in identifying abuse, and signposting to other agencies. The role of teachers in young survivors' lives was also emphasised by Schonbucher and colleagues (2014). This research conducted interviews with 26 adolescent survivors in Switzerland. In this study, the young people did not see their teachers as a source of support and the authors recommend that greater teacher awareness is required to increase educators' capacity to both support young victims and to encourage greater disclosure.

6.6 Health and mental health

Health and mental health services play a part in contributing to victim support and recovery by providing services to assist recovery; responding adequately to the harm caused by those victimised in health or mental health settings; and ensuring that support is equitable so that services are relevant and accessible for different groups of children and young people.

The accessibility of health and mental health services for children and young people who have experienced child sexual abuse and exploitation has been highlighted as a problem in the UK and in other countries (Cameron et al, 2015). Stanley and colleagues' (2016) study of 29 young people trafficked into the UK, most of whom had experienced sexual violence, found that complex gatekeeping systems, language barriers and practitioners who failed to take them seriously impeded their access to healthcare, particularly primary care.

What services are most effective?

Within health and mental health sectors considerable efforts have been devoted to evaluating which treatment approaches are effective for children and young people harmed by sexual abuse. There has been less research on what services are best for

supporting victims of child sexual exploitation. The research has considered the impact upon recovery of different forms of and combinations of therapy with children and their parents/caregivers. The main types of therapies tend to be psychotherapies (therapies that are based on psychological methods). Therapies considered in the review include:

- *cognitive behavioural therapy* (CBT) a form of psychotherapy which aims to focus on and solve problems by changing unhelpful thinking and behaviour associated with these. For a sexually abused person this might, for instance, involve looking at the self critical and harmful coping behaviours a young person may have by analysing these, helping the young person to recognise triggers and develop cognitive skills to counteract the negative thoughts;
- *trauma focused cognitive behavioural therapy* (TF-CBT) which is a variant of CBT specifically designed for those who have emotional or behavioural difficulties arising from significant traumatic events;
- *non-directive therapy* where the therapist refrains from giving advice or interpretation as the process of therapy is client led and involves helping the person to identify conflicts, clarify and understand their own feelings;
- *psychodynamic therapy* which focuses on unconscious processes that influence a person's present behaviour, aiming to improve self awareness and understanding of the influence of the past on present behaviour and feelings;
- *play therapy* is an approach used often for younger children aged between 3 to 11 which uses play methods for communicating with the child about feelings and experiences and facilitating their understanding and recovery;
- *narrative therapy* aims to separate the person from the problem using storytelling or narrative techniques to co-author with the therapist personal life stories that help to reshape their identity and encourage them to rely on their own skills and agency for change;
- *animal assisted therapy* which involves animals, often a specially trained dog or a horse, in the therapeutic process to enable rapport between therapist and client and improve motivation.

Cognitive Behavioural Therapy

Most of the papers reviewed on treatment for sexually abused children and young people provide evidence for the benefits of CBT. Benuto and O'Donohue's (2015) synthesis of previous meta-analyses on treatment outcomes for sexually abused children and young people included seven studies with small to medium effect sizes.

They found CBT to be superior to other treatment models and concluded that it was particularly effective for behaviour problems, self-concept, PTSD, and caregiver outcomes, although the authors warn that even CBT effects are moderate at best. This caution reflects that of two earlier reviews (Sanchez-Meca et al 2011, McDonald 2006, 2012).

Sanchez-Meca and colleagues' (2011) less stringent meta-analysis included 33 papers reporting on 44 treatment groups and 7 control groups. The researchers found a statistically and clinically significant difference between pre- and post- treatment groups on all measures. In contrast the control groups showed no improvements. Significant differences among the varied psychological treatment methods were found for the global outcome measure, sexualised behaviours, and behaviour problems. In general, TF-CBT combined with supportive therapy and a psychodynamic element (eg. play therapy) showed the best results. They conclude that

'[o]ur results show that CBT is more effective when it is combined with supportive therapy and/or some psychodynamic component (e.g., play therapy). Mixing these treatment elements enables us to simultaneously treat the feelings, thoughts, and behaviours of the abused children' (p87).

McDonald and colleagues (2006) undertook a systematic review of cognitive-behavioural intervention for children who had been sexually abused, which they repeated in 2012. The later review aimed to assess the efficacy of cognitive-behavioural approaches in addressing the immediate and longer-term consequences of child sexual abuse. Ten trials involving 847 participants were included. All studies examined CBT programmes provided to children or children who had experienced sexual abuse and a non-offending caregiver. Overall, the methodological rigour and quality of the included studies was deemed poor. The primary outcomes measures used were: depression; PTSD; anxiety; and child behaviour problems. Although the findings suggested CBT may have a positive impact on outcomes, most results were not statistically significant. Where significant differences were evident, this was in respect to moderate reductions in PTSD and anxiety symptoms. Importantly, no adverse effects were reported from any of the studies. The conclusions reached in the 2012 paper mirror those of the earlier 2006 systematic review that although CBT seems to have the potential to reduce the adverse consequences of child sexual abuse, the limitations of the evidence base restricts our abilities to draw any substantive conclusions on both its scope and long-term impact.

The primary research studies on treatment programmes included in the review illustrate the nature of the evidence particularly as regards TF-CBT. An RCT (Cohen et al 2004) undertaken in two sites included 229 children aged 8 to 14 years, referred to a psychiatric clinic with significant PTSD symptoms, and their parents. Those children assigned to TF- CBT demonstrated more improvement with regard to PTSD, depression, behaviour problems, shame and abuse-related attributions than those who received child centred therapy and their parents/carers showed greater improvement

on measures of depression, abuse-specific distress, support of the child and effective parenting.

A second paper from the same team (Cohen et al 2005) reported on a 12 month follow-up of a cohort of 82 children aged 8-15 years and their primary caretakers who were randomly assigned to either TF-CBT or non-directive supportive therapy, both were delivered over 12 sessions. This group of sexually abused children had been referred to a psychiatric clinic with significant symptomatology which included PTSD and other disorders. Those children assigned to TF-CBT showed greater improvement in anxiety, depression, sexual problems and dissociation at 6-month follow-up and in PTSD and dissociation at 12 month follow-up. However, a high dropout rate among the group receiving non-directive supportive therapy is a limitation of this study.

In a third paper, Cohen and colleagues (2007) examined the benefits of adding a selective serotonin reuptake inhibitor (setraline) to TF-CBT as compared to a placebo in a group of 24 girls aged 10-17 for 12 weeks. While both groups showed significant improvement on a range of outcome measures, there was little evidence for the benefit of adding medication to the TF-CBT and the small sample sizes in this study limited the significance of the findings. The researchers conclude that medication should only supplement therapy if and when the individual child's situation indicates a need for it.

Including a Narrative Component in Therapy

Two further papers from a team that included some of the researchers from the Cohen et al studies reported above examine short and medium-term effects from an RCT that tested the impact of adding a trauma narrative component to TF-CBT for children who had experienced child sexual abuse. This involved children being assisted to produce a detailed account of the sexual abuse experiences which they discussed with the therapist and the non-offending parent. The length of treatment was also varied with half the sample randomly assigned to receive 8 sessions while the other half received 16 sessions. The study included 210 children aged 4-11 years all of whom had PTSD symptoms. In reporting the immediate effects, Deblinger and colleagues (2011) found that the 8 session intervention that included the narrative component appeared the most efficient and effective means of reducing children's abuse-related fear and general anxiety as well as ameliorating parents' abuse-specific distress. However, parents assigned to the 16 session programme with no narrative component, where more time was devoted to strengthening parenting, reported greater increases in effective parenting practices and fewer externalising child behavioural problems.

The same cohort of children and parents were followed up at 6 and 12 months by Mannarino and colleagues (2012) when the sample had reduced in size to 158 children and their parents. This study found that the positive effects of treatment had been sustained regardless of the number of treatment sessions received and whether or not a narrative component had been included in therapy. However, there were relatively

small numbers of children in each of the four arms of the study.

Dietz and colleagues (2012) also explored the impact of incorporating a narrative component into a US study of group therapy for 153 children (most of whom were female) aged between 7 and 17 that also considered the benefits of incorporating dogs into the therapy. Three types of community based therapy delivered over 12 sessions were evaluated: the standard therapy groups with no dogs or narrative component (n=32); groups that devoted an average of 4 sessions to animal-assisted therapy using dogs (n=60) and groups that included both dogs and a narrative component that involved the dogs (n=61). Children in the groups that included dogs showed significant decreases in symptoms of anxiety, depression, anger, PTSD, dissociation and sexual concerns. Those who participated in the group with a narrative component showed significantly more change than the other groups. The authors recommend that others consider introducing animal assisted therapy into treatment for children who have experienced child sexual abuse. It should be noted however that the approach described in this paper is reliant on having locally available and registered animal therapy organisations.

Other Therapeutic Approaches

A review by Parker and Turner (2013; 2014) highlights a substantial problem with the current evidence base. They sought to determine the effectiveness of psychoanalytic/psychodynamic psychotherapy for children and adolescents who had been sexually abused. Only randomised and quasi-randomised trials were included in the search, including studies that compared those who received such therapies with a control group receiving treatment as usual or who were receiving no treatment but on a waiting list. No studies were identified that met the inclusion criteria and the authors argue that this is a substantial gap in our knowledge. An RCT by Trowell and colleagues (2002) in the UK (and not therefore included in the present review on lesson learnt from other jurisdictions) addresses the gap in research on other types of therapies for sexually abused children and young people. Trowell and colleagues compared outcomes for 71 sexually abused girls aged 6 -14 years, randomly assigned to focused individual psychotherapy treatment (30 sessions) or to psychoeducational group therapy (18 sessions). The researchers found a substantial reduction in psychopathological symptoms and improvements in functioning for both individual and group treatment therapies. The individual psychotherapy however led to greater improvements in PTSD symptoms. This research has a relatively small sample and may not have been included in the review by Parker and Turner (2014) because it lacked a waiting list or treatment as usual control group. Also in the UK, so not included in this review is research conducted for NSPCC by Carpenter and colleagues (2016) which was a 'pragmatic, real world' RCT of a largely psychodynamic therapeutic intervention with children affected by sexual abuse, *Letting the Future In* which had promising findings of reduced trauma symptoms for older children and young people (aged 8 to 17 years) who received the intervention compared with children and young

people in the waiting list control group.

The fact that the evidence base is heavily concentrated on the effectiveness of CBT with very little robust evidence available on other forms of therapy needs to be acknowledged.

Benuto and O'Donohue's synthesis (2015) concludes that "eclectic" or play therapy may be best for social functioning problems, however precisely what intervention strategies contribute to improved outcomes for what presenting problems (e.g., behavioural problems, anxiety and so on) remains unclear.

Length of Therapy and which Children Benefit?

Benuto and O'Donohue (2015) found that treatments of longer duration were associated with greater treatment gains although it was unclear what treatment "dosage" was necessary for clients to experience treatment improvements. This finding is consistent with that of Trask and colleagues (2011) who included 16 studies with 852 participants in their meta-analysis examining treatment outcomes for the most common negative impacts of sexual abuse in children and young people under 18: PTSD symptoms, externalising problems, and internalising problems. Results revealed medium effect sizes for PTSD symptoms, externalising problems, and internalising problems. They found that longer interventions were associated with greater treatment gains. Older children benefited more from treatment than younger children, which may be due to older children being better able to understand the cognitive component of treatment programmes. The authors argue that treatments need to be carefully developed to match younger children's age and ability. Boys were found to benefit slightly more than girls, although the authors warn that two studies which included a very high proportion of male victims may account for this finding. Ethnicity did not impact on treatment outcomes.

Harvey and Taylor's (2010) meta-analysis of psychotherapy treatment outcome studies for sexually abused children and adolescents covered 39 studies. Most interventions aimed to treat the psychological effects of childhood sexual abuse. Overall, they located a large effect size for global outcomes and PTSD/trauma outcomes. More moderate effect sizes were evident for, in descending order: internalizing symptoms; self-appraisal; externalizing symptoms and sexualized behaviour. However, only a small effect was found in relation to measures of coping/functioning, caregiver outcomes and social skills/competence. They found that these effects were maintained more than six months following treatment for some outcome domains but not others. However, the presence of probable moderators of treatment outcome varied across outcomes domains, reflecting the importance of targeting therapy to individual needs, especially in relation to trauma-related outcomes. The authors argue that 'therapy approaches may be more effective when tailored to the individual needs of the child or young person, taking into account their specific symptom constellation, development, context, and background. In determining what is effective in treatment for children and young people, a "no one size fits all" approach is necessary, and future research and

practice would do well to bear this in mind' (p532).

Group Therapy

Benuto and O'Donohue's (2015) synthesis found that a lack of certainty as to whether individual, family, or group format produced superior treatment gains. Trask and colleagues' (2011) meta-analysis found that group and individual treatments were equally effective. However, group therapy is potentially a more efficient approach to treatment and this review included two papers evaluating community based group therapy for French Canadian adolescent girls who had experienced CSA. Tourigny and colleagues (2008) evaluated weekly group therapy delivered to 4 groups of girls (n= 27) over 20 weeks. A control group of 15 girls who did not receive therapy was utilised but these two groups were not well matched which limits the significance of the findings. Following the intervention, those attending the group therapy showed significant improvements when compared with the control group on measures of post-traumatic stress, behavioural problems, coping strategies, relationships with mothers and sense of empowerment.

A second paper by the same team (Tourigny & Hébert 2007) compared the outcomes for French Canadian adolescent girls participating in either open therapy groups (n=13) which recruited participants on a rolling basis or closed groups (n=29) where group membership was fixed. This study also used a control group (n=13) which, like that used in the study reported above, was poorly matched with the intervention group. It seems likely that there was overlap between the two studies but this is not explicit. The evaluation found that both types of group therapy were associated with significant improvements of the same type as reported in the study above.

Modular approach

A promising development in the area of therapies and interventions aiming to prevent the recurrence of abuse is ongoing research into modular approaches to interventions. These approaches recognise the limitations of single problem or single intervention focused evaluation studies, considering variations in problem type (such as the type and duration of abuse or maltreatment and overlapping impacts) and context (often considering moderating factors such as age, gender, ethnicity and so on) and aim to identify common elements found in evidence based, gold standard practice. Research by Chorpita and Daleidan (2009) is worthy of mention as an example of this approach (although it is a study not specifically directed at responses to child sexual abuse and exploitation therefore not included in this review). Chorpita and Daleidan (2009) reviewed 322 RCTs covering 615 different mental health interventions for children and young people taking into account treatment procedures and variations in client factors to distil the 'common elements' of successful practice. A specific methodology, the distillation and matching model (DMM), was developed to empirically assess these common elements. This draws on data mining approaches to code and map frequency patterns of practice elements in the different studies to empirically develop 'distillation

trees' that map approaches according to the variables of interest (such as client age, gender, disorder type and so on). Chorpita and Daleidan found from analysis of successful treatments that there are a large number of practice elements that differ according to the variables of interest. A major difference was found for practice elements according to the child problem area. Altogether 41 practice elements were identified.

Although mostly UK based (and also not included in this review of messages from other jurisdictions), Bentovim and Elliott's work on the *Hope For Children and Families* modular approach (2014) is similarly worthy of a mention as it draws on and develops Chorpita and Daleidan's (2009) study, considering the messages from RCTs on common practices in effective treatment to prevent further child maltreatment. Bentovim and Elliot apply a common factor framework that asserts that the personal and interpersonal components of an intervention (such as alliance, client motivation, therapist relationships and so on) influence treatment outcomes to a significant extent regardless of specific treatment intervention type. Twenty six 'gold standard' research studies were identified and from these 43 common practice elements were distilled. Fifteen common practice elements were identified targeting child victims of sexual abuse, with six targeting their parents. These grouped around psychoeducational approaches on the impact of child sexual abuse, CBT procedures to manage exposure to traumatic thoughts and so on, relaxation, problem solving and relationship building skills and psychoeducational procedures for parents on coping and positive parenting. Eleven common elements were also identified from effective programmes working with children and young people with harmful sexual behaviour, and six targeting their parents. These included CBT processes to manage harmful behaviours. Working with experienced practitioners, Bentovim and Elliott integrated findings from the common factor framework into an assessment model (based on the UK's Common Assessment Framework) and developed a modular training resource for professionals, with a specific resource on working with sexually abused children and children with harmful sexual behaviour. This modular resource allows a practitioner to choose which module fits with the assessed needs of the child and family. This is currently being tested in the UK.

6.7 Child welfare

In many nations, the UK included, support for victims and survivors of sexual abuse and sexual exploitation should be provided by child welfare services, in the UK through social workers. However, for sexually exploited children, especially trafficking victims the levels of support provided have been found to be variable and often not appropriate to a child or young person's needs. Research for the NSPCC (Pearce et al, 2010) for example found that trafficked young people rarely had a consistent and supportive relationship with a social worker and this meant it was impossible for them to develop trust that would enable them to disclose their experiences and get the support needed.

ECPAT have campaigned for a system of guardianship to be introduced for child victims of trafficking arguing that these have been established successfully in countries such as the Netherlands. A system of guardianship would also enable trafficked young people to access the specialist support they are entitled to such as compensation. It has been suggested that a guardianship scheme would also help to prevent trafficked children from going missing from care (ECPAT, 2011). Crawley and Kohli's (2013) evaluation of the Scottish Guardianship pilot service for asylum seeking and trafficked children included interviews with and case file studies of small numbers of young people who had been trafficked. The evaluation was largely positive and includes accounts of Guardians assisting trafficked young people to understand the roles of different health providers, providing encouragement and support to access mental health services, accompanying them to specialist appointments and reinforcing and contributing to ongoing interventions. A publication by ECPAT sets out the essential components of a guardianship scheme (Kaur, 2011).

Kohli and colleagues (2015) also evaluated Barnardo's UK advocacy service for trafficked children and young people; just under a third of those who received this service had experienced sexual exploitation. The advocates brought specialist knowledge of trafficking to health assessments and other statutory meetings and represented children's views and feelings. Although there was no evidence that the advocacy service prevented trafficked children going missing, advocates ensured a coordinated response when this happened. They also accompanied children to court proceedings, provided support and explanations and gave expert evidence about the impact of trafficking. Children were very positive about the service as were most stakeholders. Advocacy was found to: assist in building trusting relationships and help children navigate complex circumstances; speak up for children and act in their best interests; maintain momentum when required and improve decision making as well as spreading expertise in trafficking.

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 2011). Capacity, resources and good multi-agency working arrangements are not always available, however.

6.8 Voluntary sector, faith based organisations and independent services

In the UK voluntary sector agencies have played a major part in providing support for child victims of sexual abuse and exploitation. Evaluation evidence is developing however few studies have been done that meet the quality criteria for a 'good' evaluation outcome.

A report for the US Congress by Finklea and colleagues (2015) comments on the lack of evidence to for programmes and interventions for dealing with child sexual exploitation and sex trafficking in the USA. However, they do highlight a 'promising' piece of research by Cohen and colleagues (2011) looking at programmes delivered by a not for profit organisation in San Francisco. Sage Project Inc. runs two programmes, one for young women and 'Lifeskills' for girls aged 15 to 17 who have been sexually abused and/or involved in child sexual exploitation. Delivery includes a one to one and group support for girls referred from various agencies. An independent evaluation for the National Institute of Justice found that the programme resulted in reduced criminal justice referrals and fewer participants were victims of sexual assault. Furthermore, young women had improved self-efficacy and educational aspirations. The evaluation comments on challenges with programme fidelity and notes that groups which combined girls who had experienced CSE with those who had not were less effective.

6.9 Online

Although promising psychosocial support responses for victims of child sexual abuse may also be relevant 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).

6.10 Gaps in the research

There are gaps in research knowledge on effective responses for supporting children and young people of different ages exposed to the wide range of sexually abusive and exploitative experiences they may have had. Further high quality research on responses for online victims and trafficking victims would be helpful.

Promising findings on CBT responses exist but there is a need for research on other forms of therapeutic support across the spectrum, including creative play and drama therapies, which may be relevant for children and young people who feel alienated and less willing to engage with support services. There is also a need for robust evaluation of therapeutic interventions for younger children.

While there exist some findings from qualitative research that victims and survivors tend to want justice, fair treatment and recognition of the harm sexual abuse has caused and are less interested in financial compensation, the advantages, disadvantages, sources of funding and potential costs of victim compensation schemes warrant further investigation.

6.11 Description of the evidence on support for victims and survivors

Eighteen papers were included in the review. Six were systematic reviews, nine were quantitative studies (eight quantitative evaluations and one quantitative non-evaluation study) and two were based on qualitative research. Fifteen out of the eighteen studies looked at the effectiveness of different treatment programmes for the recovery of victims and survivors. Seven of the studies originated from the USA, two from Canada, one from Germany and one from Scotland.

Table 5: Support for Victims and Survivors

Reference	Study Type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Benuto, L. T., and O'Donohue, W. (2015), Treatment of the sexually abused child: Review and synthesis of recent meta-analyses, <i>Children and Youth Services Review</i> , 56, pp. 52-60.	Systematic Review	-	Mental health	Treatment for sexually abused children under 18	Synthesis of meta-analyses		Synthesis of previous meta-analyses found that the following were associated with increased treatment efficacy: agency compared to research settings; longer treatment, play therapy (for social functioning); CBT for behaviour, PTSD and caregiver outcomes. Noted that there was limited evidence on format of treatment (i.e. group, family or individual therapy).
Cohen, J. A., Mannarino, A. P., and Knudsen, K. (2005), Treating sexually abused children: 1 year follow-up of a randomized controlled trial. <i>Child Abuse & Neglect</i> , 29(2), pp. 135-145.	Quantitative evaluation	USA	Mental health	CBT in 12 weekly sessions for children who were sexual abuse survivors compared to child-centred therapy	Randomised control trial, 1 year follow up	82 children and their caretakers	Shows durability of TF-CBT: the TF-CBT group evidenced significantly greater improvement in anxiety, depression, sexual problems and dissociation at the 6-month follow-up and in PTSD and dissociation at the 12-month follow-up

Reference	Study Type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Cohen, J. A., Mannarino, A. P., Perel, J. M., and Staron, V. (2007). A pilot randomized controlled trial of combined trauma-focused CBT and setraline for childhood PTSD symptoms, <i>Journal of the American Academy of Child & Adolescent Psychiatry</i> , 46(7), pp. 811-819.	Quantitative evaluation	USA	Mental health	12 week TF-CBT with SSRI setraline vs TF-CBGT with placebo	Pilot randomised control trial, pre and post test measures using of K-SADS-PL and CGAS scales administered to children and parents Global Assessment Scale (CGAS).	22 children aged 10-17 and their parents	Did not show benefit of adding setraline to CBT. States the evidence supports an initial trial of TF-CBT or other evidence-supported psychotherapy for most children with PTSD symptoms before adding medication
Cohen, J. A., Deblinger, E., Mannarino, A. P., and Steer, R. A. (2004). A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms, <i>Journal of the American Academy of Child & Adolescent Psychiatry</i> , 43(4), pp. 393-402.	Quantitative evaluation	USA	Mental health	CBT in 12 weekly sessions for children who were sexual abuse survivors compared to child-centred therapy	Randomised Control Trial, using behaviour measures at pre and post test (12 weeks)	203 children aged 8 -14 years and their caretakers	CBT was effective for children who had experienced multiple traumas, in regard to PTSD, shame, depression and behaviour problems. Parents in the TF-CBT group had improved scores on depression, distress and effective parenting and support for the child.

Reference	Study Type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., and Steer, R. A. (2011), Trauma-focused cognitive behavioral therapy for children: impact of the trauma narrative and treatment length, <i>Depression and Anxiety</i> , 28(1), pp. 67-75.	Quantitative evaluation	USA	Mental health	Studied the differential effects of TF-CBT with or without the TN component in 8 versus 16 sessions.	Randomised control trial	201 children aged 4-11 (mean age 7.7) and their parents. 61% girls, 65% white, 14% African-American, 7% Hispanic, 14% other ethnic group.	TF-CBT, regardless of the number of sessions or the inclusion of a TN component, was effective in improving participant symptomatology as well as parenting skills and the children's personal safety skills
Dietz, T. J., Davis, D., and Pennings, J. (2012), Evaluating animal-assisted therapy in group treatment for child sexual abuse, <i>Journal of Child Sexual Abuse</i> , 21(6), pp. 665-683.	Quantitative evaluation	USA	Mental health	Evaluation of Dogs with Stories animal assisted therapy	Trauma symptoms questionnaire pre and post intervention, three groups compared: therapy with dogs, dogs only and standard therapy	153 children aged 7 to 17 who were in group therapy at a child advocacy centre. In all three groups majority of participants were female.	Results indicate that children in the groups that included therapy dogs showed significant decreases in trauma symptoms and that children who participated in the group with therapeutic stories showed significantly more change than the other groups.
Harvey, S. T., and Taylor, J. E. (2010). A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents, <i>Clinical Psychology Review</i> , 30(5), pp. 517-535.	Systematic review	-	Mental health	Psychotherapy for sexually abused children	Meta-analysis		Included studies represented diverse treatment approaches, and most treatments were effective in symptom reduction. Presence of probable moderators of treatment outcome varied across

Reference	Study Type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Holger-Ambrose, B., Langmade, C., Edinburgh, L. D., and Saewyc, E. (2013). The illusions and juxtapositions of commercial sexual exploitation among youth: identifying effective street-outreach strategies, <i>Journal of Child Sexual Abuse</i> , 22(3), 326-340.	Non-evaluation qualitative	USA	Voluntary	Street outreach for girls at risk of child sexual exploitation	Qualitative interviews	13 aged 14-22 years (12 female, 1 transgender)	symptom domains, reflecting the importance of targeting therapy to individual needs Participants wanted outreach workers to use “soft words” to refer to exploitation. They expressed contradictory images of their “boyfriend” pimps and their exploitation. They wanted outreach workers to “provide resources,” “be non judgmental,” “listen,” and “care.”
Jackson, S., Newall, E., and Backett-Milburn, K. (2015), Children's narratives of sexual abuse, <i>Child & Family Social Work</i> , 20(3), pp. 322-332.	Non-evaluation qualitative	Scotland	Voluntary	Childline Scotland	Qualitative analysis of calls to a helpline	2986 children who phoned Childline Scotland, 5-18, majority aged 12-16 years	Children’s narratives contained detailed contextual information on their experiences of sexual abuse, sexual offenders and the circumstances in which sexual abuse occurs. The way in which children communicated about sexual abuse was found to differ quite considerably, and the terminology they employed was often markedly different from adult constructs.
Macdonald, G. M., Higgins, J. P. T., and Ramchandani, P. (2006), Cognitive-behavioural	Systematic review	-	Mental health	CBT interventions for sexually abused children	Systematic review		Data suggest that CBT may have a positive impact on the sequelae of child sexual abuse,

Reference	Study Type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
interventions for children who have been sexually abused, <i>Cochrane Database of Systematic Reviews</i> , (4) (no pagination) (CD001930).							but most results were statistically non-significant.
Macdonald, G., Higgins, J. P., Ramchandani, P., Valentine, J. C., Bronger, L. P., Klein, P., O'Daniel, R., Pickering, M., Rademaker, B., Richardson, G., and Taylor, M. (2012), Cognitive-behavioural interventions for children who have been sexually abused. <i>Cochrane Database of Systematic Reviews</i> (Online), 5, CD001930.	Systematic review	-	Mental health	CBT interventions for sexually abused children	Systematic review		The review confirms the potential of CBT to address the adverse consequences of child sexual abuse, but highlights the limitations of the evidence base and the need for more carefully conducted and better reported trials.
Mannarino, A. P., Cohen, J. A., Deblinger, E., Runyon, M. K., and Steer, R. A. (2012), Trauma-focused cognitive-behavioral therapy for children sustained impact of treatment 6 and 12 months later, <i>Child Maltreatment</i> , 17(3), 231-241.	Quantitative evaluation	USA	Mental health	Trauma focused CBT with trauma narrative	Randomised control trial used 14 outcome measures, follow up at 6 and 12 months	158 children aged 4-11 years, 144 parents	Treatment gains were sustained regardless of length of sessions. Differences between groups were not sustained at 12 month follow up. No difference with TN approach, which may be due to the younger age of population in the study
Parker, B., and Turner, W. (2014).	Systematic review	-	Mental health	Psychoanalytic/psychodynamic	Systematic review		There are no randomised and quasi-randomised trials that

Reference	Study Type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Psychoanalytic/psychodynamic psychotherapy for sexually abused children and adolescents: a systematic review, <i>Research on Social Work Practice</i> , 24(4), pp. 389-399.				psychotherapy for sexually abused children			compare psychoanalytic/psychodynamic therapy with treatment as usual, no treatment or waiting list control for children and adolescents who have been sexually abused. As a result, we cannot draw any conclusions as to the effectiveness of psychoanalytic/psychodynamic psychotherapy for this population.
Rassenhofer, M., Zimmer, A., Sprober, N., and Fegert, J. M. (2015). "Child sexual abuse in the Roman Catholic Church in Germany: comparison of victim-impact data collected through church-sponsored and government-sponsored programs." <i>Child Abuse and Neglect</i> , 40, pp. 60-67.	Non-evaluation quantitative	Germany	Voluntary	Critical incident reporting systems in the Catholic Church in Germany and by the German government.	Comparison of two of critical incident reporting datasets	927 individuals, 571 - church CIRS and 356 government CIRS, who had reported that they had experienced childhood sexual abuse within the Roman Catholic Church. Mean age of victims was 55.3 years (SD = 13.0), approximately two-thirds (65.0%) were male, and the majority (86.0%)	Some differences were found between the two groups in terms of gender, the reported frequency of abuse, and the desire for compensation. These differences highlight the need for an effective complaint management system to offer not just one but complementary channels of communication. In addition, the findings confirm the feasibility and value of a CIRS approach and the use of so-called 'citizen science' in politically driven review processes

Reference	Study Type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
Sánchez-Meca, J., Rosa-Alcázar, A. I., and López-Soler, C. (2011), The psychological treatment of sexual abuse in children and adolescents: A meta-analysis, <i>International Journal of Clinical and Health Psychology</i> , 11(1), pp. 67-93.	Systematic review	-	Mental health	Psychological treatment for sexually abused children	Meta-analysis	were currently residing in the Western Federal States of Germany.	Significant differences between treatment and control groups among the various psychological treatment approaches were found for the global outcome measure, sexualised behaviours, and behaviour problems. In general, trauma-focused cognitive-behavioural
Tourigny, M., and Hébert, M. (2007). Comparison of open versus closed group interventions for sexually abused adolescent girls, <i>Violence & Victims</i> , 22(3), pp. 334-349.	Quantitative evaluation	Canada	Mental health	Open group therapy for sexually abused teenagers, 20 week programme	Pre/post test design using range of outcome measures	13 girls in an open group, control group of 13 groups no therapy and third group of 29 girls same intervention but closed group therapy	Results indicate that sexually abused girls involved in an open group therapy showed significant gains relative to teenagers of the control group girls for the majority of the variables considered. Analyses contrasting the two formats of group therapy fail to identify statistical differences suggesting that both open and closed group formats are likely to be associated with the same significant gains for sexually abused teenagers.
Tourigny, M., Hébert, M., Daigneault, I., and Simoneau,	Quantitative evaluation	Canada	Mental health	Open group therapy for sexually	Pre/post test design using	42 female participants: 27	Significant improvement in youth participating in the

Reference	Study Type	Jurisdiction	Sector	Intervention	Methods	Participants	Results
A. C. (2005), Efficacy of a group therapy for sexually abused adolescent girls, <i>Journal of Child Sexual Abuse</i> , 14(4), pp. 71-93.				abused teenagers, 20 week programme	range of outcome measures	experimental, 15 control. Aged 13-17 years (M=14.6).	therapy group compared with the control on measures of post-traumatic stress, internalizing and externalizing behaviour problems, coping strategies, relationship with their mother, and sense of empowerment.
Trask, E. Walsh, K & De Lillo, D. (2011) Treatment effects for common outcomes of child sexual abuse: A current meta-analysis, <i>Aggression & Violent Behaviour</i> , 16, pp. 6-19	Systematic review	-	Mental health	Treatment for child sexual behaviour problems	Meta-analysis		Results revealed medium effect sizes for PTSD symptoms, externalizing problems, and internalizing problems following treatment for sexual abuse. Also examined the potential moderating effects of treatment (e.g., modality, duration, and inclusion of caregiver) and participant (e.g., age, gender, and ethnicity) characteristics. Results indicated that longer interventions were associated with greater treatment gains while group and individual treatments were equally effective.

7. What works? Messages and lessons for England & Wales

In this section the report returns to the key question being addressed by this review; in considering this question the authors were asked to examine *'what does the evidence show is best practice for institutions to prevent/identify/respond to child sexual abuse? Is the UK adopting this approach? If not, are there examples of best practice being implemented where case study examples could be provided?'*

The challenges of addressing the central review question were considered in the introductory chapter and has only been briefly revisited here. The central question being addressed was essentially a policy question about what other jurisdictions do, yet we found limited evidence of robust evaluations of policy and policy implementation. Furthermore, recognising that there are differences in cultural, economic and political factors and in organisational and service delivery frameworks, what worked in one context may not work elsewhere. In some areas, such as interagency child protection, more is known about what is ineffective than about what works well.

Our findings confirm the conclusions of other researchers that the evidence is underdeveloped and limited in many respects (Ward & Donnelly, 2015). These limitations and gaps include:

1. a lack of focus on outcomes and robust evaluations of impact;
2. a general body of evidence that has focused on evaluating the success of single interventions, such as a treatment programme, rather than on the package of responses needed to bring about change in the context of a particular community or society;
3. an inability to compare and monitor trends over time and the impact of policy in the UK and across different jurisdictions due to lack of data, especially on prevalence and incidence rates;
4. the limited nature of research evidence on safeguarding policies within institutions working directly with children and young people.

The shortcomings in the evidence base inevitably limit the conclusions that can be drawn about what different organisations can do to improve their responses. They also raise questions, considered in the introductory chapter, about what is good enough evidence to inform policy and practice (see also Gough, 2007; Nutley, Powell & Davies, 2013; Williams et al, 2015). The approach was pragmatic, taking into consideration the robustness of the research, whether or not research findings helped to answer the main question of the review and might be helpful to inform the development of better policy and practice in England. Recognising that all research knowledge is partial, we

considered the robustness of different types of research evidence, quantitative and qualitative, on their own merits, taking into consideration promising research findings (as defined in the methodology appendix) where these could be found. This chapter will provide a narrative synthesis of the core messages from the review as a more structured or quantitative synthesis would not be possible due to the diversity of evidence covered in earlier chapters.

There are encouraging messages that can be used to create a foundation from which better evidence on outcomes for children can be built, although data on cost effectiveness and effective implementation is very scarce and will need a further review. This chapter brings together the key messages from each of the four response areas considered: primary prevention; disclosure, identification, reporting and protection; control and management of offenders; and supporting victims and survivors. Messages for each response area are structured around two themes into which we have integrated the key questions we were specifically asked to address: What is helpful? How can the evidence be used to inform policy and practice on what organisations can do? We also consider the need for coordination, leadership and commitment to implement a sustained and strategic national response.

Primary prevention

It is generally accepted within policy, practice and research on violence prevention, on child abuse and neglect and on child wellbeing and development that a greater emphasis on prevention is vital to bring about change (Allen, 2011; Butchart & Kahane, 2007; Pinheiro, 2006). Evidence on primary prevention of sexual exploitation is limited but three main types of primary prevention approach were identified:

- interventions to change the attitudes and behaviour that allow abuse to happen;
- interventions to address the situational risks;
- interventions that reduce vulnerabilities and build protective strengths among children and young people.

These types of primary prevention are not entirely discrete and unrelated. Public health prevention approaches and children's rights approaches tend to view all three approaches together as more effective in dealing with the range of factors influencing the likelihood that child sexual abuse and exploitation might occur. Smallbone and Rayment-McHugh (2013) for example, building on theory, research and practice in Australia, propose a comprehensive, field based public health prevention framework covering all levels of ecologically assessed risk among offenders, victims and survivors, situations and communities. We found no evidence of a comprehensive and concerted *national* prevention strategy being implemented in the jurisdictions covered. We found no example of a jurisdiction that had the 'right' balance between prevention

and response but there is evidence of commitment in some areas of primary prevention responses in countries such as Australia, Finland and Norway.

What is helpful

Changing attitudes and behaviour – victim/survivors and offenders.

Moderately good, although somewhat dated, evidence exists to show that school based and pre-school based education programmes on child sexual abuse, mostly delivered by voluntary sector organisations, can be effective in teaching children skills to recognise inappropriate behaviour and improves their knowledge about protective behaviour (Tutty, 1997; Walsh, 2015; Zwi, 2007). The content, delivery and implementation of these education programmes influences their impact and follow ups may be needed to reinforce and sustain learning over time (Walsh, 2015). Whole school approaches that seek to involve pupils, teaching staff, governors and parents in creating a safe school environment and promoting values of violence prevention and respectful relationships inside the school and in the wider community are recognised as best practice (PSHE Association, 2013). An advantage of taking a whole school approach is that responsibility for change does not sit with just one individual, often the PSHE teacher, but is owned by the pupils, their parents, all school staff and governors. The evidence reviewed supports education programmes that are age and developmentally appropriate (Baker et al, 2013; Daigenault et al, 2012; Pitts, 2015; Pulido et al, 2015), that recognise diversity issues (Kenny et al, 2012) as well as the varied forms of child sexual abuse and exploitation that occur across different settings, online and offline, and different institutional contexts. Comprehensive primary prevention that aims to teach children and young people about keeping safe and help them negotiate and develop healthy and respectful relationships is needed. A systematic review of abuse in teenager's intimate partner relationships found some promising evidence from Canada that these approaches can be effective (Stanley et al, 2015).

Organisations such as faith and community groups have an important part to play in primary prevention initiatives and in overcoming the barriers to educating children about safety, healthy relationships and sexuality. Evidence from Australia and the US suggests that by taking the right participatory approach, it is possible to successfully engage culturally diverse communities, parents and children with diverse faiths and belief systems, or disadvantaged and isolated rural communities in education based primary prevention (Kenny et al, 2012; Smallbone & Rayment-McHugh, 2013). Parents can reinforce learning from preventative education. Promising examples of parental involvement in preventing child sexual abuse include the US project *Parents Matter* (Forehand et al, 2007), currently being implemented and evaluated as *Families Matter!* across diverse communities in Africa (Miller et al, 2013), and the Barnardo's child sexual exploitation prevention project *Families and Communities Against Sexual Exploitation* (FCASE) (D'Arcy et al, 2015).

Keeping children safe online presents many challenges as the picture is constantly changing as new networks and routes for communication develop. Online prevention programmes for children, young people and parents such as ThinkUKnow exist but positive evaluation evidence of their impact is still limited and needs further development. Research with children and young people can provide important messages about helpful online safety strategies (Davidson et al, 2009; Kolpakova, 2012; Quayle et al, 2012). This is clearly an important area of prevention education.

Media

Prevention efforts that include raising awareness and social marketing campaigns have been widely used for violence prevention but less often evaluated beyond gathering information on the audience reach (Povalitas, 2015). Media campaigns that promote positive messages, especially for men and boys, have the most promising evaluation results across different jurisdictions (Scheepers et al, 2004; Soul City, 2008). Research on the primary prevention of child sexual abuse using different media from the USA suggests that audience knowledge retention from watching a DVD can be limited unless this is reinforced by providing additional learning resources such as a booklet (Rheingold et al 2007). The main messages for health, governments and children's services wanting to use social marketing or the media is that this can be helpful as part of a wider prevention programme if additional efforts and resources are provided to reinforce learning.

There is evidence that many who sexually exploit young people have no particular paedophilic preferences but are best described as situational offenders accessing children through prostitution because they are available (Altamura, 2013; UN Special Rapporteur, 2015). There is some evidence that regulating demand by prohibiting the purchase of sexual services in countries such as Sweden has had a positive impact on attitudes and behaviour regards street prostitution but it is not known if this has influenced online behaviour and attitudes regards child sexual abuse and exploitation.

Situational prevention

Situational prevention strategies that prevent crime by regulating potential offenders' access to victims are an important part of an overall preventative approach. Preventing access to abusive images and material online by blocking access to sites and removal of content is an example of situational prevention tackling demand where considerable efforts internationally and nationally have been made by organisations such as the Internet Watch Foundation, National Crime Agency and CEOP working with support of industry providers. There is evidence of the successful removal of abusive content through blocking and take down. The UK has been at the forefront of these developments (Missing Children Europe, ECPAT, eNASCO, 2016) and is supporting the implementation of Model Strategies for national action to improve prevention and

response to online abuse and exploitation (WeProtect, 2015).

One aspect of this success has been collaboration with industry, expanding the focus of safeguarding children from being just the concern of children's services to include the full range of institutions with capacity to act and make a difference. This approach has been employed in the area of travel and tourism and child sexual exploitation, involving hotels, transport services and fast food outlets in primary prevention, building capacity through awareness education, introducing codes of conduct and safety standards. Evidence on impact is limited but some promising evaluations were found that suggest these efforts to build capacity for prevention and early identification of vulnerable children within the wider community could be effective (Werneck, 2015).

Approaches to prevent child sexual abuse within specific institutional contexts have been largely situational, looking at employment screening and selection checks and, sometimes, supervision. Vetting and barring policies and pre-employment checks, while important, are limited by their focus on keeping known, previously convicted offenders out of organisations that have contact with children. After substantial reviews of policy and practice, a lot is known about the organisational and systemic problems that contribute to abuse within institutions and there is evidence from Australia, Ireland, the US, Germany, Belgium and the Netherlands that the factors that contributed to the risk of child sexual abuse in the past may well continue to play a part today (Bohm, 2015; John Jay, 2004). Organisational factors that facilitate abuse include:

- privacy and the offender being alone with the child
- persons in positions of trust having little supervision or monitoring
- lack of safeguarding policies
- failure to report or to sanction offenders
- a culture where abuse is normalised
- an hierarchical organisation where it is difficult for junior staff to complain
- lack of adequate complaints system
- a lack of safe space for children who are victimised to tell anyone about the abuse and to have complaints acted on appropriately (Bohm et al, 2014).

Research on abuse in churches found no specific risk factors to identify or predict which clerics are most likely to abuse children as, like other offenders, clerical offenders do not necessarily have paedophilic tendencies. Situational prevention and regulation of the environment to prevent clerics from being alone with children and unmonitored are likely to be the most immediately effective preventive response (Terry & Ackerman, 2008), particularly where a minister or priest has a privileged position of

trust within families and communities enabling substantial access to children and people's homes. The structural, systemic factors, including failure to adequately implement child protection procedures and respond appropriately and transparently to allegations, also need to be addressed and require a shift in commitment to expand the remit of safeguarding especially in faith groups and churches.

Using an ecosystem approach to primary prevention, Wurtele (2012) describes the key elements of effective prevention for youth serving organisations such as sports groups, churches and community based projects. These include:

- national and state policies
- addressing organisational culture through the use of formal and informal structures
- creating formal policies and procedures such as screening policies in the employment of individuals.

Reducing risks and building strengths

Globally and in the UK, many children report having some experience of sexual victimisation and abuse during childhood, with other young people as well as known adults being the most frequently mentioned offenders (Radford et al, 2013; Stoltenbourg et al, 2013; UNICEF, 2014). A lot is known from research on prevalence about the associated developmental risk factors for child sexual abuse (Finkelhor, 2008; Heise, 2011) and increasingly vulnerabilities for child sexual exploitation (Berelowitz et al, 2013). This knowledge is being used currently to inform assessment of needs although further research is needed to validate and test tools used across a range of organisations including health, child protection and the police. There is scope for further development and research into the use of risk reduction and strength building approaches for the primary prevention of child sexual abuse and exploitation.

A recent evaluation of Stop It Now! in the UK, Ireland and Netherlands shows that some actual and potential child sexual offenders are willing to make contact with a helpline to consider what help might exist to prevent abuse (Brown et al, 2014). There is considerable scope to develop and assess the impact of resources that can target, engage with potential offenders and members of the public who are concerned about a person's behaviour. Similar approaches targeting those concerned about their abusive tendencies are reported in other countries such as Sweden and Germany (Cameron et al, 2015).

How can the evidence be used to inform policy and practice?

Current prevention knowledge and practice could inform a more comprehensive strategy. In WePROTECT the UK has taken a lead in the development of online model responses drawing from experience gained from work within the NCA, CEOP and IWF. This learning approach could be expanded across the area of child sexual abuse and exploitation, drawing on comprehensive approaches to primary prevention (Butchart & Kahane, 2007; Smallbone & McKillop, 2015) and frameworks and approaches currently being tested by organisations such as the WHO in the seven strategies for prevention programme (WHO, 2016). Expertise and capacity can be promoted through knowledge hubs bringing together academic research with policy and practice.

Primary prevention through education and awareness raising needs to be broader than the current limited emphasis on teaching children self-protection and safety. A more rounded focus is needed to change the attitudes and behaviour that allow sexual abuse and exploitation to happen in homes and communities, including the online world. One mechanism to ensure this happens would be to pass legislation making PSHE compulsory. Currently schools have limited scope and mandate to engage in primary prevention education. Sex and relationship education in PSHE is only required to be offered to children over the age of 11 years, whereas this review found evidence that prevention needs to start with younger children and the learning reinforced over time. Academies are not required to deliver PSHE. The most recent information from Ofsted (2013) shows that schools were not doing well in providing PSHE. A review from the PSHE Association of the wider literature on effective prevention education provides a case history of Finland showing that rates of teenage abortions increased when policies on sex and relationship education were relaxed and decreased again when made a statutory requirement again (PSHE Association, 2013). The PSHE Association provides a helpful checklist of 11 points for effective implementation of PSHE which could be used to inform the implementation of sex and relationship prevention education. Social media could be used to help deliver a comprehensive public health prevention programme. Given evidence that experiences of violence and abuse often coexist, are inter-related, tend to accumulate over time and have a cumulative impact (Ellononi & Salmi, 2011; Finkelhor, Ormrod & Taylor, 2007; Radford et al, 2011), prevention messages need to cover all aspects of violence that children and young people are exposed to and not just focus on partner abuse or bullying issues.

Broadening responsibility for prevention and child protection beyond children's organisations to include faith groups, churches, community organisations, industry and the private sector is likely to be effective in progressing change at the local and national level. Resources currently exist to support improved child protection in sport through the work of the NSPCC and UK Sport associations such as Sport England. The UK, alongside Australia, Canada and the Netherlands, was cited as an example of

good practice in child protection in sport in a report for the UN (Brackenridge et al, 2010). Commitment from sport organisations is needed to implement and monitor international standards for safety of children in sport (Mountjoy et al 2015). Similar leadership to develop safeguarding could be promoted through the work of the National Response Unit and the UK's proposed centre for excellence on child sexual abuse and exploitation (HM Govt, 2015a).

Efforts to prevent institutional abuse in some organisations are currently limited to mostly vetting and employment checks. Organisations need to review and take steps to reduce the situational and systemic risks that exist for children. Undertaking independent reviews of procedures and making findings publicly available would also improve accountability to children who have been victims and survivor of abuse. The UK has had strong legislation on overseas offending (see chapter 2). Greater emphasis on understanding the drivers of demand and regulating demand is needed globally as recommended by the UN Special Rapporteur (2015). It is clear that more research is needed on the drivers of demand, especially for peer on peer sexual abuse. Efforts to regulate demand for prostitution in general and to remove impunity from offenders and intermediaries may be a further positive step that could be taken to reduce opportunities and start to influence attitudes.

Primary prevention that aims to reduce risks and build strengths among the most vulnerable children could be developed by testing and validating risk assessment methods currently in use. Further work on protective factors from an ecological perspective, could apply this knowledge to design, target and test strengths based prevention initiatives for children, young people and their families and peers.

Disclosure, identification, reporting and protection

As discussed in Chapter four, the identification of children and young people who are sexually abused and exploited is difficult for a number of reasons including the secret nature of the crime and the abusive power relationship between the offender and victim. Child friendly methods to enable disclosure, improve identification, reporting and response are needed to ensure that children and young people are protected and given help as soon as possible.

What is helpful?

Moving beyond disclosure

Traditionally there has been a lot of emphasis on the child being able to tell someone about the abuse through the process of disclosure, with disclosure being the main route into child protection services. The considerable difficulties in disclosing experiences of child sexual abuse or sexual exploitation discussed in Chapter four need to be acknowledged and professionals trained to move beyond reliance solely on

whether or not children disclose. Those working with children and young people should be aware of the barriers to disclosure and how to spot the possible indicators including non-verbal and behavioural indicators, their presentation among children of different ages, for different types of abusive relationship and organisational contexts. For younger children it is important that professionals have an understanding of what sexualised behaviour is relatively common and what might raise concerns (Martin, 2014). Identification in children's social services, education and health particularly needs to be recognised as a process of proactively asking, building a relationship with a vulnerable child or young person and collecting information from a range of sources over time (Schaeffer et al, 2011). There appears to be no evidence that children's drawings can be used reliably to identify sexual abuse (Allen & Tussey, 2012). The clinical indicators of child sexual abuse remain uncertain with questions still raised about genital herpes (Reading et al, 2007) and insufficient information from early identification to inform screening in a clinical context (Bailhache et al, 2013). There is promising evidence for health on the positive effects of proactive engagement approaches with sexually exploited adolescents. Research on health responses, in Texas for example, found improvements in identification in sexual health services where young people suspected of being sexually exploited were invited for a second examination appointment (Gavril, 2012).

Training can improve professional knowledge on identification and reporting (McMahon-Howard & Reimera, 2011), although evidence from programmes such as *Stewards of Prevention* in the USA shows further research is needed to fully explore the impact on reporting (Letourneau et al, 2016). Training needs to be supported with resources for professionals and others working in organisations in contact with children.

Parents and carers play an important part in keeping children safe and while there is emerging and promising work developing in the UK (for example for child sexual exploitation PACE's relational safeguarding approach, Palmer & Jenkins, 2014), further research is needed to evaluate these projects and develop appropriate resources.

There has been significant progress in the identification of victims and offenders of online child sexual abuse and exploitation through collaborative international efforts, such as Interpol, Europol, the Global Alliance Against Child Sexual Abuse Online (Jeney, 2015) and investing in a proactive approach to identifying online victims and offenders. The UK has been at the forefront of many of these developments in good practice and is now taking this further and sharing and developing expertise through the work of WePROTECT.

Mandatory reporting

Opinion is mixed among academics and practitioners about the need for mandatory reporting, with concerns about unhelpful over reporting creating additional pressure on services and harm to families put through unnecessary investigations (Wallace and Bunting 2007; Gilbert et al, 2008). Research into mandatory reporting in Australia confirms that mandatory reporting can increase reports of child sexual abuse but also the number of cases investigated but not then substantiated (Mathew, Ju Lee and Norman, 2016). There is however no agreement that a referral and assessment by social care is necessarily harmful. Indeed, some researchers have argued that going through an assessment 'front door' is an essential part of early help, enabling families who fall below the threshold of intervention for child protection services to get access to support across the continuum of need (Mathew, Ju Lee and Norman, 2016; Wekerle, 2013). However, increasing the volume of referrals to social care without substantial investment and increased resources is more likely to increase bureaucratic filtering processes than it is to produce high quality assessments. Further research is needed to understand how such processes operate in practice. At the time of publication, the outcome of the Home Office review into Mandatory Reporting was not known.

Building capacity

As is the case in other countries such as the US, the UK has guidance on interviewing, evidence gathering and supporting children through the process of investigation and prosecution, the ABE guidance (2011). Unfortunately, the guidance is frequently not implemented leaving child victims in vulnerable positions in the justice system (Beckett and Warrington 2015; CJI, 2014; Hayes et al. 2011; OCC, 2015; Plotnikoff and Wolfson 2009). Training supported by use of an interview protocol, such as the NICHHD protocol used in the USA, has been found to improve the quality of information professionals gather from investigative interviews with children (Benia et al, 2015). As recommended by the CJI report (2014), training to ensure that ABE guidance is implemented effectively in England is needed. There is though no evidence that protocols can entirely overcome the significant barriers to disclosure that exist for younger children, boys and for children abused from an early age (Lippert et al, 2009) and further work is needed on these issues.

There is good evidence from Australia and the US that promoting expertise and good practice through specialist mobile teams or task forces can have a positive impact on the identification, reporting and response to child sexual abuse and exploitation (Bailey et al, 2015; Mace, 2015; Powell & Wright, 2012). For health, use of new technologies such as telemedicine can help promote access to specialist skills (Miyamoto et al, 2014). Research from Australia found that proactive approaches to involve the wider community in identification and reporting had a positive impact on reporting rates, arrests, prosecution and convictions for child sexual abuse cases (Bailey et al, 2015; Mace, 2015). This affirms findings on primary prevention discussed earlier that wider

community engagement is an important part of good practice, particularly if there are cultural barriers to reporting cases of child abuse to the police.

Child friendly service development

There is promising evidence on the effectiveness of identification, investigation and response offered for sexually abused children in specialist and child friendly, co-located multi-disciplinary services such as the National Children's Advocacy Centers in the US (Benia et al, 2015; Cross et al, 2008; Jones et al, 2007; Lippert et al, 2009; Miller et al, 2009) and the Children's Houses (or *Barnahus*) established in Iceland and now in several other countries across the world. The *Barnahus* model currently being piloted in England may hold important messages for developing good practice in the UK context.

There is some developing qualitative evidence that the stress of interviewing may be reduced by the use of canine therapy (Krause-Parello & Gulick, 2015) and preparing the child and carer for the medical examination by use of a video beforehand (Rheingold et al, 2013).

What is not known

Staff working in health care, schools and in early years children's services are in a good position to improve early identification and to work proactively with vulnerable children and young people. Efforts have been made with staff in health and in education to improve the identification of children vulnerable to sexual exploitation (DfE, 2015; NWG, 2015; PHE, 2014; 2015) but, in keeping with other inquiries (OCC, 2015) we found little evidence of a recent specific focus on identification and early help for children vulnerable to sexual abuse. Recent research in the UK on methods to improve identification and early help for child sexual abuse appears to be particularly thin and further work is needed in this area. Research to validate the indicators used to assess risk of child sexual exploitation would also be helpful to inform primary prevention work and need assessments.

How can the evidence be used to inform policy and practice?

Adequate resources to allow local authorities to cope with an increase in referrals, assessments and investigations would be needed if mandatory reporting is to be introduced. Research from Australia shows initially a large upwards peak in reports can be expected and resources must be in place to manage these (Mathews, Ju Lee and Norman, 2016).

As part of a package of responses to improve prevention and early identification of child sexual abuse and exploitation, training for teachers and greater involvement of schools in safeguarding policy is needed. The school itself also needs to provide a safe space for disclosure to take place (OCC, 2015), taking into account the systemic and

organisational factors that make disclosure difficult as well as the research of children's experiences of trying to tell and not being heard (Cossar et al, 2013). Good practice in PSHE (PSHE Association, 2016) could be drawn upon to inform a 'whole school approach' focusing on the responsibilities for safety among all school staff, pupils and their parents (Stanley et al, 2015).

Findings from this review (Bailhache et al, 2013) could inform further research to validate risk indicators in health settings before the proposed introduction of routine inquiry to identify sexual exploitation as recommended by *Tackling Sexual Exploitation* (HM Govt, 2015a).

Learning from the child centred focus of the *Barnahus* approach has implications for the development of good practice in identification and response. Establishing and evaluating a similar model in the UK was recommended by the Children's Commissioner (OCC, 2015) and would be in keeping with good practice developments of this approach in other European countries and with identification of good practice by the Lanzarote Committee (COE, 2015). There are also promising messages on how best to create child friendly interviews, implementing existing guidance, developing information and resources for children, their families and practitioners.

Control and management of offenders

This area of the review yielded the highest number of studies, reflecting the expansion of research in this area in recent years. Most of the research and policy has focused on adult sexual offenders although recently efforts in policy and research have begun to shift to explore the diversity of sex offending behaviour across a spectrum of risk and to look at options for management of those who are not in the category of high risk and being convicted. A finding from this review was that policy and research evidence on sex offender treatment in many jurisdictions have not always been in harmony.

What is helpful

The review produced findings on five areas of evidence on the management of sexual offenders: use of prosecution and sanctions; regulation and monitoring; treatment for adult offenders; treatment of harmful sexual behaviour of children; restorative justice approaches. Messages from each area will be briefly considered before discussing the implications for England.

Use of prosecution and sanctions

The UK is regarded as having some of the strongest legislation to respond to sexual offenders in the world and has recently been further strengthened by changes introduced by the government strategy *Tackling Child Sexual Exploitation* (HM Govt, 2015a). Data gained from the police via freedom of information requests made by the

NSPCC found an increase in recorded sexual offences against children from 16,667 in 2010-11 to 30,698 in 2014-5 (Bentley et al, 2016). Despite the growth in recording and prosecution rates, there is evidence that much sexual offending goes undetected and falls from the process of prosecution, particularly sexual abuse within a home environment (OCC, 2015). Inquiry findings on sexual abuse within organisations such as churches and institutional care highlight a history of ineffective action with failure to implement safeguarding guidance and few cases referred for prosecution (Bohm et al, 2014). Further work is needed to explore these issues.

Regulation and monitoring

Commonly used policies such as sex offender registration, notification schemes and residency restrictions evaluated in the US found these have not been effective in reducing recidivism and may work against factors known to aid offender rehabilitation, such as finding stable employment (Bonner-Kidd, 2010; Letourneau et al 2010; Sandler et al 2008). In the UK, substantial resources are put into community management of offenders by probation services and MAPPAs coordinate and implement policies to increase surveillance and policing activities such as disruption plans. Researchers have explored the effectiveness of sex offender risk assessment and risk management methods in identifying those in need of high levels of supervision (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.

Treatment for adult offenders

The findings from meta-analyses and systematic reviews on sex offender treatment programmes using CBT based methods or CBT with pharmacological treatment are mixed, and though some positive findings have emerged, they are limited (Hanson et al. 2009). The impact on reducing recidivism is not clearly established (Dennis et al. 2012; Langstrom et al, 2013). The most positive message to emerge from the sex offender response literature was that responses are more likely to be effective if they can address the type of offence and level of risk, the offender's criminogenic needs and learning style and abilities (Hanson et al. 2009).

Some positive messages about offender engagement in services were found showing that offenders found organisational and management of treatment important factors influencing decisions to drop out or remain on a programme (Dropeau et al, 2004; 2005).

Treatment of harmful sexual behaviour of children

For young people who present with harmful sexual behaviour, responses developed for adults are less relevant as only a small proportion are likely to persist with offending behaviour as adults. However, those who drop out of programmes tend to have higher

rates of sexual offence recidivism (Laing et al, 2014). Research messages and practice responses do not match as the most common practice responses for treatment, based on CBT have less research evidence to support their use for adolescents than responses such as multi systemic therapy, which is less often used in the UK (Dopp et al, 2015). Family and caregiver involvement in the treatment of young people who present with harmful sexual behaviour seems to be effective (Halse et al, 2012; St Amand et al, 2008). While peer sexual abuse is a common experience we found little evidence on effective responses to this problem. This appears to be a significant gap in research knowledge and in practice responses.

Restorative justice

Research evidence on more inclusionary restorative justice approaches to sex offender treatment such as Circles of Support and Accountability shows promising results from Australia (Daly, 2013) and the US (Wilson et al, 2007), but has had high levels of programme attrition and to date has been based on relatively small samples (Wilson et al, 2010). Similar programmes are currently in use in the UK and the evidence on impact is likely to grow.

What is not known

By focusing mostly on convicted offenders, the research literature on working with sexual offenders has focused on a very small proportion of the greater range of people likely to sexually abuse and exploit children and young people. Research on child welfare and education services responses towards adult offenders appears to be particularly weak with no studies in this review that addressed this topic, particularly for cases where child protection steps have been taken but a conviction of the offender has not succeeded. Research on the roles and good practices within organisations in contact with non-convicted sexual abusers and exploiters of children would be welcome. Further work is needed on how to increase prosecution and use of appropriate sanctions on offenders in institutional contexts. Although growing, more research on different approaches to treat young people with sexually harmful behaviour would be helpful particularly where there has been peer on peer abuse.

How can the evidence be used to inform policy and practice?

The key message from the review is the need to expand the focus on managing sexual offenders to include a wider group. As recommended by the Children's Commissioner (2015), although the UK has tough laws on sex offending, the majority of cases of abuse and exploitation go nowhere near the criminal courts. The focus has begun to shift away from just adult sexual offenders against children and online offenders to include offenders not yet convicted under provisions made for sex offender risk and harm orders. More needs to be known about what is currently being done to control those not convicted but identified as having harmed a child across a range of

organisations such as the police, child protection social work, by children's organisations and mental health. Known and family abusers are likely to be majority of those encountered by social workers, teachers and family courts.

There are welcome trends in the research to consider the diversity of offenders and offence types. Responses to peer abusers need further attention.

Findings from this review could be used to inform the National Institute for Health and Care Excellence guidance on managing harmful sexual behaviour among children and young people to be published this September (HM Govt, 2015a).

Supporting victims and survivors

The needs of children and young people who are victims/survivors of sexual abuse and exploitation will vary in relation to the specific experiences and impact of the abuse. Not all young people will necessarily want to be helped due to the nature of the grooming relationship between offender and victim. Research with young people has identified the types of responses likely to be helpful (Beckett & Warrington, 2015). Services needed may include advice, information, practical help, outreach, health care, specialist support and help with recovery (Pearce et al, 2003).

A major challenge in providing adequate support for child or adolescent victims of child sexual abuse has been the lack of service provision to meet levels of need. There are significant gaps in the availability of relevant support and therapeutic services for child victims of sexual abuse in the UK (Allnock et al, 2010; Coy et al 2007; Scott & Skidmore 2006). Children with disabilities and those from Black, Asian, Minority Ethnic and Refugee (BAMER) backgrounds are under-represented in support services. While there has been recent investment in specialist child sexual abuse services, funding for services that address significant risk factors such as exposure to domestic violence and abuse has declined.

What is helpful

Pro-active outreach and guardianship schemes have been recommended to improve access to specialist support for trafficked and sexually exploited young people (ECPAT, 2011; Pearce et al, 2010). Research from Scotland on guardianship schemes for trafficked children shows positive results including accounts of Guardians assisting trafficked young people to understand the roles of different health providers, providing encouragement and support to access mental health services, accompanying them to specialist appointments and reinforcing and contributing to ongoing interventions (Crawley & Kohli, 2013). Further research looking at Barnado's advocacy service found that, although advocacy does not prevent young people from going missing, advocates ensured there was a coordinated response if this happened (Kohli, 2015). Advocacy schemes are scheduled to roll out nationally.

Health services, especially sexual health, are an important point of contact for sexually abused and exploited children and young people and provisions have been made to ensure there are resources to help them provide appropriate support (DH, 2014; HM Govt, 2015a). In the UK complex gatekeeping systems and language barriers that impede access to health services for trafficked sexually exploited young people (Stanley et al, 2016) need to be addressed.

Research on what works in aiding recovery for children harmed by sexual abuse and exploitation has focused mostly on psychotherapeutic responses for sexually abused children and young people with trauma symptoms and behavioural difficulties (Harvey & Taylor, 2010). Overall, the evidence base is poor with few studies using a RCT or equivalent methodology (MacDonald et al, 2012). There are however a number of studies showing cognitive behavioural therapy, CBT, with a trauma focus, has the most potential in overcoming the adverse consequences of sexual abuse for children and young people under the age of 18 (Cohen et al, 2004; 2005; 2007; 2011; Marino et al, 2012) although a variety of therapeutic methods, for example those using drama, and EMDR also show promise (Deblinger et al, 2011; Diez et al, 2012). There is more limited research on supporting children harmed by online abuse. Treatment of longer duration has been found to be linked with improved treatment outcomes, with older children benefiting, more suggesting that treatments need to be carefully developed to match younger children's age and ability (Benuto & O'Donohue, 2015). Therapy approaches may be more effective when tailored to the individual needs of the child or young person, taking into account their specific symptom constellation, development, context, and background (Harvey and Taylor, 2010). There are also new and promising developments in Modular Approaches to support and treatment (Bentovim & Elliott, 2014).

The limited literature found suggests that some innovative approaches to improve multi agency responses and conflicts between criminal and family court approaches can be identified. The main difficulties to be addressed are conflicts between criminal and family law standards of proof where there are allegations of child sexual abuse, differential treatment of victims and child witnesses and poor information sharing. Evidence was limited regards the effectiveness of special initiatives such as multi agency case management approaches developed in the Australian Magellan project (Higgins, 2010).

What is not known

There is limited evidence on the impact of Government and non-governmental victim compensation and redress schemes for people sexually abused in childhood. Only two papers referring to one empirical study were found in this review (both by Rassenhofer et al, 2015a & 2015b). The descriptive literature outlines limitations in coverage in schemes and mentions national schemes as in Sweden and Iceland that are regarded

as providing relatively 'good' coverage and documentary research on international schemes highlights variations in focus and financial payments (Daly, 2014). There is limited evidence from research with child and adult survivors on survivor views about compensation and redress. These show that victims and survivors are not motivated by financial gain, however many have carried a large economic burden in efforts to achieve a feeling of justice and to get an abuser to acknowledge culpability.

The Australian church compensation scheme for victims of historic institutional abuse is an example of an organisation taking responsibility for redressing harm to victims. This however has not resulted in an increase in prosecution of offenders and procedures discourage further claims from victims in the civil courts (Cameron et al, 2015).

How can the evidence be used to inform policy and practice?

Findings from this review can be used to inform the expansion and focus of support services for child victims and survivors of sexual abuse and exploitation.

There is evidence that support for diverse needs of victims would be helpful.

8. Conclusion

There are inevitable limitations that result from the need in this review to provide a rapid evaluation of evidence covering such a wide ranging field. It is unlikely that all possible research studies have been included. As a desk based review within a limited timeframe the tender stated that no consultation with experts was required. It is likely that such a consultation drawing in international expertise on some of these topics would have provided some additional insight.

As is often the case, there are questions that are unanswered because the evidence could not be found or did not exist. There were some areas covered by this review where we found no evidence, specifically on 'no fault' insurance regimes; publicly available insurance registers; the structure and source of funding streams. Additional specific searches were conducted to try to identify materials but for the insurance sector it may be that other evidence might be found in the grey literature. The searches were unsuccessful.

Drawing upon a very wide range of materials, we have however identified key messages that could inform improvements in the UK. The strongest message is on the value of investing in a comprehensive approach to prevention *and* response, reiterating the conclusion drawn ten years ago by the UN world report on violence against children that *all violence against children is preventable* (Pinheiro, 2006, p1).

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Appendices

Appendix A: Search strategy

The key question to be addressed by this review was:

What can be learnt from jurisdictions, outside of England and Wales, about the role of institutions, including accountable state and non-state organisations with responsibility for children in preventing child sexual abuse and exploitation?

In addressing this question we were also asked to consider:

What does the evidence show is best practice for institutions to prevent/identify/respond to child sexual abuse? Is the UK adopting this approach? If not, are there examples of best practice being implemented where case study examples could be provided?

To address the research questions identified by the IICSA, the search strategy aimed first to identify high quality, peer reviewed research literature on effective policy and interventions delivered by different sectors and institutions to prevent and respond to child sexual abuse and exploitation operating in jurisdictions outside, but comparable to, England and Wales.

This included policies and interventions covering the areas of:

- primary prevention,
- identification, assessment and reporting
- immediate protection, safety and support of child victims;
- management of offenders;
- recovery, treatment and reintegration.

Given the short timetable for this review the search began with the analysis of already published systematic reviews identified through a search of the reviews of effective prevention of child sexual abuse, child sexual exploitation and online sexual abuse covering other jurisdictions in the Cochrane Library, the Campbell Collaboration Library and the EPPI centre.

Next, databases known to provide access to high quality, evidence-based research studies (e.g., RCTs, experimental designs,) were searched. These included:

- 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
- Daphne programme reports

Using the search terms set out in Table 6 below, the following online databases were

searched: Embase, ASSIA, PsychInfo, Social Work Abstracts and Criminal Justice Abstracts. The searches were time limited to the years 2004 to 2016. Only English language publications in peer reviewed journals were included.

Search terms

The search terms aimed to cover the different forms of child sexual abuse and child sexual exploitation, including the use of information technology to abuse and exploit children; the different types of prevention and response; the different sectors and range of organisations of interest to the IICSA, including coordinated multi sector responses.

Table 6 Search Terms

Child terms	Abuse terms	Prevention or response	Institution/sector
Child*	“sexual abuse”	Prevent*	Health
“Young people”	“sexual exploitation”	Campaign*	“mental health”
adolescen* teen*	Porn*	Identif*	Clinic*
Kid*	“sex offen*”	Disclos*	Education
Youth	Grooming	Report*	“early years”
Pupil*	“indecent images”	Respon*	‘Child protection’
Minor*	“child exploitation material*”	Service*	“social work”
underage	Solicit*	“case management”	Pedagog*
	Sexting	Assess*	Care
	Rape	Referral*	“foster”
	Stream*	Coordinat*	Church*
		Co-ordinat*	Faith group*
		“Risk management”	Charity
		Support*	“children’s home”
		Protect*	“Non governmental organisation”
		Safeguard*	Police
		Interven*	Court
		“forensic nurse”	Prison
		“child advoca”	“crime agency”
		Prosecut*	“approved home*”
		Recidivism	“young offender institution*”
		Regulat*	Borstal
		“offender management”	“youth secure estate”
		Reduc*	School
		Disrupt*	College
		Treat*	
		Cur*	
		Psych*	

Insur*	Nursery
Regist*	Kindergarten*
Reparation	Military
“restorative justice”	“armed forces”
Compensat*	cadets
Recovery	Government
Therap*	“public authority”
Holistic	“local authority”
“Multi-agency”	“private sector”
“Data sharing”	“youth club*”
“coordinated response”	“youth group*”
“cross sector”	Sport
Partnership*	Leisure
	“Brownie* group”
	“girlguid*”
	“scout* group”
	“beaver group”
	Cyber*
	Online
	Web
	Internet
	“Virtual world”
	“Virtual reality”
	“one stop shop”
	co-location
	barnahus
	Partnership*
	“Multi-agency”
	“Extra-curricular

The search terms were pilot tested, discussed with the commissioners and adjusted to ensure accuracy and a manageable amount of data is obtained for the first screening. Following this pilot test the timeframe to be searched was adjusted from 1991 to 2004. Repeats were eliminated. Data were organised using Endnote. The number of studies identified, elimination of repeats and numbers screened out were recorded on an Excel spreadsheet.

Screening and selection of studies

A two-step process was used for screening: an initial screen of the title and abstract for relevance using the criteria set out in Table 7

Table 7: Initial screen

Include	Exclude
Topic prevention of child sexual abuse, child sexual exploitation	Topic not relevant
Population of concern is primarily children	Population of concern are adults
Systematic review or empirical research employing quantitative, qualitative or mixed methods	Publications that are not systematic reviews or primary research such as opinion pieces, commentaries, editorials, studies which are descriptive or have limited evaluation
Research with clearly stated aims that have relevance to the research question	Studies without clearly stated aims
Relevant jurisdiction, England, Wales, Scotland, Ireland, Northern Ireland, USA, Canada, Australia, New Zealand, EU 28, Scandinavia	Publications on jurisdictions that are not similar

The initial screening was quality checked by another member of the research team blind screening a random selection of abstracts. Every 100 abstracts screened at stage one for relevance was checked.

The second step of the screening was done using either the abstracts or the full text articles as required. Responsibilities to screen were shared among the research team according to area of expertise with quality checking a random sample. Every tenth article screened for quality was checked. However, as the researchers were asked by commissioners to scope studies that did not meet quality criteria, additional checks searching readings on specific themes were made. Inclusion and exclusion criteria are shown in Table 8.

Table 8: Inclusion/exclusion criteria – second screen

Include	Exclude
Quantitative or evaluation studies employing experimental methods, or with control or comparison groups	Quantitative or evaluation studies not employing experimental methods, or without control or comparison groups
Quantitative or evaluation studies with defined outcomes relevant to the review	Quantitative or evaluation studies without defined outcomes relevant to

and measured	the review and measured
Qualitative studies with clearly defined and appropriate research methods which address the outcomes of interest	Qualitative studies without clearly defined methods and/or with methods that are inappropriate which address the outcomes of interest
Qualitative studies with rigorous and clearly defined method of analysis	Qualitative studies where the method of analysis is not explained adequately or does not support the conclusions drawn

Documents screened in were sorted into folders according to topic. Studies remaining were then quality assessed using assessment sheets as described in the next section.

Quality of evidence

Papers were assessed by the team of researchers using the five assessment tools agreed with IICSA and detailed in Table 9. The first 15 readings, 3 selected randomly from each quality assessment methodological category, were blind screened by all members of the research team and results discussed to ensure consistency. When a researcher was not sure whether to include a paper another member of the team also reviewed the paper and a joint decision made

Data extraction forms were used (detailed in Appendix B) which also recorded the response type, jurisdiction, outcome area and notes on the methodology and any ethical considerations. When a researcher was not sure whether to include a paper another member of the team also reviewed the paper and a joint decision made.

Table 9: Rating instruments used

Study type	Scoring tool
Quantitative evaluation	Maryland scale
Qualitative evaluation	GEAQ
Systematic reviews and meta-analyses	AMSTAR
Non-evaluation quantitative studies	JBI
Non-evaluation qualitative studies	Spencer, Ritchie, Lewis & Dillon 2003

Guidance is available on rating the appropriateness of statistical methods when quality rating quantitative evaluation studies using the Maryland Scale in Sherman and colleagues, 1998. Quality rating sheets are included in Appendix B.

Grey literature

An additional search specifically of (English language) grey literature was conducted to cover new evidence that might not yet be recorded or would not normally appear in the online research databases searched for the review. The grey literature included evaluation and non-evaluation research published by European region, national,

federal or state level governmental bodies/ministries, national clearinghouses (where these exist), national professional associations, national bodies with responsibility to promote public health/public safety/violence prevention, including voluntary sector, faith based and non-governmental organisations, where relevant. We also snowballed searched for references that were cited in publications included in the review.

The online site searches for the UK and other jurisdictions included:

UK sites

Home Office Research

Ministry of Justice Research and Analysis

Archived government websites (Ministry of Justice, Department of Children, Schools and Families, Department for Education; Home Office)

ACPO

CEOP/NCA

Lucy Faithfull Foundation

University of Bedfordshire

NSPCC

Office of the Children's Commissioner

Save the Children

Barnados

PACE

Children's Society

Action for Children

ECPAT

Public Health England

NOMS

DfE & archived materials

Local Government association

HMIC

European and International sites

European Commission

Daphne reports

ECPAT International

Council of Europe

European Commission

Global Alliance

Terre des Hommes

UNICEF

WHO

USA

National Institute of Justice

National Criminal Justice Reference Service
Federal Justice Web
National Sexual Violence Resource Center
Center for Juvenile and Criminal Justice
Child Welfare Information Gateway
Centers for Disease Control

Canada

Public Safety Canada
Government of Canada
Canadian Centre for Child Protection
Department of Solicitor General Canada

Australia

Australian Institute of Criminology
Australian Institute of Family Studies
Australian Psychological Society
Sexual Violence Research
Royal Commission into Institutional Responses to Child Abuse
Office of Chief Social Worker

New Zealand

Family Violence Clearing house
Ministry of Justice

In addition, a number of web searches of Google were conducted using the terms 'child sexual abuse' or 'child sexual exploitation' or 'sex offender' or 'historic child abuse' and each of the key search terms (separately) from the agreed list of search terms on organisations of interest or on specific issues such as compensation. Searching the grey literature was labour intensive as it was necessary to manually trawl through sites and to read through often lengthy publications to identify evidence used and methodologies. Few grey literature documents had abstracts or brief summaries. To address gaps we had to return and search again keywords that emerged as the searches progressed.

A lot of descriptive and policy material emerged. These were not automatically rejected as we wanted to map the landscape of policy, practice and research and descriptive material was read and used when it could add information on context to the review of responses. Grey literature was assessed to consider whether evidence was promising, limited or lacking. Studies were identified as promising and in need of further research in context if: it was well designed qualitative research that provided useful information on processes, implementation or if it considered diversity issues OR there was some evaluation data suggesting a positive impact on attitudes OR behaviours, but no

experimental evaluations had yet occurred; OR if experimental testing showed positive but as yet limited impacts. To be rated promising, programmes had to be formalised 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). Where no positive evidence or evaluation on impact existed or there was some research suggesting potential harmful consequences, these studies were excluded on quality grounds. Grey literature materials and those rated as promising are mostly, with a few exceptions, not included in the tables with the studies that were rated using the agreed quality rating scales. They are fully referenced however in the report. In total there were 90 promising papers and 26 policy papers considered.

Data synthesis and assessment

Data were extracted from the included studies using the data recording sheets included in Appendix B. Findings from the included systematic reviews, quantitative studies and qualitative studies were synthesised and structured around the themes that emerged during the review. The final step in the assessment was a weight of evidence assessment³⁷ which assessed three areas:

- A. the quality of the research
- B. whether the research is specific and appropriate to answer the review question
- C. how helpful /useful this knowledge is for addressing the review question and whether or not it is ethical.

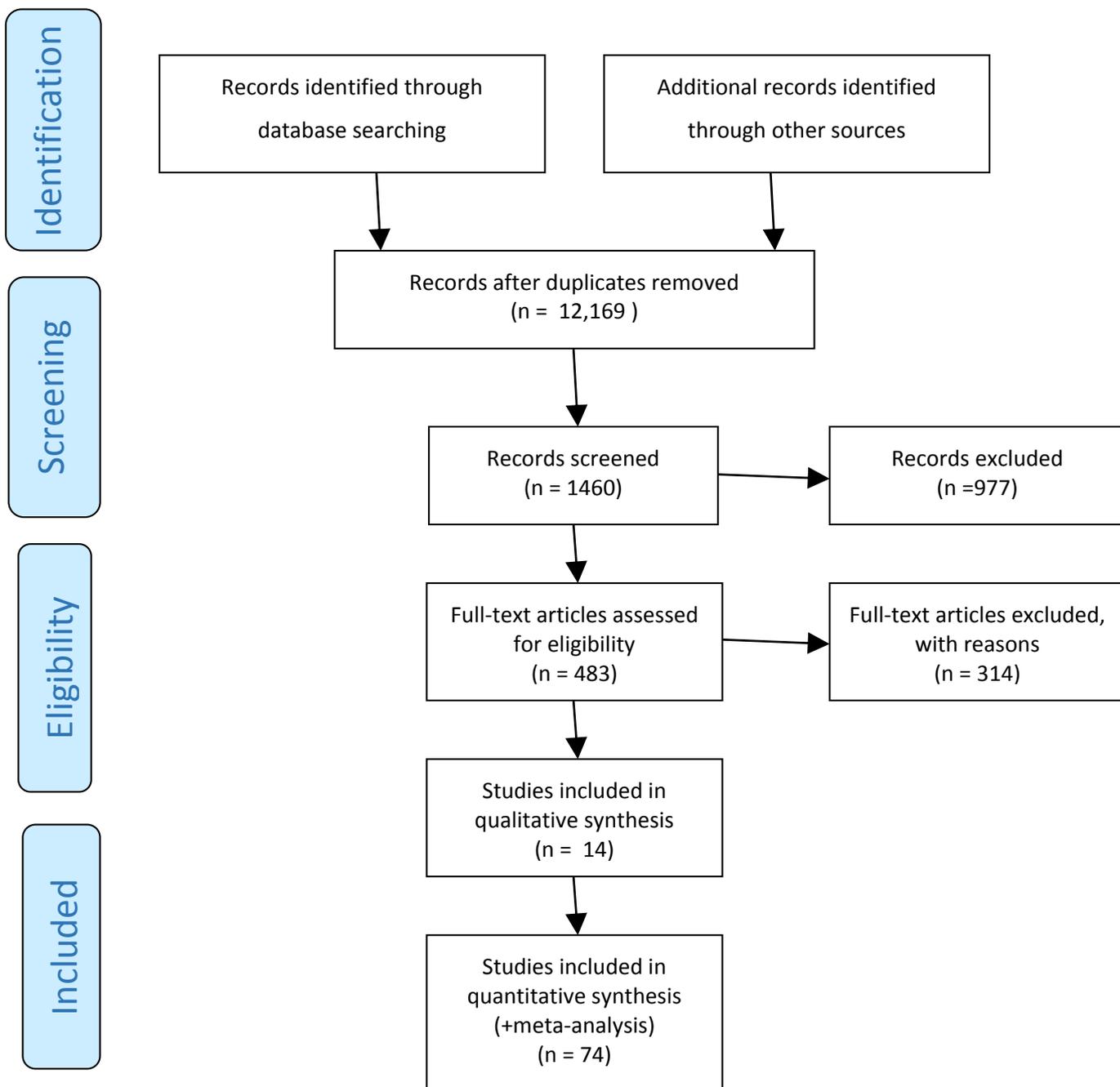
Our approach was pragmatic, taking into consideration the robustness of the research, whether or not research findings helped to answer the main question of the review and might be helpful to inform the development of better policy and practice in England. Recognising that all research knowledge is partial, we considered the robustness of different types of research evidence, quantitative and qualitative, on their own merits, taking into consideration promising research findings where these could be found and specific case examples. The final chapter of the review provides a narrative synthesis of the core messages from the review as a more structured or quantitative synthesis would not have been possible due to the diversity of evidence covered in earlier chapters.

³⁷ Gough, D. (2007) Weight of evidence: a framework for the appraisal of the quality and relevance of evidence in J. Furlong & A Oadcea (eds) Applied and Practice Based Research Special Edn *Research Papers in Education*22 (2) 213-228

Results from searches and quality screening



PRISMA 2009 Flow Diagram³⁸



³⁸ From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Appendix B: Quality assessment and data extraction forms

IICSA Inclusion/Exclusion Assessment QUANTITATIVE EVALUATION STUDIES

Ref: Paper reference (author/title): Pub year Analysed by

Link to paper/abstract:

Relevant to which outcome 1 – 21

EVALUATION QUANTITATIVE Maryland scale		INDICATE LEVEL
Level 1	<p>Correlational study Correlation between intervention programme and dependent variable at a single point in time</p>	
Level 2	<p>Pre and post test Measures of the dependent variable before and after intervention. No comparable control group</p> <ul style="list-style-type: none"> • Samples hold stable in size and composition at T1 and T2 • Transparency regarding test conditions that can confound results at each time point administrator, environment for testing, time of testing and so on. 	
Level 3	<p>Cohort study with matched control Measures of the dependent variable before and after intervention, in both experimental comparable control conditions</p> <ul style="list-style-type: none"> • Year effects are included • appropriate time varying controls are used • Control group would have followed same trend and treatment group • Known time period for treatment • How well-matched were control group and treatment groups 	
Level 4	<p>Quasi experimental with controlled conditions As with 3, plus: Variables known to have influence on dependent variable are controlled for in analysis.</p>	
Level 5	<p>Random Controlled Trial Random assignment of intervention and control condition to comparable units. Before and after measures, plus retest if possible.</p>	

Randomisation is successful
Attrition

**Maryland rating 1 – 5
(nb only include 3 and above)**

Recommend decision: INCLUDE/EXCLUDE (state which criteria)

Labels

Jurisdiction - Enter country from which the data on the response, may use more than one country, may not be relevant for all papers (eg online)

Type of Response: Primary Prevention/ Identification / Managing offenders / Protect Victims / Recovery

Sector: Education / Health/ Mental Health / Justice System / Child Welfare / Voluntary / Online / Cross-sector / National / Regional

Abstract or key findings:

Limitations:

Any notes/comments/ page numbers of good quotes:

Methodology overview

Participants and ages:

Setting:

Intervention Type:

Time period of research:

Key ethical considerations:

IICSA Inclusion/Exclusion Assessment
QUALITATIVE EVALUATION STUDIES

Ref: **Paper reference (author/title):** **Pub year** **Analysed by**

Link to paper/abstract:

Relevant to which outcome 1 – 21

EVALUATION QUALITATIVE		
GAEQ SCORE from Moran et al 2004		
Domain	Description	Score yes = 1, no = 0
A	<i>Specified and standardised data collection tools (e.g. written topic guides, aide memoirs and so on.)</i>	
Measures/collection		
B Sample rep	<i>Adequate representativeness of sample relative to analytic dimensions (in sense of cross-section, not statistical representativeness) e.g. not all 'volunteers'; not all one type of person when intervention is delivered to a range)</i>	
C Sample Size	<i>Adequate sample size in relation to conclusions drawn (especially re: sub groups: not less than n=5)</i>	
D Analytic methods	<i>Proper data capture methods (tapes, notes) & appropriate and specified methods of analysis (e.g. grounded theory; content analysis; framework analysis; thematic and so on)</i>	
E Evaluation type	<i>External or independent evaluation</i>	
TOTAL /5		

Recommend decision: INCLUDE/EXCLUDE (state which criteria)

Labels

Jurisdiction - Enter country from which the data on the response, may use more than one country, may not be relevant for all papers (eg online)

Type of Response: Primary Prevention/ Identification / Managing offenders / Protect Victims / Recovery

Sector: Education / Health/ Mental Health / Justice System / Child Welfare / Voluntary / Online / Cross-sector / National / Regional

Abstract or key findings:**Limitations:****Any notes/comments/ page numbers of good quotes:****Methodology overview**

Participants and ages:

Setting:

Intervention Type:

Time period of research:

Key ethical considerations:

IICSA Inclusion/Exclusion Assessment Systematic Reviews and Meta Analyses

Ref: Paper reference (author/title): Pub year Analysed by

Link to paper/abstract:

Relevant to which research outcome 1 – 21

YES NO C/A N/A

1. Was an 'a priori' design provided?

The research question and inclusion criteria should be established before the conduct of the review.

Note: Need to refer to a protocol, ethics approval, or pre-determined/a priori published research objectives to score a "yes."

2. Was there duplicate study selection and data extraction?

There should be at least two independent data extractors and a consensus procedure for disagreements should be in place.

Note: 2 people do study selection, 2 people do data extraction, consensus process or one person checks the other's work.

3. Was a comprehensive literature search performed?

At least two electronic sources should be searched. The report must include years and databases used (e.g., Central, EMBASE, and MEDLINE). Keywords and/or MESH terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, and by reviewing the references in the studies found.

Note: If at least 2 sources + one supplementary strategy used, select "yes" (Cochraneregister/Central counts as 2 sources; a grey literature search counts as supplementary).

4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?

The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language and so on.

Note: If review indicates that there was a search for "grey literature" or "unpublished literature," indicate "yes." SIGLE database, dissertations, conference proceedings, and trial registries are all considered grey for this purpose. If searching a source that contains both grey and non-grey, must specify that they were searching for grey/unpublished lit.

5. Was a list of studies (included and excluded) provided?

A list of included and excluded studies should be provided. *Note: Acceptable if the excluded studies are referenced. If there is an electronic link to the list but the link is dead, select "no."*

6. Were the characteristics of the included studies provided?

In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions and outcomes. The ranges of characteristics in all the studies analyzed e.g., age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.

Note: Acceptable if not in table format as long as they are described as above.

7. Was the scientific quality of the included studies assessed and documented?

'A priori' methods of assessment should be provided (e.g., for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant.

Note: Can include use of a quality scoring tool or checklist, e.g., Jadad scale, risk of bias, sensitivity analysis, and so on, or a description of quality items, with some kind of result for EACH study ("low" or "high" is fine, as long as it is clear which studies scored "low" and which scored "high"; a summary score/range for all studies is not acceptable).

YES	NO	C/A	N/A
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8. Was the scientific quality of the included studies used appropriately in formulating conclusions?

The results of the methodological rigour and scientific quality should be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations.

Note: Might say something such as "the results should be interpreted with caution due to poor quality of included studies." Cannot score "yes" for this question if scored "no" for question 7.

9. Were the methods used to combine the findings of studies appropriate?

For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e., Chi-squared test for homogeneity, I2). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of combining should be taken into consideration (i.e., is it sensible to combine?). *Note: Indicate "yes" if they mention or describe heterogeneity, i.e., if they explain that they cannot pool because of heterogeneity/variability between interventions.*

10. Was the likelihood of publication bias assessed?

An assessment of publication bias should include a combination of graphical aids (e.g., funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test, Hedges-Olken).

Note: If no test values or funnel plot included, score "no". Score "yes" if mentions that publication bias could not be assessed because there were fewer than 10 included studies.

11. Was the conflict of interest included?

Potential sources of support should be clearly acknowledged in both the systematic review and the included studies.

Note: To get a "yes," must indicate source of funding or support for the systematic review AND for each of the included studies.

TOTAL /11

8 -11 = High quality 4 -7 = medium quality 0 -3 = low quality

Recommend decision: INCLUDE/EXCLUDE (state which criteria)

Labels

Jurisdiction - Enter country from which the data on the response, may use more than one country, may not be relevant for all papers (eg online)

Type of Response: Primary Prevention/ Identification / Managing offenders / Protect Victims / Recovery

Sector: Education / Health/ Mental Health / Justice System / Child Welfare / Voluntary / Online / Cross-sector / National / Regional

Abstract or key findings:

Limitations:

Any notes/comments/ page numbers of good quotes:

Methodology overview

Participants and ages:

Setting:

Intervention Type:

Time period of research:

Key ethical considerations:

IICSA Inclusion/Exclusion Assessment
QUANTITATIVE NON-EVALUATION STUDIES

Ref: **Paper reference (author/title):** **Pub year** **Analysed by**

Link to paper/abstract:

Relevant to which outcome 1 – 21

Quantitative Non-Cross sectional, Observational and Longitudinal Studies adapted from JBI checklist

<i>Title, author, date</i>	<i>Reviewer</i>	<i>Include/exclude</i>
		<i>Total 'yes'</i>
		<i>8+ high, 5-7</i>
		<i>medium, < 4 low</i>

Description of study design

Associated papers on same intervention? Y / N

Yes	No	Unclear	N?A
------------	-----------	----------------	------------

1. Was the study representative of the target population?
2. Were study participants recruited in an appropriate way?
3. Was the sample size adequate?

4. Were the study subjects and setting described in detail?
5. Was the data analysis conducted with sufficient coverage of the identified sample?
6. Were objective, standard criteria used for the measurement if the condition?
7. Was the condition measured reliably?

8. Was there appropriate statistical analysis?

9. Are all important confounding factors/subgroups/differences identified and accounted for?
10. Were sub populations identified using objective criteria?

11. Any attrition exclusion of cases/accounted for and at proportionately low rate?
12. Study limitations considered

Total

Recommend decision: INCLUDE/EXCLUDE (state which criteria)

Labels

Jurisdiction - Enter country from which the data on the response, may use more than one country, may not be relevant for all papers (eg online)

Type of Response: Primary Prevention/ Identification / Managing offenders / Protect Victims / Recovery

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ICSA Inclusion/Exclusion Assessment

QUALITATIVE NON EVALUATION STUDIES

Ref: Paper reference (author/title): Pub year Analysed by

Link to paper/abstract:

Relevant to which outcome 1 – 21

EVALUATION QUALITATIVE (Spencer et al 2011)		SCORE high = 1 med = 0.5 low = 0
Description		
A: How defensible is the design?	<p>How defensible is the design?</p> <p>Discussion of how overall research strategy was designed to meet aims of study.</p> <p>Discussion of rationale for study design</p> <p>Convincing argument for different features of research design (<i>e.g. reasons given for different components or stages of research; purpose of particular methods or data sources, multiple methods, timeframes and so on</i>)</p> <p>Use of different features of design/data sources evident in findings presented Discussion of limitations of research design and their implications for the study evidence</p>	
B: How clear are assumptions?	<p>How clear are the assumptions/theoretical perspectives/ values that have shaped the form and output of the research?</p> <p>Discussion/evidence of the main assumptions/hypotheses/theoretical ideas on which the evaluation was based and how these affected the form, coverage or output of the evaluation (<i>the assumption here is that no research is undertaken without some underlying assumptions or theoretical ideas</i>).</p> <p>Discussion/evidence of the ideological perspectives/values/philosophies of research team and their impact on the methodological or substantive content of the evaluation (<i>again, may not be explicitly stated</i>).</p> <p>Evidence of openness to new/alternative ways of viewing subject/theories/assumptions (<i>e.g. discussion of learning/concepts/ constructions that have emerged from the data; refinement restatement of hypotheses/theories in light of emergent findings; evidence that alternative claims have been examined</i>).</p> <p>Discussion of how error or bias may have arisen in design/data collection/analysis and how addressed, if at all.</p> <p>Reflections on the impact of the researcher on the research process</p>	
C: Sample design	<p>How well defended are the sample design/target selection of cases/documents?</p> <p>Description of study locations/areas and how and why chosen.</p>	

Description of population of interest and how sample selection relates to it (*e.g. typical, extreme case, diverse constituencies and so on*)
 Rationale for basis of selection of target sample/settings/documents (*e.g. characteristics/features of target sample/settings/documents, basis for inclusions and exclusions, discussion of sample size/number of cases/setting selected and so on*)
 Discussion of how sample/selections allowed required comparisons to be made

Description

SCORE
 high = 1
 med = 0.5
 low = 0

D: Ethics

What evidence is thereof attention to ethical issues?

Evidence of thoughtfulness/sensitivity about research contexts and participants.
 Documentation of how research was presented in study settings/to participants (*including, where relevant, any possible consequences of taking part*).
 Documentation of consent procedures and information provided to participants.
 Discussion of confidentiality of data and procedures for protecting.
 Discussion of how anonymity of participants/sources was protected
 Discussion of any measures to offer information/advice/services at end of study (*i.e. where participation exposed the need for these*).

E: Appropriate analysis

How appropriate are the analytical methods for answering the research question?

Description of form of original data. (*e.g. use of verbatim transcripts, observation or interview notes, documents, and so on*).
 Clear rationale for choice of data management method / tool / package
 Evidence of how descriptive analytic categories, classes, labels and so on have been generated and used (*i.e. either through explicit discussion or portrayal in the commentary*).
 Discussion, with examples, of how any constructed analytic concepts/typologies and so on have been devised and applied

F: Replicable?

How adequately has the research process been documented?

Discussion of strengths and weaknesses of data sources and methods.
 Documentation of changes made to design and reasons; implications for study coverage.
 Documentation and reasons for changes in sample coverage/data collection /analytic approach; implications
 Reproduction of main study documents (*e.g. letters of approach, topic guides, observation templates, data management frameworks and so on*)

G: Links between data and findings

How clear are the links between data, interpretation and conclusions – i.e. how well can the route to any conclusions be seen?

Clear conceptual links between analytic commentary and presentations of original data (*i.e. commentary and cited data relate; there is an analytic context to cited data, not simply repeated description*)
 Discussion of how/why particular interpretation/significance is assigned to specific aspects of data – with illustrative extracts of original data.
 Discussion of how explanations/ theories/conclusions were derived – and how they relate to interpretations and content of original data (*i.e. how warranted*); whether alternative explanations explored.
 Display of negative cases and how they lie outside main proposition/theory/ hypothesis and so on or how proposition and so on revised to include them

H: Detail and depth

How well has detail, depth and complexity (i.e. richness) of the data been conveyed?

Use and exploration of contributors terms, concepts and meanings.

	<p>Unpacking and portrayal of nuance/subtlety/intricacy within data.</p> <p>Discussion of explicit and implicit explanations</p> <p>Detection of underlying factors/influences.</p> <p>Identification and discussion of patterns of association/conceptual linkages within data.</p> <p>presentation of illuminating textual extracts/observations</p>	
I: Diversity	<p>How well has diversity of perspective and content been explored?</p> <p>Discussion of contribution of sample design/ case selection in generating diversity</p> <p>Description and illumination of diversity/multiple perspectives/alternative positions in the evidence displayed.</p> <p>Evidence of attention to negative cases, outliers or exceptions.</p> <p>Typologies/models of variation derived and discussed</p> <p>Examination of origins/influences on opposing or differing positions</p> <p>Identification of patterns of association/linkages with divergent positions/groups</p>	
	Description	<p>SCORE</p> <p>high = 1</p> <p>med = 0.5</p> <p>low = 0</p>
J: Wider inference	<p>How well is the scope for drawing wider inference explained?</p> <p>Discussion of what can be generalised to wider population from which sample is drawn/case selection has been made Detailed description of the contexts in which the study was conducted to allow applicability to other settings/contextual generalities to be assessed?</p> <p>Discussion of how hypotheses/ propositions/findings may relate to wider theory; consideration of rival explanations</p> <p>Evidence supplied to support claims for wider inference (<i>either from study or from corroborating sources</i>)</p> <p>Discussion of limitations on drawing wider inference (<i>e.g. re-examination of sample and any missing constituencies: analysis of restrictions of study settings for drawing wider inference</i>)</p>	
K: Original purpose?	<p>How well does the research address its original purpose and questions?</p> <p>Clear statement of study aims and objectives; reasons for any changes in objectives</p> <p>Findings clearly linked to the purposes of the study – and to the initiative or policy being studied. Summary or conclusions directed towards aims of study</p> <p>Discussion of limitations of study in meeting aims (<i>e.g. are there limitations because of restricted access to study settings or participants, gaps in the sample coverage, missed or unresolved areas of questioning; incomplete analysis; time constraints?</i>)</p>	
		<p>TOTAL /11</p> <p><i>Nb exclude if less than 7</i></p>

Recommend decision:

INCLUDE/EXCLUDE (state which criteria)

Labels

Jurisdiction - *Enter country from which the data on the response, may use more than one country, may not be relevant for all papers (eg online)*

Type of Response: Primary Prevention/ Identification / Managing offenders / Protect Victims / Recovery

Sector: Education / Health/ Mental Health / Justice System / Child Welfare / Voluntary / Online / Cross-sector / National / Regional

Abstract or key findings:

Limitations:

Any notes/comments/ page numbers of good quotes:

Methodology overview

Participants and ages:

Setting:

Intervention Type:

Time period of research:

Key ethical considerations: