



Rapid Evidence Assessment

**What can be learnt from other jurisdictions about
preventing and responding to child sexual abuse**

Summary Report

***Lorraine Radford, Helen Richardson Foster, Christine Barter &
Nicky Stanley***

**Connect Centre for International Research on Interpersonal Violence
Faculty of Social Work, Care & Community, University of Central Lancashire**



Disclaimer

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

Introduction

Following a competitive tender exercise, the University of Central Lancashire (UCLan) was commissioned by the Independent Inquiry into Child Sexual Abuse (IICSA) to conduct this Rapid Evidence Assessment (REA).

The Inquiry is considering the extent to which public bodies and other non-state institutions have taken seriously their duties to care and protect children and young people from child sexual abuse and exploitation, the extent to which any failings have been addressed and what steps might be necessary to better protect children in the future.

In her October 2016 statement, the Chair announced that the Inquiry plans to make recommendations for change aligned to, and across the following four themes:

- Cultural: the attitudes, behaviours and values within institutions that prevent us from stopping child sexual abuse;
- Structural: the legislative, governance and organisational frameworks within and between institutions;
- Financial: the financial, funding and resource arrangements for relevant institutions and services; and
- Professional and political: focusing on the leadership, professional and practice issues for those working or volunteering in relevant institutions.

To maximise relevance, the REA findings summarised in this report are grouped under each of these four Inquiry themes.

The primary question set by the Inquiry for the REA 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?*

The authors 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?*

This REA is the first in a series of evidence reviews that the Inquiry has commissioned.

Approach

The research was conducted between March and October 2016. The project was a desk-based review using recognised methods for Rapid Evidence Assessment (REA) (Galvani et al, 2011; Gough, 2007; Khangura et al, 2012; Sherman et al, 1998). REAs, like systematic reviews, aim to thoroughly and transparently identify and assess the research findings on a particular topic but within a more limited time frame and with restrictions on the breadth of literature included.

The scope of the REA was very broad. Rather than reviewing research on one area of activity, the authors considered prevention and response to child sexual abuse and exploitation in different jurisdictions across the full range of institutional sectors and organisations of interest to the Inquiry. To manage the wide range of material in the scope of the review, different types of organisational and sector responses were categorised as those aimed at:

- *primary prevention*, stopping child sexual abuse (including child sexual exploitation) happening in the first place;
- improving the protection of children and young people from child sexual abuse through better *identification, disclosure, reporting and responses*, enabling children to disclose abuse, improving recognition among those in contact with children, especially ensuring children are not victimised again;
- better *control and management of perpetrators*, especially ensuring they do not reoffend;
- providing better *support for victims and survivors*, aiding *recovery* and undoing the harm and injustices caused to victims and survivors and their families.

It was recognised that there is overlap between these areas and many services may provide responses that will not fit neatly under one particular heading.

Using agreed search terms, online databases (Embase, ASSIA, PsychInfo, Social Work Abstracts and Criminal Justice Abstracts) and websites were searched for relevant peer reviewed articles and research reports¹. The searches were time limited to the period 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'

¹ There were 36 jurisdictions included, comprising high income English language nations Wales, Scotland, Northern Ireland, Ireland, USA, Canada, Australia, New Zealand and the 28 EU countries, plus Norway and Iceland.

literature (meaning publications not available in peer reviewed journals) was conducted using snowball methods of searching for additional relevant literature within 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 found was assessed using five standard research quality assessment instruments agreed with IICSA³. 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 promising⁴ 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, and following up further references. The additional materials which are discussed are fully referenced in the report bibliography⁵.

Data was extracted from the included studies using 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 stage of synthesis was a weight of evidence assessment which assessed four areas: the quality of the research; whether the research is specific and appropriate to answer the review question; how helpful /useful this knowledge is for addressing the review question; and whether or not it was conducted ethically⁶.

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 identify other material that, in turn also include further references that may be of relevance to the review.

³ Copies of research quality assessment criteria for systematic reviews & meta-analyses; quantitative evaluation studies; qualitative evaluation studies; quantitative non-evaluation studies; qualitative non-evaluation studies are included in the full research report Appendix B.

⁴ A study was identified as promising and in need of further research 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).

⁵ A full description of the methods is in the main research report. To keep this summary manageable, not all the studies and references discussed in the full report are referenced here.

⁶ 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 Edition *Research Papers in Education*, 22 (2) 213-228.

Results

The findings in this summary of the full REA report are organised in two sections. First, the broad but key messages from the REA are presented. The report then presents the evidence according to the four themes for change as announced by the Chair as the focus of the Inquiry's work in October 2016. Within each of these themes, the findings are considered in relation to the organisational and sector responses set out on page three.

Key findings

Child sexual abuse (including child sexual exploitation) is a very complex issue and more seems to be known about what does *not* work well in safeguarding children, than *what is effective*. No jurisdiction has everything 'right'. What works in one context may not work elsewhere due to differences in cultural, economic and political factors and in organisational and service delivery frameworks.

There is however some robust research and promising evidence that could be developed further to inform work in England and Wales. General findings from this review are that:

- Adequately resourced, comprehensive, well coordinated, multi-sector approaches that aim to prevent *and* respond to child sexual abuse and exploitation are likely to be most effective.
- Effective responses are most likely to be those that: address the diversity in nature and impact of child sexual abuse; are age appropriate; and recognise the differences and similarities in experiences of different forms of sexual abuse and sexual exploitation across different settings and relationships.

The REA confirms the conclusions of other researchers, that the research evidence on preventing and responding to all forms of child abuse and neglect is underdeveloped and limited in many respects (Ward & Donnelly, 2015). Specific limitations and gaps in research on responses to child sexual abuse include:

1. A lack of focus on outcomes and robust evaluations of impact;
2. Research that has evaluated the success of packages of coordinated responses rather than single interventions in one service, such as a treatment programme;
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. A lack of or very limited evidence on specific topics, which highlight a need for more evidence in relation to:
 - The drivers of demand for different types of abuse, in particular child sexual exploitation, online abuse and peer on peer sexual abuse;
 - Protective factors for sexual abuse and exploitation;
 - Effective strategies and responses to peer sexual abuse;
 - Compensation schemes for victims and survivors of child sexual abuse;
 - Safeguarding practices within institutions working directly with children and young people;
 - Effective practice to overcome barriers to disclosure among younger children, boys and for children abused from an early age;
 - Financial implications of different strategies and approaches (including the relative cost effectiveness of different responses).

Relevance of the REA findings to the Inquiry's themes for change

In the December 2016 review, the Chair announced a thematic approach to recommendations for change to ensure that the Inquiry's work would address the fundamental matters which are relevant to the full breadth of institutions within its remit. The four themes are: cultural; structural; financial; professional and political.

Within each of the four major themes below, findings about organisational and sector responses to child sexual abuse are further categorised, where applicable, as those aimed at: *primary prevention* initiatives; improving child protection through better *identification, disclosure, reporting and responses*; better *control and management of perpetrators*; and providing better *support for victims and survivors*.

Cultural: addressing the attitudes, behaviours and values within institutions that prevent us from stopping child sexual abuse

Primary prevention

None of the jurisdictions included in the REA had a comprehensive (or best practice) approach to both primary prevention *and* response. More information was found on prevention efforts in Australia, Finland, Norway, Sweden and the USA. Primary prevention responses can be grouped under three types, those that:

- aim to tackle demand or reduce the motivations of perpetrators and change the wider social attitudes, norms and drivers of abuse;
- aim to reduce the risks and vulnerabilities of children as victims;
- address the situational factors (such as the context and environmental accessibility of a child victim to a potential perpetrator) which will be

considered further in the next section.

To change culture, and thus attitudes and behaviour, clear messages are needed about what is known (and not yet known) about the nature, extent, drivers and impact of different forms of child sexual abuse including exploitation. Public education and social marketing campaigns to prevent abuse are commonly used across most 28 EU member states but are not well evaluated (Povilaitis, 2015). This lack of evidence contributes to a poor understanding of the beliefs and norms that influence and sustain child sexual abuse and exploitation (Cameron et al, 2015; Povilaitis, 2015). More research is also needed on the drivers of demand, especially for sexual exploitation, online abuse and peer on peer sexual abuse (UN Special Rapporteur, 2015).

Research from the USA and Canada shows that prevention education delivered in schools can increase children's knowledge and awareness and start to change the culture, attitudes and environments that contribute to abuse (Baker et al, 2013; Tutty, 1997; Walsh et al, 2015).

The main messages from research literature for those wanting to use social marketing or the media to raise awareness, is that this can be helpful as part of a wider prevention programme if additional efforts and resources are provided to reinforce learning (Rheingold et al, 2007). Media campaigns that promote positive messages, especially for men and boys, using 'edutainment' techniques such as TV dramas or 'soap' storylines appear promising and have widest reach across different jurisdictions (Scheepers et al, 2004; Soul City, 2008; Stanley et al, 2016). There is good evidence from the USA on the positive impact of supporting parents to talk to their children about sexual health and safety (Miller et al, 2013).

However, further work is needed on protective factors for sexual abuse and exploitation to design, target and test strength-based prevention initiatives for vulnerable groups of children, young people, their families and peers.

Identification, disclosure, reporting and response

Research in Australia suggests 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). Wider community engagement is an important part of good practice, particularly if there are cultural barriers to reporting cases of child sexual abuse to the police.

Control and management of perpetrators

Evidence from the REA suggests that treatment responses developed for adults are less relevant for young people who present with harmful sexual behaviour as only a small proportion are likely to persist with sexual offending behaviour as adults (Dopp et al, 2015; St Amand et al, 2008). In the text boxes below are two examples of promising practice that attempt to address cultural barriers to child sexual abuse prevention.

Box 1: Promising practice – prevention and early responses for perpetrators

There are some promising evaluation findings from helplines and services for adults in the community worried about their own or somebody else's behaviour or sexual feelings towards children. *Stop It Now!* offers such services in the USA, Australia, Canada, Ireland, the Netherlands and the UK. Following the Good Lives Model of working with sexual offenders (Ward et al, 2012), 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. A European Commission funded evaluation of *Stop It Now!* in the UK and Netherlands shows some actual and potential child sexual offenders are willing to make contact, alongside some positive feedback from service users interviewed (Brown et al, 2014). Similar approaches targeting those concerned about their abusive tendencies are reported in other countries such as Sweden and Germany (Cameron et al, 2015).

Box 2: Promising practice – young people with harmful sexual behaviour

There are promising findings from a systematic review (St Amand, Bard & Silovsky, 2008) and from research in New Zealand (Geary et al, 2011) and Australia (Halse et al, 2012) that engagement with treatment services for young people with sexually harmful behaviour is improved within culturally appropriate, community-based treatment services that encourage family or caregiver involvement. Programme outcome measures of family functioning improved if at least one of the client's parents was involved and could attend therapy (these studies did not look at impact on reoffending). An evaluation of community based treatment in Australia which looked at treatment impact on reoffending, found highest rates of subsequent sexual offending were among young people who dropped out of treatment programmes (Laing et al, 2014).

Supporting victims and survivors

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 & Taylor, 2010). Best evidence on therapeutic treatment for children exists for trauma focused cognitive behavioural therapy (CBT) (Cohen et al, 2004; 2005; 2007; 2011; Manarino et al, 2012) although a variety of therapeutic methods, for example those using drama or eye movement desensitization and reprocessing (EMDR)⁷, also show promise (Deblinger et al, 2011; Dietz et al, 2012). There are also new and promising developments in modular approaches to treatment, which address multiple co-existing problems such as anxiety and depression within a single programme rather than addressing each condition separately. These are currently being evaluated in the UK and in other jurisdictions (Bentovim & Elliott, 2014).

Structural: considering the legislative, governance and organisational frameworks within and between institutions

Primary prevention

Comparative, cross national social policy research has found different national and local approaches to the organisation and governance of child protection systems (Gilbert et al, 2011). While poorly coordinated multi-agency responses are known to be unhelpful, there is little empirical research on comparative effectiveness of different child protection agencies or arrangements. For example, whether governance such as Local Safeguarding Children's Boards in England are more or less effective in protecting children from sexual abuse than equivalent structures, where these exist in other jurisdictions, is not known. The research in this area has tended to be descriptive, mapping the organisational structures rather than looking at their effectiveness (FRA, 2014). This is a gap in research knowledge.

Situational prevention refers to strategies and structures aimed at reducing opportunities for abuse to occur. To that end, legislation, policy and national strategies/frameworks can provide an environment that discourages and sanctions abusive behaviour and supports efforts to promote prevention and changes in attitudes.

The UK has robust legislation on regulating sexual offending and has led primary prevention and early identification efforts to combat online child sexual abuse. The

⁷ Huso, D. (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".

UN Special Rapporteur on the sale of children, child prostitution and child pornography has endorsed 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 (UN Special Rapporteur, 2015).

Laws to prohibit the purchase of sexual services have been passed in Sweden, Norway, Northern Ireland, the Republic of Ireland and France and show some promising impact on men's self-reported purchasing of sexual services and levels of street-based prostitution observed by professionals (EU Norway, 2014; SOU, 2010). However concerns about the impact of tough policing on women selling sex in Norway have been raised (Amnesty International, 2016) and it is not yet known if the policy has influenced online behaviour and attitudes towards child sexual abuse and exploitation (Holger-Ambrose et al, 2013; Melrose, 2013).

There is some evidence of successful efforts to prevent online child sexual abuse via takedown, site blocking, extensive take up of online safety resources and considerable international collaboration. This includes the work of the National Crime Agency and Child Exploitation and Online Protection Centre (CEOP), and participation in the Global Alliance and WePROTECT (Missing Children Europe, 2016; WePROTECT, 2015).

In other organisational contexts, situational prevention efforts have been more limited to staff pre-employment checks, vetting and barring procedures. While important, these efforts can only cover the minority of sexual offenders already known or convicted of crimes. Inquiries in the USA, Germany, the Netherlands, Belgium and Ireland into institutional abuse in faith-based organisations show the need for a wider focus on organisational safety and regulation of opportunities for unmonitored contact with children and young people (Bohm et al, 2014; Terry & Ackerman, 2008).

Research examining the nature and extent of child sexual abuse by Catholic priests and deacons in the USA found the following situational and organisational factors were key in creating risks for children, especially boys, in faith-based institutions: privacy in the context of a power relationship; lack of safeguarding policies; and failure to sanction offenders, (John Jay College, 2004; Terry & Ackerman, 2008). One recommendation from this research was that some of the situational risks could be addressed through 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 faith-based settings or shown to be effective.

Overall, the evidence gathered as part of the REA indicates that within organisations, situational prevention approaches in the form of employment checks have been the most common but less well evaluated (Bohm et al, 2014).

Identification, disclosure, reporting and response

The evidence on the impact of mandatory reporting is mixed. Research in Australia indicates that mandatory reporting can increase reports of child sexual abuse, but that additional resources are needed to manage these disclosures. It should also be noted however that the number of cases investigated but not then substantiated also increased (Mathew, Ju Lee & Norman, 2016). Mandatory reporting carries the risk that resources and professional attention are diverted away from interventions to screening and assessment (HM Govt, 2016) and that families are harmed by inappropriate investigations. At the time of this report, the outcome of the Home Office 2016 consultation on mandatory reporting had not been published.

Control and management of perpetrators

Compared to other international jurisdictions, the UK is regarded as having a strong legislative framework to respond to sexual offenders (Cameron et al, 2015; Missing Children Europe, 2016). UK legislation was further strengthened by changes introduced by the government strategy *Tackling Child Sexual Exploitation* (HM Govt, 2011). Management of perpetrator behaviour has however focused mostly on the high risk, sexual offenders already convicted.

Despite the growth in recording and prosecution rates, there is evidence that much sexual offending goes undetected and the majority of perpetrators of child sexual abuse are not subject to investigation, prosecution and conviction, particularly child sexual abuse within a home environment (OCC, 2015). In the UK, Germany and Sweden, attention is shifting to look at offenders at lower levels of assessed risk, including those not convicted (Brown et al, 2014; Cameron et al, 2015 - see Box 1 above). Further work is needed on effective structural responses for health, education and social work; managing peer abusers; improving prosecution and the use of appropriate sanctions for sexual offenders in organisations such as churches and faith groups.

It is important to note that research and policy on some sexual offender interventions in some jurisdictions have not always been in harmony. For example, policies that may be perceived as punitive but popular, in the USA in particular, have shown to have limited impact. Evaluations of policies such as sexual offender registration, notification schemes and residency restrictions found them not to have been effective in reducing recidivism, and may in fact work against rehabilitation of sexual offenders into communities (Bonner-Kidd, 2010; Letourneau et al, 2010; Sandler et

al, 2008).

Sexual offender treatment programme evidence shows mixed results (Dennis et al, 2012; Långström, et al, 2013; Walton & Chou, 2015). The treatment outcome literature does show programmes are more likely to be effective if they can address the type of offence and level of static risk, the offender's criminogenic needs⁸, learning style and abilities (Hanson et al, 2009). Some positive messages about offender engagement in treatment services were found showing that the organisation and management of treatment were important factors influencing decisions to drop out or remain on a programme (Drapeau et al, 2004; 2005). Restorative justice approaches to sexual offender treatment such as *Circles of Support and Accountability* show promising results from Australia (Daly, 2013) and the USA (Wilson et al, 2010), but still have high levels of programme attrition. Similar programmes are currently active in the UK and the evidence on impact is likely to grow.

Supporting victims and survivors

There is limited evidence on the impact of government and non-governmental victim compensation and redress schemes for victims and survivors of child sexual abuse. 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 of schemes and mentions national schemes, as in Sweden and Iceland that are regarded as providing relatively 'good' coverage (Cameron et al, 2015). Documentary research on international schemes highlights variations in focus and financial payments (Daly, 2014). There is limited research on child and adult survivors' views about compensation and redress. Research with adults shows that survivors are not motivated by financial gain, although many want institutions to acknowledge culpability (Daly, 2014).

Financial: the funding and resource arrangements for relevant institutions and services

Primary prevention

Very little information was found on the effective use of financial and other resources to prevent and respond to child sexual abuse and exploitation in jurisdictions outside England. Further work is needed on the cost effectiveness of different responses. Collecting standardised reliable and valid data on costs is likely to be critical in

⁸ Criminogenic needs are characteristics, traits or problems that are associated with an individual's likelihood to reoffend. Needs can be static (i.e. unchanging factors such as age at first offence) or dynamic (i.e. changing factors such as substance use).

developing defensible fiscal assessments to underpin prevention policy.

Identification, disclosure, reporting and response

Were mandatory reporting to be introduced in England and Wales, it is very likely that additional resources would be needed to deal with increased reports and additional screening procedures that would result. These cost implications would depend on the nature of the mandatory reporting regime introduced, and could be assessed within selected communities.

Supporting victims and survivors

The clearest message to emerge from this review on financial matters concerned the under resourcing of support and recovery services for children, young people and their families. 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 (Allnock et al, 2010; Coy et al, 2007; Scott & Skidmore, 2006). While additional resources have been invested (HM Government, 2015), loss of funding from domestic violence services is likely to have a detrimental impact on service availability. More broadly, adequate resources for training professionals across all types of organisations and sectors is an important part of effective implementation. Research suggests the need to reinforce and refresh training over time (Letourneau et al, 2016). Organisations and professions could helpfully review the adequacy of training and continuing professional development on sexual abuse and exploitation. The gaps in knowledge identified in this review could be used to inform priorities for future funding of research.

Professional and political: the leadership, professional and practice issues for those working or volunteering in relevant institutions

Primary prevention

There is moderately good, although somewhat dated, evidence from Canada and the USA that age and developmentally appropriate pre-school and school-based education programmes on child sexual abuse are effective at teaching children and young people to recognise inappropriate behaviour and improving their knowledge of self-protection (Baker et al, 2013; Pitts, 2015; Pulido, 2015; Stanley et al, 2015; Tutty, 1997; Walsh et al, 2015; Zwi et al, 2007).

Research in Australia and the USA supports a 'whole school approach' involving

parents, faith and community groups (Kenny et al, 2012; Smallbone & Rayment-McHugh, 2013; Stanley et al, 2015). Primary prevention that aims to reduce risks and build strengths among the most vulnerable children in institutions could be developed by testing and validating risk assessment methods currently in use. Assessments for vulnerability to victimisation are currently not validated.

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.

Other research looking at the introduction of new international standards for safeguarding children in sport developed by the International Safeguarding Children in Sport Founders Group (Mountjoy et al 2015) 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.

Identification, disclosure, reporting and response

It is widely accepted that identification of children experiencing or vulnerable to sexual abuse or exploitation can be difficult, due to problems for children disclosing and professionals' problems in recognition and reporting. Professionals need to be aware of the barriers children face in talking about abuse, and trained to recognise signs of abuse other than the child's disclosure. 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). Identification in children's social services, education and health, particularly needs to be understood as a process of proactively asking questions, building a relationship with a vulnerable child or young person and collecting information from a range of sources over time (Gavril, 2012; Schaeffer et al, 2011).

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 on identification and reporting (Bailey et al, 2015; Mace, 2015; McMahon-Howard &

Reimer, 2013; Powell & Wright, 2012). In health services, use of new technologies such as *telemedicine*⁹ can give access to specialist skills (Miyamoto et al, 2014). Parents and carers often play an important part in keeping children safe and there is promising work developing in the UK. For example, the Parents Against Child Sexual Exploitation (PACE) relational safeguarding approach for child sexual exploitation (Palmer & Jenkins, 2014). However further research is needed to robustly evaluate these projects and develop appropriate resource models to support practice.

The literature suggests that support for children through prosecution and the court process is generally poor. However, 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*) located in Iceland, across Europe and currently being piloted in the UK (Benia et al, 2015; Cross et al, 2008; Jones et al, 2007; Lippert et al, 2009; Miller et al, 2009).

Box 3: Promising practice - supporting child victims through the *Barnahus* model

Data gathered by the Director General of Iceland's child protection services shows nearly 4,000 children and young people were referred to 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 per cent of child victims thought that the *Barnahus* was a good environment in which to be interviewed compared with 4 per cent of child victims with experience of interviews in the courthouse (Guobrandsson, 2013). The findings on 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 (Rikspolisstyrelsen, 2008). Different approaches to implementation of *Barnahus* have been explored by Johansson (2012).

Control and management of perpetrators

As previously mentioned, treatment practice developed for adults will not necessarily be effective with young people who present with harmful sexual behaviour. There is more evidence to support the use of multi systemic therapeutic (MST) approaches than CBT approaches for young people who present with harmful sexual behaviour

⁹ Telemedicine refers to the use of new information technologies for the delivery of health. For example, using video link to a specialist health professional during an investigative procedure.

(Dopp et al, 2015). However CBT is more widely used in the UK. While peer sexual abuse is a common experience (Barter et al, 2009; Radford et al, 2013), this review found little evidence on effective responses to the problem. This appears to be a significant gap in research knowledge and in practice responses.

Supporting victims and survivors

The needs of children and young people who are victims and survivors of child sexual abuse (including those who have experienced child sexual exploitation) will vary in relation to the specific experiences and impact of the abuse (Clemmons, 2007; Marriott et al, 2013). Due to the nature of the grooming relationship between offender and victim, not all young people will necessarily want to be helped (Kendall-Tackett, 2008). This may be particularly so for sexually exploited young people. However, the review found a lack of evidence on the specific needs of victims and survivors of sexual exploitation, which may differ from the needs of victims and survivors of other forms of child sexual abuse.

Research with young people has identified the types of professional and practice 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). Research from Scotland on guardianship schemes shows positive results improving support for trafficked young people (Crawley & Kohli, 2013). While advocacy schemes do not prevent sexually exploited young people from going missing, they can ensure there is a coordinated response should this happen (Kohli, 2015).

Conclusion

Drawing upon a very wide range of materials from over 36 jurisdictions, the research has identified key messages that could inform improvements in the UK.

To fully address the **culture, attitudes, behaviours and values** within institutions that inhibit the prevention of child sexual abuse, a wider focus on prevention and response is required. Prevention responses must move beyond the twin track focus on teaching children to protect themselves and regulating convicted sexual offenders. Instead the focus should cover wider prevention efforts that target the varied and changing nature of risks and vulnerabilities for children and young people from adult and peer perpetrators who are able to access them in different contexts. 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, the online services industry, transport, the private sector, sport and leisure sectors. It is important that these organisations implement effective prevention and response policies and address the

organisational values and practices that act as barriers to children's safety. Theoretically driven prevention responses covering wider notions of safeguarding across the range of organisations and settings in communities could be tested as proposed in other jurisdictions (Smallbone & Rayment-McHugh, 2013, for example). Regarding the impact of **structural, legislative and governance** frameworks, the recent announcement of compulsory personal, social, health and economic education (PSHE) for all schools and academies on safety and respectful relationships is welcome (Sellgren, 2017). This is most likely to be effective within a whole-school approach, with age appropriate messages and learning reinforced over time (Stanley et al 2015). 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 (PSHE, 2016). Schools also need to provide a safe space for sexual abuse disclosure to take place (OCC, 2015), taking into account the systemic and organisational factors that make disclosure difficult as well as the research into children's experiences of trying to tell and not being heard (Cossar et al, 2013).

The REA found evidence that a range of **structural and organisational** factors have been shown to facilitate child sexual abuse. These 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; hierarchical organisations where it is difficult for junior staff to complain; lack of an 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). These findings have clear implications in terms of situational prevention and regulation of the environment. Preventing professionals from being alone with children and unmonitored are likely to be the most immediately effective preventive response (Terry & Ackerman, 2008). Other 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. It is likely that these systemic and organisational factors may have relevance for other organisations working with children that similarly lack good governance and oversight of staff and volunteers.

Implementation of new practises based on learning from overseas will undoubtedly require additional **finance and resource**. However the research found very little evidence on the scale or type of financial or other resources required to prevent and respond to child sexual abuse (including a lack of information on the relative cost of different strategies employed). This is a key gap in the evidence.

Regarding **professional and political** thematic conclusions, organisational openness to use and improve on research as part of a commitment to improvement and review, may help advance leadership, practice and professional responses. This may also help confront the problem of policy and research sometimes being contradictory.

Professional guidance, leadership and training are important aspects of effective implementation of change. There are many areas where training is poorly resourced and requires further attention. Safeguarding training for teachers at qualifying and post-qualifying levels (Stanley et al 2015) and greater involvement of schools in safeguarding policy is needed. Likewise, as recommended by the Criminal Justice Joint Inspection report (CJJI, 2014) training to ensure that Achieving Best Evidence (ABE) guidance, in relation to gathering evidence in child sexual abuse cases, is implemented effectively by the police and Crown Prosecution Service in England is needed. Within children's services and social work, skills on violence prevention and working with perpetrators could be improved. Further work is also needed on effective professional practice to address the significant barriers to disclosure that exist for younger children, boys, and children abused from an early age (Lippert et al, 2009).

Resources such as training, practice guidance and toolkits currently exist to support improved child protection in sport through the work of the NSPCC and UK Sport associations such as Sport England¹⁰. Commitment from the full range of 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 more widely could be promoted through the work of the National Response Unit and the recently launched Centre for Expertise on Child Sexual Abuse and Exploitation (HM Government, 2016). Responses towards child sexual abuse and exploitation need to consider other areas of violence prevention and child protection, considering different and common vulnerabilities and the challenges in addressing these across different sectors. Cross government and multi-sector working structures at national and local levels are crucial to prevent conflicting policy responses and competing objectives.

¹⁰ See the Child Protection in Sport Unit Resource Library at: <https://thecpsu.org.uk/resource-library/>

References

Allnock, D., Radford, L. Bunting, L. Price, A. Morgan-Klein, N. Ellis, J. and Stafford, A. (2012) In demand: therapeutic services for children and young people who have experienced sexual abuse, *Child Abuse Review* 21(5), pp. 318-334.

Amnesty International (2016) *The Human Cost of 'Crushing' the Market: Criminalization of Sex Work in Norway*, London: Amnesty International. Available at: http://www.amnestyusa.org/sites/default/files/norway_report_-_sex_workers_rights_-_embargoed_-_final.pdf [accessed on 16/03/17]

*Bailey, C., Mace, G., Powell, M., and Benson, M. (2015) Evaluation of a Collaborative Operation to Improve Child Sexual Abuse Reporting in Western Australian Indigenous Communities, *Criminal Justice & Behavior*, 42(12), pp.1303-1315.

*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. *Research on Social Work Practice*, 23(2), pp.167-178.

Barter, C., McCarry, M. Berridge, D. and Evans, K. (2009) *Partner Exploitation and Violence in Teenage Intimate Relationships*, NSPCC, London.

Beckett, H., and Warrington, C. (2015) *Making Justice Work: Experiences of Criminal Justice for Children and Young People Affected by Sexual Exploitation as Victims and Witnesses*. Luton: University of Bedfordshire.

Benia, L. R., Hauck-Filho, N., Dillenburg, M., and Stein, L. M. (2015) The NICHD Investigative Interview Protocol: A Meta-Analytic Review, *Journal of Child Sexual Abuse*, 24(3), pp. 259-279.

Bentovim A., and Elliott I. (2014) Hope for Children and Families: Targeting Abusive Parenting and the Associated Impairment of Children. *Journal of Clinical Child & Adolescent Psychology* 43(2), pp.270–285

*Bohm, B., Zollner, H., Fegert, J. M., and Liebhardt, H. (2014) Child sexual abuse in the context of the Roman Catholic Church: a review of literature from 1981-2013 *Journal of Child Sexual Abuse*, 23(6), pp. 635-656.

Bonner-Kidd, K. (2010) Sexual offender laws and prevention of sexual violence or recidivism, *American Journal of Public Health* 1 (3), pp. 412-419.

Brackenridge, C. H., Fasting, K., Kirby, S., and Leahy, T. (2010) *Protecting Children from Violence in Sport: A review with a focus on industrialized countries*. Florence, Italy.

Brown, A., Jago, N., Kerr, J., McNaughton Nicholls, C., Paskell, C. and Webster, S. (2014) *Call to Keep Children Safe from Sexual Abuse: A study of the use and effects of the Stop it Now! UK and Ireland Helpline* [pdf] London:NATCen, Available at: <http://www.natcen.ac.uk/media/338805/stop-it-now-uk-findings-.pdf> [accessed on 16/03/17]

Cameron, G., Mendez-Sayer, E., Thomson, L., and Wilson, S. (2015) *Child Sexual Exploitation: A study of international comparisons: desk review for the Department for Education*, London: ACDS/Virtual Staff College/ Office for Public Management, Available at: http://thestaffcollege.uk/wp-content/uploads/CSE_main_final_publish_1.0.pdf [accessed on 16/03/17]

Criminal Justice Joint Inspection (2014) *Achieving Best Evidence in Child Sexual Abuse Cases – A Joint Inspection*, HMCPSP and HMIC, London.

Clemmons, J. Walsh, K. DiLillo, D., and Messman-Moore, T. (2007) Unique and Combined Contributions of Multiple Child Abuse Types and Abuse Severity to Adult Trauma Symptomatology, *Child Maltreatment*, 12 (2), pp. 172–81.

*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, *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(4), pp. 393-402.

*Cohen, J. A., Mannarino, A. P., and Knudsen, K. (2005) Treating sexually abused children: 1 year follow-up of a randomized controlled trial, *Child Abuse & Neglect*, 29(2), pp. 135-145.

*Cohen, J. A., Mannarino, A. P., Perel, J. M., and Staron, V. (2007) A pilot randomized controlled trial of combined trauma-focused CBT and sertraline for childhood PTSD symptoms, *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(7), pp. 811-819.

Cohen, M. I., Edberg, M. C., & Gies, S. V. (2011) *Final report on the Evaluation of the SAGE Project's LIFESKILLS and GRACE Programs*. Washington, DC: US Department of Justice, Office of Justice Programs, National Institute of Justice.

Cossar, J., Brandon, M., Bailey, S., Belderson, P. and Biggart, L. (2013) *'It takes a lot to build trust' Recognition and Telling: Developing earlier routes to help for children and young people*. London: Office of the Children's Commissioner.

Coy, M., Kelly, L. and Foord, J (2007) *Map of Gaps: The postcode lottery of violence against women support services*, Child and Women Abuse Studies Unit (CWASU), London.

Crawley, H. and Kohli, R. (2013) *'She endures with me': An evaluation of the Scottish guardianship service pilot*, Swansea University and University of Bedfordshire.

*Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D., Sczepanski, J., Lippert, T., Davison, K., Crynes, A., and Sosnowski, P. (2008) Evaluating children's advocacy centers' response to child sexual abuse, *Juvenile Justice Bulletin* Office of Justice Programs, Available at: <https://www.ncjrs.gov/pdffiles1/ojjdp/218530.pdf> [accessed on 16/03/17]

Daly, K. (2014) *Redressing institutional abuse of children*, London: Palgrave/Macmillan.

*Daly, K., Bouhours, B., Broadhurst, R., and Loh, N. (2013) Youth sex offending, recidivism and restorative justice: Comparing court and conference cases, *Australian & New Zealand Journal of Criminology*, 46(2), pp. 241-267.

*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, *Depression and Anxiety*, 28(1), pp. 67-75.

*Dennis, J., Khan, O., Ferriter, M., Huband, N., Powney, M.J. and Duggan, C. (2012) Psychological interventions for adults who have sexually offended or are at risk of offending, *The Cochrane Library*, 12, Article No: CD007507.

*Dietz, T. J., Davis, D., and Pennings, J. (2012) Evaluating Animal-Assisted Therapy in Group Treatment for Child Sexual Abuse. *Journal of Child Sexual Abuse*, 21(6), pp. 665-683.

*Dopp, A., Borduin, C. and Brown, C. (2015) Evidence based treatments for juvenile sex offenders: review and recommendations, *Journal of Aggression, Conflict and Peace Research*, 7(4), pp. 223-236.

*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, *Journal of Child Sexual Abuse*, 14(1), pp. 91-115.

*Drapeau, M., Körner, C. A., Brunet, L., and Granger, L. (2004) Treatment at La Macaza Clinic: a qualitative study of the sexual offenders' perspective, *Canadian Journal of Criminology & Criminal Justice*, 46(1), pp. 27-44.

EU Norway (2014) *Evaluation of Norwegian legislation criminalising the buying of sexual services (summary)*.

Available at: <http://www.eu-norway.org/Global/SiteFolders/webeu/Evaluation.pdf>
[accessed on 15/08/16]

FRA (2014) *Mapping child protection systems in the EU* Available at :

<http://fra.europa.eu/en/publication/2015/mapping-child-protection-systems-eu>
[accessed on 24/03/17]

Galvani, S. and Forrester, D. (2011) *Social Work Services and Recovery from Substance Misuse: A Review of the Evidence*, Edinburgh: Scottish Government.

*Gavril, A., Kellogg, N. and Nair, P. (2012) Value of follow-up examinations of children and adolescents evaluated for sexual abuse and assault, *Pediatrics* 129(2), pp. 282-289.

*Geary, J., Lambie, I. and Seymour, F. (2011) Consumer perspectives of New Zealand community treatment programmes for sexually abusive youth. *Journal of Sexual Aggression*, 17(2), pp. 181-195.

Gilbert, N. Parton, N. and Skivenes, M. (eds) (2011) *Child Protection Systems: International trends and orientations*, Oxford : Oxford University Press.

Gough, D. (2007) Weight of evidence: a framework for the appraisal of the quality and relevance of evidence. *Applied and Practice-based Research (special edition)*, 22, pp. 213–228.

Guo-brandsson, B. (2013) The CAC Barnahus response to child sexual abuse and the Council of Europe standard and setting, Dublin: paper presented at 13th ISPCAN European Regional Conference on Child Abuse and Neglect.

*Halse, A., Grant, J., Thornton, J., Indermaur, D., Stevens, G., and Chamarette, C. (2012) Intrafamilial adolescent sex offenders' response to psychological treatment, *Psychiatry, Psychology & Law*, 19(2), pp. 221-235.

*Hanson, K. Bourgon, G., Helmus, L. and Hodgson, S. (2009) 'The Principles of Effective Correctional Treatment Also Apply to Sexual Offenders: A meta-analysis', *Criminal Justice and Behavior*, 36, pp. 865–91.

*Harvey, S. T., and Taylor, J. E. (2010) A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents, *Clinical Psychology Review*, 30(5), pp. 517-535.

HM Govt (2011) *Tackling Sexual Exploitation: Action plan*, Crown Office London, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408604/2903652_RotherhamResponse_acc2.pdf [Accessed on 16/03/17]

HM Govt (2015) *Sexual Violence against Children and Vulnerable People National Group: Progress report and action plan 2015*, London: Crown Office, Available at: <https://www.gov.uk/government/publications/sexual-violence-against-children-and-vulnerable-people-progress-report> [accessed on 17/03/17]

HM Govt (2016) ANNEX D: Summary of the evidence on the effectiveness of mandatory reporting in addressing child abuse and neglect, *Reporting and Acting on Child Abuse and Neglect: Government consultation: Supporting annexes* July, London: Home Office, Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539615/Reporting_and_acting_on_child_abuse_and_neglect_-_annexes_web_.pdf [Accessed on 16/03/17]

*Holger-Ambrose, B. Langmade, C., Edinburgh, L. and Saewyz, E. (2013) 'The Illusions and Juxtapositions of Commercial Sexual Exploitation among Youth: Identifying Effective Street-Outreach Strategies', *Journal of Child Sexual Abuse*, 22, pp. 326–340.

Huso, D. (2010) Treating child abuse trauma with EMDR, *Social Work Today*, 10(2), 20, Available from: <http://www.socialworktoday.com/archive/032210p20.shtml> [Accessed: 22/03/17]

Johansson, S. (2012) Diffusion and governance of 'Barnahus' in the Nordic countries: report from an ongoing project, *Journal of Scandinavian Studies in Criminology and Crime Prevention*, 13(1), pp. 69-84.

John Jay College (2004) *The Nature and scope of sexual abuse of minors by Catholic priests and deacons in the United States 1950-2002*, New York: City University.

*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? *Child Abuse & Neglect*, 31(10), pp. 1069-1085.

Kendall-Tackett, K. (2008) 'Developmental Impact', in Finkelhor, D. *Childhood Victimization*, Oxford: Oxford University Press, pp. 65–101.

*Kenny, M. C., Wurtele, S. K., and Alonso, L. (2012) Evaluation of a personal safety program with latino preschoolers, *Journal of Child Sexual Abuse*, 21(4), pp. 368-385.

Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J. and Moher, D. (2012) Evidence summaries: the evolution of a rapid review approach, *Systematic Reviews*, 1(10) Available at: <http://www.systematicreviewsjournal.com/content/1/1/10> [Accessed on 16/03/17]

Kohli, R.K.S., Hynes, P., Connolly, H., Thurnham, A., Westlake, D. and D'Arcy, K. (2015) *Evaluation of Independent Child Trafficking Advocates trial: Final Report*. Research Report 86, Home Office: London.

*Laing, L., Tolliday, D., Kelk, N., and Law, B. (2014) Recidivism Following Community Based Treatment for Non-Adjudicated Young People with Sexually Abusive Behaviors, *Sexual Abuse in Australia & New Zealand*, 6(1), 38-47.

*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, *BMJ: British Medical Journal*, 347 p. f4630.

*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, *Criminal Justice Policy Review*, 21(4), pp. 435-458.

*Lippert, T., Cross, T. P., Jones, L., and Walsh, W. (2009) Telling interviewers about sexual abuse: predictors of child disclosure at forensic interviews. *Child Maltreatment*, 14(1), pp. 100-113.

*Mace, G., Powell, M. B., and Benson, M. (2015) Evaluation of Operation RESET: an initiative for addressing child sexual abuse in Aboriginal communities. *Australian & New Zealand Journal of Criminology (Sage Publications Ltd.)*, 48(1), pp. 82-103.

*Mannarino, A. P., Cohen, J. A., Deblinger, E., Runyon, M. K., and Steer, R. A. (2012) Trauma-Focused Cognitive-Behavioral Therapy for Children Sustained Impact of Treatment 6 and 12 Months Later. *Child Maltreatment*, 17(3), pp. 231-241.

Marriott, C. Hamilton-Giachritsis, C. and Harrop, C. (2013) Factors Promoting Resilience Following Childhood Sexual Abuse: A structured, narrative review of the literature, *Child Abuse Review*, 23 (1), pp.17-34.

*Mathews, B. Ju Lee, X. and Norman, R. (2016) Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven year time trend analysis. *Child Abuse & Neglect*, 56, pp. 62-79.

*McMahon-Howard, J., and Reimers, B. (2013) An evaluation of a child welfare training program on the commercial sexual exploitation of children (CSEC). *Evaluation & Program Planning*, 40, pp. 1-9.

Melrose, M. (2013) Twenty-First Century Party People: Young People and Sexual Exploitation in the New Millennium. *Child Abuse Review*, 22, pp. 155–168.

*Miller, A., and Rubin, D. (2009) The contribution of children's advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse & Neglect*, 33(1), pp. 12-18.

Miller, KS, Lasswell, SM, Riley, DB, and Poulsen, MN. (2013) 'The Families Matter! Program: A Pre-Sexual Risk Youth Prevention Intervention'. *American Journal of Public Health*, 103 (11), pp. 16-20.

Miller, K.S., Lasswell, S.M., Riley, D.B., and Poulsen, MN. (2013) Families Matter! Pre-sexual risk youth prevention intervention, *American Journal of Public Health*, 103 (11) e16-20.

Missing Children Europe, ECPAT, eNASCO (2016) A Survey on the Transposition of Directive 2011/93/EU on Combating Sexual Abuse and Sexual Exploitation of Children and Child Pornography. Available at:

<http://www.enacso.eu/news/survey-on-the-transposition-of-directive-201193eu-on-combating-sexual-abuse-and-sexual-exploitation-of-children-and-child-pornography/>

[Accessed 16/03/17]

*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. *Child Abuse & Neglect*, 38(9), pp. 1533-1539.

Mountjoy, M., Rhind, D. J. A., Tiivas, A., and Leglise, M. (2015). Safeguarding the child athlete in sport: a review, a framework and recommendations for the IOC youth athlete development model. *British journal of sports medicine*, 49(13), pp. 883-886.

Office of the Children's Commissioner (2015) *Protecting Children from Harm*, London: Office of the Children's Commissioner. Available from:

<http://www.childrenscommissioner.gov.uk/sites/default/files/publications/Protecting%20children%20from%20harm%20-%20full%20report.pdf> [Accessed 16/03/17]

Palmer, E. and Jenkins, P. (2014) *Parents as Partners in Safeguarding Children: An evaluation of PACE's work in four Lancashire Child Exploitation Teams 2010-2012*

http://www.paceuk.info/wp-content/uploads/2013/11/1116_parents_as_partners_white_paper_V2_sgls.pdf

[Accessed on 16/03/17]

Pearce, J. Williams, M. and Galvin, C. (2003) *It's Someone Taking a Part of You: A study of young women and sexual exploitation*. London: National Children's Bureau

*Pitts, C. (2015) *Child Sexual Abuse Prevention Programs for Pre-Schoolers: A synthesis of current evidence*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.

Poviltias, R. (2015) *Awareness Campaigns Addressing Violence Against Children: PIECES Policy Paper #6*. [pdf], Birmingham: European Child Safety Alliance.

Available at: <http://www.childsafetyeurope.org/pieces/info/policy-paper-6.pdf>

[accessed on 16/03/17]

*Powell, M. B., and Wright, R. (2012) Professionals' perceptions of a new model of sexual assault investigation adopted by Victoria police, *Current Issues in Criminal Justice*, 23(3), pp. 333-352.

PSHE Association (2016) *Key Principles of Effective Prevention Education*. London: CEOP/ThinkUKnow/PSHE Association. Available at: <https://www.pshe-association.org.uk/sites/default/files/PSHE%20Association%20report%20to%20CEOP%20April%202016%20FINAL.pdf> [accessed on 16/03/17]

*Pulido, M. L., Dauber, S., Tully, B. A., Hamilton, P., Smith, M. J., and Freeman, K. (2015). Knowledge gains following a child sexual abuse prevention program among urban students: A cluster-randomized evaluation. *American Journal of Public Health*, 105(7), pp. 1344-1350.

Radford, L. Corral, S. Bradley, C. & Fisher, H. (2013) The prevalence and impact of child maltreatment and other types of victimization in the UK: Findings from a population survey of caregivers, children and young people and young adults *Child Abuse and Neglect* 37:10, 801-813.

*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. *Child Abuse and Neglect*, 40, pp. 60-67.

*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. *Child Maltreatment*, 12(4), pp. 352-363.

Rikspolisstyrelsen (2008) *Barnahus– försöksverksamhet med samverkan under gemensamt tak vid misstanke om brott mot barn*
Rikspolisstyrelsen/Rattsmedicinalvetkret/Socialstyrelsen/Aklagarmyndigheten

*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. *Psychology, Public Policy, and Law*, 14(4), pp. 284-302.

*Schaeffer, P., Leventhal, J. M., and Asnes, A. G. (2011) Children's disclosures of sexual abuse: Learning from direct inquiry. *Child Abuse & Neglect*, 35(5), pp. 343-352.

Scheepers, E. Christofides, N. Goldstein, S. Usdin, S. Patel, D. and Japhet, G. (2004) Evaluating health communication: a holistic overview of the impact of Soul City IV. *Health Prevention Journal of Australia* 15, pp. 121-133.

Scott, S. and Skidmore, P. (2006) *Reducing the Risk: Barnardo's Support for sexually exploited young people – A two-year evaluation*, Ilford: Barnardo's.

Sellgren, K. (2017) Sex education to be compulsory in all England's schools, BBC News, 1 March 2017. Available at: <http://www.bbc.co.uk/news/education-39116783> [accessed on 27/03/17]

Sherman, L. Gottfredson, D. MacKenzie, D. Eck, J. Reuter, P. and Bushway, S. (1998) Preventing crime: what works, what doesn't, what's promising, *Research in Brief*, Washington DC: National Institute of Justice.

Smallbone, S. and Rayment-McHugh, S. (2013) Preventing Youth Sexual Violence and Abuse: Problems and Solutions in the Australian Context. *Australian Psychologist*, 48, pp. 3-13.

SOU (2010) *Förbud mot köp av sexuell tjänst - En utvärdering 1999–2008*. SOU 2010:49. Stockholm, Statens Offentliga Utredningar. (Ban on the purchase of sexual services - an evaluation 1999-2008 – Summary in English pp28-44) Available at: <http://www.regeringen.se/contentassets/2ff955c847ed4278918f111ccca880dd/forbud-mot-kop-av-sexuell-tjanst-en-utvardering-1999-2008-sou-201049> [Accessed on 16/03/17]

Soul City Regional Programme (2008) *Impact Evaluation Summary 2002-2007*. Johannesburg: Soul City.

*St. Amand, A., Bard, D. E., and Silovsky, J. F. (2008) Meta-analysis of treatment for child sexual behavior problems: practice elements and outcomes. *Child Maltreatment*, 13(2), pp. 145-166.

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

Stanley, N., Ellis, J., Farrelly, N., Hollinghurst, S., Bailey, S. and Downe, S. (2016) "What matters to someone who matters to me": using media campaigns with young people to prevent interpersonal violence and abuse. *Health Expectations*. DOI: 10.1111/hex.12495

Terry, K. and Ackerman, A. (2008) Child sexual abuse in the Catholic church: how situational crime prevention strategies can help create safe environments. *Criminal Justice & Behavior*, 35(5), pp. 643-657.

*Tutty, L. M. (1997) Child sexual abuse prevention programs: evaluating Who Do You Tell. *Child Abuse & Neglect*, 21(9), pp. 869-881.

UN Special Rapporteur (2015) *Thematic Report of the Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography: Tackling demand*. A/HRC/31/58. [online] Available at: http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/31/58 [Accessed on 16/03/17]

*Walsh, K., Zwi, K., Woolfenden, S., and Shlonsky, A. (2015) School-based education programmes for the prevention of child sexual abuse. *The Cochrane database of systematic reviews*, 4, Article No: CD004380.

*Walton, J. S., and Chou, S. (2015) The Effectiveness of Psychological Treatment for Reducing Recidivism in Child Molesters. *Trauma, Violence & Abuse*, 16(4), pp. 401-417.

Ward, C. & Donnelly, P. (2015) Violence prevention: challenges for researchers in Donnelly, P. & Ward, C. (eds) *Oxford Textbook of Violence Prevention*, Oxford: Oxford University Press, pp. 323-328.

Ward, T. Rose, C. and Willis, G. (2012) 'Offender Rehabilitation: Good lives, desistance and risk reduction', in *Forensic Psychology: Crime, Justice, Law, Interventions*, edited by Graham Davies and Anthony Beech, 2nd edition. Oxford: Wiley, pp. 407–24.

WEPROTECT (2015) *National Response Model* [online] <https://www.gov.uk/government/publications/weprotect-summit-2015-in-abu-dhabi-supporting-documents> [Accessed on 16/03/17]

*Wilson, H., Bates, A. and Vollm, B. (2010) Circles of support and accountability: an innovative approach to manage high-risk sex offenders in the community, *The Open Criminology Journal*, 3, pp. 48-57.

*Zwi, K. J., Woolfenden, S. R., Wheeler, D. M., O'Brien, T. A., Tait, P., and Williams, K. W. (2007) School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews*, 3, (no pagination).