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PROMISING PROGRAMMES  
TO PREVENT AND RESPOND TO  
CHILD SEXUAL ABUSE AND EXPLOITATION

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## Cover Photo

[NAME CHANGED], On 13 March 2016, Minda, 9, speaks with a counsellor at the Marillac Hills Centre in the city of Muntinlupa, in Metro Manila, Philippines. Minda was rescued with 5 other children during a police raid in October 2015. Her mother has gone to prison for her active role in her daughter's participation in online pornography shows. The government-run shelter is a safe haven for girls who have been physically and sexually abused, with many exploited through livestreaming of child sexual abuse and the sex tourism industry. The girls live at the shelter while their cases are being processed through the judicial system, but because a case can take several months to many years to resolve, this is where many girls will spend their youth, away from their families. The girls often perceive the rescue efforts as a punishment because they have been removed from their families. The children live in large group homes where they sleep in dormitories, share meals and attend classes, which are provided not only in reading and writing, but also in sewing and computer literacy and ethics. © UNICEF/UN014914/Estey

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## Acronyms and abbreviations

CBT	cognitive behavioural therapy
CFS	child-friendly space
CRC	Convention on the Rights of the Child (1989)
ECPAT	End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes
EMDR	eye movement desensitization and processing
FGM/C	female genital mutilation/cutting
GBV	gender-based violence
HIC	high income country
ICT	information and communications technology
ILO	International Labour Organization
IRC	International Rescue Committee
LMICs	low- and middle-income countries
NAP	national action plan
NGO	non-governmental organization
OPSC	Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)
RAP	regional action plan
TF-CBT	trauma-focused cognitive behavioural therapy
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
VAW	violence against women
WHO	World Health Organization



## Glossary/definitions

<b>Armed conflict</b> International Red Cross Committee <sup>1</sup> ,	<i>Resort to armed force between two or more States, or protracted armed confrontations occurring between governmental armed forces and the forces of one or more armed groups, or between such organized groups arising in the territory of a State which reaches a minimum level of intensity</i>
<b>Child</b> Article 1, Convention on the Rights of the Child (CRC), 1989	<i>Any human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier</i>
<b>Child maltreatment<sup>2</sup></b>	<i>All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power</i>
<b>Child protection<sup>3</sup></b>	<i>Philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm</i>
<b>Child protection system<sup>4</sup></b>	<i>Structures, functions and capacities, among other components that have been assembled in relation to a set of child protection goals</i>
<b>Child sexual abuse</b> Article 18, Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, 2007	<i>Engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities (this does not apply to consensual sexual activities between minors), and b) engaging in sexual activities with a child where use is made of coercion, force or threats; or abuse is made of a recognized position of trust, authority or influence over the child, including within the family; or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence</i>
<b>Child sexual exploitation</b> Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, 2007	<i>Child sexual abuse becomes sexual exploitation when a second party benefits monetarily, socially or politically through sexual activity involving a child. It includes harmful acts such as sexual solicitation and prostitution of a child or adolescent and, in the Council of Europe Convention, covers situations where a child or other person is given or promised money or other form of remuneration, payment or consideration in return for the child engaging in sexual activity, even if the payment/remuneration is not made.</i>
<b>Child trafficking</b> Article 3, Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime (Palermo Protocol), 2000	<i>(a) The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. (b) Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. (c) The recruitment, transportation, transfer, harbouring or receipt of a child for the purposes of exploitation shall be considered trafficking in persons even if this does not involve any of the means set forth in subparagraph (a)</i>

<sup>1</sup> International Committee of the Red Cross (ICRC), 'How is the Term "Armed Conflict" Defined in International Humanitarian Law?', Opinion Paper, ICRC, Geneva, March 2008.

<sup>2</sup> Krug, Etienne G., Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi and Rafael Lozano, eds., *World Report on Violence and Health*, World Health Organization, Geneva, 2002.

<sup>3</sup> United Nations Children's Fund (UNICEF), *Child Protection Strategy*, E/ICEF/2008/5/Rev.1.

<sup>4</sup> Wulczyn, Fred, Deborah Daro, John Fluke, Sara Feldman, et al, *Adapting a Systems Approach to Child Protection: Key concepts and considerations*, UNICEF, New York, 2010.

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<b>Evaluation<sup>5</sup></b>	<p><i>Under the terms of this Protocol, children under 18 cannot give valid consent and the ‘means’ of trafficking is therefore not relevant</i></p> <p><i>The systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation, outcomes and results in relation to specified evaluation criteria.</i></p>
<b>Exploitation of a child in pornography/child abuse images</b> Article 2(c), Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (OPSC), 2000  Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, 2007	<p><i>Any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or representation of the sexual parts of a child, the dominant characteristic of which is depiction for a sexual purpose.</i></p> <p><i>Intentionally causing, for sexual purposes, a child who has not reached the legal age for sexual activities, to witness sexual abuse or sexual activities, even without having to participate.</i></p>
<b>Exploitation of a child in prostitution</b> Article 2(b) OPSC, 2000	<p><i>The use of a child in sexual activities for remuneration or any other form of consideration.</i></p>
<b>Gender-based violence<sup>6</sup></b>	<p><i>An umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between males and females. While men and boys can be survivors of some type of GBV (particularly sexual violence), around the world, GBV has a greater impact on women and girls.</i></p>
<b>Grooming</b> Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, 2007	<p><i>The deliberate preparation of a child for sexual abuse or sexual exploitation, motivated by the desire to use the child for sexual gratification. It may involve the befriending of a child, drawing the child into discussing intimate matters, and gradually exposing the child to sexually explicit materials in order to reduce resistance or inhibitions about sex.</i></p>
<b>Humanitarian crisis situation<sup>7</sup></b>	<p><i>Any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multi-sectoral response is needed, with the engagement of a wide range of international humanitarian actors.</i></p>
<b>Internally displaced persons<sup>8</sup></b>	<p><i>Persons who have been forced or obliged to flee or to leave their homes or places of habitual resident, in particular as a result of or in order to, avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border</i></p>
<b>Online abuse</b>	<p>There is no agreed definition of online abuse of children in international law. For the purposes of this document online child abuse is defined as an umbrella term covering:</p> <p><i>Use of the internet, mobile phone or other form of information and communications technology (ICT) to bully, threaten, harass, groom, sexually abuse or sexually exploit a child.</i></p>

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<sup>5</sup> Department for International Development (DFID), *Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls*, DFID, London, 2012.

<sup>6</sup> Inter Agency Standing Committee (IASC), *Guidelines for Gender-based Violence Interventions in Humanitarian Setting*, IASC, Geneva, 2005.

<sup>7</sup> United Nations Children’s Fund (UNICEF), *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, 2010.

<sup>8</sup> United Nations, *Guiding Principles on Internal Displacement*, Brookings Institute, United Nations, Geneva, 1998.



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<b>Migration<sup>9</sup></b>	<i>A process of moving, either across an international border or within a State. It is a population movement encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, uprooted people and economic migrants</i>
<b>Monitoring<sup>10</sup></b>	<i>A continuous process, conducted internally throughout the project cycle, either by managers or by beneficiaries, to measure the progress of development interventions against pre-defined objectives and plans.</i>
<b>Neglect<sup>11</sup></b>	<i>The failure of parents or carers to meet a child's physical and emotional needs when they have the means, knowledge and access to services to do so; or failure to protect him or her from exposure to danger.</i>  <i>Neglect includes failure to provide for the child's physical, emotional, health and educational needs and child abandonment.</i>
<b>Prevention<sup>12</sup></b>	<i>Follows the WHO definition of 'primary prevention': Stopping child sexual abuse and exploitation before it occurs</i>
<b>Protracted refugee situations<sup>13</sup></b>	<i>Refers to situations in which refugees have lived in exile for five years or more after their initial displacement, without immediate prospects for implementation of a durable solution</i>
<b>Recovery</b> Article 39, Convention on the Rights of the Child (CRC), 1989	<i>Based on the CRC approach to recovery, paraphrased as: Enabling the child to overcome the harm caused by child sexual abuse or exploitation and ensuring a safe and protective environment for the return of the child to his/her home, city, country or place of origin. Such recovery and reintegration shall take place in an environment that fosters the health, self-respect and dignity of the child</i>
<b>Refugee</b>  Convention Relating to the Status of Refugees, 1951	<i>A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country</i>
<b>Reintegration</b> Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups, 2007	<i>The process through which children transition into civil society and enter meaningful roles and identities as civilians who are accepted by their families and communities in a context of local and national reconciliation.</i>
<b>Sexting<sup>14</sup></b>	<i>Sending sexual images or sexual texts via cell phone and other electronic devices</i>
<b>Sexual violence<sup>15</sup></b>	<i>An umbrella term used here to refer to all forms of sexual victimization of adult women and of children – child sexual abuse and exploitation, rape and other sexual assaults, sexual harassment, abuse in pornography, prostitution and trafficking, FGM. Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed at a person's sexuality using coercion, by any person,</i>

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<sup>9</sup> International Organization for Migration (IOM), *International Migration Law: Glossary on Migration*, IOM, Geneva, 2004.

<sup>10</sup> Department for International Development (DFID), *Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls*, DFID, London, 2012.

<sup>11</sup> Pinheiro, Paulo Sérgio, *World Report on Violence against Children*, United Nations, Geneva, 2006, p. 54; United Nations Committee on the Rights of the Child, *General Comment No. 13 (2011): The right of the child to freedom from all forms of violence*, 18 April 2011, CRC/C/GC/13.

<sup>12</sup> World Health Organization (WHO), *World Report on Violence and Health*, WHO, Geneva, 2002.

<sup>13</sup> The UN Refugee Agency (UNHCR), 'Conclusion on Protracted Refugee Situations No. 109 (LXI) 2009', Executive Committee 61<sup>st</sup> Session, Extraordinary Meeting, 8 December 2009, A/AC.96/1080.

<sup>14</sup> Mitchell, Kimberley J., David Finkelhor, Lisa M. Jones and Janis Wolak, 'Prevalence and Characteristics of Youth Sexting: A national study', *Pediatrics*, vol. 129, no. 1, 2012, pp. 13–20.

<sup>15</sup> Based on definition in Krug et al. 2002, op. cit. (see Child Maltreatment).

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**Solicitation of child for sexual purposes**

Article 23, Council of Europe  
Convention on the Protection of  
Children against Sexual  
Exploitation and Sexual Abuse,  
2007

*regardless of their relationship to the victim, in any setting, including but not limited to home and work.*

*Intentional proposal, through information and communication technologies, of an adult to meet a child who has not reached the legal age for sexual activities, for the purpose of engaging in sexual activities or the production of child pornography.*

**Violence against children**

Article 19, Convention on the  
Rights of the Child (CRC), 1989

*All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse*

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# 1. Introduction

The United Nations Children's Fund (UNICEF) has estimated that 120 million girls globally under the age of 20 (about 1 in 10) have experienced forced sexual intercourse or other forced sexual acts.<sup>16</sup> Girls typically report rates of sexual abuse at least three times higher than rates reported by boys, although boys are also at risk.<sup>17</sup> Child sexual abuse and exploitation is a widespread problem with significant adverse consequences for children's health, well-being and life chances.<sup>18</sup> Nearly half of adolescent girls experiencing sexual abuse never tell anyone; 7 out of 10 never seek help.<sup>19</sup> The global costs of physical, psychological and sexual violence towards children are between 3–8 per cent of global gross domestic product (GDP).<sup>20</sup>

This publication was commissioned by UNICEF to meet an identified need for a consolidated global document outlining promising programme responses to prevent and respond to child sexual abuse and exploitation. It brings together recommendations from a wide range of existing guidance, draws on research and evaluation evidence on prevention and responses and highlights case studies on promising practices. The evidence review on which this document is based has been published as a separate, companion document.<sup>21</sup>

International commitments covering the rights of children as regards sexual abuse and exploitation are set out in the United Nations Convention on the Rights of the Child (CRC),<sup>22</sup> the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (OPSC)<sup>23</sup> and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Palermo Protocol)<sup>24</sup> (see Appendix I). They have also been further developed in recommendations made in the UN Study on Violence against Children,<sup>25</sup> three World Congresses on sexual exploitation of children (in Stockholm in 1996,<sup>26</sup> in Yokohama in 2001<sup>27</sup> and in Rio de Janeiro in 2008<sup>28</sup>) and United Nations Security Council Resolutions 1820, 1882, 1888, 1889 and 1960 addressing sexual violence in conflict (see Appendix II). These commitments frame our approach within the broader framework of UNICEF's Child Protection Strategy<sup>29</sup> and six strategies for action to end violence against children.<sup>30</sup>

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<sup>16</sup> United Nations Children's Fund (UNICEF), *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, New York, 2014a.

<sup>17</sup> A global estimate for boys is unavailable because of the lack of comparable data in most countries.

<sup>18</sup> Radford, Lorraine, Debbie Allnock and Patricia Hynes, *Preventing and Responding to Child Sexual Abuse and Exploitation: Evidence review*, United Nations Children's Fund, New York, 2015.

<sup>19</sup> UNICEF 2014a, op. cit.

<sup>20</sup> Prezenieto, P., A. Montes, S. Routier and L. Longston, *The Costs and Economic Impact of Violence against Children*, Child Fund Alliance/Overseas Development Institute, London, 2014.

<sup>21</sup> Radford, Allnock and Hynes 2015, op. cit.

<sup>22</sup> *Convention on the Rights of the Child (CRC)* 1989.

<sup>23</sup> *Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (OPSC)*, 2000

<sup>24</sup> *Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime*, 2000 (Palermo Protocol).

<sup>25</sup> Pinheiro, Paulo Sérgio, *World Report on Violence Against Children*, United Nations, Geneva, 2006.

<sup>26</sup> 'The Stockholm declaration and agenda for action', 1st World Congress against Commercial Sexual Exploitation of Children, Stockholm, Sweden, 27–31 August 1996.

<sup>27</sup> 'The Yokohama Global Commitment', 2nd World Congress against Commercial Sexual Exploitation of Children, Yokohama, Japan, 17–20 December 2001.

<sup>28</sup> 'The Rio de Janeiro Declaration and Call for Action to Prevent and Stop Sexual Exploitation of Children and Adolescents', 3rd World Congress against Sexual Exploitation of Children and Adolescents, Rio de Janeiro, Brazil, 25–28 November 2008.

<sup>29</sup> United Nations Children's Fund (UNICEF), *Child Protection Strategy*, 20 May, E/ICEF/2008/5/Rev.1, 2008a.

<sup>30</sup> United Nations Children's Fund (UNICEF), *Ending Violence against Children: Six strategies for action*, UNICEF, New York, September 2014b.

## 1.1 Purpose of the document

This document is intended to be a resource for people working within UNICEF at country, regional and headquarters offices and for partners in other human rights and violence prevention organizations, governments, services and non-governmental organizations (NGOs) working in development contexts, including in humanitarian crisis situations. It is also intended to have relevance for potential funders of development projects.

A number of guidance documents exist on responses to child sexual exploitation and the care of children who experience sexual abuse in humanitarian crisis situations and, more generally, on child protection and gender-based violence.<sup>31</sup> Yet UNICEF identified the need for a consolidated document to bring together key messages from these works, to comprehensively cover all aspects of child sexual abuse and exploitation and to make recommendations based on available evidence on effective and promising responses that are relevant to a systematic, multi-sectoral approach. This document aims to provide a practical compendium to inform system-level responses on:

- Preventing child sexual abuse and exploitation happening in the first place ('primary prevention')
- Identifying children who are vulnerable and most at risk
- Identifying and taking action to protect children
- Working with perpetrators and taking action to prevent further harm to children
- Taking action to promote the recovery, reintegration and well-being of children who have been sexually abused and/or exploited
- Monitoring change, impact and progress.

## 1.2 Content and structure

After this introduction, 11 short chapters summarize findings from the evidence review and identify and apply key messages for programme development and delivery. Chapter 2 gives an overview of the extent and nature of child sexual abuse and exploitation and the consequences for children. Chapter 3 identifies key principles and presents a theory of change model for child sexual abuse and exploitation, applying findings from the evidence review to current child protection system-building approaches. A finding from the evidence review (briefly reviewed in Chapter 4) was that research on effective responses is limited and biased towards work developed in high-income countries (HICs). A challenge posed by the current evidence is that what works well in one environment may not have the same impact elsewhere. This said, what is already known can be used to inform current work, providing there is a commitment to improve and share knowledge by building in high quality research, monitoring and evaluation. The theory of change involves an eight-step process:

- Step 1 – Gathering evidence on the problem (Chapter 4) (Chapter 5 discusses evidence gaps)
- Step 2 – Creating an enabling national framework (Chapter 6)
- Step 3 – Changing norms and behaviour (Chapter 7)
- Step 4 – Reducing risks (Chapter 8)
- Step 5 – Building capacity to respond (Chapter 9)
- Step 6 – Special measures for armed conflict and humanitarian crisis situations (Chapter 10)
- Step 7 – Children's participation (Chapter 11)
- Step 8 – Monitoring and evaluating change (Chapter 12).

The document is designed to be stand-alone, although it cross-refers to the evidence review and readers should be familiar with the contents of this. It is clearly beyond the scope of this brief document to include all the detail given in already existing guidance on specific topics. Where this is

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<sup>31</sup> See Appendix 1 in the companion publication: Radford, Allnock and Hynes 2015, op. cit.

relevant, cross-reference is made to the more detailed guidance and resources available. Case studies are included to share practical experiences and knowledge gained from action against child sexual abuse and exploitation in different contexts across the world.

## 2. Overview of the problem

### 2.1 Definitions

Sexual abuse and exploitation of children are aspects of the broader and globally prevalent problem of violence against children, which is defined in Article 19 of the Convention on the Rights of the Child (CRC) as:

*All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.*

The focus is on the framework of international responsibilities towards sexually exploited and abused children set out in the CRC, specifically in articles 19, 34, 35 and 39; in the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography (OPSC); in the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Palermo Protocol); and in the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention).

The definition of child sexual abuse is provided in the Council of Europe Convention:

*[E]ngaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities (this does not apply to consensual sexual activities between minors), and b) engaging in sexual activities with a child where use is made of coercion, force or threats; or abuse is made of a recognised position of trust, authority or influence over the child, including within the family; or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence.<sup>32</sup>*

Child sexual exploitation is when a second party benefits monetarily, socially or politically through sexual activity involving a child. It includes harmful acts such as sexual solicitation and prostitution of a child or adolescent and, in the Council of Europe Convention, covers situations where a child or other person is given or promised money or other form of remuneration, payment or consideration in return for the child engaging in sexual activity, even if the payment/remuneration is not made. Sexual abuse and exploitation may include force and violence, but not necessarily. Coercion, deception, entrapment, emotional manipulation or grooming are often involved, and there is usually a power imbalance between the perpetrator and victim.

One of the challenges for building an effective response is to keep a focus on the different types of behaviour involved in child sexual abuse and exploitation and the different impacts on children across different cultural and political contexts. Child sexual abuse can include a range of abusive acts – for example, inappropriate touching, penetration, coerced sex, rape, attempted rape, online grooming, harassment, voyeurism, exhibitionism and producing or distributing indecent child sexual abuse images of the child.<sup>33</sup> It can occur in any setting: in and outside the home, in school, in workplaces, in neighbourhoods and communities, in social welfare, justice or state institutions, in travel and tourism facilities, online and in the context of armed conflict.<sup>34</sup> It can occur in a range of different relationships. Those responsible can be adults or peers, acting alone or as a group.

Different child protection challenges are raised for responding to child sexual abuse and exploitation depending on:

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<sup>32</sup> Article 18.

<sup>33</sup> See Council of Europe Convention; OPCS.

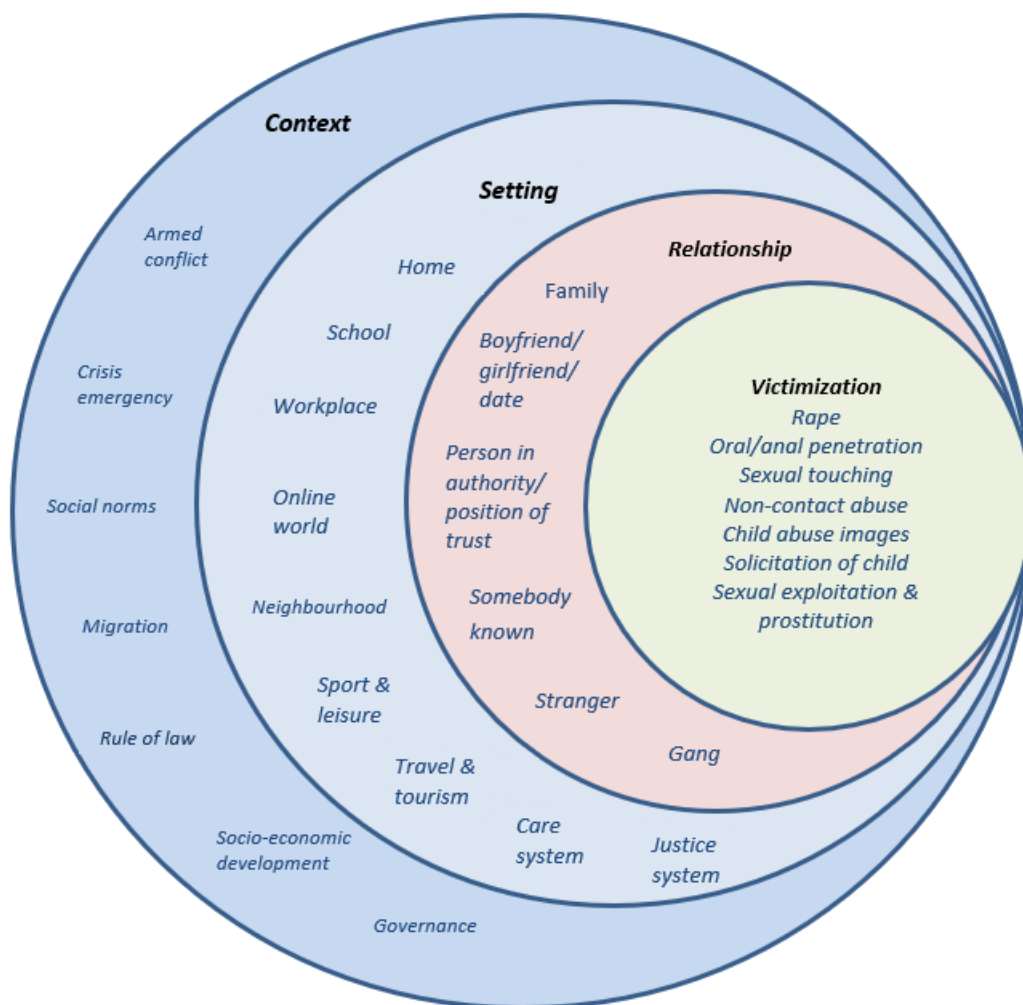
<sup>34</sup> Pinheiro 2006, op. cit.



- the type of victimization (its nature, severity, frequency, duration, co-occurrence with other violence, etc.)
- the relationship in which this occurs (particularly the degree of intimacy, dependency and power between the victim and perpetrator)
- the opportunity for abuse provided by the setting or location (particularly the opportunity for unregulated access to the child afforded in some settings such as the home)
- the broader political and cultural context that influences systemic inequalities and whether or not forms of abuse are recognized and acted upon (so that the child has adequate help and protection and the offender is sanctioned or stopped).

Figure 1 illustrates these different dimensions of child sexual abuse and exploitation by victimization type, relationship, setting and broader political/cultural context. Each dimension has implications for prevention, identifying those at risk, providing help, protection and treatment and agreeing priorities. A comprehensive strategy to prevent and respond to child sexual abuse and exploitation would need to take into account these different dimensions of the problem. It is hoped that this guidance, by focusing comprehensively on all these inter-related dimensions, will enable a much-needed shift towards less fragmented and more consolidated approaches.

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



## 2.2 The extent and nature of the problem

Systematic reviews of country-wide surveys show rates of lifetime child sexual abuse range within and across regions from 14–28 per cent of girls and 4–12 per cent of boys in Europe, to 20–27 per cent of girls and 7–8 per cent of boys in Canada and the United States, 8–13 per cent of girls and 2–14 per cent of boys in South America, 20–43 per cent of girls and 10–30 per cent of boys in Africa and 7–68 per cent of girls and 4–35 per cent of boys in Asia.<sup>35</sup> Where similar measures have been used in the surveys, findings on the prevalence of child sexual abuse tend to be lower in Europe compared with the United States, while Eastern African and South Asian countries have the highest rates.<sup>36</sup> A UNICEF review of comparable data on rates of sexual violence experienced in the past 12 months shows the Democratic Republic of Congo with the highest rates of forced sexual intercourse or other forced sexual acts, with 10 per cent of girls aged 15 to 19 having experienced this.<sup>37</sup>

Estimates of the prevalence of child sexual exploitation in high-income countries (HICs) draw mostly on data gained from agencies such as the police or courts, which are widely accepted to be underestimates of the numbers of children affected. No reliable data are available in low- and middle-income countries (LMICs) on how many children are in brothels or are sexually exploited on the streets, through prostitution and during armed conflicts.

Worldwide, 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, other relative, family friend, boyfriend/girlfriend or person in a relationship of trust or authority.<sup>38</sup> The family or child's own home is the most frequently mentioned location.<sup>39</sup> For adolescents, intimate partners – boyfriends or girlfriends – are the most common perpetrators of rape or contact sexual abuse.<sup>40</sup> High rates of sexual harassment in schools from peers and teachers or sexual assaults from people in the community while on the journey to school have been found in some LMICs.<sup>41</sup>

Research on the extent of online sexual abuse and exploitation relates mostly to HICs,<sup>42</sup> although some studies have been done in LMICs.<sup>43</sup> A self-report survey in the United States found 9 per cent of children and adolescents aged 10 to 17 who were Internet users had been subject to unwanted online sexual solicitation.<sup>44</sup> The EU Kids Online study found low risk was linked with low levels of Internet use. Between 1 in 2 and 1 in 10 teenagers had been bullied or received unwanted sexual

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<sup>35</sup> Andrews, Gavin, Justine Corry, Tim Slade, Cathy Issakidis and Heather Swanton, 'Child Sexual Abuse', in *Comparative Quantification of Health Risks: Global and regional burden of disease attributable to selected major risk factors, Volume 2*, edited by Majid Ezzati, Alan D. Lopez, Anthony Rodgers and Christopher J. L. Murray, pp. 1581–1940, World Health Organization, Geneva, 2004; Stoltenborgh, Mariji, Marinus H. van Ijzendoorn, Eveline M. Euser and Marion J. Bakermans-Kranenburg, 'A Global Perspective on Child Sexual Abuse: Meta analysis of prevalence around the world', *Child Maltreatment*, vol. 16, no. 2, 2011, pp. 79–101.

<sup>36</sup> World Health Organization (WHO), *Global Status Report on Violence Prevention*, WHO, Geneva, 2014.

<sup>37</sup> UNICEF 2014a, op. cit.

<sup>38</sup> Ibid., Pinheiro 2006, op. cit.

<sup>39</sup> Averdijk, M., M. Eisner and K. Mueller-Johnson, *Sexual Victimization among Adolescents in Switzerland*, Optimus Foundation, Geneva, 2011; Stavropoulos, Joanna, *Violence Against Girls in Africa: A retrospective survey in Ethiopia, Kenya and Uganda*, African Child Policy Forum, Addis Ababa, 2006; United Nations Children's Fund (UNICEF) Tanzania, United States Centers for Disease Control (CDC) and Muhimbili University of Health and Allied Sciences, *Violence Against Children in Tanzania: Findings from a national survey 2009*, Dar es Salaam, 2011.

<sup>40</sup> Barter, Christine, Melanie McCarry, David Berridge and Kathy Evans, *Partner Exploitation and Violence in Teenage Intimate Relationships*, NSPCC, London, 2009; Reza, Avid, Matthew J. Breiding, Jama Gulaid, James A. Mercy, et al., 'Sexual Violence and Its Health Consequences for Female Children in Swaziland: A cluster survey study', *The Lancet*, vol. 373, no. 9679, 2009, pp. 1966–1972.

<sup>41</sup> Pinheiro 2006, op. cit.; Jewkes, Rachel, Jonathan Levin, Nolwazi Mbananga and Debbie Bradshaw, 'Rape of Girls in South Africa', *The Lancet*, vol. 359, no. 9302, pp. 319–320; UNICEF Tanzania et al. 2011, op. cit.

<sup>42</sup> Jones, Lisa M., Kimberly J. Mitchell and David Finkelhor, 'Online Harassment in Context: Trends from three youth internet safety surveys (2000, 2005, 2010)', *Psychology of Violence*, vol. 3, no. 1, 2013, pp. 53–69.

<sup>43</sup> Brazilian Internet Steering Committee (cgi.br), *ICT Kids Online Brazil 2012: Survey on internet use by children in Brazil*, cgi.br, Sao Paulo, 2013, available at: <<http://www.cetic.br/publicacoes/2012/tic-kids-online-2012.pdf>>.

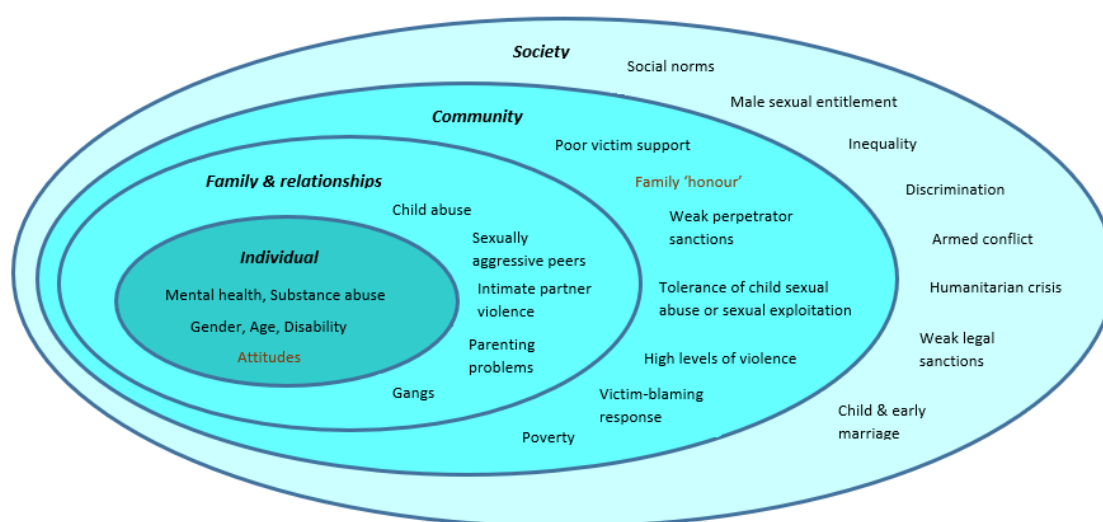
<sup>44</sup> Priebe, Gisela, Kimberly J. Mitchell and David Finkelhor, 'To Tell or Not to Tell? Youth's responses to unwanted Internet experiences', *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, vol. 7, no. 1, 2013, article 6.

comments online.<sup>45</sup> There is some evidence that some children are regularly accessing and using mobile phones for online pornographic images.<sup>46</sup>

## 2.3 Causes, risks and vulnerabilities

It is widely accepted that there is no one single factor that causes the problem of child sexual abuse and exploitation. Figure 2 summarizes what is known from research into child sexual abuse and exploitation about the risks to victims and risks influencing perpetrators. Key risks are shown within a socio-ecological framework<sup>47</sup> at the inter-related levels of the individual victim or perpetrator, the victim or perpetrator's family context and relationships, her/his interaction with the community and the influence of broader factors in society. Common risks to children increasing the likelihood of victimization or perpetration are shown in black text. Two relevant only to perpetrating abuse are shown in brown.

**Figure 2. Summary of known risks associated with being a victim or perpetrator of child sexual abuse and exploitation**



Wider structural inequalities on the basis of gender, age, ethnicity and poverty are recognized as key drivers for child sexual abuse and exploitation. Rape is used as, and is now recognized to be, a weapon of war, and women and children are targets.<sup>48</sup> Children are developmentally vulnerable to all forms of violence. Although child sexual abuse and exploitation is widely recognized as unlawful, laws prohibiting abusive behaviour are not always enforced and may conflict with other policies, practices and cultural beliefs. Norms and beliefs that support or condone gender-based violence and double standards of sexual behaviour for females and males are widespread.<sup>49</sup> In many parts of the

<sup>45</sup> Livingstone, Sonia and Leslie Haddon, *EU Kids Online: Final report*, EU Kids Online, London School of Economics and Political Science, London, 2009.

<sup>46</sup> Mossige, Svein, Mare Ainsaar and Carl Goran-Svedin, eds., *The Baltic Sea Regional Study on Adolescents' Sexuality*, NOVA Norwegian Social Research, Oslo, 2007.

<sup>47</sup> Belsky, Jay, 'Child Maltreatment: An ecological integration', *American Psychologist*, vol. 35, no. 4, 1980, pp. 320–335; Belsky, Jay, 'Etiology of Child Maltreatment: A developmental-ecological analysis', *Psychological Bulletin*, vol. 114, no. 3, 1993, pp. 413–434; Bronfenbrenner, Urie, 'Toward an Experimental Ecology of Human Development', *American Psychologist*, vol. 32, no. 7, 1977, pp. 513–551; Bronfenbrenner, Urie, 'Ecology of the Family as a Context for Human Development: Research perspectives', *Developmental Psychology*, vol. 22, no. 6, 1986, pp. 723–742.

<sup>48</sup> Canning, Victoria, 'Who's Human? Developing sociological understandings of the rights of women raped in conflict', *International Journal of Human Rights*, vol. 14, no. 6, 2010, pp. 849–864.

<sup>49</sup> Barker, Gary, Juan Manuel Contreras, Brian Heilman, Ajay Singh, et al., *Evolving Men: Initial results from the International Men and Gender Equality Survey (IMAGES)*, International Center for Research on Women (ICRW), Washington, DC and Instituto Promundo, Rio de Janeiro, 2011.

world, women and girls have limited legal rights and protection compared to men and boys, making them vulnerable. Notions of masculinity and sexuality have an influence and, although males can be victims and females sometimes perpetrators, it is boys and young men between the ages of 15 to 25 who commit most violent and sexual crimes.<sup>50</sup> Distorted beliefs about male entitlement and the ‘appropriateness’ of having sex with children are prevalent among sex offenders.<sup>51</sup> In many contexts, there are high levels of tolerance towards sex with under-age girls, making adolescent girls particularly vulnerable.<sup>52</sup>

Children lack protection across the range of settings in which they spend their lives and are too frequently not believed when they disclose experiences of sexual abuse and exploitation or may be criminalized rather than treated as victims.<sup>53</sup> Poverty is linked with child maltreatment, including child sexual abuse and exploitation, although the relationship with sexual abuse is less clear-cut than for other maltreatment types.<sup>54</sup> Sexual exploitation can result because selling sex is the only option for a runaway, abandoned or orphaned child to provide for subsistence needs.<sup>55</sup>

The individual characteristics of the child (age, disability, gender, homelessness, drug or alcohol misuse, etc.) and her/his experiences in the family, close relationships and community will have an influence on vulnerabilities. Factors in a community, such as the level of violence and criminality in general, and within a child’s family or close relationships are similarly relevant. A poor or distant relationship with a parent, living with domestic violence, abuse or neglect or in a chaotic household with a low level of parental supervision and support can increase the risk of exposure to abuse and exploitation. In neighbourhoods where abuse is more prevalent, children and adolescents will be more vulnerable and more likely to associate with others involved in criminal, abusive or exploitative behaviour.<sup>56</sup> On the other hand, the impact of violence and abuse may also be mitigated by having a secure relationship or attachment with an adult carer and practical and emotional support from the wider family, from friendships or in the wider community. Street children and children who have been orphaned or are living apart from parents have higher rates of sexual exploitation.<sup>57</sup> In emergencies or in the context of a humanitarian crisis, children may be exposed to particular risks, such as separation from family, making them less able to protect themselves and vulnerable to sexual exploitation.<sup>58</sup>

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<sup>50</sup> Radford, Lorraine, *Re-thinking Children, Violence and Safeguarding*, Bloomsbury, London, 2012; Newburn, Tim, ‘Youth Crime and Youth Culture’, in *The Oxford Handbook of Criminology*, edited by Mike Maguire, Rod Morgan and Robert Reiner, pp. 575–601, Oxford University Press, Oxford, 2007.

<sup>51</sup> Beech, Anthony R. and Tony Ward, ‘The Integration of Etiology and Risk in Sexual Offenders: A theoretical framework’, *Aggression and Violent Behavior*, vol. 10, no. 1, 2004, pp. 31–63.

<sup>52</sup> Human Rights Council, *Annual Report of the Special Representative of the Secretary-General on Violence against Children*, A/HRC/22/55, 2013.

<sup>53</sup> Ibid.; Paine, Mary L. and David J. Hansen, ‘Factors Influencing Children to Self-Disclose Sexual Abuse’, *Clinical Psychology Review*, vol. 22, 2002, pp. 271–295.

<sup>54</sup> Black, D., R. Heyman and A. Smith Slep, ‘Risk Factors for Child Sexual Abuse’, *Aggression and Violent Behavior*, vol. 6, no. 2–3, 2001, pp. 203–223.

<sup>55</sup> Estes, Richard J., *The Sexual Exploitation of Children: A guide to the empirical literature*, University of Pennsylvania, Philadelphia, PA, 2001.

<sup>56</sup> Berelowitz, Sue, Carlene Firmin, Gareth Edwards and Sandra Gulyurtlu, *“I Thought I Was the Only One”: The Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups – Interim report*, Office of the Children’s Commissioner, London, 2012.

<sup>57</sup> Reza et al. 2009, op. cit.; Mahmud, Iffat, Karar Z. Ahsan and Mariam Claeson, *Glue Sniffing and Other Risky Practices among Street Children in Urban Bangladesh*, World Bank, Washington, DC, 2011.

<sup>58</sup> Delaney, Stephanie, *Protecting Children from Sexual Exploitation and Sexual Violence in Disaster and Emergency Situations: A guide for local community-based organisations*, ECPAT International, Bangkok, 2006.

## 2.4 Consequences

Sexual abuse and exploitation have consequences for the healthy development and physical and mental health of children. The consequences for children in HICs include self-harm, bulimia and anorexia, and sexualized and risk-taking behaviour.<sup>59</sup> One study in Kenya found that 30 per cent of the females aged 18–24 years who had experienced forced sex before the age of 18 and 7% of females aged 13–17 years who experienced forced sex had become pregnant as a result.<sup>60</sup> There is a clear undisputed association between early sexual debut and risk of HIV and AIDS.<sup>61</sup>

An adverse impact on mental health has been found.<sup>62</sup> The more frequent and severe the exposure to sexual abuse, the greater the risks for a poor mental health outcome.<sup>63</sup> The psychological and emotional impact of child sexual abuse can be particularly devastating because the surrounding secrecy, shame and stigma mean children who experience this often have to cope alone. In the context of a culture of disbelief or victim blaming – where victims are seen as responsible, shamed and shunned – it will be very difficult for a child or young person to tell anybody what has happened.<sup>64</sup>

Sexual abuse and exploitation often have an impact on the behaviour of the victim by exposing a child to sexualized behaviour. A young child may respond with intense masturbatory or harmful and inappropriate behaviour towards others.<sup>65</sup> A sexually abused child may be secretive and socially isolated, which can in turn create a risk of additional victimization and bullying from peers or predatory adults. Older children often respond in ways that may put them at further risk, including running away, skipping school, taking drugs or alcohol and becoming promiscuous. Experiences of child sexual abuse can affect the victim's ability to form secure attachments and thus to develop stable and trusting relationships.<sup>66</sup>

Experiences of abuse often accumulate and overlap with other adversities so that a child or young person who is sexually abused or exploited is at greater risk of experiencing other types of violence or abuse from adults or peers. Children who are 'polyvictimized' in this way tend to have the poorest outcomes.<sup>67</sup>

There has been extensive research into whether or not children who are maltreated in childhood are more likely to be law-breakers or sex offenders in adult life. Sexually abused girls are at higher risk of

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<sup>59</sup> Bentovim, Arnon, Anthony Cox, Liza Bingley Miller and Stephen Pizzey, *Safeguarding Children Living with Trauma and Family Violence: Evidence based assessment, analysis and planning interventions*, Jessica Kingsley, London, 2009; Chen, Laura P., M. Hassan Murad, Molly L. Paras, Kristina M. Colbenson, et al. 'Sexual Abuse and Lifetime Diagnosis of Psychiatric Disorders: Systematic review and meta-analysis', *Mayo Clinic Proceedings*, vol. 85, no. 7, 2010, pp. 618–629

<sup>60</sup> U.S. Centers for Disease Control and Prevention (CDC), *Violence against Children in Kenya: Summary report on the prevalence of sexual, physical and emotional violence, context of sexual violence, and health and behavioral consequences of violence experienced in childhood*, United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, U.S. Centers for Disease Control and Prevention and Kenya National Bureau of Statistics, Nairobi, 2012.

<sup>61</sup> Wilson, Helen W. and Cathy Spatz Widom, 'An Examination of Risky Sexual Behavior and HIV in Victims of Child Abuse and Neglect: A 30-year follow-up', *Health Psychology*, vol. 127, no. 2, 2008, pp. 149–158

<sup>62</sup> Andrews et al. 2004, op. cit.; Dinwiddie, S., A. C. Heath, M P. Dunne, K. K. Bucholz, et al., 'Early Sexual Abuse and Lifetime Psychopathology: A co-twin -control study', *Psychological Medicine*, vol. 30, 2000, pp. 41–52; Molnar, B. E., L. F. Berkman and S. L. Buka, 'Psychopathology, Childhood Sexual Abuse and Other Childhood Adversities: Relative links to subsequent suicidal behaviour in the US', *Psychological Medicine*, vol. 31, no. 6, 2001, pp. 965–977.

<sup>63</sup> Clemmons, John C., Kate Walsh, David DiLillo and Teri L. Messman-Moore, 'Unique and Combined Contributions of Multiple Child Abuse Types and Abuse Severity to Adult Trauma Symptomatology', *Child Maltreatment*, vol. 12, no. 2, 2007, pp. 172–181; Andrews et al. 2004, op. cit.

<sup>64</sup> Pinheiro 2006, op. cit.

<sup>65</sup> Bentovim et al. 2009, op. cit.

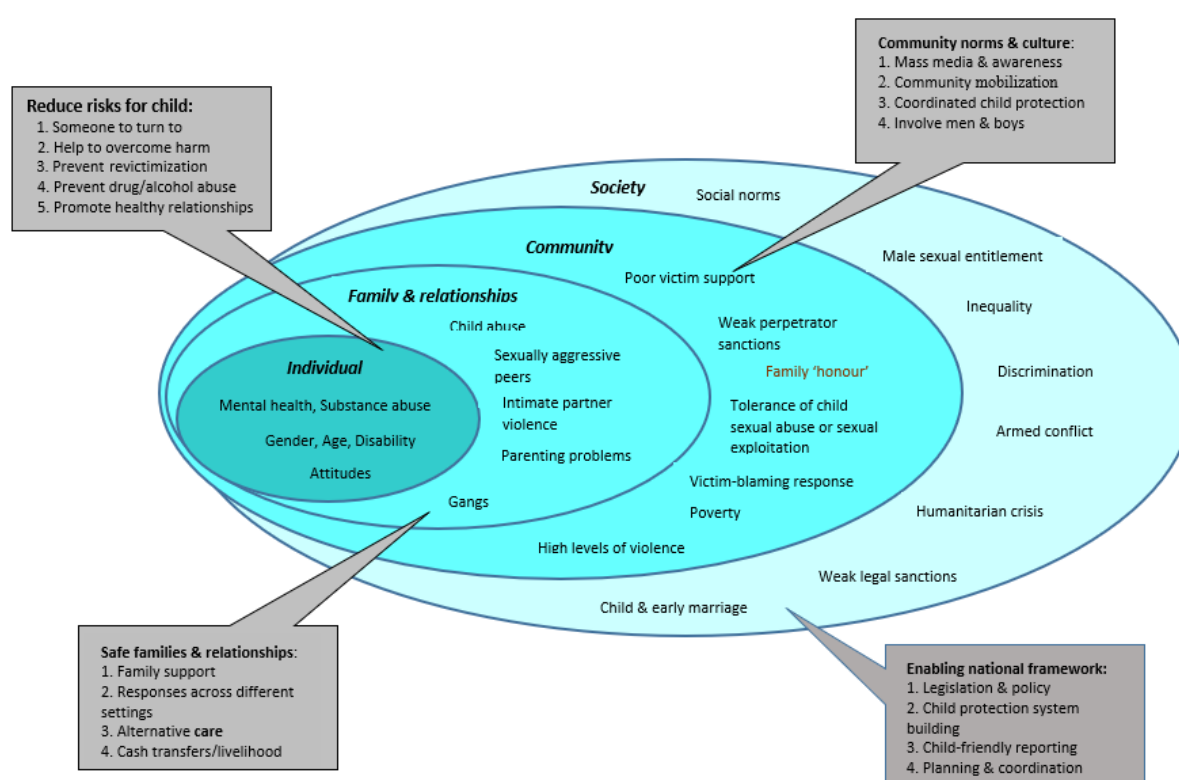
<sup>66</sup> Howe, David, *Child Abuse and Neglect: Attachment, development and intervention*, Palgrave Macmillan, London, 2005.

<sup>67</sup> Finkelhor, David, Richard K. Ormrod and Heather A. Turner, 'Poly-victimization and Trauma in a National Longitudinal Cohort', *Development and Psychopathology*, vol. 19, no. 1, 2007, pp. 149–166; Ellonen, Noora and Venla Salmi 'Polyvictimization as a Life Condition: Correlates of polyvictimization among Finnish children', *Journal of Scandinavian Studies in Criminology and Crime Prevention*, vol. 12, no. 1, 2011, pp. 20–44.

later exploitation in prostitution<sup>68</sup> and of experiencing violence and abuse from an intimate partner.<sup>69</sup> Boys sexually abused as children are at greater risk of persisting in sexually harmful behaviour as adults; however, the majority of victimized boys do not abuse others in adult life.<sup>70</sup>

Actions taken to prevent and respond to child sexual abuse and exploitation need to draw from the evidence on the prevalence, consequences, risks and protective factors. The children most harmed are likely to be those who experience severe abuse, of long duration, those revictimized and those who experience polyvictimization and other adversities. Children in high-risk, high-harm groups require a greater degree of help, and resources are needed to provide this. Priorities for action, however, must include both prevention and response because a solely reactive response to protect and help those children who are already known to be most harmed is unlikely to bring an overall decline in the extent of the problem. Figure 3 illustrates the range of responses (shown in the call out boxes) that are likely to be needed within any nation to comprehensively address the individual, family, community and societal level factors that contribute to the problem.

**Figure 3. Actions to prevent and respond to child sexual abuse and exploitation**



Preventive strategies should target potential victims and perpetrators to reduce the risks at the structural, community, family and individual levels and build on contextual strengths and protective factors. Preventive and protective responses are inter-related. Ideally, a tiered approach is required to meet the full range of needs that vulnerable children may have, from high risk/acute harm through to responses for those at lower levels of vulnerability.

<sup>68</sup> Wilson, Helen W. and Cathy Spatz Widom, 'The Role of Youth Problem Behaviour on the Path from Child Abuse and Neglect to Prostitution: A prospective study', *Journal of Research on Adolescence*, vol. 20, no. 1, 2010, pp. 210–236

<sup>69</sup> Daigneault, Isabelle, Martine Hébert and Pierre McDuff, '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, 2009, pp. 638–647.

<sup>70</sup> Bentovim et al. 2009, op. cit.



### 3. Developing a theory of change

The previous chapter highlighted key evidence on the nature, prevalence and consequences of child sexual abuse and exploitation and the risks and vulnerabilities most likely to influence whether or not a child is a victim or perpetrator. This chapter builds on findings to propose key principles and a theory of change.

#### 3.1 Guiding principles

The review of evidence and guidance documents identified the following four core principles as essential for guiding responses towards child sexual abuse and exploitation:

- i. Being grounded in a children's rights-based framework
- ii. Applying critical thinking
- iii. Building constructive partnerships and knowledge of the context
- iv. Being accountable.

##### **i. Being grounded in a children's rights-based framework**

This is, by definition, an outcome focused approach because the expected outcome is an improvement in the rights and well-being of children, achieved ultimately by the elimination of child sexual abuse and sexual exploitation. Children's rights conventions – especially the Convention on the Rights of the Child (CRC), the Optional Protocol on the sale of children, child prostitution and child pornography (OPSC) and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Palermo Protocol) – provide useful universal standards from which to monitor progress. The CRC sets out the same basic rights for children everywhere: the right to life; to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four umbrella principles of the CRC guiding any response are:

- non-discrimination, recognizing that all children have the same rights regardless of gender, sexuality, disability, social background, language, culture, nationality, ethnicity (article 2)
- the best interests of the child – any action or decision concerning children must be made with consideration of the child's best interests (article 3)
- the child's right to life, survival and development (article 6)
- respect for the views of the child – children have the right to have their views on matters that affect them taken into account and given due weight, in accordance with their age and maturity (article 12).

A number of the articles in the CRC make specific reference to child sexual abuse and exploitation, setting out the responsibilities of States to take action to prevent it, protect children and help those who are affected to overcome the harm and be reintegrated into their families and communities (see Appendix I).

Child protection interventions can be experienced as a form of secondary victimization when the response – for example, in a criminal court – re-plays or reinforces the child's humiliation and denigration. If the anticipated response is likely to be judgemental or disempowering, children will understandably be reluctant to have services involved. Responses need to be developed in consultation with children and adolescents who have experienced sexual abuse and exploitation so that services know how to treat children with dignity and respect.

- A rights-based approach means recognizing child sexual abuse and exploitation as crimes against children, where the child is a victim and not seen to be responsible or criminalized by the victimization.
- A rights-based approach means that the child's best interests, especially the child's safety and well-being, are given priority.
- In cases where a child or adolescent is the perpetrator of a sexual assault on another child or adolescent, a rights-based approach recognizes the victim's safety as the first and most important consideration. However, while the offense committed by the child or adolescent perpetrator is acknowledged, the response will be based on recognition of the perpetrator's status as a child.
- A rights-based approach does not criminalize consensual and experimental sexual activity in intimate relationships between adolescents of similar ages and capacities.
- A rights-based approach recognizes that different children and adolescents may develop at varied ages the capacities to understand the implications of taking part in sexual acts and therefore provides guidance and protection that is appropriate to meet the child's evolving capacities.
- A rights-based approach supports the agency and the right of children to have a say in decisions affecting their well-being. It supports their meaningful participation in determining and monitoring responses (discussed further in Chapter 11).
- A rights-based approach to child sexual abuse and exploitation comes with state legal responsibilities and accountabilities to take action.
- A rights-based approach promotes equity, ensuring that *all* children are safe from sexual abuse and exploitation without discrimination. It is proactive in prioritizing understanding and reducing the risks faced by the most disadvantaged children in a society.

## **ii. Applying critical thinking**

Critical thinking is essential at all levels in an organization to build a learning culture. It means being willing to question and to take an evidence-informed approach. There are inevitable tensions for individuals working directly with children and their families in crisis between delivering services to meet their needs and gathering the evidence required to build and improve the services provided. Evidence-informed approaches can help steer decision makers towards tried and tested effective responses and help prevent the waste of precious resources on projects that do little more than repeat earlier results and earlier mistakes.

- Evidence-informed approaches need to be built into the culture of an organization and into the fabric of programme, policy and service design and delivery. This means senior personnel must take the initiative to create an evidence-informed commitment in their core business and strategic activities.
- Evidence-informed approaches identify, respect and make use of expertise gained from research, context-relevant practice and those most affected by child sexual abuse and exploitation. Mechanisms to bring these together and enable problem-solving dialogue need to be provided.
- Building good evidence takes time, and it is imperative that funders and governments understand the need for longer-term and more sustainable funding strategies to support this possibility.
- Evidence-based approaches develop and apply workable methods to monitor and evaluate impact.

Actions taken against child sexual abuse and exploitation can raise strong reactions from families, members of the community, religious groups or the public in general. A strong culture of disbelief and victim-blaming that exists about child sexual abuse and exploitation in many societies means

that child victims, and sometimes professionals, can be vilified and subject to a backlash. Experience from development organizations highlights the importance of pre-planning and taking into account the possibility that actions taken with the best intentions may carry their own risks of harm and have unforeseen and unexpected consequences. It should not be assumed that any intervention will inevitably bring positive outcomes, and a commitment to *do no harm* is a crucial part of a critical approach. Potential negative results should always be considered and efforts made to identify these in the process of implementation and in evaluating outcomes. Assessing the potential risks at the start and careful monitoring during set up and implementation can help to reduce the harm. It is especially important that, where there is no existing good evidence that an intervention will be effective in a particular context, the unforeseen, unexpected and potentially harmful consequences are monitored. Using and building the evidence is discussed further in Chapters 5 and 12.

### **iii. Building constructive partnerships and knowledge of the context**

Context can influence the nature of a problem and shape responses to it. To recognize and work respectfully within different political, economic, social, cultural and environmental contexts,<sup>71</sup> it is important that activities involve and draw on the context-specific experiences of children and their families and of relevant children's organizations, women's rights organizations, other key groups within the community and those involved in designing and delivering services. Without allowing relativism to compromise the commitments to children's rights, cultural competence and sensitivities to the range of beliefs, practices and issues in a community is required. Efforts to change social norms will not succeed without the involvement of people in the community, including men and boys. Community participation aids coordination and working together, supports local capacity to respond and also contributes to more sustainable outcomes. Changes need to be sustainable so that child sexual abuse and exploitation is comprehensively addressed by the government, communities and relevant services, reducing the need for external and aid-related influences. The right partners need to be identified so that those who are most experienced and knowledgeable or best placed to influence change are involved.

#### **Signpost to existing guidelines and resources:**

Further guidance on community involvement and developing partnerships can be found in the UK Department for International Development's publication:

Department for International Development (DFID), *A Practical Guide on Community Programming on Violence against Women and Girls: Guidance note 2*, Violence against Women and Girls CHASE Guidance Note Series, DFID, London, 2012.

### **iv. Being accountable**

Accountability in this context means taking responsibility for actions in response to child sexual abuse and exploitation and their results. Accountabilities exist at many levels – from States to international bodies through to individuals and the children they work with. Within a children's rights framework, the most important accountability is to the rights of the child, individually and collectively.

Being accountable involves monitoring, being honest about what has been done, having a method to communicate this and being open to challenge or independent review. Accountabilities can be defined by statute and legal provisions, through institutional systems of monitoring, reporting and complaints and through less formal communication and feedback methods.

<sup>71</sup> Krueger, Alexander, 'Learning from Child Protection Systems Mapping and Analysis in West Africa: Research and policy implications', conference paper, The Theory and Practise of Child Protection Systems, New Delhi, 13–16 November, 2012.

### 3.2 The theory of change approach

Some organizations have found it helpful to take a ‘theory of change’ approach to violence prevention.<sup>72</sup> A theory of change is “a dialogue-based process intended to generate a description of a sequence of events that is expected to lead to a particular desired outcome”.<sup>73</sup> It can be used to aid description, to get agreement about the process of change and to aid planning and the evaluation of outcomes.<sup>74</sup> It can also be linked to sources of evidence, which can be useful in trying to improve evidence-informed approaches. It takes a structured and outcome-focused approach to defining the problem and what needs to change, identifying the barriers to change, the processes for overcoming these and the anticipated outputs and outcomes. Each step in the process can be shown in a diagram, which can be a useful starting point for dialogue and consultation when developing responses in different contexts with relevant partners and stakeholders. Drawing on findings from the evidence review, a theory of change model is proposed to aid the development of responses to child sexual abuse and exploitation in different contexts. The model shown in Figure 4 is not designed to be prescriptive but to aid consensus building for the planning, governance, implementation and monitoring of responses.

The theory of change proposed is founded on a children’s rights approach, a public health approach to gender-based violence prevention<sup>75</sup> and by UNICEF’s *Child Protection Strategy*.<sup>76</sup> The model in Figure 4 draws on the UK Government’s Department for International Development (DFID) Theory of Change for eliminating gender-based violence<sup>77</sup> and adapts this to address child sexual abuse and exploitation. It is designed to be read from bottom to top, with the *problem* of child sexual abuse and exploitation defined in the box at the bottom of the diagram and the ultimate goals of change identified in the three top layers of the diagram as outcomes, impacts and super impacts. The model assumes that the journey towards these goals involves a process of social change and building the capacity for an effective multi-sectoral and child protection system response. It is assumed that in identifying the problem and responses in specific contexts, the guiding principles described in this document are applied and children and young people’s views – in particular their capacity to contribute to decisions made about their well-being – are considered. Identifying the problem in context is the first step in the process of working towards change.

Defining the *barriers* to change and how to overcome them is a key component in the social change model. Five barriers to change identified in the literature are shown at the second level from the bottom of the diagram. These may be inter-related so, for example, weak and poorly enforced legislation may be influenced by social norms that blame children and adolescents for ‘inviting’ sexual violence by engaging in risky behaviour. They may also vary in influence across different contexts and in response to different types of sexual abuse and exploitation of children so, for instance, the vulnerabilities of children and risks of sexual abuse and exploitation are likely to be highest in the context of a humanitarian crisis or armed conflict. Adolescents may feel that services provided for sexual violence victims cater only for adult women and therefore not approach them

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<sup>72</sup> E.g., in England, the Department for International Development (DFID) has taken this approach to work on gender-based violence. See Department for International Development (DFID), *A Theory of Change for Tackling Violence against Women and Girls: Guide 1*, DFID, London, 2012; see also UN Refugee Agency (UNHCR), *A Framework for the Protection of Children*, UNHCR, New York, 2012.

<sup>73</sup> Vogel, Isabel, *ESPA Guide to Working with Theory of Change for Research Projects*, Ecosystem Services for Poverty Alleviation (ESPA), London, 2012.

<sup>74</sup> Stein, Danielle and Craig Valters, *Understanding Theory of Change in International Development: A review of existing knowledge*, Asia Foundation/Justice and Security Foundation, London, 2012.

<sup>75</sup> Butchart, Alexander, Alison Phinney Harvey, Marcellina Mian and Tilman Kahane, *Preventing Child Maltreatment: A guide to taking action and generating evidence*, World Health Organization, Geneva, 2006.

<sup>76</sup> UNICEF 2008a, op. cit; United Nations Economic and Social Council, *The UNICEF Strategic Plan 2014–17: Realizing the rights of every child, especially the most disadvantaged*, E/ICEF/2013/21; United Nations Economic and Social Council, *Final Results Framework of a UNICEF Strategic Plan 2014–17*, E/ICEF/2014/8, 2014.

<sup>77</sup> DFID 2012, op. cit.

for help and support. This barrier is unlikely to be overcome if there are no efforts made to ask children and adolescents about how services can be more child friendly.

Different types of *intervention* activities are shown in the next level of the diagram and in more detail in the expanded boxes on the next page. While these have been identified from the evidence review, they are not exhaustive. The interventions will often be inter-related, as illustrated by the linking arrows. It is important that they are contextually embedded and engage stakeholders in a meaningful way.

The theory of change model distinguishes outputs, which are changes directly achieved as a result of the intervention; outcomes, which are changes in the medium to longer term as a result of the programme; and impact, which is the long-term change required – e.g., a reduction in rates of child sexual abuse. Different indicators for monitoring and evaluation purposes are needed to measure changes in outputs, outcomes and impact. These are discussed further in Chapter 12.

The six *outputs* are the desired results from the interventions. These cover:

- levels of knowledge, resources and motivation in civil society and the range of sectors to take effective action
- levels of reduction in risks and increases in protective factors
- levels of children's knowledge about recognizing sexual abuse and exploitation, the sources of help and information and their rates of reporting and use of services
- numbers and percentage of sexually abused and exploited children identified, protected and provided with help for recovery and reintegration
- increase in the numbers accessing help earlier and a subsequent decline in the numbers with cumulative and aggravated mental health or behavioural consequences (such as sexually harmful behaviour that persists into adult life)
- effective identification of perpetrators and actions taken to prevent further offending.

It is assumed in the model that the outputs will create the conditions in which the desired outcomes for children will have been achieved. The *outcomes* focus on the healthy development of children within intimate personal relationships, their safety from harm and their agency and developing capacity to make informed choices about their own intimate relationships. The model assumes that the following outcomes are achieved:

- i. Conditions exist in society to promote the healthy development of children and their capacity for healthy and equitable intimate relationships
- ii. Children who have reached the legal age of consent can make informed decisions about sexual consent without coercion, discrimination or exploitation
- iii. Social conditions, structural inequalities, beliefs, behaviours and practices that allow child sexual abuse and exploitation to happen no longer exist
- iv. Those in contact with children in all settings and contexts are prevented from sexually abusing and exploiting children.

Together the outcomes will produce the desired *impact* that girls and boys of all ages will be safe and free from all forms of sexual abuse and exploitation in all settings and contexts. This impact will contribute to the achievement of two wider and inter-related human rights '*super impacts*': the application of the rights of children to be safe from violence, sexual abuse and exploitation; and the removal of a key barrier to social, economic and political development. It is taken for granted that these outcomes cannot be viewed in isolation from other well-being outcomes for children such as good health and an education to enable them to fulfil their potential.

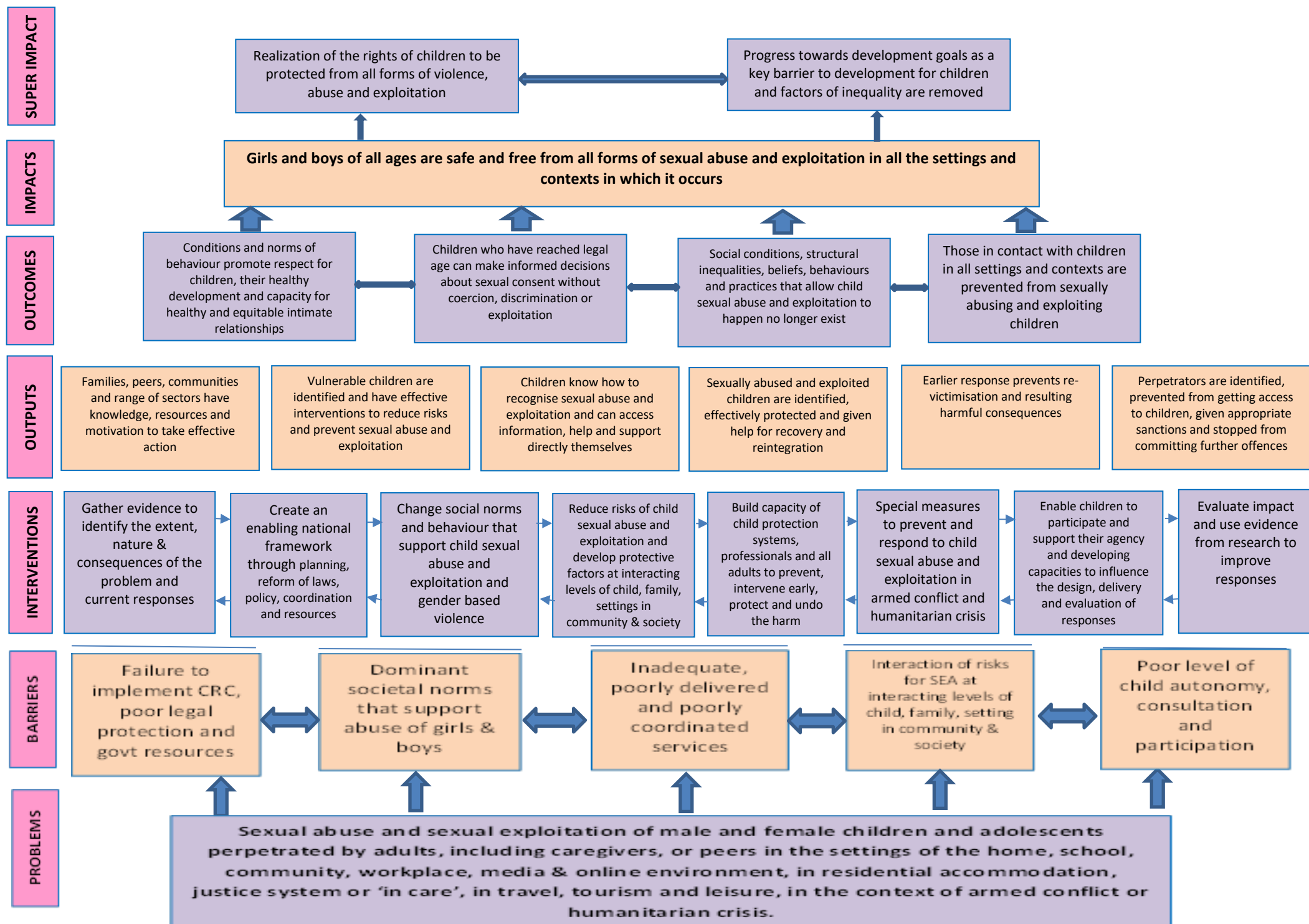
Breaking down the process of change into these 'stages' inevitably simplifies what is in reality often a long, complex and non-linear process. However, the advantages of doing this are:

- The model focuses on a children's right approach to violence prevention where the outcomes are clearly specified, thereby providing a mechanism for achieving agreement about matching actions to national plans.
- The model incorporates a multi-sector approach in which the state, all members of society and all services have a role to play in bringing about social change and responding effectively to child sexual abuse and exploitation.
- The model is not prescriptive, but the staged approach enables the complex process of change to be considered in manageable chunks within specific contexts, with the right partners and participants.
- The model is designed to facilitate the identification of key changes required in context and the barriers to this.
- The model can incorporate the diversity and spectrum of needs that different children have in different contexts and settings. It can be adapted to focus on specific marginalized and disadvantaged groups in different settings.
- At each stage, progress can be assessed and monitored with reference to the evidence and to key indicators.

The next sections make recommendations for prevention and response in the eight areas of intervention and action set out in the theory of change.

**Figure 4. Theory of change diagram: Ending child sexual abuse and exploitation (see next page).**





<p><b>Gather evidence to identify the extent, nature &amp; consequences of the problem and current responses</b></p> <p><i>Gather information and available data on prevalence, incidence and gaps</i></p> <p>Agree definitions and measures in keeping with international standards</p> <p><i>Involve stakeholders and children in improving data collection processes</i></p> <p>Collect data that distinguish age, gender, ethnicity, etc.</p> <p><i>Improve data on sexual abuse and exploitation among the most vulnerable children</i></p> <p>Combine quantitative and qualitative methods</p> <p><i>Conduct ethical child victim surveys</i></p> <p>Build capacity to improve data collection</p>	<p><b>Create an enabling national framework through planning, reform of laws, policy, coordination and resources</b></p> <p>Adopt a national action plan or strategy with realistic costings, targets and time frames</p> <p><i>Ensure national laws and policies comply with international human rights and current scientific knowledge</i></p> <p>Map child protection system</p> <p><i>Pass comprehensive legislation to prohibit child sexual abuse and exploitation</i></p> <p>Ensure laws do not criminalize child victims</p> <p><i>Set up a government policy coordination and accountability mechanism</i></p> <p>Develop government guidelines on child protection</p>	<p><b>Change social norms and behaviour that support child sexual abuse and exploitation and gender-based violence</b></p> <p>Develop prevention activities that target entrenched norms and values that support gender inequality and violence</p> <p><i>Promote life-skills training programmes to develop more equal relationships</i></p> <p>Use ‘edutainment’ to change views and perceptions</p> <p><i>Involve men and boys</i></p>	<p><b>Reduce risks of child sexual abuse and exploitation and develop protective factors at interacting levels of child, family, community &amp; society</b></p> <p><i>Develop evidence-based non-stigmatizing methods to identify and target prevention at the most vulnerable children</i></p> <p>Introduce school-based prevention programmes on safe touching, awareness &amp; online safety</p> <p><i>Promote whole-school approaches</i></p> <p>Develop awareness campaigns targeting sexual abuse and exploitation</p> <p><i>Apply knowledge about risks and protective factors to develop the evidence base for child empowerment approaches – e.g., credit transfers</i></p>	<p><b>Build capacity of child protection systems, professionals and all adults to prevent, intervene early, protect and undo the harm</b></p> <p>Train key professionals to identify and respond</p> <p><i>Ensure responses to boy victims are culturally and contextually relevant</i></p> <p>Encourage the participation of children and community groups and establish community-based child protection committees</p> <p><i>Set up multi-sector information sharing, referral and reporting mechanisms</i></p> <p>Develop child lines and child-friendly help services</p> <p><i>Coordinate the multi-sector response</i></p> <p>Ensure forensic interviewing is age appropriate</p> <p><i>Standardize the assessment process</i></p> <p>Provide child victim-friendly health care</p> <p><i>Set up specialist multi-agency teams in police or health</i></p> <p>End perpetrator impunity</p> <p><i>Build capacity for evidence-based recovery</i></p>	<p><b>Introduce special measures to prevent and respond to child sexual abuse and exploitation in armed conflict and humanitarian crisis</b></p> <p>Implement current guidance on minimum standards</p> <p><i>Adhere to codes of conduct for humanitarian personnel</i></p> <p>Focus on situational prevention</p> <p><i>Register unaccompanied children</i></p> <p>Provide safe spaces for children</p>	<p><b>Enable children to participate so their views can influence the design, delivery and evaluation of responses</b></p> <p>Improve child and youth service user participation – e.g., ECPAT Youth Partnership Project</p> <p><i>Support youth councils</i></p> <p>Improve participation of the most marginalized children</p> <p><i>Improve evidence on effective child victim participation methods in specific contexts</i></p>	<p><b>Evaluate impact and use evidence from research to improve responses</b></p> <p>Apply guidance on monitoring and evaluation</p> <p><i>Set up and resource monitoring &amp; evaluation with realistic and time-bound targets for short-, medium- and longer-term impacts</i></p> <p>Include monitoring of any adverse consequences</p> <p><i>Use mixed quantitative and qualitative methods of monitoring &amp; evaluation</i></p> <p>Develop context-specific child sexual abuse and exploitation indicators – e.g. police and health-recorded rape and sexual assault rates</p> <p><i>Develop indicators relevant for the most vulnerable children</i></p>
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## 4. Gathering evidence on the problem

The first step before initiating a response to sexual abuse or exploitation is to conduct a thorough analysis of the problem. This chapter focuses on collecting data to better understand the problem and provide a baseline for later evaluation of change. It includes a checklist and a case study. Monitoring change is discussed further in Chapter 12.

### 4.1 Purpose

Data on the extent and nature of the problem are needed for the following reasons:

- To develop a baseline to identify the extent and nature of the problem, which children are most likely to be vulnerable and the risks and protective factors associated with being a victim or perpetrator
- To assess needs for services and interventions and target resources appropriately
- To inform monitoring and evaluation and tracking trends and changes over time
- To provide robust data to raise awareness about the problem in the population and among key stakeholders
- To address diversity gaps in knowledge about particularly disadvantaged groups of children affected and the barriers and bottlenecks they face.

### 4.2 Methods

The main methods used to gather data on the scale and nature of the problem are national surveys, analysis of data from administrative sources, secondary analysis of data from other surveys, community-level surveys, data from services such as child helplines, and scoping using a rapid assessment.<sup>78</sup> Methods of gathering information on violence against children and children's rights in general are covered extensively in United Nations Children's Fund (UNICEF) guidance and other guidance on situational analysis methods.<sup>79</sup> The known advantages and disadvantages of different methods of collecting data on the extent and nature of child sexual abuse and exploitation are summarized in Table 1.

The value of a particular method of evidence gathering will vary with context. The World Health Organization (WHO) recommends collecting epidemiological data on the extent and nature of violence against children. Epidemiological data:

- Are rigorous and apply standardization and investigative methods for quality control
- Are able to produce findings that are relevant to a defined population at risk (such as children in a particular nation) rather than drawing evidence from service samples
- Produce observations oriented to groups in the population rather than individuals
- Draw conclusions based on comparisons between different groups or variables, e.g., comparing how risk factors such as gender or age may be linked with experiencing sexual violence in different settings.<sup>80</sup>

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<sup>78</sup> Rapid assessment methods gather data from multiple sources in a short time period and are often used in crisis contexts or when information is needed quickly to inform further action or investigation. There are established methodologies – see, e.g., McNall, Miles and Pennie G. Foster-Fishman, 'Methods of Rapid Evaluation, Assessment, and Appraisal', *American Journal of Evaluation*, vol. 28, no. 2, 2007, pp. 151–168.

<sup>79</sup> Situational analysis is a method of rapid evidence collection frequently used by organizations in situations of humanitarian crisis. There is an established methodology – see, e.g., United Nations Children's Fund (UNICEF), *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, Division of Policy and Strategy, UNICEF, New York, 2012a.

<sup>80</sup> World Health Organization (WHO), *Preventing Child Maltreatment: A guide to taking action and generating evidence*, WHO, Geneva, 2006.

Most research studies take time to set up and implement and may be less useful where rapid evidence is required – for example, in the context of a humanitarian crisis. Evidence-gathering activities for situational analysis should ideally also use multiple data sources such as self-report victimization/perpetration, administrative data and service mapping. Qualitative research is also important as it can provide in-depth information on children’s experiences and the context, attitudes and beliefs that influence these experiences.

**Table 1. Ranking of value for different methods of data collection using selected criteria, ranked from 1 (lowest value) to 6 (highest value/cost)**

Method of data collection	Generalize to population	Value in tracking trends	Diversity addressed	Suitability in conflict/crisis	Need for expertise	Cost
High quality population survey	6	6	6	1	6	6
Analysis of data from other surveys	5	5	5	3	5	3
National administrative data	4	4	2	2	3	2
Community-level survey	2	2	4	4	2	5
Service data, e.g., child helpline	1	3	1	5	1	1
Scoping using rapid assessment methods	3	2	3	6	4	4

The best data on children’s experiences of violence are gained from community representative population samples of children, using scientifically rigorous, validated and ethical methods where children have participated in the design. Data collected from other surveys such as the Multiple Indicator Cluster Surveys (MICs), Demographic and Health Surveys (DHS) and the Health Behaviour in School Aged Children (HBSC) surveys contain some relevant data on experiences of sexual violence, although these tend to be limited to experiences of older adolescents.

Administrative data – based on cases of child sexual abuse or exploitation reported to agencies such as the police, courts, health services or child protection agencies – are another source of information but are known to undercount as many cases go unreported. In contexts where administrative data are poor because services are sparse or inaccessible, collecting information directly from those affected will be the only reliable way forward (although efforts need to be made to strengthen administrative data collection as well).

Community-level surveys in a particular area and analysis of service data – for example, from a child helpline – can also produce helpful information on child sexual abuse and exploitation, although the findings will not be generalizable to the national context. Child helpline data can produce very useful information on emerging trends and service gaps (see Case Study 7).

Recent years have seen a growth in influential national surveys of violence against children that have included sexual abuse and exploitation. Surveys using validated measures that consider the breadth of violence, other adversities as well as sexual abuse and exploitation are most worthwhile as these can capture the overlapping experiences of victimization children often have and the combined impact of polyvictimization and common risks. Any data gathering ideally needs to collect data on all experiences of childhood and past year violence for girls and boy (by adult and peer perpetrators, across the age range and across different settings) as well as separate data on the range of

experiences of sexual abuse and exploitation. UNICEF, the U.S. Centres for Disease Control and Prevention (CDC), Together for Girls and other partners have helped develop global indicators and a common survey instrument and methodology<sup>81</sup> that has been used in several low- and middle-income countries (LMIC) (see Case Study 1).

### 4.3 Knowledge gaps

While data on the gender dimensions of child sexual abuse and exploitation have improved, there is a need to also improve data collection on the experiences of females and males across the life course, gathering data on experiences of sexual violence at different ages in childhood and into adulthood. Richer qualitative and quantitative data on victimization and self-reported perpetration, as in the IMAGES research discussed in the Evidence Review, are needed as well.<sup>82</sup>

It is important that operational definitions and assessment measures cover the different types of child sexual abuse and exploitation included in international conventions. Data on sexual exploitation and online abuse or abuse using information and communications technologies (ICTs) are particularly thin.

More needs to be known about vulnerable and marginalized children's experiences by employing survey techniques that are not only school- or household-based. There is a gap in the literature on the sexual abuse and exploitation of disabled children. As household- and school-based surveys often miss the most vulnerable children without a settled home life or access to education, qualitative research can provide in-depth information on the experiences of marginalized children. Methods should be appropriate to a child's specific needs.

### 4.4 Ethical issues

Any data needs to be gathered in an ethical manner, with awareness of the context and considering the safety of children and their families. This is particularly the case for survey data, interviews and any consultations for rapid assessments. Key ethical challenges in research with children are the potential for harm, informed consent, anonymity, confidentiality and child protection responsibilities. The risk of harm to children taking part in research must be considered in advance, drawing on available expertise and considering risks in the context in which the research is planned to take place. The principle of beneficence should be applied. This is the responsibility to ensure that benefits from research and evidence gathering outweigh any risks. Researchers have a duty to safeguard the welfare of those involved in research, minimizing risks that may arise (to the child's physical or emotional well-being, for example). Some of the most severe risks that may present for children involved in research and evidence gathering include: risk of being upset by taking part; risk of harm from others (parents, peers, community members, etc.); stigma arising from breach of confidentiality; being in immediate danger and not getting help; misunderstanding about what being involved in the research or evidence gathering means; and feeling betrayed or let down. Child and researcher safety should take priority over data gathering. Before starting any data gathering directly involving children, the local availability of care and support services for child victims must be ascertained. In situations where no services exist, researchers must be prepared to work with local groups to find basic care and support where needed.

Negotiating informed consent with parents and with children needs to be done in age and culturally appropriate ways. There may be fears and misunderstandings in communities or among families

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<sup>81</sup> United Nations Children's Fund (UNICEF), *Thematic Report 2011: Child protection from violence, exploitation and abuse*, UNICEF, New York, 2011.

<sup>82</sup> Barker et al. 2011, op. cit.

about the purpose of the research or data gathering where children are directly involved. Communities, adult family members and children need to be adequately briefed through engagement events so that the purpose and objectives of the research are known and any consent given is informed consent. Getting consent must involve an explicit act of agreement: signing a form or giving a verbal agreement that is recorded. The power relationship that exists between adults and children can mean that children feel they have no choice other than to do what adults want. Children can only give informed consent if they can agree voluntarily without pressure or coercion, and they understand what the research involves. Researchers should be trained and adequately supervised for working with children. Involving children in the design of research can help to identify areas where there might be difficulties. Some researchers, in consultation with children, have developed methods of tilting the power balance between researcher and child by giving the child participant some control in the research process through, for example, providing opt out opportunities and skip options in surveys.<sup>83</sup>

Anonymity and confidentiality are important for participants in any research but especially so when the topic is sexual violence and children and if there are policies of mandatory reporting in the country where the research is conducted. Anonymous, confidential, self-report surveys tend to give higher prevalence reports, allow the participants some control over what is reported in the survey and, due to the anonymity, offer lower likelihood that their confidentiality will be breached by researchers reporting child protection concerns.<sup>84</sup> Face-to-face interviewing may be a necessity if levels of literacy are poor, but this then raises issues of reporting disclosures if a mandatory reporting system exists. Researchers and children need to be aware of child protection responsibilities and the limits that these present for the child's confidentiality. In face-to-face interviews where anonymous and private self-report is not possible due to low levels of participant literacy, using distancing techniques such as show cards and pictures can help participants to overcome the barriers to reporting painful experiences. The location of research and methods of data collection need to be adequate to enable privacy and safety. If research takes place in the child's home, school, place of work or local community venue, careful consideration of confidentiality issues will be necessary.

## 4.5 Unmet needs

In most nations there is a gap between the prevalence of sexual abuse and exploitation found from a national self-report survey and the levels of violence recorded in administrative data. The size of this gap can give an indication of the level of unmet needs that exist. Understanding what sources of help exist already and what the barriers to getting help might be is essential for addressing unmet needs and fulfilling obligations to implement the rights of the child. A significant development in recent years for building knowledge and capacity about child protection systems in LMICs has been the production of the UNICEF Child Protection Mapping Toolkit.<sup>85</sup> This sets out a clear methodology for national mapping of services and has been successfully used in a number of nations to inform national planning. Guidance on mapping child protection systems is discussed further in Chapter 6. Another significant development is the re-focus on mapping experiences of the most disadvantaged children and methods to analyse barriers and bottlenecks they face in getting access to services set out by UNICEF's Monitoring Results for Equity System (MORES) approach. Further information is provided in guidance on the MORES system.<sup>86</sup>

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<sup>83</sup> Child Protection Monitoring and Evaluation Reference Group (CP MERG), *Ethical Principles, Dilemmas and Risks in Collecting Data on Violence against Children: A review of available literature*, United Nations Children's Fund, New York, 2012.

<sup>84</sup> Radford, Lorraine and Jane Ellis, 'Offering Children Confidentiality in Research: What are the limits?', in *Involving Children and Young People in Health and Social Care Research*, edited by J. Fleming and T. Boeck, pp. 118–126, Routledge, London, 2012.

<sup>85</sup> United Nations Children's Fund (UNICEF), *Child Protection System Mapping and Assessment Toolkit*, UNICEF, New York, 2008b.

<sup>86</sup> United Nations Children's Fund (UNICEF), *Briefing Note on MORES: Accelerating results for the most disadvantaged children*, UNICEF, New York, 2014c.



### Signpost to existing guidelines and resources:

Guidance on rapid assessments in humanitarian crisis contexts can be found in: Child Protection Working Group (CPWG), *Child Protection Rapid Assessment Guide and Toolkit*, Global Protection Cluster, CPWG, 2012, available at <<http://cpwg.net/wp-content/uploads/sites/2/2014/07/CPRA-Toolkit.zip>>.

The World Health Organization (WHO) has produced guidance on ethical and safety issues for data collection and research on sexual violence in emergencies: WHO, *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, WHO, Geneva, 2007.

Guidelines for research with children have been produced by Save the Children: *Save the Children, So You Want to Involve Children in Research? A toolkit supporting children's meaningful and ethical participation in research relating to violence against children*, Save the Children, London, 2004.

A global charter and guidelines for ethical research with children are available. See: Graham, Anne, Mary Ann Powell, Nicola Taylor, Donnah L. Anderson and Robyn M. Fitzgerald, *Ethical Research Involving Children*, UNICEF Office of Research – Innocenti, Florence, 2013.

The Child ONE Europe guidance on data collection provides useful criteria for assessing the quality of data collection in a child protection surveillance system: Child ONE Europe, *Guidelines on Data Collection and Monitoring Systems on Child Abuse*, Child ONE Europe, Florence, 2009.

United Nations Children's Fund (UNICEF), *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, Division of Policy and Strategy, UNICEF, New York, 2012.

Checklist for data gathering		
1	Most appropriate source of data selected (ideally) from multiple sources with reference to context and resources	
2	Rigorous epidemiological design, implementation and analysis; methods to check on quality of findings	
3	Stakeholder support and community awareness	
4	Comprehensive definition of violence against children that includes penetration, contact and non-contact sexual abuse, online sexual abuse and sexual exploitation	
5	Includes boys and girls	
6	Age – children and young people across the age range included	
7	Data collected on sexual violence experienced during a lifetime and in the past year	
8	For self-report, validated measures of sexual violence – such as the ISPCAN Child Abuse Screening Tool (ICAST) and Juvenile Victimization Questionnaire (JVQ) – and impact (e.g., trauma symptomology) used	
9	Information on risks, vulnerabilities and protective factors collected	
10	Information on needs for, access to and barriers to sources of help and services collected, especially for most disadvantaged children	
11	Survey or interview questions are culturally relevant and translate reliably	
12	Survey or interview questions and methods of delivery tested in context	
13	Children consulted about design and delivery	
14	Research and data-gathering process is ethical – children are able to give informed consent, are not harmed as a result of taking part, etc.	
15	Includes priority vulnerable groups	
16	Scope for qualitative follow up	



## Case Study 1. Gathering data on the problem in the United Republic of Tanzania

The United Republic of Tanzania was the second country in Africa to undertake a nationwide violence against children survey. The survey aimed to address gaps in knowledge about the extent and impact of violence against children to better inform policy and practice responses. It was a nationally representative, three-stage cluster survey conducted in households across the country during 2009. Interviews were conducted with 3,739 children and young people, male and female, between the ages of 13 and 24. The survey asked about lifetime and past year experiences of physical, sexual and emotional violence by adults and peers. Respondents were also asked about experiences of female genital mutilation/cutting. Questions on child sexual abuse covered sexual touching, attempted sexual intercourse, physically forced sex, coerced sex and sexual exploitation. There were no questions on online abuse or child sexual abuse material.

The survey was supported by collaboration with Together for Girls (TFG). Inspired by a national survey in Swaziland in 2007, the TFG initiative was launched in 2009. It is a partnership of five UN agencies – UNICEF, WHO, UN Women, UNAIDS and the United Nations Population Fund (UNFPA) – with the private sector, the U. S. Centers for Disease Control and Prevention (CDC) and the US Government. TFG supports governmental national surveys of the prevalence of violence against children, supports coordinated programmes to address the needs for prevention and response identified in the surveys and takes part in global advocacy and public awareness to draw attention to the problem and promote evidence-based solutions. To date, national surveys on violence against children have been completed in six countries (Cambodia, Haiti, Kenya, Malawi, United Republic of Tanzania and Zimbabwe) and are underway or planned in several others.

**Taking account of the context:** The study was undertaken by the Government of Tanzania. It was guided by two multi-sector task forces established in Zanzibar and mainland Tanzania consisting of government ministries, the police, justice, education, health and social welfare, HIV and AIDS, local government, gender and community development sectors, UN agencies and civil society. The task forces had a role in advising on the design and conduct of the survey and in the use of results. Meetings were held with key stakeholders to adapt the survey, take into account local cultural contexts and develop ownership of the survey among different stakeholder groups. Interviewers who conducted the survey were trained and given resources so that they could respond appropriately to any participants in need of help and support, including referral to counsellors and other services if required.

**Evidence base:** The study highlighted the magnitude of the problem of violence against children in the country: 27.9 per cent of girls and 13.4 per cent of boys in mainland Tanzania reported experiences of sexual violence in childhood. Perpetrators of this violence were often near and known to the children, with dating partners, neighbours and strangers the most commonly reported perpetrators. The home was the most common location, although sexual violence also occurred at school and on the way to school. While 22 per cent of girls and 11.5 per cent of boys sought services for help, only 13 per cent of girls and 3.7 per cent of boys who sought help as a result of sexual violence received any services.

**Implementation:** The multi-sector task force led the way in using the findings to inform and design responses. Recommendations from the survey included promoting findings to ministers and communities, developing a communication plan, mapping service gaps, implementing a costed national action plan on child protection and improving monitoring and evaluation procedures. Two launches were held to present the survey findings, and government ministers committed to act on key findings. Actions included: scaling up the establishment of child protection systems in all local authorities; training professionals; rolling out gender and children's desks in all police stations;

improved child-friendly procedures in courts; expanding adoption of safe school and teaching practices; and setting up a childline. Progress is currently being monitored.

**References:**

Maembe, Anna and Bi Rahma Khamis, 'Violence against Children in Tanzania: Using data to influence policy and programming', paper presented by the Permanent Secretary, Ministry of Community Development, Gender and Children and the Director of Women and Children, Zanzibar, at UNICEF Global Child Protection Conference, Swaziland, 28 May 2014.

Together for Girls, 'Technical Action Framework', 2011, available at:

<http://www.togetherforgirls.org/docs/Together%20for%20Girls%20Technical%20Framework.pdf>.

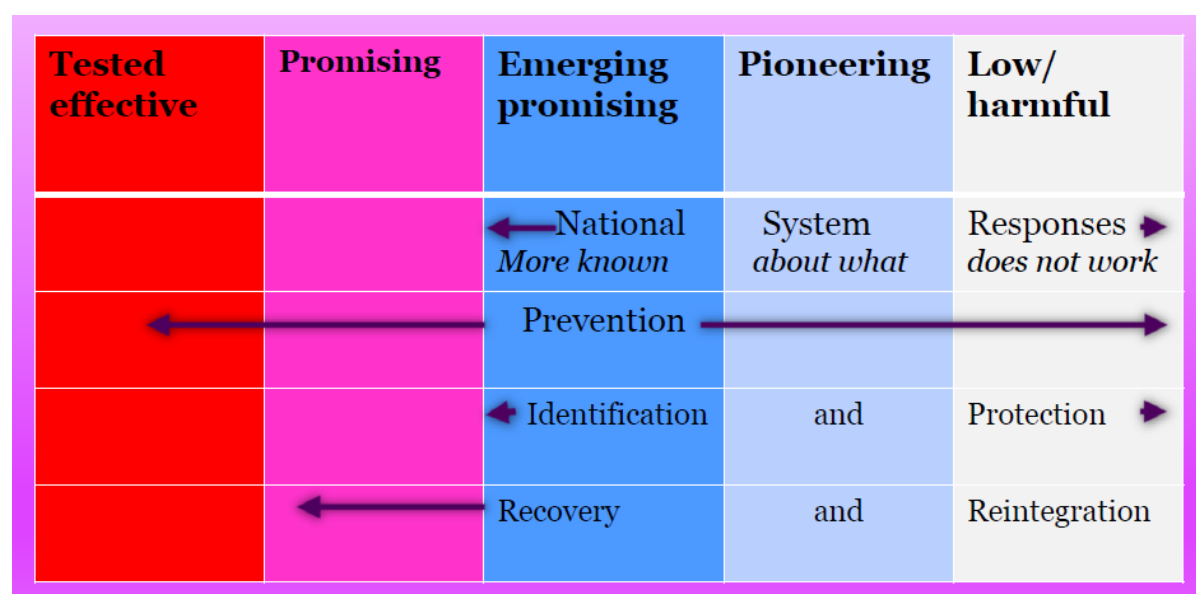
United Nations Children's Fund (UNICEF) Tanzania, United States Centers for Disease Control (CDC) and Muhimbili University of Health and Allied Sciences, *Violence Against Children in Tanzania: Findings from a national survey 2009*, UNICEF, Dar es Salaam, 2011.

## 5. Gaps in the evidence on interventions

### 5.1 Rating the evidence

This chapter presents a brief overview of findings on effective responses, first highlighting the gaps in knowledge before signposting to more promising findings that could be used to support a model of change. Evidence on interventions to prevent and respond to child sexual abuse and exploitation in all sectors – from the national/government level to health, criminal justice, education, child protection, community and civil society – were assessed. Methods used to identify and rate the quality of research evidence are important. The review drew on established approaches and public health checklists to quality rate the research evidence on interventions (further details are in the report). Briefly, a five-point scale was used: ‘*tested effective*’ (if there had been positive findings from several high-quality experimental design studies); ‘*promising*’ (if further experimental design research was needed to confirm positive findings); ‘*emerging promising*’ (if evidence existed but was limited and not experimental because the intervention was new or difficult to evaluate); ‘*pioneering*’ (for examples of new responses with no evaluation evidence as yet); and ‘*low*’ (if no positive evidence could be found). A summary of the range of evidence ratings for each area is shown in Figure 5.

**Figure 5: Summary of evidence ratings**



### 5.2 Knowledge gaps

Overall there are significant gaps and limitations in the evidence. The research literature focuses more on individual interventions than on whole system responses. The evidence on what works is fragmented across different areas of responses to HIV and AIDS, gender-based violence, child protection in general as well as child sexual abuse or sexual exploitation. There are gaps in knowledge about the impact of policies, effective legislation and child protection system responses. There are also gaps in knowledge about effective responses across different cultural contexts. For national child protection system responses, more is known about what does not work well than about what is effective. Recent mappings of the state of progress on implementing prevention and

responses across the world indicate that while many States have legislation and national plans of action on violence against children, evidence of implementation and monitoring is often lacking.<sup>87</sup> The next chapter 6 draws mainly on what is known about unhelpful policy responses to child sexual abuse and exploitation at the national level to make recommendations for change.

### 5.3 Promising findings

For interventions to prevent and respond, there are promising results where the evidence could be developed further in context and used to inform policy and practice. Tables A, B and C from the evidence review summarize the findings on prevention, identification and response, and recovery and reintegration (see Appendix III). These promising findings will be applied in Chapters 7 to 11, referring back to the evidence tables as appropriate.

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<sup>87</sup> WHO 2014, op. cit; Human Rights Council, 'Annual Report of the Special Representative of the Secretary-General on Violence against Children', A/HRC/22/55, 2013.

## 6. Creating an enabling national framework

### 6.1 Government role

National governments carry the ultimate responsibility to ensure that the rights of children are met and that resources are provided for this purpose. Responses towards child sexual abuse and exploitation at the national level cannot be completely disentangled from the broader national responses to child protection, child well-being or gender-based violence as these specific areas tend to be integrated with the more comprehensive violence prevention system-building approaches that have developed in recent years. Action at the national level needs to be multi-sectoral, coordinating and specifying responsibilities for the justice and security system, health service, child protection, education, non-governmental and community organizations, including the private sector, travel and tourism, information and communications technology (ICT), media and faith groups, as well as civil society. Planning and coordination must include structural links between national and local levels of response.

National child protection responses in low- and middle-income country (LMIC) contexts are very varied but have increasingly focused on creating safer and more enabling environments for children through:

- legislative and policy reform
- developing strategic responses, standards and regulations, often in a national action plan (NAP)
- developing leadership and coordination with the aid of a government-level coordination group
- mobilizing changes in attitudes and behaviour (discussed in Chapter 7).

### 6.2 Legislation and policy

The Convention on the Rights of the Child (CRC), the Optional Protocol on the sale of children, child prostitution and child pornography (OPSC) and the Palermo Protocol provide a framework for legislation to protect children from sexual abuse and exploitation. Broader scope and clear definitions of child sexual abuse, sexual exploitation and grooming are provided in the Council of Europe's Lanzarote Convention, signed by all Council of Europe member states and ratified by 43 of them. ECPAT has produced guidance containing a number of checklists on strengthening the legislation on sexual exploitation.<sup>88</sup> Guidance for parliamentarians on how to translate these commitments into legislation has been provided by the Council of Europe.<sup>89</sup> More than 80 countries reporting in a United Nations Children's Fund (UNICEF) survey had policies to address violence against children, and over 96 per cent had specific legislation prohibiting sexual exploitation, including the exploitation of children in prostitution and abusive images.<sup>90</sup> There are nonetheless gaps in legislation and in the implementation of legal provisions for responding to sexual exploitation of children in prostitution and child abuse images/pornography and abuse and exploitation using ICTs in many States,<sup>91</sup> and full implementation of the international and regional conventions and protocols is required. Common gaps are laws that only criminalize the exploitation of children in prostitution below the 'age of consent' or that define sexual exploitation in gender-

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<sup>88</sup> ECPAT International, *Strengthening Laws Addressing Sexual Exploitation: A practical guide*, ECPAT International, Bangkok, 2008.

<sup>89</sup> Council of Europe, *Handbook for Parliamentarians: The Council of Europe Convention on the Protection of Child Sexual Abuse and Exploitation, Lanzarote Convention*, Council of Europe, Strasbourg, 2011.

<sup>90</sup> United Nations Children's Fund (UNICEF), *Towards a World Free from Violence: Global survey of violence against children*, UNICEF, New York, 2013.

<sup>91</sup> Ibid.

specific terms relevant only to girls, or exclude certain sexual acts. The laws of some countries focus on the immorality of sexual activities rather than the abuse and exploitation that has occurred. Support for child victims and witnesses is limited and often confined to urban areas.<sup>92</sup> Legislation and policy may conflict, and monitoring is needed to prevent and to deal with this. Prosecution rates for child sexual abuse and exploitation are low in many parts of the world, and legal provisions need to be supported by enforcement, which requires training and resources for judges, prosecutors and members of the police, child-friendly systems of reporting and witness support. UNICEF has published useful guidance on legislation to support child witnesses,<sup>93</sup> and the United Nations has passed a resolution on 'Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Prevention and Criminal Justice'.<sup>94</sup>

### 6.3 National strategy plans and mapping

A global survey by the UN Special Representative of the Secretary-General on Violence against Children in 2013 found 100 out of 104 States mapped child protection systems to identify gaps in provision since 2005.<sup>95</sup> There are mapping methodologies for child protection services, and a measure of 'readiness for prevention' has been developed and pilot tested by the World Health Organization (WHO).<sup>96</sup> NAPs vary in the extent to which they address sexual abuse, violence or exploitation in schools. Some countries opt for plans that focus on the wider system of child protection (e.g., Benin, Ghana) or gender-based violence (e.g., Sierra Leone), while others (e.g., in Latin America<sup>97</sup>) have developed NAPs that address sexual violence against women and /or children.<sup>98</sup> A UNICEF report indicated that only five countries in West and Central Africa provided detail in their NAPs on preventing and protecting children in schools from sexual violence and exploitation.<sup>99</sup> Only 25 per cent of States had mandatory child abuse reporting, half mentioned services for recovery and reintegration and 13 per cent had child victim compensation schemes.<sup>100</sup>

Barriers to the implementation of coordinated national plans need to be explored. In many cases, legal provisions and NAPs have not translated into significant and sustainable actions. Lack of adequate resources is often cited as a reason why systems do not work or why children do not have access to services,<sup>101</sup> and few plans are costed or come with a budget attached.<sup>102</sup> Lack of political will also underpins the lack of engagement in protecting children and providing services.<sup>103</sup>

Plans need to be costed and time-bound. Spending to prevent and respond to violence against children is low in relation to the costs of violence to society. National plans should draw on the evidence on the extent and nature of the problem and the known risks. An example of a costed,

<sup>92</sup> Ibid.

<sup>93</sup> United Nations Office on Drugs and Crime (UNDOC)/ United Nations Children's Fund (UNICEF), *Justice in Matters involving Child Victims and Witnesses of Crime: Model law and related commentary*, UNICEF, New York, 2009.

<sup>94</sup> United Nations General Assembly, 'United Nations Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Prevention and Criminal Justice', A/RES/69/194, 2014.

<sup>95</sup> UNICEF 2013, op. cit.

<sup>96</sup> Mikton, C., M. Power, M. Ralevac, M. Makoaed, et al., 'The Assessment of Readiness of Five Countries to Implement Child Maltreatment Prevention Programmes on a Large Scale', *Child Abuse & Neglect*, vol. 37, no. 12, 2013, pp. 1237–1251.

<sup>97</sup> See ECPAT website: <[http://resources.ecpat.net/EI/EI\\_publications.asp](http://resources.ecpat.net/EI/EI_publications.asp)>.

<sup>98</sup> UNICEF 2011, op. cit.

<sup>99</sup> United Nations Children's Fund West and Central Africa Regional Office (UNICEF WCARO). *Sexual Abuse, Exploitation and Violence Committed against Children in Schools in West and Central Africa: Situation analysis*, UNICEF WCARO, Dakar, 2006.

<sup>100</sup> Human Rights Council 2013, op. cit.

<sup>101</sup> Bott, Sarah, Andrew Morrison and Mary Ellsberg, 'Preventing and Responding to Gender-Based Violence in Middle and Low-Income Countries: A global review and analysis', Policy Research Working Paper, World Bank, Washington, DC, 2005.

<sup>102</sup> UNICEF 2013, op. cit.

<sup>103</sup> East, Central and Southern African Health Community (ECSA-HC), *Child Sexual Abuse in Sub-Saharan Africa: A review of the literature*, ECSA-HC, Arusha, Tanzania, 2011.

evidence-based plan is the action plan on violence against children in the United Republic of Tanzania (see Case Study 1).

## 6.4 Coordination and leadership

To provide a comprehensive response, there needs to be leadership, good coordination and working together across different service sectors, including social welfare, health, education, justice and security system, community services, ICTs and travel and tourism. Leadership at the national government ministry level through to the local level is crucial. Coordination and integrated efforts need to happen at the level of direct provision of services to the individual child and family, as well as at the more strategic level of needs analysis, national planning and strategy implementation. Examples of mechanisms to improve coordinated working are the Local Safeguarding Children Boards in England and Wales and community-based child protection committees.

Partnerships are essential for coordination to work well. These should be formal arrangements that require clear commitments to be made and for partners to understand their specific roles and responsibilities. It is important that individuals involved in partnerships have powers to make the required decisions on behalf of the organizations or groups that they represent. Partnerships work best where there is an equal relationship between the parties or where methods of working attempt to put partners on a more equal footing. National child protection guidance can help set out responsibilities for the range of agencies involved.

## 6.5 Mobilizing change

Research indicates that the forces that can influence social change are complex and vary historically and culturally, although campaigns by women's rights and child protection organizations have played central roles in high-income countries (HICs).<sup>104</sup> Important aspects of change in strategic approaches to gender-based violence in development work by both the United Kingdom and the United States have been creating partnerships with women's rights organizations, strengthening women's leadership and voices at the national level, mobilizing change through community engagement, including men and boys, and raising awareness of gender-based violence as a significant social problem.<sup>105</sup> Closer working together on gender-based violence and child protection issues could bring benefits in mobilizing support for change. Edutainment initiatives are an example of successful action towards change and have been widely used in Latin America and in South Africa, where they have influenced legislation, beliefs, attitudes and behaviour (see Case Study 2).

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<sup>104</sup> Bolt, Christine, *The Women's Movement in the United States and Britain from the 1790s to the 1920s*, Harvester/Wheatsheaf, London, 1993; Dobash, R. Emerson and Russell Dobash, *Women, Violence and Social Change*, Routledge, London, 1992; Gilbert, Neil, Nigel Parton and Marit Skivenes, eds., *Child Protection Systems: International trends and orientations*, Oxford University Press, Oxford, 2011; Gordon, Linda, *Heroes of Their Own Lives: The politics and history of family violence*, Virago, London, 1989; Parton, Nigel, *The Politics of Child Abuse*, Macmillan, Basingstoke, UK, 1985.

<sup>105</sup> Department for International Development (DFID), 'A Practical Guide on Community Programming on Violence against Women and Girls: Guidance note 2', Violence against Women and Girls CHASE Guidance Note Series, DFID, London 2012; United States Agency for International Development (USAID), *United States Strategy to Prevent and Respond to Gender-based Violence Globally*, USAID, Washington DC, 2012.



**Signpost to existing guidelines and resources:**

Child Frontiers, *Mapping and Assessing Child Protection Systems in West and Central Africa: A five country analysis*, Regional Reference Group for West and Central Africa/ Plan International/Save the Children International/ United Nations Children's Fund, 2011.

United Nations Children's Fund (UNICEF), United Nations High Commissioner for Human Rights, Save the Children and World Vision, *A Better Way to Protect ALL Children: The theory and practice of child protection systems*, Conference Report, UNICEF, 2013.

Council of Europe, *Handbook for Parliamentarians: The Council of Europe Convention on the Protection of Child Sexual Abuse and Exploitation, Lanzarote Convention*, Council of Europe, Strasbourg, 2011.

ECPAT International, *Strengthening Laws Addressing Sexual Exploitation: A practical guide*, ECPAT International, Bangkok, 2008.

Fluke, John D. and Fred Wulczyn, 'A Concept Note on Child Protection Systems Monitoring and Evaluation', United Nations Children's Fund, New York, 2010.

Maestral International, *Child Protection Comprehensive Mapping and Assessment Toolkit*, United Nations Children's Fund, New York, 2008.

Maestral International, *Child Protection Systems Mapping and Assessment Toolkit: Users' guide*, United Nations Children's Fund, New York, 2010.

Oak Foundation, Plan, REPSSI, RIATT, et al., *Strengthening Child Protection Systems in Sub-Saharan Africa*, United Nations Children's Fund (UNICEF), New York, 2012.

Plan International, *Policy and Programming Resource Guide for Child Protection Systems Strengthening in Sub-Saharan Africa*. Plan International, London, 2011.

United Nations General Assembly, *United Nations Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Detection and Criminal Justice*, A/RES/69/194, 2014.

United Nations Children's Fund (UNICEF), *Research Manual: Child protection systems mapping and analysis in West and Central Africa phase II*, UNICEF, New York, 2010.

United Nations Children's Fund (UNICEF), 'Measuring and Monitoring Child Protection Systems: Proposed regional core indicators for East Asia and the Pacific', UNICEF, New York, 2012.

United Nations Office on Drugs and Crime (UNDOC)/ United Nations Children's Fund (UNICEF), *Justice in Matters involving Child Victims and Witnesses of Crime Model Law and Related Commentary*, UNICEF, New York, 2009.

	Checklist for creating an enabling national framework	
1.	Government has signed and ratified: CRC, OPSC, Trafficking Protocol, ILO Convention 182 and 138 and is compliant with UN <i>Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Prevention and Criminal Justice</i> , 2014.	
2.	Government has signed and ratified relevant regional regulatory instruments.	
3.	Government has complied with reporting obligations under the relevant regional instruments.	
4.	Reservations that restrict the rights of the child have been removed.	
5.	Legislation exists to regulate early and forced marriage.	
6.	Definitions of child sexual abuse and child sexual exploitation are founded on definitions in CRC, OPSC, Trafficking Protocol, Lanzarote Convention.	
7.	Legislation or policy ensures that children involved in prostitution are treated as victims of sexual exploitation; legislation exists to decriminalize status offences and survival behaviours.	
8.	Legislation exists that covers identification of victims of child sexual abuse and exploitation and provides reporting powers and responsibilities.	
9.	Legislation specifically prohibits violence against children including sexual abuse and exploitation using ICTs, secures online protection and child-friendly methods for reporting online abuse, and provides effective remedies for recovery and reintegration.	
10.	Legislative provision are adequately enforced, especially confronting perpetrator impunity.	
11.	There is outcome-focused monitoring of the impact of policy and legislation including any conflicting policies, perverse or harmful consequences.	
12.	A costed and time-bound national plan or strategy exists to address violence against children that makes specific reference to plans for the prevention and response to child sexual abuse and exploitation.	
13.	National plan and actions are based on robust evidence gathered on the prevalence, nature, consequences of the problem as well as robust evidence on which children are most vulnerable, who the perpetrators are and the causes/risks in context.	
14.	The national plan makes specific reference to protecting the most disadvantaged children from sexual abuse and exploitation.	
15.	There are policies to regulate violence against children in schools and places of learning that include child sexual abuse and exploitation.	
16.	The plan covers a child-friendly system for reporting.	
17.	The plan calls for robust mapping of services to inform future capacity-building.	
18.	There are coordination mechanisms at national and local levels, and the lead agency has been identified to coordinate and evaluate national strategy.	
19.	Powers and legal clarity exist on data sharing for child protection purposes across different organizations.	
20.	There is dissemination of knowledge, awareness-raising and training on law, policy and multi-sector responsibilities among professionals and policy makers.	
21.	National guidance exists for coordination of multi-sector responsibilities exists.	
22.	Communication and engagement processes include child participation, children's rights organizations, faith groups, NGOs, families, men and boys.	

## Case Study 2. Using edutainment to mobilize change: Soul City Health and Development Institute

Soul City is an internationally renowned, edutainment-focused non-governmental organization (NGO) that has run advocacy, health promotion, public education, domestic violence and HIV and AIDS awareness campaigns in South Africa since 1992 using multiple media. Based in Johannesburg, it uses radio, TV and print to target people over the age of 16, promoting healthy behaviour in relationships and social change. Since 1994 Soul City has addressed youth sexuality and relationships. A related project, Soul Buddyz, similarly uses multiple media to engage with children and young people between the ages of 8 to 14, their teachers and caregivers. While the primary focus is on promoting healthy behaviour and relationships to reduce levels of HIV and AIDS, Soul Buddyz has addressed child sexual abuse, and Soul Buddyz clubs offered in schools create safe spaces for children to discuss issues such as sex and sexual abuse. The Soul City approach has been implemented in eight other African nations through the Soul City Regional Programme.

**Taking account of the context:** Between 1999–2001, a publication for young people called *Choose Life* was developed and implemented in campaigns in Botswana, Lesotho, Namibia and Swaziland. Following the success of the Choose Life project, the Soul City Regional Programme was developed. The Soul City model was rolled out and adapted for use in eight other African nations: Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. The Regional Programme expands the reach of Soul City into other countries, working with existing NGOs in those countries to build capacity and develop Soul City and Soul Buddyz-like programmes. These have begun with a pre-roll out scoping of issues and dialogue with communities, have their own branding and are based on local contexts. The Soul City TV drama has been shown in 10 countries across the continent.

**Evidence base:** Soul City has been evaluated extensively and shown to have a positive impact on knowledge, attitudes, social norms and sexual behaviour. A large multi-methods study was conducted in 1999 in South Africa to evaluate the impact of Soul City series IV (Scheepers et al., 2004). Several studies were set up to explore Soul City's reach to audiences, its impact on individuals' awareness and their perceptions of social norms, on interpersonal relations, on communities and access to services and on social processes such as implementing legal change. The evaluation involved national pre- and post-intervention surveys (with 2,000 participants), a national qualitative impact assessment, 97 interviews on the advocacy strategy, monitoring national print and electronic media over six months, monitoring the 'stop woman abuse' helpline calls for five months and creating a database on organizations reached nationally. It was found to have reached over 80 per cent of the target population, was popular and improved health awareness, especially as regards domestic violence and HIV/AIDS. It generated community dialogue, shifted social norms, improved access to support services and helped with implementation of domestic violence legislation. Of the 16–24-year-olds who had watched, listened to or read about Soul City, 45 per cent reported safer sexual behaviour (use of condoms, etc.) compared to 28 per cent who had not accessed Soul City at all. Those exposed to three or more types of the multi-media format had 6.7 times greater likelihood (odds ratio) of perceiving violence against women as being severe than those exposed to just one type of media messaging.

The Soul City Regional Programmes were evaluated to explore change between 2002 and 2007, using similar nationally representative and mixed methods of quantitative and qualitative research. In total, 71,979 children and adolescents and 18,852 adults took part in the evaluation. A baseline survey was conducted in 2002 in each of the eight countries. This was followed by a mid-term study in all eight countries conducted in 2004, which collected qualitative audience reception data. In 2007, an impact evaluation was conducted, consisting of a national quantitative survey in each country. Adults (aged 16–60 years) were surveyed using a national household survey, while a school-

based survey collected data on children and adolescents aged 8–17 years. Results from Botswana, for example, show encouraging changes in children’s willingness to tell somebody about experiences of sexual abuse. Here there was a small but significant increase in the numbers of girls and boys who said they would do something if an adult tried to touch their private parts, and 29 per cent of young people who had read the *Choose Life* booklet, compared with 21 per cent who had not, said they would call a helpline. There were also increases in the numbers of young people saying they would tell a parent or teacher if sexually molested. In Namibia, a nationally representative schools-based survey was conducted with over 6,000 young people aged 8–17 years and followed up 4–5 years later to measure shifting attitudes. In 2003, around one third of both girls and boys said that if an adult touched their private parts they would tell the perpetrator to stop. In 2007, this had increased to 48 per cent of girls and 55 per cent of boys. For both sexes, the percentage saying they would take each of the positive actions (telling parents, telling a teacher, calling a helpline and screaming) increased between 2003 and 2007. The greatest percentage increase was in boys who were prepared to tell the person to stop.

**Implementation:** Key lessons learnt from the Soul City approach are that: multi-media messaging tends to be more effective than using a single medium; it is important to gain community and government ‘buy in’ to successfully implement campaigns and to ensure that communication messages are culturally relevant; communications need to address and engage with both males and females; and clear and positive messages that build skills are needed to enable communities to change.

**References:**

Health and Development Africa, ‘Soul Buddyz Evaluation Report 2008’, Soul City, Johannesburg, 2008.

Kahembe, Rosa and Julia Shipena, ‘Desert Soul Impact Evaluation Summary 2002–2007, Namibia’, Soul City, Johannesburg, 2009.

Nkwe, Neo, ‘Choose Life! Impact evaluation summary 2002–2007’, Soul City, Johannesburg, 2009.

Scheepers, Esca, N. Christofides, Sue Goldstein, Shereen Usdin, et al., ‘Evaluating Health Communication: A holistic overview of the impact of Soul City IV’, *Health Promotion Journal of Australia*, vol. 15, no. 2, 2004, pp. 121–133

Soul City Regional Programme, ‘Impact Evaluation Summary 2002–2007’, Soul City, Johannesburg, 2008.

## 7. Changing attitudes, social norms and behaviour

This chapter and the next build on promising findings discussed in the evidence review and summarized in Table A (see Appendix III). The focus of this chapter is on prevention by changing attitudes and social norms that influence behaviour towards children and adolescents.

### 7.1 Promising practices

The evidence review found wide-ranging examples of multi-sectoral public education and awareness programmes; programmes in schools addressing sexual coercion, online abuse, gender inequality and dating violence or child sexual abuse; parenting education programmes; and prevention programmes aimed at potential perpetrators. Research and treatment with sex offenders has explored the individual attitudes and cognitions that are related to offending behaviour, but to date limited attention has been given to the relationship between individual beliefs, what is collectively understood as socially expected or acceptable and sexually abusive and exploitative behaviour towards children. Evaluations of impact of programmes targeted at potential child sexual abuse perpetrators are locally based and limited, although one study in the United States – where one such programme, Stop It Now, was embedded in a broader community-based prevention initiative – found a reduction in cases of child sexual abuse over a period of five years<sup>106</sup> (see Table A for summary and references to sources).

Prevention efforts have been universal and have increasingly recognized the importance of involving men and boys in efforts to mobilize changes in norms, attitudes and behaviour about gender-based violence in general. Examples include the White Ribbon Campaign<sup>107</sup> and social norms marketing as in Soul City (see Case Study 2). Media campaigns have proven successful in increasing knowledge of intimate partner violence and influencing attitudes towards gender norms, but less is known about their ability to reduce violent behaviour and the impact on the sexual abuse of children of all ages. The most successful media interventions are those that begin by understanding the behaviour of their audience and engage them in developing the intervention.<sup>108</sup>

There are community programmes that are not delivered through the media but that also challenge gender norms and attitudes that justify intimate partner violence. The most widely established and rigorously evaluated is the Stepping Stones programme (see Case Study 3). This is a life-skills training intervention, developed for HIV prevention, which has been implemented in Africa and Asia.

School-based dating and inter-personal violence programmes such as Safe Dates have been rigorously evaluated in experimental design studies in high-income countries (HICS) and shown to have positive impacts on attitudes and behaviours for up to four years after programme completion.<sup>109</sup> Safe Dates is being adapted for students in eighth grade (13–14-years-old) in South Africa and is currently being evaluated.<sup>110</sup> Dating programmes have been found to be more effective if they:

- are interactive<sup>111</sup>

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<sup>106</sup> Schober, Daniel J., Stephen B. Fawcett, Sally Thigpen, Anna Curtis and Renee Wright, 'An Empirical Case Study of a Child Sexual Abuse Prevention Initiative in Georgia', *Health Education Journal*, vol. 71, no. 3, 2012, pp. 291–298.

<sup>107</sup> White Ribbon Campaign, Namibia, *Report on Regional Meetings with Men's Groups on Gender-Based Violence*, UNICEF, Namibia, Windhoek, 2009.

<sup>108</sup> World Health Organization (WHO), *Preventing Intimate Partner and Sexual Violence against Women: Taking action and generating evidence*, WHO, Geneva, 2010.

<sup>109</sup> Foshee, Vangie A., Karl E. Bauman, Ximena B. Arriaga, Russell W. Helms, et al., 'An Evaluation of Safe Dates, an Adolescent Dating Violence Prevention Program', *American Journal of Public Health*, vol. 88, no. 1, 1998, pp. 45–50.

<sup>110</sup> World Health Organization (WHO) and UNAIDS, *Addressing Violence against Women and HIV/AIDS: What works?*, WHO, Geneva, 2010.

<sup>111</sup> Heppner, Mary, Carolyn F. Humphrey, Theresa L. Hillenbrand-Gunn and Kurt DeBord, 'The Differential Effects of Rape Prevention Programming on Attitudes, Behaviour and Knowledge', *Journal of Counselling Psychology*, vol. 42, no. 4, 1995, pp. 508–518.

- are delivered over multiple sessions rather than in a single session<sup>112</sup>
- use local data on sexual violence and culturally specific and relevant information within the curriculum<sup>113</sup>
- aim to change attitudes rather than just provide information to young people.<sup>114</sup>

There is also some evidence that these dating violence programmes may be more effective for men if delivered in single-gender groups.<sup>115</sup>

Programmes that cover the whole school, including teacher attitudes and behaviour on gender-based violence, are developing worldwide. These tend to include sexual violence within the gender violence focus. One example that is considered ‘promising’ is the Safe Schools programme delivered by the United States Agency for International Development (USAID) in Ghana and Malawi.<sup>116</sup>

## 7.2 Defining and measuring social norms

‘Social norms theory’, which aims to explain how social norms can sustain and justify violence, has provided a theoretical and evaluation framework for this work.<sup>117</sup> Bicchieri (2006) has defined a social norm as “a collective practice sustained by empirical and normative expectations and by preferences conditional to both these expectations”. The definition can be displayed in a diagram, as shown in Figure 6. The definition differentiates individual beliefs and what individuals think they should do and believe others in their network or reference group think they should do. Using this definition, social norms can be empirically measured.

Most norms-based approaches start with exploring people’s social expectations and the reference groups within their networks that influence their understanding of what is expected/acceptable. A communication strategy is developed, involving members of the community and their networks, to promote change. Positive messages targeted at communities tend to have a greater impact on influencing change than negative messages targeted at individuals. The next step involves members of the community in a deliberative process to clarify values, build consensus and common knowledge and publicly affirm change. Bicchieri’s theory and approach to the evaluation of social norms has been applied to early forced marriage and shows some positive impacts on the levels of violence in some contexts where this has been assessed.<sup>118</sup> Little is known or published to date on the norms and key drivers that may perpetuate child sexual abuse and exploitation. Researchers at the Learning Initiative on Norms, Exploitation and Abuse (Linea) project at the London School of Hygiene and Tropical Medicine are currently applying social norms theory to improve the prevention of child sexual exploitation by harnessing this knowledge about both changing and monitoring

<sup>112</sup> Jewkes, Rachel, Jonathan Levin and Loveday Penn-Kekana, ‘Risk Factors for Domestic Violence: Findings from a South African cross-sectional study’, *Social Science and Medicine*, vol. 55, no. 9, 2002, pp. 1603–1617; Anderson, Linda A. and Susan C. Whiston, ‘Sexual Assault Education Programs: A meta-analytic examination of their effectiveness’, *Psychology of Women Quarterly*, vol. 29, 2005, pp. 374–388.

<sup>113</sup> Heppner, M., H. Neville, K. Smith, D. Kivlighan and B. Gershuny, ‘Examining Immediate and Long-term Efficacy of Rape Prevention Programming with Racially Diverse College Men’, *Journal of Counselling Psychology*, vol. 46, no. 1, 1999, pp. 16–26; Shewe, Paul A., Guidelines for Developing Rape Prevention and Risk Reduction Interventions’, in *Preventing Violence in Relationships: Interventions across the lifespan*, edited by Paul A. Shewe, pp. 107–136, American Psychological Association, Washington, DC, 2002.

<sup>114</sup> Jewkes et al. 2002, op. cit.

<sup>115</sup> Colombini Manuela, Susannah Mayhew and Charlotte Watts, ‘Health-Sector Responses to Intimate Partner Violence in Low- and Middle-Income Settings: A review of current models, challenges and opportunities’, *Bulletin of the World Health Organization*, vol. 86, 2008, pp. 635–642.

<sup>116</sup> Maxwell, Claire, Elaine Chase, Ian Warwick and Peter Aggleton with Hannah Wharf, *Preventing Violence, Promoting Equality: A whole-school approach*, Institute of Education, University of London and WOMANKIND Worldwide, London, 2010; The Centre for Educational Research and Training and DevTech Systems, Inc., *The Safe Schools Program: A qualitative study to examine school-related gender-based violence in Malawi*, United States Agency for International Development, Washington, DC, 2008.

<sup>117</sup> Bicchieri, Cristina, *The Grammar of Society: The nature and dynamics of social norms*, Cambridge University Press, New York, 2006; Bicchieri, Cristina, Jan Lindemans and Ting Jiang, ‘A Structured Approach to a Diagnostic of Collective Practices’, *Frontiers in Psychology*, vol. 5, December 2014, p. 1418.

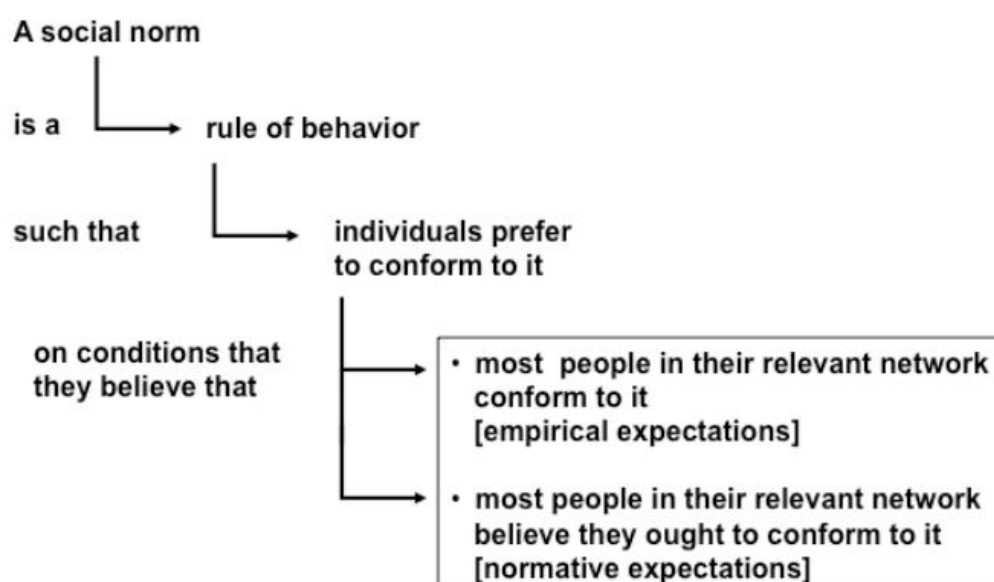
<sup>118</sup> Bicchieri et al. 2014, op. cit.



change in social norms. The project aims to review the literature on this topic and bring individuals and organizations together to improve knowledge.

**Figure 6. Definition of a social norm**

### What is a social norm?



Source: Bicchieri, Cristina, *The Grammar of Society: The nature and dynamics of social norms*, Cambridge University Press, New York, 2006.'

### Signpost to existing guidelines and resources:

Bicchieri, Cristina, Jan W. Lindemans and Ting Jiang, 'A Structured Approach to a Diagnostic of Collective Practices, *Frontiers in Psychology*, vol. 5, December, 2014.

Mackie, Gerry, Francesca Moneti, Holly Shakya and Elaine Denny, 'What Are Social Norms? How are they measured?', Working Paper, United Nations Children's Fund (UNICEF)/University of California, San Diego, Center on Global Justice, 2015.

Raab, Michaela and Jasmin Rocha, *Campaigns to End Violence against Women and Girls*, UN Women, New York, 2011.

### Checklist for changing attitudes, social norms and behaviours

- |   |  |
|---|--|
| 1 | Operational and measurable definitions of social norms and attitudes |
| 2 | Methodology to measure norms change                                  |
| 3 | Engage audience in developing content, e.g., involve men and boys    |
| 4 | Positive messages  |
| 5 | Multiple sessions – one-off exposure less effective                  |
| 6 | Monitor impact using multiple data sources                           |



### Case Study 3. Stepping Stones: Participatory group learning to reduce HIV and intimate partner violence

Stepping Stones is an HIV prevention programme initially developed in Uganda in 1995. It was designed to prevent HIV and improve sexual health through participatory learning to promote better communication and gender equity in relationships. In 1998 it was adapted for use in South Africa with youth aged 15 to 24, where the focus on healthy relationships was expanded to include intimate partner violence. Stepping Stones involves 13 sessions of group work exploring relationship skills, contraception, communication, motivations for sexual behaviour, risk taking, dealing with grief and loss and looking to the future. Throughout the programme, young people are encouraged to reflect on norms of male behaviour and how these may be beneficial or harmful to boys, girls, their families and communities. Boys and girls work on the curriculum in separate groups for 13 weeks, coming together in weeks 3, 8 and 9 to share perspectives. In the final session, the young people engage in dialogue with the community.

**Taking account of the context:** The Uganda programme was adapted for use in South Africa by the Medical Research Council (MRC). The specific issues discussed in Stepping Stones can vary according to the participants' interests and concerns. Stepping Stones is delivered in both rural and urban areas. Young people in need of support are referred to relevant services.

**Evidence base:** The effectiveness of Stepping Stones has been tested in a randomized controlled trial and in several other evaluation studies. A cluster, randomized controlled trial was conducted in 70 villages in Eastern Cape Province. Altogether 1,360 males and 1,416 females aged 15–26 took part. Villages were randomly selected to have the Stepping Stones intervention or to be included in the control group, where a single session on HIV awareness and safer sex was provided. Impact was assessed from interviews collected at baseline, 12 and 24 months later, with blood tests for HIV and herpes simplex virus -2 (HSV-2). In-depth interviews were conducted to explore young people's perspectives on the programme. Stepping Stones was found to have no impact on the prevalence of HIV, although reduced rates of HSV-2 were found. However, male-reported risky sexual behaviour, intimate partner violence, transactional sex and problem drinking significantly declined. Female risky sexual behaviour did not decline until two years after the programme. New evaluation results are expected from the recent adaptation of Stepping Stones in South Africa, which combined the participatory learning programme with Creating Futures, a vocational and life-skills programme, to create an integrated preventive response to HIV and intimate partner violence.

**Implementation:** A Community Advisory Board, chaired by a local chief with representation from central and municipal government, was set up to support the MRC in programme implementation. Group work, matching the facilitator to group participants by age and gender, has been found to be important for encouraging open and honest communication. Sufficient time is required to train and support local staff and facilitators involved in the programme.

#### References:

AIDSTAR-One, *Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A compendium of programs In Africa*, AIDSTAR-One, Arlington, VI, 2009.

Jewkes, Rachel, M. Nduna, J. Levin, N. Jama, et al., 'Impact of Stepping Stones on Incidence of HIV and HSV-2 and Sexual Behavior in Rural South Africa: Cluster randomised controlled trial', *The BMJ*, vol. 337, 2008, a.506.

Gibbs, Andrew and Rachel Jewkes, 'Stepping Stones and Creating Futures: Preliminary outcomes of a behavioural and structural pilot intervention for young people in urban informal settlements in South Africa – January 2013', HEARD, University of Kwazulu-Natal, Project Empower and Medical Research Council, 2013.

## 8. Reducing risks

This chapter covers interventions to reduce the risks and vulnerabilities to child sexual abuse and exploitation discussed in Chapter 2. Risks were identified at the inter-related levels of the individual, family, community and broader society, and preventive interventions should ideally address all of these, as indicated in Figure 2. This essential part of primary prevention is discussed in more detail in the evidence review, and key findings with examples of particular responses are summarized in Table A in Appendix III.

### 8.1 Overview of the evidence

There is an overlap between primary prevention and response activities, with many projects aiming to do both. Programmes that address the environmental or setting-related risks of child sexual abuse have been relatively prevalent. In high-income countries (HICs), considerable resources have been devoted to situational prevention measures that aim to reduce the opportunities sex offenders have to get access to children and commit offences. Methods include vetting, barring, offender registration and disclosure procedures, which aim to prevent known sex offenders from working with children, and surveillance and disruption plans to prevent known offenders having contact with children or using public spaces for sexual exploitation.<sup>119</sup> The need for highly resourced police surveillance systems makes these responses less appropriate for low- and middle-income countries (LMICs), and the evidence on their effectiveness in HICs is mixed and limited to the regulation of known offenders.<sup>120</sup> However, they clearly have a place in an overall strategy for prevention.

Another commonly used situational prevention intervention is voluntary regulation of risks of offending by using codes of conduct for specific sectors or industries, as in travel and tourism and in humanitarian and peace-keeping organizations. Evaluation evidence on their impact is, however, limited.<sup>121</sup> Situational crime prevention methods to create safer environments for women and children have been used and widely promoted in the context of humanitarian crises (discussed further in Chapter 10). Policy to create organizational safety, ensuring that those who work closely with children are vetted and mechanisms exist to report and investigate any abuse of a position of trust, should be encouraged, although evidence on their impact on child protection and any adverse impacts need to be carefully monitored.

Types of child maltreatment prevention that have risk reduction elements have had a heavy emphasis on parenting, as in home visiting and parent and family support programmes. As a result, few have addressed or monitored the specific risks associated with child sexual abuse and exploitation. These show good evidence of effectiveness for overall child maltreatment, although their relevance in LMICs is still to be tested, and the focus on parenting may be inadequate to prevent sexual abuse and exploitation that occurs outside the family. Programmes that work with families to reduce risks of sexual abuse and sexual exploitation for children in the different contexts

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<sup>119</sup> Jago, Sue and Jenny Pearce, *Gathering Evidence of the Sexual Exploitation of Children and Young People: A scoping exercise*, University of Bedfordshire, Luton, UK, 2008.

<sup>120</sup> Tewksbury, Richard, Wesley G. Jennings and Kristan Zgoba, *Sex Offenders: Recidivism and collateral consequences – Final report*, U.S. Department of Justice, Washington, DC, 2012; Erooga, Marcus, ed., *Creating Safer Organisations: Practical steps to prevent the abuse of children by those working with them*, Wiley-Blackwell, Chichester, UK, 2012.

<sup>121</sup> See <<http://www.thecode.org/>>; O'Briain, Muireanne, Milena Grillo and Helia Barbosa, *Sexual Exploitation of Children and Adolescents in Tourism*, ECPAT International, Bangkok, 2008; United Nations Children's Fund (UNICEF), *Assessing The Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism: Discussion paper*, UNICEF Innocenti Office of Research, Florence, 2012; United Nations Children's Fund (UNICEF), *Good Practices and Successful Experiences against Commercial Sexual Exploitation of Children in Latin America and the Caribbean*, UNICEF Regional Office, Panama, 2001; Kopke, Ronald, 'Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism' within the Context of Sustainability and Corporate Social Responsibility (CSR), Federal Ministry for Economic Cooperation and Development, Eschborn, Germany, 2005.

of LMICS are developing and are producing much needed evidence on their impact. Examples include *Families Matter!*, discussed in Case Study 4.

Many child sexual abuse prevention-focused projects, especially in HICS, have addressed risk reduction for individual children by educating children on awareness and protection and reducing risky behaviour. Research in HICs on child sexual abuse education prevention, delivered in schools and focusing mostly on safe and unsafe touching, shows a number of positive results such as improvements in children's awareness,<sup>122</sup> increased disclosure,<sup>123</sup> less self-blame by children if they are victimized later<sup>124</sup> and less victimization in later life.<sup>125</sup>

Prevention responses in LMICs for which there is some emerging programme evidence and which are aimed at the child/adolescent are generally not sexual exploitation-specific but rather address wider social dynamics – such as gender inequality – which is seen to restrict and suppress girls' life chances, leaving them vulnerable to violence and abuse. Girls who are missing from school and do not have parental support may be vulnerable to unsafe work, including sexual exploitation. Thus a number of programmes have been established that approach prevention by responding to the poverty and economic and gender inequalities experienced by adolescents. Research on conditional cash transfer programme shows (among other mixed findings) some promise in reducing sexually risky behaviour,<sup>126</sup> but the evidence review did not find any evidence on impact where children or young people are being sexually abused by a family member living in the same household. A UNICEF review similarly concluded that the evidence of effectiveness for child protection is limited.<sup>127</sup> Programmes that have combined life skills, violence prevention and vocational microfinance schemes, such as the BRAC Empowerment and Livelihood for Adolescents (ELA) project, show promising success from evaluation and are being rolled out for delivery on a large scale (see Case Study 5).

## 8.2 Making decisions about priorities

A challenge in this area, due to the limited evidence in context, is how to make decisions about the priorities among a range of different primary prevention programmes. The quality and applicability of evidence are important considerations, as is the scope for scaling up so that impact can reach a broader population. A useful review by the World Health Organization (WHO) on design and implementation of gender-based violence prevention programmes suggests helpful criteria for making decisions about prioritizing programmes in a particular country context.<sup>128</sup> These have been adapted in the list of questions in the checklist below to apply to the prevention of child sexual abuse and exploitation.

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<sup>122</sup> Tutty, Leslie, 'Child Sexual Abuse Prevention Programs: Evaluating who do you tell', *Child Abuse and Neglect*, vol. 21, no. 9, 1997, pp. 869–881; Zwi, Karen, Susan Woolfenden, Danielle M. Wheeler, Tracey O'Brien, et al., 'School-based Education Programmes for the Prevention of Child Sexual Abuse (Review)', *The Cochrane Library*, no. 1, 2009.

<sup>123</sup> Finkelhor, David, 'Prevention of Sexual Abuse through Educational Programs Directed toward Children', *Pediatrics*, vol. 120, no. 3, 2007, pp. 640–645.

<sup>124</sup> Finkelhor David, Nancy L. Asdigian and Jennifer Dziuba-Leatherman, 'The Effectiveness of Victimization Prevention Instruction: An evaluation of children's responses to actual threats and assaults', *Child Abuse and Neglect*, vol. 19, no. 2, 1995, pp. 141–153.

<sup>125</sup> Gibson, L. and H. Leitenberg, 'Child Sexual Abuse Prevention Programs: Do they decrease the occurrence of child sexual abuse?', *Child Abuse & Neglect*, vol. 24, no. 9, 2000, pp. 1115–1125.

<sup>126</sup> Baird, Sarah, Ephraim Chirwa, Craig McIntosh and Berk Ozler, 'The Short-Term Impacts of a Schooling Conditional Cash Transfer Program on the Sexual Behavior of Young Women', *Health Economics*, vol. 19, 2010, pp. 51–68; de Walque, Damien, William H. Dow, Rose Nathan, Ramadhani Abdul, et al., 'Incentivising Safe Sex: A randomised trial of conditional cash transfers for HIV and sexually transmitted infection prevention in rural Tanzania', *BMJ: Open*, vol. 2, no. 1, 2012.

<sup>127</sup> Barrientos, Armando, Jasmina Byrne, Juan Miguel Villa and Paola Peña, 'Social Transfers and Child Protection', Working Paper 2013–05, UNICEF Office of Research, Florence, 2013.

<sup>128</sup> World Health Organization (WHO), *Preventing Intimate Partner and Sexual Violence against Women: Taking action and generating evidence*, WHO, Geneva, 2010.

Checklist on prioritizing programmes for reducing risks	
1	What is the size of the population that would benefit from the programme?
2	What is the estimated level of health gains among this population after the programme –in the short, medium and long term?
3	What would be the wider gains of the intervention – such as educational, social or economic improvements?
4	How feasible is mainstreaming the programme within existing established services (for example, in reproductive health services, in the school curriculum)?
5	What are the approximate costs of implementing the programme based on current capacity and resources?
6	Is there any potential for harm caused by implementing the programme?
7	Does the implementing agency have the necessary capacity? If not, can it be built?
8	Is the community ready for the programme or are certain steps needed to enhance community readiness?
9	Are there any financial or cultural barriers, or other obstacles, to implementing the programme, and how easy would it be to overcome these?
10	Are there any opportunities available that would make a specific programme easier to implement? For example, new policy, funding or resources available in a particular activity area.

#### Case Study 4. Supporting families and caregivers to prevent and respond to child sexual abuse: *Families Matter!*

The *Families Matter!* Program (FMP) 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. It was adapted from the US programme *Parents Matter!* (Miller et al. 2013). FMP is currently being implemented in eight African countries – Botswana, Côte d’Ivoire, Kenya, Mozambique, South Africa, United Republic of Tanzania, Zambia and Zimbabwe – reaching nearly 500,000 families to date. Many parents and caregivers need support to effectively define and convey their values and expectations about sexual behaviour and to communicate to their children important messages about HIV, sexually transmitted infections and pregnancy prevention. The ultimate goal of FMP is the reduction of sexual risk behaviours among adolescents, including delayed onset of sexual debut. FMP pursues this goal by giving parents the tools they need to protect and guide their children. It is a community-based, group-level intervention, delivered over six consecutive sessions lasting approximately three hours apiece. Each session builds on the foundation laid in the previous one. Subjects addressed include child sexual abuse and gender-based violence (GBV). An optional seventh session addresses the needs of adolescents living with HIV.

**Taking account of the context:** Using a systematic adaptation process, the *Parents Matter!* Program was adapted for use in Kenya in 2003–2004 and renamed the *Families Matter! Program* (Poulsen et al. 2010). In 2012–2013, the curriculum was updated and enhanced to better reflect the importance of combining biomedical, behavioural and structural approaches to HIV prevention and to respond to the findings of the violence against children studies, which documented the extent of physical, sexual and emotional violence suffered by children. The enhanced curriculum promotes reflection, dialogue and action across the broad spectrum of GBV issues, from gender norms and the role they play in HIV-related risk to child sexual abuse. FMP introduces parents to the risks for sexual violence that their children face, as both potential victims and potential perpetrators. The programme’s

interactive curriculum incorporates skills-building role-play exercises and audio resources that reflect the voices, perspectives and everyday experiences of young Africans. Development of these resources and activities drew on stories written by young people across Africa for the Global Dialogues/Scenarios from Africa scriptwriting competitions ([www.globaldialogues.org](http://www.globaldialogues.org)). Parents learn to recognize and respond to situations where their children are being – or may be – abused or where they may be at greater risk of abuse. Parents are encouraged to open a dialogue with their children about sex-related issues and personal safety; to use parenting skills, such as monitoring and supervision, to protect their children; and to help their children recognize and, through role-play, prepare for situations that may put them at risk. Recognizing that parents may not be able to stop an adult from forcing their child to have sex, the child sexual abuse-focused session addresses actions parents can take at the family and community level in the event that their child or a child in their community is sexually abused. It also encourages them to reflect on what they can do to challenge harmful gender norms that provide opportunities for GBV and thereby to promote a more enabling environment for their children to be sexually healthy. FMP has gradually expanded throughout sub-Saharan Africa as countries that experience high burdens of HIV among youth that are funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) have requested the programme. It is culturally and linguistically adapted for implementation and is currently available in English, Spanish, French, Portuguese, Kiswahili, Setswana, Lozi, Tonga, isiXhosa, isiZulu, Afrikaans, Xitsonga, isiSwati, Sesotho and Oshiwambo.

**Evidence base:** The *Parents Matter!* Program was rigorously evaluated using a randomized controlled trial with African American parents of pre-adolescents 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 pre-adolescents and increased their knowledge, skills, comfort, and confidence in communicating with their pre-adolescents about these sex topics. From 2004–2006, an outcome evaluation of FMP was conducted in Kenya using a pre/post intervention design (Vandenhoude et al. 2010). Evaluation data were collected from 375 parents and their children at baseline and one year post-intervention. The intervention's effect was measured on six composite scores reported separately by parents and their children, comprising parenting (monitoring, positive reinforcement, relationship) and parent-child communication (sexuality education, sexual risk, communication responsiveness) variables. Evaluation results showed the adapted evidence-based parenting programme retained its effectiveness, successfully increasing parenting skills and parent-child communication about sexuality and sexual risk reduction. An outcome evaluation was also planned for Zimbabwe in 2015 to assess the impact of the enhanced curriculum, including the child sexual abuse-focused session, on parents' awareness of sexual abuse and its associated risks. The evaluation would also examine the intervention's impact on parents' self-efficacy to open a dialogue with their children about sexual abuse, help protect their child and respond in the event that their child experiences or has experienced sexual abuse.

**Implementation:** A detailed implementation process has been developed and is supported by the U.S. Centers for Disease Control and Prevention (CDC) to facilitate scale-up while maintaining fidelity to intervention design. The first step of this process is formative work including a community needs assessment to ensure there is a need and desire for the FMP. In order to strengthen capacity among implementing partners, CDC offers the following: (1) central technical assistance unit available for site visits, phone or e-mail communication/consultation; (2) tools to conduct a community needs assessment verifying that the programme is wanted and needed by the community; (3) guided programme adaptation workshops to ensure that FMP is adapted in a scientific and culturally appropriate way; (4) all curriculum materials needed for programme delivery and implementation; (5) technical support materials for recruiting, training, certifying and hiring qualified facilitators; (6) guidance documents to conduct pilot testing and monitoring activities; (7) process and outcome evaluation tools that directly assess the objectives of the evidence-based intervention; (8) central reporting system to monitor programme implementation and fidelity; (9) annual site visits to



monitor quality assurance of programme delivery; and (10) feedback communication loop of lessons learned from country implementation efforts. To prepare facilitators to deliver FMP with fidelity, CDC employs these key elements: (1) candidate recruitment through clearly delineated qualification requirements, interview and selection procedures; (2) a theory-based training portfolio with extensive knowledge- and skills-building components and practice, demonstration and feedback sessions; (3) certification, as training attendance alone does not sufficiently indicate command of skills and intervention concepts required to successfully facilitate the FMP – only participants who meet key criteria (e.g., thorough understanding of the programme and the importance of maintaining curriculum fidelity, demonstration of necessary facilitation skills) are certified and hired as facilitators; (4) mentorship – post-training practice, facilitator debriefs, support and mentorship from programme managers; and (5) supervision – review of retention rates and challenges (via monitoring forms), at least one unannounced programme manager site visit per wave, and annual site visits by CDC staff.

#### References:

- Forehand Rex, Lisa Armistead, Nicholas Long, Sarah C. Wyckoff, et al., 'Efficacy of a Parent-Based Youth Sexual Risk Prevention Program for Parents of African-American Pre-adolescents', *Archives of Pediatric and Adolescent Medicine*, vol. 161, no. 12, 2007, pp. 1123–1129.
- Miller, K. S., S. M. Lasswell, D. B. Riley and M. N. Poulsen, 'The Families Matter! Program: A pre-sexual risk youth prevention intervention', *American Journal of Public Health*, vol. 103, no. 11, 1998, pp. e16–e20.
- Poulsen, Melissa N., Hilde Vandenhoult, Sarah C. Wyckoff, Christopher O. Obong'o, et al. 'Cultural Adaptation of a US Evidence-Based Parenting Intervention for Rural Western Kenya: From *Parents Matter!* to *Families Matter!*' *AIDS Education and Prevention*, vol. 22, no. 4, 2010, pp. 273–285.
- Vandenhoult, Hilde, Kim S. Miller, Juliet Ochura, Sarah C. Wyckoff, et al., 'Evaluation of a US Evidence-Based Parenting Intervention in Rural Western Kenya: From *Parents Matter!* to *Families Matter!*' *AIDS Education and Prevention*, vol. 22, no. 4, 2010, pp. 328–343.

### Case Study 5. Empowering adolescent girls through life skills clubs in Uganda

The Empowerment and Livelihood for Adolescents (ELA) project, set up initially in 2003, is now running in six countries: Bangladesh, Liberia, Sierra Leone, South Sudan, Uganda and United Republic of Tanzania. It is run by BRAC, a development organization that has been involved in microfinance activities in rural areas since 1974. ELA programmes combine microfinance and life-skills training. The Uganda programme, established in 2008, is the largest youth empowerment programme in the country. It targets adolescent girls aged 13 to 21, especially those who are out of school. It aims to reduce risky behaviour and improve girls' health and well-being by socially and financially empowering them, providing them with a safe space to socialize and 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. The programme in Uganda has recently started to work with boys.

**Taking account of the context:** Community support for girls' empowerment is built by involving key members of the community – elders, families, community leaders – in key events such as opening ceremonies, mothers' forums and other meetings. The content of the ELA programme varies according to the context. It typically starts with '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, confidence building and other life-skills training are the second component. Economic empowerment is the third component. Younger girls are encouraged to develop a savings and entrepreneurial mentality. Older girls are offered livelihood training, financial literacy and sometimes micro-financing schemes. In the African context there tends to be a greater emphasis on microfinance.

**Evidence base:** A randomized control trial in Uganda (Bandiera et al. 2012; 2014) tracked 4,800 girls involved in the Uganda ELA over two years. The ELA programme covered life skills and vocational training. There were at the time no microfinance schemes included in the programme. Outcomes for girls in 100 communities randomly assigned to receive the ELA programme were compared with outcomes for girls in 50 control communities without the programme. Outcomes were measured at baseline and two years later. The adolescent girls who had taken the programme had a 72 per cent increased likelihood of engaging in income-generating activities, driven by increased self-employment, relative to girls in the control communities. They 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.

**Implementation:** In 2014 there were 1,200 clubs in Uganda reaching 50,000 girls. In 2011 BRAC's ELA project had over 290,000 members worldwide.

**References:**

Bandiera, Oriana, Robin Burgess, Markus Goldstein, Niklas Buehren, et al., 'Women's Empowerment in Action: Evidence from a randomized control trial in Africa', Economic Organisation and Public Policy Discussion Papers, EOPP 50, London School of Economics and Political Science, Suntory and Toyota International Centres for Economics and Related Disciplines, London, 2014.

Bandiera, Oriana, Niklas Buehren, Robin Burgess, Markus Goldstein, et al., 'Empowering Adolescent Girls: Evidence from a randomized control trial in Uganda', Working Paper, London School of Economics and Political Science, Suntory and Toyota International Centres for Economics and Related Disciplines, London, 2012



## 9. Building capacity to respond

This section considers identifying children who are at risk of sexual abuse and exploitation and taking action to protect them. There are two aspects to protection: steps taken to make children and young people safe; and stopping perpetrators committing further offences. A summary of findings from the evidence review is provided in Table B in Appendix III.

### 9.1 Child protection systems

Across different nations, a variety of child protection responses have developed. Cross-national comparative research on child protection has not, however, identified any particular ‘model’ of child protection as bringing better outcomes for children.<sup>129</sup> A comprehensive child protection system response to sexual abuse and exploitation needs to respond to victims and perpetrators. A child protection system has the following components:

1. Child protection laws and policies, compliant with the Convention on the Rights of the Child (CRC) and other international standards and good practice
2. Meaningful coordination across government and between sectors at different levels
3. Knowledge and data on child protection issues and good practices
4. Effective governance, enforcement/regulation, quality standards and accountability through monitoring
5. Preventive and responsive services across a continuum of care, processes of identification, reporting, referral, investigation, assessment, treatment and follow up
6. A skilled child protection workforce
7. Adequate funding, human resources and infrastructure
8. Children’s voices and participation
9. An aware and supportive public.<sup>130</sup>

Much is known from experience and research about what does not work well in child protection. An effective response needs to have the resources and capacity to cope with the level of need.

In high-income countries (HICs), protection responses for sexually exploited and abused children are embedded within broader child welfare and child protection system responses. Many HICs have seen a shift in focus within child protection towards earlier intervention and developing responses that meet the range of needs and rights children have for protection across a continuum of care.<sup>131</sup> In many low-and middle-income countries (LMICs), child protection systems are less well developed, there may be no formal social work child protection agency and many of the responsibilities for the immediate and longer-term safety of children are taken on by police, health agencies, non-governmental organizations (NGOs), faith-based institutions and services set up in the context of humanitarian crises. This can mean that services are patchy and may overlap as a result of being concentrated in areas where they were initially set up.

### 9.2 Identification and protection of child victims

Universal challenges to identification include: (1) barriers to disclosure by children; (2) parents’, carers’ and the wider public’s lack of awareness, understanding and recognition of sexual abuse and exploitation; (3) professionals’ lack of skills and training in identification; (4) poor information

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<sup>129</sup> Adapted from Save the Children, *A ‘Rough Guide’ to Child Protection Systems*, Save the Children, London, 2009, p. 8.

<sup>130</sup> Fluke, John D. and Fred Wulczyn, *A Concept Note on Child Protection Systems Monitoring and Evaluation*, United Nations Children’s Fund, New York, 2010.

<sup>131</sup> Frost, Nick and Nigel Parton, *Understanding Children’s Social Care*, Sage, London; Gilbert, Neil, Nigel Parton and Marit Skivenes, eds., *Child Protection Systems: International trends and orientations*, Oxford University Press, New York, 2011.

sharing by agencies; and (5) sexual abuse and exploitation not being recognized at the policy and legislative level.

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

- formal systems or mandatory reporting of child sexual abuse and exploitation by professionals, although the research evidence on mandatory reporting as an effective strategy to protect children is somewhat mixed<sup>132</sup>
- training those in contact with children (teachers, health-care workers, social workers, police, etc.) to be alert to the signs of abuse and feel confident to ask in an age-appropriate, non-threatening way
- providing age-appropriate information to children and adolescents about sexual violence, their rights to protection and where to directly find help themselves
- introducing methods to 'screen' clients in health care for experiences of sexual abuse and exploitation
- introducing comprehensive, child-focused, common assessment and risk assessment methods for health, child protection, police services or NGOs to identify the children most at risk
- improving data sharing and guidance for multi-sectoral methods of working together
- providing guidance on individual and cross sector agency responsibilities and on reporting and referral pathways
- developing integrated or 'one stop shop' multi-agency identification and response teams (see Case Study 7).

Identification requires training individuals so they have the knowledge about how to identify and respond in order to protect vulnerable children. Child-friendly and gender-sensitive methods of working are essential. Methods to improve identification are likely to be ineffective if services are not available to adequately protect and respond to the child's needs and rights. Child helplines give children options to seek confidential support themselves, and finding ways to support the sustainability of helplines is recommended.<sup>133</sup> Ideally helplines need to be part of the child protection system, not separate from it (see Case Study 8).

Integrated health responses – where health, police and child protection services work closely together or in co-located 'one stop shop' model units – have been found to increase victims' use of services, cut the upset caused to them by multiple service contacts and passing on from service to service and increase use of post-exposure prophylaxis (PEP). But findings on victim attitudes to the police are mixed.<sup>134</sup> One-stop shops for women and children are needed (see Case Study 6). Because children often have a range of needs for health care, immediate protection, educational support and recovery, a well-coordinated multi-sector response for the individual child at the point of service delivery is imperative. Identifying a key worker to take the lead to coordinate responses with

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<sup>132</sup> Gilbert, Ruth, Alison Kemp, June Thoburn, Peter Sidebotham, et al., 'Recognising and Responding to Child Maltreatment', *The Lancet*, vol. 373, no. 9658, 2008, pp. 167-180.

<sup>133</sup> UNICEF 2011, op. cit.

<sup>134</sup> Keesbury, Jill, Mary Zama and Sudha Shreeniwas, *The Copperbelt Model of Integrated Care for Survivors of Rape and Defilement: Testing the feasibility of police provision of emergency contraceptive pills*, Population Council, Lusaka, 2009; Kim, Julia C., Lufuno Mokwena, Ennica Ntlemo, Ntabozuko Dwane, et al., *Developing an Integrated Model for Post-rape Care and HIV Post-exposure Prophylaxis in Rural South Africa*, RADAR, Population Council and Tshwarangan Legal Advocacy Centre, 2007; Kim, Julia C., Ian Askew, Lufuno Muvhango, Ntabozuko Dwane, et al., 'Comprehensive Care and HIV Prophylaxis after Sexual Assault in Rural South Africa: The Refentse intervention study', *British Medical Journal*, vol. 338, 2009, p. b515.

different agencies using case management methods is recognized as being effective across HICs, LMICs and, increasingly, humanitarian settings.<sup>135</sup>

Child protection services delivered through social or child welfare workers in HICs have been mainly responsible for protecting children from sexual abuse and exploitation. In LMICs, where social workers may have limited reach, NGOs and community-based services have provided support. Coordinating responses across diverse services can be very challenging. Community-based child protection mechanisms have become very important in supporting and strengthening child protection systems and have been found to be effective under the right conditions,<sup>136</sup> although there is as yet no clear evidence about their ability to help identify and refer children and adolescents at risk of sexual abuse and exploitation.

### 9.3 Dealing with perpetrators

Victims/survivors of sexual abuse and exploitation face significant economic, educational and socio-cultural barriers in gaining access to justice. Methods used to identify, prosecute and control perpetrators via police surveillance and detection, prosecution and/or treatment have seen significant investment in HICs. Although much emphasis in LMICs has been given to police and specialist police units, the rates of prosecution remain low and there is consensus among children's rights organizations that the impunity of child sex offenders in many LMICs should be addressed. Evidence on the effectiveness of police or security force responses to sexual violence focuses predominantly on responses to adult women.<sup>137</sup> Responses often recommended for the police include training to improve understanding and capacity to respond, which has been found to be helpful although not as yet rigorously evaluated in context.<sup>138</sup> There is some evidence from HICs that training professionals to conduct age-appropriate forensic interviews can improve prosecution.<sup>139</sup>

There is little comparative evidence to indicate whether or not it is more effective to prosecute or treat or attempt a combination of both these when responding to offender recidivism. There has been an increase in prosecution, risk assessment, risk management and community surveillance of sex offenders in some HICs, particularly for online abuse, but the extent to which the resources devoted to these responses have contributed to improvements in public safety is not known.<sup>140</sup> Research on sex offender treatment methods has produced mixed findings on their effectiveness in reducing recidivism.<sup>141</sup> This does not necessarily mean that these efforts are not worth pursuing.

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<sup>135</sup> McCormick, Christine, *Case Management Practice within Save the Children's Child Protection Programmes*, Save the Children UK, London, 2011; Terre des Hommes (TDH), 'Supporting Child (Re)integration', Policy paper, TDH, Geneva, 2009; United Nations Children's Fund (UNICEF) Malawi, *Lessons Learned: Findings from the design phase of the Child Protection Case Management in Malawi*, UNICEF, Lilongwe, 2011; International Rescue Committee (IRC) and United Nations Children's Fund (UNICEF), *Advancing the Field: Caring for child survivors of sexual abuse – A review of promising practices to improve case management, psychosocial and mental health interventions, and clinical care for child survivors of sexual abuse*, IRC and UNICEF, New York, 2011.

<sup>136</sup> Save the Children, *Stepping up Child Protection*, Save the Children Sweden, Stockholm, 2010; War Child UK, *Study of Community-based Child Protection Mechanisms in Uganda and the Democratic Republic of Congo*, War Child UK, London, 2010.

<sup>137</sup> Kerr-Wilson, Alice, Lyndsay McLean Hilker, Shreya Mitra, Federica Busiello, et al., *Working with the Security Sector to End Violence against Women and Girls*, Social Development Direct/ UN Women, 2011.

<sup>138</sup> Rashid, Maria, 'Giving Men Choices: A Rozan project with the police force in Pakistan', Working Paper 2 on Men's Roles and Responsibilities in Ending Gender Based Violence, Rozan, Islamabad, 2001.

<sup>139</sup> Lamb, Michael E., Yael Orbach, Irit Hershkowitz, Philip W. Esplin and Dvora Horowitz, 'Structured Forensic Interview Protocols Improve the Quality and Informativeness of Investigative Interviews with Children: A review of research using the NICHD Investigative Interview Protocol', *Child Abuse & Neglect*, vol. 31, no. 11–12, 2007, pp. 1201–1231.

<sup>140</sup> Hanson, R. Karl and Kelly E. Morton-Bargon, 'The Accuracy of Recidivism Risk Assessment for Sexual Offenders: A meta analysis of 118 predictor studies', *Psychological Assessment*, vol. 21, no. 1, 2009, pp. 1–21; Andrews, D. A., James Bonta and J. Stephen Wormith, 'The Recent Past and Near Future of Risk and/or Need Assessment', *Crime & Delinquency*, vol. 52, no. 1, 2006, pp. 7–27.

<sup>141</sup> Langan, Patrick A., Erica L. Schmitt and Matthew R. Durose, *Recidivism of Sex Offenders Released from Prison in 1994*, U.S. Dept. of Justice, Washington, DC, 2003; Lievor, Denise, 'Recidivism of Sexual Assault Offenders: Rates, risk factors and treatment efficacy', Australian Institute of Criminology, Melbourne, 2004; Gelb, Karen, 'Recidivism of Sex Offenders', Research paper, Sentencing Advisory Panel, Melbourne, 2007; Knight, Raymond A. and David Thornton, 'Evaluating and Improving Risk Assessment Schemes for Sexual Recidivism: A long term follow up of convicted sex offenders', U.S. Dept. of Justice, Washington, DC, 2004; Hanson, R. Karl, Guy Bourgon, Leslie Helmus and Shannon Hodgson, 'The Principles of Effective Correctional Treatment also Apply to Sexual Offenders: A meta-analysis',

There is, however, a clear need for context-specific evidence on effective responses to sex offenders in LMICs.

**Signpost to existing guidelines and resources:**

International Labour Organization (ILO)/International Programme on the Elimination of Child Labour (IPEC), *Guidelines on the Design of Direct Action Strategies to Combat Commercial Sexual Exploitation of Children*, International Labour Office, Geneva, 2007.

United Nations Children's Fund (UNICEF), *Guidelines on the Protection of Child Victims of Trafficking*, UNICEF, New York, 2006.

World Health Organization (WHO), *Guidelines for Medico-Legal Care of Victims of Sexual Violence*, WHO, Geneva, 2003.

## 9.4 Recovery and reintegration

The responsibilities of States to provide for recovery and reintegration are set out in Article 39 of CRC. There are gaps in the provision of recovery and reintegration services for sexually abused and exploited children in HICs,<sup>142</sup> and providing services is particularly challenging in LMICs. Where resources are limited, the focus has been more on the immediate protective needs of the child.<sup>143</sup>

Many of the services that have developed in both HICs and LMICs to address recovery and reintegration are closely linked with existing protective services (as in one-stop models). Not all children who have been sexually exploited or abused will require formal psycho-social support to overcome the harm caused as they may cope themselves or have access to informal, family, peer or community sources of support. Recovery and reintegration for some children is a process that requires a longer-term strategy going beyond short-term 'rescue' approaches that have been a feature in some services, especially in the area of trafficking for the purposes of sexual exploitation.

The review of evidence and guidance found consensus over four steps to be taken to achieve recovery and re-integration when sexually abused and sexually exploited children are identified:

1. providing immediate short-term emotional support and protection, placing the child in a safe environment
2. providing support or services to enable rehabilitation and recovery
3. reintegration of the child with the family, if this is in the child's best interests, and community
4. preventing re-victimization by reducing risk factors.

Child-centred assessment, care planning and case management is important for recovery and reintegration. The process may be cyclical as some services may be needed by a child on a repeat basis rather than as a one-off event.

*Immediate responses and safe environments* – Shelter projects have been set up to provide temporary accommodation for sexually exploited women, girls and sometimes boys, particularly

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*Criminal Justice and Behavior*, vol. 36, no. 9, 2009, pp. 865–891; Andrews, D. A. and James Bonta, *The Psychology of Criminal Conduct*, Third edition, Anderson, Cincinnati, OH, 2003; Dennis, Jane A., Omer Khan, Michael Ferriter, Nick Huband, et al., 'Psychological Interventions for Adults Who Have Sexually Offended or Are at Risk of Offending', *The Cochrane Library*, no. 12, 2012.

<sup>142</sup> Allnock, Debra, Lorraine Radford, Lisa Bunting, Avril Price, et al., 'In Demand: Therapeutic services for children and young people who have experienced sexual abuse', *Child Abuse Review*, vol. 21, no. 5, 2012, pp. 318–334; Coy, Maddy, Liz Kelly and Jo Foord, *Map of Gaps: The postcode lottery of violence against women support services*, End Violence Against Women, London 2007; Scott, Sara and Paula Skidmore, *Reducing the Risk: Barnardo's support for sexually exploited young people – A two-year evaluation*, Barnardo's, Ilford, UK, 2006.

<sup>143</sup> Asquith, Steward and Elspeth Turner, *Recovery and Reintegration of Children from the Effects of Sexual Exploitation and Related Trafficking*, The Oak Foundation, Geneva, 2008; IRC and UNICEF 2011, op. cit.

those separated from their families through trafficking,<sup>144</sup> although research on their impact is very limited. Transit Homes are run by a number of ECPAT groups in high-risk areas as temporary safe shelter for children rescued from various establishments such as brothels. The recovery and reintegration services provided by shelters may include counselling, medical check-ups, non-formal education, the development of case management profiles, peer support, legal assistance, recreational activities and assistance in tracing family members. Most studies of shelters derive from Europe and North America and focus on adult women leaving domestic violence.<sup>145</sup>

*Psychological support for recovery* – Recommendations on care and support are made in the International Labour Organization (ILO) guidance on the *Belize Protocol*.<sup>146</sup> This recommends assessment and care planning to meet the child's needs and rights. Parental support is the strongest predictor determining good outcomes for sexually abused young children.<sup>147</sup> Indeed, in therapeutic provision in HICs, a 'safe carer' model has been increasingly adopted. Safe carers may undertake joint counselling or therapeutic play with the child, but they also receive support and learn about the dynamics and impacts of sexual abuse so that they can better support their children at home.<sup>148</sup> When considering reintegration of children who have been trafficked for sexual purposes, good practice recommends consideration of the environment into which the child is being reintegrated.<sup>149</sup> Although not all children will be able to return to the family home, for those that can, family support interventions are critical to ensure the parents or carers are able to cope and welcome back and support the child through recovery. For non-abusing parents and carers, it is important that they are offered counselling and access to on-going support.

There has been an increasing focus by mental health professionals on evidenced-based practices (EBPs) for the treatment of child abuse and trauma. In HICs, trauma-focussed cognitive-behavioural therapy (TF-CBT), creative therapies, eye-movement desensitization and reprocessing (EMDR) and counselling are recognized as potential models of intervention for sexually abused children and young people. Only CBT has provided promising evidence through randomized controlled trials.<sup>150</sup> EMDR has a strong evidence base for relieving distress caused by trauma, including sexual violence,<sup>151</sup> although most of these studies have been adult-focused.<sup>152</sup> Creative therapies such as play, dance or music therapy offer children an alternative for healing and restoration, and there are examples of this approach being used in LMICs such as Cambodia.<sup>153</sup> A meta-analysis of play therapy in HICs with children found positive impact across modalities, settings, age and gender, with the most significant impact seen with humanistic, non-directive play therapy approaches.<sup>154</sup> Few robust

<sup>144</sup> Casal Caharron, M., *Programme for Prevention and Elimination of Commercial Sexual Exploitation of Girls, Boys and Adolescents in the Triple Border Area (Argentina-Brazil-Paraguay)*, International Labour Organization, Paraguay, 2005.

<sup>145</sup> See Sullivan, Cris M., Isabel Baptista, Sharon O'Halloran, Lydia Okroj, et al., 'Evaluating the Effectiveness of Women's Refuges: A multi-country approach to model development', *International Journal of Comparative & Applied Criminal Justice*, vol. 32, no. 2, 2008, pp. 291–308.

<sup>146</sup> International Labour Organization (ILO), *Belize Protocol: How to care for child and adolescent victims of commercial sexual exploitation*, Dept. for Human Services, ILO, Geneva, 2008.

<sup>147</sup> Ramchandani, Paul and David P. H. Jones, 'Treating Psychological Symptoms in Sexually Abused Children: From research findings to service provision', *British Journal of Psychiatry*, vol. 183, no. 6, 2003, pp. 484–490.

<sup>148</sup> Hill, Andrew, 'Patterns of Non-offending Parental Involvement in Therapy with Sexually Abused Children: A review of the literature', *Journal of Social Work*, vol. 5, no. 3, 2005, pp. 339–358.

<sup>149</sup> TDH 2009, op. cit.

<sup>150</sup> Macdonald Geraldine, Julian P. T. Higgins, Paul Ramchandani, Jeffrey C. Valentine, et al., 'Cognitive-behavioural Interventions for Children Who Have Been Sexually Abused (Review)', *The Cochrane Library*, no. 5, 2012; Wethington, Holly R., Robert A. Hahn, Dawna S. Fuqua-Whitley, Theresa Ann Sipe, et al., 'The Effectiveness of Interventions to Reduce Psychological Harm from Traumatic Events among Children and Adolescents', *American Journal of Preventive Medicine*, vol. 35, no. 3, 2008, pp. 287–313.

<sup>151</sup> Chemtob, Claude M., Joanna Nakashima and John G. Carlson, 'Brief Treatment for Elementary School Children with Disaster-related PTSD: A field study', *Journal of Clinical Psychology*, vol. 58, no. 1, 2002, pp. 99–112; Edmond, Tonya, Allen Rubin and Kathryn G. Wambach, 'The Effectiveness of EMDR with Adult Female Survivors of Childhood Sexual Abuse', *Social Work Research*, vol. 23, no. 2, 1999, pp. 103–116.

<sup>152</sup> See, for example, *ibid*.

<sup>153</sup> Schrader, Elizabeth M. and Jennifer M. Wendland, 'Music Therapy Programming at an Aftercare Center in Cambodia for Survivors of Child Sexual Exploitation and Rape and Their Caregivers', *Social Work & Christianity*, vol. 39, no. 4, 2012, pp. 390–406.

<sup>154</sup> Bratton, Sue C., Dee Ray, Tammy Rhine and Leslie Jones, 'The Efficacy of Play Therapy with Children: A meta-analytic review of treatment outcomes', *Professional Psychology: Research and Practice*, vol. 36, no. 4, 2005, pp. 376–390.

studies, however, have been undertaken on the use of play therapy specifically with sexually abused or exploited children and adolescents, therefore more research is needed to understand the impact with this group and to test the relevance in LMICs and humanitarian contexts.

*Social needs* – Services need to address the social and practical needs of children/adolescents who have been sexually abused or exploited, such as homelessness, drug and alcohol dependence and single parenthood, while at the same time promoting their participation in initiatives to support them and focusing on raising their self-esteem and ability to control their lives.<sup>155</sup> This is seen as an important strategy in preventing repeat victimization because when effective support is not available, sexually exploited children may go missing from care, return to prostitution or be re-trafficked.<sup>156</sup> There are some NGO projects that aim to provide comprehensive services for sexually exploited children including shelter, support and education, and programme evaluations – although still limited – are indicating the value of these services.<sup>157</sup>

*Reintegration and reducing risks* – Reintegration involves returning the child to the family and community or, if this is not in the child's best interests, finding alternative care. Reintegration can mean repatriation. Published guidelines recommend careful enquiries, preparation and follow-up work for reintegration to be effective. Evaluation evidence on the success of reintegration projects is much needed. The limited studies found in the evidence review present mixed findings but some worrying evidence that sometimes efforts have been ineffective.<sup>158</sup>

Community reintegration has included elements of peace-building and restorative justice. Restorative justice models are often regarded as particularly suitable for minority communities and in a development context because they aim to divert minority groups of offenders away from the penal system as well as involve members of the community in supporting the victim and managing the offender behaviour.<sup>159</sup> Projects such as Circles of Support, which is developing its evidence base,<sup>160</sup> aim to involve the victim, offender and community in acknowledging and confronting the harm caused by sex offending, the offender making reparations to the victim and the community, the offender changing his behaviour with the support of members of the community and then moving towards a position of re-acceptance and reintegration. Evidence from research on restorative justice indicates that offenders, especially young offenders, benefit most but victims are not always adequately supported in feeling safe.<sup>161</sup>

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<sup>155</sup> Miller, Alison, 'Facing Down Exploitation', *Community Care*, vol. 1460, 2003, pp. 32–33; Chase, Elaine and June Statham, 'Commercial and Sexual Exploitation of Children in the UK: A review', *Child Abuse Review*, vol. 14, no. 1, 2005, pp. 4–25; Barnado's, *Stolen Childhood: Barnado's work with children abused through prostitution*, Barnado's, Barking, UK, 2002.

<sup>156</sup> ECPAT International, *Rights in Practice in Combatting Sexual Exploitation of Children*, ECPAT International, Bangkok, 2011.

<sup>157</sup> Scott and Skidmore 2006, op. cit.

<sup>158</sup> United Nations Children's Fund (UNICEF), *Protecting Children from Violence: A synthesis of evaluation findings*, UNICEF, New York, 2012b; Rasmussen, Karen, *External Evaluation Report: Friends International – Thailand (Peuan Peuan)*, United Nations Children's Fund, 2006; Tan, Kathleen M. and Lewelyn Baguyo, *Evaluation of the Impact of Rescue, Recovery, Healing and Reintegration Services for Victims of Child Abuse and Exploitation*, United Nations Children's Fund, New York, 2007. Keo, Chendra, *Life after Reintegration: The situation of child trafficking survivors: Part 1 and 2*, International Organization for Migration-Cambodia, Phnom Penh, 2006.

<sup>159</sup> Braithwaite, John, *Crime Shame and Reintegration*, Cambridge University Press, Sydney, 1989.

<sup>160</sup> Wilson, Chris, Andrew Bates and Birgit Vollm, 'Circles of Support and Accountability: An innovative approach to manage high risk sex offenders in the community', *Open Criminology Journal*, vol. 3, 2010, pp. 48–57.

<sup>161</sup> Braithwaite, John and Kathleen Daly, 'Masculinities, Violence and Communitarian Control', in *Just Boys Doing Business? Men, masculinity and crime*, edited by Tim Newburn and Betsy Stanko, pp. 189–213, Routledge, London, 1994; Daly, Kathleen, 'Restorative Justice and Sexual Assault: An archival study of court and conference cases', *British Journal of Criminology*, vol. 46, no. 2, 2006, pp. 334–335; Hudson, Barbara, 'Restorative Justice and Gendered Violence: Diversion or effective justice?' *British Journal of Criminology*, vol. 42, no. 3, 2002, pp. 616–634.

### Signpost to existing guidelines and resources:

International Labour Organization and Center for the Protection of Children's Rights Foundation, *Rehabilitation of the Victims of Child Trafficking: A multi-disciplinary approach*, International Labour Office, Bangkok, 2006.

Terre des Hommes (TDH), 'Supporting Child (Re)Integration', Policy paper, TDH, Geneva, 2009.

United Nations Children's Fund (UNICEF), *Guidelines on the Protection of Child Victims of Trafficking*, UNICEF, New York, 2006.

### Case Study 6. The Barnahus model of integrated care

One-stop shop integrated service models for victims of sexual violence have developed in many regions across the world and are widely regarded as being 'good practice'. Some services respond to both adult and child victims (as in South Africa's Thuzulela Care Centres and the United Kingdom's Sexual Abuse Referral Centres) and have developed to respond to gender-based violence. Awareness of the specific developmental needs of children as victims of sexual violence has grown, and integrated models that respond to children's vulnerabilities have similarly developed. One example of a 'one-stop shop' model specifically for children is Barnahus (children's house). Barnahus is a co-located, multi-sector service for sexually abused children that developed initially in Iceland in 1998, spread across Scandinavia and is now established or in progress in other regions including Belarus, Croatia, Lithuania, Netherlands, Portugal and Turkey. It brings together under one roof health, child protection, therapeutic and legal services for investigation and responses to child maltreatment. Barnahus recognizes the vulnerability of child victims in disclosing experiences of sexual abuse and the difficulty professionals often face in securing a conviction when evidence is often solely a child's testimony taken some time after the event. The two goals of Barnahus are to improve the efficiency of criminal prosecutions for child abuse cases as well as improve treatment and support for the child.

Barnahus is based on the 'one front door' concept for children's access to services, meaning children and their families only have to go to one child-friendly place for assessment, investigation, medical examination, counselling, therapy and family support, instead of being passed around several different agencies. The child is interviewed in a special room by a trained investigative interviewer. The interview is observed in a different room by a judge, a social worker, police, prosecutors, defence attorneys and the child's advocate. Interviews are videotaped and can be used in court and all main legal proceedings. Harmful and re-traumatizing multiple investigative interviews of children can thereby be reduced. After the interview, the child may have a medical examination in the on site medical clinic and have access to the other child and family support services provided.

**Taking account of the context:** Barnahus was inspired by the Children's Advocacy Centres (CAC) that developed in the United States in the 1980s to improve support for child victims in the court process and increase rates of offender convictions. Awareness of the problem of child sexual abuse spread in Iceland following the First World Congress on child sexual exploitation in Stockholm in 1996 and research on the incidence of child sexual abuse in the country in 1997, when rates were found to be higher than expected. The CAC model was adapted to the context in Iceland, and the first centre opened in 1998.

**Evidence base:** The research evidence on Barnahus is still limited to results from country evaluations of pilot studies, mostly not published in English. In Iceland there is a mandatory child abuse reporting system so cases are referred to Barnahus from the prosecution service or the courts. Nearly 4,000 children and young people were referred to the Iceland Barnahus between 1998 and



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 between 1995–1997 and 2006–2008. In 1995–1997, there were 146 child referrals and 49 offender convictions. In 2006–2008, 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 Barnahus was a good environment in which to be interviewed compared with 42 per cent of child victims with experience of interviews in the courthouse. The findings regarding increased support for child victims, improved prosecution processes and victim satisfaction are supported by the Swedish evaluation of six pilots published in 2008.

**Implementation:** Different approaches to implementation of Barnahus have been explored by Johansson (2012), with reference to four questions: (1) How did the Barnahus concept spread between countries; (2) What are the approaches to governance in Barnahus centres in different contexts? (3) Which actors have been involved in influencing Barnahus implementation? and (4) What do the power relations between agencies in Barnahus look like in different contexts? To date, only pilot study results have been published. These suggest there are a number of interesting differences in implementing Barnahus in different contexts, although the influence of these on outcomes for children are currently unexplored. Barnahus have developed in different nations by beginning as pilot projects in some cases (as in Finland, Norway and Sweden) but not in others (as in Iceland). A bottom-up model of implementation, where local services take the lead, was found in some locations while in others the model spread via a top-down approach, responding to a national initiative. Different approaches to governance developed, with some centres being built on national guidelines on multi-sector responses, as in Finland and Sweden. Approaches to implementation have also been influenced by which actors have been involved and the networks that have developed, such as the national network of Barnahus professionals developed through Save the Children in Sweden or the promotion of links sponsored by the child protection group Nordic Association for Prevention of Child Abuse and Neglect (NASPCAN). One tension often experienced by one-stop shop models for sexual violence has been the balance in the relationship between the objective to prosecute and the objective to support and promote the welfare of victims. Power relationships may be influenced by which sector has a lead agency role. For example, in Iceland the lead agency is in the child welfare sector via the government agency for child protection, whereas in Norway the lead agency is in the justice sector (i.e., the Department of Justice).

**Case study information supplied by:**

Bragi Guobrandsson, Director General of the Government Agency for Child Protection in Iceland, Chair of the Lanzarote Committee, Founder of Iceland's Barnahus.

**References:**

Guobrandsson, Bragi, 'The CAC Barnahus Response to Child Sexual Abuse and the Council of Europe Standard and Setting', paper presented at the 13<sup>th</sup> ISPCAN European Regional Conference on Child Abuse and Neglect, Dublin, 2013.

Johansson, Susanna, 'Diffusion and Governance of 'Barnahus' in the Nordic Countries: Report from an on-going project', *Journal of Scandinavian Studies in Criminology and Crime Prevention*, vol. 13, sup. 1, pp. 69–84.

Rikspolisstyrelsen, 'Barnahus: Försöksverksamhet med samverkan under gemensamt tak vid misstanke om brott mot barn', Rikspolisstyrelsen/Rattsmedicinalvelkret/Socialstyrelsen/Aklagarmyndigheten, 2008.

## Case Study 7. Using child helpline data to strengthen child protection system responses

While child helplines provide essential confidential listening, information and help services directly to children and young people, there is a shortage of evidence on their impact on the children using them. The Romanian Asociatia Telefonul Copilului (Children's Helpline Association) developed from a toll-free line for children set up in 2001 as part of a project (under the Phare programme) funded by the European Union (EU). The helpline attracted a large number of calls and was able to continue after the EU-funded project ended in 2006. Between 2001 and 2014, the helpline took 2,064,804 calls of which 51,379 were registered as 'valid cases'. In 2008 Asociatia Telefonul Copilului, in partnership with Romtelecom, received a license from the EU to use a harmonized number for European children: 116 111. This allows a child to call a helpline using the same number in any EU member country.

In 2012, 43 per cent of the helplines cases were about child abuse, 38.5 per cent were about physical abuse and 7.6 per cent were about sexual abuse or exploitation. Asociatia Telefonul Copilului provides children and young people with information, counselling and referral to other services as appropriate. It also monitors cases and aims to promote children's rights in Romania via its influencing activities. Cases of sexual abuse and child trafficking recorded at the helpline have recently increased, and as a result in 2011 a public awareness education programme on child trafficking was launched. The association has developed strategic partnerships with government agencies that provide referral services, and its focus on children's participation is reflected in the memorandum of understanding it has with these partners. It has a uniquely privileged relationship with these agencies through being entitled to receive feedback on the progress of children's cases that are referred. This allows it not only to develop the potential to follow up on outcomes for children but also to play a monitoring role for the quality of the entire child protection system.

**Taking account of the context:** Asociatia Telefonul Copilului has a good relationship with the schools councils that work in schools and at county and national level to promote the democratic and social rights of primary and secondary school students.

**Evidence base:** There is evidence from evaluation research commissioned by Child Helpline International that the Romanian helpline plays a role in providing children with a safe point of entry to the system, and also in using data to prompt strengthening of the child protection system. To date, the most successful example of the latter has been the introduction of counsellors into schools in response to calls from children indicating that they had problems they could not discuss with teachers. Asociatia Telefonul Copilului has also contributed to a joint project with other European child helplines to develop, implement and improve monitoring of children's participation in their work. This project, Strengthening Children's Voices, draws on Lansdown's model and toolkit for children's participation (Lansdown 2011; Lansdown and O'Kane 2014).

### Reference:

Animus Association Foundation, *Methodology for Ensuring and Monitoring Child Participation in Developing and Evaluating Child Helpline Services*, Animus Foundation, Bulgaria, Nobody's Children, Poland, Asociata Telefonul, Romania, Slovak Committee for UNICEF, Slovakia, Safety Line Association, Czech Republic, 2014.

Lansdown, Gerison, *A Framework for Monitoring and Evaluating Children's Participation: Pilot*, Save the Children, London, 2011.

Lansdown, Gerison and Claire O'Kane, *A Toolkit for Monitoring and Evaluating Children's Participation*, Save the Children, London, 2014.

### Case Study 8. An apprenticeship model of delivery for trauma recovery programmes in Zambia

Trauma-focused cognitive behavioural therapy (TF-CBT) was developed to address the multiple negative impacts of stressful life events on children aged 3–17 and their parents/caregivers. It is an approach frequently used in recovery programmes for sexually abused children in high-income countries (HICs). In low- and middle-income countries (LMICs) where resources are limited, methods to mobilize community support directly in recovery have been tried. In Zambia – through a project developed in partnership by researchers at John Hopkins University Applied Mental Health Research Group, United States, and Catholic Relief Services (CRS), Zambia – TF-CBT recovery services were offered to orphans and vulnerable children aged 5–18 using an ‘apprenticeship model’. In this approach, members of the community are recruited, trained and supervised by experienced professionals to provide psycho-social support for mental health problems, including the trauma resulting from living through armed conflict or sexual violence.

**Taking account of the context:** Current trauma problems and existing therapeutic services were first explored with communities in Zambia using participatory consultation methods. Child sexual abuse was found to be a major problem for orphans and vulnerable children. Stakeholders consulted identified a need for a trauma- and grief-specific intervention that addressed the needs of children and adolescents. Outreach volunteers working in homes and communities alongside established CRS services and NGOs were trained to identify and assess orphans and vulnerable children with moderate to severe trauma symptomology and refer them to the nearest treatment centres. These centres included two hospices, three centres for street children, one centre for children affected by HIV and AIDS and one Ministry of Health clinic. Locally validated measures (the Post Traumatic Stress Disorder Reaction Index and the shame measure) were used to assess trauma symptoms and feelings of shame. Shame was identified from consultation as highly relevant to children’s trauma resulting from abuse and neglect in the local context, so an assessment of levels of shame was included and developed further to have relevance for adolescents. Local lay counsellors, after initial training, delivered the TF-CBT programme in the centres while participating in ongoing supervision. Counsellors spent time working with communities to improve understanding about the purpose and content of the programme and to reduce concerns that the project was linked to Satanism. Counsellors integrated story-telling and analogies that fit with the local culture into programme delivery. Sessions included the child alone and the child with a caregiver or with other family members as large family systems are common in Zambia. A site-specific safety protocol was developed for counsellors to assess and respond to the risks of suicide or homicide.

**Evidence base:** The impacts of TF-CBT programmes on the recovery of sexually abused children have been evaluated in HICs where randomized trials have shown promising findings on impact up to two years after treatment. Evidence in LMICs is pioneering and warrants further attention similarly through controlled trials. The Zambia project evaluated pre- and post-test assessments of trauma symptoms for 58 children (29 male, 29 female) who received the full programme of TF-CBT treatment. Significant reductions were found post-test in the mean number and severity of trauma symptoms and in feelings of shame.

**Implementation:** Almost half (49 per cent) of the children who initially accepted the service could no longer be found to take up the treatment when it became available for them. This was primarily thought to be because the demand for the intervention was higher than expected and some families relocated during the waiting period. It had been expected that sexual abuse would be a cause of trauma for a high proportion of the children, but only 17 per cent were identified as having been sexually abused. Witnessing violence to others or experiencing physical violence were more often reported, and sexual abuse may have been under-reported.

**References:**

Macdonald, Geraldine, Julian P. T. Higgins, Paul Ramchandani, Jeffrey C. Valentine, et al., 'Cognitive-Behavioural Interventions for Children Who Have Been Sexually Abused (Review)', The Cochrane Library, no. 5.

Murray, Laura K., Shannon Dorsey, Paul Bolton, Mark J. D. Jordans, et al., 'Building Capacity in Mental Health Interventions in Low Resource Countries: An apprenticeship model for training local providers', *International Journal of Mental Health Systems*, vol. 5, no. 1, p. 30.

Murray, Laura K., Itziar Familiara, Stephanie Skavenskia, Elizabeth Jere, et al., 'An Evaluation of Trauma Focused Cognitive Behavioral Therapy for Children in Zambia', *Child Abuse & Neglect*, vol. 37, no. 12, pp. 1175–1185.

## 10. Special measures for armed conflict and humanitarian crisis situations

This chapter discusses special measures to prevent and respond to child sexual abuse and exploitation in the context of an armed conflict or humanitarian crisis. Unsurprisingly, given the difficult context, there is little research evidence or evaluation of effective policy and practice in this area of child protection work. There is, however, practice experience, and a degree of consensus was found in the guidance documents on this topic where sexual exploitation and sexual violence have been significant concerns. This chapter draws largely on recommendations for policy and practice from these documentary sources.

### 10.1 The need for pre-planning

National planning for humanitarian crisis contexts is strongly supported by practice-based evidence and is recommended in all guidance reviewed. Responses to child protection in humanitarian contexts should not only be reactive. Rather, international guidance unanimously recommends a three-phase response starting with a pre-disaster planning and emergency preparation phase, with immediate responses during a crisis phase followed by a period of stabilization and sustainable recovery.<sup>162</sup> Prevention is relevant at each stage but particularly in planning before a crisis occurs to prevent children from being sexually abused and exploited. Pre-disaster planning to clarify leadership, coordination and responsibilities of different organizations beforehand is widely accepted as being good practice and can speed up responses and prevent wasteful duplication of efforts. Task force approaches that build expertise and allocated responsibilities as part of the process of being prepared provide a good method for coordination and involvement of key people in the community should a crisis occur. Pre-planning for prevention of and response to the sexual abuse and exploitation of children in a humanitarian crisis needs to draw on a comprehensive understanding of the specific risk factors faced by girls, boys and adults in camp settings.

Vulnerable children in displaced person and refugee camps are:

- unaccompanied and separated children
- children formerly associated with armed forces or groups
- child heads of household.<sup>163</sup>

The pre-planning period should equip organizations and practitioners with understanding, knowledge and skills so they are ready to implement child protection procedures in a period of crisis. Pre-planning should take into account compliance with recommended minimum standards for protecting children from sexual violence in humanitarian crisis settings (see box).

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<sup>162</sup> Child Protection Working Group (CPWG), *Minimum Standards for Child Protection in Humanitarian Action*, CPWG, New York, 2012; Delaney, Stephanie, *Protecting Children from Sexual Exploitation and Sexual Violence in Disaster and Emergency Situations: A guide for local community based organisations*, ECPAT International, Bangkok, 2006; Global Protection Cluster Gender-based Violence Area of Responsibility Working Group, *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, Global Protection Cluster, New York, 2010; United Nations Population Fund (UNFPA), *Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings*, UNFPA, New York, 2009.

<sup>163</sup> Norwegian Refugee Council (NRC), *Camp Management Toolkit*, NRC, Oslo, 2008.

### Signpost to existing guidelines and resources:

Child Protection Working Group (CPWG), *Minimum Standards for Child Protection in Humanitarian Action*, CPWG, New York, 2012.

Delaney, Stephanie, *Protecting Children from Sexual Exploitation and Sexual Violence in Disaster and Emergency Situations: A guide for local community based organisations*, ECPAT International, Bangkok, 2006.

Global Protection Cluster Gender-based Violence Area of Responsibility Working Group, *Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings*, Global Protection Cluster, New York, 2010.

## 10.2 Gathering evidence

Guidance on recommended practice for evidence gathering in the context of humanitarian crisis is provided in a number of the manuals, although none specifically address all aspects of child sexual abuse and exploitation. Sex- and age-disaggregated data should be collected and analysed routinely to understand the impact of the humanitarian response on the total population.

The guidance-reviewed recommended situation analysis should cover:

- promotion of national ownership of responsibility for the problem
- use of existing evidence, data and research on the child protection issue
- any needs for capacity development and technical support
- a human rights-based approach to the assessment
- an essential commodity assessment
- a communication assessment
- a legal and regulatory framework analysis
- a policy analysis
- mapping partners and activities
- coordination and work planning.

In a humanitarian crisis context, outreach to sexual violence victims is essential to provide immediate help as well as inform the information-gathering process. Registration and documentation of children is recommended to help prevent exploitation and trafficking, especially of children separated from families. Because children and adolescents are less likely to disclose abuse or exploitation and approach support services in camps for refugees and displaced persons, outreach work is recommended to make contact and gather data.

## 10.3 Prevention and response in a crisis context

Global guidance sets out the Minimum Initial Service Packages (MISPs) for adolescent reproductive health,<sup>164</sup> for preventing gender-based violence, including sexual violence against women and girls, and for the psycho-social care of child victims.<sup>165</sup> First priorities for a response should be outreach to victims, setting up confidential reporting mechanisms, providing urgent medical care in a child-

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<sup>164</sup> World Health Organization (WHO), *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, WHO, Geneva, 2007.

<sup>165</sup> International Rescue Committee (IRC), *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*, IRC, New York, 2012.

friendly manner, child-centred case management and psycho-social support to children affected. Responses are needed for both girls and boys. Individuals in agencies need training on how to respond. Published guidance recommends agreeing protocols for reporting and establishing referral pathways.

Preventive measures can also be made during a crisis context to reduce the risks of sexual abuse and exploitation occurring. These measures have included situational prevention strategies such as designing safe physical layouts for camps and dwellings in consultation with residents, documentation of children in camps and violence prevention awareness-raising. Attention to camp design, layout, security and lighting, for instance, has been found to contribute to a safer environment for women and children within conflict settings. For displaced women and girls in camps or some conflict-affected contexts, collecting firewood and water, using sanitation facilities and visits to marketplaces/ trade routes puts them at particular risk of rape, abduction and murder. Field-tested prevention 'tactics' include, for example, firewood patrols.<sup>166</sup> It is also recommended that attention is given to food distribution methods to prevent women and children being exploited or put into a position of 'survival sex' and that camp security is established to prevent vulnerabilities to sexual violence and to empower women and girls. Safe spaces for children provide an environment for education, play and safety and aim to build children's resilience in the crisis context. There is some emerging promising evidence that setting up child-friendly spaces can help protect children from harm (see Case Study 9).

Trends in sexual violence and the impact of responses need to be monitored. Monitoring should try to capture unexpected, adverse consequences.

#### **Signpost to existing guidelines and resources**

Benjamin, Judy A. and Lynn Murchison, *Gender-Based Violence: Care and protection of children in emergencies – A field guide*, Save the Children, London, 2004.

Davis, Kimberley and Selim Iltus, *A Practical Guide for Developing Child Friendly Spaces*, United Nations Children's Fund, New York, 2009.

Delaney, Stephanie, *Protecting Children from Sexual Exploitation and Sexual Violence in Disaster and Emergency Situations*, ECPAT International, Bangkok, 2006.

Keeping Children Safe Coalition, *Safeguarding Children in Emergencies: Toolkit and pocket guide*, Save the Children, London, 2007.

Norwegian Refugee Council (NRC), *Camp Management Toolkit* (Chapter 10 on GBV), NRC, Oslo, 2008.

United Nations Children's Fund (UNICEF), *Core Commitments for Children in Humanitarian Action*, UNICEF, New York, 2010.

United Nations High Commissioner for Refugees (UNHCR), *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for prevention and response*, UNHCR, Geneva, 2003.

World Health Organization (WHO), *Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons*, WHO, Geneva, 2004.

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<sup>166</sup> Anderson, Letitia, *Addressing Conflict-related Sexual Violence: An analytical inventory of peacekeeping practice*, United Nations, New York, 2010.



## 10.4 Recovery

There are two aspects to recovery: recovery and reintegration of the individual child; and recovery and building sustainability in the community post-crisis or post-conflict. There is comprehensive guidance available on providing help and support to child survivors of sexual abuse. Steps taken to building sustainable recovery in post-crisis communities should address the need to prevent all forms of violence against children, including child sexual abuse and exploitation.

### Signpost to existing guidelines and resources

Inter-Agency Standing Committee (IASC), *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, IASC, World Health Organization, Geneva, 2007.

International Rescue Committee (IRC), *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*, IRC, New York, 2012.

	Prevention and response in humanitarian crisis contexts checklist	
1	Implement minimum standards for protecting children from sexual violence in humanitarian action	
2	Disaster preparedness includes responsibilities towards children vulnerable to sexual abuse and exploitation	
3	Leadership and coordination of actions, e.g., Task Force models	
4	Situational analysis adequately captures trends and current level of child sexual abuse and exploitation, most vulnerable groups of children identified	
5	Actions address prevention and response	
6	Preparation and response involves members of the community	
7	Training for practitioners on child protection awareness, identification, assessment, responsibilities and referral pathways	
8	Camp safety strategies involving community in planning, design and implementation of actions to prevent sexual violence – e.g., water, toilet and washing facilities, lighting, fuel collection, etc.	
9	Registration of children	
10	Identification of unaccompanied and separated children, child heads of household, children formerly in forces involved in armed conflict	
11	Awareness and mobilization campaigns to prevent sexual violence in the community	
12	Outreach to women and girls to encourage those reluctant to approach health services	
13	Confidential child-friendly health care	
14	Child-friendly system for sexual violence reporting and investigation	
15	Child-centred case management	
16	Safe spaces for children	
17	Psycho-social support	
18	Family tracing and reunification if appropriate	
19	Monitoring and evaluation of trends and impact	

### Case Study 9. Special measures for humanitarian crisis and conflict contexts: Improving the evidence base on the impact of child-friendly spaces

Child-friendly spaces (CFSs) are commonly used in the context of an emergency or humanitarian crisis to support and protect children. To date, the evidence of their impact has been limited, partly due to the difficulties of conducting research in these challenging contexts and to their location, which is often in camps for refugees or internally displaced people. Since 2011, World Vision and Columbia University have been collaborating to study the effectiveness of CFSs in emergencies. The studies are evaluating their protective and restorative effectiveness in order to identify good practice in design and implementation and to contribute to the development of further monitoring and evaluation tools. Evaluations studies drawing on and refining the methodology developed have been conducted in the Democratic Republic of the Congo, Ethiopia, Jordan, Iraq and Uganda, and an additional study is planned in Asia in 2015.

**Taking account of the context:** Following a review of existing research, a methodology and measures relevant for research into CFSs were developed with partner agencies and collaborators in the site of the first study in Ethiopia. Working closely with the implementing agencies (World Vision, Save the Children, Mercy Corps, Plan and ChildFund), the research team supports practitioners in developing monitoring and evaluation frameworks of CFS interventions. This typically involves a period of preparation where the design is solidified collaboratively, training is conducted and a comprehensive evaluation plan is completed. The methodology developed aims to address some of the weaknesses identified in previous research, particularly in the selection of impact measures, in the use of comparison groups and where possible in considering impact from a baseline take before and after programme entry. Evaluation tools have been developed to assess impact with respect to three key areas: (1) the promotion of children's social and emotional well-being (including the acquisition of skills and knowledge); (2) the protection of children from risk; and (3) supporting parents and communities in strengthening systems of child protection. Children and caregivers involved and not involved with CFSs are surveyed using mobile phones and focus group interviews. In most cases, the studies have taken measures of the psycho-social well-being of children and the protection risks before and shortly after a programme is implemented. Differences between the psycho-social well-being of attending and non-attending children are compared to document evidence of outcomes and impact. The second phase of the project, starting in 2015, was expected to use a longer evaluation period in which a third set of measures would be carried out in three studies, some nine months after the CFS programming had finished, in order to look for effects that lasted over this time.

Differences in the patterns of impact across settings have been striking. In part, these have reflected different emphases in CFS programming in adapting to the local context and needs. For example, with non-formal education as a major focus at CFSs in Ethiopia, strong advances in literacy and numeracy were observed but less impact on psycho-social well-being.

**Evidence base:** With three studies still to finish, the project has not yet been synthesizing or attempting to draw general conclusions about CFSs. The reports have been published as a continuous process of sharing findings and experience as they are documented primarily to assist others in research and evaluation. Certain preliminary findings are consistently emerging as key themes across the completed studies. Essentially, there is evidence that CFSs can achieve intended impacts, but the extent to which this happens is heavily dependent on the context and implementation quality. In all studies there has been evidence suggesting positive impact of CFSs on the lives of children and their caregivers. The most consistent finding across settings has been that CFSs provide a safe environment for children, with a reduction in key protection concerns and stresses faced by caregivers. Evidence also exists of impact on psycho-social well-being (Uganda study, Meltzer et al. 2013b), skills and knowledge (Ethiopia study, Meltzer et al. 2013a) and

knowledge of child protection services (Iraq study, Meltzer et al. 2014). Some positive impacts have also been found from research on CFSs for internally displaced people in the Democratic Republic of the Congo (Eyber et al. 2014).

**Implementation:** Some CFS programmes were implemented in the context of a general improvement of the well-being of all studied children over time (Ethiopia), others in the context of a general decrease in the well-being of children over time (Uganda), reflecting the overall trend of the particular crisis context. So, in the Ethiopia refugee context, similar and welcome improvements were observed in both attending and non-attending children. In Uganda, the lack of change in psycho-social well-being observed in children attending CFSs was initially viewed as disappointing, but when compared with the deterioration observed in non-attending children, it was recognized as evidence of a positive impact, stabilizing children while conditions deteriorated. In the Iraq study, concerns about sexual harassment were higher among caregivers of children involved with CFSs than they were among parents whose children were not involved. The Uganda study documented explicit evidence of the quality of programming affecting impacts on children. CFSs that scored higher on a quality measure (based on inter-agency guidelines) showed greater impacts on both children's social and emotional well-being and developmental assets. All future studies will be examining the association between the adherence of CFS programming to quality standards and the impacts observed.

**References:**

Eyber, Carola, Keven Bermudez, Marisa Vojta, Kevin Savage and Gustave Bengheya, 'Evaluating the Effectiveness of Child Friendly Spaces in IDP Camps in Eastern DRC: Goma field study summary report', World Vision International Humanitarian and Emergency Affairs/ Queen Margaret University, Edinburgh/ World Vision DRC/AVSI DRC/ United Nations Children's Fund, 2014.

Metzler, Janna, Kevin Savage, Marisa Vojta, Makiba Yamano, et al., 'Evaluation of Child Friendly Spaces: Ethiopia field study summary report', Columbia University/ World Vision, New York, 2013a.

Metzler, Janna, Robert Kaijuka, Marisa Vojta, Kevin Savage, et al., 'Evaluation of Child Friendly Spaces: Uganda field study summary report', Columbia University/ Save the Children/ United Nations Children's Fund/ World Vision, New York, 2013b.

Metzler, Janna, Abduljabar Atrooshi, Emad Khudeda, Delkhaz Ali and Alastair Ager, 'Evaluation of Child Friendly Spaces: Iraq field study report – A MoLSA-implemented CFS in Domiz Refugee Camp', Columbia University/ United Nations Children's Fund/ World Vision, New York, 2014

## 11. Children's participation

Children are not only victims of sexual abuse and exploitation but also actors in initiatives to stop it. Provisions are made for children's participation in article 12 of the Convention on the Rights of the Child (CRC). Children and young people's participation was fundamental to the United Nations global study of violence against children,<sup>167</sup> and there are numerous examples across the world of the ways in which children who have experienced sexual abuse and exploitation have participated in policy, research, campaigns, awareness-raising and service design and delivery. Research studies on good participation in this area are limited, although recent work and guidance from Save the Children and from ECPAT have consolidated learning about types of participation, methods and monitoring outcomes. This learning can be used to inform future programmes on preventing and responding to child sexual abuse and exploitation and supporting children as agents of change. This chapter extracts some key messages from this work and offers signposts to useful resources.

### 11.1 Purpose and benefits of participation

As well as being a fundamental right of the child, participation has the following benefits:<sup>168</sup>

- It can provide information and insights into children's lives to inform legislation and policy, services and outcomes.
- Children empowered by participation can become effective advocates for the realization of their own rights.
- Children acquire skills and competencies through participation.
- It leads to better child protection because children involved are better able to articulate their concerns.<sup>169</sup>
- It promotes civic engagement and active citizenship.
- It builds accountability and promotes good governance.

Participation needs to be meaningful rather than tokenistic. Children's engagement can be:

- consultative
- collaborative
- child led<sup>170</sup>

All are appropriate depending on the circumstances.

### 11.2 Barriers to participation

Lansdown and O'Kane have identified the following common barriers to children's participation:

- lack of clarity about what participation means
- lack of legislation to enable participation
- cultural barriers and adult resistance
- lack of adult capacities to enable participation
- lack of tools to measure and monitor participation.<sup>171</sup>

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<sup>167</sup> Pinheiro 2006, op. cit,

<sup>168</sup> Lansdown, Gerison and Claire O'Kane, *A Toolkit for Monitoring and Evaluating Children's Participation*, Save the Children, London, 2014.

<sup>169</sup> Involved by Right, *Effective Participation of Children and Young People in Alternative Care Settings*, Involved by Right, London, 2013.

<sup>170</sup> Lansdown, Gerison, *A Framework for Monitoring and Evaluating Children's Participation: Pilot*, Save the Children, London, 2011.

<sup>171</sup> Lansdown and O'Kane 2014, op. cit., Booklet 1.

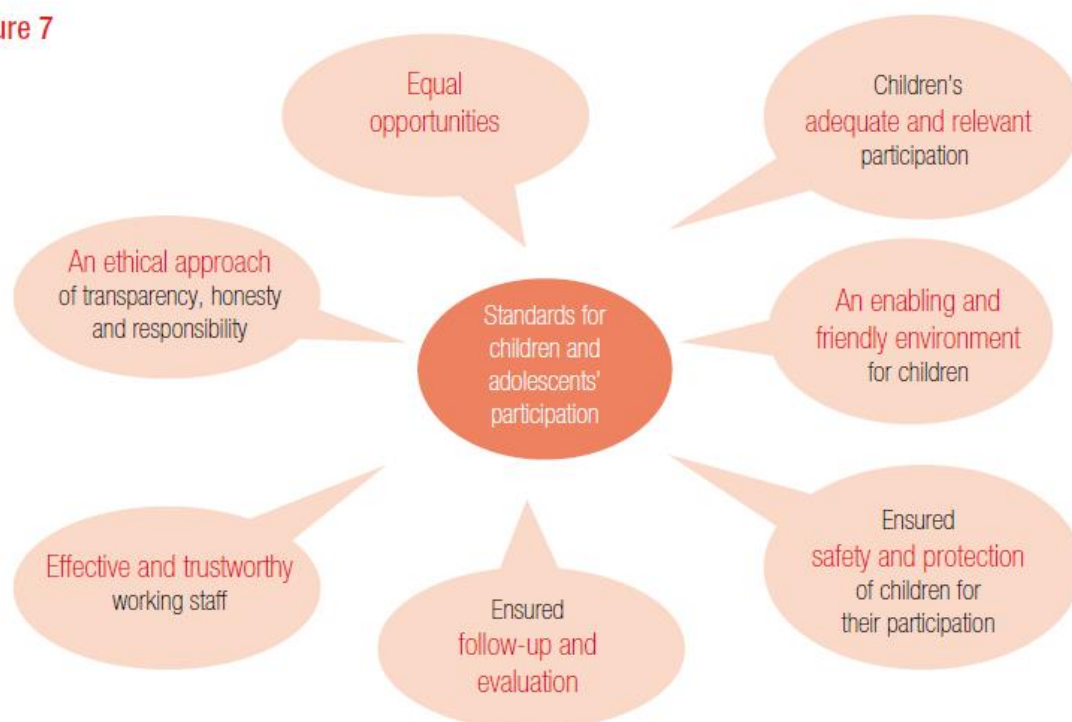
Barriers need to be identified and confronted. Children's participation should be an integral part of mapping services, developing and implementing plans and monitoring progress on preventing and responding to child sexual abuse and exploitation.

### 11.3 Meaningful and ethical participation

Children's participation should be meaningful, respectful, ethical and safe for the children involved. This is particularly so for participation involving child survivors of sexual abuse and exploitation where there are risks associated with being publicly identified as a victim and participation could be harmful. Save the Children Sweden has proposed seven quality standards for children's participation, illustrated in Figure 7.

**Figure 7. Seven quality standards for children's participation**

**Picture 7**



Source: Save the Children, *Promotion of Protagonist and Meaningful Participation of Children and Adolescents Exposed to Violence*, Save the Children Sweden, Stockholm, 2008, p. 46.

Ethical participation is transparent and informative. It uses age-appropriate information for children on what the participation involves and what is to be achieved so children can make informed decisions about whether to take part. Participation should be voluntary and without any pressure or coercion. Children should be told they do not have to take part and can stop at any time. Staff taking part in participation need to be effective, trained in work with children and trustworthy. The environment for participation should be child friendly, with working methods appropriate to the child's age and evolving capacities. To be ethical, the participation must be relevant to the lives of the children involved. The process should be inclusive and not leave out or discriminate against particular groups of children, such as those with disabilities. Children should be told about the outcomes of participation so there are responsibilities to follow up and give feedback as well as to monitor impact. Checklists to measure the quality of participation are provided in the reference to existing guidelines and resources box at the end of this section.

The safety of children is an important issue to address, and adults who facilitate participation should be aware of the potential harm, drawing on experience gained from work done already to ensure children are safe.

### 11.4 Examples of child participation in actions against sexual violence

A key example (considered an emerging-promising project) led by ECPAT International and supported by other non-governmental organizations (NGOs) locally, is the Youth Partnership Project for child survivors of sexual exploitation and children from vulnerable communities. It is designed to empower and build the capacity of children and young people by involving them in action against sexual exploitation. Children and adolescents are given training and support in, for example, media advocacy and peer support to develop the knowledge and skills to help themselves and their peers to create positive changes in their lives.<sup>172</sup> It encourages young people's participation in social activism to raise public awareness and to demand better protection of their rights from decision makers.<sup>173</sup> This project has been replicated across Africa, East and South Asia, Latin America and Eastern Europe. Formal evaluations of this or similar projects were not found, although some monitoring statistics and reports on activities exist. Guidelines for peer supporters have also been developed and made accessible online.

ECPAT has also carried out awareness-raising campaigns related to child sexual abuse material in the Ukraine that involved training young people in peer education and involving them in the development of materials designed to educate and inform other young people in how to be safe.<sup>174</sup>

### 11.5 Measuring impact

Monitoring and evaluation of children's participation (also discussed in the next chapter) should measure the scope, quality and impact of programmes. Monitoring may measure the process of participation – the experience of the children and adults who took part – as well as the outcomes and impact – what changes were achieved, laws reformed, decisions made, etc. A toolkit and framework for participatory monitoring and evaluation has been developed and field tested by Lansdown and O'Kane for Save the Children. This has 25 indicators and a 10-step guide for monitoring and evaluation.

#### **Signpost to existing guidelines and resources:**

Horwath, Jan, *You Respond: Promoting effective project participation by young people who have experienced violence – A guide to good practice through training and development*, University of Sheffield, Sheffield, UK, 2011.

Lansdown, Gerison and Claire O'Kane, *A Toolkit for Monitoring and Evaluating Children's Participation*, Save the Children, London, 2014.

The six booklets in the toolkit can be downloaded from:

<<https://resourcecentre.savethechildren.net/document-collections/toolkit-monitoring-and-evaluating-childrens-participation>>

<sup>172</sup> ECPAT International, *The Youth Partnership Project for Child Victims of Commercial Sexual Exploitation in South Asia: Year 1 final report*, ECPAT International, MAITI Nepal, SANLAAP India, Aparajeyo Bangladesh, Christian Aid, 2005; ECPAT International, *Ensuring Meaningful Child and Youth Participation in the Fight against Commercial Sexual Exploitation of Children*, ECPAT International, Bangkok, 2007.

<sup>173</sup> Crispin, Vimala, *Youth Partnership Project: Empowering youth to fight trafficking and the commercial sexual exploitation of children*, ECPAT International, Bangkok, 2009.

<sup>174</sup> ECPAT International 2007, op. cit.

## 12. Monitoring change

There is extensive guidance on monitoring and evaluation: Six of the guidance reports considered in the evidence review specifically addressed these issues and many more have appeared since. One clear finding was that monitoring and evaluation in the area of violence prevention could be greatly improved. This section draws on the theory of change model presented in Chapter 3 to propose a framework for monitoring and evaluation and to suggest some possible indicators or measures of change. Outcome- and equity-focused methods of monitoring and evaluation are rapidly developing in work on violence against children, and the proposed framework aims to complement already existing monitoring procedures.

### 12.1 Purpose

Monitoring and evaluation is needed to assess responses to child sexual abuse and exploitation in terms of:

- relevance for addressing the problem in context
- impact, meeting the outcomes identified in the theory of change
- equity and suitability in implementing the rights of the most disadvantaged children
- efficiency and value for money
- sustainability.

Monitoring can promote learning, clarify goals and help to identify unforeseen or unexpected consequences. It also promotes accountability to stakeholders, including to children themselves.

### 12.2 Planning and key issues

There is no one pre-set design for monitoring and evaluating change as the nature and scope of the problem and the context in which it exists will inevitably influence the changes needed and the measures of change that can be obtained. The following key issues are important to guide the design of the evaluation process and a monitoring and evaluation plan:

- The type of evaluation needed: An outcome- and impact-focused evaluation considers how a particular intervention (such as trauma therapy) may have led to a particular outcome (such as improved mental well-being of abused children); a process evaluation considers the impact of a programme on those directly involved (e.g., whether a new form for assessment had a positive influence on professional practice); and an efficiency evaluation considers the costs, resources and value for money. Different methods, designs and evaluation questions will be needed depending on the type of evaluation to be conducted. In this section, the focus is on monitoring and evaluating outcomes of programmes to prevent and respond to child sexual abuse and exploitation.
- When is data on monitoring and evaluation needed? The time period for data collection, analysis and reporting needs to be specified at the early stages of planning.
- The guidance reviewed suggests that monitoring and evaluation is likely to be more user-friendly and focused if progress towards goals can be broken down into short-term, medium-term and longer-term goals.<sup>175</sup> Change may only be apparent in the longer term.
- The equity focus of the Monitoring Results for Equity System (MORES) recommends some regular checks between reporting dates for adverse and unforeseen consequences on the most disadvantaged children in society. Because of their high risk of polyvictimization, other

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<sup>175</sup> Department for International Development (DFID), *Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls: Guidance note 3*, DFID, London, 2012.



adversities and poorer mental health outcomes, sexually abused and exploited children are likely to be among the most disadvantaged groups. Participatory methods to provide qualitative data with children in disadvantaged groups can help to provide regular checks on possible unforeseen and adverse consequences of programmes.

- The system of monitoring and evaluation needs to be workable and acceptable for individuals and organizations with responsibilities to gather data. Data, indicators and measures selected need to draw and hopefully improve on what exists in a particular context. Those expected to collect the data should be consulted about what is workable. Onerous, managerialist data collection responsibilities are likely to be unworkable.
- Participatory methods of monitoring and evaluation, which involve children and their families in checking the validity of monitoring and evaluation design and analysis of results, are recommended as good practice.<sup>176</sup>
- A mixture of quantitative and qualitative data sources will give a more holistic picture of change.
- Indicators of change are best triangulated with data from a variety of sources as conclusions drawn may be faulty. For example, if the sole indicator is a decline in calls to a child helpline, this might indicate any of the following: a real decline in population prevalence of abuse, a decline in demand for this service as other services (e.g., online) are preferred or a decline in children's ability to access the service.
- Monitoring and evaluation methods are essential for good governance and need to be adequately resourced and implemented. The monitoring and evaluation plan should identify what resources will be allocated.
- The quality of the baseline data will influence what monitoring and evaluation can be done. The process of gathering evidence on the problem is an important step for scoping the baseline data and selecting data that can be used to agree indicators of change and short-, medium- and longer-term targets.
- Data collected for monitoring and evaluation should adhere to the ethical principles discussed in Chapter 4.
- SMART objectives should be used for selecting outcome and output indicators. SMART indicators for outcomes and outputs are Specific, Measurable, Achievable, Relevant and Time-bound.

### 12.3 Draft framework and indicators

Indicators need to be simple and used sparingly. Work in the area of gender-based violence has produced a number of indicators for measuring progress. These cover the prevalence of experiences of gender-based violence in the population (measured by self-report survey questions) as well as service use and quality. Measures on service use include the numbers of women and girls who receive comprehensive medical and psycho-social care after a rape, the numbers who receive post-exposure prophylaxis (PEP) medication, the numbers given brief counselling, etc. Measures of service response include the numbers of trained staff to deal with sexual violence and the availability of rape treatment packs in health facilities, etc.<sup>177</sup> A similar set of indicators to measure progress towards ending the sexual abuse and exploitation of children could be developed in consultation with experts and children.

An example of a framework for the monitoring and evaluation of progress and change in preventing and responding to child sexual abuse and exploitation is set out in Table 2. This example is based on

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<sup>176</sup> Ibid.

<sup>177</sup> Bloom, Shelah S., *Violence against Women and Girls: A compendium of monitoring and evaluation indicators*, MEASURE Evaluation, Chapel Hill, NC, 2008.

the United Nations Children’s Fund (UNICEF) Final Results Framework 2014–17,<sup>178</sup> and the indicators selected have been chosen to fit where possible with this framework. Columns 2 and 3 are for the baseline data and the proposed target for change in a defined time period. Data have not been entered for these columns because these will be specific to the national context. The list of indicators are not intended to be prescriptive or comprehensive but are offered as examples that could be applied to monitor interventions proposed in the theory of change.

**Table 2. Example monitoring and evaluation framework for child sexual abuse and exploitation**

Impact indicators	Baseline	Targets	Possible data sources
<b>Impact: Girls and boys of all ages are safe and free from all forms of sexual abuse and exploitation in all the settings and contexts in which it occurs</b>			
Declining trend in prevalence mapped towards no cases of child sexual abuse and sexual exploitation reported by children in the general population			Self-report violence against children (VAC) surveys repeated at 5-yearly intervals show sustained decline
Girls and boys of all ages report no experiences of child sexual abuse or exploitation in qualitative research interviews of subsamples drawn from national VAC surveys			Qualitative data based on subsample of children involved in national VAC surveys
Declining trend in calls to position where no cases of child sexual abuse and sexual exploitation reported by children to confidential child helplines			Child helpline data tracked over time
Declining trend in cases of child sexual abuse and sexual exploitation to children recorded by health, police, child protection and NGO services to children to position where no cases are recorded			Tracking administrative data from police, health, mental health, child protection, NGOs
Declining trend in other survey data of cases of child penetration and coerced sex to position where no cases are reported			Tracking Demographic and Health Survey (DHS) data over time
Outcome indicators	Baseline	Targets	Possible data sources
<b>Outcome 1: Conditions and norms of behaviour promote respect for children, their healthy development and capacity for healthy and equitable intimate relationships</b>			
Percentage of population with norms supporting healthy, non-abusive and equitable relationships			The Gender Equitable Men (GEM) survey Focus groups DHS monitored over time

<sup>178</sup> United Nations Economic and Social Council 2014, op. cit.

Media presentations that promote healthy and equitable intimate relationships			Analysis of data on media content, coverage and reach
<b>Outcome 2: Children who have reached legal age can make informed decisions about sexual consent without coercion, discrimination or exploitation</b>			
Percentage decline in prevalence of early sexual debut			DHS monitored over time
Percentage decline in prevalence of forced sex			VAC survey DHS data
Percentage of child and/or parent population involved in healthy relationships or life skills programme – e.g., Families Matter, Stepping Stones			Data from programmes
<b>Outcome 3: Social conditions, structural inequalities, beliefs, behaviours and practices that allow child sexual abuse and exploitation to happen no longer exist</b>			
Decline in percentage of women married before age 18			Monitoring data on early marriage
Improvements in gender equity			National gender equity monitoring data
Leadership by key stakeholders for positive changes in belief systems that perpetuate child sexual abuse or exploitation			Involvement in actions and policy changes of faith leaders, policy makers, etc.
Improved and equitable implementation of children's rights			Reports to the United Nations
<b>Outcome 4: Those in contact with children in all settings and contexts are prevented from sexually abusing and exploiting children</b>			
Increase in use and actions taken for online 'report abuse' buttons			Data from online services
Effectiveness of prevention efforts targeted at perpetrators			Research study
<b>Output indicators</b>	<b>Baseline</b>	<b>Targets</b>	<b>Possible data sources</b>
<b>Output 1: Families, peers, communities and range of sectors have knowledge, resources and motivation to take effective action</b>			
Numbers involved in child sexual abuse and exploitation prevention and awareness programmes			Evaluation data from programmes
Increase in reporting and action taken against child sexual abuse and exploitation			Administrative data
<b>Output 2: Vulnerable children are identified and have effective interventions to reduce risks and prevent sexual abuse and exploitation</b>			
Numbers of children in identified vulnerable groups involved in prevention programmes reporting no experiences of sexual abuse and exploitation			Evaluation data from programmes Post-programme follow-up interviews

Percentage of children in groups identified as most vulnerable to sexual exploitation who have access to means of subsistence after taking part in prevention programmes			Evaluation data from programmes Post-programme follow-up interviews
<b>Output 3: Children know how to recognize sexual abuse and exploitation and can access information, help and support directly themselves</b>			
Percentage of child population able to recognize child sexual abuse and exploitation and who know where to access help and information			VAC survey data
Increase in calls to child helpline services and other self-referral services for children			Evaluation data from child helplines and other services
Decline in gap between child survey self-reported prevalence rates and incidence rates in administrative data			Analysis of VAC or DHS survey data self-report rates for rapes and coerced sexual contact and official data on cases reported to police and child protection services
<b>Output 4: Sexually abused and exploited children are identified, effectively protected and given help for recovery and reintegration</b>			
Nation has effective child protection system			UNICEF results framework data
Adequacy of public budget allocated for child protection			UNICEF results framework data
<b>Output 5: Earlier response prevents re-victimization and resulting harmful consequences</b>			
Percentage of reported cases of sexual abuse where children receive therapeutic support			UNICEF results framework data
Percentage of reported cases of sexual abuse in humanitarian emergency contexts where children receive therapeutic support			UNICEF results framework data
<b>Output 6: Perpetrators are identified, prevented from getting access to children, given appropriate sanctions and stopped from committing further offences</b>			
Increase in legal sanctions taken against perpetrators			Data on prosecutions of adult offenders Data on diversions and treatment for young offenders
Reduced rates of re-offending			Administrative data Research with offenders

### Signpost to existing guidelines and resources

Beer, Tanya and Kimberley Davis, *Break the Silence: End child sexual abuse – M&E toolkit*, United Nations Children's Fund, New York, 2012.

Bloom, Shelah, *Violence against Women and Girls: A compendium of monitoring and evaluation indicators*, MEASURE Evaluation, Chapel Hill, NC, 2008.

ChildONE Europe, *Guidelines on Data Collection and Monitoring Systems on Child Abuse*, ChildONE Europe, Florence, 2009.

Department for International Development (DFID), *Guidance on Monitoring and Evaluation for Programming on Violence against Women and Girls: Guide 3*, DFID, London, 2010.

Fluke, John D. and Fred Wulczyn, 'A Concept Note on Child Protection Systems Monitoring and Evaluation', Discussion Paper, United Nations Children's Fund, New York, 2010.

The Gender-Equitable Men (GEM) scale, which has identified a number of attitudes that are associated with less violence against women and girls, is a useful resource to measuring the attitudes of men towards gender equality. Available at:

<<http://www.popcouncil.org/Horizons/ORToolkit/AIDSQuest/instruments/gemscale.pdf>>.

Reproductive Health Response in Conflict (RHRC) Consortium, *Gender-Based Violence Tools Manual for Assessment and Program Design, Monitoring and Evaluation in Conflict-Affected Settings*, RHRC Consortium, Women's Commission for Refugee Women and Children, New York, 2004.

## APPENDICES

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### Appendix I. International commitments on children's rights regarding sexual abuse and exploitation

#### **Convention on the Rights of the Child (CRC), 1989**

The United Nations Convention on the Rights of the Child (CRC) is the main international instrument for the protection of children's rights, including from all forms of abuse, violence, neglect and exploitation. Under article 19, States Parties are directed to:

*take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.*

Article 34 of the CRC additionally directs States to:

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

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

Article 35 of the CRC directs States to:

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

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

The CRC includes measures on implementation: law reform so the provisions of the CRC are in national legislation; independent national institutions for children's rights (e.g., commissioners); national agendas or strategies for implementation; child rights-focused permanent institutions and structures within government (e.g., ministers); allocation of resources to children "to the maximum extent of their availability"; systematic monitoring of the implementation through effective child-related data collection, analysis, evaluation and dissemination; education, training and awareness-raising on children's rights; involvement of civil society, including children; and international cooperation.

#### **Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (OPSC), 2000**

The OPSC supplements the CRC by providing States with detailed requirements to end the sexual exploitation and abuse of children. It also protects children from being sold for non-sexual purposes, such as other forms of forced labour, illegal adoption and organ donation. The Protocol provides definitions for the offences of 'sale of children', 'child prostitution' and 'child pornography'. Countries that ratify the OPSC agree to include the sale of children, illegal adoption, child prostitution and pornography in their criminal code. The OPSC creates obligations on States to criminalize and punish the activities related to these offences. Governments must provide legal and other support services to child victims. This obligation includes considering the best interests of the child in any interactions with the criminal justice system. Children must also be supported with necessary medical, psychological, logistical and financial support to aid their rehabilitation and reintegration.

#### **Optional Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (Palermo Protocol), 2000**

The Palermo Protocol defines the crime of trafficking in persons; makes provisions for the return and reintegration of trafficked children; prohibits child trafficking; and makes provisions for child victim protection and prosecution of traffickers.

#### **World Congresses on Child Sexual Exploitation**

The three World Congresses on Child Sexual Exploitation – Stockholm, Sweden, in 1996, Yokohama, Japan, in 2001 and Rio de Janeiro, Brazil, in 2008 – set out and reaffirmed Agendas for Action that included adopting, implementing and monitoring national plans of action to eradicate child sexual exploitation.



## Appendix II. International commitments on sexual violence and armed conflict

In 1998, the International Criminal Court (ICC) was established by the Rome Statute, which included rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization or any other comparably grave acts of sexual violence committed as part of a systematic attack on civilians as crimes against humanity.

In 1998, the International Criminal Tribunal in Rwanda (ICTR) decided on cases that included sexual violence against women as a crime of genocide.

In 2000, UN Security Council Resolution (SCR) 1325 called on all parties to armed conflict to “take special measures to protect women and girls from gender based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict”.

SCR 1820, adopted in 2008, recognized the link between sexual violence and armed conflict, its aftermath and sustainable peace and security.

SCR 1882, adopted in August 2009, called for parties in armed conflicts involved in killing, maiming or acts of sexual violence against children to be listed in the Secretary-General’s report.

SCR 1888 on Sexual Violence in Conflict 2009 built on SCRs 1325 and 1820 and provided for more comprehensive and coordinated action to be taken and greater accountability.

SCR 1889, adopted in 2009, called for a range of measures to strengthen the role of women in all stages of the peace process.

SCR 1960, adopted in 2010, reaffirmed previous resolutions 1325, 1820, 1882, 1888, 1889 and called for a zero tolerance approach to sexual violence in armed conflict.

## Appendix III. Summary of evidence tables

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

Prevention across different sectors		Quality of evidence HICs	Quality of evidence LMICs
<i>Multi-sector</i>	Public education prevention activities based on ‘edutainment’ strategies or social norms marketing to change entrenched beliefs. <i>Example: Soul City, with promising results for changing awareness of domestic violence</i>	Promising (indirect evidence)	Promising <sup>1</sup>
	Awareness campaigns targeting sexual exploitation have been used in HICs and LMICs, but the research evidence on impact is limited. <i>Examples: projects by ECPAT; CASE campaigns, United States; Don’t Trade Lives, Australia</i>	Pioneering	Pioneering
	Reducing vulnerabilities <i>Examples: cash transfer payments and microfinance schemes, usually targeted at adult women or carers of orphaned and vulnerable children</i>	Low	Emerging promising <sup>2</sup>
<i>Health</i>	Promoting community education of GBV/VAW including sexual violence <i>Example: distributing health information</i> Targeted home visits with vulnerable families reduce child maltreatment, but no results specific to child sexual abuse and exploitation were found. <i>Example: Family Nurse Partnerships</i>	Low  Tested effective, indirect evidence <sup>3</sup>	Low
<i>Education</i>	Community or school-based education to target entrenched norms and values that support gender inequality and violence <i>Example: While no direct evidence exists relative to sexual abuse and exploitation, Safe Dates is one example aimed at adolescents to help them recognize the difference between caring, supportive relationships and controlling, manipulative, or abusive dating relationships.</i>	Tested-effective, <sup>4</sup> indirect evidence	Testing in South Africa <sup>5</sup>
	Child sexual abuse school-based prevention programmes have been found to improve awareness, promote disclosure and reduce self-blame and further victimization, although adverse consequences such as increased fears about abuse may result for a minority of children. <sup>6</sup> <i>Example: Who do you tell?, Canada</i>	Promising <sup>7</sup>	Pioneering
	School-based prevention programmes to target online sexual abuse and exploitation and raise awareness among children, teachers and parents about the dangers are widely used in HICs, and pre- and post-test evaluations show children have learned the key messages. <i>Examples: Safer Surfing, United Kingdom; Netsmartz, United States</i>	Emerging promising <sup>8</sup>	Pioneering <sup>9</sup>
	Whole-school approaches, targeted not only at peer violence but violence perpetrated by teachers and other educational staff <sup>10</sup> <i>Examples: the Doorways III programme, Ghana and Malawi;<sup>11</sup> Safe Schools, Uganda</i>	Promising	Emerging promising

	Life-skills training programmes have shown important strides in empowering attitudes among girls and reduced sexual partners among boys. More evidence is needed to understand their impact on levels of sexual abuse and exploitation. <i>Example: Stepping Stones documented lower rates of physical and sexual violence among men after intervention.</i>	Promising and indirect evidence	Tested-effective and promising in LMICs <sup>12</sup>
<i>Criminal justice</i>	Regulating known offender access to children, e.g., employment vetting and barring; offender registration; offender surveillance; criminal justice sector disruption plans; Internet regulation. <i>Although these responses to regulate offenders have been widely adopted in HICs, they can be costly and the evidence is limited to restrictions placed on the small minority of sex offenders who are already known to agencies.</i>	Low <sup>13</sup>	Low
<i>Child protection</i>	None yet identified		
<i>Community</i>	Situational prevention approaches <i>Example: Codes of Conduct as in travel and tourism</i>	Low	Low <sup>14</sup>
	Involving men and boys in prevention <i>Examples: White Ribbon, bystander actions, Stop It Now!</i>	Emerging promising to low (indirect evidence)	Emerging promising to low <sup>15</sup>
<i>Child, family and relationships</i>	Parent education programmes that aim to improve communication about sexual and gender-based violence between parents and adolescent children have been found through pre- and post-test evaluations to improve parent communications in HICS and are currently under trial in eight sub-Saharan countries <i>Examples: Parents Matter!, United States; Families Matter! Program in Botswana, Cote d'Ivoire, Kenya, Mozambique, Namibia, South Africa, United Republic of Tanzania, Zambia</i>	Promising	Emerging promising <sup>16</sup>
	Advice helplines for parents and public	Pioneering	Pioneering
<i>Humanitarian crisis-specific</i>	Situational prevention approaches <i>Examples: creating child-friendly spaces; camp design; codes of conduct for workers</i>		Emerging promising to low <sup>17</sup>

<sup>1</sup> Colvin, Christopher J., *Report on the Impact of Sonke Gender Justice Network's 'One Man Can' Campaign in the Limpopo, Eastern Cape and Kwa-Zulu Natal Provinces, South Africa*, Sonke Gender Justice Network, Cape Town, 2009; Pulerwitz, Julie and Gary Barker, 'Measuring Attitudes toward Gender Norms among Young Men in Brazil: Development and psychometric evaluation of the GEM scale', *Men and Masculinities*, vol. 10, no. 3, 2008, pp. 322–338; Usdin, Shereen, Esca Scheepers, Susan Goldstein and Garth Japhet, 'Achieving Social Change on Gender-based Violence: A report on the impact evaluation of Soul City's fourth series', *Social Science and Medicine*, vol. 61, 2005, pp. 2434–2445.

<sup>2</sup> Baird, Sarah, Ephraim Chirwa, Craig McIntosh and Berk Ozler, 'The Short-Term Impacts of a Schooling Conditional Cash Transfer Program on the Sexual Behavior of Young Women', *Health Economics*, vol. 19, 2010, pp. 51–68; Cluver, Lucie, Mark Boyes, Mark Orkin, Marija Pantelic, et al., 'Child-focused State Cash Transfers and Adolescent Risk of HIV Infection in South Africa: A propensity-score-matched case-control study', *Lancet Global Health*, vol. 1, no. 6, 2013, e362–e370; de Walque, Damien, William H. Dow, Rose Nathan, Ramadhani Abdul, et al., 'Incentivising Safe Sex: A randomised trial of conditional cash transfers for HIV and sexually transmitted infection prevention in rural Tanzania', *BMJ Open*, vol. 2, no. 1, 2012; Jones, Nicola and Eliana Villar Marquez, 'Is Cash the Answer? Lessons for child protection programming from Peru', *Child Abuse & Neglect*, vol. 38, no. 3, 2014, pp. 383–394; Sewall-Menon, Jessica and Judith Bruce, *The Cost of Reaching the Most Disadvantaged Girls: Programmatic evidence from Egypt, Ethiopia, Kenya, South Africa and Uganda*, Population Council, New York, 2012; Thompson, Hannah, 'Cash Transfer Programs Can Promote Child Protection Outcomes', *Child Abuse & Neglect*, vol. 38, no. 3, 2014, pp. 360–371.

<sup>3</sup> Olds, David L., John Eckenrode, Charles R. Henderson, Harriet Kitzman, et al., 'Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen-year follow-up of a randomized trial', *JAMA: The Journal of the American Medical Association*, vol. 278, no. 8, 1997, pp. 637–643; Kitzman, Harriet, David L. Olds, Charles R. Henderson, Carole Hanks, et al., 'Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood injuries, and Repeated Childbearing: A randomized controlled trial', *JAMA: The Journal of the American Medical Association*, vol. 278, no. 8, 1997, pp. 644–652; MacMillan, Harriet L., C. Nadine Wathen, Jane Barlow, David M. Fergusson, et al., 'Interventions to Prevent Child Maltreatment and Associated Impairment', *Lancet*, vol. 373, no.

9659, 2009, pp. 250–266; Olds, David L., Charles R. Henderson Jr., Robert Chamberlin and Robert Tatelbaum, 'Preventing Child Abuse and Neglect: A randomized trial of nurse home visitation', *Pediatrics*, vol. 78, no. 1, 1986, pp. 65–78; Olds, David L., John Eckenrode, Charles R. Henderson, Harriet Kitzman, et al., 'Preventing Child Abuse and Neglect with Home Visiting by Nurses', in *Preventing Child Maltreatment: Community approaches*, edited by Kenneth A. Dodge and Doriane Lambelet Coleman, pp. 29–54. Guilford Press, New York, 2009.

<sup>4</sup> Anderson, Linda A. and Susan C. Whiston, 'Sexual Assault Education Programs: A meta-analytic examination of their effectiveness', *Psychology of Women Quarterly*, vol. 29, no. 4, 2005, pp. 374–388; Ball, Barbara, Patricia K. Kerig and Barri Rosenbluth, "'Like a Family but Better Because You Can Actually Trust Each Other': The Expect Respect Dating Violence Prevention Program for At-Risk Youth', *Health Promotion Practice*, vol. 10, no. 1, 2009, pp. 45–58; Brecklin, Leanne R. and Damien Forde, 'A Meta-analysis of Rape Education Programs', *Violence and Victims*, vol. 16, no. 3, 2001, pp. 303–321; Casey, Erin A., *Promising Practices in Sexual Violence Prevention and Community Mobilization for Prevention: A report to the City of Seattle*, Seattle Domestic Violence & Sexual Assault Prevention Programme/City of Seattle, Seattle, WA, 2007; Foshee, Vangie A., Karl E. Bauman, Ximena B. Arriaga, Russell W. Helms, et al., 'An Evaluation of Safe Dates, an Adolescent Dating Violence Prevention Program', *American Journal of Public Health*, vol. 88, no. 1, 1988, pp. 45–50; Wolfe, David A., Claire V. Crooks, Peter Jaffe, Debbie Chiodo, et al., 'A School-Based Program to Prevent Adolescent Dating Violence: A cluster randomized trial', *Archives of Pediatric & Adolescent Medicine*, vol. 163, no. 8, 2009, pp. 692–699.

<sup>5</sup> World Health Organization (WHO) and UNAIDS, *Addressing Violence against Women and HIV/AIDS: What works?* WHO: Geneva, 2010.

<sup>6</sup> Wurtele, Sandy K. and Cindy L. Miller-Perrin, 'An Evaluation of Side effects Associated with Participation in a Child Sexual Abuse Prevention Program', *Journal of School Health*, vol. 57, no. 6, 1987, pp. 228–231.

<sup>7</sup> Jones, Lisa M., David Finkelhor and Stephanie Halter, 'Child Maltreatment Trends in the 1990s: Why does neglect differ from sexual and physical abuse?', *Child Maltreatment*, vol. 11, no. 2, 2006, pp. 107–120; Gibson, L. and H. Leitenberg, 'Child Sexual Abuse Prevention Programs: Do they decrease the occurrence of child sexual abuse? *Child Abuse & Neglect*, vol. 24, no. 9, 2000, pp. 1115–1125; Tutty, Leslie, 'Child Sexual Abuse Prevention Programs: Evaluating Who do you tell?', *Child Abuse and Neglect*, vol. 21, no. 9, 1997, pp. 869–881; Zwi, Karen, Susan Woolfenden, Danielle M. Wheeler, Tracey O'Brien, et al., 'School-based Education Programmes for the Prevention of Child Sexual Abuse (Review)', *The Cochrane Library*, no. 1, 2009.

<sup>8</sup> Davidson, Julia C. and Elena Martellozzo, 'Protecting Vulnerable Young People in Cyberspace from Sexual Abuse: Raising awareness and responding globally, *Police Practice and Research*, vol. 9, no. 4, 2008, pp. 277–289; United Nations Children's Fund (UNICEF) Innocenti Research Centre, *Child Safety Online: Global challenges and strategies*, UNICEF, Florence, 2011.

<sup>9</sup> Ospina, Maria, Christa Hartsall and Liz Dennett, *Sexual Exploitation of Children and Youth over the Internet: A rapid review of the scientific literature*, Institute of Health Economics, Edmonton, Alberta, 2010.

<sup>10</sup> Maxwell, Claire, Elaine Chase, Ian Warwick and Peter Aggleton, with Hannah Wharf, *Preventing Violence, Promoting Equality: A whole-school approach*, WOMANKIND Worldwide, London, 2010; Antonowicz, Laetitia, *Too Often in Silence: A report on school-based violence in West and Central Africa*, United Nations Children's Fund (UNICEF) West and Central Africa, Plan West Africa, Save the Children Sweden and ActionAid International, Dakar, Senegal 2010.

<sup>11</sup> Bott, Sarah, Andrew Morrison and Mary Ellsberg, *Preventing and Responding to Gender-based Violence in Middle and Low income Countries: A global review and analysis*, Policy Research Working Paper No. 3618, World Bank, Washington, DC, 2005.

<sup>12</sup> Jewkes, Rachel, Mzakazi Nduna, J. Levin, Nwabisa Jama, et al., 'Impact of Stepping Stones on Incidence of HIV and HSV-2 and Sexual Behaviour in Rural South Africa: Cluster randomised controlled trial', *BMJ*, vol. 337, p. a.506.

<sup>13</sup> United Nations Children's Fund (UNICEF) Innocenti Research Centre 2011, op. cit.; Jago, Sue and Jenny Pearce, *Gathering Evidence of the Sexual Exploitation of Children and Young People: A scoping exercise*, University of Bedfordshire, Luton, UK, 2008; Tewksbury, Richard, Wesley G. Jennings and Kristen Zgoba, *Final Report on Sex Offenders: Recidivism and collateral consequences*, U.S. Department of Justice, Washington DC, 2012.

<sup>14</sup> International Programme on the Elimination of Child Labour (IPEC), *Engaging Workers' and Employers' Organisations in the Fight against Child Trafficking: A good practice from Burkina Faso*, International Labour Organization, Dakar, 2007.

<sup>15</sup> Miller, Elizabeth, Madhumita Das, Daniel J. Tancredi, Heather L. McCauley, et al. 'Evaluation of a Gender-Based Violence Prevention Program for Student Athletes in Mumbai, India', *Journal of Interpersonal Violence*, vol. 29, no. 4, 2014, pp. 758–778; White Ribbon Campaign, Namibia, 'Report on Regional Meetings with Men's Groups on Gender-based Violence', United Nations Children's Fund, 2009.

<sup>16</sup> Families Matter! Program Overview 2013; Forehand, Rex, Lisa Armistead, Nicholas Long, Sarah C. Wyckoff, et al., 'Efficacy of a Parent-Based Sexual-Risk Prevention Program for African American Preadolescents', *Archives of Pediatric and Adolescent Medicine*, 161, no. 12, 2007, pp. 1123–1129; Foshee, V. A., H. L. McNaughton Reyes, S. T. Ennett, J. D. Cance, et al., 'Assessing the Effects of Families for Safe Dates, a Family-Based Teen Dating Abuse Prevention Program', *Journal of Adolescent Health* 51, no. 4, 2012, pp. 349–356; Miller, Kim S., Carol Y. Lin, Melissa N. Poulsen, Amu Fasula et al., 'Enhancing HIV Communication Between Parents and Children: Efficacy of the Parents Matter! Program', *AIDS Education and Prevention*, vol. 23, no. 6, 2011, pp. 550–563; Miller, Kim S., Karl D. Maxwell, Amy M. Fasula, J. Terry Parker, et al., 'Pre-Risk HIV-Prevention Paradigm Shift: The feasibility and acceptability of the Parents Matter! Program in HIV risk communities', *Public Health Reports*, vol. 125, suppl. 1, 2010, pp. 38–46.

<sup>17</sup> Anderson, Letitia, *Addressing Conflict-Related Sexual Violence: An analytical inventory of peacekeeping practice*, United Nations, New York, 2010; Bastik, Megan, Karin Grimm and Rahel Kunz, *Sexual Violence in Armed Conflict: Global overview and implications for the security sector*, Geneva Centre for the Democratic Control of Armed Forces, Geneva, 2010; Wessells, Michael and Kathleen Kosdtelny, 'Child Friendly Spaces: Toward a grounded community-based approach for strengthening child protection practice in humanitarian crises', *Child Abuse & Neglect*, vol. 37, suppl., 2013, pp. 29–40; Xefina Consulting, *Final Evaluation: Preventing sexual exploitation and abuse (PSEA) project*, International Rescue Committee, New York, 2007.

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

Identification and protection across different sectors		Quality of evidence HICs	Quality of evidence LMICs
<i>Multi-sector</i>	Special multi-agency boards; integrated health and justice responses	Low	Low
<i>Health</i>	Integrated health services	Promising	Promising <sup>1</sup>
<i>Education</i>	Training education professionals	Low <sup>2</sup>	Low <sup>3</sup>
<i>Criminal justice</i>	Cross-national police collaboration	Low <sup>4</sup>	Low
	Patrolling 'hot spots' for sexual exploitation	Low <sup>5</sup>	Low
	Focusing efforts on missing children	Low	Low
	Training a range of personnel on identifying vulnerable children	Low	Low
	Special police units (e.g., Family Support Units)	Promising	Emerging promising <sup>6</sup>
		Promising <sup>7</sup>	Low
	Special measures for vulnerable and child witnesses – <i>some positive outcomes in terms of client satisfaction, but service provision is uneven</i>	Low <sup>8</sup>	Low
	Prosecution of sex offenders – <i>prosecution rates are low</i>	Low <sup>9</sup>	
	Sex offender risk management – <i>this is limited to the minority of sex offenders who are identified and prosecuted</i>	Low <sup>10</sup>	Low <sup>11</sup>
	Sex offender treatment programmes – <i>these are limited to the minority of sex offenders identified, prosecuted and assessed as suitable for treatment. Findings on recidivism are mixed.</i>	Promising <sup>12</sup>	
<i>Child protection</i>	Treatment programmes for young people with sexually harmful behaviour <i>Example: multi-systemic therapy</i>		
	<i>Research on effective child protection is limited and rarely addresses effective responses to child sexual abuse and exploitation. More is known about ineffective child protection responses.</i>	Low <sup>13</sup>	Low
<i>Community</i>	Case management systems	Promising <sup>14</sup>	Emerging promising <sup>15</sup>
	Crisis centres and shelters	Low	Low <sup>16</sup>
	Specialist services with an outreach component	Low	Low
<i>Child, family and relationships</i>	Community-based child protection committees	Low	Low <sup>17</sup>
	Child helplines or report abuse lines for adults – <i>children call services and access services as a result, but evaluation evidence on outcomes is limited</i>	Low	Low <sup>18</sup>
<i>Humanitarian crisis specific</i>	Community identification, protection and referral initiatives – <i>child-friendly spaces have been found to reduce rates of rape and exploitation</i>		Emerging promising <sup>19</sup>

<sup>1</sup> Bott, Sarah, Alessandra C. Guedes and Ana Guezmes, 'The Health Service Response to Sexual Violence: Lessons from IPPF/WHO member associations in Latin America', in *Sex without Consent: Young people in developing countries*, edited by Shireen J. Jejeebhoy, Iqbal Shah and Shyam Thapa, Zed Books, London, 2005; Keesbury, Jill, Mary Zama and Sudha Shreeniwas, *The Copperbelt Model of Integrated Care for Survivors of Rape and Defilement: Testing the feasibility of police provision of emergency contraceptive pills*, Population Council, Lusaka,

- 2009; Kim, Julia, Lufuno Mokwena, Ennica Ntlemo, Ntabozuko Dwane, et al., *Developing an Integrated Model for Post-rape Care and HIV Post-exposure Prophylaxis in Rural South Africa*, RADAR, Population Council and Tshwarangan Legal Advocacy Centre, 2007; Kim Julia C., Ian Askew, Lufuno Muvhango, Ntabozuko Dwane, et al., 'Comprehensive Care and HIV Prophylaxis after Sexual Assault in Rural South Africa: The Refentse intervention study', *BMJ*, vol. 338, 2009, p. b515; Jones, Jennifer and Audrey Brown, 'Assessment of the Child Abuse Mitigation Project at the Bustamante Hospital for Children (C.A.M.P. Bustamante)', 2008, available at <[https://www.unicef.org/evaldatabase/files/CAMP\\_Bustamante\\_final\\_report\\_-\\_Dec08.pdf](https://www.unicef.org/evaldatabase/files/CAMP_Bustamante_final_report_-_Dec08.pdf)>.
- <sup>2</sup> Harper, Zoe and Sara Scott, *Meeting the Needs of Sexually Exploited Young People in London*, The Corporation of London's Bridge House Trust, London, 2005.
- <sup>3</sup> Management Systems International (MSI), *Are Schools Safe Havens for Children? Examining school-related gender-based violence*, United States Agency for International Development, Washington, DC, 2008.
- <sup>4</sup> Ospina, Maria, Christa Hartsall and Liz Dennett, *Sexual Exploitation of Children and Youth over the Internet: A rapid review of the scientific literature*, Institute of Health Economics, Edmonton, Alberta, 2000.
- <sup>5</sup> Harper and Scott 2005, op. cit.
- <sup>6</sup> Bastik, Megan, Karin Grimm and Rahel Kunz, *Sexual Violence in Armed Conflict: Global overview and implications for the security sector*, Geneva Centre for the Democratic Control of Armed Forces, Geneva, 2010.
- <sup>7</sup> Plotnikoff, Joyce and Richard Wolfson, *Measuring Up? Evaluating implementation of government commitments to young witnesses in criminal proceedings*, NSPCC, London, 2009; Hayes, David, Lisa Bunting, Anne Lazenbatt, Nicola Carr and Joe Duffy, *The Experiences of Young Witnesses in Criminal Proceedings in Northern Ireland*, Department of Justice Northern Ireland, Belfast, 2011.
- <sup>8</sup> Langan, Patrick A., Erica L. Schmitt and Matthew R. Durose, *Recidivism of Sex Offenders Released from Prison in 1994*, U.S. Dept. of Justice, Washington, DC, 2003; Lievor, Denise, *Recidivism of Sexual Assault Offenders: Rates, risk factors and treatment efficacy*, report prepared for the Office of the Status of Women, Australian Institute of Criminology, Melbourne, June 2003; Gelb, Karen, *Recidivism of Sex Offenders*, Sentencing Advisory Panel, Melbourne, 2007; Knight, Raymond A. and David Thornton, *Evaluating and Improving Risk Assessment Schemes for Sexual Recidivism: A long term follow up of convicted sex offenders*, U.S. Dept. of Justice, Washington, DC, 2004.
- <sup>9</sup> Hanson, R. Karl and Kelly E. Morton-Bargon, 'The Accuracy of Recidivism Risk Assessment for Sexual Offenders: A meta analysis of 118 predictor studies', *Psychological Assessment*, vol. 21, no. 1, 2009, pp. 1–21; Andrews, D. A., James Bonta and J. Stephen Wormith, 'The Recent Past and Near Future of Risk and/or Need Assessment', *Crime & Delinquency*, vol. 52, no. 1, 2006, pp. 7–27.
- <sup>10</sup> Dennis, Jane A., Omer Khan, Michael Ferriter, Nick Huband, et al., 'Psychological Interventions for Adults who Have Sexually Offended or Are at Risk of Offending', *The Cochrane Library*, no. 12, 2012; Hanson, R. Karl, Guy Bourgon, Leslie Helmus and Shannon Hodgson, 'The Principles of Effective Correctional Treatment also Apply to Sexual Offenders: A meta-analysis', *Criminal Justice and Behavior*, vol. 36, no. 9, 2009, pp. 865–891; Andrews, D.A. and James Bonta, *The Psychology of Criminal Conduct*, Third edition, Anderson, Cincinnati, OH, 2003; Lösel, Friedrich and Martin Schmucker, 'The Effectiveness of Treatment for Sexual Offenders: A comprehensive meta-analysis', *Journal of Experimental Criminology*, Vol. 1, no. 1, 2005, pp. 117–146.
- <sup>11</sup> East, Central and Southern African Health Community (ECSA-HC), *Child Sexual Abuse in Sub-Saharan Africa: A review of the literature*, ECSA-HC, Arusha, 2011.
- <sup>12</sup> Henggeler, Scott W., Philippe B. Cunningham, Susan G. Pickrel, Sonja K. Schoenwald and Michael J. Brondino, 'Multisystemic Therapy: An effective violence prevention approach for serious juvenile offenders', *Journal of Adolescence*, vol. 19, 1996, pp. 47–61.
- <sup>13</sup> Davies, Carolyn and Harriet Ward, *Safeguarding Children across Services: Messages from research*, Jessica Kingsley, London, 2012; Farmer, Elaine and Eleanor Lutman, *Working Effectively with Neglected Children and Their Families: Understanding their experiences and long-term outcomes*, Jessica Kingsley, London, 2012; Wade, Jim, Nina Biehal, Nicola Farrelly and Ian Sinclair, *Caring for Abused and Neglected Children: Making the right decisions for reunification or long-term care*, Jessica Kingsley, London, 2011; Ward, Harriet, Rebecca Brown, David Westlake and Emily R. Munro, 'Infants Suffering or Likely to Suffer Significant Harm: A prospective longitudinal study', Research Brief DFE-RB053, Department for Education, London, 2010.
- <sup>14</sup> Davies and Ward 2012, op cit.
- <sup>15</sup> United Nations Children's Fund (UNICEF) Malawi, *Lessons Learned: Findings from the design phase of the child protection case management in Malawi*, UNICEF Malawi, Lilongwe, 2011.
- <sup>16</sup> Keesbury, Jill and Ian Askew, *Comprehensive Responses to Gender-based Violence in Low-resource Settings: Lessons learned from implementation*, Population Council, Lusaka, 2010.
- <sup>17</sup> De Sas Kropiwnicki, Z., *Meta Evaluation Protecting Children from Violence: A synthesis of evaluation findings*, United Nations Children's Fund, New York, 2012; War Child UK, *Study of Community-based Child Protection Mechanisms in Uganda and the Democratic Republic of Congo*, War Child UK, London, 2010; Wessells, Mike, *What Are We Learning about Protecting Children in the Community? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*, The Save the Children Fund, London, 2009.
- <sup>18</sup> Child Helpline International (CHI), *Violence Against Children: Child Helpline data on abuse and violence*, CHI, Amsterdam, 2011; Child Helpline International (CHI), *Child Helpline International Annual Report 2011*, CHI, Amsterdam, 2011.
- <sup>19</sup> Agar, Alastair and Janna Metzler, *Child Friendly Spaces: A structured review of the current evidence-base*, Columbia University and World Vision, New York, 2010; Gladwell, C., *Kosti Child Friendly Space: Evaluation report*, War Child Holland, Sudan, 2011; Kostelny, Kathleen, *Psychosocial and Protection Outcomes of Child Centered spaces: Research on young children in Northern Uganda*, Christian Children's Fund, 2008; Madfis, Josh, Daryl Martyris and Carl Triplehorn, 'Emergency Safe Spaces in Haiti and the Solomon Islands', *Disasters*, vol. 34, no. 3, 2010, pp. 845–863; Save the Children, *Community Based Child Protection Emergency Project: Internal evaluation report*, Save the Children, London, 2011.

**Table C. Summary of evidence on recovery and reintegration**

Recovery and reintegration across different sectors		Quality of evidence HICs	Quality of evidence LMICs
<i>Multi-sector</i>	One-stop shop models can include counselling and comprehensive psycho social support <i>Examples: Sexual Assault Referral Centres (SARCs), Thuthuzela Care Centres</i>	Promising <sup>1</sup>	Emerging promising <sup>2</sup>
	Psycho-social and practical support in transit homes		Low
<i>Health</i>	Trauma-focused cognitive behavioural therapy	Promising <sup>3</sup>	Pioneering <sup>4</sup>
	EMDR (eye movement desensitization and processing) – <i>research is mostly with adult victims</i>	Promising <sup>5</sup>	Promising
	Creative therapies <i>Play, dance or music therapy are widely used examples, but no robust studies focusing on outcomes for sexually abused or exploited children were found</i>	Promising to pioneering <sup>6</sup>	Low
	Counselling	Pioneering <sup>7</sup>	
<i>Education</i>	No education sector-specific recovery projects were identified.		
<i>Criminal justice</i>	Restorative justice and conferencing approaches to offenders <i>Examples: Circles of Support, SAYStOP</i>	Low <sup>8</sup>	Low
<i>Child protection</i>	Referral to therapeutic services	Low	Low
<i>Community</i>	Shelters providing holistic services – <i>research evidence is limited and relates mostly to adult victims in HICs</i>	Low <sup>9</sup>	Low <sup>10</sup>
	Community-based psycho-social support <i>Example: ‘apprenticeship models’ for community-based support for victimized children</i>		Pioneering <sup>11</sup>
	Strengthening community support  <i>Examples: activating social networks; communal traditional or faith-based support</i>		Low
<i>Child, family and relationships</i>	Safe carer model – <i>parental support is a strong predictor of improved outcomes for sexually abused children</i>	Pioneering <sup>12</sup>	Pioneering <sup>13</sup>
<i>Humanitarian crisis-specific</i>	Counselling – <i>guidelines are available for fieldworkers</i> <sup>14</sup>		Low

1 Lovett, Jo, Linda Regan and Liz Kelly, ‘Sexual Assault Referral Centres: Developing good practice and maximising potentials’, Home Office Research Study 285, Home Office, London, 2004; Robinson, Amanda L., Kirsty Joanne Hudson and F. Brookman, *A Process Evaluation of Ynys Saff, the Sexual Assault Referral Centre in Cardiff: Final evaluation report*, South Wales Criminal Justice Board, Cardiff, 2009; Morrison, Shannon, Jennifer Hardison, Anita Matthew and Joyce O’Neil, *An Evidence-Based Review of Sexual Assault Preventive Intervention Programs: Technical report*, National Institute of Justice, Washington, DC, 2004.

2 Keesbury, Jill, W. Onyango-ouma, Chi-Chi Undie, Catherine Maternowska, et al., *A Review and Evaluation of Multi-sectoral Response Services (‘One-stop Centers’) for Gender-based Violence in Kenya and Zambia*, Population Council/United Nations Children’s Fund, Nairobi, 2012.

3 Macdonald, Geraldine, Julian P. T. Higgins, Paul Ramchandani, Jeffrey C. Valentine, et al., ‘Cognitive-behavioural Interventions for Children Who Have Been Sexually Abused (Review)’, *The Cochrane Library*, no. 5, 2012; Wethington, Holly R., Robert A. Hahn, Dawna S. Fuqua-Whitley, Theresa Ann Sipe, et al., ‘The Effectiveness of Interventions to Reduce Psychological Harm from Traumatic Events among Children and Adolescents’, *American Journal of Preventive Medicine*, vol. 35, no. 3, 2008, pp. 287–313.

4 Murray, Laura K., Itziar Familiara, Stephanie Skavenskia, Elizabeth Jere, et al., ‘An Evaluation of Trauma Focused Cognitive Behavioral Therapy for Children in Zambia’, *Child Abuse & Neglect*, vol. 37, no. 12, 2013, pp. 1175–1185.

5 Chemtob, Claude M., Joanna Nakashima and John G. Carlson, ‘Brief-treatment for Elementary School Children with Disaster-related PTSD: A field study’, *Journal of Clinical Psychology*, vol. 58, no. 1, 2002, pp. 99–112; Edmond, Tonya, Allen Rubin and Kathryn G. Wambach,



- 'The Effectiveness of EMDR with Adult Female Survivors of Childhood Sexual Abuse', *Social Work Research*, vol. 23, no. 2, 1999, pp. 103–116.
- 6 Bratton, Sue C., Dee Ray, Tammy Rhine and Leslie Jones, 'The Efficacy of Play Therapy with Children: A meta-analytic review of treatment outcomes', *Professional Psychology: Research and Practice*, vol. 36, no. 4, 2005, pp. 376–390.
- 7 Allnock, Debra with Lisa Bunting, Avril Price, Natalie Morgan-Klien, et al., *Sexual Abuse and Therapeutic Services for Children and Young People: The gap between provision and need*, NSPCC, London, 2009.
- 8 Daly, Kathleen, 'Restorative Justice and Sexual Assault: An archival study of court and conference cases', *British Journal of Criminology*, vol. 46, no. 2, 2006, pp. 334–35; Hudson, Barbara, 'Restorative Justice and Gendered Violence: Diversion or effective justice?', *British Journal of Criminology*, vol. 42, no. 3, 2002, pp. 616–634; Koss, Mary and Mary Achilles, 'Restorative Justice Responses to Sexual Assault', VAWnet, National Resource Center on Domestic Violence, Harrisburg, PA, 2008; Koss, Mary P., 'The RESTORE Program of Restorative Justice for Sex Crimes: Vision, process, and outcome', *Journal of Interpersonal Violence*, vol. 29, no. 9, 2014, pp. 1623–1660; Wilson, Chris, Andrew Bates and Birgit Vollm, 'Circles of Support Accountability: An innovative approach to manage high risk sex offenders in the community', *Open Criminology Journal*, vol. 3, 2010, pp. 48–57.
- 9 Bennett, Larry, Stephanie Riger, Paul Schewe, April Howard and Sharon Wasco, 'Effectiveness of Hotline, Advocacy, Counselling, and Shelter Services for Victims of Domestic Violence: A statewide evaluation', *Journal of Interpersonal Violence*, vol. 19, no. 7, 2004, pp. 815–829; Tutty, Leslie, Jill Weaver-Dunlop, Ashley Barlow and Deborah Jesso, 'Evaluation of the Community Safe Visitation Program: Updated 2006', YMCA, Calgary, 2006.
- 10 Sullivan, Cris M., Isabel Baptista, Sharon O'Halloran, Lydia Okroj, et al., 'Evaluating the Effectiveness of Women's Refuges: A multi-country approach to model development', *International Journal of Comparative & Applied Criminal Justice*, vol. 32, no. 2, 2008, pp. 291–308.
- 11 Murray et al., op. cit.
- 12 Hill, Andrew, 'Patterns of Non-offending Parental Involvement in Therapy with Sexually Abused Children: A review of the literature', *Journal of Social Work*, vol. 5, no. 3, 2005, pp. 339–358; Ramchandani, Paul and David P. H. Jones, 'Treating Psychological Symptoms in Sexually Abused Children: From research findings to service provision', *British Journal of Psychiatry*, vol. 183, no. 6, 2003, pp. 484–490.
- 13 See <<http://www.rapcan.org.za/home/>>
- 14 International Rescue Committee (IRC), *Caring for Child Survivors of Sexual Abuse*, IRC, New York, 2012.

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