

# TECHNICAL APPENDIX TO ENDING CHILD SEXUAL ABUSE AND EXPLOITATION:

A REVIEW OF THE EVIDENCE • 2020





## About the authors

Lorraine Radford is Emeritus Professor of Social Policy and Social Work at the University of Central Lancashire, UK; Debbie Allnock is Senior Research Fellow at the International Centre, University of Bedfordshire, UK; Patricia Hynes is Reader in Forced Migration in the School of Applied Social Sciences, University of Bedfordshire, UK; Sarah Shorrocks is Research Officer at the Institute of Citizenship, Society & Change at the University of Central Lancashire, UK

This publication has been produced with financial support from the End Violence Fund. However, the opinions, findings, conclusions, and recommendations expressed herein do not necessarily reflect those of the End Violence Fund.

Published by UNICEF Child Protection Section Programme Division 3 United Nations Plaza New York, NY 10017 Email: [childprotection@unicef.org](mailto:childprotection@unicef.org) Website: [www.unicef.org](http://www.unicef.org)  
© United Nations Children's Fund (UNICEF) December 2020.

Permission is required to reproduce any part of this publication. Permission will be freely granted to educational or non-profit organizations. For more information on usage rights, please contact: [nyhqdoc.permit@unicef.org](mailto:nyhqdoc.permit@unicef.org)

Cover Photo: © UNICEF/UN0156399/Haque

# CONTENTS



<b>1. Methodology</b> .....	<b>4</b>
Background and Purpose .....	4
Research questions .....	5
Definitions .....	5
Methods .....	6
Search Strategy .....	6
Screening and selection of studies .....	7
Quality of evidence .....	9
Data synthesis and assessment .....	10
<b>2. PRISMA Flowchart</b> .....	<b>11</b>
Results from searches and quality screening .....	11
<b>3. Primary prevention</b> .....	<b>12</b>
Included higher quality studies .....	12
<b>4. Identification, reporting and child protection responses</b> .....	<b>42</b>
<b>5. Preventing re-offending</b> .....	<b>55</b>
<b>6. Supporting child and adolescent victims</b> .....	<b>63</b>

# 1

# METHODOLOGY

## Background and Purpose

This section sets out a methodology for the updated review of the research evidence on preventing and responding to child sexual abuse and exploitation<sup>1</sup> (published by UNICEF in 2015<sup>2</sup>). The focus of the research was on evidence for effective and comprehensive responses that can be used to prevent child sexual abuse and exploitation and protect children and young people, including children living in low and middle-income countries, in situations of conflict, migration, displacement and humanitarian crisis. Considerable progress has been made in recent years to consolidate research evidence on preventing and responding to violence against children, including the series of evidence reviews that underpinned the *Know Violence in Childhood Report*<sup>3</sup>, the drivers of violence study<sup>4</sup>, the Campbell-UNICEF Child Welfare Mega-Maps evidence synthesis studies<sup>5</sup> and an evidence review on preventing child sexual abuse from the Oak Foundation/Together for Girls<sup>6</sup>. The

WHO INSPIRE programme took a significant step forward in translating research evidence into a useable, context relevant and coordinated programme of action for nation states to prevent violence against children. This brought agreement between ten global organisations for a coordinated, system focused approach to violence prevention consisting of the seven INSPIRE strategies<sup>7</sup> supported by the cross-cutting activities of multi-sectoral collaboration and monitoring and evaluation<sup>8</sup>. The core document for INSPIRE describes the seven strategies and interventions and is supported by an implementation handbook<sup>9</sup> and by a set of indicators to measure uptake and impact on levels of violence against children<sup>10</sup>. In addition, the gender based violence strategy, RESPECT<sup>11</sup> draws on evidence and consolidates this into recommendations for a comprehensive programme of action that brings together work on ending violence against women and violence against children. The current review aims to compliment and build on these projects with a specific focus on coordinated evidence-based actions to prevent and respond to child sexual abuse and exploitation.

1 United Nations Children's Fund (2020), Action to end child sexual abuse and exploitation: A review of the evidence, UNICEF, New York. <https://www.unicef.org/documents/action-end-child-sexual-abuse-and-exploitation-review-evidence-2020>

2 Radford, L. Allnock, D. & Hynes, P. (2015) *Preventing and Responding to Child Sexual Abuse and Exploitation: Evidence Review*, New York: UNICEF

3 Know Violence in Childhood (2017) *Ending Violence in Childhood Global Report*, New Delhi India, Know Violence in Childhood

4 Maternowska, M. & Fry, D. (2015) *The multi-country study on the drivers of violence affecting children: a child centred and integrated framework for violence prevention*, Florence, UNICEF Office of Research

5 White, H. & Saran, A. (2018) *Evidence and gap map research brief*, Florence, UNICEF Office of Research

6 Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019) *What works to prevent sexual violence against children: Evidence Review*. Together for Girls. [www.togetherforgirls.org/svsolutions](http://www.togetherforgirls.org/svsolutions)

7 Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; Education and life skills

8 WHO (2016) *INSPIRE: Seven strategies for ending violence against children*, Geneva, World Health Organisation

9 WHO (2018) *INSPIRE Handbook: action for implementing the seven strategies for ending violence against children*, Geneva, World Health Organisation

10 UNICEF (2018) *INSPIRE Indicator Guidance and Results Framework: Ending Violence Against Children – How to Define and Measure Change*, New York: UNICEF

11 WHO (2019a) *RESPECT women: Preventing violence against women*, Geneva: World Health Organization.

## Research questions

The current review builds on the earlier reports and covers new research published from 2014 to 2019. With specific reference to research on interventions targeting children and families in low and middle-income regions, questions to be investigated in the evidence review were:

1. What is known about effective implementation and enforcement of national and transnational laws, policies and strategies to prevent and respond to child sexual abuse and exploitation, online and offline?
2. What is known about effective primary prevention approaches to child sexual abuse and exploitation, online and offline?
3. What is known about effective approaches to identify and protect child and adolescent victims of sexual abuse and exploitation, online and offline?
4. What is known about effective approaches to prevent re-offending and ensure the recovery and reintegration of child and adolescent perpetrators of sexual abuse and exploitation, online and offline?
5. What is known about effective approaches to prevent re-offending by adult perpetrators of sexual abuse and exploitation, online and offline?
6. What is known about effective approaches to support, ensure the recovery, reunification and reintegration of child and adolescent victims of sexual abuse and exploitation?

The review also aimed to include evidence on interventions to prevent and respond to child sexual abuse and exploitation in armed conflict, humanitarian and emergency contexts.

## Definitions

A *child* was defined as any person under the age of 18 years.

*Child sexual abuse* was defined as (a) Engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities (this does not apply to consensual sexual activities between minors), and (b) engaging in sexual activities with a child where use is made of coercion, force or threats; or abuse is made of a 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 (Article 18, *Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse*, 2007 Lanzarote Convention). This includes completed or attempted sexual contact; acts of a sexual nature not involving contact (such as voyeurism, watching sexual activities or sexual harassment); acts of online facilitated child sexual abuse<sup>12</sup>.

---

<sup>12</sup> Inter-agency Working Group on Sexual Exploitation of Children (2016) *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*, ECPAT International, Luxembourg

*Child sexual exploitation* Child sexual abuse becomes sexual exploitation when a child takes part in sexual activity in exchange for something (e.g. gain or benefit, or even the promise of such) from a third party, the perpetrator, or by the child her/himself. It includes harmful acts such as sexual solicitation and exploitation in prostitution of a child or adolescent and situations where a child or other person is given or promised money or other form of remuneration, payment or consideration in return for the child engaging in sexual activity, even if the payment/remuneration is not made. (*Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse*, Lanzarote Convention).

## Methods

The project was predominantly desk-based research using recognised methods for rapid evidence assessment and realist synthesis<sup>13</sup>. Rapid evidence assessments, like systematic reviews, aim to thoroughly and transparently identify and assess the evidence on a particular topic but within a more limited time frame and with restrictions on the breadth of literature included. This approach was taken because:

---

<sup>13</sup> Galvani, S. et al (2011) *Social Work Services and Recovery from Substance Misuse: A Review of the Evidence* Scottish Govt: Edinburgh; Gough, D. (2007) Weight of evidence: a framework for the appraisal of the quality and relevance of evidence. *Applied and Practice-based Research (special edition)*, Vol. 22, pp. 213–228; Khangura, S. et al (2012) Evidence summaries: the evolution of a rapid review approach, *Systematic Reviews*, 1:10 <http://www.systematicreviewsjournal.com/content/1/1/10>; Sherman, L. Gottfredson, D. MacKenzie, D. Eck, J. Reuter, P. & Bushway, S. (1998) Preventing Crime: What Works, What Doesn't, What's Promising, *Research in Brief*, National Institute of Justice: Washington DC <https://www.ncjrs.gov/pdffiles/171676.PDF>

The aim was to update the previous evidence review, limiting the searches to publications since 2014.

The previous review and subsequent studies showed that the nature of the evidence is diverse and does not lend itself easily to conventional systematic review protocols, programmes with 'good quality' evidence of impact from RCTs tend to be single intervention specific, concentrated in high incomes region where interventions may not translate to low resource settings.

## Search Strategy

The search strategy involved:

- A search of online research databases
- Chain searching references cited in identified publications
- Web searching for research on specific interventions in LMICs and for grey literature
- Expert consultation to identify gaps in the literature.

Online databases were searched to identify high quality, peer reviewed research literature relevant to the research questions. Data bases searched included: Medline, Public Health, PsychInfo, Social Work Abstracts, CINAHL, Criminal Justice Abstracts, ERIC, Education Abstracts, Campbell Collaboration, Cochrane Library of Systematic

Reviews. The search was time limited beginning at the year 2014. To broaden the scope of the search publications in languages other than English in peer reviewed journals were included in the online database searches. Very few relevant publications were identified, possibly because search terms were in English. None of the non-English publications found were included in the review, mostly because they were rejected on the basis of relevance, explained further below.

Search terms for the database searches were 'child sexual abuse' or 'child sexual exploitation' or 'child\*' AND 'sexual violence'. These two broad terms were selected to capture a wide range of studies within this limited time frame. Additional searches were made for the following specific interventions that the earlier review had found had been introduced in LMICs but had not at the time been widely evaluated : one stop shop sexual abuse centres (using terms 'Barnahus' OR ' children's house'; 'one stop shop' OR 'integrated service' AND 'sexual violence' OR 'sexual assault' OR rape OR 'sexual abuse' AND 'evaluation').

References cited in identified publications were chain searched by following up citations to identify studies that might not have been captured from the database searches.

Additional searches of (English language) grey literature were conducted to identify any new evidence not recorded or not normally found in the online research databases. The grey literature included evaluation and non-evaluation research published by international organisations, regional, national, federal or state level governmental bodies/

ministries, national clearinghouses (where these exist), national professional associations, national bodies with responsibility to promote public health/public safety/ violence prevention, including voluntary sector, faith based and non-governmental organisations, where relevant. In addition, web searches of Google using the terms 'child sexual abuse research' or 'child sexual exploitation research' or 'sex offender research' and country specific terms were also conducted to identify potentially relevant grey literature. A minimum of 10 pages per google search result were screened. Additional searches online were also conducted using specific search terms to identify grey literature research on specific programmes identified in the previous review (such as child friendly spaces).

Research experts on preventing and responding to child sexual abuse and exploitation identified from the earlier review were also contacted by email to ask for recommendations for recent research, systematic reviews, meta-analyses and grey literature relevant to the research questions. One hundred and sixty one experts were contacted by email for recommendations.

## Screening and selection of studies

Duplicated references to research papers in the databases were first eliminated. Data was organised into Endnote libraries. The number of studies identified, elimination of duplicates and numbers screened out were recorded on an excel spreadsheet.

A two-step process was used for screening: firstly, an initial screen of the title and abstract for relevance using the criteria set out in Table 1.

**TABLE 1:** Initial screen

INCLUDE	EXCLUDE
Topic relevance – prevention or response to child sexual abuse OR child sexual exploitation, including online facilitated	Topic not relevant
Population of concern – children (under age 18 years) (include practitioners and persons responsible for safeguarding children)	Population of concern are adults
Systematic review, meta-analyses or empirical research employing quantitative, qualitative or mixed methods	Publications that are not systematic reviews, meta-analyses or empirical research such as opinion pieces, conference abstracts, commentaries, editorials, non-empirical papers, policy reviews, studies which are descriptive or have limited evaluation
Research with clearly stated aims that has relevance to the research questions	Studies without clearly stated aims

The second step of the screening was done using either the abstracts or the full text articles as required. Inclusion and exclusion criteria are shown in Table 2.

**TABLE 2:** Inclusion/exclusion criteria – second screen

INCLUDE	EXCLUDE
Meta -analyses, systematic reviews.	Reviews without clearly defined methods for searching, criteria for inclusion/exclusion & data synthesis
Quantitative analytical cross sectional studies, longitudinal or evaluation studies with defined and measured outcomes relevant to the review questions	Quantitative or evaluation studies without defined and measured outcomes relevant to the review questions
Qualitative studies with clearly defined and appropriate research methods which address the review questions	Qualitative studies without clearly defined methods and/or with methods that are inappropriate which do not address the review questions
Qualitative studies with rigorous and clearly defined method of analysis	Qualitative studies where the method of analysis is not explained adequately or does not support the conclusions drawn

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



## Quality of evidence

Papers were quality assessed using the tools detailed in table 3.

**TABLE 3:** Quality assessment tools used

STUDY TYPE	SCORING TOOL
Systematic reviews and meta-analyses	AMSTAR 2 <a href="https://amstar.ca/Amstar_Checklist.php">https://amstar.ca/Amstar_Checklist.php</a>
Randomised controlled trial & quasi experimental studies	JBI Critical Appraisal Checklist for RCTs* JBI Critical Appraisal Checklist for Quasi Experimental Studies*
Cohort study	Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Cohort Studies*
Case control study	JBI Critical Appraisal Checklist for Case Control Studies*
Analytical Cross sectional Studies	JBI Critical Appraisal Checklist for Analytical Cross sectional Studies*
Qualitative research	JBI Critical Appraisal Checklist for Qualitative research*

\*JBI checklists available from : <https://joannabriggs.org/critical-appraisal-tools>

Data extraction forms were used to record the research question addressed, the methodology and any ethical considerations. The following five categories, based on the adapted RESPECT framework, were used to grade the quality of evidence from each study about the effectiveness of the interventions. These are identified in the data tables by the colour coded symbols:

**1) EFFECTIVE:** Programmes that had been rigorously evaluated through at least two high or moderate quality studies using experimental or quasi-experimental design, showing statistically significant impact on either attitudes or behaviours towards child sexual abuse and exploitation and formalized to the extent that outside parties could replicate the programme; OR the intervention is recommended based on high quality meta-analyses and systematic reviews of findings from multiple evaluations. Colour coded **GREEN**

**2) PROMISING:** Programmes in need of further research in context where there is at least one high or moderate quality experimental or quasi-experimental study showing statistically significant impact on child sexual abuse and/or exploitation; OR there is at least one high or moderate quality experimental or quasi-experimental study showing statistically significant impact on risk or protective factors for child sexual abuse and/or exploitation. Colour coded **BLUE**

**3) PRUDENT:** where global treaties or resolutions have determined the intervention as critical for reducing violence against children; OR the intervention has been demonstrated by qualitative or observational studies as effective in reducing sexual abuse or exploitation of children. Colour coded **YELLOW**

**4) NEEDS MORE RESEARCH:** These are programmes that have a limited evidence base because (a) they are new and evidence is just emerging (e.g., online education programmes); (b) they are programmes where evaluation

may be difficult but there is some data that can be used for monitoring and evaluation purposes (e.g., helplines). Classifying a programme as needing more research allows us to recognize what is being done in the field, particularly in settings where resources/possibilities for evaluation may be severely lacking and where nothing may have been done before. Including pioneering programmes helps to identify areas where research is clearly needed. Colour coded **PINK**

**5) INEFFECTIVE/HARMFUL:** Where no positive evidence or evaluation on impact exists or there is some research suggesting potential harmful consequences. Colour coded **RED**

There are some areas where the research evidence is mixed or conflicting and these areas are identified in the text. To update the earlier evidence review the categorisation of the previous intervention studies included were re-checked.

## Data synthesis and assessment

Findings from the included studies were synthesised and structured around the research questions and themes that emerged during the review. The final step in the assessment was a weight of evidence assessment<sup>14</sup> which assessed three areas: A) the quality of the research; B) whether the research was specific and appropriate to answer the review questions and C) how helpful /useful this knowledge is for addressing the review questions and whether or not it is ethical.

The report takes a narrative approach and is organized around the review questions. A PRISMA diagram gives a summary of the results from the search and assessment process. Data tables in this technical appendix detail the methods and results for each of the higher quality publications included in the analysis. These are identified with an asterisk \* in the bibliography for the evidence review report. Additional publications found in the search that describe different interventions with as yet limited research were not included in the data tables but were included in the discussion and in the summary tables in the evidence review report. These are all also listed in the bibliography to the evidence review report and distinguished by the lack of an asterisk by the citation.

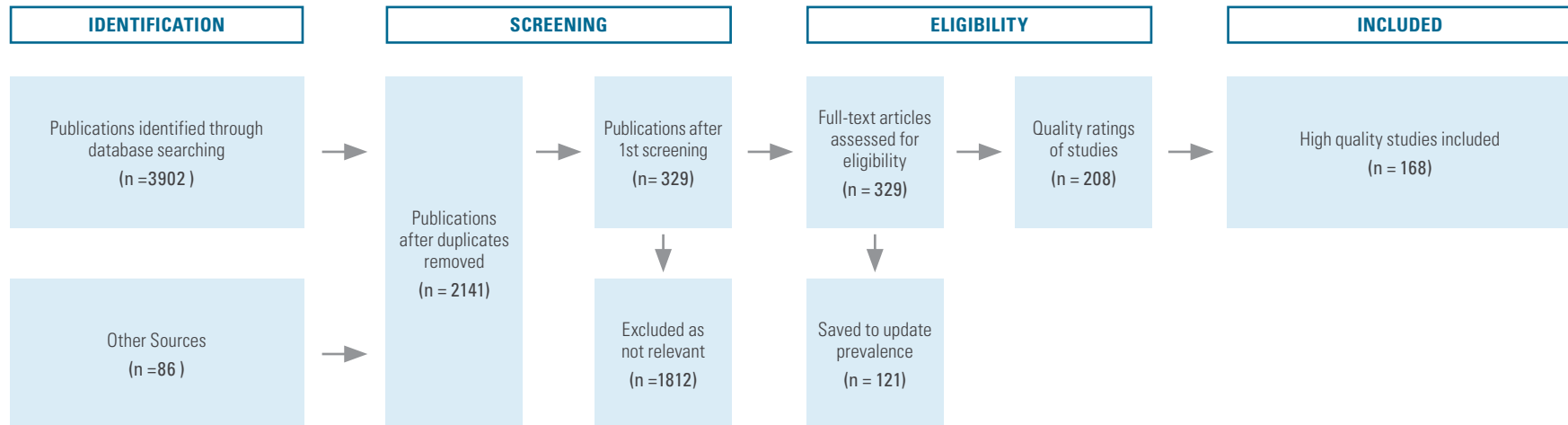
---

<sup>14</sup> Gough, D. (2007) Weight of evidence: a framework for the appraisal of the quality and relevance of evidence in J. Furlong & A Odcea (eds) Applied and Practice Based Research Special Edn *Research Papers in*

# 2 PRISMA FLOWCHART

## Results from searches and quality screening

PRISMA 2009 Flow Diagram<sup>15</sup>



<sup>15</sup> From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

# 3 PRIMARY PREVENTION




Included higher quality studies

TABLE 1 - Primary Prevention Research Publications – LMICS

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Systematic Reviews &amp; Meta-analyses</b>							
Buller, A. Peterman, A. Ranganathan, M. Bleile, A. Hidrobo, M. & Heise, L. (2018) <i>A mixed-method review of cash transfers and intimate partner violence in low and middle-income countries.</i> Technical Report. LSHTM	Systematic review	LMICS	Social welfare	Cash transfers and IPV prevention	Systematic review that included qualitative and quantitative research. Analysis of pathways from cash transfer to IPV prevention	Fourteen quantitative and nine qualitative studies included	11 quantitative and 6 qualitative studies had evidence that CTs decrease IPV. There was little support for increases in IPV, with only two studies showing overall mixed or adverse impacts.
Desai, C. Reece, J. & Shakespeare-Pellington, S. (2017) The prevention of violence in childhood through parenting programmes: a global review, <i>Psychology, Health &amp; Medicine</i> , 22:sup1, 166-186	Review of systematic reviews	Global	Multi sector	Parenting programmes	Review of systematic reviews	28 systematic reviews included, only one Knerr et al from LMICs.	Parenting programmes have the potential to both prevent and reduce the risk of child maltreatment. There is lack of good evidence from LMICs. There is no separate analysis of impact on child sexual abuse.



KEY: EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Fonner VA, Armstrong KS, Kennedy CE, O'Reilly KR, Sweat MD (2014) School Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis. PLoS ONE 9(3): e89692. 	Systematic review	LMICS	Education Health	Sex education to prevent HIV/Aids	Systematic review and meta analysis	63 articles on sex education 9 on abstinence approaches 55 comprehensive sex education 33 comprehensive programmes in meta analysis	School based sex education is effective for prevention of HIV and reducing risky sexual behaviour. Students had improved knowledge about condom use, fewer sexual partners and less initiation of first sex. The analysis does not discuss impact on girls and boys separately.
Know Violence in Childhood (2017) <i>Ending violence in Childhood Global Report 2017</i> , Know Violence in Childhood New Delhi India 	Systematic reviews	Global	National Multi sector	Prevention & responses to violence against children	Joint learning initiative with commissioned research, expert consultation events & evidence synthesis	45 articles commissioned covering 3,100 papers including 170 systematic reviews	Research evidence on LMICs limited. Few of the studies on VAC refer specifically to CSA or CSE interventions. Recommendations made on best practice for primary prevention on VAC drawing on socio-ecological focus
Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019) <i>What works to prevent sexual violence against children: Evidence Review. Together for Girls</i> 	Integrative review and expert consultation	Global	National Multi sector	Prevention of sexual violence against children and adolescents	Search for available academic literature through PubMed/ EBSCO databases and grey literature, including reports produced by relevant UN entities, governments, NGOs, and research institutes. Consultation with experts to identify research gaps. Narrative thematic synthesis of findings aligned with INSPIRE strategies	Number of publications included not stated in main report although list of references is provided.	Reviews findings on promising programmes for prevention in following areas: Legislation & criminal justice; changing norms & values; creating safe environments & organisations; parent & caregiver support; income & economic strengthening; education & life skills; as well as secondary and tertiary prevention approaches such as providing services and support to victims/survivors. Identifies 7 areas where there are gaps in knowledge that need to be addressed.




**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Peterman, A. Neijhoft, A. Cook, S. & Palermo, T. (2017) Understanding the linkages between social safety nets and childhood violence: a review of the evidence from low- and middle-income countries, <i>Health Policy and Planning</i> , 32, 1049–1071 	Integrative review	Bangladesh Brazil Colombia Ecuador Kenya Malawi Nicaragua Palestine South Africa Tanzania	Social welfare	Social Safety Nets (SSNs) including 1. conditional cash transfers (CCTs) 2. unconditional cash transfers (UCTs) 3. unconditional in-kind transfers 4 public works (PW) or cash for work (CfW) 5 vouchers or fee waivers.	Search for evaluations of SSNs in LMICs published between 2000-2016 found 14 impact evaluations, 11 completed, mostly RCTs or quasi experimental studies. Aimed to identify mechanisms by which SSNs may impact on violence in childhood, including physical, emotional and sexual abuse and exploitation from caregivers, adults and peers	Children and young people. There was a gap in research knowledge about the impact on younger children. Most programmes assess impact of SSNs on adolescents aged 13 years plus.	57 indicators of impact were identified in the research, 20 on CSE and 9 on CSA. Most CSA & CSE measures were from studies in Sub Saharan Africa and linked to reducing HIV risks Results indicate that SSNs are not standalone solutions for violence prevention but within integrated protection systems have potential to reduce the risks of violence including CSE and CSA
Ricardo, C. Eads, M. & Barker, G. (2011) <i>Engaging Boys and Young Men in the Prevention of Sexual Violence: A systematic and global review of evaluated interventions</i> , Sexual Violence Research Initiative, Cape Town, South Africa 	Systematic review	USA Australia Canada Netherlands Brazil India Korea South Africa Ethiopia Nicaragua Thailand	Education	Prevention of sexual violence in young people's relationships, change in attitudes to sexual violence and gender & bystander programmes	65 RCTs, quasi RCTs & control/comparison studies included, only 8 had 'strong' research design, only 9 measured perpetration of sexual violence, 8 of which were strong or moderate quality design. Interventions delivered in one session to 15 sessions	68% of programmes included males and females, 32% males only. Ages 11-26 years	Only 1 study (Foshee et al 2004, Safe Dates) found any significant impact on behaviour

**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Skevington, S. M., et al. (2013) A systematic review to quantitatively evaluate 'Stepping Stones': a participatory community-based HIV/AIDS prevention intervention. <i>AIDS &amp; Behaviour</i> , 17(3), 1025-1039 	Systematic review	Angola Ethiopia Fiji Gambia India South Africa Tanzania Uganda	Multi-sector Health Community	<i>Stepping Stones</i>	Systematic review on the effectiveness of <i>Stepping Stones</i> assessing health, behavioural and social outcomes. 13 outcomes identified. Critical outcomes = reduced HIV incidence, increased condom use, increased knowledge of HIV & gender equity. Important outcomes = reduced HSV2, reduced IPV, reduced transactional sex, reduced alcohol intake, reduced multiple partners, increased communication with partners & children	7 studies published 199-2010 were included. At least two studies included young people under age 18 years but age reporting was unclear	Only 1 RCT tested for HIV infection and found no significant reductions post intervention, although HSV 2 declined. Risk reduction findings were mixed. Gender inequity was reduced in India. Only 1 of the 7 studies assessed transactional sex (Jewkes, 2007) and found this declined post programme
Sood, S. & Cronin, C. (2019) <i>Communication for Development Approaches to Address Violence Against Children: A Systematic Review</i> , UNICEF, New York. 	Systematic review	n/a	NGOs	Systematic review of C4D approaches	302 articles reviewed	Mixed audiences of general public, communities, services	Found few programmes have clear objectives, conceptual models of change or measures of impact. Measures focus most on individual level of cognitive change. Several recommendations made for a more holistic theory driven approach.
van der Laan P, Smit M, Busschers I, Aarten P. (2011) <i>Cross-border trafficking in human beings: prevention and intervention strategies for reducing sexual exploitation</i> . Campbell Systematic Reviews :9 	Systematic review	n/a	National Multi sector	Prevention of trafficking for purpose of sexual exploitation	Systematic review covered evaluations of policies and programmes to prevent cross border trafficking	Adults and children	20 potentially relevant studies identified but none met the quality criteria for a systematic review as they did not use experimental or quasi experimental methods. No conclusions can be made about effective interventions. 4 met criteria for a narrative review, studies from Macedonia, Philippines, Nepal, Israel All poor quality

**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Yount, K. Krause, K. & Miedema, S. (2017) Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews, <i>Social Science &amp; Medicine</i> , 192;1-13 <span style="background-color: #FFC0CB; display: inline-block; width: 100px; height: 1em;"></span>	Systematic review of reviews	LMICs	Multi-sector	Prevention of gender based violence for adolescent girls and young women covering FGM, child abuse, sexual violence, IPV, child marriage	18 systematic reviews included	Girls and women aged 10 to 24 years in LMICs	No reviews focused on child abuse or sexual violence. Data was extracted on 34 experimental and quasi experimental studies cited in the reviews covering 28 interventions. Most looked at child marriage (13), IPV (8), SV (4), child abuse (3), FGM (3). Bundled individual and multi level interventions had more favourable impacts on VAWG. Findings on VAWG promising.
<b>RCTS, quasi-experimental and non-experimental quantitative evaluations</b>							
Austrian, K. & Muthengi, E. (2014) Can economic assets increase girls' risk of sexual harassment? Evaluation results from a social, health and economic asset-building intervention for vulnerable adolescent girls in Uganda, <i>Children &amp; Youth Services Review</i> , 47: 168-175. <span style="background-color: #FF0000; display: inline-block; width: 100px; height: 1em;"></span>	Quasi-experimental quantitative evaluation	Uganda	Education	Asset building for adolescent girls. Economic asset building plus social asserts, social networks & reproductive health	Evaluation of 4 component intervention on girls' social, health & economic assets and experiences of sexual victimisation. Compared 3 groups 1. full intervention with 4 components of safe spaces group meetings, reproductive health, financial education & savings accounts; 2. only savings account 3. no intervention comparison	Girls aged 10-19 years living in Kampala, Uganda. Baseline 1564 girls, full intervention group N=451; savings only N=300; comparison N=313. Assessed by interview at baseline before programme and 1 year later. End line group = 1064 girls matched T1 & T2	Full intervention was associated with improvement in girls' health & economic assets but not reported sexual harassment. Girls who only had a savings account increased their economic assets, but were more likely to have been sexually touched (OR = 3.146; P b 0.01) and harassed by men (OR = 1.962; P b 0.05). This suggests that economic asset building on its own, without the protection afforded by strengthening social assets, including social networks & reproductive health knowledge, can leave vulnerable girls at increased risk of sexual violence.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED



**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Baiocchi, M. Omondi, B. Langat, N. Boothroyd, D. et al (2016) A Behavior-Based Intervention That Prevents Sexual Assault: the Results of a Matched-Pairs, Cluster-Randomized Study in Nairobi, Kenya, <i>Prevention Science</i> , August, DOI 10.1007/s11121-016-0701-0.	Cluster randomised, matched pairs trial	Kenya	Education	IMPower empowerment and self defense programme delivered to girls in intervention group. Parallel trail of programme 50:50 for boys also delivered. Intervention for girls 6 x 2 hour sessions with boosters within 3 months. Curriculum covered empowerment, gender relations and self defense. Control group received health and hygiene course.	Data collected by self report surveys at baseline and 9 months follow up Primary outcome measure was self reported prevalence of sexual violence in the past 12 months at the cluster level. Secondary outcomes included generalized self-efficacy, the distribution of number of times victims were sexually assaulted in the prior period, skills used, disclosure rates, distribution of perpetrators	Girls aged 10-16. Fourteen schools with 3147 girls from the intervention group and 14 schools with 2539 girls from the control group were included in the analysis	3.7 % decrease, $p = 0.03$ and 95 % CI = (0.4, 8.0), in risk of sexual assault in the intervention group (7.3 % at baseline). Increase in mean generalized self-efficacy score of 0.19 (baseline average 3.1, on a 1–4 scale), $p = 0.0004$ and 95 % CI = (0.08, 0.39). 35% of girls in intervention group reported having used skills to stop a sexual assault. 37% used verbal skills only, 23% physical skills only, 40% both verbal and physical skills.
Baird, S. Chirwa, E. McIntosh, C. & Özler, B. (2010) The Short-Term Impacts of a Schooling Conditional Cash Transfer Program on the Sexual Behavior of Young Women Policy Research Paper, World Bank, Washington	RCT	Malawi	Education Social Welfare	CCT Zomba Cash Transfer Programme targets girls including those dropped out of school with cash and school fees to encourage school attendance	RCT with treatment group who received the CCTs and comparison group without, compared girls both in school and out of school with CCTs with girls in school and out of school without CCTS  Measured school attendance, sexual behaviour, teen pregnancy and early marriage at baseline and 1 year after programme	2,692 girls random allocation to treatment or comparison.  Treatment group had 480 in school and 396 dropped out at baseline; comparison had 1408 in school and 408 dropped out at baseline	Found treatment groups had increased school enrolment & attendance, decline in early marriage, teen pregnancy and self reported sexual activity and sexually risky behaviour 1 year after programme. No data collected on whether CCT reduced levels of SV however so promising impact on associated risk factors only

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Bandiera, O. Buehren, N. Burgess, R. Goldstein, M. Gulesci, S. Rasul, I. Sulaimany, M. (2018) Women’s empowerment in action : evidence from a randomized control trial in Africa (English). Washington, D.C. : World Bank Group. <span style="background-color: green; color: white; padding: 2px;">EFFECTIVE</span>	RCT	Uganda	Education (in community)	BRAC Empowerment and Livelihoods for Adolescents (ELA) programme Economic & social empowerment programme for adolescent girls involving vocational & life skills training on sex, reproduction & marriage in girls only safe space. Delivered by community mentors	RCT Random assignment of girls to BRAC clubs or community, tracked 5966 interviewed for baseline pre- intervention, 4888 midline after 2 years and 3522 end-line at 4 years	5,966 girls aged 14 -20 years	Girls in treated communities are 4.9% more likely to engage in income generating activities, a 48% increase over baseline levels, teen pregnancy fell by one third, early marriage decreased, sex against will fell by one third from 17% reporting this in past year at baseline to 6.1% fewer at midline and 5.3% fewer at endline in treatment group. Cost of ELA programme per girl was \$17.9
Bustamante, G. Soledad Andrade, M. Mikesell, C. Cullen, C. Endara, P. Burneo, V. Yepez, P. Saavedra, A. Ponce, P. Grunauer, M. (2019) “I have the right to feel safe”: Evaluation of a school-based child sexual abuse prevention program in Ecuador, Child Abuse & Neglect, 91: 31-40 <span style="background-color: blue; color: white; padding: 2px;">PROMISING</span>	Cluster randomised control trial	Ecuador	Education	I have the right to feel safe at all times school based primary prevention programme consisting on 10 week curriculum using train the trainer model for delivery. Covers safe/unsafe touches, who to tell, self esteem, avoiding risk, good & bad secrets.	5 schools, 3 intervention and 2 in wait list comparison group. Children assessed at baseline, after programme and 6 months later using 35 item survey.	All 4932 children in the schools received the programme while on the study or after the evaluation had ended. 500 children in intervention and comparison schools were randomly assigned to complete the 3 outcome surveys	The children who received the programme had higher scores for self protection knowledge at programme end and this was retained at 6 months follow up
Citak Tunc, G., et al., (2018) Preventing Child Sexual Abuse: Body Safety Training for Young Children in Turkey. Journal of Child Sexual Abuse, 27(4): p. 347-364. <span style="background-color: blue; color: white; padding: 2px;">PROMISING</span>	Quasi experimental study with controlled conditions	Turkey	Education	Evaluation of Body Safety Training Program, aimed at ensuring children are informed about their body and acquire self-protection skills	5 private crèches and day care centres in a metropolis in the western region of Turkey, selected with simple random sampling. Three pre-schools comprised the control group and two experimental group The WIST was administered to both groups before and after the training. The original WIST was designed to assess pre-schoolers’ self-protection skills.	83 pre-school children (4-5 years mean age 57 months). 64% boys	Statistically significant differences found between intervention and comparison group for pre-test and post-test scores for appropriate recognition, inappropriate recognition, say, do, tell, and reporting skills, and personal safety questionnaire (PSQ); and for WIST saying, doing, telling and reporting, total skills, and PSQ.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Cluver, L. Boyes, M. Orkin, M., Pantelic, M. Molwena, T. Sherr, L. (2013) Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: a propensity-score-matched case-control study, <i>Lancet Global Health</i> , 1: e, 362-70	Prospective observational study using propensity score matching to provide case control comparison	South Africa	Social welfare	National child focused Cash Transfer Programme	Prospective study collected interview data from young people in households at baseline and at 1 year follow up. Collected data from those with and without cash transfer (CT) on past year incidence of transactional sex, age disparate sex, unprotected sex, multiple partners, sex while drunk or drugged. Used logistic regression and propensity score matching to assess effect of cash transfers on risky sexual behaviour	3515 boys and girls aged 10- 18 years at baseline, 3401 at follow up. 2560 in matched pair groups, 1926 girls, 1475 boys	Found reduced past year incidence of transactional sex for girls in receipt of CT. No reduction in other risky behaviours for girls found. No effects on risky sexual behaviour or transactional sex by boys Study supports findings from other CT research that other factors apart from poverty may influence risky sexual behaviour in adolescents. CTs may be promising alongside other interventions
Decker, M. Wood, S. Ndinda, E. Yenokyan, G. et al (2018) Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training, <i>BMC Public Health</i> , 18:1341.	Cluster RCT	Malawi	Education	IMPower programme, based on No Means No worldwide programme. 6 week curriculum delivered in schools to girls covers empowerment and self defense training to stop sexual violence and harassment	141 schools in Malawi randomised to intervention who had 6 weeks IMPower and refreshers and control who had life skills programme that included sex education and pregnancy prevention. Primary measure was prevalence of self reported sexual violence. Other measures were knowledge, confidence, behaviours and disclosures. Measured baseline and 10 months after programme end. Individual child matching was not possible due to confidentiality so analysis is based on class results.	5199 primary school (mean age 15) and 1455 secondary school children and young people (mean age 19). 4278 at follow up.	At baseline 16% primary school and 26% secondary school children had been forced into sex during childhood, 10% and 18% in past year. Past year sexual violence prevalence in the intervention arm dropped to 9.2% (Risk Ratio(RR)Intervention 0.59 [95% CI 0.49–0.72]), while control arm prevalence was steady at 14.5% (RRControl1.04[0.86–1.26]); interaction effect p-value <0.001. Significant changes in sexual violence prevalence and knowledge were observed for both primary and secondary students. Disclosure rates increased in intervention and control.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Devries, K. Knight, L. Allen, E. Parkes, J. Kyegombe, N. & Naker, D. (2017) Does the Good Schools Toolkit Reduce Physical, Sexual and Emotional Violence, and Injuries, in Girls and Boys equally? A Cluster-Randomised Controlled Trial, <i>Prevention Science</i> , 838-853	Randomised control trial	Uganda	Education	Good Schools Toolkit a whole school approach targeting school environment, staff & pupils aims to prevent and reduce physical, emotional and sexual violence by staff and peers	Two arm cluster RCT with parallel assignment of 42 schools in one district allocated to intervention (N=21) or wait list control (N=21). Baseline survey data collected 2012. Toolkit delivered by Raising Voices and peer educators over 18 months in between. Endline survey 2014. Self report measures of violence and injuries using ICAST for past week and past term at both time points	3820 students aged 11 to 14 years. 1766 boys, 2054 girls. 1899 in comparison and 1921 in intervention group.	Levels of violence in comparison and intervention at baseline were very high. 60% of children experienced some form of violence in the past week and 25 to 30% of boys & girls injured in past week by staff. The evaluation found significant reductions in overall violence in past week and past term for intervention group for boys and girls, with larger changes for boys observed. Reports of sexual violence were lower at baseline with 16 boys and 39 girls reporting SV in past week. Reports of SV by staff at baseline & follow up were too low to show any clear pattern. Reports of SV by peers at baseline & follow up were low but showed an increase in SV reported by girls although this was not statistically significant. This finding may be a result of girls' greater willingness to disclose after the intervention.
Gibbs, A. & Bishop, K. (2019) <i>Combined economic empowerment and gender transformative interventions : evidence review</i> , What Works to Prevent VAWG : DFID : London	4 RCTs	Afghanistan Nepal South Africa Tajikistan	Multi sector Education Social welfare Community Families	4 combined economic empowerment & gender-transformative interventions across very different contexts - <i>The Women for Women International (WfWI)</i> economic and social empowerment programme, Afghanistan; <i>Sammanit Jeevan (Living with Dignity)</i> Nepal; <i>Stepping Stones &amp; Creating Futures</i> South Africa; <i>Zindagii Shoista (Living with Dignity)</i> Tajikistan. All addressed SV and IPV, physical & sexual	Afghanistan & South Africa RCTs; Nepal & Tajikistan modified time series evaluations. Baseline, post intervention and follow up data collected from interviews and also qualitative research	Married & previously married girls and women above age 15 years, male partners over age 18 years, other immediate family members. Afghanistan – 80 families (236 women & men); Nepal – 100 families (200 women & 157 men); South Africa - 677 women and 674 men; Tajikistan – 80 families/236 individuals;	Positive impact from all programmes on economic strengths. Afghanistan – no decline in IPV of women although a sub group with moderate food insecurity at baseline showed 44% decline in IPV at end. Nepal had decline in IPV physical violence from 10% to 4% but increase in reported SV at endline. This may be because the programme broke the silence on SV. South Africa men's perpetration of IPV and non partner SV dropped from 27% to 22%. No declines in victimisation reported by women. Tajikistan significant reductions women's experiences of emotional, physical and sexual IPV retained at follow up 30 months after programme end. Men perpetrating IPV declined from 48% at baseline to 5% end of programme and 8% at 30 months

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Irmak, T. Kiziltepe, R. Aksel, S. Gungor, D. & Eslek, D. (2018) <i>Summary I'm Learning to Protect Myself with Mika: Efficacy of Sexual Abuse Prevention Program, Turkish Journal of Psychology</i> , June, 33(81), 58-61	RCT	Turkey	Education	<i>Mika</i> pre-school sexual abuse prevention education programme delivered in nursery over 5 days covering body, good & bad touches, body safety, secrets & blame	Random allocation of 175 children in 6 preschools to intervention group and comparison (no programme), 1 class comparison and 1 class intervention from each school. 17 item bespoke interview measures for children on knowledge and self protection skills, interviews with parents on demographics and 17 item measure of positive and negative impact of programme (fear, nightmares etc)	175 children aged 4 to 6 years, 53% female, 47% male and their parents	Analysis identified 3 groups of children on knowledge and skills at baseline 1. A self protecting group; 2. A group who knows that touching was wrong but keeps it secret; 3. a risk group. It was found that after the intervention, children were more likely to move from groups 2 and 3 to group 1 if exposed to <i>Mika</i> than children in the comparison group. No evidence of adverse impact was found from parent interviews.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Jin, Y., et al. (2017). Evaluation of a sexual abuse prevention education program for school-age children in China: A comparison of teachers and parents as instructors, <i>Health Education Research</i> 32(4): 364-373.	Quasi-experimental study with randomisation in one school	China	Education	Child Sexual Abuse Prevention Programme. The curriculum content = (i) the concept of private parts, (ii) body safety rules that private parts cannot be seen or touched except for hygiene and cleanliness needs, (iii) appropriate/inappropriate touch, (iv) strategies for saying 'no' in life situations (v) self-protection skills	School conveniently selected for necessary teaching staff & suitable classrooms for interactive learning. Random selection to teacher education (n=170); Parent education (n=159) and control (n=155). In teacher education group, curriculum was administered by trained teachers in 3 x 30-min sessions. In parent education group, same curriculum was compiled into a handbook, read by parents to their children. Measures pre and post-test: Knowledge of sexual abuse and sexual abuse prevention, skills of self-protection	Grades 1 to 5 students (n=484). 53.5% girls.	Children in the teacher education group demonstrated the highest level of CSA prevention knowledge and skills, followed by the parent education group, while children in the control group showed the least improvements. The knowledge and skills gains were retained at a 12-week follow-up.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Jewkes, R. Nduna, M. Levin, J. Jama, N. Dunkle, K. Wood, K. Koss, M. Puren, A. & Duvvury, N. (2007) <i>Evaluation of Stepping Stones : A Gender Transformative HIV Prevention Intervention</i> , Policy Brief, Medical Research Council, South Africa	Cluster RCT	South Africa	Health	<i>Stepping Stones</i> HIV prevention education programme aims to improve health through building strong, gender equitable relationships. Uses participatory learning to improve knowledge about sexual health, risks & communication skills	Random allocation of young people in villages (70 clusters with 20 male and 20 females in each) to either i. <i>Stepping Stones</i> ; ii. group receiving 3 hour session on safer sex and HIV; iii. Comparison group no intervention. Pre and post test interviews to measure change and follow up after 12 and then 24 months after programme end. Qualitative interviews with 21 young people (11 men and 10 women), 18 interviews & 4 focus groups 5-10 months after end of programme.	Young people aged 15 to 26 years	Comparatively fewer rates of HIV infection reported by women exposed to Stepping Stones were not statistically significant. No differences were found for HIV infection pre and post for men. The proportion of men involved in transactional sex was lower for the Stepping Stones group 12 months after programme end. Self reported acts of IPV (physical & sexual) were lower for men in Stepping Stones 12 months and 24 months after programme end.  Findings for women suggest that Stepping Stones may need to be combined with structural gender equitable interventions to be effective.
Jewkes, R. Wood, K. & Duvvury, N. (2010) 'I woke up after I joined Stepping Stones': meanings of an HIV behavioural intervention in rural South African young people's lives, <i>Health Education research</i> , 25:6, 1074-1084					Interviews for males and females analysed to explore differences in outcomes males and females		

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 1** - Primary Prevention Research Publications – LMICS (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Weatherley, R. Siti Hajar, A. Noralina, O. John, M. Preusser, N. & Yong, M. (2012) Evaluation of a School-Based Sexual Abuse Prevention Curriculum in Malaysia, <i>Child and Youth Services Review</i> , 34:1, 119–25	Quantitative evaluation, quasi experimental	Malaysia	Education	<i>Keeping Me Safe</i> 6 x 1 hour school based sexual abuse prevention programme designed to teach children about safe/unsafe touches, safety strategies and where to go for help	Quasi experimental study comparing outcomes for children in intervention group with those for children in non-randomly assigned matched comparison group. Assessed with 25 item questionnaire T1 and then after the programme, T2 with 2 months follow up assessment for intervention group. Sessions were observed, pupil interviews & parent and teacher focus groups conducted	261 children average age 9 years in intervention and 184 in comparison. Selected from 5 schools in Kuala Lumpur	Intervention group showed substantial gains in knowledge on two thirds of the questionnaire. A minority (25%) however failed to absorb the key prevention messages




**TABLE 2:** Prevention papers – High Income Contexts

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Bohm, B., Zollner, H. Fegert, J. M., and Liebhardt, H. (2014) Child sexual abuse in the context of the Roman Catholic Church: a review of literature from 1981-2013, <i>Journal of child sexual abuse</i> , 23(6), 635-656.	Systematic review	Belgium, Germany, Ireland, Netherlands, USA.	Voluntary (faith)	Research informed risk assessment and risk reduction Situational prevention targeting perpetration	10 publications included	Inquiry reports, legal assessments and research on child sexual abuse within the Catholic Church	Narrative review of evidence base of child sexual abuse in Catholic church to assess prevalence, individual and institutional risk factors. Extensive descriptive and qualitative information for five different countries was found showing that research on individual risks cannot be used to prevent potential abusers accessing children but situational prevention initiatives may work better.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED



**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
DeGue, S. Valle, L. Holt, M. Massetti, G. Matjasko, J. & Teten Tharp, A. (2019) A systematic review of primary prevention strategies for sexual violence perpetration, <i>Aggression &amp; Violent Behavior</i> , 19: 346-362 	Systematic review	n/a	National Education Community	Primary prevention strategies to reduce perpetration of sexual violence	Search from 1985 onwards. 140 outcome evaluations of sexual violence primary prevention programmes included in the review. Review included policy evaluations, interventions addressing norms, school environment, education & skills, campaigns, bystander programmes	Adults and children 37 included programmes in schools for children up to age 18 years	Only 3 programmes were effective: <i>Safe Dates</i> ; <i>Shifting Boundaries</i> ; funding programme associated with the US Violence Against Women Act 1994. Most effective programmes need multiple components to affect different settings but only 10% had these. Most target adults who have already offended. Key group should be younger people. Need combination of education or skills building, social norms campaigns, policy changes, community interventions & environmental changes.
Fellmeth G. Heffernan, C. Nurse, J. Habibula, S. & Sethi, D. (2013) <i>Educational and Skills-based Interventions for Preventing Relationship and Dating Violence in Adolescents and Young Adults (Review)</i> , The Cochrane Library, no. 6 	Systematic review & meta-analysis	USA apart from 1 study from Korea	Education Community	Preventing IPV in young people's relationships	38 studies in review of which 18=RCTs, 18=cluster RCTs, 2=quasi RCTs. 33 studies included in meta-analysis	15,903 young people aged 12-25 years	Quality of evidence was moderate. Found no evidence of impact of prevention programmes on further rates of violence or on attitudes, behaviours and skills related to IPV. There was a small increase in knowledge about IPV but heterogeneity among the studies prevented any conclusion. There is a need for longer term follow up studies with standardised measures of impact.
Fryda, C.M. and Hulme, P. (2015) School-based childhood sexual abuse prevention programs: An integrative review. <i>The Journal of School Nursing</i> , 31(3): p. 167-182. 	Systematic review	n/a	Education	School based child sexual abuse prevention	Integrative review for school nurses. 26 articles from 1984-2012 on 23 interventions studies.	Primary & secondary school children	Identification of seven categories of teaching learning content. Delivery methods included films, plays, discussion, and role play. Most authors used an untreated or placebo control group pretest/posttest design for evaluation. The majority of programmes found improvements on outcome measures. School nurses were under-represented in the planning, delivery, and evaluation of school-based CSA prevention programmes.

**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Horsfall, M. Bromfield, L. & McDonnell, M. (2010) <i>Are social marketing campaigns effective in preventing child abuse and neglect?</i> NCPC Issues, No. 32, October, Australian Institute of Family Studies: Canberra PINK	Systematic review	n/a	Media	Social marketing campaigns using media for primary prevention of child abuse and neglect	Systematic review of 21 research studies on social marketing campaigns and prevention of child abuse and neglect published 1995 -2009. 16 studies focused on primary prevention	General public, mostly adult focus	Only 12 of the studies had any evaluation of impact or outcome. 5 campaigns were on child sexual abuse and mostly aimed to get survivors to seek help. 1 aimed to get perpetrators to seek help (Stop It Now in US). Evidence on impact was very poor. Only 2 of the sexual abuse programmes had this evidence Stop It Now and Some Secrets You Have to Share (Netherlands)
Ospina, M. Hartsall, C. & Dennett, L. (2010) <i>Sexual Exploitation of Children and Youth Over the Internet: A rapid review of the scientific literature</i> , Institute of Health Economics, Alberta, Canada PINK	Rapid evidence review	n/a	Education Justice Health	Prevention, assessment and therapies	13 studies published 2003-2009 on risk and prevalence of online abuse included	Most studies focused on youth aged over 12 years	No studies found on the effectiveness of prevention, assessment or therapies. Many prevention programmes exist but are unevaluated
Pitts, C. (2015). <i>Child sexual abuse prevention programs for pre-schoolers: A synthesis of current evidence</i> . Sydney. BLUE	Systematic review	n/a	Education	CSA prevention programmes	23 publications included	Pre-school aged children (0-5 years)	Reviewed 23 articles on child sexual abuse prevention programs for pre-schoolers. Found they appear to be effective at increasing young children's ability to detect inappropriate touch requests, and increase their behavioural skills around what to do and say, who to tell and what to report. Prevention programs for pre-schoolers are well received by parents and pre-school teachers, and appear not to have adverse effects for pre-schoolers. There is very limited evidence for pre-schoolers on rates of disclosure & cost effectiveness.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
South, S, Shlonsky, A, & Mildon, R. (2015) <i>Scoping Review: Evaluations of out-of-home care practice elements that aim to prevent child sexual abuse</i> , Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney	Scoping review	n/a	Child protection	Practices to prevent CSA of children in out of home care (OOHC)	Searched for publications on evaluated practices to prevent CSA in OOHC	Found 16 evaluation studies. 7 were evaluations of training, support and/or treatment for children in OOHC with sexually harmful behaviours. 9 were retrospective case studies and surveys to identify practices that might contribute to preventing CSA in OOHC	The studies had low rigour. No studies were found that specifically evaluated particular practices. No studies were found on practices to prevent adults and caregivers from sexually abusing children in OOHC. The authors conclude that any new policies or practices to prevent CSA in OOHC must be carefully introduced and evaluated
South, S, Shlonsky, A, & Mildon, R. (2014) <i>Scoping Review: Evaluations of pre-employment screening practices for child-related work that aim to prevent child sexual abuse</i> , Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney	Scoping review	Australia New Zealand Ireland UK USA	Multi sector	Pre-employment checks to prevent CSA	Search found 25 publications that evaluated pre-employment checks	Most of the publications were found in g literature. 19 were retrospective case studies or surveys 4 were qualitative analyses, 2 were evaluations of screening tools to identify applicants likely to abuse	No rigorous evaluations were found. The screening tools were ineffective and not ethically feasible for practice. However the possible deterrent impact of pre employment checks cannot be discounted even if unproven. The research suggests that when combined with other policies & practices to promote a positive organisational culture they may contribute to preventing CSA
Stanley N, Ellis J, Farrelly N, Hollinghurst S, and Downe S. (2015) Preventing domestic abuse for children and young people: A review of school-based interventions, <i>Children and Youth Services Review</i> , 59, pp. 120-131	Systematic review	n/a	Education	IPV prevention programmes for young people	Publications 1990-2014 in search included 34 papers on 22 prevention programmes, included expert and young people's consultations	Young people aged 11 to 17 years	Few studies gave any evidence of decline in levels of IPV apart from one study by Wolfe et al 2009 (Fourth R) which found decline in boys perpetration of IPV 2.5 years later. Impact mostly on increased knowledge but effect sizes for changes tended to be small and knowledge declines with time. Context of delivery is important. Experts noted the benefit of national mandates for prevention education and at the micro level of the school a whole school approach.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Walsh, K., Zwi, K., Woolfenden, S., and Shlonsky, A. (2015). <i>School-based education programmes for the prevention of child sexual abuse</i> . The Cochrane database of systematic reviews, 4, CD004380.	Systematic review & meta-analysis	n/a	Education	School based prevention programmes	Update on systematic review of 15 trials published up to 2006. 10 additional trials found 2006-14. Total 24 trails included.	5,802 participants from 24 trials. 2 trials in meta-analysis, 102 participants evaluating protective behaviours. 18 trials in meta-analysis evaluating questionnaire based knowledge of abuse, 4657 participants, 11 trials evaluating vignette based knowledge, 1,688 participants. 4 trials in meta-analysis analysing retention of knowledge over time, 956 participants. 3 studies in meta-analysis evaluating adverse effects, 795 participants. 3 studies in meta-analysis of disclosure, 1,788 participants.	Found moderate quality evidence that school-based programmes for the prevention of child sexual abuse are effective in increasing primary (elementary) school-aged children’s protective behaviours and knowledge immediately post-intervention. Knowledge scores did not deteriorate for intervention participants one to six months after programme participation, signalling that booster sessions or other maintenance strategies for reinforcement of key messages remain appropriate follow-up strategies. Retention of knowledge should be measured beyond six months.
Zwi, K. J., Woolfenden, S. R., Wheeler, D. M., O’Brien, T. A., Tait, P., and Williams, K. W. (2007) School-based education programmes for the prevention of child sexual abuse, <i>Cochrane Database of Systematic Reviews</i> , (3) (CD004380).	Systematic review & meta-analysis	n/a	Education	Primary prevention education	Systematic review of publications up to 2006, 15 trials.	Primary and secondary school children	Found improvements in knowledge and protective behaviours among children who had received school-based programmes, but notes these results should be interpreted with caution - it is not known whether these interventions will result in future prevention of sexual abuse



**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Experimental &amp; Quasi-Experimental Evaluation studies</b>							
Baker, C. K., Gleason, K., Naai, R., Mitchell, J., and Trecker, C. (2013) Increasing knowledge of sexual abuse: A study with elementary school children in Hawai'i, <i>Research on Social Work Practice</i> , 23(2), 167-178. <span style="background-color: #0070C0; color: white; padding: 2px;">EFFECTIVE</span>	Quantitative evaluation	USA	Education	School based prevention curriculum ( <i>My Body, My Boundaries, MBMB</i> ) delivered for grades 3 to 5.	Quasi-experimental study of MBMB in 3 Hawai'i schools. Non randomised selection of 2 schools in intervention and 1 demographically matched control group school. Measured knowledge using Children's Knowledge of Abuse Questionnaire CKAQR III, before and after program delivered	80 Asian Pacific children participated in three schools, 53 in the intervention group and 27 in the comparison group. Children aged 7-10 years, with majority aged 8	Children in intervention schools significantly increased their knowledge of appropriate and inappropriate touch and what to do if they experience sexual abuse.
Beier, K. Grundmann, D. Kuhle, L. Scherner, G. Konrad, A. & Amelung, T. (2015) The German Dunkelfeld Project: A Pilot Study to Prevent Child Sexual Abuse and the Use of Child Abusive Images <i>Journal of Sexual Medicine</i> , 12:2, 529-542 <span style="background-color: #C00000; color: white; padding: 2px;">INEFFECTIVE/HARMFUL</span>	Non random pilot evaluation	Germany	Health Justice	One year group treatment programme for secondary prevention with undetected child sexual abuse (CSA) and child abusive imagery (CPO) offenders. Uses combination of group CBT, pharmacological, psychological & sexological interventions to enhance behavioural control and reduce dynamic risk factors	Pilot study of changes for treatment group (53) and wait list control group (22) assessed pre and post-treatment	Undetected helpseeking paedophiles and hebophiles with past CSA and CPO behaviours	There were no pre post changes in the comparison group. The treatment group had reduced emotional deficits and offense supportive cognitions and increased sexual self regulation post treatment. Impact was uneven across offender groups. 5 out of 25 CSA offenders (20%) and 29 out of 32 CPO offenders (91%) in the treatment group committed offenses while undergoing treatment, none came to the attention of authorities. This raises ethical issues about confidentiality for undetected offenders & concerns that while on the group programme men may learn to adopt CPO behaviors



**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Brenick, A., et al. (2014) Empowering children with safety-skills: An evaluation of the Kidpower Everyday Safety-Skills Program, <i>Children and Youth Services Review</i> 44: 152-162. 	Cohort with matched control	USA	Education	Evaluation of <i>Kidpower Everyday Safety Skills Program</i> (ESSP). A 10 week in-school workshop programme with weekly follow-up sessions, and homework assignments, designed to increase children’s knowledge of safe choices. Covers skills-training & practice, parental involvement.	Five schools selected from different communities representative of cultural and economic make-up of area. Random selection of pupils to intervention and control. Children in intervention group participated in 2-hr <i>Kidpower</i> workshop + ten 15-minute follow up <i>Kidpower</i> skills booster practice lessons and homework over 3 months. Post-test surveys both groups 3 months after pre-test. Measures included: Safety Skills Assessment; Safety skills knowledge; Basic stranger knowledge	238 third grade children (8-9 years). Equal gender split.	Students who participated had increases in safety knowledge (maintained over 3 months) greater than the comparison group. The program was implemented with high fidelity and both teachers and students found the program successful. Children’s understanding of the competency areas boundary-setting, stranger safety, help-seeking, and maintaining calmness and confidence improved.
Cissner, A. & Hassoun Ayoub, L. (2014) <i>Building Healthy Teen Relationships: An Evaluation of the Fourth R Curriculum with Middle School Students in the Bronx</i> , US Department of Justice, New York 	RCT	USA	Education	<i>Fourth R</i> IPV prevention program delivered to a younger and diverse population of pupils from 10 Bronx schools	Random assignment of class groups to intervention ( <i>Fourth R</i> ) and comparison (standard curriculum). Survey questionnaire at pre test, post test and end of school year	570 students aged 11 to 14 years pre-test, 517 post test	57% were already dating but only 8% were sexually active at baseline. 21% reported sexual harassment or assault at baseline. Found little impact of <i>Fourth R</i> on target behaviours, did not reduce dating violence although those exposed to the programme were more likely to delay sexual activity. Dosage and delivery influence impact.

**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Czerwinski, F. Finne, E. Alfes, J. Kolip, P. (2018) Effectiveness of a school-based intervention to prevent child sexual abuse—Evaluation of the German IGEL program, <i>Child Abuse &amp; Neglect</i> , 86: 109-122 	Quasi-experimental	Germany	Education	IGEL (hedgehog) programme, school based child sexual abuse prevention. Has 7 school sessions led by teachers focusing on definition of sexual abuse, the body, body contact, secrets, and defense strategies.	8 intervention & 4 control schools were surveyed pretest, posttest & 3 months later. Outcomes assessed = knowledge (CKAQR111), courses of action, self-protective skills of the children plus harmful side effects of increased anxiety and generalized touch aversion.	291 children aged 8-9 years and 304 of their parents. 80 comparison group, 151 IGEL, 60 IGEL plus theatre group	Increased CSA-related knowledge and courses of action found in children from the intervention group compared to the control children. These effects were medium-sized and sustained three months after the last session. No negative side effects were detected in the evaluation for children or parents
Daigneault, I., Hebert, M., and Tourigny, M. (2007) Personal and Interpersonal Characteristics Related to Resilient Developmental Pathways of Sexually Abused Adolescents, <i>Child and Adolescent Psychiatric Clinics of North America</i> , 16(2), 415-434. 	Quantitative evaluation	Canada	Education	ESPACE abuse prevention workshop for physical, psychological & sexual abuse and bullying with testing of 3 types of booster sessions 2 years later. Delivered in schools for children grades 1 -4	Random assignment to intervention (ESPACE & follow ups) and comparison groups (wait list). Aimed to test if booster sessions can increase knowledge and skill retention at follow ups and also to test knowledge and skill retention over period of 2 years. Standardised questionnaires (CKAQ-R and WIST) administered to children pre and post-test at initial sessions and 2 year booster	160 participants (70 experimental, 90 control) aged 5-11, low socio-economic areas	Found no differences in knowledge and skills between experimental and comparison groups from pre to post-test. Participants had initially very low knowledge of abuse scores. Cultural diversity of sample may have had an impact. As there was no difference in pre and post test scores the follow up impact of booster sessions could not be tested.  Controlling for T1 scores, the brief booster session had greater impact on knowledge than the longer and the no booster at 2 years.

**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Dake J. Price J. & Murnan J. (2003) Evaluation of a child abuse prevention curriculum for third-grade students: assessment of knowledge and efficacy expectations. <i>Journal of School Health</i> ;73(2):76-82.	Matched control trial, 8 schools matched on urban/rural and then randomly assigned to intervention or (wait list) control	USA	Education	CSA, physical & emotional abuse school based prevention programme. 2 x 1 hour sessions using video vignettes & class discussion. Aims to increase children's knowledge about abuse and how to identify people who can help	26 item questionnaire, 16 questions on knowledge of abuse 5 efficacy questions asking who children were confident to tell; 1 question on who the child can tell	341 school pupils aged 8 to 10 years, 166 in intervention group, 175 control group, 54% male	Analysis using t-tests and ANOVAs to explore differences in scores T1 and T2 and between intervention and control groups according to the gender and other demographics. Found statistically significant differences in mean scores for intervention group pre and post intervention on the knowledge subscale from mean score of 9.6 to 12.3 (gain of 28%) compared with 10.3 to 10.2 (decline of 1%) for control. No significant changes found in efficacy scores pre and post test.
Foshee, V. Bauman, K. Arriaga, X. Helms, R. et al., (1998) An Evaluation of Safe Dates, an Adolescent Dating Violence Prevention Program, <i>American Journal of Public Health</i> , 88: 1, 45–50	RCT	USA	Education	<i>Safe Dates</i> primary and secondary prevention of IPV in adolescent relationships. School activities = theatre production by peers; 10 session programme; poster contest. Community activities= service provision for adolescents experiencing IPV (helpline, support group) training community services. Aims to change norms associated with IPV, decrease gender stereotypes, improve conflict management	Random assignment of 14 schools in North Carolina to treatment (school & community activities) or comparison (community activities only). Measures of victimisation, perpetration & norms at baseline and 1 month after programme. Analysis at school level N=14	1700 pupils aged 11-17 years (mean 13.8) 51% female. 70% were dating	862 never victim nor perpetrator of IPV (primary prevention group), 438 victims IPV, 247 perpetrators (many were both) secondary prevention group. Exposure to <i>Safe Dates</i> had no impact on victimisation. For the perpetrator group, there were fewer acts of psychological, physical and sexual abuse reported at follow up in the treatment group. For the primary prevention group, there were fewer acts of psychological abuse reported by the treatment group. The authors conclude the findings are promising although young people exposed to the programme may have given more socially desirable answers at follow up.
Foshee, V. Bauman, K. Greene, W. Koch, G. Fletcher Linder, G. & MacDougall, J. (2000) The <i>Safe Dates</i> Program: 1 Year Follow Up Results, <i>American Journal of Public Health</i> , 90:1619-1622	RCT	USA	Education	Safe Dates	Follow up on impact one year after programme end	1603 pupils in original trial followed up. 816 in primary prevention group (no victims or perpetrators of IPV at baseline, 398 victim group & 225 perpetrator group (many were both)	Programme effects on behaviour decayed at 1 year follow up so there were no significant differences in reports of perpetrating partner abuse (nor victimisation) between treatment and comparison groups. The impact on mediating norms and conflict management skills was maintained.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED



**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Foshee V, Bauman K, Ennett S, Fletcher-Linder, G. Benefield, T. & Suhindran, C. (2004) Assessing the long-term effects of the safe dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration, <i>AmJ Public Health</i> 94:619–24.	RCT	USA	Education	Safe Dates	Follow up 4 years after programme completion on programme impact, booster effects and moderators of programme effects. Booster was a newsletter mailed to a sub group of those in treatment group with a follow up phone call from a health educator	460 young people from 10 schools from original study, 124 received <i>Safe Dates</i> only, 135 <i>Safe Dates</i> + booster, 201 comparison (no treatment) group.	Those exposed to <i>Safe Dates</i> reported significantly less (56% to 92%) physical, serious physical and sexual partner violence perpetration and victimisation at 4 year follow up than those in the comparison group. The booster did not improve the effectiveness of <i>Safe Dates</i>
Holloway, J. & Pulido, M. (2018) Sexual Abuse Prevention Concept Knowledge: Low Income Children Are Learning but Still Lagging, <i>Journal of Child Sexual Abuse</i> , 27:6, 642-662,	RCT	USA	Education	<i>Safe Touches</i> , 50 minute workshop with puppets to role play and help children practice safety skills. Covers safe/unsafe touches, body parts, blame & who to tell.	Cluster RCT with testing at baseline, after intervention and follow up 4 weeks later with follow up discussions teachers on disclosures. Used CKAQ to assess not changes over different areas of the scale.	411 children aged 7 to 10 years from low income families in schools randomly assigned to intervention or comparison schools	Overall increase in knowledge found for children exposed to <i>Safe Touches</i> from baseline to follow up. Significant gains were made on the what to do categories of CKAQ but baseline knowledge was high. Less gain for unsafe touches from a familiar person. No disclosures made by 492 children in evaluation.
Jouriles, E. McDonald, R. Rosenfeld, D. & Sargent, K. (2019) Increasing bystander behaviour to prevent adolescent relationship violence: a randomised controlled trial, <i>Journal of Counselling &amp; Clinical Psychology</i> , 87:1, 3-15	RCT	USA	Education	<i>TakeCARE</i> bystander video delivered at school aims to prevent relationship and sexual violence among high school students. <i>TakeCARE</i> specially adapted to behaviours relevant for this younger group of students.	Random assignment of 165 students to intervention (N=85) who viewed <i>TakeCARE</i> and comparison group (N=80) who watched a general DVD. Measures of bystander behaviour and self efficacy at baseline (N=165), after watching programme (N=161) and 6 months follow up (N=160). At time 2 measures of bystander behaviour observed via student interaction in virtual reality environment with an avatar presenting scenarios where bystander action was possible.	165 high school students from low income public schools in southern USA. 51% female. Aged 14 to 19 years. 47.3% Hispanic, 41% black, 22.6% white, 19% other, 3.2% mixed race	More bystander behaviour was observed for the intervention group than for the comparison. Difference was statistically significant. Self efficacy partially mediated this effect.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Kenny, M. C., Wurtele, S. K., and Alonso, L. (2012). Evaluation of a Personal Safety Program with Latino Preschoolers, <i>Journal of Child Sexual Abuse</i> , 21(4), 368-385.	Quantitative evaluation	USA	Education	<i>Kids Learning About Safety (KLAS)</i> 10 hour pre-school CSA prevention programme for Latino families	Quasi experimental, non random allocation to intervention and comparison. Pre and post questionnaires administered to children to measure their knowledge and skills including Personal Safety Questionnaire, WIST, Good and Bad Touch questionnaire and questionnaires on body parts and safety.	78 intervention children, 45 control group. Preschool children aged 3, 4 and 5 years in Miami. Majority Latino families (84%)	Children in intervention groups had greater gains in knowledge and skills than those in comparison and gains in knowledge were maintained at three-month follow-up testing for all content areas except genital terminology. Recruiting and maintaining participants was difficult
Krahé, B., and Knappert, L. (2009) A group-randomized evaluation of a theatre-based sexual abuse prevention programme for primary school children in Germany <i>Journal of Community &amp; Applied Social Psychology</i> , 19(4), 321-329.	Quantitative evaluation	Germany	Education	Theatre prevention programme ( <i>No Child's play, (Kein Kinderspiel)</i> ) delivered to Grade 1 and 2 students either live or by watching a DVD.	Experimental study Randomised trial children allocated to live theatre group, DVD group or comparison with no programme. Pre and post tests at two weeks and 30 weeks	148 children in grades 1 and 2, mean age 7.7, 78 girls, 70 boys.	Both live performance and DVD groups showed positive increase in knowledge and skills pre to post test compared with no treatment group. Follow up at 30 weeks showed impact retained.
MacIntyre, D., & Carr, A. (1999). Evaluation of the effectiveness of the stay safe primary prevention programme for child sexual abuse. <i>Child Abuse &amp; Neglect</i> , 23, 1307-1325.	Quasi experimental comparison and intervention group pre- and post-test study	Ireland	Education	Child sexual abuse & bullying prevention programme <i>Stay Safe</i>	5 schools in Dublin, 3 in intervention group and 2 in comparison group. Measure of knowledge gain = CSKQ. Pre and post test and 3 month follow up for children. Gains in self esteem measured. Parents and teachers assessed before and after and at 5 month follow up for teachers	772 children aged 7-10 years, 339 in intervention group, 388 comparison (wait list) group, 374 parents and 28 teachers	Significant changes found in children's knowledge at follow up in intervention group. Greatest gains were made by children aged 7 years. Children from higher socio-economic groups benefited more from the programme than less privileged children. Parents and teachers made significant gains in knowledge and attitudes on protection and this was maintained at follow up.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
MacIntyre, D., & Carr, A. (1999) Helping children to the other side of silence: A study of the impact of the stay safe programme on Irish children's disclosures of sexual victimization. <i>Child Abuse &amp; Neglect</i> , 23, 1327–1340.	Case file analysis of sexual assault assessments	Ireland	Education	Stay Safe Programme	Aimed to evaluate the effectiveness of the <i>Stay Safe Programme</i> in facilitating the disclosure of sexual abuse among sexually victimized children and adolescents. Dublin Case file analysis to investigate disclosures for children exposed to Stay Safe and those not exposed.	145 children who had participated in the <i>Stay Safe Programme</i> prior to their referral to a sexual abuse assessment unit were compared with a cohort of 443 children who had not participated in the prevention program	More <i>Stay Safe</i> participants, particularly female adolescents, made disclosures of suspected sexual abuse than non-participants. A higher rate of initial disclosure to teachers was made by <i>Stay Safe</i> participants and more teachers in schools participating in the <i>Stay Safe Programme</i> initiated referrals for evaluation of suspected child sexual abuse. Following assessment a higher rate of confirmed abuse occurred among <i>Stay Safe</i> participants and for these confirmed cases more <i>Stay Safe</i> participants made purposeful disclosures and in significantly more cases referral was due to the child telling someone about the abuse. These differences in disclosure between program participants and non-participants were unrelated to demographic factors or characteristics of the abuse.
Miller, E. Tancredi, D. McCauley, H. Decker, M. Virata, M. Anderson, H. Stetkevich, N. Browne, E. Moideen, F. & Silverman, J. (2012) Coaching Boys into Men: A Cluster-Randomized Controlled Trial of a Dating Violence Prevention Program, <i>Journal of Adolescent Health</i> 51, 431–438	RCT	USA	Sport Education	<i>Coaching boys into men</i> (CBIM) 60 minute training for sports coaches in high schools to deliver 11 x 10-15 minute sessions on IPV prevention for male athletes	RCT intervention received CBIM and comparison coaching as usual. Pre, post test with follow up 3 months later. Measures of intention to intervene, recognition of IPV behaviours, gender equitable attitudes, bystander behaviour & abuse perpetration	847 male athletes in CBIM group, 951 in comparison group from 16 schools. 8% had abused partner in past 3 months at baseline.	Found positive changes in CBIM group in intentions to intervene & bystander interventions. No impact on gender attitudes nor perpetration. Intensity of programme had greater impact.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Moreno-Manso, J. et al. (2014) Application of a child abuse prevention programme in an educational context, <i>Anales de Psicología</i> 30(3): 1014-1024.	Cohort study with matched control	Spain	Education	General child abuse prevention & children’s rights programme including CSA and CSE prevention. Delivered in schools over 12 sessions. Aim = increase knowledge of abuse, identify situations of abuse & learn strategies to face them. Stories used to deliver primary prevention messages.	Teachers selected pupils to take part in trial following gaining of parental consent. Random selection to prevention programme and control.	317 students aged 9-10 years	Pupils in the experimental group resolved the CSA situations with increasing skill, confidence and determination; could see more clearly where to look for help. The tutors evaluated the programme positively, considering the contents useful for prevention.
Müller, A.R., Röder, M. and Fingerle, M. (2014) Child sexual abuse prevention goes online: Introducing “Cool and Safe” and its effects. <i>Computers and Education</i> , 78: p. 60-65.	Quasi-experimental study with matched control	Germany	Education	<i>Cool and Safe</i> , a web-based prevention programme for elementary school children. Aims to prevent CSA by teaching knowledge about safe behaviours, appropriate & inappropriate touches; good & bad secrets. 4 weekly in class sessions over internet with headphones.	5 schools, random assignment to treatment group (n=137) or control (n=149). Measures (pre and post-test): CKAQ; Behavioural intentions; Domain Specific Anxiety Questionnaire; Emotion Awareness Questionnaire	286 children (mean age 9 years) – boys (n=141; girls n =145)	Found the online training improved knowledge and safer behavioural strategies. Found a decrease in the hiding of emotions for intervention group children compared to control group. No increase in anxiety could be detected. Positive results found for programme acceptance
Niolon, P. Vivolo-Kantor, A. Tracy, A. Latzman, N. et al (2019) An RCT of Dating Matters: Effects on Teen Dating Violence and Relationship Behaviors, <i>American Journal of Preventive Medicine</i> , 57:1, 13-23.	Multi cluster RCT with longitudinal design	USA	Education	<i>Dating Matters</i> multi component, multi year dating violence prevention programme includes age relevant programmes for children in school grades 6, 7 & 8, parents, teachers and school staff	46 schools randomly assigned to intervention receiving <i>Dating Matters</i> for grades 6, 7 & 8 for 4 consecutive years (23 schools) and control/standard care receiving <i>Safe Dates</i> in grade 8 delivered each year for four years (23 schools). Primary outcome measure self reported physical and sexual violence	School children aged 11 to 14	Dating violence prevalence rates for victimization and perpetration were lower following programme exposure to <i>Dating Matters</i> compared with exposure to <i>Safe Dates</i> alone. Multi component multi year programme was more effective.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Pulido, M. L., Dauber, S., Tully, B. A., Hamilton, P., Smith, M. J., and Freeman, K. (2015). Knowledge gains following a child sexual abuse prevention program among urban students: A cluster-randomized evaluation, <i>American Journal of Public Health</i> , 105(7), 1344-1350. <span style="background-color: #0070C0; color: white; padding: 2px;">EFFECTIVE</span>	Quantitative evaluation	USA	Education	Safe Touches Prevention Programme	Cluster randomized evaluation, using CKAQ measure	Total sample 492, children in grade 2 or 3 (at least 7 years old, mean age 8.34) in 6 schools in New York. Analysis sample 437: Intervention group N=195, control group N=242. Multi-racial, low economic group schools	Increase in knowledge of inappropriate touch in intervention group compared to no change in control group. Greater impact on second grade children
Rheingold, A. A., Campbell, C., Self-Brown, S., De Arellano, M., Resnick, H., and Kilpatrick, D. (2007) Prevention of Child Sexual Abuse: Evaluation of a Community Media Campaign, <i>Child Maltreatment</i> , 12(4), 352-363. <span style="background-color: #C00000; color: white; padding: 2px;">INEFFECTIVE/HARMFUL</span>	Quantitative evaluation	USA	Voluntary	Community campaign materials (video or pamphlet) on child sexual abuse	Quasi experimental study, interviews questionnaires with range of measures re: knowledge of sexual abuse and vignettes to gauge response	200 adults in 8 sites, 18-71 years, mean 32. 57 % female, 52%white, 34% single, 25% experienced sexual victimization.	A positive impact on primary prevention response behaviours assessed using hypothetical vignettes was found at t2 but knowledge and behavioural gains were not sustained at one month follow up, suggesting that media campaigns alone may not significantly affect primary prevention of child sexual abuse
Rheingold, A. A., Zajac, K., Chapman, J. E., Patton, M., de Arellano, M., Saunders, B., and Kilpatrick, D. (2015) Child sexual abuse prevention training for childcare professionals: an independent multi-site randomized controlled trial of Stewards of Children, <i>Prevention Science: The Official Journal of the Society for Prevention Research</i> , 16(3), 374-385. <span style="background-color: #0070C0; color: white; padding: 2px;">EFFECTIVE</span>	Quantitative evaluation	USA	Voluntary	Stewards of Children child sexual abuse community prevention programme ( <i>Darkness to Light</i> ) for child care professionals	Multisite randomised controlled trial evaluation of programme pre and post-intervention assessments	352 child care professionals from youth serving organisations. 306 assessments, 267 completed 3-month follow-up. Mean age 38.9, 85% female.	Stewards impacted knowledge, attitudes, and preventive behaviours. No differences were found between training modalities (i.e., in-person versus web-based) on knowledge and preventive behaviours.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013) Shifting boundaries: An experimental evaluation of a dating violence prevention program in middle schools. <i>Prevention Science</i> , 14, 64–76. <span style="background-color: #0070C0; color: white; padding: 2px;">EFFECTIVE</span>	RCT	USA	Education	<i>Shifting boundaries</i> 6 session IPV and peer SV prevention programme on laws and consequences IPV & sexual harassment, gender roles & healthy relationships. Building based element includes use of restraining orders, higher security in SV building hotspots & posters to increase awareness & reporting.	117 classes from 6 <sup>th</sup> & 7 <sup>th</sup> grade from 30 schools in New York stratified random allocation to ; 1. Classroom IPV & SV curriculum only; 2. Building element only; 3. Combined 1&2 programme; 4. Comparison. Impact measured by survey pre test, post test and 6 months later assessed knowledge, skills, victimisation & perpetration	2,655 students, aged 10 to 15 years, 53% female. 48% had previous dating relationship of at least 1 week duration. 20% had previously experienced sexual victimization from a partner, 66% had experienced peer sexual victimization.	Both the building only and combined interventions were effective in reducing sexual victimisation by peers and partners at 6 month follow up. Building only showed reduced sexual victimisation perpetration by peers. Building alone was successful and lower cost. Anomalous finding was that rates of sexual harassment in intervention group increased
Taylor, B. Mumford, E & Stein, N. (2015) Effectiveness of Shifting Boundaries Teen Dating Violence Prevention Program for Subgroups of Middle School Students, <i>Journal of Adolescent Health</i> 56, S20eS26 <span style="background-color: #0070C0; color: white; padding: 2px;">EFFECTIVE</span>	RCT	USA	Education	Shifting Boundaries	Further sub group analysis of above study to explore if impact differed for girls and boys and between those with previous partner victimisation or perpetration experiences and those without.	As above	No differences were found between boys and girls nor prior IPV subgroup experiences. <i>Shifting Boundaries</i> may be effective for primary and secondary prevention.
Taylor, B. Mumford, E Liu, W. & Stein, N. (2017) The effects of different saturation levels of the Shifting Boundaries intervention on preventing adolescent relationship abuse and sexual harassment, <i>Journal of Experimental Criminology</i> , 13: 79-100 <span style="background-color: #0070C0; color: white; padding: 2px;">EFFECTIVE</span>	RCT	USA	Education	Shifting Boundaries	Further study to test if different saturation levels of the programme in schools had any impact. Assessed at baseline and 6 months later programme delivered to 23 schools randomly assigned to 1 of 3 groups: Group 1 programme delivered to year 6 only (11 schools); Group 2 delivered to years 6 & 7; Group 3 delivered to all three years, 6, 7 & 8.	1764 children from 23 schools	Treating grade 6 only worked just as well for preventing peer and relationship abuse as treating additional grades. Additional saturation however led to reduced sexual harassment at 6 months follow up.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Qualitative research</b>							
Tutty, L. M. (1997) Child sexual abuse prevention programs: evaluating Who Do You Tell, <i>Child Abuse &amp; Neglect</i> , 21(9), 869-881	Qualitative evaluation	Canada	Education	Prevention programme on child sexual abuse ( <i>Who Do You Tell</i> ) for primary school children	Focus groups with participants after participating in the programme.	116 primary school pupils from across all grades from kindergarten to Grade 6	Children remembered the <i>Who Do You Tell</i> programme and the core sexual abuse prevention concepts, even though the programme had been implemented two to three months previously. Some participants were surprised by concept of inappropriate touch. Older children expressed desire for single gender groups due to embarrassment
Tutty, L. (2014) Listen to the Children: Kids' Impressions of Who Do You Tell, <i>Journal of Child Sexual Abuse</i> , 23(1): p. 17-37.	Qualitative	Canada	Education	<i>Who Do You Tell?</i> CSA prevention programme for primary school children	Focus groups with participants after participating in the programme.	116 primary school pupils from across all grades from kindergarten to Grade 6	Children remembered the Who Do You Tell programme and the core sexual abuse prevention concepts, even though the programme had been implemented two to three months previously. Some participants were surprised by the concept of inappropriate touch. Older children wanted single gender groups due to embarrassment.
Wood, M. and Archbold, M. (2015) Bad touches, getting away, and never keeping secrets: Assessing student knowledge retention of the 'red flag green flag people' program. <i>Journal of Interpersonal Violence</i> , 30(17): p. 2999-3021. <i>This study lacks a comparison group, but is it useful as following up on knowledge retention 2 years later</i>	Pre and post test study, no comparison group	USA	Education	<i>Red Flag Green Flag People program</i> (RFGFP). Aims to increase knowledge about personal safety & sexual abuse prevention. Teaches children about good and bad touches; encourages them to follow a three-step process if they find themselves in a "red flag" situation: Say no to the perpetrator, leave the situation, and then report the incident to a trusted adult.	A brief, 11-question survey used to assess knowledge retention.	366 elementary school students 116 (31.7%) second graders, 130 (35.5%) third graders, and 120 (32.8%) fourth graders 91% white 53.3% female	Found students retained information taught in the Red Flag Green Flag People program for up to 2 years after the program was administered.  More female students (61%) were able to identify a red flag touch as a sexual touch (as opposed to a physical touch) compared with 48% of the male students. Less than half (43.9%) of the male students were able to recall one or more of the three preventative steps taught by the RFGFP program compared with 56.1% of the female students.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Other evaluations</b>							
Finkelhor D, Asdigian, N. & Dziuba-Leatherman, J. (1995) The Effectiveness of Victimization Prevention Instruction: An evaluation of children’s responses to actual threats and assaults, <i>Child Abuse &amp; Neglect</i> , 19:2, pp. 141–53. [Red box]	Quantitative evaluation	USA	Education	School based violence prevention including sexual abuse	Telephone interviews with children and caregivers to compare outcomes for children who had received a prevention programme in school (67%, 37% in past year) with those who had not received a programme. Assessed knowledge, disclosure & use of self protective behaviours	2000 children and caregivers selected via random probability sampling. 1042 boys, 958 girls. Aged 10 to 16 years	Children who received comprehensive prevention education performed better on knowledge about sexual victimisation, were more likely to use recommended self protection strategies, more likely to feel successful in self protection. They were not able to limit the seriousness of the assault and for sexual assaults injuries were worse. Comprehensive parental education did help limit seriousness of assaults.
Finkelhor, D., Vanderminden, J., Turner, H., Shattuck, A., & Hamby, S. (2014) Youth exposure to violence prevention programs in a national sample. <i>Child Abuse &amp; Neglect</i> , 38, 677–686. [Red box]	Cross sectional survey	USA	Education	School based violence prevention programmes	Analysis of data for school aged children in NATSCEV survey of child victimisation to assess associations between past year victimisation and exposure to school based prevention programmes.	3,391 children aged 5 to 17 years (parent proxy reports for children aged 5 to 10 years)	65% had ever received a programme, 55% in the past year. Most common were on bullying. 21% 5-17 year olds had ever received a programme covering sexual assault, 17% in the past year. Younger children aged 5 to 9 years were least likely to have CSA prevention content, only 9% had this compared with 25% 10-14 year olds, 34% 11 -17 year olds. 5 to 9 year old children exposed to high quality programmes had lower levels of peer victimisation and perpetration. There were no associations found between CSA experiences & prevention programmes and no changes in disclosures.
Gibson, L. & Leitenberg, H.(2000) Child Sexual Abuse Prevention Programs: Do they decrease the occurrence of child sexual abuse?, <i>Child Abuse &amp; Neglect</i> , 24:9,1115–25. [Pink box]	Retrospective survey	USA	Education	School based child sexual abuse prevention, good touch-bad touch education	Survey of adult university students asked retrospectively whether they had a prevention programme at school in childhood and experiences of subsequent CSA.	Convenience sample of 825 female undergraduates aged 16 to 28 years (Mean age = 18.3).	62% had received CSA prevention programme in school. 8% (N=42) who received a programme were subsequently sexually abused before age 16 compared with 14%(N=51) of non-exposed being sexually abused as children. There were no differences in the childhood disclosure rates for those exposed to prevention programmes and the non-exposed

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED



**TABLE 2:** Prevention papers – High Income Contexts (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Green, B. L., Ayoub, C., Bartlett, J. D., et al. 2014. The effect of Early Head Start (EHS) on child welfare system involvement: A first look at longitudinal child maltreatment outcomes. <i>Children and Youth Services Review</i> 42 127-135	Quantitative analysis using longitudinal data from an RCT	USA	Child welfare	<i>Early Head Start</i> (EHS) parenting programme for low income families with children aged 0-3 years	Data collected during RCT and follow up of national evaluation of EHS at baseline (1996-8), when children aged 1, 2, 3, 5 and 10 years. Subsample of children involved in RCT identified from 7 of the original 17 RCT areas. Matched sample of children not in receipt of EHS in these areas identified. Child protection administrative data & case records from 1996-2009 analysed for rates of substantiated cases of neglect, physical and sexual abuse	1247 children aged 11.6 to 14.3 years in 2009 and their families	For whole sample, substantiated allegations of: neglect found for 10.7% of children (N=133); physical abuse 4.4% (N=55); csa 3.3% (N=41). Analysis combined data for csa and physical abuse because of low numbers. Found that children who had EHS programme had fewer substantiated cases of physical and sexual abuse but more substantiated neglect cases than children in comparison group. The analysis of case files suggests the higher neglect rate may be the result of greater surveillance of the EHS group

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

# 4 IDENTIFICATION, REPORTING AND CHILD PROTECTION RESPONSES

**TABLE 3:** Identification, Reporting & Protection responses LMICs

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Systematic Reviews &amp; Meta-Analyses</b>							
Agar, A. & Metzler, J. (2012) <i>Child Friendly Spaces: A structured review of the current evidence-base</i> , Columbia University Mailman School of Public Health and World Vision, New York.	Structured review of literature	Africa Asia Middle East Oceania & Caribbean Occupied Palestinian Territories Serbian refugee setting Sudan	Emergency	Child Friendly Spaces	Structured review involved online systematic search for publications and grey literature, expert recommendation	10 publications included on Child friendly Spaces (CFS) for children aged 4-18 years	Only 1 study included a comparison group. Only 3 studies had baseline data. Main outcomes were protection from risk, promoting psycho social wellbeing, strengthening community capacity for child protection. 5 studies found increased sense of safety and declines in CSE and rape. 3 studies found declines in physical injuries. All 10 reported improved psycho social wellbeing but only 4 studies measured this at baseline & follow up and only 1 can reliably attribute change to the CFS. There was little evidence or assessment of community capacity to protect children
Roche, S (2017) Child protection and maltreatment in the Philippines : a systematic review, <i>Asia &amp; Pacific Policy Studies</i> , 4:1, 104-128	Systematic review	Philippines	Child protection system Multi-sector	Child protection system responses	Systematic review included focused searches on databases on Asia and Pacific research	31 publications included	Most studies focus on child abuse at home or in family. Found limited analysis of child protection. Residential accommodation is primary response but there is no consideration in research on outcomes. Shortfalls in responses are lack of resources and training for personnel, lack of work on primary prevention.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 3:** Identification, Reporting & Protection responses LMICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Experimental &amp; quasi -experimental studies</b>							
IRC (2017) <i>A safe place to shine</i> , International Rescue Committee, Geneva [REDACTED]	RCT	Ethiopia Pakistan DRC	Community	COMPASS GBV programme for adolescent girls, delivered in refugee camps, offers safe spaces for girls life skills and empowerment, parent support, training and capacity building professionals on supporting adolescent girls	RCTs in each of the three areas	Girls aged 10 to 14	COMPASS provided girls with a safe place but impact on safety was unclear. Had decline in GBV for girls in DRC but cannot contribute this certainly to COMPASS. Girls had more friends and positive outlook on future. Parenting or relationship with parents improved. Had increase in knowledge about services and increased service use by girls. Girls who had programme were 2x as likely to go for help if sexual violence was experienced.
Naved RT, Mamun MA, Mourin SA, Parvin K (2018) A cluster randomized controlled trial to assess the impact of SAFE on spousal violence against women and girls in slums of Dhaka, Bangladesh. <i>PLoS ONE</i> 13(6): e0198926. [REDACTED]	RCT	Bangladesh	Multi-sector Education Community Health Justice	<i>SAFE</i> programme for females aged 10 -29 years, males 18 to 35 years, delivers 13 x 2 hour sessions in groups over 20 months, with community awareness campaign and provision of one stop shop centre (OSC) services for health advice and referrals for IPV. Delivered in slum areas with high rates of IPV.	3 arm RCT to test if gender segregated or gender mixed groups influenced outcomes. Arm A =community awareness, OSC & groups for males & females; Arm B = community awareness, OSC & groups for females only; Arm C (comparison) = community awareness & OSC but no groups. Measures collected at baseline, after and 12 months. IPV – sexual, physical & economic – measured using Conflict Tactics Scale	Baseline female aged 15-29 years survey = 2666, end = 2670	No impact was found for <i>SAFE</i> on IPV but subgroup analysis found 21% risk reduction for physical IPV for girls aged 15 to 19 years in the mixed gender intervention arm. This suggests that mixed gender groups may be more effective for this younger age group with very high rates of IPV.
Stark L, Seff I, Asghar K, <i>et al.</i> Building caregivers' emotional, parental and social support skills to prevent violence against adolescent girls: findings from a cluster randomised controlled trial in Democratic Republic of Congo. <i>BMJ Glob Health</i> 2018;3:e000824 [REDACTED]	RCT	DRC	Community	COMPASS GBV programme for adolescent girls, delivered in refugee camps, offers safe spaces for girls life skills and empowerment, parent support, training and capacity building professionals on supporting adolescent girls	2 arm RCT with intervention group who received COMPASS and comparison group who received life skills without parent support sessions (wait list). Primary outcome was reported sexual violence in last 12 months of follow up.	869 adolescent girls aged 10–14 and 764 caregivers	No impact on sexual violence found but there was improved supportive parenting behaviours for those in treatment group. Further research is needed to ascertain whether parenting programmes can reduce risk of sexual violence

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 3:** Identification, Reporting & Protection responses LMICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
World Vision (2015) <i>Evaluation of Child Friendly Spaces: Findings from an inter-agency series of impact evaluations in humanitarian settings</i> , New York and Geneva: Columbia University Mailman School of Public Health and World Vision International. <span style="background-color: #f08080; display: inline-block; width: 100px; height: 1em;"></span>	Quasi experimental	Ethiopia, Iraq, Eastern Democratic Republic of the Congo, Jordan, Lebanon, Uganda	Humanitarian	Child friendly spaces	Baseline (pre CFS assessment) and endline (3-6 months after CFS created). Comparison of attenders and non-attenders. Locally validated measures delivered using surveys to caregivers for younger children (aged 6-11) and child self report aged 12-17. Qualitative feedback from children in focus groups	Randomly selected participants. Caregivers of children aged 6-11, children and adolescents aged 11 to 17, attenders and non-attenders of CFS. Ages of participants varied marginally at different study sites	Across the studies it was found: CFS had a positive impact on child psycho social wellbeing. This was greater for younger children. There was a small impact on protection which varied according to setting and was larger for girls. There was little data on sexual violence protection There was a small impact on increased community knowledge about protection and support.
<b>Quantitative studies</b>							
Bress J, Kashemwa G, Amisi C, <i>et al.</i> (2019) Delivering integrated care after sexual violence in the Democratic Republic of the Congo. <i>BMJ Glob Health</i> 4:e001120. doi:10.1136/bmjgh-2018-01120 <span style="background-color: #f08080; display: inline-block; width: 100px; height: 1em;"></span>	Quantitative evaluation	Democratic Republic of Congo	Health	Prevention Pack Program combines provision of post rape care kits, community sensitisation about post-rape care and cloud based, GPS enabled inventory management to ensure continuous provision of kits to remote areas	Analysis of data collected 2013-2017 on 8206 individuals who presented for post rape care	Women and girls aged over 11 years, who presented to Panzi Hospital and 12 rural clinics in South Kivu Province within 72 hours of rape and who were not HIV positive already	85.6% of individuals who came to clinics in rural areas presented within 72 hours of rape. Cloud based and GPS data inventory enabled constant and stable supply to clinics in remote areas
Child, J. Naker, D. Horton, J. Walakira, E. Devries, K. (2014) Responding to abuse: Children's experiences of child protection in a central district, Uganda, <i>Child Abuse &amp; Neglect</i> 38: 1647-1658 <span style="background-color: #ff0000; display: inline-block; width: 100px; height: 1em;"></span>	Quantitative evaluation	Uganda	Child welfare Education	Referral and response in child protection services	Analysis of data on child protection and help seeking collected at baseline for <i>Good Schools Toolkit</i> RCT. Algorithm identified cases of children surveyed in need of child protection response. Cases reviewed and referral process followed four months later with follow up on outcomes. 3 first line response categories assessed : plan for action only; some action taken; no plan & no action.	14% (N=529) of children referred to child protection from baseline sample of 3706 children aged 11 to 14 from 42 schools. 46% boys, 56% girls	9% of girls and 4% of boys had serious cases requiring urgent action. 43% of referred children had previously sought help. First line responses to referrals were extremely poor and only 3.8% (N=20) of children referred to child protection met the criteria for getting an adequate response

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 3:** Identification, Reporting & Protection responses LMICs (continued)




REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Mulambia, Y. Miller, A. MacDonald, G. & Kennedy, N. (2018) Are one-stop centres an appropriate model to deliver services to sexually abused children in urban Malawi? <i>BMJ Paediatrics</i> , 18:145	Quantitative & qualitative pre-post design	Malawi	Health Justice Child welfare	One Stop Shop for child maltreatment and IPV, <i>Chikwanekwanes</i> Offering medical, legal and psychological support services	Pre post assessment of 107 sexually abused children. Initial assessment data records, post service survey in home three months later, in depth interviews with 25 families	107 sexually abused children average age 9 years, 90% girls	In depth interviews showed 19 out of 25 had attended due to fears of HIV. 67.3% arrived with 72 hours. 80% had a follow up visit for an HIV test 3 months later. 80% had social welfare assessment at initial meeting but only 29% had welfare follow up home visit 3 months later. 84% were seen by a therapist at the initial visit, and 12% returned for further treatment; 95.3% had an initial police report and 27.1% ended in a criminal conviction for CSA. Most of the families were satisfied with the service but a quarter were not satisfied with the law enforcement response, and 2% were not happy with the medical assessment

**TABLE 4:** Identification, reporting & protection responses - HICs

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Systematic reviews &amp; meta-analyses</b>							
Allen, B., and Tussey, C. (2012) Can Projective Drawings Detect if a Child Experienced Sexual or Physical Abuse?: A Systematic Review of the Controlled Research, <i>Trauma, Violence &amp; Abuse</i> , 13(2), 97-111.	Systematic review	n/a	Health	Projective drawings	Systematic review	-	Individual studies have found support for various indicators or scoring systems, but these results are rarely replicated. Studies finding significant results suffer from serious methodological flaws and alternative explanations for findings (e.g., mental illness) are often present. No graphic indicator or scoring system possessed sufficient empirical evidence to support its use for identifying sexual or physical abuse.
Bailhache, M. Leroy, V. Pillet, P & Salmi, L (2013) Is early detection of abused children possible?: a systematic review of the diagnostic accuracy of the identification of abused children <i>BMC Pediatrics</i> , 13 (1) p 202	Systematic review	n/a	Health	Early identification in health	Systematic review	-	4 out of 13 studies reviewed considered identification of child sexual abuse. There was no evidence that early identification occurs as most referrals to health come when a child already has clinical symptoms. Evidence on identification in health is too poor to inform screening.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 4:** Identification, reporting & protection responses - HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Benia, L. R., Hauck-Filho, N., Dillenburg, M., and Stein, L. M. (2015), The NICHD investigative interview protocol: a meta-analytic review, <i>Journal of Child Sexual Abuse</i> , 24(3), pp. 259-279. 	Systematic review	n/a	Cross sector	NICHD investigative interview protocol	Meta-analytic review	Five studies included	Recommends use of the protocol. Found that interviewers using the protocol were able to follow good interview practices with children of different ages. When recommended interview practices are followed, there is a lower risk of contaminated or biased reports on the part of children. Impact on informativeness was not found however for pre-school children.
Hemmings S, Jakobowitz S, Abas M, et. al. (2016) Responding to the health needs of survivors of human trafficking: a systematic review. <i>BMC Health Services Research</i> Jul 29;16:320 	Systematic review	n/a	Health	Identification & responses in health care sector to trafficked adults and children	Systematic review limited to publications on healthcare in HICs	44 studies included. 19 were primary studies. 9 studies looked at responses for trafficked children	Evidence on identification, referral and care of trafficked adults and children in health is very limited. Report on possible signs of identification. Studies highlight need to interview potential victims in private, build trust, use professional interpreters, trauma informed care, cultural sensitivity, multi agency responses
Herbert, J. & Bromfield, L. (2016) Evidence for the Efficacy of the Child Advocacy Center Model: A Systematic Review, <i>Trauma, Violence &amp; Abuse</i> , 17:3, 341-357 	Systematic review	USA Sweden Australia	Justice	Children's Advocacy Centers (CACs)	Systematic review of research on outcomes from CACs to assess outcomes for prosecution, child wellbeing and family functioning	27 articles included	Quality of studies was variable 9 lacked a comparison group, most were pre and post design. 10 out of 27 were theses. Only 3 looked at impact on child wellbeing and mental health and only 2 at family functioning. Outcomes for prosecution process were best researched. CACs increase the use of practices thought to be a benefit for outcomes, such as forensic interviews and use of medical examination, but robust research on outcomes is limited. Early on in the criminal justice process CACs have better outcomes than standard practice. CACs need more clearly defined theories of change and child focused outcome measurement evaluations

**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 

**TABLE 4:** Identification, reporting & protection responses - HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
McTavish JR, Kimber M, Devries K, <i>et al.</i> (2017) Mandated reporters' experiences with reporting child maltreatment: a meta-synthesis of qualitative studies. <i>BMJ Open</i> , 7: e013942. doi:10.1136/bmjopen-2016-013942	Systematic review and meta-analysis of qualitative research	Australia, Brazil, Canada, Cyprus, El Salvador, Finland, Israel, Norway, South Africa, Sweden, Taiwan, USA	National Multi sector Health Child welfare Justice	Mandatory reporting	Systematic review. Search for research on effectiveness of mandatory reporting (MR) found no robust evaluation studies. Review focused therefore on systematic analysis of reporters' experiences of MR. 44 articles on 42 studies included	1088 mandated reporters including 231 physicians, 224 nurses, 108 child protection professionals, 156 teachers, 114 psychologists & therapists, 85 social workers, 19 dentists, 16 domestic violence workers, 16 police officers	Findings cannot be used as evidence of effectiveness of MR but raise concerns about the urgent need for effectiveness studies. There was very little information on MR in LMICS found. Although 14% of participants reported some positive experiences with MR 73% reported negative experiences such as harm to therapeutic relationship with child or death of a child following removal from family of origin
McTavish JR, Kimber M, Devries K, <i>et al.</i> (2019) Children's and Caregivers' Perspectives about mandatory reporting of child maltreatment: a meta-synthesis of qualitative studies. <i>BMJ Open</i> , 9:e025741. doi:10.1136/bmjopen-2018-025741	Systematic review and meta-analysis of qualitative research	Australia Canada Finland Israel USA	National Multi sector	Mandatory reporting	Systematic review and meta-analysis of qualitative research on children's and families' experiences of MR Review found 35 articles on 34 studies. Structured meta analysis of content.	94% (N=33) of studies reported 821 caregiver experiences of MR, most were mothers who were women with vulnerabilities such as experiences of IPV or substance abuse. 1 study described adult retrospective reports on experiences of MR for child maltreatment. 1 study looked at experiences of 28 sexually abused Palestinian children.	There were no studies found on MR in LMICs. Negative accounts of MR included mothers fears of losing their children and consequently avoiding contact with services such as pre-natal health care if victims of IPV or substance misusers. The researchers conclude there is a need for further robust research on the impact of MR and potential harms as well as on children's experiences.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 4:** Identification, reporting & protection responses - HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Nwogu, N. Agrawal, L. Chambers, S. Buagas, A. Daniele, R. & Singleton, J. (2016) Effectiveness of Child Advocacy Centers and the multidisciplinary team approach on prosecution rates of alleged sex offenders and satisfaction of non-offending caregivers with allegations of child sexual abuse: a systematic review, <i>JB I Database Of Systematic Reviews &amp; Implementation Reports</i> 13:12, 93-129	Systematic review	Australia	Justice	Children’s Advocacy Centers (CACs)	Systematic review of prosecution outcomes & non abusive caregiver satisfaction and child satisfaction with CAC Included quasi experimental and descriptive studies	Sexually abused children under 18 years and caregivers	The multi disciplinary and child advocacy approach provides increased non offending caregiver satisfaction with the way allegations are handled and increases offender prosecution.
Scott, S. McNeish, D. Bovarnick, S. & Pearce, J. (2019) <i>What works in responding to child sexual exploitation</i> , Barnardos/University of Bedfordshire/DSMS	Integrative review	n/a	National Multi sector	Policy & law Prevention Identification & response Support services Recovery	Integrative review of wide range of research and publications on responses to CSE. Narrative analysis of practice relevance.	Children and young people under age 18 years. Most studies focus on adolescents.	Found few studies on effectiveness of CSE interventions. Review draws out key messages for practice from current body of research and identifies where further research is needed.
Vrolijk-Bosschaart, T. Verlinden, E. Langendam, M. De Smet, V. Teeuw, A. Brilleslijper-Kater, S. Benninga, M & Lindauer, R. (2018) The Diagnostic Utility of the Child Sexual Behavior Inventory for Sexual Abuse: A Systematic Review, <i>Journal of Child Sexual Abuse</i> , 27:7, 729-751	Systematic review	Netherlands	Health Justice	Child Sexual Behaviour Inventory (CSBI) used to distinguish sexually abused children from non-abused	7 studies included but only 6 compared pre-selected groups of sexually abused children with non-abused children and statistically assess the significance in scores	Children aged 2 to 12 years	The value of the CSBI for distinguishing between sexually abused and non-abused children is unclear so it should not be used for this purpose

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED



**TABLE 4:** Identification, reporting & protection responses - HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Quantitative Evaluations</b>							
Bailey, C., Mace, G., Powell, M., and Benson, M. (2015). Evaluation of a Collaborative Operation to Improve Child Sexual Abuse Reporting in Western Australian Indigenous Communities, <i>Criminal Justice &amp; Behavior</i> , 42(12), 1303-1315. <span style="background-color: #0070C0; color: white; padding: 2px;">[REDACTED]</span>	Quantitative evaluation	Australia	Multi- sector	Operation RESET to encourage increased reporting of sexual abuse in indigenous communities	Measured arrest data pre and post intervention in 6 areas, 2 intervention and 4 comparison	Arrest data from six areas of Western Australia	Number of reports and arrests significantly increased in the intervention areas, but did not in the comparison areas, suggesting that this approach is effective in promoting increased reporting in indigenous communities.
Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D. Sczepanski, J. Lippert, T. Davison, K. Crynes, A. & Sosnowski, P. (2008) Evaluating children’s advocacy centers’ response to child sexual abuse, <i>Juvenile Justice Bulletin</i> . <span style="background-color: #0070C0; color: white; padding: 2px;">[REDACTED]</span>	Quantitative evaluation	USA	Cross sector	Child Advocacy Centres	Quasi-experimental study - case file analysis	1220 sexual abuse cases, 4 areas with CAC and comparison in each	The CACs appear to have increased coordination on investigations and child forensic interviewing relative to comparison areas. Comparison areas often used unsuitable settings. The number of forensic interviews was comparable in both settings.
Elmi, M. Daignault, I. & Hébert, M. (2018) Child sexual abuse victims as witnesses: The influence of testifying on their recovery, <i>Child Abuse &amp; Neglect</i> , 86,22-32 <span style="background-color: #C00000; color: white; padding: 2px;">[REDACTED]</span>	Longitudinal cohort study	Canada	Justice	Child’s court testimony	344 children who were assessed by the Children’s Advocacy Centre (CAC) were divided into groups that testified (N=150) and those who had not testified (N=194) followed up and assessed using standardised measures of mental health outcomes at 4 time points, T1 = at initial assessment (N=344), T2 = at the end of contact with CAC (N=295), T3 = 1 year later (N=200), T4 2 years after initial assessment (N=141)	344 children aged 6 to 14 years, 230 girls 114 boys	62% did not testify in court, 29% testified once, 9% more than once. Mental health outcomes for all children improved after therapy from CAC regardless of whether they testified Children who testified more than once did not maintain the therapeutic benefits 2 years later and their levels of emotional distress appeared to increase. Severity, duration of sexual abuse, relationship with the perpetrator, corroborative evidence and being also a victim of psychological abuse had no significant influence on mental health outcomes. Children had significantly poorer scores for mental health if they were also victims of physical abuse and the mother was not supportive. 54% of children who testified did so before receiving support from the CAC. The researchers conclude that there is a need to adequately prepare child witnesses for court. No evidence that testifying was a therapeutic benefit.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 4:** Identification, reporting & protection responses - HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Gavril, A. Kellogg, N. & Nair, P. (2012) Value of follow-up examinations of children and adolescents evaluated for sexual abuse and assault, <i>Pediatrics</i> 129 pp. 282-289 <span style="background-color: #FFC0CB; display: inline-block; width: 100px; height: 1em;"></span>	Quantitative evaluation, non-experimental	USA	Health	Follow up medical examination of sexually exploited adolescents in paediatric care	Retrospective review of patient cases over a 5 year period comparing identification of trauma and STIs at first and then follow up examination	727 adolescents investigated for sexual abuse trauma	Follow up examination by specialist affected the interpretation of trauma and detection of STIs in 23% of cases
Jones, L. Cross, T. Walsh, W. & Simone, M. (2007), Do Children's Advocacy Centers improve families' experiences of child sexual abuse investigations? <i>Child Abuse &amp; Neglect</i> , 31:10, 1069-1085. <span style="background-color: #ADD8E6; display: inline-block; width: 100px; height: 1em;"></span>	Quantitative evaluation	USA	Cross sector	Children's Advocacy Centres	Investigation Satisfaction Scale (ISS) for caregivers collected as part of multi-site evaluation	229 CAC cases, 55 non CAC community cases	Caregivers in CAC cases were more satisfied with the investigation than those from comparison sites, even after controlling for a number of relevant variables. There were few differences between CAC and comparison samples on children's satisfaction.
Panlilio, C. Miyamoto, S. Font, S. & Schreier, H, (2019) Assessing risk of commercial sexual exploitation among children involved in the child welfare system, <i>Child Abuse &amp; Neglect</i> , 87: 89-99 <span style="background-color: #FFC0CB; display: inline-block; width: 100px; height: 1em;"></span>	Quantitative analysis of child welfare system data	USA	Child welfare	Screening of child welfare system data for risk of CSE	Data extracted on children and young people aged 11 years plus from National Survey of Child & Adolescent Wellbeing (NSCAW), nationally representative study of all children and families in child welfare system, data from 3 time periods. Analysis of 11 risk factors and self reported CSE to identify predictors using 2-parameter logistic Item Response Theory & differential item functioning	2442 children's records , 1063 males, 1355 females	4 risk factors found most reliable for screening = running away from home, use of drugs or alcohol, sexual activity before age 16, suicidality





**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 4:** Identification, reporting & protection responses - HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Letourneau, E. Nietert, P. & Rheingold, A. (2016) Initial assessment of stewards of children program effects on child sexual abuse reporting rates in selected South Carolina counties, <i>Child Maltreatment</i> , 21:1, 74-79. <span style="background-color: #FFC0CB; padding: 2px;">EFFECTIVE</span>	Quantitative evaluation, non-experimental	USA	Voluntary	Stewards of Children Prevention programme in South Carolina, training professionals on identification of CSA	Examined child sexual abuse allegation data over time to see if there were increases in areas with the Stewards programme	Compared allegation data per 10,000 children in three counties with the programme to three without, testing statistical significance of differences	Allegations in prevention areas increased and followed an upward trend in comparison to areas without, but the Stewards programme. However it is not known whether increased reporting had an impact on responses and rates of CSA
Lippert, T. Cross, T. Jones, L. & Walsh, W. (2009) Telling interviewers about sexual abuse: predictors of child disclosure at forensic interviews, <i>Child Maltreatment</i> , 14:1, 100-113. <span style="background-color: #FF0000; padding: 2px;">INEFFECTIVE/HARMFUL</span>	Quantitative evaluation, non-experimental	USA	Cross sector	Child Advocacy Centres in four states	Analysis of predictors of disclosure using agency case file data	987 cases analysed, 4 sites CACS and comparison sites for 2 years. 81% female, 67% white	Communities differed on disclosure rates but CACs were not associated with increased disclosure. Disclosure increased with age, if victim was female and with caregiver support.
Mathews, B. Ju Lee, X. & Norman, R. (2016) Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven year time trend analysis, <i>Child Abuse &amp; Neglect</i> 56, pp. 62-79. <span style="background-color: #FFC0CB; padding: 2px;">EFFECTIVE</span>	Quantitative non-experimental	Australia	Child welfare	Mandatory reporting law	Analysis of data before and after introduction of mandatory reporting law for child sexual abuse in Victoria	Cases reported to child protection services	There was an increase in cases reported over a 7 year period from 551 in 2006 to 2719 in 2012. The numbers of cases investigated grew but so did the numbers not investigated and the numbers not substantiated. There was an increase in cases substantiated from 131 in 2006 to 380 in 2012. The authors argue however that cases not substantiated may still have had their needs assessed and support given.
McMahon-Howard, J., and Reimers, B. (2013), An evaluation of a child welfare training program on the commercial sexual exploitation of children (CSEC), <i>Evaluation &amp; Program Planning</i> , 40, pp. 1-9. <span style="background-color: #00AEEF; padding: 2px;">PROMISING</span>	RCT	USA	Child welfare	Webinar training programme to increase knowledge of child sexual exploitation in CPS employees	Randomised Control Trial	CPS employees (for DFCS social service staff in Georgia). 123 participants (71 treatment, 52 waitlist control). 86.2% female, 69.9% white, 91% had at least a 4 year college degree.	90-min child sexual exploitation webinar training is effective for increasing CPS employees' knowledge about child sexual exploitation

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 4:** Identification, reporting & protection responses - HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Miller, A., and Rubin, D. (2009), The contribution of children’s advocacy centers to felony prosecutions of child sexual abuse, <i>Child Abuse &amp; Neglect</i> , 33(1), pp. 12-18. 	Quantitative evaluation, non-experimental	USA	Cross sector	Child Advocacy Centers in the two districts were compared	Prosecution data	Questionnaire, 71 treatment group and 52 control group	Felony prosecutions of child sexual abuse doubled in a district where the use of CACs nearly tripled, while no increase in felony prosecutions of child sexual abuse was found in a neighbouring district, where the use of CACs remained fairly constant over time.
Miyamoto, S., Dharmar, M., Boyle, C., Yang, N. H., MacLeod, K., Rogers, K., Nesbitt, T., and Marcin, J. P. (2014), Impact of telemedicine on the quality of forensic sexual abuse examinations in rural communities, <i>Child Abuse &amp; Neglect</i> , 38(9), pp. 1533-1539. 	Quantitative evaluation, non-experimental	USA	Health	Telemedicine support for forensic examination in rural areas	Case data: medical records compared in eight rural hospitals	183 children: 101 (55.2%) evaluated at telemedicine hospitals and 82 (44.8%) at comparison hospitals Total sample 90% female, 57% white.	Telemedicine support produced higher quality evaluations, more complete examinations, and more accurate diagnoses than similar hospitals conducting examinations without telemedicine support.
Rheingold, A. Danielson, C. Davidson, T. Self-Brown, S. & Resnick, H. (2013) Video intervention for child and caregiver distress related to the child sexual abuse medical examination: a randomized controlled pilot study, <i>Journal of Child &amp; Family Studies</i> , 22:3, 386-397. 	Quantitative evaluation	USA	Health	Brief psychoeducational video designed to instruct children and caregivers about the child sexual abuse forensic exam procedures and coping strategies to be used during the exam	Quasi experimental pilot study	69 children ages 4-15 and their caregivers. Video (n = 35) or to standard practice (n = 34).	The intervention was well-received by families, increased caregiver knowledge, and decreased stress during the examination. Distress decreased across both groups at T2.
Walsh, W. Cross, T. Jones, L. Simone, M. & Kolko, D. (2007) Which sexual abuse victims receive a forensic medical examination? The impact of Children’s Advocacy Centers, <i>Child Abuse &amp; Neglect</i> 31 : 1053–1068 	Quasi experimental	USA	Multi sector Justice Health	Forensic medical examination in CAC for sexually abused children	As part of multi site quasi experimental evaluation of CACs, 1220 CSA case records with data on forensic clinical examination were analysed. Cases from 4 CACs areas were compared with cases from non-CAC areas	1220 children assessed for CSA	Controlling for confounding variables, children in the CACs were twice as likely to have a forensic medical examination than were children in non CAC contexts. Those with cases of non penetrative assault were four times more likely to have an examination in CACs. Receipt of medical examination was not associated with offenders being charged.

**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 

**TABLE 4:** Identification, reporting & protection responses - HICs (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Qualitative Evaluation</b>							
Anderson, G. & Gilgun, J. (2014) The Influence of Narrative Practice Techniques on Child Behaviors in Forensic Interviews <i>Journal of Child Sexual Abuse</i> , 23:615–634	Qualitative evaluation	USA	Justice	<i>Corner House Forensic Interview Protocol</i> using narrative techniques to illicit interviews with enhanced forensic value. Techniques included use of open ended questions and supportive statements	Evaluation aimed to test if use of narrative techniques such as different numbers of open ended questions by comparing 62 traditional interviews before narrative training with 53 interviews after narrative training. Structured content analysis of 115 video taped forensic interviews	Sexually abused children average age 10.4 years (range 3.1 to 18.3 years). 89 girls 26 boys	Use of open ended questions and supportive statements increased the forensic value of interviews. More closed questions were used with younger than older children.
Fangstrom, K. Bokstrom, P. Dahlberg, A. Calam, R. Lucas, S. & Sarkadi, A. (2016), In My Shoes – Validation of a computer assisted approach for interviewing children, <i>Child Abuse &amp; Neglect</i> , 58, pp.160-172	Qualitative evaluation	Sweden	Cross sector	Computer Assisted Child Interview method <i>In My Shoes</i>	Random assignment of child participant to either <i>In My Shoes</i> computer assisted interview or to standard child forensic interview. Comparison of accuracy, completeness of description, time taken	54 sexually abused children aged 4 -5 years old interviewed 2013-2015. 28 had <i>In My Shoes</i> interview, 26 had standard interview.	No differences found between the two interview approaches regards accuracy. <i>In My Shoes</i> interviews took longer to complete
Krause-Parello, C. & Gulick, E. (2015) Forensic interviews for child sexual abuse allegations: an investigation into the effects of animal-assisted intervention on stress biomarkers, <i>Journal of Child Sexual Abuse</i> , 24:8, 873-886	Qualitative evaluation, quasi experimental	USA	Mental health	Canine therapy - presence of dogs in forensic interviews for child sexual abuse allegations	Investigated changes in salivary cortisol, immunoglobulin A, blood pressure, and heart rate as a result of forensic interview phenomenon in an intervention group compared to a control group.	42 children: 19 intervention, 23 control. 40 female and 2 male aged 5-15, M=8.92	Reduced stress biomarkers suggest that presence of the canine in the forensic interview may have acted as a buffer or safeguard for the children when disclosing details of sexual abuse.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 4:** Identification, reporting & protection responses - HICs (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	ORGANISATION	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Lewy, J. Cyr, M. & Dion, J. (2015) Impact of interviewers' supportive comments and children's reluctance to cooperate during sexual abuse disclosure <i>Child Abuse &amp; Neglect</i> , 43, 112-122	Qualitative evaluation	Canada	Justice	NICHD forensic interview protocol	90 forensic interviews conducted with sexually abused children by 19 police investigators, 45 interviews completed before training to use NICHD protocol compared with 45 after training. Aimed to evaluate if use of NICHD protocol could increase children's cooperation (versus reluctance) and increase interviewers' use of supportive (versus unsupportive) comments. Video taped interviews were coded for content analysis and differences statistically tested.	19 police investigators in interviews with 67 girls and 23 boys aged between 4 to 13 years	The NICHD showed no influence on the children's cooperation/reluctance and no impact on the interviewers' use of supportive/non supportive comments. Younger children provided fewer details in interview.
Mace, G., Powell, M. B., and Benson, M. (2015), Evaluation of Operation RESET: an initiative for addressing child sexual abuse in Aboriginal communities, <i>Australian &amp; New Zealand Journal of Criminology</i> 48(1), pp. 82-103.	Qualitative evaluation	Australia	Cross sector	Community engagement programme	Interviews	64 stakeholders including RESET staff, other professionals and relatives of victims	Strong support for the programme was found. Stakeholders valued the proactive outreach approach, dedication to capacity building, holistic focus and the establishment of relationships that facilitated trust.
Powell, M. & Wright, R. (2012) Professionals' perceptions of a new model of sexual assault investigation adopted by Victoria Police, <i>Current Issues in Criminal Justice</i> , 23:3,333-352.	Qualitative evaluation	Australia	Justice	Identification & treatment of sexual assault - new investigation procedure by police	Interviews	90 stakeholders – all professionals but from diverse backgrounds - including staff from comparison sites	Support for the reforms was found. Reported outcomes included: improved collaboration; increased victim satisfaction, referrals between professionals and reporting rates; reduced response and investigation times; better quality briefs; higher prosecution and conviction rates
Schaeffer, P. Leventhal, J. & Asnes, A. (2011) Children's disclosures of sexual abuse: learning from direct inquiry, <i>Child Abuse &amp; Neglect</i> , 35:5, 343-352.	Qualitative	USA	Justice	Forensic interviews in child sexual abuse clinic in a children's hospital	Content analysis of forensic interviews	191 children, mean age of 8.9 years, 74% per cent female and 51% Caucasian	Children's reason for disclosure was classified into three domains: internal stimuli, outside influences and direct evidence of abuse. Barriers to disclosure were also detailed by the children. Direct questioning in the forensic interview can provide information on why children delayed or disclosed CSA at the time this occurred

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

# 5 PREVENTING RE-OFFENDING

**TABLE 5:** Preventing Re-offending HICs

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Systematic Reviews &amp; Meta-analyses</b>							
Bolitho, J., and Freeman, K. 2016, <i>The use and effectiveness of restorative justice in criminal justice systems following child sexual abuse or comparable harms</i> , Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney	Rapid Evidence assessment	Australia	Justice Community	Restorative justice following CSA	Review of programmes offering restorative justice	15 discrete programmes found allied to justice system (12 were for adult victims) and another 29 that work independently of justice system (7 for child victims of CSA)	Programmes allied to justice system : no study disaggregated findings by offence type or form of sexual abuse. Best evidence for Restorative Justice (RJ) for young people with harmful sexual behaviours and evaluations by Daly that found compared with court routes, RJ led to faster resolution, perpetrators were more likely to apologise and agree to stay away from the victim. Future offending was predicted more by the history of offending than by RJ or court routes. For programmes independent of justice system, best evidence found for Circles of Support
Dennis, J. Khan, O, Ferriter, M. Huband, N. et al., (2012) Psychological Interventions for Adults Who Have Sexually Offended or Are at Risk of Offending, <i>The Cochrane Library</i> , no. 12	Systematic review	n/a	Justice	Psychological treatment for sex offenders	Systematic review and meta analysis	Ten studies included	Studies showed inconclusive results on impact and are of variable quality. More RCTs needed

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 5:** Preventing Re-offending HICs (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Dopp, A. Borduin, C. & Brown, C (2015) Evidence based treatments for juvenile sex offenders: review and recommendations, <i>Journal of Aggression, Conflict and Peace Research</i> 7 (4) 223-236	Systematic review	n/a	Justice	Treatment juvenile sex offenders	Systematic review	Ten studies included	Ten studies were included that addressed CBT or MST. Results are promising but evidence on treatment effectiveness is limited by methodological problems. There is a gap between research and practice with RCT evidence from MST but few from CBT approaches while CBT is more common in practice than MST.
Drummond, C. & Southgate, J. (2018) <i>Interventions for perpetrators of child sexual exploitation: A scoping study</i> , London: Barnardos/Centre for Expertise	Scoping review	UK	Multi sector Justice Health Community	Disruption, management, prosecution & treatment	Systematic search and analysis of 75 publications on policy, practice and research	Child sexual exploitation offenders excluding online	No specific programmes found in the UK for child sexual exploitation offenders. Responses are those developed for general sex offenders even though the research suggests that child sexual exploitation offenders may need different forms of treatment.
Gronnerod, C., Gronnerod, J. S. & Grondahl, P. (2015) Psychological treatment of sexual offenders against children: A meta-analytic review of treatment outcome studies. <i>Trauma Violence &amp; Abuse</i> 16:3, 280-90	Systematic review & meta-analysis	n/a	Crime & justice	Sex offender treatment and recidivism	Meta-analysis of 14 studies to assess the effectiveness of psychological treatment of sex offenders against children (SOAC).	1,421 adult SOACs in psychotherapy, 1,509 adult SOACs who did not receive treatment	The studies were of poor quality and did not provide sufficient data from which to draw useful and relevant conclusions he studies were of poor quality and did not provide sufficient data from which to draw useful and relevant conclusions
Hanson, K, Bourgon, G. Helmus, L. and Hodgson, S. (2009) The Principles of Effective Correctional Treatment Also Apply to Sexual Offenders: A meta-analysis, <i>Criminal Justice and Behavior</i> , 36: 865–91	Systematic review & meta-analysis	n/a	Crime & justice	Sex offender treatment and recidivism	Meta analysis of 23 studies	Convicted sex offenders	Unweighted sexual and general recidivism rates for the treated sexual offenders were lower than the rates observed for the comparison groups (10.9%, $n = 3,121$ vs. 19.2%, $n = 3,625$ for sexual recidivism; 31.8%, $n = 1,979$ vs. 48.3%, $n = 2,822$ for any recidivism). Programs that adhered to the RNR principles showed the largest reductions in sexual and general recidivism.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED



**TABLE 5:** Preventing Re-offending HICs (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Khan O, Ferriter M, Huband N, Powney MJ, Dennis JA, Duggan C. (2015) <i>Pharmacological interventions for those who have sexually offended or are at risk of offending.</i> Cochrane Database of Systematic Reviews, 2. Art. No.: CD007989. DOI: 10.1002/14651858.CD007989.pub2.	Systematic review	n/a	Justice Health	Use of pharmacological treatment for sex offenders	7 studies included	Convicted male sex offenders.	Research evidence is very poor. All 7 studies were over 20 years old. No studies were found on recent drugs used for sex offenders despite this treatment being mandated in some areas. Only two studies reported on recidivism. One found no recidivism over 2 year follow up. A second found 20-50% recidivism with a sample of only 12.
Långström, N., Enebrink, P., Laurén, E.-M., Lindblom, J., Werkö, S., and Hanson, R. K. (2013) Preventing sexual abusers of children from reoffending: Systematic review of medical and psychological interventions, <i>BMJ: British Medical Journal</i> , 347.	Systematic review	n/a	Crime & justice	Medical and psychological interventions for adult and juvenile sex offenders	Systematic review	8 studies included	There are major weaknesses in the scientific evidence, particularly regarding adult men, the main category of sexual abusers of children. Found no eligible research on preventative methods for those at higher risk of offending. Only one trial found of effective treatment for juvenile sex offenders. This was for multi systemic therapy.
McCann, K., and Lussier, P. (2008), Antisociality, sexual deviance, and sexual reoffending in juvenile sex offenders: a meta-analytical investigation, <i>Youth Violence &amp; Juvenile Justice</i> , 6:4, 363-385.	Systematic review	n/a	Crime & justice	Risk factors and interventions for juvenile sex offenders	Systematic review & meta-analysis. Analysed recidivism rates and assessed the role of antisociality and sexual deviancy in sexual reoffending in juvenile sexual offenders.	18 studies included	Too little is known about risk factors for recidivism to inform treatment of juvenile sex offenders. The best predictors of sexual recidivism were related to victim characteristics - having a stranger, extra-familial, prepubertal male victim are important risk factors for sexual recidivism in adulthood. Although this review gives some support for the use of these risk factors, they had very small effect sizes suggesting that the risk factors would be better used in combination.
Reitzel, L. & Carbonell, J.(2006) The Effectiveness of Sexual Offender Treatment for Juveniles as Measured by Recidivism: A Meta-analysis, <i>Sexual Abuse: A Journal of Research &amp; Treatment</i> , 18:4, 401-421.	Systematic review	n/a	Crime & justice	Treatments for juvenile sex offenders	Systematic review & meta-analysis	Nine studies included	Average weighted effect size of 0.43 (CI=0.33–0.55) was obtained for studies included, indicating a statistically significant effect of treatment on sexual recidivism.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 5:** Preventing Re-offending HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
St. Amand, A., Bard, D. & Silovsky, J. (2008) Meta-Analysis of Treatment for Child Sexual Behavior Problems: Practice Elements and Outcomes, <i>Child Maltreatment</i> , 13:2, 145-166. <span style="background-color: red; color: white; padding: 2px;">KEY</span>	Systematic review	n/a	Mental health	Treatment for child sexual behaviour problems	Systematic review & meta-analysis	11 treatment outcome studies of treatment for sexual behaviour problems included	Parenting/Behaviour Management Skills (BPT) predicted the Child Sexual Behaviour Inventory or checklist scores (when used). In contrast, practice elements that evolved from Adult Sex Offender (ASO) treatments were not significant predictors of outcomes. BPT and preschool age group provided the best model fit and more strongly predicted outcome than broad treatment type classifications (e.g., Play Therapy or Cognitive Behaviour Therapy). Results question current treatments for children with sexual behaviour problems that are based on ASO models of treatment without caregiver involvement
Walker, D. McGovern, S. Poey, E. & Otis, K. (2004) Treatment Effectiveness for Male Adolescent Sexual Offenders: A Meta-Analysis and Review, <i>Journal of Child Sexual Abuse</i> , 13:3/4, 281-293. <span style="background-color: blue; color: white; padding: 2px;">KEY</span>	Systematic review	SR	Mental health	Treatment for male adolescent sexual offenders	Systematic review & meta-analysis	10 studies included	Treatments for male adolescent sexual offenders appear generally effective ( $r = .37$ ). Studies which used self-report measures of outcome obtained a 6% higher effect size than studies which used measures of arousal in response to deviant stimuli, and a 22% higher effect size than studies using actual recidivism rates. A descriptive review of the set of 10 studies indicates that studies utilizing cognitive-behavioural therapy approaches were the most effective
Walton, J. S., and Chou, S. (2015) The Effectiveness of Psychological Treatment for Reducing Recidivism in Child Molesters, <i>Trauma, Violence &amp; Abuse</i> , 16(4), 401-417. <span style="background-color: blue; color: white; padding: 2px;">KEY</span>	Systematic review	n/a	Justice	Psychological treatment for child sex offenders	Systematic review	10 studies included	One RCT and 9 cohort studies were included in the data synthesis, providing 2,119 participants. In all, 52.1% received the intervention under investigation and 47.9% did not. The reported recidivism rates were 13.9% for the treated child molesters compared to 18.6% for the untreated child molesters.
Wilson, H., Bates, A. & Vollm, B. (2010) Circles of support and accountability: an innovative approach to manage high-risk sex offenders in the community, <i>The Open Criminology Journal</i> , 3, pp. 48-57 <span style="background-color: pink; color: white; padding: 2px;">KEY</span>	Systematic review	n/a	Justice	Community based sex offender programme – <i>Circles of Support &amp; Accountability</i>	Systematic review	Reviewed 19 papers, the majority were descriptive, with 4 empirical studies identified and 2 within grey literature.	Some encouraging evidence is identified but the author notes that further research is required. A limitation of this review is that the author reviews mostly studies he has led.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 5:** Preventing Re-offending HICs (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Experimental &amp; Quasi Experimental Studies</b>							
Borduin, C. Schaeffer, C. & Heiblum, N. (2009) A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. <i>Journal of Consulting and Clinical Psychology</i> , 77, 26–37.	RCT	USA	Crime & justice	Multi systemic therapy MST	Assessment of outcomes and recidivism for juvenile sex offenders assigned to MST or treatment as usual groups, followed up 8-9 years	48 high risk juvenile sexual offenders	MST more effective than treatment as usual for improving family and peer relationships, academic achievement. Follow up found reduced re-arrest and recidivism for MST group compared with treatment as usual. General recidivism was 8% for MST compared with 46% for treatment as usual, Sexual recidivism was 29% for MST group and 58% for treatment as usual
Carpentier, M. Y., Silovsky, J. F., and Chaffin, M. (2006). Randomized trial of treatment for children with sexual behavior problems: Ten-year follow-up, <i>Journal of Consulting and Clinical Psychology</i> , 74:3, 482-488.	Randomised Control Trial	USA	Crime & justice	CBT in 12 weekly sessions for children with sexual behaviour problems compared to play therapy	Randomised control trial - ten year follow up using arrest and child welfare data	135 children aged 5-12 who had CBT, compared with 156 general clinic children with non-sexual behaviour problems	Findings support the use of CBT with children with sexual behaviour problems. Children with SBP who were provided with short-term CBT had low future sex offense rates and were indistinguishable from the comparison group
Daly, K., Bouhours, B., Broadhurst, R., and Loh, N. (2013) Youth sex offending, recidivism and restorative justice: Comparing court and conference cases, <i>Australian &amp; New Zealand Journal of Criminology</i> 46:2, 241-267.	Quantitative evaluation	Australia	Crime & justice	The 'Mary Street' sexual abuse prevention programme compared to other types of community treatment given to offenders	Analysis of recidivism using survival analysis	365 youth charged with sexual offences	Slower rate of reoffending was observed for first time offenders referred to conference or the intervention programme, but the small sample size meant that factors relating to sexual offending could not be explored.
Duwe, G., (2013) Can Circles of Support and Accountability (COSA) work in the United States? Preliminary results from a randomized experiment in Minnesota, <i>Sexual Abuse</i> , 25:2, 43-165	Pre -RCT	USA	Crime & justice	Circles of support & accountability (COSA) for adult sex offenders	Analysis of 5 outcomes assessing recidivism on release from prison of willing group of 62 child sex offenders randomly assigned to either COSA or no COSA	31 in COSA 31 in comparison group	65% in comparison group re-arrested compared with 39% in COSA. COSA group had lower scores on 5 measures compared with non COSA group. Sexual re-offending was low with only 1 sexual offence in comparison group detected.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 5:** Preventing Re-offending HICs (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Laing, L., Tolliday, D., Kelk, N., and Law, B. (2014) Recidivism Following Community Based Treatment for Non-Adjudicated Young People with Sexually Abusive Behaviors, <i>Sexual Abuse in Australia &amp; New Zealand</i> , 6(1), 38-47. [REDACTED]	Quantitative evaluation	Australia	Crime & Justice	Specialist community treatment programme for adolescents with focus on family engagement	Quasi-experimental study of recidivism in group treatment, measuring offences after 5 years (average follow up 54.7 months)	100 male young offenders aged 10-17, 50 treatment (of which 34=treatment and 16 = withdrawal group) and 50 control.	Treatment program was found to be effective on: receiving any criminal charge or report (a broader measure of reoffending); and charges and reported offences that involved personal violence offences, but no significant difference between the completer and control groups regarding sexual reoffending. Withdrawal group showed higher levels of sexual reoffending.
Lambie, I., and Stewart, M. W. (2012) Community Solutions for the Community's Problem: An Evaluation of Three New Zealand Community-Based Treatment Programs for Child Sexual Offenders, <i>International Journal of Offender Therapy &amp; Comparative Criminology</i> , 56(7), 1022-1036. [REDACTED]	Quantitative evaluation	New Zealand	Crime & justice	Community treatment programmes for adult male child sex offenders	Recidivism study, mean follow up 4 years. Treatment group compared to assessment only cases and a probation control group.	175 men 19+ (oldest over 60); Assessment only arm: 28 men 19+ (oldest over 60); Probation group: 186 men 19+ (oldest over 60);	Significantly better outcomes for offenders receiving community treatment (approximately half the recidivism rate for any group attendees compared to control group). It appeared that successful completion of the program was a more important factor than purely the duration of the program in reducing risk of recidivism
Letourneau, E. & Armstrong, K. (2008) Recidivism Rates for Registered and Nonregistered Juvenile Sexual Offenders, <i>Sexual Abuse: A Journal of Research &amp; Treatment</i> , 20:4, 393-408. [REDACTED]	Quantitative evaluation	USA	Justice	South Carolina's comprehensive registration policy for juveniles who sexually offend	Recidivism study, assessed across mean 4.3 year follow up compared to non-registered controls	111 matched pairs of offenders, male offenders, mean age 14.72, 43.2% white 56.8% minority	Sexual offence reconviction rate was too low for between group analyses but found between-group differences on non sexual offences (registered youth more likely than nonregistered youth to have new nonperson offence convictions at follow up).
Letourneau, E., Bandyopadhyay, D., Armstrong, K. & Sinha, D. (2010b) Do sex offender registration and notification requirements deter juvenile sex crimes? <i>Criminal Justice &amp; Behavior</i> , 37:5, 553-569. [REDACTED]	Quantitative evaluation	USA	Justice	South Carolina's sex offender registration and notification policy for juveniles (SORN)	Trend analyses of data from the department of justice, modelled intervention effects of year the SORN policy was implemented	Compared all youth (N = 26,574) with those charged with sex crimes (n = 3,148), assault (23046) and robbery (N=2094) from 1991-2004	Found no significant effects for the intervention year, SORN policy was not associated with general deterrent effect on juvenile sex crimes.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 5:** Preventing Re-offending HICs (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Letourneau, E. Levenson, J. Bandyopadhyay, D. Armstrong, K. & Sinha, D. (2010a) Effects of South Carolina's Sex Offender Registration and Notification Policy on Adult Sex Crimes, <i>Criminal Justice &amp; Behavior</i> , 37:5, 537.	Quantitative evaluation	USA	Justice	South Carolina's sex offender registration and notification policy for adults (SORN)	Trend analyses of data from the department of justice, modelled intervention effects of year the SORN policy was implemented	Data of sex offences 1990-2005. Group of 194,575 arrestees, of which 19,060 were for a sex crime. Adult males, mean age 33.0, 49% white, 51% minority	Significant deterrent effect 1995 when notification introduced. Found 11% reduction in first time sexual offences arrests 1995-2005 relative to 1990-2004
Letourneau, E. Armstrong, K. Bandyopadhyay, D. & Sinha, D. (2013) Sex Offender Registration and Notification Policy Increases Juvenile Plea Bargains, <i>Sexual Abuse: A Journal of Research &amp; Treatment</i> , 25:2, 189-207.	Quantitative evaluation	USA	Justice	South Carolina's sex offender registration and notification policy (SORN)	Used equation modelling to compare case data on plea bargaining for sexual offences with other offences	19,215 male youth ages 6 - 21 years (M=14.7) when charged with sex, assault, or robbery offences between 1990 and 2004	Significant increases in the probability of plea bargains for sex offense cases across subsequent time periods, supporting the hypothesis that the SORN policies were associated with significant increases in the likelihood of plea bargains to different types of charges and to lower severity charges.
Levenson, J., Letourneau, E., Armstrong, K. & Zgoba, K. (2012) Failure to Register as a Predictor of Sex Offense Recidivism: The Big Bad Wolf or a Red Herring? <i>Sexual Abuse: A Journal of Research &amp; Treatment</i> , 24:4, 328-349.	Quantitative evaluation	USA	Justice	Registration of sex offenders, New Jersey	Quasi-experimental study analysing recidivism rates in offender groups 1980-2005	Compared sample of failure to register SOs (n=644) to SOs who did register (n=481) in New Jersey prisons	Failure to register was not a significant predictor of sexual recidivism
Mews, A. DiBella, L & Purner, M. (2017) <i>Impact evaluation of the prison based core sex offender treatment programme</i> , Ministry of Justice, London	Quantitative evaluation	UK	Crime & justice	Prison based sex offender treatment	2,562 sex offenders who started treatment in prison 2000-2012 matched to 13,129 comparison group of sex offenders without prison treatment. Outcome measures based on proven reoffending outcomes for sexual and non sexual offences compared over average period of 8 years.	Convicted sex offenders in England and Wales	Reoffending rate for general crimes was 38.2% and 7.5% for sex offending. More treated sex offenders committed further offences (10%) than untreated (8%). More treated sex offenders committed child image reoffences (4.4%) in the follow up period than untreated offenders (2.9%)

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED


**TABLE 5:** Preventing Re-offending HICs (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Zgoba, K. Jennings, W. & Salermo, L. (2018) Megan’s law 20 years later: an empirical analysis and policy review, <i>Criminal Justice &amp; Behavior</i> , 45:7, 1028-1046. [REDACTED]	Quantitative evaluation	US	Crime & justice	Sex offender registration and notification, adults	Two samples of 547 sex offenders released from prison pre and post SORN polices followed up for general and sex offending reconvictions on average 15 years later (range 10-29 years)	Convicted sex offenders in New Jersey released pre-SORN 1981-1994 (N=250) and post-SORN 1995-2000 (N=300) Average age on release 38 years.	No significant impact of SORN found on general or on sexual reoffending rates. High risk recidivists began offending shortly on release from prison but then rates declined 7 to 10 years later.
<b>Other Quantitative studies</b>							
Sandler, J. C., Freeman, N. J., and Socia, K. M. (2008). Does a watched pot boil? A time-series analysis of New York State’s sex offender registration and notification law, <i>Psychology, Public Policy, and Law</i> , 14(4), 284-302. [REDACTED]	Quantitative analysis	USA	Justice	New York State Sex Offender Registration Act	Time series analyses of offender data using arrest data	21 years of sex offender data in New York State 1986-2006	Results provide no support for the effectiveness of registration and community notification laws in reducing sexual offending by: (a) rapists, (b) child molesters, (c) sexual recidivists, or (d) first-time sex offenders. Analyses also showed that over 95% of all sexual offense arrests were committed by first-time sex offenders
Tewksbury, R. Jennings, W. & Zgoba, K. (2012) A longitudinal examination of sex offender recidivism prior to and following the implementation of SORN, <i>Behavioral Sciences and the Law</i> 30: 308–328 [REDACTED]	Quantitative analysis	USA	Justice	SORN policies	Analysis of recidivism of sex offenders before introduction of SORN and after	247 sex offenders in pre SORN group 1990-94 and 248 sex offenders in post SORN group 1996-2000	Over three quarters of offenders were low risk of recidivism. The high risk group was most likely to re offend and do so soon after leaving prison. SORN policies did not predict general or sex offending recidivism

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED




# 6 SUPPORTING CHILD AND ADOLESCENT VICTIMS

**TABLE 6:** Support for Victims and Survivors LMICs

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Blair, R. Chang, J. Putman, K. Giguis, S & Jun, A. (2017) A review of sexual trauma treatment in Cambodia, <i>Journal of Behavioral &amp; Social Sciences</i> , 4:1-10 	Systematic review	Cambodia	Multi-sector Justice Health NGO	Responses for recovery of sexual exploitation and trafficking victims	Systematic review of publications in English, 19 articles on PTSD in Cambodia	Only 5 articles included young people aged 16-17 years. Focus of all was on SV, sexual exploitation & trafficking of women and girls	Reviews PTSD and culturally specific aspects of this for Cambodians. Found PTSD very similar to that in HICs but some specific somatic symptoms relevant to Cambodians are discussed. General response to trafficking in Cambodia is 'rescue' by ngo, accommodation in shelter providing recovery & rehabilitation services. These vary & only 1 study looked at the effectiveness of treatment and this was limited to an observational study of music therapy, not the combined rescue/treat approach. Recommend starting with evidence based adaptations for assessment, diagnosis and treatment developed with Cambodian immigrants in US and field testing these

**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 

**TABLE 6:** Support for Victims and Survivors LMICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Choudhary V, Satapathy S, Sagar R. (2016) Review of randomized controlled trials on psychological interventions in child sexual abuse: Current status and emerging needs in the Indian context. <i>Indian Journal of Psychological Medicine</i> 38:279-84. 	Systematic review	India	Health	Psychological interventions for the treatment of sexually abused children & adolescents	Systematic review of research from 1984-2015. 17 RCTs were included, 14 from US, 1 from Australia, 1 from UK. 1 study only was found on counselling services for CSA victims in India	17 studies included, 11 published 1984-99. 6 published 2000-2015. Pre 2000 studies were mostly on family system, parent child or group therapy. Post 2000 studies were mostly on CBT with trauma focus and multi dimensional approaches	Confirm findings that CBT with trauma focus and multi-dimensional approaches are most effective. Notes gap in evidence for psychological treatments in India
<b>Experimental &amp; quasi experimental studies</b>							
O'Callaghan, P. McMullen, J. Shannon, C. Rafferty, H. & Black, A. (2013) A randomised controlled trial of trauma-focused cognitive behavioral therapy for sexually exploited, war affected Congolese girls, <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 52:4, 359-369 	RCT	Democratic Republic of Congo	Health	TF-CBT for sexually exploited and war affected girls. Delivered in 15 session group based & culturally modified TF CBT programme.	Girls screened for trauma, depression and anxiety, conduct problems and prosocial behaviour randomised to TF CBT group (N=24) or wait list control group (N=28). Primary analysis by intention to treat involving all randomly assigned girls at pre- and post-intervention. 3 month follow up intervention group only.	52 girls aged 12 to 17 years who had been exposed to rape and inappropriate sexual touching	Compared with the wait list group, the TF CBT group experienced significantly greater reductions in trauma symptoms
Murray, L. Skavenski, S. Kane, J. Mayeya, J. et al (2015) Effectiveness of Trauma-Focused Cognitive Behavioral Therapy Among Trauma-Affected Children in Lusaka, Zambia A Randomized Clinical Trial, <i>JAMA Pediatr.</i> 169:8, 761-769.  (Earlier study included later in this table)	RCT	Zambia	Health	TF-CBT for orphaned and vulnerable children delivered by lay counsellors. 10 to 16 sessions of TF-CBT	Compared trauma symptoms for intervention group (N = 131) and wait list group (N = 126) who received usual community services offered to OVC.	257 children aged 5 to 17 years, 18 were assessed as high risk, only 5 identified as CSA victims. Outcomes were measured at baseline & within 1 month after treatment completion or after a waiting period of approximately 4.5 months after baseline for comparison.	Found statistically better outcomes for trauma symptoms for children in TF CBT than those in comparison group- a reductions of 81.9% in trauma symptoms and 89.4% in functional impairment for the TF-CBT group compared with a reduction of 21.1% for trauma symptoms and 68.3% for functional impairment in the comparison group.

**KEY:** EFFECTIVE:  PROMISING:  PRUDENT:  NEEDS MORE RESEARCH:  INEFFECTIVE/HARMFUL: 



**TABLE 6:** Support for Victims and Survivors LMICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Other evaluations</b>							
Cordisco Tsai, L. Vamtheary, L. & Channtha, N. (2018) <i>Experiences in shelter care: perspectives from participants in the Butterfly Longitudinal Study</i> , Chab Dai/Siobhon Miles Memorial Library & Resource Centre.	Longitudinal study cohort study	Cambodia	Community	Shelter services to support and reintegrate adult and child survivors of sexual exploitation & trafficking	10 year longitudinal study of shelter and post shelter experiences of sexually exploited and trafficked adults and children in Cambodia. Started 2011. Report based on interviews with survivors 2014, 2015 & 2016 while in shelter and after leaving	215 survivors interviewed. Research based on 211 interviewed in all three years - adult women (10), children and adolescents, boys (22) and girls (79). Referred from 14 shelters and 3 services	Report highlights positive and negative experiences of shelter residents regards intake, live in shelter, preparation for leaving and experiences after leaving. Makes several important recommendations for service improvement, particularly safety of young people while in shelter, participation in decisions, trauma informed therapeutic support, vocational skills and empowerment approaches, phased reintegration, better services in the community and support for family and family relationships.
Miles, G. & Miles, M (2011) The Butterfly Longitudinal Research Project: The Chab Dai study on (Re-) integration. Researching the lifecycle of sexual exploitation & trafficking in Cambodia: End of Year Progress Report 2010 (2011). <i>Third Annual Interdisciplinary Conference on Human Trafficking, 2011</i> . 19. <a href="http://digitalcommons.unl.edu/humtraffconf3/19">http://digitalcommons.unl.edu/humtraffconf3/19</a>	Mixed methods	Cambodia	NGO	Shelter services for sexual exploitation and trafficking of child and adults	Part of Butterfly Longitudinal Study (see above) This early report was based on a survey and focus group interviews with 28 girls in shelters	10 shelters and 28 girls living in shelters	Report describes range of services shelters provided and themes that were relevant for design of longitudinal study of outcomes. Key theme was girls' desire for vocational and educational opportunities.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 6:** Support for Victims and Survivors LMICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Murray, L, Familiara, I, Skavenskia, S, Jere, E. et al., (2013) An Evaluation of Trauma Focused Cognitive Behavioral Therapy for Children in Zambia, <i>Child Abuse &amp; Neglect</i> , vol. 37, no. 12, 2013, pp. 1175–85.	Non experimental pre- post-evaluation design (RCT in table above)	Zambia	Health Community	TF-CBT programme delivered in Zambia for orphaned and vulnerable children. Used trained voluntary care workers using fully validated assessments to identify children with moderate to severe trauma symptoms. Local lay counsellors were trained to deliver the TF CBT programme to families under supervision in an Apprenticeship Model. Delivered as part of a wider programme for families in partnership with an ngo	Assessment data collected pre and post treatment analysed	58 children and young people aged 5 to 18 years	Mean number of traumas on completion of programme was 4.11. Post treatment assessments showed significant reductions in the severity of trauma and shame symptoms. Results suggest TF CBT is feasible in this setting and RCTs are needed. Also supports the effectiveness of implementation strategies such as task shifting and Apprenticeship Models for training and supervision
<b>Qualitative studies</b>							
Rafferty, Y (2018) Mental health services as a vital component of psycho-social recovery for victims of child trafficking for sexual exploitation, <i>American Journal of Orthopsychiatry</i> 88: 3, 249-260	Qualitative	Cambodia India Laos Nepal Thailand Vietnam	NGO	Shelter services for trafficked children	Interviews with wide range of organisations – UN, government, NGOs and shelters about best practice in care of trafficked children	213 interviews	Describes the mental health needs of child victims, availability and quality of support. Best practice = trauma informed care, care that is culturally relevant. TF CBT promising. Comprehensive services and case management. Individualised care plans that recognise hierarchy of needs, meeting basic needs (food, shelter etc), safety of children while in care, need to build staff capacity

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 7:** Support for Victims and Survivors HICs

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Benuto, L. T., and O'Donohue, W. (2015) Treatment of the sexually abused child: Review and synthesis of recent meta-analyses, <i>Children and Youth Services Review</i> , 56, 52-60.	Systematic Review	n/a	Health	Treatment for sexually abused children under 18	Critical review of seven meta-analyses covering 77 distinct outcome studies	Sexually abused children in treatment programmes	Synthesis of previous meta-analyses found that the following were associated with increased treatment efficacy: agency compared to research settings; longer treatment, play therapy (for social functioning); CBT for behaviour, PTSD and caregiver outcomes. Noted that there was limited evidence on format of treatment (i.e. group, family or individual therapy). However, the 7 meta analyses did not all use the same criteria and effect sizes for outcomes ranged from small to large
Harvey, S. & Taylor, J. (2010) A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents, <i>Clinical Psychology Review</i> , 30:5, 517-535.	Systematic review & meta-analysis	n/a	Health	Any form of psychotherapy for sexually abused children – individual & group therapy, CBT, TF-CBT, play therapy, combined therapies	Meta-analysis and review of experimental, quasi-experimental and repeat measure (before & after) comparison studies	39 studies included	Included studies represented diverse treatment approaches, and most treatments were effective in symptom reduction. Large effect sizes found for global outcomes and PTSD. Presence of probable moderators of treatment outcome varied across symptom domains, reflecting importance of targeting therapy to individual needs
Kim, S. Noh, D. & Kim, H. (2016) A Summary of Selective Experimental Research on Psychosocial Interventions for Sexually Abused Children, <i>Journal of Child Sexual Abuse</i> , 25:5, 597–617.	Systematic review	n/a	Health	Psycho-social interventions for sexually abused children, including CBT, group therapy, psychotherapy, play therapy, EMDR, art therapy, family therapy, prolonged exposure therapy	Systematic review of quasi experimental studies published 2000-13	18 articles included, 16 from HICs, 1 from South Africa, 1 from Iran	Positive results were found for use of a diverse range of treatments but the best evidence was for CBT

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 7:** Support for Victims and Survivors HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Lewey, J., Smith, C. L., Burcham, B., Saunders, N. L., Elfallel, D. and O’Toole, S. K. (2018) Comparing the effect of EMDR and TF-CBT for children and adolescents: a meta-analysis, <i>Journal of Child and Adolescent Trauma</i> , 11:4, 1-16. <span style="background-color: green; color: white; padding: 2px;">EFFECTIVE</span>	Systematic review & meta-analysis	n/a	Health	EMDR and TF-CBT treatment for children & adolescents	Systematic review and meta analysis	30 studies published 1989-2015, nine studies of EMDR and 21 studies of TF-CBT. Meta analysis included 1192 children and adolescents aged 3 – 18 years (mean age 12 years)	TF-CBT and EMDR effective for reducing trauma symptoms. TF-CBT is marginally more effective than EMDR. Children below full PTSD diagnosis level respond better. Type of trauma – whether sexual abuse, physical violence, motor vehicle accident or fire-work factory disaster- has no impact on effectiveness of treatment.
Macdonald, G., Higgins, J. P., Ramchandani, P., Valentine, J. C., Bronger, L. P., Klein, P., O’Daniel, R., Pickering, M., Rademaker, B., Richardson, G., and Taylor, M. (2012) <i>Cognitive-behavioural interventions for children who have been sexually abused</i> Cochrane database of systematic reviews (Online), 5, CD001930. <span style="background-color: blue; color: white; padding: 2px;">PROMISING</span>	Systematic review	n/a	Health	CBT interventions for sexually abused children	Systematic review		The review confirms the potential of CBT to address the adverse consequences of child sexual abuse, but highlights the limitations of the evidence base and the need for more carefully conducted and better reported trials.
Macy, R. & Johns, N. (2011) <i>Aftercare Services for International Sex Trafficking Survivors: Informing U.S. Service and Program Development in an Emerging Practice Area, Trauma, Violence &amp; Abuse</i> , 12:2., 87-98. <span style="background-color: pink; color: white; padding: 2px;">NEEDS MORE RESEARCH</span>	Systematic review	USA	Multi sector	After care for sex trafficking	Search of databases, grey literature, grant funders and providers to identify responses in USA	20 documents reviewed.	Further research needed on effectiveness but review shows the importance of a continuum of aftercare services to address survivors’ changing needs as they move from initial freedom to recovery and independence The authors present a service, delivery framework to guide providers’ development of services for survivors.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 7:** Support for Victims and Survivors HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Moynihan, M. Pitcher, C. & Saewyc, E. (2018) Interventions that Foster Healing Among Sexually Exploited Children and Adolescents: A Systematic Review, <i>Journal of Child Sexual Abuse</i> , 27:4, 403-423, <span style="background-color: #f8d7da; padding: 2px;"> </span>	Systematic review	n/a	Multi sector	Support and recovery for sexually exploited children and adolescents	Systematic review. Organised findings into 5 categories by type of service- a. health and social care; b. intensive case management; c. psycho-educational therapy groups; d. residential programmes; e. other.	21 studies published 1991-2015 included on services for adult and child victims. & studies on responses in LMICs. Only 4 articles describe findings for under 18s	Papers discuss programmes that are very diverse and quality of research varied. Most responses were gender specific for girls and women and did not disaggregate findings for those aged under 18. Only one paper looked at services for boys. Services differed in delivery but despite this the researchers conclude most had some impact on healing.
Neriah Muraya, D. & Fry, D. (2016) Aftercare Services for Child Victims of Sex Trafficking: A Systematic Review of Policy and Practice, <i>Trauma, violence &amp; abuse</i> , 17:2, 204-220. <span style="background-color: #f8d7da; padding: 2px;"> </span>	Systematic review	n/a	Multi-sector	Aftercare for child sex trafficking victims	Systematic review of published and unpublished research, organisational policy, and current practice	15 documents reviewed	Aftercare should be based on children's rights and trauma-informed service provision. Recommend delivery practices such as case management and multidisciplinary, multiagency and multinational coordination to ensure the child victims benefit fully. Three phases to aftercare service provision of rescue, recover, and Reintegration, characterised by different needs and types of services provided. More research is needed on effectiveness.
Parker, B., and Turner, W. (2014) Psychoanalytic/psychodynamic psychotherapy for sexually abused children and adolescents: A systematic review, <i>Research on Social Work Practice</i> , 24:4, 389-399. <span style="background-color: #f8d7da; padding: 2px;"> </span>	Systematic review	n/a	Mental health	Psychoanalytic/psychodynamic psychotherapy for sexually abused children	Systematic review		There are no randomised and quasi-randomised trials that compared psychoanalytic/psychodynamic therapy with treatment as usual, no treatment or waiting list control for children and adolescents who have been sexually abused. No conclusions can be made as to the effectiveness of psychoanalytic/psychodynamic psychotherapy for this population

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 7:** Support for Victims and Survivors HICs (*continued*)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Sánchez-Meca, J., Rosa-Alcázar, A. & López-Soler, C. (2011) The psychological treatment of sexual abuse in children and adolescents: A meta-analysis, <i>International Journal of Clinical and Health Psychology</i> , 11:1, 67-93.	Systematic review	n/a	Mental health	Psychological treatment for sexually abused children	Systematic review & meta-analysis	33 articles included	Significant differences between treatment and control groups among the various psychological treatment approaches were found for the global outcome measure, sexualised behaviours, and behaviour problems. Trauma-focused cognitive-behavioural combined with supportive therapy and a psychodynamic element e.g. play therapy showed best results.
Shlonsky, A. Albers, B. Paterson, N. (2017). <i>Rapid evidence review on the availability, modality and effectiveness of psychosocial support services for child and adult victims and survivors of child sexual abuse</i> . Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney	Rapid Evidence assessment	Australia	Health	Psycho social support for child & adult survivors of child sexual abuse	Rapid Evidence assessment	Included 18 systematic reviews, 10 on treatments for children 8 on treatments for adult survivors	Best evidence for children and adolescents is CBT with a trauma focus. Best delivered individually to child or with non-abusive parent. Involving parent may bring other benefits. Treatment gains in short and medium term sustained but some diminution over longer term. Other effective approach is EMDR over 10-20 sessions of 50-60 minutes each. Involving client in treatment choice is important.
Trask, E. Walsh, K & De Lillo, D. (2011) Treatment effects for common outcomes of child sexual abuse: A current meta-analysis, <i>Aggression &amp; Violent Behavior</i> , 16:6-19	Systematic review	n/a	Health	Treatment for child sexual behaviour problems – PTSD, externalising and internalising problems. Included multiple modality treatments and different treatment approaches (eg CBT, play therapy)	Systematic review & meta-analysis of studies 1989-2009. Also examined the potential moderating effects of treatment (e.g. treatment type and modality, duration, inclusion of caregiver) and participant (e.g. age, gender, and ethnicity) characteristics.	35 studies included	Any treatment for CSA showed medium effect sizes for PTSD symptoms, externalizing problems, and internalizing problems. CBT with a trauma focus is most effective. Longer interventions were associated with greater treatment gains while group and individual treatments were equally effective. Older children responded better possibly because the cognitive focus of most treatments was more developmentally suitable for older children. Ethnicity had no impact on treatment outcome.

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 7:** Support for Victims and Survivors HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Experimental &amp; quasi-experimental studies</b>							
Cohen, J. Mannarino, A. & Knudsen, K. (2005) Treating sexually abused children: 1 year follow-up of a randomized controlled trial, <i>Child Abuse &amp; Neglect</i> , 29:2, 135-145.	Randomised control trial	USA	Mental health	CBT in 12 weekly sessions for children who were sexual abuse survivors compared to child-centred therapy	Randomised control trial, 1 year follow up	82 children and their caretakers	Shows durability of TF-CBT: the TF-CBT group evidenced significantly greater improvement in anxiety, depression, sexual problems and dissociation at the 6-month follow-up and in PTSD and dissociation at the 12-month follow-up
Cohen, J. Mannarino, A. Perel, J. & Staron, V. (2007) A pilot randomized controlled trial of combined trauma-focused CBT and sertraline for childhood PTSD symptoms, <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 46:7, 811-819.	Pilot randomized control trial	USA	Mental health	12 week TF-CBT with SSRI sertraline vs TF-CBT with placebo	Pilot randomized control trial, pre and post test measures using of K-SADS-PL and CGAS scales administered to children and parents Global Assessment Scale (CGAS).	22 children aged 10-17 and their parents	Did not show benefit of adding sertraline to CBT. States the evidence supports an initial trial of TF-CBT or other evidence-supported psychotherapy for most children with PTSD symptoms before adding medication
Cohen, J. Deblinger, E., Mannarino, A. & Steer, R. (2004) A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms, <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i> , 43:4, 393-402.	RCT	USA	Mental health	CBT in 12 weekly sessions for children who were sexual abuse survivors compared to child-centred therapy	Randomised Control Trial, using behaviour measures at pre and post test (12 weeks)	203 children aged 8-14 years and their caretakers	CBT was effective for children who had experienced multiple traumas, in regard to PTSD, shame, depression and behaviour problems. Parents in the TF-CBT group had improved scores on depression, distress and effective parenting and support for the child.
Deblinger, E., Mannarino, A. Cohen, J. Runyon, M. & Steer, R. (2011) Trauma-focused cognitive behavioral therapy for children: Impact of the trauma narrative and treatment length, <i>Depression and Anxiety</i> , 28:1, 67-75.	RCT	USA	Health	Studied the differential effects of TF-CBT with or without the TN component in 8 versus 16 sessions.	Randomised control trial	201 children aged 4-11 (mean age 7.7) and their parents. 61% girls, 65% white, 14% African-American, 7% Hispanic, 14% other ethnic group.	TF-CBT, regardless of the number of sessions or the inclusion of a TN component, was effective in improving participant symptomatology as well as parenting skills and the children's personal safety skills

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

**TABLE 7:** Support for Victims and Survivors HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
Dietz, T. Davis, D. & Pennings, J. (2012) Evaluating Animal-Assisted Therapy in Group Treatment for Child Sexual Abuse, <i>Journal of Child Sexual Abuse</i> , 21:6, 665-683.	Quasi-experimental	USA	Health	Evaluation of Dogs with Stories animal assisted therapy	Trauma symptoms questionnaire pre and post intervention, three groups compared: therapy with dogs, dogs only and standard therapy	153 children aged 7 to 17 who were in group therapy at a child advocacy centre. In all three groups majority of participants were female.	Results indicate that children in the groups that included therapy dogs showed significant decreases in trauma symptoms and that children who participated in the group with therapeutic stories showed significantly more change than the other groups.
Mannarino, A. Cohen, J. Deblinger, E., Runyon, M. & Steer, R. (2012). Trauma-Focused Cognitive-Behavioral Therapy for Children Sustained Impact of Treatment 6 and 12 Months Later, <i>Child Maltreatment</i> , 17:3, 231-241	RCT	USA	Health	Trauma focused CBT with trauma narrative	Randomised control trial used 14 outcome measures, follow up of Deblinger et al 2011 (above) at 6 and 12 months	158 children aged 4-11 years, 144 parents	Treatment gains were sustained regardless of length of sessions. Differences between groups were not sustained at 12 month follow up. No difference with TN approach, which may be due to the younger age of population in the study
<b>Quantitative studies</b>							
Bounds, L. Edinburg, L. Fogg, L. & Saeywc, E (2019) A nurse practitioner led intervention for runaway adolescents who have been sexually assaulted or sexually exploited: Effects on trauma symptoms, suicidality and self-injury, <i>Child Abuse &amp; Neglect</i> , 90:99-107	Longitudinal observational study	USA	Multi sector Health	Nurse led <i>Runaway Intervention Programme</i> offered by CAC for runaway and sexually abused / exploited young people. Combines programme of nurse visits to young people to build trust, assessment, develop individualised care plan & case management. Visits weekly in first 3 months, bi weekly months 4 -6 and every three weeks months 7 to 12. Provides health care and aims to reconnect young people to families and services. Empowerment groups also offered in CAC	Matched control group or RCT design was not ethically feasible as no other services were offered to this group of young people. Data collected from young people using standardised measures at baseline, at 3, 6 and 12 months after. Measured emotional distress, self injury, suicidal ideation & attempts & trauma symptoms	362 young people (348 female, 14 male) aged 12 to 18 years who used the programme between 2008-2015	Nurse visits independently predicted a decline in emotional distress, self-injury, suicidal ideation & attempts. Empowerment groups predicted decline in trauma symptoms and all other indicators apart from suicide attempts

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED



**TABLE 7:** Support for Victims and Survivors HICs (continued)

REFERENCE	STUDY TYPE	JURISDICTION	SECTOR	INTERVENTION	METHODS	PARTICIPANTS	RESULTS
<b>Qualitative studies</b>							
Holger-Ambrose, B., Langmade, C., Edinburgh, L. D., and Saewyc, E. (2013) The Illusions and Juxtapositions of Commercial Sexual Exploitation among Youth: Identifying Effective Street-Outreach Strategies, <i>Journal of Child Sexual Abuse</i> , 22(3), 326-340.	Qualitative	USA	Voluntary	Street outreach for girls at risk of child sexual exploitation	Qualitative interviews	13 aged 14-22 years (12 female, 1 transgender)	Participants wanted outreach workers to use “soft words” to refer to exploitation. They expressed contradictory images of their “boyfriend” pimps and their exploitation. They wanted outreach workers to “provide resources,” “be non judgmental,” “listen,” and “care.”

**KEY:** EFFECTIVE: GREEN PROMISING: BLUE PRUDENT: YELLOW NEEDS MORE RESEARCH: PINK INEFFECTIVE/HARMFUL: RED

unicef  | for every child