



Public Health
England

Protecting and improving the nation's health

Child sexual exploitation

How public health can support prevention and intervention

Literature search to identify the latest international research about effective interventions to prevent child sexual abuse and child sexual exploitation

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Published June 2019

PHE publications

gateway number: GW-499

PHE supports the UN

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Executive summary

Child sexual abuse (CSA) and child sexual exploitation CSE are a major public health issue, because of the long-term physical, sexual, and mental health effects. Prevention programmes exist to protect potential victims and prevent recidivism, but little is known about their effectiveness. Furthermore, there are confounding factors that can impact on the success of these programmes, such as cultural differences, age of participants, and the stigma that prevents people from getting help.

In June 2015, Public Health England's Knowledge and Library Services conducted a literature search to identify the research about effective interventions to prevent CSA and CSE. This was published in 2016. A further literature search was carried out in January 2019, and this document reflects the latest research in this area.

Both literature reviews accompany PHE's document **CSE: How public health can support prevention and intervention**, which is designed to support Directors of Public Health take evidence based action at a local level.

This literature review contains the original and new citations retrieved from an international literature search and the **search strategy**, which was run on 5 databases: Cochrane Library, OVID Medline, OVID Embase, EBSCO CINAHL, OVID PsycInfo. The original literature search was carried out in June 2015, and 242 papers were identified for inclusion. The search was updated in November 2016, and an additional 78 results were identified, making a total of 320 included papers. A further update was carried out in January 2019, and an additional 154 papers were identified, including 31 from grey literature sources. Some additional papers from 2015 were included in the updated search, because they had not been picked up in the original search, perhaps because they were added to the databases, following the original search. All the included references have been organised by the following 7 themes, in chronological order with the updated citations first, followed by the original citations which appeared in the first version of this literature review. The table below is a breakdown of the number of references retrieved, by theme and date:

| Theme | 2015/6 | 2019 |
|---|--------|------|
| Context | 55 | 17 |
| Increasing resilience | 65 | 37 |
| Treat earlier trauma | 36 | 9 |
| Pre-offending and prevent reoffending | 52 | 16 |
| Professional support | 69 | 24 |
| Policy development and service delivery | 33 | 40 |
| Religion and ethnic background | 10 | 11 |
| Total | 320 | 154 |

Please note: the original citations included in this document are not the original ones from the bibliographic databases. They have been rewritten by the PHE Knowledge and Library Services team, to comply with copyright legislation concerning the reproduction of bibliographic database abstracts. However, following this work an amendment to the copyright legislation was made so that abstracts from the bibliographic databases can be included in this document and published. As a consequence, the updated abstracts include British/American spelling variations, and are in a different format. Links are provided to the abstract or full-text, where freely available.

Context

Results from 2019 literature search

Yildiz E, Tanriverdi D. Child neglect and abuse: a global glimpse within the framework of evidence perspective. *International Nursing Review*. 2018;65(3):370-80.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/inr.12435>

Aim: This systematic review was conducted in order to integrate evidence-based knowledge and experience related to child neglect and abuse into the nursing literature.

Background: The negative and intense effects of neglect and abuse on an individual can last into adulthood. Nurses who are in close contact with such cases have an important role to play in detecting child neglect and abuse and supporting the families involved. When nurses fulfil this role, it is important that evidence-based information and interventions are known to ensure that the process is a healthy one. Data sources Medline/Pubmed and Cochrane Library databases, from 2012 to 2016.

Review methods: The PRISMA guide, a basic search algorithm, was used as a basis for the review. Results This systematic research involved 32 articles that met the criteria. When the characteristics of the studies were examined, it was found that 1 study dealt with physical abuse, 7 studies dealt with sexual abuse, 21 studies with neglect and abuse and 3 studies with all abuse types. It was also found that 16% addressed intervention, 22% addressed the relationship between abuse and other factors, 31% addressed prevention and 31% addressed the defining dimension.

Conclusions: It has been found that, in general, all types of negligence and abuse are studied together and that nurses lack the knowledge and skills needed to assess childhood neglect and abuse. Implications for nursing and health policies Nurses have a critical role to play in identifying the dark spots and associated factors in the story of individuals because they are health professionals who are in close contact with patients. It is recommended that guidelines be developed and used in the diagnosis and treatment of abuse and neglect. Thus, in these cases, the standardisation of care will be achieved.

Kelly L, Karsna K. Measuring the scale and changing nature of child sexual abuse and child sexual exploitation: Scoping report. Centre of expertise on child sexual abuse. 2018; August:

- Report: <https://www.csacentre.org.uk/csa-centre-prod/assets/File/CSA%20Scale%20and%20Nature%20full%20report%202018.pdf>
- Infographic: <https://www.csacentre.org.uk/csa-centre-prod/assets/File/CSA%20Scale%20and%20Nature%20infographics%202nd%20edition.pdf>

- Briefing: <https://www.csacentre.org.uk/csa-centre-prod/assets/File/CSA%20Scale%20and%20Nature%20briefing%202nd%20edition%20English.pdf>

An important aim of the Centre of Expertise on CSA is to increase understanding and awareness of the scale and nature of CSA. This paper forms the background to reaching current best estimates for both CSA and CSE, as part of a strand of work which seeks to improve measurement and identify gaps in knowledge. The aims for this piece of work were to achieve four things.

1. Establish a best estimate of the scale of CSA/E, drawing on the current evidence base and informed by expert input on the quality, reliability and extrapolation potential of this data. As far as possible, estimates should be provided at national and local level in England and Wales.
2. Keep abreast of future changes in data collection, providing informed comment as needed on the interpretation of new data.
3. Make proposals for a feasible new methodological framework to assess the scale of CSA/E and its various forms, building on current promising approaches and adding innovative methods.
4. Review promising practice in recording. Where reporting is high, what are the reporting and recording procedures followed? Possible case matching of areas with similar demographics but different practices and reported levels of CSA/E.

Otterman G, Jalsenius M, Maguire S, Sarkadi A, Janson S. Paediatric approaches to child maltreatment are subject to wide organisational variations across Europe. *Acta Paediatrica, International Journal of Paediatrics*. 2017; 106(7):1110-7.

<https://onlinelibrary.wiley.com/doi/pdf/10.1111/apa.13779>

Aim: Little is known about the organisation of child maltreatment practice in Europe. We therefore explored medical child protection systems and training across Europe.

Methods: An online survey was completed by physicians working in child maltreatment, identified through professional organisations in 28 member countries of the European Union, Iceland, Norway and Switzerland in 2012-2013. Respondents were questioned regarding management of suspected child maltreatment, mandatory reporting, professional training, patient referral and physician roles in multidisciplinary investigations. Responses underwent a narrative synthesis and descriptive enumerations.

Results: The survey was completed by 88 individuals, unevenly distributed in 22 of 31 countries. Physicians were mandated to report child maltreatment in 16 of 22 countries. All of 88 responding physicians described multidisciplinary involvement in the clinical and forensic management of suspected child maltreatment. Practitioners involved in physical examinations included general physicians, paediatricians, forensic medical examiners, gynaecologists and paediatric surgeons. Paediatricians were required to

undergo child protection training according to 30 of 86 respondents in 14 of 22 countries.

Conclusion: This survey demonstrates that there were wide variations in the organisation of child maltreatment paediatrics in Europe. The differing legislative frameworks and models of care are pertinent to consider when comparing epidemiology of maltreatment reported from across European countries.

Moore JL, Kaplan DM, Barron CE. Sex trafficking of minors. *Pediatric Clinics of North America*. 2017; 64(2):413-21.

[https://www.pediatric.theclinics.com/article/S0031-3955\(16\)41155-7/abstract](https://www.pediatric.theclinics.com/article/S0031-3955(16)41155-7/abstract)

Sex trafficking is an increasingly recognised global health crisis affecting every country and region in the world. Domestic-minor sex trafficking (DMST) is a subset of commercial sexual exploitation of children (CSEC), defined as engagement of minors (<18 years old) in sexual acts for items of value (such as food, shelter, drugs, money) involving children victimised within US borders. These involved-youth are at risk for serious immediate and long-term physical and mental health consequences. Continued efforts are needed to improve preventive efforts, identification, screening, appropriate interventions, and subsequent resource provision for victimised and high-risk youth.

Marriage ND, Blackley AS, Panagiotaros K, Seklaoui SA, van den Bergh J, Hawkins R. Assessing parental understanding of sexualized behavior in children and adolescents. *Child Abuse & Neglect*. 2017; 72:196-205.

<https://www.sciencedirect.com/science/article/pii/S0145213417302879>

The current study assessed parents' ability to identify normal, concerning and harmful sexualised behaviours in children and adolescents, as well as the parents' ability to identify and select an appropriate level of intervention. The influence of a parent's relationship with the victim or the perpetrator on the level of action taken was also examined. A cross-sectional survey incorporating a randomised experimental vignette condition determined that parents (N=244) were not able to consistently identify sexualised behaviours accurately, and they provided lower-than-recommended levels of intervention responses. Parents were best able to identify and respond to behaviours considered normal and age-appropriate, but had greater difficulty with behaviours considered concerning or harmful. Parents were significantly less able to accurately identify and respond to behaviours exhibited by very young children (in the 0-4 year-old-age bracket). In 3 vignette comparisons, no significant difference in the level of intervention responses was found between parents who viewed the victim as their own child and parents who viewed the perpetrator as their child; while parents who viewed both the victim and perpetrator as being their children (siblings) reported lower intervention response levels. Because a lack of accurate knowledge around risks and indicators of CSA negatively affects the ability to prevent and detect abuse, the results

have implications for a shift from a forensic model of child protection towards a public health model, which emphasises parent and community education.

James DR, Sargant NN, Bostock N, Khadr S. New challenges in adolescent safeguarding. *Postgraduate Medical Journal*. 2017; 93(1096):96-102.

<https://pmj.bmj.com/content/93/1096/96>

The environment in which young people are growing up has changed significantly with the growth in social communication, changes in migration patterns and the proliferation of gangs. These changes pose a real and present danger to the health and well-being of young people in the UK and around the world. However, recognition of the safeguarding needs for this group continues to lag behind those of younger children and services often remain patchy and incomplete. We present a review of current safeguarding concerns as well as practical suggestions on their recognition and response for professionals working with young people in all branches of healthcare as well as education and wider society.

HM Government. Tackling child sexual exploitation: Progress report. 2017; February.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592588/Tackling_Child_Sexual_Exploitation_-_Progress_Report__web_.pdf

We use the term CSE to describe a form of CSA where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity: (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact; it can also occur through the use of technology. This report focuses on progress against the actions set out in Tackling CSE, in the context of wider government work developed since March 2015 to tackle CSA.

Greenbaum J, Bodrick N, Flaherty EG, Idzerda SM, Laskey AT, Legano LA, et al. Global human trafficking and child victimization. *Pediatrics*. 2017; 140 (6) (no pagination) (e20173138).

<http://pediatrics.aappublications.org/content/140/6/e20173138>

Trafficking of children for labour and sexual exploitation violates basic human rights and constitutes a major global public health problem. Pediatricians and other health care professionals may encounter victims who present with infections, injuries, posttraumatic stress disorder, suicidality, or a variety of other physical or behavioural health conditions. Preventing child trafficking, recognising victimisation, and intervening appropriately require a public health approach that incorporates rigorous research on

the risk factors, health impact, and effective treatment options for child exploitation as well as implementation and evaluation of primary prevention programmes. Health care professionals need training to recognise possible signs of exploitation and to intervene appropriately. They need to adopt a multidisciplinary, outward-focused approach to service provision, working with non-medical professionals in the community to assist victims. Pediatricians also need to advocate for legislation and policies that promote child rights and victim services as well as those that address the social determinants of health, which influence the vulnerability to human trafficking. This policy statement outlines major issues regarding public policy, medical education, research, and collaboration in the area of child labour and sex trafficking and provides recommendations for future work.

Dubowitz H. Child sexual abuse and exploitation-A global glimpse. *Child Abuse & Neglect*. 2017; 66:2-8.

<https://www.ncbi.nlm.nih.gov/pubmed/28237191>

The view of what constitutes child abuse and neglect is dependent on the laws, cultural context, local thresholds and the availability. Since 1982, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) has conducted surveillance of child maltreatment and child protection every 2 years, published in *World Perspectives on Child Abuse*. It is hoped that up to date information will inform the development of laws, policies and programmes to better address child abuse and neglect.

This article is based on data on CSA and exploitation from 73 countries gathered online in 2015 to 2016 for the 12 edition of *World Perspectives*. Respondents were important informants who were knowledgeable professionals in the child protection field. They were encouraged to consult with colleagues so as to provide accurate information. Countries were grouped into different regions of the world and into income level categories. The findings focus on definitions of abuse and neglect, laws, policies and programmes to address and prevent maltreatment and barriers to prevention. It is evident that there is considerable variability across regions and country income categories, and that programmes and services need to be considerably strengthened, even in high income countries.

Blakemore T, Herbert JL, Arney F, Parkinson S. The impacts of institutional child sexual abuse: A rapid review of the evidence. *Child Abuse & Neglect*. 2017; 74:35-48.

<https://www.ncbi.nlm.nih.gov/pubmed/28864118>

While awareness of institutional CSA has grown in recent years, there remains limited understanding of its occurrence and outcomes as a distinct form of abuse. Drawing on research commissioned by the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, this article presents a rapid review of available evidence on the impacts of institutional abuse on victim/survivors. Literature searches

identified 75 sources spanning international peer reviewed work and reports to Government that document or quantify the impacts of mostly historical CSA occurring in religious, educational, sporting and residential or out-of-home care settings. Consistent with CSA in other contexts, institutional CSA is found to be associated with numerous, pervasive and connected impacts upon the psychological, physical, social, educative and economic wellbeing of victims/survivors.

Further, institutional CSA is associated with vicarious trauma at the individual, family and community level, and with impacts to the spiritual wellbeing of victims/survivors of abuse that occurs in religious settings. The identified literature suggests the trauma of institutional CSA may be exacerbated by the interplay of abuse dynamics in institutional settings, which may reduce or impede circumstances supporting disclosure, belief, support and protection from future harm. Acknowledging the limitations of the present study and the available evidence, this narrative synthesis provides insights into the complex impacts of institutional CSA.

Soliman F, Mackay K, Clayton E, Gadda A, Jones C, Anderson A, et al. The landscape of UK child protection research between 2010 and 2014: Disciplines, topics, and types of maltreatment. *Children and Youth Services Review*. 2016; 65:51-61.

<https://strathprints.strath.ac.uk/55680/>

This paper draws on the results of a commissioned systematic map of UK child protection empirical research published between 2010 and 2014. It analyses current patterns in child protection research in relation to 3 variables-disciplinary background of authors, types of maltreatment examined, and focus of the research-and considers the relationship between these. It finds first authors' disciplines to be reliable indicators of both the focus and topic of the research, with the dominant fields of psychology, medicine, and social work addressing respectively the long-term outcomes of sexual abuse, the short term outcomes of physical abuse, and the care system's response to child maltreatment. The proportion of research dedicated to specific types of maltreatment appears to depend on factors other than their real-world prevalence. Instead, definitional issues and ease of access to research participants appearing to be more influential in determining the topic of the research. UK child protection research appears to show narrow multidisciplinary interaction and little focus on preventative or ameliorative interventions. The development of a coordinated national strategy adopting an interdisciplinary approach in the design and commissioning of child protection research could help maximise research efforts by reducing duplication and potentially facilitating the emergence of more innovative directions.

Reid JA. Entrapment and enmeshment schemes used by sex traffickers. *Sexual Abuse: Journal of Research & Treatment*. 2016;28(6):491-511.

<https://journals.sagepub.com/doi/abs/10.1177/1079063214544334?journalCode=saxb>

Emerging research suggests that sex traffickers/pimps control the majority of trafficked girls in the United States. The youthfulness of these victims and their lack of psychosocial maturity severely diminish their ability to detect exploitative motives or withstand manipulation of traffickers. A review of 43 cases of sexually exploited girls involving non-relative traffickers and 10 semi-structured interviews with social service providers revealed numerous scripts and schemes used by sex traffickers to entrap and entangle victims including boyfriend/lover scripts, ruses involving debt bondage, friendship or faux-family scripts, threats of forced abortion or to take away children, and coerced co-offending. These findings inform potential prevention efforts and highlight the need for multi-systemic, victim-centred approaches to intervention.

Murphy L. Labour and sex trafficking among homeless youth: A ten-city study full report. Loyola University New Orleans. 2016.

<https://static1.squarespace.com/static/5887a2a61b631bfbbc1ad83a/t/5a7490fdc8302508d6b76f1c/1517588734590/Labour+and+Sex+Trafficking+Among+Homeless+Youth.pdf>

This study provides a detailed account of labour and sexual exploitation experienced by homeless youth in Covenant House's care in 10 cities. Human trafficking – the exploitation of a person's labour through force, fraud, or coercion – is a crime whose victims tend to be society's most vulnerable. People who are homeless, lack a support system, or are desperate for work are susceptible to the promises of people who would exploit them for labour and for sex. Recently, homeless youth providers in the United States and Canada have become aware that their clients are particularly at risk of trafficking and research has begun to uncover the extent and contours of the problem within that community.

Fox C, Kalkan G. Barnardo's Online Grooming Survey. Barnardo's. 2016; December.

<http://www.barnardos.org.uk/barnardos-online-grooming-survey-2016.pdf>

This snapshot survey of 5 Barnardo's sexual exploitation services across the UK shows the prevalence of online grooming and the number of children who had gone on to be sexually exploited after being groomed online.

Of the 702 children that had been supported in the services taking part in the survey, 297 had been groomed online. Of those, nearly two-thirds (182) had met the person that groomed them online and had been sexually exploited by them through contact offences. It is crucial parents make their children aware of the dangers online and explain how they can keep themselves safe. Governments must also ensure all primary

and secondary school children have age appropriate and sensitive lessons on sex and healthy relationships.

Rothman EF, Bazzi AR, Bair-Merritt M. 'I'll do whatever as long as you keep telling me that I'm important': A case study illustrating the link between adolescent dating violence and sex trafficking victimization. *Children At Risk*. 2015;6(1).

<https://digitalcommons.library.tmc.edu/childrenatrisk/vol6/iss1/8/>

Background: Approximately 10% of U.S. high school-attending youth are physically abused by a dating partner each year. Many sequelae of dating violence have been documented, but the dating violence literature is lacking information about commercial sexual exploitation as a possible outcome of an abusive dating relationship. Conversely, scholarship on sex trafficking victimisation has documented that some girls are enticed into sex work by exploitative partners who initially pretend to be dating partners, but the research lacks specificity about why and how the girls become vulnerable to these destructive relationships. This case series chronicles the experiences of 4 women who were commercially sexually exploited in the U.S. as minors, identifies common themes cross their narratives, and organises these themes into a proposed framework for understanding a possible pathway from safety to unsafe dating to sex trafficking victimisation.

Discussion: Findings support the conclusions that one pathway into commercial sexual exploitation for minors is via dating partners, and that some minors are motivated to engage in sex work out of devotion to their dating partners rather than fear of violent retribution. A proposed framework for understanding how youth become vulnerable to sexual exploitation by a dating partner includes pre-dating, early phase dating, and late phase dating factors. Some pre-dating factors, for example, include feeling insecure, being bullied by peers, and having conflict with a guardian. Early phase dating factors include being impressed by the high social status of a new love interest and romantic gestures. Late phase dating factors include engaging in criminal activity to please the dating partner, and being physically, sexually, financially and emotionally abused. Additional empirical research that replicates and expands the proposed framework is encouraged, with the long-term objective of improving both dating violence and sexual exploitation prevention initiatives.

Palmer T. *Digital dangers: The impact of technology on the sexual abuse and exploitation of children and young people*. Barnardo's. 2015.

http://www.barnardos.org.uk/onlineshop/pdf/digital_dangers_report.pdf

Research conducted for this report, and other available literature, clearly illustrate that while there are many benefits to children and young people's access to technology there are also consequences. The ability to interact anonymously; send images and be coerced into 'non-contact' sexual abuse, are all issues that have increased in the last 10

years. The following recommendations relate to preventing, identifying and supporting, assessing, investigating and protecting children and young people.

Murphy L, Taylor R, Bolden C. Trafficking and exploitative labour among homeless youth in New Orleans. Loyola University New Orleans. 2015.

<https://static1.squarespace.com/static/5887a2a61b631bfbbc1ad83a/t/59498effe4fcb553cd3bd5cc/1497992978429/HomelessYouthNewOrleans.pdf>

The Global Slavery Index estimates that approximately 60,000 people are currently suffering under conditions of forced labour in the United States (Figure 1). Nonetheless, despite the recent rhetoric that locales such as New Orleans are 'hubs for human trafficking,' there has been very little data collected in New Orleans or other U.S. cities on the prevalence of trafficking within those locales or even among their at-risk populations. Studies indicate risk for both sex and labour trafficking in the United States is highest when a confluence of individual risk factors collides with societal and familial pressures.

Those individual indicators include poverty, homelessness, unemployment, a history of sexual abuse, and history of mental health issues. Among young men and women, rejection by biological or foster families can increase vulnerability to sex trafficking. Familial and societal pressures that may increase risk of trafficking include family or relatives involved in commercial sex, a prevalent local gang culture, and socioeconomic disadvantages associated with race. The Institute of Medicine and the National Research Council suggest that in addition to these individual and societal risk factors, a lack of awareness of trafficking and sexual exploitation endangers young people and makes them even more vulnerable to sex trafficking. In terms of prevalence among certain racial groups, a Bureau of Justice Statistics report on characteristics of reported human trafficking incidents indicates that African American U.S. citizens under age 25 are potentially more likely to be victims of sex trafficking (or at least to be identified as such).

Results from 2015/6 literature search

Havlicek, J., Huston, S., Boughton, S., et al. 2016. Human trafficking of children in Illinois: Prevalence and characteristics. *Children and Youth Services Review* 69 127-135

<https://www.sparrho.com/item/human-trafficking-of-children-in-illinois-prevalence-and-characteristics/968e69/>

This study compared investigated allegations of human trafficking (HT), and other types of maltreatment. The administrative data was gathered by the Illinois Department of Children and Families, and covered the period between [†] July 2011 and 30 June 2015. During this time, there were 563 investigated allegations of HT, compared with 697,092 of other types of maltreatment. The findings showed that 90% of the 419 children from the 563 investigated allegations of HT, were female, aged on average about 14.5 years old, with just over half being African American, and living in a large, urban county.

Almost two-thirds had a previous investigated allegation of maltreatment in their record, and '28% had at least 1 entry into out-of-home care prior to, during, and/or after an allegation of human trafficking'. This description of the characteristics of children with an allegation of HT, can be used to help welfare organisations identify children at risk.

Moore, R. 2016. An ugly truth. ASHA Leader 21(1) 4-6

<http://connection.ebscohost.com/c/opinions/112027173/ugly-truth>

This is an overview of the prevalence of childhood sexual abuse in America, focusing on children with and without disabilities, and the impact on receptive language learning.

Soliman, F., Mackay, K., Clayton, E., et al. 2016. The landscape of UK child protection research between 2010 and 2014: Disciplines, topics, and types of maltreatment. Children and Youth Services Review 65 51-61

<http://www.sciencedirect.com/science/article/pii/S0190740916300950>

The purpose of this paper was to examine the current patterns in child protection empirical research, between 2010 and 2014. The authors looked at the relationship between the disciplinary background of authors, types of maltreatment, and the focus of the research. They found that the discipline of the first authors tended to be a reliable indicator for both the focus and topic of the work. Where the first author's discipline was in psychology, the research looked at long-term outcomes of CSA, and where the discipline was in medicine, the focus was on short-term outcomes of physical abuse. Research about the care system's response to child maltreatment, was written experts in the area of social work. The authors found that UK research about child protection did not focus heavily on prevention or improvement interventions, and recommended that a coordinated national strategy would help reduce duplication in research topics, and facilitate more research in to innovative interventions to improve child protection services.

Chung, R. J. & English, A. 2015. Commercial sexual exploitation and sex trafficking of adolescents. Current Opinion in Pediatrics 27(4) 427-33

<https://www.ncbi.nlm.nih.gov/pubmed/26087419>

Having reviewed the international research about the current state of commercial sexual exploitation and sex trafficking of adolescents, the authors conclude that more needs to be done to protect young people. While there has been an improvement in the availability of literature on this issue, it is still limited because of the secrecy element. However, it is clear that health care providers for young people have an important role to play in identifying possible victims, and preventing further victimisation.

Cross, T. P., Chuang, E., Helton, J. J., et al. 2015. Criminal investigations in child protective services cases: An empirical analysis. *Child Maltreatment* 20(2) 104-114

<https://www.ncbi.nlm.nih.gov/pubmed/25520321>

Using data from the National Survey of Child and Adolescent Well-being, the authors of this study examined the frequency and links associated with the criminal investigation of child maltreatment in cases investigated by child protective services (CPS). The authors found that more than 25% of CPS investigations lead to criminal investigations, with sexual abuse being investigated the most frequently, followed by physical abuse. They also found that there were several drivers for instigating criminal investigations, including where the case workers felt the victim might come to greater harm, the CPS carried out an investigation as opposed to an assessment, when a parent or legal guardian made the disclosure, or in communities where the CPS and the police had a memorandum of understanding, which clearly explained how the issue should be managed and coordinated.

Essabar, L., Khalqallah, A. and Dakhama, B. S. B. 2015. Child sexual abuse: Report of 311 cases with review of literature. *Pan African Medical Journal* 20(47)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4449992/>

The authors studied 311 cases of CSA, looking in particular at the epidemiological features and the negative impact on the well-being of each victim. In all cases, the perpetrator was male, with 70% of cases being someone known to the victim, and in 7%, the offender being identified as a family member. Suicide, pregnancy, and HIV virus infection were some of the negative impacts, although in 61% of cases physical health was assessed as normal.

Greenbaum, J. and Crawford-Jakubiak, J. E. 2015. Child sex trafficking and commercial sexual exploitation: Health care needs of victims. *Pediatrics* 135(3) 566-574

<http://pediatrics.aappublications.org/content/early/2015/02/17/peds.2014-4138>

With child sex trafficking (CST) and CSEC causing significant public health issues in the United States and throughout the world, it is essential that paediatricians have the relevant knowledge to recognise and respond to potential victims. Knowledge such as risk factors, possible warning signs, and common health problems, both medical and behavioural, should be provided to all people who have a role in the education and care of children, so that further incidents can be prevented.

Honor, G. 2015. Domestic minor sex trafficking: What the PNP [paediatric nurse practitioners] needs to know. *Journal of Pediatric Healthcare* 29(1) 88-94

<https://www.ncbi.nlm.nih.gov/pubmed/25497135>

This article has been written for the professional development of paediatric nurse practitioners in the United States, to help them understand the meaning of DMST, which involves the selling, buying, or trading of children for their sexual services.

Jenkins, P. 2015. The politics of research into child sexual exploitation. *Healthcare Counselling & Psychotherapy Journal* 15(3) 22-5

<http://connection.ebscohost.com/c/articles/109393482/politics-research-child-sexual-exploitation>

This paper focuses in particular on the increasing incidence of sexual exploitation of young people in Great Britain, and the problems encountered in the co-ordinated management of this issue. There is reference to a report from the House of Commons, which describes the systemic and cultural failures in dealing with the problem.

Paz Ribeiro, I. M., Teixeira Ribeiro, Ã. S., Pratesi, R., et al. 2015. Prevalence of various forms of violence among school students. *Acta Paulista de Enfermagem* 28(1) 54-9

http://www.scielo.br/scielo.php?pid=S0103-21002015000100054&script=sci_arttext&tlng=en

This paper used the Child Abuse Screening Tool Version (ICAST-C) to estimate the prevalence of violent events in students aged between 11 and 15 years from public schools. Two-hundred and eighty-eight children participated, randomly selected. The types of violence included physical, psychological, and sexual abuse, and there was high prevalence of these in the family and the school environment.

Skellern, C. Y. 2015. Child protection: A 50-year perspective. *Journal of Paediatrics and Child Health* 51(1) 87-90

<http://onlinelibrary.wiley.com/doi/10.1111/jpc.12813/abstract>

The author of this article is an Australian child protection paediatrician who has reviewed the developments in paediatric forensic medicine and child protection, since the publication of 'The Battered Child Syndrome' by Kempe et al., 50 years ago. Improvements have been made, particularly in terms of specialised forensic training, funding, resource, and standards development.

Steel, C. M. 2015. Web-based child pornography: The global impact of deterrence efforts and its consumption on mobile platforms. *Child Abuse & Neglect* 44 150-8

<https://pdfs.semanticscholar.org/5c0e/c8249585f920c279c5e433f58906040f6c3f.pdf>

This is the first study to look at the use of mobile devices for accessing child sexual exploitation material (CSEM), and the deterrence efforts made by search providers. The authors examined current and historical data from Google, Bing, and Yandex to see how searches for CSEM are being conducted. They found that the blocking efforts applied by Google and Microsoft, led to a 67% drop in the past year in web-based searches for CSEM. However, an assessment of Bing found that 32% of all CSEM-associated queries were conducted via mobile devices such as tablets and smartphones. Yandex is another significant search engine, located in Russia, but it does not apply blocking software, and has not seen a drop in CSEM searches, and profits from the advertising revenue generated from these queries. Child pornography possession is not criminalised in Russia and other locations, and therefore searchers from the United States can use Yandex without fear of detection or prosecution.

Varma, S., Gillespie, S., McCracken, C., et al. 2015. Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States. *Child Abuse and Neglect* 44 98-105

<https://www.ncbi.nlm.nih.gov/pubmed/25896617>

This retrospective study examined patients aged between 12 and 18 years, who had attended 1 of 4 paediatric health care settings, and presented as suspected victims of child commercial sex exploitation (CCSE). Their symptoms and experiences were compared with victims of CSA but showing no evidence of CCSE. It was found that adolescent victims of CCSE differed in several ways, including their reproductive history, high risk behaviour, involvement with authorities, and history of violence.

Veenema, T. G., Thornton, C. P. and Corley, A. 2015. The public health crisis of child sexual abuse in low and middle income countries: An integrative review of the literature. *International Journal of Nursing Studies* 52(4) 864-881

<https://www.ncbi.nlm.nih.gov/pubmed/25557553>

The research evidence on CSA in developing countries is poor quality, and inadequate for informed policy decision-making. The authors of this integrative review included 44 articles about the incidence and characteristics of CSA in low or middle-income countries (LMIC). Four themes were identified: difficulty of accurate measurement, barriers to reporting and justice, and the false perception that CSA is a new phenomenon. Characteristics that were identified included early marriage, human trafficking, sexual coercion, rape as the first sexual encounter, and males as victims. While there is insufficient research evidence on CSA in LMIC, the literature found

demonstrates that CSA is a threat to the health and safety of children worldwide, and that this study can be used as a basis for further research.

Williams, A. 2015. Child sexual victimisation: Ethnographic stories of stranger and acquaintance grooming. *Journal of Sexual Aggression* 21(1) 28-42

<http://eprints.port.ac.uk/17428/>

While recent research on CSA has focused on the offender and the psychological reasons for their behaviour, and how they are managed and treated in local communities, there has been a lack of research into the grooming of potential victims. This article carried out an observational study to collect ethnographic accounts from a South-East coastal community where a number of child sex offenders live. The authors looked at the strategies applied by both strangers and people known to the victims and their families, to see how this information can impact on offender-victim behaviours, with a view to preventing future offences.

Wissink, I. B., van Vugt, E., Moonen, X., et al. 2015. Sexual abuse involving children with an intellectual disability (ID): a narrative review. *Research in Developmental Disabilities* 36 20-35

<https://www.ncbi.nlm.nih.gov/pubmed/25310832>

This is a narrative review of 13 papers looking at the incidence of sexual abuse in children with intellectual disabilities (ID), a relatively unexplored topic, despite the vulnerability of the population. The authors explore the extent and nature of the sexual abuse, and the institutional reactions following the disclosure of sexual abuse of children with ID. They found that children with ID are at greater risk of exposure to sexual abuse, both as victim or perpetrator, and they discuss ways to help improve prevention and intervention approaches.

Ellsberg, M., Arango, D. J., Morton, M., et al. 2014. Prevention of violence against women and girls: What does the evidence say? *The Lancet* 385(9977) 1555-1566

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61703-7/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61703-7/abstract)

This paper looks in particular at the evidence of interventions for reducing violence against women and girls. Types of violence include domestic violence, sexual assault, female genital mutilation (FGM), and child marriage. In high-income countries, researchers found that women-centred advocacy, and home-visitation programmes were effective in reducing further female violence. In low and middle-income countries, group training for both men and women was found to be effective, alongside community mobilisation interventions, and livelihood and training interventions for women.

Greenbaum, V. J. 2014. Commercial sexual exploitation and sex trafficking of children in the United States. *Current Problems in Pediatric and Adolescent Health Care* 44(9) 245-69

<https://www.ncbi.nlm.nih.gov/pubmed/25131563>

The authors of this paper discuss the global health issues, such as violence, deprivation, abuse, and infection, associated with child commercial sexual exploitation and sex trafficking (CCSEST), and point out the lack of resources, such as diagnostic toolkits, available to help care professionals recognise and support victims. An overview of the epidemiology of CCSEST both in the United States and the rest of the world is presented, describing the 5 stages of trafficking, and the physical and emotional consequences. There is also a description of the medical evaluation process, listing potential indicators, and common medical presentations, and providing guidance on different approaches to conducting the medical interview with the most appropriate diagnostic tests and treatment. The authors conclude with a discussion about the needs of the victim, with information about resources available.

Mueller-Johnson, K., Eisner, M. P. and Obsuth, I. 2014. Sexual victimization of youth with a physical disability: an examination of prevalence rates, and risk and protective factors. *Journal of Interpersonal Violence* 29(17) 3180-206

<https://www.ncbi.nlm.nih.gov/pubmed/24870960>

While research has shown that children with disabilities are more vulnerable to abuse, there is variation in the level of risk according to the type of disability. There is sparse knowledge about sexual abuse of young people with physical disabilities, but the authors of this study used data from a national school-based survey, in Switzerland, of 6,749 adolescents with an average age of 15 years, to investigate this issue in greater depth. They found that there were 2 types of sexual victimisation (SV) in young people with disabilities: contact SV which involved penetration, touching or kissing, and non-contact SV, such as indecent exposure, verbal harassment, exposure to sexual acts, or victimisation via the internet. The authors found that boys with physical disabilities were more likely to be sexually victimised than girls.

Davis, D. W., Pressley-McGruder, G., Jones, V. F., et al. 2013. Evaluation of an innovative tool for child sexual abuse education. *Journal of Child Sexual Abuse* 22(4) 379-397

<https://www.ncbi.nlm.nih.gov/pubmed/23682765>

Although CSA has significant impact on public health, little is known about how to prevent, recognise the early symptoms, and treat victims, and therefore, they are often left untreated, because the symptoms have not been recognised or reported. This paper describes an innovative approach to promoting awareness. It is based on 20 informed interviews, which identified 6 themes. While more research is needed, this methodology has the potential to raise awareness of CSA.

Hamby, S., Finkelhor, D. and Turner, H. 2013. Perpetrator and victim gender patterns for 21 forms of youth victimization in the National Survey of Children's Exposure to Violence. *Violence and Victims* 28(6) 915-939

<http://www.unh.edu/ccrc/pdf/Hamby-VandV-2013.pdf>

The data examined in this study, comes from the American National Survey of Children's Exposure to Violence (NatSCEV). Caregivers and young people responded to a telephone survey, which resulted in data about 4,549 children aged between 1 month and 17 years. Twenty-one types of youth victimisation were identified, and for 18 of those, males were the more common perpetrators than females. Males were more likely to physically assault and bully other males, and males were more responsible for kidnapping and/or sexually assaulting females. There was no significant gender difference for non-physical abuse, but higher levels of fear and more severe injuries were associated with violence carried out by males. Where the violence was cross-gender, (male attacking female or female attacking male), these acts tended to be sexual offences. Females were more likely to engage in verbal victimisation. The authors found that social skills, physical strength, and social power impacted on the level of violence within and between genders.

Hardy, V. L., Compton, K. D. and McPhatter, V. S. 2013. Domestic minor sex trafficking: Practice implications for mental health professionals. *Affilia: Journal of Women and Social Work* 28(1) 8-18

<http://aff.sagepub.com/content/early/2013/02/05/0886109912475172>

The reporting of DMST varies across the United States, because much is unreported and hidden to the authorities. This article discusses the impact of DMST, and the implications for public health, and describes potential areas for future research.

Zeuthen, K. and Hagelskjaer, M. 2013. Prevention of child sexual abuse: analysis and discussion of the field. *Journal of Child Sexual Abuse* 22(6) 742-760

<http://www.tandfonline.com/doi/abs/10.1080/10538712.2013.811136?journalCode=wcsa20>

This paper emphasises the importance of identifying robust, CSA preventative measures, and reviews existing preventive interventions aimed at children, their parents, and professionals. The research discussed has 3 aspects: existing CAS prevention interventions, meta-analyses of these interventions, and an overview of theoretical models related to prevention and the child. The conclusions found that theory does not match practice and an overview of current challenges and options is provided.

Everitt, R., Reed, P. and Kelly, P. 2012. Medical assessment for child sexual abuse: A post-code lottery? *Journal of Paediatrics and Child Health* 48(5) 389-394

<https://www.ncbi.nlm.nih.gov/pubmed/22050643>

In New Zealand, they looked at how many children and adolescents were being medically assessed for evidence of sexual abuse. They found that over 12 months, 804 medical assessments were carried out, but that there was clear regional variation, particularly in the area of statutory child protection practice. While doctors experienced in this type of assessment were available in most areas, the structure of the service varied, and in some places there was insufficient nurse or social worker support.

Fluke, J. D., Goldman, P. S., Shriberg, J., et al. 2012. Systems, strategies, and interventions for sustainable long-term care and protection of children with a history of living outside of family care. *Child Abuse and Neglect* 36(10) 722-731

<https://www.ncbi.nlm.nih.gov/pubmed/23102720>

A systems framework approach was used to strengthen services providing care for children living away from their family, in low and middle-income countries. The framework looks at legislation, policies, regulations, system structures and functions, and the continuum of care and services. The U.S. Government Evidence Summit: Protecting Children Outside of Family Care took place in December 2011, and 1 of the actions was to review the literature on the best sustainable approaches for providing long-term care to children living away from their families, such as trafficked children, those living on the street, children living in institutions, and children living in war/disaster zones. The authors found evidence of the effectiveness of laws and policies and also of service provision. They concluded that the best approach is permanent family care, such as reuniting children with existing family, or finding families to adopt them. But it is also important to recognise the different contexts these children live in, such as political, socioeconomic, historical, and cultural backgrounds.

Herrmann, B. and Navratil, N. 2012. Sexual abuse in prepubertal children and adolescents. *Pediatric and Adolescent Gynecology: Evidence-Based Clinical Practice* - 2nd, revised and extended edition *Endocrine Development*. 22 112-137

<https://www.ncbi.nlm.nih.gov/pubmed/22846525>

Effective medical assessment is important for supporting children who have experienced sexual abuse, and expertise in the area of paediatric gynaecology is essential. Furthermore, where there are physical outcomes, such as injury, infection, or pregnancy, these need to be diagnosed and treated promptly and effectively, reassuring the child throughout the process. A professional and sensitive approach is necessary so that the child does not endure further suffering.

Christian, C. W. and Feldman, K. W. 2011. Policy statement: Protecting children from sexual abuse by health care providers. *Pediatrics* 128(2) 407-426

<http://pediatrics.aappublications.org/content/early/2011/06/23/peds.2011-1244>

This policy statement has been developed by the American Academy of Pediatrics, to ensure that health care providers understand appropriate provider-patient boundaries, and employing organisations screen staff members for evidence of historical child abuse issues. Health care providers are duty-bound to ensure the safety of children, and training must be provided to support this.

Hart, S. N. and Glaser, D. 2011. Psychological maltreatment: maltreatment of the mind: a catalyst for advancing child protection toward proactive primary prevention and promotion of personal well-being. *Child Abuse and Neglect* 35(10) 758-66

<https://www.ncbi.nlm.nih.gov/pubmed/22015203>

Current child protection is seen to be inadequate for dealing with all the different types of violence (physical, psychological, sexual) that children are experiencing around the world. A public health approach is required, particularly as around the world, countries are taking more responsibility for the protection of children's rights. The United Nations Committee on the Rights of the Child provides guidance on how countries can fulfil their duty to free children from all types of violence. The idea is to identify the origins of violence, and prevent it by raising awareness nationwide.

Mitchell, K. J., Finkelhor, D., Wolak, J., et al. 2011. Youth Internet victimization in a broader victimization context. *Journal of Adolescent Health* 48(2) 128-134

http://childcentre.info/robert/database/?id=10602andop=view_entryandentry_id=265

As part of the National Survey of Children's Exposure to Violence, 2,051 adolescents, aged between 10 and 17 years old, were interviewed about their experiences of on-line and off-line victimisation. In the past year, 96% said that they had suffered on- and off-line victimisation, such as sexual harassment, indecent exposure, rape, or psychological and emotional abuse. The authors concluded that prevention interventions should not just be focused towards on-line abuse, but recognise that other factors, and not just internet naivety, should be considered.

Rigby, P. 2011. Separated and trafficked children: The challenges for child protection professionals. *Child Abuse Review* 20(5) 324-340

<http://onlinelibrary.wiley.com/doi/10.1002/car.1193/abstract>

This paper was commissioned to inform policy and practice with regards to protecting unaccompanied asylum-seeking children. The authors highlight issues around identifying vulnerable children, looking at cultural issues, and dealing with the fear

experienced by the children, which prevents engagement with people who can help them. Fortunately, more agencies are working together to combat the trafficking of children, and this is improving child protection service delivery.

Sabella, D. 2011. The role of the nurse in combating human trafficking. *American Journal of Nursing* 111(2) 28-37

<https://www.ncbi.nlm.nih.gov/pubmed/21270581>

Many vulnerable people are slipping through the net, because health care providers do not always realise that they are caring for victims of trafficking, and so do not intervene. There are many different signs that a person is being trafficked, and this article describes them and suggests safe methods of intervention. It also includes a resource list for further support.

Segal, L. and Dalziel, K. 2011. Investing to protect our children: Using economics to derive an evidence-based strategy. *Child Abuse Review* 20(4) 274-289

<http://onlinelibrary.wiley.com/doi/10.1002/car.1192/abstract>

More than 25% of children around the world encounter some sort of child abuse and neglect. Not only does this have an impact on their physical and mental health, but there are also social and economic ramifications. Agencies around the world are working towards developing cost effective strategies to improve child protection services, and prevent child abuse. However, there are gaps in the evidence-base, and therefore there are successful interventions which organisations are not aware of. This article describes a priority-setting framework, which if translated into practice, should reduce child harm in the future.

Sinanan, A. N. 2011. The impact of child, family, and child protective services factors on reports of child sexual abuse recurrence. *Journal of Child Sexual Abuse* 20(6) 657-676

<https://www.ncbi.nlm.nih.gov/pubmed/22126109>

The authors of this paper analysed the National Child Abuse and Neglect Data System data set of 2002 to 2004, to identify child factors, family risk factors, and child protective services provided. They used this information to build a profile to help health care providers recognise children at risk.

Bahali, K., Akçan, R., Tahiroglu, A. Y., et al. 2010. Child sexual abuse: Seven years in practice. *Journal of Forensic Sciences* 55(3) 633-636

<https://www.ncbi.nlm.nih.gov/pubmed/20345776>

Retrospective examination of the records of 101 victims of CSA was carried out. The findings were used to help agencies plan effective prevention interventions. Fifty-seven were female and 1 was male, and they were aged between 4 and 17 years. Two-thirds had been abused by someone they knew, while one-third had been abused by someone unknown to them. Almost half of the cases reported penetration, and the most common psychiatric diagnosis was post-traumatic stress disorder (PTSD), which was suffered by more than half of the victims.

Banyard, V. L., Eckstein, R. P. and Moynihan, M. M. 2010. Sexual violence prevention: The role of stages of change. *Journal of Interpersonal Violence* 25(1) 111-135

<http://jiv.sagepub.com/content/25/1/111.short>

In this article, the authors present a transtheoretical model of readiness, which has been used to develop a new sexual violence primary prevention programme. They also discuss what this means in terms of programme development and evaluation research, looking at programme design and effectiveness when the model is applied.

Fontes, L. A. and Plummer, C. 2010. Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse* 19(5) 491-518

<http://www.tandfonline.com/doi/abs/10.1080/10538712.2010.512520%5d>

This article looks at the role that ethnic and religious culture plays in the reporting (or non-reporting) of CSA. Guidelines are provided for carrying out interviews in culturally-sensitive settings.

Newton, A. W. and Vandeven, A. M. 2010. The role of the medical provider in the evaluation of sexually abused children and adolescents. *Journal of Child Sexual Abuse* 19(6) 669-686

<https://www.ncbi.nlm.nih.gov/pubmed/21113834>

Professional awareness of CSA has only increased in the last 35 years, resulting in a change in the roles of doctors and nurses as they carry out medical examinations of potential victims of CSA. In the United States, they carry out skilled forensic interviewing and the medical examination is carried out by a practitioner who has received special training in caring for victims of CSA. Often the assessments are carried out in appropriate settings, designed for the child, such as child advocacy centres, where different agencies work together to ensure the child gets the best care.

Rogstad, K. E. 2010. STIs in children and adolescents. *Medicine* 38(5) 231-234

[http://www.medicinejournal.co.uk/article/S1357-3039\(10\)00032-0/abstract](http://www.medicinejournal.co.uk/article/S1357-3039(10)00032-0/abstract)

The research evidence for the relationship between the contracting sexually transmitted infections (STIs) and CSA is poor. One of the issues is age, because a child can be aged anything between 0 and 18 years old. Therefore, a teenager may have contracted an STI legitimately through consensual sex, or it may be a sign of abuse. When dealing with STIs in young people, care providers need to recognise the balance between child protection and rights of young people to confidential services.

Bennett, S., Hart, S. N. and Ann Svevo-Cianci, K. 2009. The need for a General Comment for Article 19 of the UN Convention on the Rights of the Child: Toward enlightenment and progress for child protection. *Child Abuse and Neglect* 33(11) 783-90

<https://www.ncbi.nlm.nih.gov/pubmed/19864021>

This paper describes the development of a General Comment for the UN Convention on the Rights of the Child Article 19, which focuses on using a child rights approach to improve child protection, in particular, their rights to health, wellbeing, and safe development.

Gani, R. M. and Woolley, C. 2009. Child protection: basics of recognition and referral. *Foundation Years* 5(2) 79-83

<http://www.sciencedirect.com/science/article/pii/S1744188908002478>

The authors of this article, which presents a brief history of safeguarding and child protection, suggest that readers refer to local and national guidelines for more guidance on child protection.

Legano, L., McHugh, M. T. and Palusci, V. J. 2009. Child abuse and neglect. *Current Problems in Pediatric and Adolescent Health Care* 39(2) 31.e1-31.e26

https://www.elsevier.com/__data/promis_misc/callout623291.pdf

The authors looked at a retrospective cohort of children enrolled in Wisconsin Medicaid to see why parents of publicly insured children are less likely to go to the emergency department (ED) with non-urgent issues. They found that if primary care was high quality, and they were able to get appointments when needed, that there was no need to take their children to the ED.

Newton, A. W. and Vandeven, A. M. 2009. Update on child maltreatment. *Current Opinion in Pediatrics* 21(2) 252-261

<https://www.ncbi.nlm.nih.gov/pubmed/19300263>

The literature on child maltreatment has increased in recent years, but the responsibility still remains predominantly with paediatric health professionals to make a diagnosis. This is not easy, because of the repercussions. However, in the long term, if the diagnosis is correct, the child will be protected sooner, and long-term impact such as emotional damage, and chronic health conditions will be reduced.

Seto, M. C. 2009. Pedophilia. *Annual Review of Clinical Psychology* 5 391-407

<http://www.annualreviews.org/doi/abs/10.1146/annurev.clinpsy.032408.153618>

This article looks at the diagnosis of paedophiles. This can differ to the diagnosis of sex offenders who have sex with children, because while they have a sexual interest in prepubescent children, they may not have sexual contact with children. If they do have sexual contact, they are more likely to reoffend than sex offenders. Paedophiles cannot change, but there are a range of interventions to help them manage their behaviour, their feelings of sexual arousal, and reduce their sex drive.

Wiley, T. R. A. 2009. Legal and social service responses to child sexual abuse: a primer and discussion of relevant research. *Journal of Child Sexual Abuse* 18(3) 267-289

<https://www.ncbi.nlm.nih.gov/pubmed/19856733>

This paper looks at the legal and social service aspects of CSA, looking at investigator training, forensic interviewing, and the experience of child witnesses.

Davidson, J. C. and Martellozzo, E. 2008. Protecting vulnerable young people in cyberspace from sexual abuse: Raising awareness and responding globally. *Police Practice and Research: An International Journal* 9(4) 277-289

<http://www.tandfonline.com/doi/abs/10.1080/15614260802349965>

The London Metropolitan Police Service commissioned a piece of work evaluating the Safer Surfer programme, which was designed to help people use the internet safely. Educational initiatives to protect children in the UK were discussed. One of the issues highlighted was the need to stop the growing trade in child pornography, with the authors pointing out that more must be done internationally to combat this.

Hibbard, R. A., Desch, L. W., Jenny, C., et al. 2007. Maltreatment of children with disabilities. *Pediatrics* 119(5) 1018-1025

<http://pediatrics.aappublications.org/content/119/5/1018>

Children with disabilities are at risk of maltreatment, and it is important that paediatricians are aware of this and learn how to recognise the signs so that disabled children can be protected.

Wolak, J., Ybarra, M. L., Mitchell, K., et al. 2007. Current research knowledge about adolescent victimization via the Internet. *Adolescent medicine: state of the art reviews* 18(2) 325-341, xi

<https://www.ncbi.nlm.nih.gov/labs/articles/18605649/>

The media has not informed the public effectively about the issues around adolescent internet-mediated victimisation, and have portrayed the adolescent internet experience inaccurately. While there are concerns, parents and caregivers need to be aware of the real safety issues.

Brown, K. 2006. Participation and young people involved in prostitution. *Child Abuse Review* 15(5) 294-312

<http://onlinelibrary.wiley.com/doi/10.1002/car.955/abstract>

The National Youth Campaign on Sexual Exploitation works with young people with experience of prostitution to influence policy and practice. The benefits of this are that these young people can build their self-esteem, while the policymakers can develop more effective strategies for helping young people involved in prostitution.

Pearce, J. 2006. Who needs to be involved in safeguarding sexually exploited young people? *Child Abuse Review* 15(5) 326-340

<http://onlinelibrary.wiley.com/doi/10.1002/car.954/abstract>

This paper looks at government guidance for local authorities, with regards to the safeguarding of young children. Barriers to effective service delivery were highlighted, and recommendations were made around how best to support children at risk of domestic violence and sexual abuse.

Scott, S. and Harper, Z. 2006. Meeting the needs of sexually exploited young people: the challenge of conducting policy-relevant research. *Child Abuse Review* 15(5) 313-325

<http://onlinelibrary.wiley.com/doi/10.1002/car.959/abstract>

This work is set in London, and is based on the findings of a 2-year case study looking at young people at risk of sexual exploitation and their service needs. They used the

Multiple Indicator Method to estimate a 'hard to count' population. The information from this report can be used to inform policy and service improvement.

Brackenridge, C., Bringer, J. D. and Bishopp, D. 2005. Managing cases of abuse in sport. *Child Abuse Review* 14(4) 259-274

<http://onlinelibrary.wiley.com/doi/10.1002/car.900/abstract>

In 2005, National Standards for Child Protection in Sport were introduced to encourage sports organisations to develop robust methods for recording cases of abuse. However, many of the organisations found it difficult to collect his information. The Football Association provided data for analysis, and 132 case files were analysed, but the information gathered was not very useful, emphasising the need for an improved recording system.

Rekart, M. L. 2005. Sex-work harm reduction. *Lancet* 366(9503) 2123-2134

<https://www.ncbi.nlm.nih.gov/pubmed/16360791>

This paper highlights all the risks that sex workers face, from drug use, infection, violence, discrimination, financial issues, criminalisation, and exploitation, including child prostitution and trafficking. Several effective interventions are discussed, including peer education, negotiation skills to help sex workers to encourage customers to use condoms, safety tips for street workers, the availability of male and female condoms, health and safety guidance for brothels, self-help organisations, and child protection networks based in the community.

Sapp, M. V. and Vandeven, A. M. 2005. Update on childhood sexual abuse. *Current Opinion in Pediatrics* 17(2) 258-64

<https://www.ncbi.nlm.nih.gov/pubmed/15800423>

It is difficult to calculate the prevalence of CSA, and therefore, identifying the people at greatest risk is an issue. This makes it hard to personalise services and develop effective prevention strategies. The authors of this paper conclude that, while prevention is important, raising awareness and education about signs of CSA for professionals and other people responsible for child protection are equally important.

Savell, S. 2005. Child sexual abuse: are health care providers looking the other way? *Journal of Forensic Nursing* 1(2) 78-81, 85

<http://onlinelibrary.wiley.com/doi/10.1111/j.1939-3938.2005.tb00018.x/abstract>

This literature review is about how health care providers recognise and report CSA, highlighting barriers to reporting, and data on reporting practices. The author makes recommendations to increase the diagnosis and reporting of CSA.

Stevens, T. N., Ruggiero, K. J., Kilpatrick, D. G., et al. 2005. Variables differentiating singly and multiply victimized youth: Results from the National Survey of Adolescents and implications for secondary prevention. *Child Maltreatment* 10(3) 211-223

<http://cmx.sagepub.com/content/10/3/211.abstract>

The purpose of this paper was to investigate secondary prevention of abuse in young people who are victimised, whether sexually or physically, on multiple occasions. A survey of 4,023 Native American adolescents was carried out. 435 were found to have suffered 1 sexual or physical assault, while 396 said that they had been victims of multiple physical and sexual assaults. Gender-specific risk factors were identified, and the authors conclude that by adapting risk-reduction strategies to address a wider range of risk factors, more effective preventative interventions can be developed.

Increasing resilience

Results from 2019 literature search White C, Shanley DC, Zimmer-Gembeck MJ, Walsh K, Hawkins R, Lines K, et al. Promoting young children's interpersonal safety knowledge, intentions, confidence, and protective behaviour skills: Outcomes of a randomised controlled trial. *Child Abuse & Neglect*. 2018;82:144-55

<https://www.ncbi.nlm.nih.gov/pubmed/29902697>

Promoting young children's interpersonal safety knowledge, intentions confidence and skills is the goal of many child maltreatment prevention programmes; however, evaluation of their effectiveness has been limited. In this study, a randomised controlled trial was conducted examining the effectiveness of the Australian protective behaviours programme, 'Learn to be safe with Emmy and friends' compared to a waitlist condition. In total, 611 Australian children in Grade 1 (5 to 7 years; 50% male) participated, with assessments at pre-intervention, post-intervention and a 6-month follow-up. This study also included a novel assessment of interpersonal safety skills through the Observed Protective Behaviours Test (OPBT). Analyses showed participating in Learn to be safe with Emmy and friends was effective post-programme in improving interpersonal safety knowledge (child and parent-rated) and parent-rated interpersonal safety skills. These benefits were retained at the 6-month follow-up, with participating children also reporting increased disclosure confidence. However, Learn to be safe with Emmy and friends™ participation did not significantly impact children's disclosure intentions, safety identification skills, or interpersonal safety skills as measured by the OPBT. Future research may seek to evaluate the effect of further parent and teacher integration into training methods and increased use of behavioural rehearsal and modelling to more effectively target specific disclosure intentions and skills.

White C, Shanley DC, Zimmer-Gembeck MJ, Walsh K, Hawkins R, Lines K. 'Tell, tell, tell again': The prevalence and correlates of young children's response to and disclosure of an in-vivo lure from a stranger. *Child Abuse & Neglect*. 2018; 82:134-43

<https://www.ncbi.nlm.nih.gov/pubmed/29902696>

Despite being an important target outcome to prevent child maltreatment, little research has been conducted to examine the prevalence and predictors of interpersonal safety skills in a standardised manner. In this study, interpersonal safety skills were measured in a Year 1 to 2 student sample through use of a standardised simulated risk scenario, with 3 primary skills examined: withdrawal from an unknown confederate (motor safety response), verbal refusal of an abduction lure (verbal safety response) and disclosure of confederate presence. Children who participated in this study had not completed any prior behavioural skills training or child protective education programmes. Overall, the prevalence of interpersonal safety skills varied, with 27% children withdrawing from the

confederate, 48% refusing the lure and 83% disclosing the confederate's presence. For correlates, motor and verbal safety responses were positively associated with each other. However, the only other correlate of interpersonal safety skills was anxiety, with children who had greater anxiety disclosing earlier but also being more likely to agree to leave with the confederate. Future research may seek to examine whether these correlates remain present with different types of interpersonal safety risk (such as, bullying) and to identify other potential predictors of interpersonal safety skill use.

Walsh K, Zwi K, Woolfenden S, Shlonsky A. School-based education programmes for the prevention of child sexual abuse: A Cochrane systematic review and meta-analysis. *Research on Social Work Practice*. 2018; 28(1):33-55

<https://journals.sagepub.com/doi/abs/10.1177/1049731515619705?journalCode=rswa>

Objective: To assess evidence of the effectiveness of school-based education programmes for the prevention of CSA. The programmes deliver information about CSA and strategies to help children avoid it and encourage help seeking.

Methods: Systematic review including meta-analysis of randomised controlled trials (RCTs), cluster RCTs, and quasi-RCTs. **Results:** Twenty-four studies with 5,802 participants were included. Child self-protective skills, odds ratio = 5.71, confidence interval = [1.98, 16.51; factual, standardised mean difference (SMD) = 0.61 [0.45, 0.78; and applied knowledge, SMD = 0.45 [0.24, 0.65, increased in the intervention group, and knowledge gains were retained at 6 months, SMD = 0.69 [0.51, 0.87. There were no differences in anxiety or fear, SMD = -0.08 [0.22, 0.07, and findings regarding disclosure of abuse were inconclusive.

Conclusion: Children's self-protective skills and knowledge can be increased by participation in school-based sexual abuse prevention programmes. However, it is unknown whether gains in skills and knowledge actually decrease the likelihood of CSA.

Schneider M, Hirsch JS. Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. *Trauma, Violence & Abuse*. 2018:1524838018772855

<https://www.ncbi.nlm.nih.gov/pubmed/29720047>

Sexual violence (SV) represents a serious public health problem with high rates and numerous health consequences. Current primary prevention strategies to reduce SV perpetration have been shown to be largely ineffective-not surprisingly, since as others have pointed out current prevention largely fails to draw on existing knowledge about the characteristics of effective prevention. In this article, we examine the potential of K-12 comprehensive sexuality education CSE, guided by the National Sexuality Education Standards (NSES), to be an effective strategy.

Our discussion uses socioecological and feminist theories as a guide, examines the extent to which NSES-guided CSE could both meet the qualities of effective prevention programmes and mitigate the risk factors that are most implicated in perpetration behaviour, and considers the potential limitations of this approach. We suggest that sequential, K-12 programme has potential to prevent the emergence of risk factors associated with SV perpetration by starting prevention early on in the life course. CSE has not yet been evaluated with SV perpetration behaviour as an outcome, and this article synthesises what is known about drivers of SV perpetration and the potential impacts of CSE to argue for the importance of future research in this area. The primary recommendation is for longitudinal research to examine the impact of CSE on SV perpetration as well as on other sexual and reproductive health outcomes.

Renold E. AGENDA: a young people's guide to making positive relationships matter. Cardiff University. 2018

<https://learning.nspcc.org.uk/research-resources/2016/agenda-young-people-s-guide-making-positive-relationships-matter/>

Supporting young people to raise awareness of gender inequalities, sexual harassment and violence. AGENDA is a free online toolkit developed with young people, for young people. It supports them in how they can safely and creatively challenge gender inequalities and oppressive gender norms, both of which are the root cause and consequence of violence against girls and women, homophobia and transphobia. AGENDA has equality, diversity, children's rights and social justice at its heart, and supports young people's rights to speak out and engage as active citizens on issues that matter to them.

Reid JA. Sex trafficking of girls with intellectual disabilities: An exploratory mixed methods study. *Sexual Abuse: Journal of Research & Treatment*. 2018; 30(2):107-31

<https://journals.sagepub.com/doi/abs/10.1177/1079063216630981>

Few researchers have examined sex trafficking of girls with intellectual disabilities (IDs). Drawing from 54 juvenile sex trafficking (JST) cases, this exploratory, mixed methods study compared 15 JST cases involving girls with ID with 39 JST cases involving girls without ID. Findings revealed a disproportionate risk for exploitation in JST for girls with ID, endangering circumstances creating vulnerability among this population, as well as the perpetrator-victim dynamics that complicate prevention and intervention. Complicating dynamics included victim lack of awareness of exploitation and its endangerments, inability of victims to self-identify, and the relative ease with which traffickers manipulated these girls. The disproportionate risk faced by girls with ID substantiates the need for enhanced safeguards to prevent sexual exploitation of girls with ID including stiffer penalties for those who exploit and buy sex with youth with disabilities.

Nickerson AB, Livingston JA, Kamper-DeMarco K. Evaluation of Second Step child protection videos: A randomised controlled trial. *Child Abuse & Neglect*. 2018; 76:10-22

<https://www.ncbi.nlm.nih.gov/pubmed/28992513>

This randomised controlled trial (RCT) examined the effects of the Second Step Child Protection Unit videos on parents' knowledge, motivation, and self-reported communication with their child about personal safety and childhood sexual abuse prevention. Parents of children between the ages of 3 to 11 years were randomly assigned to the intervention (watching the Second Step videos) or the control (watching videos on child obesity) groups. They completed measures assessing their knowledge of CSA, motivation to discuss CSA, self-reported discussions of CSA, child history of victimisation, parent exposure to CSA, and comparable measures on topics of health and nutrition at pre-test. Participants viewed the videos 1 week later and immediately completed post-test 1, and then 2 months later completed the measures again. Multivariate Analyses of Covariance (MANCOVAs) and serial mediation analyses were conducted with the final sample of 438. The intervention group, compared to the control group, had significant increases in knowledge (specifically, less restrictive stereotype beliefs about CSA) and motivation to talk with their children about CSA both immediately after the intervention and at the 2-month follow-up. Although the intervention did not have a direct effect on parent self-reported conversations with their children about CSA, it had a mediated effect. The intervention increased knowledge regarding CSA, which then predicted motivation, which in turn predicted conversations. The most pronounced effect was the intervention's direct effect of increasing motivation immediately after the intervention, which then increased self-reported conversations with children about personal safety and CSA 2 months later.

Merrick MT, Basile KC, Zhang X, Smith SG, Kresnow MJ. Characterizing sexual violence victimization in youth: 2012 National Intimate Partner and Sexual Violence Survey. *American Journal of Preventive Medicine*. 2018; 54(4):596-9

<https://www.ncbi.nlm.nih.gov/pubmed/29449134>

Introduction: Youth sexual violence victimisation is an urgent public health concern that can lead to a variety of health problems and increased risk for victimisation during adulthood. Examining the characteristics of early victimisation and their association with subsequent victimisation during adulthood may help strengthen primary prevention efforts. **Methods:** Data are from the 2012 National Intimate Partner and Sexual Violence Survey. Prevalence estimates were computed in 2017 for rape and made to sexually penetrate, their subtypes, as well as proportions among victims by type of perpetrator. Chi-square tests of association were conducted between youth sexual violence victimisation and the same experiences in adulthood.

Results: Approximately 10 million U.S. females (8.4%) experienced completed or attempted rape and 1.9 million U.S. males (1.6%) were made to penetrate someone

during youth. Most victims knew their perpetrators. Being raped or made to penetrate during youth was associated with increased likelihood of such victimisation in adulthood.

Conclusions: Females and males experience youth sexual violence victimisation at alarming rates. Primary prevention efforts with youth are critical to prevent early victimisation, subsequent victimisation in adulthood, and the mental and physical health consequences associated with sexual violence victimisation.

Masilo DT. Prevention of child sexual abuse within the family system: Guidelines for an educational social group work program. *Journal of Child Sexual Abuse*. 2018; 27(4):335-46

<https://www.tandfonline.com/doi/abs/10.1080/10538712.2018.1430089?journalCode=wcsa20>

Children have the right to be brought up in safe environments. However, this right is often infringed by people who are supposed to provide love, care, and protection to children. These people can include biological fathers, stepfathers, brothers, cousins, aunts, mothers, and uncles. Violation of children takes place in a variety of ways, however, for the purpose of this paper, the focus is on CSA within the family system. A literature review is adopted as the methodology for the discussions in this paper. The purpose of this paper is firstly to demonstrate that CSA happens within the family system in South Africa, and secondly, to argue that the prevention of CSA should start within the family system and this can be achieved by conducting educational social group work sessions on CSA with the family members.

Holloway JL, Pulido ML. Sexual abuse prevention concept knowledge: Low income children are learning but still lagging. *Journal of Child Sexual Abuse*. 2018; 27(6):642-62

<https://www.ncbi.nlm.nih.gov/pubmed/30071184>

School-based CSA prevention programmes have proliferated since beginning more than 30 years ago. Research on programme effectiveness has emphasised summative outcomes while under-reporting implementation and process fidelity, limiting reliable comparisons across programmes and populations. External validity is further limited by racially and economically homogenous samples, or a failure to report such demographics. This article presents data from a CSA prevention programme delivered to 2nd and 3rd grade public school children. A formative concept and item level analysis on the Children's Knowledge of Abuse Questionnaire at baseline and 4-week follow-up, as well as fidelity and implementation data, are reported.

Results show that children learn and retain certain concepts, but vary widely in knowledge across items. This sample of low-income, minority children also show lower baseline and 'learned' abuse prevention knowledge compared to published norms, which is not attributed to implementation variability. These data give critical insight into workshop effectiveness that is masked in summative reporting, yet essential to adapting and strengthening school-based CSA programmes. Knowing the long-term consequences of adverse childhood experiences and disparate health outcomes linked

to race and socioeconomic status, it is imperative to adequately assess CSA prevention programme impact across diverse populations.

Guerzoni MA. A situational crime prevention analysis of Anglican clergy's child protective practices. *Child Abuse & Neglect*. 2018; 77:85-98

<https://www.sciencedirect.com/science/article/abs/pii/S0145213417304738>

To date, a predominant focus within the field of 'clerical collar crime' has revolved around institutional-level church responses to CSA events, survivors and offenders. Comparatively, little attention has been directed towards the micro-level and in particular, examining clerical responses to CSA. This article presents empirical findings concerning the 'everyday' child protective practices of Anglican clergy in the Diocese of Tasmania, Australia. Research data was acquired through open-ended qualitative interviews conducted with a sample of 34 clergy in a broader study of clerical culture, habitus and life amidst the 'church abuse crisis'.

The framework of Situational Crime Prevention is employed to evaluate the feasibility of clergy's child-safe practices and comment on how these practices could be further altered through professional development. Research findings demonstrate that clergy possess an active awareness of risk, and execute a series of protective measures to minimise both sexual interactions with children and allegations of impropriety.

Czerwinski F, Finne E, Alfes J, Kolip P. Effectiveness of a school-based intervention to prevent child sexual abuse-Evaluation of the German IGEL programme. *Child Abuse & Neglect*. 2018; 86:109-22

<https://www.ncbi.nlm.nih.gov/pubmed/30278285>

Background: CSA is a problem with severe consequences for victimised children. A variety of interventions have been developed and implemented over the last decades to prevent CSA. However, most of them have not been systematically evaluated to determine their effectiveness. The IGEL programme is a school-based intervention to prevent CSA in third-grade primary school children in Germany.

Methods: This study was conducted using a quasi-experimental design, in which almost 300 children and their parents from 8 intervention and 4 control schools were surveyed 3 times (pre-test, post-test, 3 months later). In order to measure outcomes, a questionnaire was developed based on validated instruments to assess the knowledge, courses of action and self-protective skills of the children. Furthermore, increased anxiety and generalized touch aversion were examined as potentially harmful side effects of the programme.

Results: The results clearly demonstrate increased CSA-related knowledge and courses of action in children from the intervention group compared to the control children. These effects were medium-sized and sustained for at least 3 months after the last session.

No meaningful negative side effects were detected in the evaluation for either the children or parents.

Conclusion: The outcome evaluation indicates that the IGEL programme is an effective intervention in terms of knowledge about CSA and known courses of action, and may therefore contribute to the prevention of CSA in primary schools. Despite this positive core finding of the intermediate outcomes, some adaptations of the programme to children with different cultural backgrounds were made prior to further dissemination.

Citak Tunc G, Gorak G, Ozyazicioglu N, Ak B, Isil O, Vural P. Preventing child sexual abuse: Body Safety Training for young children in Turkey. *Journal of Child Sexual Abuse*. 2018; 27(4):347-64

<https://www.tandfonline.com/doi/abs/10.1080/10538712.2018.1477001?journalCode=wcsa20>

The Body Safety Training Program is an education programme aimed at ensuring children are informed about their body and acquire self-protection skills. In this study, a total of 83 preschoolers were divided into experimental and control groups; based on a power analysis, 40 children comprised the experimental group, while 43 children comprised the control group. The Body Safety Training Program was translated into Turkish and content validity was determined regarding the language and cultural appropriateness. The What-If-Situations-Test (WIST) was administered to both groups before and after the training. Mann-Whitney U Test, Kruskal-Wallis Variance Analysis, and the Wilcoxon Signed Ranks Test were used to compare between the groups and the Spearman correlation analysis was used to determine the strength of the relationship between the dependent and independent variable.

The differences between the pre-test and post-test scores for the subscales (appropriate recognition, inappropriate recognition, say, do, tell, and reporting skills), and the personal safety questionnaire (PSQ) score means for the children in the experimental group were found to be statistically significant ($p < .001$). The post-test-pre-test difference score means of the experimental group children for WIST saying, doing, telling and reporting, total skills, and PSQ were found to be statistically significant as compared to that of the control group ($p < .05$). The Body Safety Training Program is effective in increasing the CSA prevention and self-protection skills in Turkish young children.

Chaiyachati BH, Gaither JR, Hughes M, Foley-Schain K, Leventhal JM. Preventing child maltreatment: Examination of an established statewide home-visiting program. *Child Abuse & Neglect*. 2018; 79:476-84

<https://www.ncbi.nlm.nih.gov/pubmed/29558714>

Although home visiting has been used in many populations in prevention efforts, the impact of scaled-up home-visiting programmes on abuse and neglect remains unclear. The objective of this study was to assess the impact of voluntary participation in an

established statewide home-visiting programme for socially high-risk families on child maltreatment as identified by Child Protective Services (CPS). Propensity score matching was used to compare socially high-risk families with a child born between January 1 2008 and December 31 2011 who participated in Connecticut's home-visiting programme for first-time mothers and a comparison cohort of families who were eligible for the home-visiting programme but did not participate.

The main outcomes were child maltreatment investigations, substantiations, and out-of-home placements by CPS between January 1 2008 and December 31 2013. In the unmatched sample, families who participated in home-visiting had significantly higher median risk scores ($P < .001$). After matching families on measured confounders, the percentages of families with CPS investigations (21.1% vs. 20.9%, $P = .86$) were similar between the 2 groups. However, there was a 22% decreased likelihood of CPS substantiations (hazard ratio [HR 0.78, 95% confidence interval [CI 0.64-0.95] for families receiving home visiting. First substantiations also occurred later in the child's life among home-visited families. There was a trend toward decreased out-of-home placement (HR 0.73, 95% CI 0.53-1.02, $P = .06$). These results from a scaled-up statewide programme highlight the potential of home visiting as an important approach to preventing child abuse and neglect.

Morris MC, Kouros CD, Janecek K, Freeman R, Mielock A, Garber J. Community-level moderators of a school-based childhood sexual assault prevention program. *Child Abuse & Neglect*. 2017; 63:295-306

<https://www.sciencedirect.com/science/article/abs/pii/S0145213416302174>

Childhood sexual abuse CSA is highly prevalent and associated with a wide variety of negative mental and physical health outcomes. School-based CSA education and prevention programmes have shown promise, but it is unclear to what extent community-level characteristics are related to their effectiveness. The present cluster randomised controlled trial evaluated community-level moderators of the Safe@Last program compared to a waitlist control condition. (*) Knowledge gains from pre- to post-intervention were assessed in 5 domains: safe versus unsafe people; safe choices; problem-solving; clear disclosure; and assertiveness.

Participants were 1,177 students (46% White, 26% African American, 15% Hispanic, 4% Asian American, 6% Other) in grades 1 through 6 from 14 public schools in Tennessee. Multilevel models accounting for the nesting of children within schools revealed large effect sizes for the intervention versus control across all knowledge domains (d 's ranged from 1.56 to 2.13). The effectiveness of the programme was moderated by mean, per-capita income and rates of substantiated cases of child abuse and neglect in the community. Intervention effects were stronger for youth living in lower as compared to higher income counties, and for youth attending schools in counties with lower as compared to higher abuse/neglect rates. Child characteristics (sex, race) did not moderate intervention effects. This research identified 2 community-level factors

that predicted the effectiveness of a CSA education and prevention programme designed to improve children's knowledge of personal safety skills. School-based CSA prevention programmes may require modification for communities with higher rates of child abuse and neglect.

Moore TP. Children and young people's views on institutional safety: It's not just because we're little. *Child Abuse & Neglect*. 2017; 74:73-85

<https://www.ncbi.nlm.nih.gov/pubmed/28886870>

The Australian Royal Commission into Institutional Responses to CSA has set in motion a number of systemic and organisational approaches to identify and respond to CSA. These include increased child abuse awareness, developing and enhancing child-safe organisational cultures and policies and more thorough screening and supervision of staff in child and youth serving organisations. Although these advances should be applauded, many of the concerns that children and young people have raised about interpersonal safety have not been fully addressed. There is therefore a risk that children's physical, relational, generational, and organisational powerlessness are reinforced through child-safe practices that restrict their meaningful participation, ignore their agency and capacity and fail to respond to their felt safety needs or wishes. This paper presents the findings of a qualitative research project conducted with 121 Australian children and young people and presents their perspectives on issues of vulnerability and the ways that they would like adults and institutions to respond to their safety concerns. The value of adult-child alliances, of formal mechanisms that are child-friendly and accessible and having external agencies monitor and review institutional strategies to preventing harm are discussed.

Lynas J, Hawkins R. Fidelity in school-based child sexual abuse prevention programs: A systematic review. *Child Abuse & Neglect*. 2017; 72:10-21

<https://www.ncbi.nlm.nih.gov/pubmed/28735166>

The aim of this study was to systematically review and evaluate the quality of the school-based CSA prevention education research in terms of implementation fidelity. A comprehensive literature search in PsycINFO, Medline, Education Resource Information Centre (ERIC) and the Cochrane Central Register of Controlled Trials was conducted. Articles included peer-reviewed, primary research studies related to the delivery of CSA prevention education programmes within school settings published since 1996. In total, 3,993 articles were identified and screened by 2 raters. Of those, 17 articles met the inclusion criteria. Implementation fidelity quality was assessed across the domains of: Intervention Design, Training Providers, Intervention Delivery, Intervention Receipt and Enactment of Skills, using the National Institute of Health Behavioural Change Consortium (NIHBCC) Fidelity Checklist. No study was identified as achieving high fidelity. Five studies (29%) reported including measures or processes

to monitor implementation fidelity. There is an opportunity to improve the reporting of implementation fidelity related information within the school-based CSA prevention literature. This will allow more meaningful interpretations of treatment effects and increase confidence that changes attributed to the intervention are due to the intervention itself. Recommendations for such improvements are provided.

Hamilton-Giachritsis C, Hanson E, Whittle H, Beech A. 'Everyone deserves to be happy and safe': A mixed methods study exploring how online and offline child sexual abuse impact young people and how professionals respond to it. NSPCC. 2017; November <https://learning.nspcc.org.uk/media/1123/impact-online-offline-child-sexual-abuse.pdf>

This study sought to develop an understanding of:

- how young people who have experienced online or offline sexual abuse are impacted by it – with a focus on their voices and perspectives
- any specific effects of technology-assisted sexual abuse and related support needs
- professional responses to young people affected by sexual abuse and professional perceptions of technology-assisted abuse and its impact
- young people's views on how prevention and intervention around sexual abuse – particularly technology-assisted – could be improved

Swingle JM, Tursich M, Cleveland JM, Gold SN, Tolliver SF, Michaels L, et al. Childhood disclosure of sexual abuse: Necessary but not necessarily sufficient. *Child Abuse & Neglect*. 2016; 62:10-8

<https://www.sciencedirect.com/science/article/abs/pii/S0145213416302228>

Prevention programmes often encourage sexually abused children to disclose without fully considering the potential for adverse consequences. This study examined the impact of disclosure on abuse cessation and later adult symptomatology. A clinical sample of 301 adult survivors completed the Impact of Event Scale (IES/IES-R), and the Beck Depression Inventory (BDI-II). Participants were divided into 3 groups: Nondisclosure (n=221), Disclosure/Abuse Ended (n=25), and Disclosure/Abuse Continued (n=55). Multivariate analyses of covariance, adjusting for abuse characteristics (age of onset, penetration, and number of perpetrators) and other trauma exposure, revealed significant differences in psychiatric symptom severity among the 3 groups, Wilks' $\lambda=0.95$, $F(6,584)=2.69$, $p=0.014$, $\eta_p^2=0.03$.

Specifically, those in the Disclosure/Abuse Continued group scored significantly higher on the IES/IES-R Intrusion subscale ($p=0.04$) and the BDI-II ($p=0.01$), as compared to the Nondisclosure group. The Disclosure/Abuse Ended group did not differ significantly from the other groups. Results suggest that disclosure may be detrimental unless adequate steps are taken to ensure abuse cessation and appropriate treatment.

Sapiro B, Johnson L, Postmus JL, Simmel C. Supporting youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency. *Child Abuse & Neglect*. 2016; 58:99-110

<https://www.sciencedirect.com/science/article/abs/pii/S0145213416301247>

DMST continues to affect youth in the United States, however, lack of empirical evidence for interventions and the complex sociopolitical discourses surrounding sex trafficking and the CSEC hamper delivery of effective services to this population. To explore perspectives on best practices with these young people, 20 in-depth interviews were conducted with leading stakeholders whose work provides them with a unique vantage point on the needs and experiences of survivors of DMST in New Jersey.

Notes from interviews were coded and analysed for emergent themes. While leading stakeholders generally agreed on best practices, there were several important areas of dispute that emerged regarding how best to serve youth involved in DMST, specifically with regard to youth running away from services, models of service provision, and the use of technology by these youth. Findings suggest that professionals from diverse backgrounds may disagree about the extent to which youth involved in DMST possess agency in their decision-making capacities as adolescents. This study explores these areas of dispute, and discusses the implications for the many different professionals and systems that must work together in providing services to this population.

Rafferty Y. Challenges to the rapid identification of children who have been trafficked for commercial sexual exploitation. *Child Abuse & Neglect*. 2016; 52:158-68

<https://www.sciencedirect.com/science/article/abs/pii/S0145213415004391>

Child trafficking for commercial sexual exploitation is a complex phenomenon, requiring multifaceted programmes and policies by various stakeholders. A number of publications have focused on preventing this heinous crime. Less attention, however, has been paid to the recovery and rehabilitation of children who have been traumatised as a result of being trafficked for CSE. This article focuses on the first step in the protection and recovery process, which is to ensure that procedures are in place for their identification, so that they might access timely and appropriate assistance. It highlights 3 situational and 2 child-related challenges to identification.

In addition, it describes the additional victimisation experienced by children that are wrongly arrested for crimes associated with prostitution or illegal border crossings, rather than being identified as victims. An extensive literature review was conducted, and included academic publications, as well as governmental and non-governmental reports. In addition, field-based qualitative research was undertaken in south and Southeast Asia, and involved interviews with representatives from United Nations and governmental agencies, non-governmental organisations, and aftercare recovery programmes.

Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ, Lutzker JR. 'Population-based prevention of child maltreatment: The U.S. Triple P system population trial': Addendum. *Prevention Science*. 2016; 17(3):410-6

<https://www.ncbi.nlm.nih.gov/pubmed/19160053>

A previous article published several years ago (Prinz et al. *Prevention Science*, 10, 1-12, 2009) described the main results of a place-randomised-design study focused on the prevention of child-maltreatment-related outcomes at a population level through the implementation of a multilevel system of parenting and family support (the Triple P-Positive Parenting Program). The current report, prepared at the encouragement of the journal, provides additional details about procedures, measures, and design-related decisions, presents an additional analysis of the main outcome variables, and poses questions about the study and its implications. We also offer guidance about how the field can move forward to build on this line of research.

From the outset, the 3 designated primary child maltreatment outcomes were county-wide rates for substantiated child maltreatment cases, out-of-home placements, and hospital-treated child maltreatment injuries, derived from independent data sources available through administrative archival records. Baseline equivalence between the 2 intervention conditions was reaffirmed. The additional analysis, which made use of a 5-year baseline (replacing a 1-year baseline) and ANCOVA, yielded large effect sizes for all 3 outcomes that converged with those from the original analyses. Overall, the study underscored the potential for community-wide parenting and family support to produce population-level preventive impact on child maltreatment. Issues addressed included: (1) the need for replication of population-oriented maltreatment prevention strategies like the 1 tested in this randomised experiment, (2): the need to demonstrate that a parenting-based population approach to maltreatment prevention can also impact children's adjustment apart from child abuse, and (3): the role of implementation science for achieving greater population reach and maintenance over time.

Parents Against Child Sexual Exploitation (Pace). Parents speak out: Crucial partners in tackling child sexual exploitation. 2016

<http://paceuk.info/wp-content/uploads/Parents-Speak-Out-final.pdf>

This report has been researched and written by parents themselves through the Parent Action Group (PAG) within Pace. In 2015, in response to parents' concerns and experiences, PAG undertook a survey of affected families. 31 parents responded to a questionnaire. All parents were actively involved with Pace at the time, though at different stages of the exploitation. Although the method of this enquiry may seem impressionist rather than scientific, we are satisfied that what is reported here is reliably typical of many parents. It corresponds with the sustained learning of Pace through nearly twenty years. The experience of the 31 respondents resonate with other stories that we hear day-by-day and at national Parent Network Days and so could be duplicated many times. The survey used both qualitative and quantitative methods to identify how parents prevent abuse,

protect against perpetrators and provide long term support for their child. A few parents did not answer all questions and so the total is not always 31.

Bovarnick S, McNeish D, Pearce J. Outreach work: Child sexual exploitation: A rapid evidence assessment. Barnardo's. 2016; September

http://www.barnardos.org.uk/outreach_work_cse_rea.pdf

This briefing is based on a rapid review of the available literature on outreach work with children and young people. It is intended to provide the ReachOut project with an overview of different approaches to outreach; what it generally aims to achieve; what distinguishes it from centre-based work and how it is applicable to children and young people involved in, or at risk of, CSE. We highlight what is known about 'detached' and other approaches that aim to reach vulnerable populations who are not accessing mainstream services. We hope it will be useful in informing ReachOut's thinking about the role and value of its own outreach activities.

Beier KM, Oezdemir UC, Schlinzig E, Groll A, Hupp E, Hellenschmidt T. 'Just dreaming of them': The Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ). *Child Abuse & Neglect*. 2016; 52:1-10

<https://www.ncbi.nlm.nih.gov/pubmed/26773897>

The Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ) offers diagnostic and therapeutic help to 12-to-18-year-old juveniles with a sexual preference for the prepubescent and/or early pubescent body of children and who apply for treatment on a voluntary basis. The project goal is to prevent primary or recurrent CSA as well as primary or recurrent use of child abuse images. Treatment aims to enable affected juveniles to obtain control over their conflictual sexual behaviours. In the present article, the origin of the PPJ; its main approach, including the conception of a media campaign, as well as results from the first year of a 3-year study are presented. Further, initial characterisations of juveniles taking part in the project for the first 12 months are provided. The results confirmed that the group of 12-to-18-year-old juveniles with a sexual preference for prepubescent and/or early pubescent minors exists as a target group for primary preventive measures and that they can be assessed for their sexual preferences.

Zwi K, Woolfenden S, Wheeler DM, O'Brien T, Tait P, Williams KJ, et al. School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews*. 2015(4)

<https://www.ncbi.nlm.nih.gov/pubmed/17636754>

Background: CSA is a significant global problem in both magnitude and sequelae. The most widely used primary prevention strategy has been the provision of school-based

education programmes. Although programmes have been taught in schools since the 1980s, their effectiveness requires ongoing scrutiny.

Objectives: To systematically assess evidence of the effectiveness of school-based education programmes for the prevention of CSA. Specifically, to assess whether:

- programmes are effective in improving students' protective behaviours and knowledge about sexual abuse prevention
- behaviours and skills are retained over time
- participation results in disclosures of sexual abuse, produces harms, or both

Conclusions: The studies included in this review show evidence of improvements in protective behaviours and knowledge among children exposed to school-based programmes, regardless of the type of programme. There is evidence that children's knowledge does not deteriorate over time, although this requires further research with longer-term follow-up. Programme participation does not generate increased or decreased child anxiety or fear, however there is a need for ongoing monitoring of both positive and negative short- and long-term effects. The results show that programme participation may increase the odds of disclosure, however there is a need for more programme evaluations to routinely collect such data. Further investigation of the moderators of programme effects is required along with longitudinal or data linkage studies that can assess actual prevention of CSA.

Wood M, Archbold CA. Bad touches, getting away, and never keeping secrets: Assessing student knowledge retention of the Red Flag Green Flag People program. *Journal of Interpersonal Violence*. 2015; 30(17):2999-3021

<https://www.ncbi.nlm.nih.gov/pubmed/25355856>

School-based prevention programmes that target sexual abuse are commonplace in many elementary schools across the United States. This study examines the efficacy of the Red Flag Green Flag People programme presented to elementary school children in 2 school districts in the Midwest. A brief, 11-question survey is given to students to assess knowledge retention of the curriculum from this sexual abuse prevention programme. The results of this study indicate that students are retaining information taught in the Red Flag Green Flag People programme for up to 2 years after the programme was administered.

Walsh K, Zwi K, Woolfenden S, Shlonsky A. School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews*. 2015(4)

<http://dx.doi.org/10.1002/14651858.CD004380.pub3>

Background CSA is a significant global problem in both magnitude and sequelae. The most widely used primary prevention strategy has been the provision of school-based education programmes. Although programmes have been taught in schools since the

1980s, their effectiveness requires ongoing scrutiny. School-based education programmes for the prevention of CSA have been implemented on a large scale in some countries. We reviewed the evidence for the effectiveness of these programmes in the following areas:

1. children's skills in protective behaviours
2. children's knowledge of CSA prevention concepts
3. children's retention of protective behaviours over time
4. children's retention of knowledge over time
5. parental or child anxiety or fear as a result of programme participation
6. disclosures of past or current CSA during or after programmes.

The evidence is current to September 2014.

Study characteristics: This review included 24 studies, conducted with a total of 5802 participants in primary (elementary) and secondary (high) schools in the United States, Canada, China, Germany, Spain, Taiwan, and Turkey. The duration of interventions ranged from a single 45-minute session to 8, 20-minute sessions on consecutive days. Although a wide range of programmes were used, there were many common elements, including the teaching of safety rules, body ownership, private parts of the body, distinguishing types of touches and types of secrets, and who to tell. Programme delivery formats included film, video or DVD, theatrical plays, and multimedia presentations. Other resources used included songs, puppets, comics, and colouring books. Teaching methods used in delivery included rehearsal, practice, role-play, discussion, and feedback.

Important results: This review found evidence that school-based sexual abuse prevention programmes were effective in increasing participants' skills in protective behaviours and knowledge of sexual abuse prevention concepts (measured via questionnaires or vignettes). Knowledge gains (measured via questionnaires) were not significantly eroded 1 to 6 months after the intervention for either intervention or control groups. In terms of harm, there was no evidence that programmes increased or decreased children's anxiety or fear. No studies measured parental anxiety or fear. Children exposed to a CSA prevention programme had greater odds of disclosing their abuse than children who had not been exposed, however we were more uncertain about this effect when the analysis was adjusted to account for the grouping of participants in classes or schools. Studies have not yet adequately measured the long-term benefits of programmes in terms of reducing the incidence or prevalence (or both) of CSA in programme participants.

Quality of the evidence: The quality of the evidence for all outcomes included in the meta-analyses (combining of data) was moderate. Study quality was compromised in about half of the included studies, due to suboptimal data collection methods for study outcomes and inappropriate data analysis.

Stanley N, Ellis J, Farrelly N, Hollinghurst S, Downe S. Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review*. 2015; 59:120-31

<https://www.sciencedirect.com/science/article/pii/S0190740915300876>

Schools provide the setting in which interventions aimed at preventing intimate partner violence and abuse (IPVA) are delivered to young people in the general population and a range of programmes have been designed and evaluated. To date, the most rigorous studies have been undertaken in North America and the extent to which programmes are transferable to other settings and cultures is uncertain. This paper reports on a mixed-methods review, aimed at informing UK practice and policy, which included a systematic review of the international literature, a review of the UK grey literature and consultation with young people as well as experts to address the question of what works for whom in what circumstances.

The context in which an intervention was delivered was found to be crucial. Context included: the wider policy setting; the national or regional level, where the local culture shaped understandings of IPVA, and the readiness of an individual school. The programmes included in the systematic review provided stronger evidence for changing knowledge and attitudes than for behavioural change and those young people who were at higher risk at baseline may have exerted a strong influence on study outcomes. Shifting social norms in the peer group emerged as a crucial mechanism of change and the young people consulted emphasised the importance of authenticity which could be achieved through the use of drama and which required those delivering programmes to have relevant expertise.

While the consultation identified increasing interest in targeting interventions on boys, there was an identified lack of materials designed for minority groups of young people, especially Lesbian, Gay, Bisexual and Transgender young people. Increased responsiveness to the local context can be achieved by involving those who will deliver and receive these preventive programmes in their development. Schools need to be better prepared and supported in the task of delivering these interventions and this is particularly relevant for the management of disclosures of IPVA. Outcomes measured by evaluations should include those relevant to education.

Mendelson T, Letourneau EJ. Parent-focused prevention of child sexual abuse. *Prevention Science*. 2015; 16(6):844-52

<https://link.springer.com/article/10.1007%2Fs11121-015-0553-z>

CSA is a serious public health issue. Current, after-the-fact approaches to treating victims and punishing offenders are not adequate to address a problem of this magnitude; development and rigorous evaluation of CSA prevention strategies are critical. We propose that CSA prevention efforts should target parents of young children. Parents have been neglected as a focus of CSA prevention; they merit attention given

their potential to improve children's safety via effective communication and monitoring. This paper provides an overview of current strategies for reducing CSA prevalence and their limitations, presents a rationale for parent-focused CSA prevention, and discusses considerations pertinent to development of an effective parent-focused approach. Parent-focused CSA prevention offers potential as a public health approach to prevention of CSA, and it is time that we devote resources toward developing and studying this important area.

McDonnell JR, Ben-Arieh A, Melton GB. Strong Communities for Children: Results of a multi-year community-based initiative to protect children from harm. *Child Abuse & Neglect*. 2015; 41:79-96

<https://www.sciencedirect.com/science/article/abs/pii/S0145213414003913>

This article reports the evaluation results from Strong Communities for Children, a multi-year comprehensive community-based initiative to prevent child maltreatment and improve children's safety. The outcome study consisted of a survey of a random sample of caregivers of children under age 10 in the Strong Communities service area and a set of comparison communities matched at the block group level on demography. Survey data were collected in 2 waves, 4 years apart. Data were collected on:

- perceptions of the neighborhood and neighbors – such as, neighboring, collective efficacy
- perceptions of neighbors' parenting practices
- parental attitudes and beliefs – including parental stress; parental efficacy
- self-reported parenting practices.

The survey data were supplemented by data on substantiated reported rates of child abuse and neglect per 1,000 children and ICD-9 coded child injuries suggesting child abuse and neglect per 1,000 children. Compared to the non-intervention sample across time, the Strong Communities samples showed significant changes in the expected direction for social support, collective efficacy, child safety in the home, observed parenting practices, parental stress, parental efficacy, self-reported parenting practices, rates of officially substantiated child maltreatment, and rates of ICD-9 coded child injuries suggesting child maltreatment. These promising results, obtained through multiple methods of evaluation, confirm that a community mobilization strategy can shift norms of parents' care for their children and neighbors' support for one another, so that young children are safer at home and in the community. Replications should be undertaken and evaluated in other communities under diverse auspices.

Franklin A, Raws P, Smeaton E. Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation. Barnardo's. 2015

http://www.barnardos.org.uk/cse_learning_and_disability_report_2015.pdf

This research explores the sexual exploitation of children and young people with learning disabilities while under the age of 18.

Duffy JY, Hughes M, Asnes AG, Leventhal JM. Child maltreatment and risk patterns among participants in a child abuse prevention program. *Child Abuse & Neglect*. 2015; 44:184-93

<https://www.ncbi.nlm.nih.gov/pubmed/25484318>

The relationship between risk factors and Child Protective Services (CPS) outcomes in families who participate in home visiting programmes to prevent abuse and neglect and who are reported to CPS is largely unknown. We examined the relationship between parental risk factors and the substantiation status and number of CPS reports in families in a statewide prevention programme. We reviewed CPS reports from 2006 to 2008 for families in Connecticut's child abuse prevention programme. Six risk factors (histories of CPS, domestic violence [DV], mental health, sexual abuse, substance abuse, and criminal involvement) and the number of caregivers were abstracted to create risk scores for each family member. Maltreatment type, substantiation, and number of reports were recorded. In a prevention programme for first-time families, DV, paternal risk, maternal criminal history, and an increased number of caregivers were associated with maltreatment outcomes. Targeting parental violence may impact child abuse prevention.

Cody C. Utilising the arts to tackle child sexual exploitation. *Safer Communities*. 2015; 14(1):47-55

<https://www.emeraldinsight.com/doi/abs/10.1108/SC-03-2015-0008>

Purpose: The purpose of this paper is to consider the potential use of creative, arts-based methods to address CSE through connecting with and supporting young people affected by CSE; and engaging the wider community through awareness-raising and education to help keep young people safe. The use of the arts in building understanding, promoting agency, educating and countering negative portrayals of those affected by CSE are also explored.

Design/methodology/approach: A literature review identified that there is currently a limited evidence-base surrounding the use of arts in addressing the negative outcomes for young people affected by CSE and promoting the inclusion and safety of young people in the community. To explore the potential use of the arts in engaging young people and the communities they inhabit, this paper draws from research with other 'hard to engage' and stigmatised groups, and learning from efforts to tackle other sensitive and challenging issues that impact on communities.

Findings: The paper suggests that despite the relatively young evidence base concerning the role of creative, arts-based methods to tackle CSE, there is relevant transferable learning that suggests that there is potential in utilising the arts to help prevent CSE and promote community safety.

Research limitations/implications: There is a clear need to consider the ethical implications of this work and to further examine how the arts may be utilised to tackle CSE and bring about positive outcomes for both individuals and for the wider community.

Originality/value: The paper brings together bodies of literature from other fields to explore the potential use of creative arts-based methods to tackle a significant contemporary issue of community safety.

Bergquist K. Criminal, victim, or ally? Examining the role of sex workers in addressing minor sex trafficking. *Affilia: Journal of Women & Social Work*. 2015; 30(3):314-27

<https://journals.sagepub.com/doi/abs/10.1177/0886109915572844>

The absence of representation from the sex industry in efforts to address the CSEC is striking. 'Voices' that get heard are generally limited to survivor testimony, while those who are currently in 'the life' are excluded, despite the fact that many enter into prostitution underage and would have been defined as CST victims under the Trafficking Victims Protection Act. This article explores the silencing effect of conflating prostitution with sex trafficking, the ways in which sex workers might contribute to addressing the CSEC as 'allies' and the ethical responsibility of social workers in anti-trafficking work.

Bates ND, Army C. Preventing child sexual abuse in youth-serving organizations. *Journal of Healthcare Protection Management*. 2015; 31(2):71-9

https://play.google.com/store/books/details/Preventing_Child_Sexual_Abuse_In_Youth_Serving_Org?id=AccyCwAAQBAJ

The following is a representative list of risk factors related specifically to CSA within youth-serving organisations. Note that the emphasis is on 'unsupervised' access to children in a variety of ways, including:

- unsupervised contact with children
- transportation of children
- long-term contact with children in live-in situation
- extreme physical exertion in a remote setting with children
- visits to children's homes
- helping children change clothes, bathe, or with other personal activities
- coaching sports in which physical contact between adult and child is routine
- delivery of meals to children's homes

Allnock DS. Child maltreatment: how can friends contribute to safety? *Safer Communities*. 2015; 14(1):27-36

<https://www.emeraldinsight.com/doi/abs/10.1108/SC-02-2015-0005>

Purpose: The purpose of this paper is to present the findings of a study of support received by 60 young adults who experienced sexual, physical or emotional abuse and neglect in childhood. It is focussed on the support provided by friends in particular, and draws out relevant learning for CSE.

Design/methodology/approach: In all, 60 young people completed a questionnaire, complemented by a 2-hour follow-up interview to explore experiences of formal and informal support in disclosing abuse. In total, 13 young people were recruited on the basis of their prior participation in a larger, associated study of child abuse and neglect, with the remainder recruited via open invitation.

Findings: There is rich information in the interviews about the ways that friends provided support to participants. Friends provided practical, moral and emotional support. They intervened to keep their friends safe. They offered emotional 'escape' and a conduit to adults who could help keep them safe. Importantly, friends recognised that participants were in distress even when they did not know the participants were being abused.

Practical implications: The results highlight that friends have a crucial role to play in helping children to keep safe and to feel safe, provided that they are equipped with information and knowledge of how to respond and where to seek help.

Originality/value: The paper is original in considering the role of friends within a community safety framework. In addition, the study sample is larger than other studies of its kind, and considers a wider variety of child maltreatment experiences than previous studies, making clear links to CSE.

Results from 2015/6 literature search

Bethell, C., Gombojav, N., Solloway, M., et al. 2016. Adverse childhood experiences, resilience and mindfulness-based approaches: Common denominator issues for children with emotional, mental, or behavioural problems. *Child and Adolescent Psychiatric Clinics of North America* 25(2) 139-56

<https://www.ncbi.nlm.nih.gov/pubmed/26980120>

Set in the US, this paper looks at the use of family-centred and mindfulness-based approaches for strengthening the family unit and promoting child resilience and success, particularly in children who are at risk of emotional, mental, or behavioural conditions (EMB), which could expose them to adverse childhood experiences (ACE).

Molnar, B. E., Goerge, R. M., Gilsanz, P., et al. 2016. Neighborhood-level social processes and substantiated cases of child maltreatment. *Child Abuse & Neglect* 51 41-53

<https://www.ncbi.nlm.nih.gov/pubmed/26684963>

Using data from the Illinois Child Protection Agency, the authors of this paper looked at the relationship between neighbourhood stability and child maltreatment. They found that where neighbourhoods had strong social networks and effective intergenerational relationships, there were lower proportions of neglect, physical, and sexual abuse. This research demonstrates that developing and supporting neighbourhoods may be more effective than individual and family-focused child maltreatment prevention initiatives alone.

Murphy, M., Bennett, N. & Kottke, M. 2016. Development and pilot test of a commercial sexual exploitation prevention tool: A brief report. *Violence & Victims* 31(1) 103-10

<https://www.ncbi.nlm.nih.gov/pubmed/26646412>

This paper reports on a project, in the United States to develop an educational website for young people, about the CSEC. Pre- and post-tests were carried out on adolescents' knowledge and attitudes about CSEC, and the results showed that knowledge increased, while tolerance of CSEC was reduced.

Asante, K. O. and Meyer-Weitz, A. 2015. International note: Association between perceived resilience and health risk behaviours in homeless youth. *Journal of Adolescence* 39 36-39

<https://www.ncbi.nlm.nih.gov/pubmed/25575268>

The authors looked at the quantitative data gathered from 227 homeless young people and found that they are at greater risk of poor physical and mental health due to the risk factors they face, such as substance abuse, violence, and risky sexual behaviour.

Barron, I. G., Miller, D. J. and Kelly, T. B. 2015. School-based child sexual abuse prevention programs: Moving toward resiliency-informed evaluation. *Journal of Child Sexual Abuse* 24(1) 77-96

<https://www.ncbi.nlm.nih.gov/pubmed/25635899>

While programmes to prevent CSA are carried out in schools, there are few studies that examine their effectiveness. In this paper, the authors have used resiliency theory as framework to evaluate CSA programmes offered in schools. They find that because resilience theory looks at additional factors such as personal characteristics and environmental factors, using this method to evaluate CSA prevention programmes, should identify the long-term effects on children's coping capacity.

Fryda, C. M. and Hulme, P. A. 2015. School-based childhood sexual abuse prevention programs: An integrative review. *Journal of School Nursing* (Sage Publications Inc.) 31(3) 167-182

<https://www.ncbi.nlm.nih.gov/pubmed/25092721>

This review looked at the different formats that are used for school-based, CSA prevention programmes. Twenty-six articles were included in the study, and films, plays, discussion, and role play were identified as methods for delivering CSA prevention programmes. The authors also found that school nurses are rarely involved in CSA prevention activities, so this paper can be used to help them become more involved.

Mohammad, E. T., Shapiro, E. R., Wainwright, L. D., et al. 2015. Impacts of family and community violence exposure on child coping and mental health. *Journal of Abnormal Child Psychology* 43(2) 203-215

<https://www.ncbi.nlm.nih.gov/pubmed/25084981>

The purpose of this paper was to establish whether emotionally-regulated coping protects the mental health of children exposed to physical and sexual violence. Ninety-one school-aged children from Latino, European-American, and African-American backgrounds participated in the research. They all had only 1 parent, and were either homeless, living in emergency shelters, or housed but living in poverty. Using an ecological stress process model, the authors concluded that ERC does protect children, and has a role for future intervention and prevention with regards to these circumstances.

Pulido, M. L., Dauber, S., Tully, B. A., et al. 2015. Knowledge gains following a child sexual abuse prevention program among urban students: A cluster-randomised evaluation. *American Journal of Public Health* 105(7) 1344-50

<http://www.nyspcc.org/wp-content/uploads/AJPH-publication-published-PDF.pdf>

Safe Touches is a school-based CSA prevention programme, which was evaluated in a sample of 492 second- and third-grade students at 6 public elementary schools in New York. The children came from low-socio-economic and racially diverse backgrounds. The aim of the programme was to improve children's knowledge of inappropriate and appropriate touch, and this evaluation found that it was effective in improving the knowledge of this sample group.

Walsh, K., Zwi, K., Woolfenden, S., et al. 2015. School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews* 4 CD004380

http://www.cochrane.org/CD004380/BEHAV_school-based-programmes-for-the-prevention-of-child-sexual-abuse

School-based, CSA prevention programmes have been taught in schools since the 1980s, but evidence of their efficacy is not clear. This systematic review assessed the evidence of the effectiveness of these programmes, in improving students' protective behaviours, and knowledge of sexual abuse prevention, if the behaviour and knowledge was retained over time, and whether the programmes led to disclosures of sexual abuse or caused harms, such as anxiety or fear. This was an update of a Cochrane systematic review, which included 15 trials up to August 2006, and this latest review contained an additional 10 trials. A number of different types of programme were assessed, but all the studies showed that children's protective behaviours and knowledge about child protection improved, regardless of the format of the school-based programme. The authors found that the level of knowledge did not deteriorate over time, but more, longer-term research is needed to confirm this. Children's levels of anxiety or fear did not change, but again, this might need further monitoring. Finally, there may be an increase in the reporting of childhood sexual abuse following participation in these school-based prevention programmes.

Chodan, W., Hasler, F. and Reis, O. 2014. Sexual abuse prevention programs for individuals with mental retardation. *Praxis der Kinderpsychologie und Kinderpsychiatrie* 63(2) 82-98

<https://www.ncbi.nlm.nih.gov/pubmed/24693804>

Set in Germany, this paper focuses particularly on international research about the prevention of sexual abuse in people with learning disabilities. The authors included 12 international studies which looked at the effectiveness of prevention programmes, and 6 national programmes. While relevant to the topic, there were limitations with the studies, which is why the significance for practice is restricted.

Fox, C. L., Hale, R. and Gadd, D. 2014. Domestic abuse prevention education: Listening to the views of young people. *Sex Education* 14(1) 28-41

<http://www.tandfonline.com/doi/abs/10.1080/14681811.2013.816949>

The European Union's Daphne III scheme funded a 2-year project looking at domestic abuse prevention education programmes delivered in schools in the UK, France, and Spain. This paper reports on the UK focus group discussions. Young people aged 10 to 11 years old and 13 to 14 years old discussed their views about the intervention delivered by their school. The discussion highlighted some issues that service providers must address.

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. *Children and Youth Services Review* 42 127-135

<http://www.sciencedirect.com/science/article/pii/S0190740914001509>

EHS is one of the largest, American, federally-funded initiatives, which supports low-income families through pregnancy to children aged 3 years. In a randomised controlled trial, it was found that EHS may reduce child maltreatment in this target group. In particular, there was evidence that incidence of physical and sexual abuse was reduced.

May-Chahal, C., Mason, C., Rashid, A., et al. 2014. Safeguarding cyborg childhoods: Incorporating the on/offline behaviour of children into everyday social work practices. *British Journal of Social Work* 44(3) 596-614

<http://bjsw.oxfordjournals.org/content/early/2012/08/10/bjsw.bcs121>

With the issues around safe surfing, software is being developed to improve online child safety. This study investigated how children manage their safety online, looking at how they decide whether the person they are talking to is safe or not. Social workers need to assess computer-mediated literacy when working with vulnerable children and their guardians.

Moles, R. L. and Leventhal, J. M. 2014. Sexual abuse and assault in children and teens: Time to prioritize prevention. *Journal of Adolescent Health* 55(3) 312-313

[http://www.jahonline.org/article/S1054-139X\(14\)00268-7/abstract](http://www.jahonline.org/article/S1054-139X(14)00268-7/abstract)

The aim of this study was to map the CSA experiences of older teens, aged 15, 16, and 17 years old. Young people were asked about whether an older person, child or teenager (including siblings) known or unknown to them had ever forced touching or sex or attempted inappropriate sexual activity with them. This research builds on existing research.

Oshima, K. M. M., Jonson-Reid, M. and Seay, K. D. 2014. The influence of childhood sexual abuse on adolescent outcomes: The roles of gender, poverty, and re-victimisation. *Journal of Child Sexual Abuse: Research, Treatment, and Programme Innovations for Victims, Survivors, and Offenders* 23(4) 367-386

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4047823/>

This paper looked at whether socio-economic factors influence the level of risk of CSA. While the authors found that there was no significant difference between poor and non-poor families, children from poor families were more likely to suffer recurrent maltreatment or sexual abuse.

Pearce, J. J. 2014. 'What's going on' to safeguard children and young people from child sexual exploitation: A review of local safeguarding children boards' work to protect children from sexual exploitation. *Child Abuse Review* 23(3) 159-170

<http://onlinelibrary.wiley.com/doi/10.1002/car.2269/abstract>

Sexual exploitation in children and young people is complex and changing, and service providers need more training to become more effective in child protection. While there are examples of good practice, there is also a lack of resources and awareness of some of the issues that young people face, such as peer-on-peer exploitation. All agencies responsible for safeguarding need to work together and be readily accessible to the young people who need protection.

Tutty, L. M. 2014. Listen to the children: kids' impressions of Who Do You Tell™. *Journal of Child Sexual Abuse* 23(1) 17-37

<http://cwrp.ca/publications/3068>

Past research has involved quantitative evaluation of school-based, CSA prevention programmes, but this qualitative study collects the opinions of 116 students aged between 6 and 12 who took part in the Who Do You tell CSA education programme. The information was gathered via 10 focus groups, and the findings are presented in this article.

Zollner, H. S. J., Fuchs, K. A. and Fegert, J. M. 2014. Prevention of sexual abuse: Improved information is crucial. *Child and Adolescent Psychiatry and Mental Health* 8(1)

<https://www.ncbi.nlm.nih.gov/pubmed/24517625>

Because of the long-lasting consequences of CSA, prevention has become a public health issue. Many prevention programmes have been developed, such as parenting education classes, home-visiting programmes, etc., and many of these have proven to be partially effective. The authors found that young people should be involved, alongside adults, in the prevention of CSA.

Barron, I. G. and Topping, K. J. 2013. Exploratory evaluation of a school-based child sexual abuse prevention program. *Journal of Child Sexual Abuse* 22(8) 931-948

<https://www.ncbi.nlm.nih.gov/pubmed/24283544>

This study evaluated a school-based CSA prevention programme, looking at the effectiveness in terms of cost and prevention. Three-hundred and ninety children in grades 6, 7, and 8 were assessed. The costs of running the programme were relatively low, but there was only a small improvement in knowledge and skills on this topic.

Barron, I. G. and Topping, K. J. 2013. Survivor experience of a child sexual abuse prevention program: A pilot study. *Journal of Interpersonal Violence* 28(14) 2797-2812

<https://www.ncbi.nlm.nih.gov/pubmed/23686619>

This study measured the impact of a community-based CSA prevention programme on known survivors of CSA. Twenty children were involved in the research, which found that there was significant improvement in knowledge/skills and that further disclosures were made. They also found that participation on the programme was a positive experience for them. The costs of running the programme were low.

Butler, A. C. 2013. Child sexual assault: Risk factors for girls. *Child Abuse and Neglect* 37(9) 643-52

<https://www.ncbi.nlm.nih.gov/pubmed/23899536>

The purpose of this study was to identify potential risk factors of sexual assault in girls aged 17 and younger. Interviews were held with 1,087 girls, their principle carers, and the heads of the household, via the Panel Study of Income Dynamics. Risk factors included the absence of 1 or both parents, low level of education in the mother, poor backgrounds, low levels of affection from the carer, child behaviour (internal, external, and impulsive), low levels of achievement, and having been identified as requiring special educational needs.

MacMillan, H. L., Tanaka, M., Duku, E., et al. 2013. Child physical and sexual abuse in a community sample of young adults: Results from the Ontario Child Health Study. *Child Abuse and Neglect* 37(1) 14-21

<https://www.ncbi.nlm.nih.gov/pubmed/23290623>

In Canada, evidence, about the link between exposure to child maltreatment and physical, emotional, and social impairment, is scarce. This study reports on the third wave of the Ontario Child Health Study which was carried out between 2000 and 2001. The survey was answered by 1,928 children, aged between 4 and 16 years. They were asked about their exposure to physical and sexual abuse in childhood. Males experienced more physical abuse than females, but females encountered more CSA than males.

Predictors for exposure were age of mother at the time of the first child's birth, growing up in a town, and living in poverty. Children who encountered physical abuse were more likely to suffer from childhood psychiatric disorders, while children who were sexually abused were associated with parental adversity. Where child maltreatment has already occurred, siblings were found to be at greater risk of the same abuse, which means that when care professionals identify a child who has been abused, they should seek help in protecting their siblings, so that further abuse can be prevented.

Miller, K. S., Lasswell, S. M., Riley, D. B., et al. 2013. Families Matter! Presexual risk prevention intervention. *American Journal of Public Health* 103(11) e16-20

<https://www.ncbi.nlm.nih.gov/pubmed/24028229>

A 5-step capacity-building model was implemented in 8 sub-Saharan African countries, to prevent young people contracting HIV. The programme, called Families Matter! involved parents teaching their children (aged between 9 and 12 years) about safe sex, sexuality, and risk reduction. This work was supported by the government, community, and faith-based partners, and was found to be useful initiative for low- and middle-income countries.

Whittle, H., Hamilton-Giachritsis, C., Beech, A., et al. 2013. A review of young people's vulnerabilities to online grooming. *Aggression and Violent Behavior* 18(1) 135-146

<http://www.sciencedirect.com/science/article/pii/S135917891200122X>

This review looked at what makes a young person at risk of being groomed online. Adolescent vulnerability was linked to living environment, ethnicity, socioeconomic status, and personality. The authors found that parents monitoring their child's use of the internet, together with school-based internet safety programmes were found to be effective in protecting vulnerable adolescents at risk of online grooming.

CliniMurphy, M., Bennett, N., Eaton, K., et al. 2012. An educational commercial sexual exploitation of children prevention Web site: Development and pilot testing in an urban family planning teen. *Contraception* 85 (3) 326

[http://www.contraceptionjournal.org/article/S0010-7824\(11\)00714-1/abstract](http://www.contraceptionjournal.org/article/S0010-7824(11)00714-1/abstract)

In America, despite the fact that 200,000 to 300,000 young people are at risk of CSEC, no primary prevention initiatives have been developed. The authors of this paper have developed a web-based tool which educates young people about the different ways in which young people are victimised, and the accompanying risks. They tested the tool on 48 young people under the age of 18 years, attending an urban family planning teen clinic. Participants found the website *'informative, impactful and relevant'* and some said that they were grateful for the tool because *'you will help so many people with this because it is very real in our neighborhoods.'*

Daigneault, I., Hebert, M., McDuff, P., et al. 2012. Evaluation of a sexual abuse prevention workshop in a multicultural, impoverished urban area. *Journal of Child Sexual Abuse* 21(5) 521-542

<https://www.ncbi.nlm.nih.gov/pubmed/22994691>

This paper reports the effectiveness of ESPACE, a sexual abuse prevention workshop for grades 1 to 4, carried out in 3 Canadian public schools located in poor socioeconomic areas. The results were not very good, and participants did not retain

the knowledge they had learned. The authors felt that short booster sessions would be more effective in helping people retain what they had learned.

Kenny, M. C. and Wurtele, S. K. 2012. Preventing childhood sexual abuse: An ecological approach. *Journal of Child Sexual Abuse* 21(4) 361-367

<https://www.ncbi.nlm.nih.gov/pubmed/22809043>

This article appears in a special issue looking at the innovative prevention of the sexual exploitation of young people, because childhood sexual abuse is a public health issue which affects not just the victims, but their families, and society as a whole.

McEachern, A. G. 2012. Sexual abuse of individuals with disabilities: Prevention strategies for clinical practice. *Journal of Child Sexual Abuse* 21(4) 386-398

<https://www.ncbi.nlm.nih.gov/pubmed/22809045>

Set in America, this paper investigated the incidence and prevention of sexual abuse in people with disabilities, and made recommendations for the direction of future research.

Rheingold, A. A., Zajac, K. and Patton, M. 2012. Feasibility and acceptability of a child sexual abuse prevention program for childcare professionals: comparison of a web-based and in-person training. *Journal of Child Sexual Abuse* 21(4) 422-436

<https://www.ncbi.nlm.nih.gov/pubmed/22809047>

In this study, the authors wanted to explore the efficacy of CSA prevention programmes aimed at adults. A randomised controlled trial was carried out with the programme being delivered in 2 ways, face-to-face, or web-based, to 188 child care professionals. Both methods were effective, and accepted by professionals, and these results can be used to facilitate access to prevention programmes for care professionals.

Schober, D. J., Fawcett, S. B. and Bernier, J. 2012. The Enough Abuse Campaign: building the movement to prevent child sexual abuse in Massachusetts. *Journal of Child Sexual Abuse* 21(4) 456-469

<https://www.ncbi.nlm.nih.gov/pubmed/22809049>

This case study is about the Enough Abuse Campaign, which was launched throughout Massachusetts, with the aim of preventing CSA in the state. The Institute of Medicine's Framework for Collaborative Community Action on Health was used to provide a systematic description of how the campaign was implemented.

Schober, D. J., Fawcett, S. B., Thigpen, S., et al. 2012. An empirical case study of a child sexual abuse prevention initiative in Georgia. *Health Education Journal* 71(3) 291-298

<http://hej.sagepub.com/content/early/2012/01/12/0017896911430546>

The state of Georgia, in America, launched a programme to educate communities about how to prevent CSA. The components of the initiative included messages and supporting material about CSA prevention, a helpline for people who suspect abuse, and a state-wide education and training programme. This case study describes the process taken by a state to embed primary prevention programmes throughout, in order to increase knowledge of CSA prevention.

Walsh, K., Brandon, L. and Chirio, L. 2012. Mother-child communication about sexual abuse prevention. *Journal of Child Sexual Abuse* 21(4) 399-421

<https://www.ncbi.nlm.nih.gov/pubmed/22809046>

An online survey was carried out in Australia, where 212 mothers discussed the communication between them and their children about CSA prevention. Two-thirds of respondents said they had discussed CSA prevention with their children, covering a number of topics. Levels of communication varied according to age and gender of the child/ren.

Fellows, N. 2011. Safeguarding students from sexual exploitation. *British Journal of School Nursing* 6(5) 237-242

<http://www.magonlinelibrary.com/doi/abs/10.12968/bjsn.2011.6.5.237>

The number of children and adolescents who have been affected by sexual exploitation is not known, and awareness among care professionals is poor. This paper makes suggestions for how school nurses can be more involved in child protection, for example, raising awareness of sexual exploitation during sex education, making referrals, and maintaining accurate records.

Kernsmith, P. D. and Hernandez-Jozefowicz, D. M. 2011. A gender-sensitive peer education program for sexual assault prevention in the schools. *Children and Schools* 33(3) 146-157

<http://cs.oxfordjournals.org/content/33/3/146>

In this study to reduce incidence of rape, male and female high school leaders led training sessions to emphasise the role of males in preventing sexual assault. Greatest improvement was shown by students who were actively engaged during the sessions.

Leclerc, B., Wortley, R. and Smallbone, S. 2011. Victim resistance in child sexual abuse: A look into the efficacy of self-protection strategies based on the offender's experience. *Journal of Interpersonal Violence* 26(9) 1868-1883

<http://jiv.sagepub.com/content/26/9/1868.abstract>

This study collected the experiences of 94 adult offenders who had sexually abused a child to find out which self-protection strategies used by their victim was most effective. Twelve strategies were listed, including, screaming, yelling for help, fighting back, saying no, saying they didn't want to, crying, telling someone else about the abuse, saying they were scared, demanding to be left alone, saying they would tell someone, saying that people are not supposed to touch their private parts, and trying to escape. According to the offenders, saying 'no' or that they did not want to have sexual contact was the most effective strategy.

Sinanan, A. N. 2011. Effects and prevention of child sexual abuse: The impact of child, family, and child protective services factors on reports of child sexual abuse recurrence. *Journal of Child Sexual Abuse: Research, Treatment, and Programme Innovations for Victims, Survivors, and Offenders* 20(6) 657-676

<http://www.tandfonline.com/doi/abs/10.1080/10538712.2011.622354>

Set in the U.S., this study used data from the National Child Abuse and Neglect Data System, 2002-2004, to identify what factors make a child more at risk of CSA. A number of factors were highlighted, including previous victimisation, child disability, and having a caregiver who is also the perpetrator. This information can be used to identify potential victims, and prevent abuse.

Smothers, M. K. and Smothers, D. B. 2011. A sexual assault primary prevention model with diverse urban youth. *Journal of Child Sexual Abuse* 20(6) 708-727

<https://www.ncbi.nlm.nih.gov/pubmed/22126112>

A community mental health clinic developed a programme for schools, which aimed to prevent sexual violence and harassment by reducing tolerance levels. The programme was tested on 202 students from fifth to twelfth grade, and was found to be effective in increasing knowledge of sexual abuse, awareness of local sexual assault support resources, and identifying what makes a relationship healthy or unhealthy.

Babatsikos, G. 2010. Parents' knowledge, attitudes and practices about preventing child sexual abuse: A literature review. *Child Abuse Review* 19(2) 107-129

<http://onlinelibrary.wiley.com/doi/10.1002/car.1102/abstract>

This literature review focuses on the role of parents in preventing CSA. Most of the included studies had similar characteristics. They were set in North America or Asia,

quantitative, only surveyed mothers, and were more than 10 years old. The authors suggest that more current and country-specific research is needed to understand how parents manage the risk of CSA, and fathers need to be involved in future research, so that both parents' views are included.

Flaherty, E. G., Stirling Jr, J., Jenny, C., et al. 2010. Clinical report: The pediatrician's role in child maltreatment prevention. *Pediatrics* 126(4) 833-841

<http://pediatrics.aappublications.org/content/126/4/833>

Clinical reports are produced by the American Academy of Pediatrics, and have previously focused on the diagnosis and management of incidence of child abuse. This report looks at how paediatricians can support families and help them to protect their children and keep them safe. Triggers and risk factors are identified, alongside guidance on referring families for additional support.

Leclerc, B., Wortley, R. and Smallbone, S. 2010. An exploratory study of victim resistance in child sexual abuse: Offender modus operandi and victim characteristics. *Sexual Abuse: Journal of Research and Treatment* 22(1) 25-41

<https://www.ncbi.nlm.nih.gov/pubmed/20133960>

This study interviewed 94 adult offenders who had committed a sexual offence against a child or adolescent aged 16 years or more, to find out what actions taken by the victim were most effective in preventing the abuse. Victim resistance strategies were organised by 3 categories; physical resistance, forceful verbal resistance, and nonforceful verbal resistance. Younger girls tended to employ nonforceful verbal resistance and they also used more resistance strategies than older girls. Prevention programmes should provide evidence describing the circumstances in which children are more likely to defend themselves against sexual abuse.

Wurtele, S. K. and Kenny, M. C. 2010. Partnering with parents to prevent childhood sexual abuse. *Child Abuse Review* 19(2) 130-152

<http://onlinelibrary.wiley.com/doi/10.1002/car.1112/abstract>

Child-focused sexual abuse prevention programmes can be effective in protecting children, but the more knowledgeable parents/carers are about CSA prevention programmes, then the more they can do to build safer environments for their children. This paper looks at effective methods for engaging parents, and suggests that web-based tools designed for parents should be developed.

Christoffersen, M. N. and DePanfilis, D. 2009. Prevention of child abuse and neglect and improvements in child development. *Child Abuse Review* 18(1) 24-40

<http://onlinelibrary.wiley.com/doi/10.1002/car.1029/abstract>

Set in Denmark, this study asked the specific question 'Will the socio-psychological development of children known to social services be improved when abuse and neglect are reduced?' Part of the Danish Social Assistance Act encourages local authorities to provide service to families of children at risk of child maltreatment. In 1978, 80% of a random sample of 1,138 children, who were newly identified as at risk by social services, were assessed, via questionnaires, over a 4-year period. Maltreatment came in the form of psychological, physical, sexual abuse, and neglect. The effectiveness of a variety of interventions was explored, but socio-psychological development was only found to improve once parental behaviour changed and the incidence of abuse and neglect was reduced.

Kenny, M. C. 2009. Child sexual abuse prevention: psychoeducational groups for preschoolers and their parents. *Journal for Specialists in Group Work* 34(1) 24-42

<http://www.tandfonline.com/doi/abs/10.1080/01933920802600824?journalCode=usgw20>

This article looks at the effectiveness of Parents as Teachers of Safety (PaTS), an intervention where parents and young children get together and are taught about personal body and environmental safety, particularly in the context of CSA. Group processes and recruitment and retention are discussed alongside child and parent outcomes.

Kopp, B. and Miltenberger, R. G. 2009. Evaluating the acceptability of 4 versions of a child sexual abuse prevention program. *Child and Family Behavior Therapy* 31(3) 192-202

<http://www.tandfonline.com/doi/abs/10.1080/07317100903099183>

Fifty-nine college students evaluated 4 CSA prevention programmes, aimed at 10-year-olds. The students were most comfortable with information-based approaches for preventing abuse by strangers, and did not feel that role-play was acceptable in these circumstances.

Mikton, C. and Butchart, A. 2009. Child maltreatment prevention: A systematic review of reviews. *Bulletin of the World Health Organization* 87(5) 353-361

<http://www.who.int/bulletin/volumes/87/5/08-057075.pdf?ua=1>

This review looked at 7 types of child maltreatment prevention interventions. The findings showed that home-visiting, parent education, abusive head trauma prevention, and multi-component interventions can prevent actual child maltreatment. The authors also found that home-visits, parent education, and CSA prevention, could reduce risk

factors for child maltreatment, but this finding should be taken with caution because of the quality of the methodology of some of the original studies.

Morris, A. 2009. Gendered dynamics of abuse and violence in families: considering the abusive household gender regime. *Child Abuse Review* 18(6) 414-427

<http://onlinelibrary.wiley.com/doi/10.1002/car.1098/abstract>

The abusive household gender regime (AHGR) was developed to better understand domestic violence where both the mother and child are victims, and the father-figure is the perpetrator. Understanding gender, power, and the AHGR, means that interventions to protect and support both the child and the mother can be developed.

Skarbek, D., Hahn, K. and Parrish, P. 2009. Stop sexual abuse in special education: An ecological model of prevention and intervention strategies for sexual abuse in special education. *Sexuality and Disability* 27(3) 155-164

<http://link.springer.com/article/10.1007/s11195-009-9127-y>

Disabled children are at much greater risk of sexual abuse than non-disabled, and the perpetrators are usually someone they trust, for example, parent, sibling, teacher, carer, priest. or coach. This paper recommends the use of the Bronfenbrenner's ecological model which encompasses primary, secondary, and tertiary prevention. This model should be applied in a school-setting to reach all vulnerable children.

Wurtele, S. K. 2009. Preventing sexual abuse of children in the twenty-first century: Preparing for challenges and opportunities. *Journal of Child Sexual Abuse* 18(1) 1-18

<https://www.ncbi.nlm.nih.gov/pubmed/19197612>

CSA impacts not only the victim but also their family, the communities they live in, and society as a whole. This paper evaluates the effectiveness of child-focused educational programmes designed to prevent sexual victimisation, and makes recommendations for alternative approaches to child protection programmes.

Bacon, H. 2008. Cleveland 20 years on: what have we learned about intervening in child sexual abuse? *Child Abuse Review* 17(4) 215-229

<http://onlinelibrary.wiley.com/doi/10.1002/car.1034/abstract>

In 1987, 2 paediatricians in Cleveland, used a controversial diagnostic technique to identify victims of CSA. One hundred and twenty-one diagnoses were made and the alleged victims were removed from their families by social services. Many issues were identified in the handling of these cases. There was tension between police and social services, poor communication with the parents, and the welfare of children was not

taken into consideration. This paper looks at how the system has changed. The author found that while professionals are better at working with families of CSA victims, and society has increased awareness of CSA, the outcomes for this group of children has not really improved very much. The author states that there will always be uncertainty in some cases, but the child might be better protected by the parent, rather than the child protection system.

Kenny, M. C., Capri, V., Thakkar-Kolar, R. R., et al. 2008. Child sexual abuse: from prevention to self-protection. *Child Abuse Review* 17(1) 36-54

<http://onlinelibrary.wiley.com/doi/10.1002/car.1012/abstract>

This article reviews existing CSA education programmes and highlights the most effective methods, looking at the different target groups, such as child, parent, teacher. The research found that teaching children to recognise inappropriate touching, and techniques for resisting inappropriate advances had an impact on preventing CSA. Children should also be reassured that it is not their fault, and they should be taught the correct names for their genitals.

Rew, L. and Bowman, K. 2008. Protecting youth from early and abusive sexual experiences. *Pediatric Nursing* 34(1) 19-25

<https://www.ncbi.nlm.nih.gov/pubmed/18361083>

Set in America, this paper looks at how best to protect school-age children and adolescents who often face exposure to sexual activities and messages that might cause confusion, and could put them at risk of abusive sexual experiences and early sexual activity. Risk factors and prevention techniques are discussed, and it is suggested that nurses could work with young people, families and the community to create a more protective environment.

Self-Brown, S., Rheingold, A. A., Campbell, C., et al. 2008. A media campaign prevention program for child sexual abuse: Community members' perspectives. *Journal of Interpersonal Violence* 23(6) 728-743

<http://jiv.sagepub.com/content/23/6/728.abstract>

The authors of this paper evaluated a multimedia CSA prevention programme, which was established in America. Three groups based on ethnicity (Caucasian, African American, and Hispanic) participated in the quantitative study, and the results showed that knowledge of CSA increased, and that levels of discomfort and anxiety were low, with regards to the materials used in the programme. These findings can be used in the development of future CSA prevention programmes, as the content was found to be effective, while not causing distress to participants.

Wurtele, S. K. 2008. Behavioral approaches to educating young children and their parents about CSA prevention. *The Journal of Behavior Analysis of Offender and Victim Treatment and Prevention* 1(1) 52-64

<http://psycnet.apa.org/journals/bov/1/1/52.pdf>

CSA impacts not only the victim but also their family, the communities they live in, and society as a whole. This paper looks at primary prevention strategies aimed at the child and parents, to identify the best behavioural approaches to take when educating these 2 groups.

Cox, J. M., Webber, B. and Joachim, G. 2007. A community program to fight child abuse: The Fort Wayne Children's Foundation and Kids' Law. *Journal of Manipulative and Physiological Therapeutics* 30(8) 607-13

<https://www.ncbi.nlm.nih.gov/pubmed/17996554>

The purpose of this commentary is to provide resources and encourage further research in the area of child protection. It is a short review of child abuse in America, and draws on the example of a community programme set up in Indiana to stop child abuse and help the victims to recover.

Daigneault, I., Hebert, M. and Tourigny, M. 2007. Personal and interpersonal characteristics related to resilient developmental pathways of sexually abused adolescents. *Child and Adolescent Psychiatric Clinics of North America* 16(2) 415-434

<https://www.ncbi.nlm.nih.gov/pubmed/17349516>

Set in Quebec, this paper explores resilience in adolescents who have been sexually abused, and are now under the care of child protection services (CPS). The authors look at the impact of CSA, and factors linked to resilience profiles, based on the experiences of 86 teenage girls, under the care of CPS, over a 5-month period.

Dombrowski, S. C., Gischlar, K. L. and Durst, T. 2007. Safeguarding young people from cyber pornography and cyber sexual predation: A major dilemma of the Internet. *Child Abuse Review* 16(3) 153-170

<http://onlinelibrary.wiley.com/doi/10.1002/car.939/abstract>

While educational, the internet can also be detrimental to the welfare of children, particularly with regards to sexual exploitation. Young people face many risks when online, such as online grooming, access to pornography and chatrooms with adult themes, and instant messaging where older people can pretend to be someone a young person could relate to. This paper discusses how to safeguard children and educate them about online risks.

Finkelhor, D. 2007. Prevention of sexual abuse through educational programs directed toward children. *Pediatrics* 120(3) 640-5

<http://pediatrics.aappublications.org/content/120/3/640.short>

This commentary discusses a report issued by the Catholic Medical Association (CMA) Task Force, looking at the prevention of CSA. The report argues against educational programmes, which teach children about sexual abuse and sexual victimisation, because the CMA believes them to be ineffective because the concepts cannot be understood by children. The CMA also says that there is no empirical evidence that these methods do work. However, the author of this commentary presents evidence that school-based CSA prevention programmes are effective.

Krugman, S. D., Lane, W. G. and Walsh, C. M. 2007. Update on child abuse prevention. *Current Opinion in Pediatrics* 19(6) 711-718

<https://www.ncbi.nlm.nih.gov/pubmed/18025942>

In 2005, statistics showed that there were 2.9 million reports of CSA, and 825,000 indicated cases. This report describes several child abuse prevention approaches, including home visiting programmes, primary prevention of abusive head trauma, parent training, sexual abuse prevention, and the effectiveness of laws banning physical punishment. The authors found that while most home visitation programmes were ineffective in preventing child abuse, 1 exception was the Nurse Family Partnership, which has proven to be very effective with high-risk families. Teaching parents how to cope with crying children was effective in reducing abusive head trauma..

Mitchell, K. J., Finkelhor, D. and Wolak, J. 2007. Online requests for sexual pictures from youth: Risk factors and incident characteristics. *Journal of Adolescent Health* 41(2) 196-203

<https://www.ncbi.nlm.nih.gov/pubmed/17659225>

Set in America, a telephone survey of 1,500 young people, aged between 10 and 17 years, who use the internet, found that 4% had reported an online request to send a sexual picture of themselves during the previous year. Out of 65 sample case subjects, only 1 actually complied with the request. Risk factors for receiving a request for a sexual picture, included being female, being of black ethnicity, being in a close online relationship, engaging in online sexual behaviour, and having experience of offline physical or sexual abuse. The results showed that requests for sexual pictures were more likely to take place in the presence of friends, or when communicating with an adult they had met online and had sent a sexual picture to the youth, and had tried to make offline contact.

Oliver, B. E. 2007. Three steps to reducing child molestation by adolescents. *Child Abuse and Neglect* 31(7) 683-689

<https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=241827>

This paper describes 3 steps to reducing child molestation by adolescents.

1. Talk to young people about the harmful impact of sexual abuse
2. Talk to young people about the risks of dwelling on child-orientated fantasies
3. Intervene when an at-risk young person demonstrates warning signs.

However, people find it difficult to implement these steps, because many adults feel uncomfortable about talking to young people about sexual issues. Religious and ethical reasons are also associated with a reluctance to implement these steps. The author presents the incidence of child molestation by young people in America, Canada, and England. The steps were written by a former young child molester who has successfully completed several treatment programmes.

Rheingold, A. A., Campbell, C., Self-Brown, S., et al. 2007. Prevention of child sexual abuse: Evaluation of a community media campaign. *Child Maltreatment* 12(4) 352-363

<https://www.ncbi.nlm.nih.gov/pubmed/17954941>

Mass media techniques have proven to be effective in improving public health outcomes, with regards to behaviour change, and this study explores whether they can be effective in the primary prevention of CSA. Two hundred parents, from 8 sites across America, were invited to participate in the study. While knowledge of CSA increased, there was no change to CSA attitudes. The results demonstrate that media campaigns alone may not improve the primary prevention of CSA.

Wolfeich, P. and Loggins, B. 2007. Evaluation of the CAC model: Efficiency, legal and re-victimisation outcomes. *Child and Adolescent Social Work Journal* 24(4) 333-352

<http://link.springer.com/article/10.1007/s10560-007-0087-8>

Set in Florida, this study compared the Children's Advocacy Center (CAC) model with more traditional child protection services, to see if there was a difference in outcome, with regards to substantiation of abuse, arrest and prosecution of the perpetrator, the effectiveness of the different teams working together, and child re-victimisation rates. The sample was made up of 184 child abuse and neglect cases, selected over a 5-year period, from 3 different types of child protections service, including a CAC. Similar outcomes were found, and recommendations are made for service improvement and further research.

Zwi, K. J., Woolfenden, S. R., Wheeler, D. M., et al. 2007. School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews* (3)(CD004380)

<https://www.ncbi.nlm.nih.gov/pubmed/17636754>

The purpose of this review was to investigate the effectiveness of school-based education programmes for the prevention of CSA. Fifteen randomised controlled trials were included, and the authors found that there were 'significant improvements in knowledge measures and protective behaviours'. Knowledge was said to have increased if it had been retained beyond 3 to 12 months. Some studies did report harms, and therefore it is recommended that where school-based CSA prevention education programmes are implemented, they should be monitored.

Turner, K. M., Hill, M., Stafford, A., et al. 2006. How children from disadvantaged areas keep safe. *Health Education* 106(6) 450-464

<http://www.emeraldinsight.com/doi/abs/10.1108/09654280610711406>

Set in Scotland, this study looked at how children from deprived communities stay safe. Sixty interviews were conducted alongside 16 discussion groups with 8 to 14 year olds recruited from 4 disadvantaged areas. The young people discussed positive and negative aspects of the areas where they lived, and they described preventive and reactive strategies they applied to stay safe. While it is difficult to generalise the findings, this article does present insights which professionals and policy-makers can apply to reduce risks faced by young people living in deprived areas.

Classen, C. C., Palesh, O. G. and Aggarwal, R. 2005. Sexual revictimization: A review of the empirical literature. *Trauma, Violence and Abuse* 6(2) 103-129

<https://www.ncbi.nlm.nih.gov/pubmed/15753196>

This review explores about 90 empirical studies, highlighting the risk factors of sexual re-victimisation. Research shows that two-thirds of people who have been sexually victimised will be re-victimised. The incidence and severity of CSA, multiple experiences of trauma, and the recency of the abuse, are all predictors of re-victimisation. People who have been abused more than once find it difficult to have relationships, and they often feel that they are to blame. Some research found that ethnicity or dysfunctional family life may lead to re-victimisation. The authors suggest that more longitudinal studies on sexual re-victimisation are required.

Treat earlier trauma

Results from 2019 literature search Kisely S, Abajobir AA, Mills R, Strathearn L, Clavarino A, Najman JM. Child maltreatment and mental health problems in adulthood: Birth cohort study. *British Journal of Psychiatry*. 2018; 213(6):698-703

<https://doi.org/10.1192/bjp.2018.207>

Background Retrospective studies have shown a high association between child abuse and subsequent psychiatric morbidity. Prospective studies are rarer.

Aim(s): To examine, using a prospective record-linkage analysis, whether substantiated child maltreatment is associated with adverse psychological outcomes in early adulthood.

Method(s): The participants were 3,778 mother and child pairs enrolled in a population-based birth cohort study in Brisbane, Australia. Exposure to suspected child maltreatment was measured by linkage with state child protection agency data. The primary outcomes were the internalising and externalising scales of the Youth Self-Report and the Centre for Epidemiological Studies-Depression scales (CES-D) at approximately 21 years old. A subset completed the Composite International Diagnostic Interview-Auto version (CIDI-Auto). **Result(s):** In total, 171 (4.5%) participants had a history of substantiated child maltreatment, most commonly emotional abuse (n = 91), followed by physical abuse (n = 78), neglect (n = 73) and sexual abuse (n = 54). After adjustment for potential confounders, depressive symptoms on the CES-D, as well as internalising and externalising behaviours were strongly associated with substantiated abuse in all forms, except sexual abuse. The results for the subset of the sample who completed the CIDI-Auto were less clear. Anxiety, especially PTSD, showed the strongest association whereas the findings for depressive disorder were equivocal. However, across all diagnostic categories, emotional abuse and neglect, as well as multiple forms of abuse, showed a consistent association.

Conclusion(s): Child maltreatment, particularly neglect and emotional abuse, has serious adverse effects on early adult mental health. These 2 warrant the attention given to other forms of child maltreatment. Children experiencing more than 1 type of maltreatment are at particular risk.

Ellenbogen S, Colin-Vezina D, Sinha V, Chabot M, Wells SJR. Contrasting mental health correlates of physical and sexual abuse-related shame. *Journal of Child & Adolescent Mental Health*. 2018; 30(2):87-97

<https://www.ajol.info/index.php/jcamh/article/view/177718>

Objective: This study represents an initial attempt to contrast behavioural and mental health correlates of shame as a result of physical abuse (PA) and sexual abuse (SA).

Because they are distinctive forms of injury, it is possible that corollary shame from these injuries follows unique trajectories and ultimately results in different health challenges.

Method: Self-report data from a survey on the health of youth receiving protective services for reasons of PA and SA was used. It included standardised measures, such as the Childhood Trauma Questionnaire, Trauma Symptoms Checklist for Children, the Brief Symptoms Inventory, the Rutgers Alcohol Problem Index, and the South Oaks Gambling Screen. New measures of abuse-related shame, maltreatment, and substance use were also employed. Linear regression analyses were performed to determine whether level of shame was linked to mental health and behaviour issues, after controlling for level of abuse.

Results: Results were similar for shame as a result of PA and SA victimisation. After accounting for shared variance with abuse severity, both measures were linked to a full spectrum of mental health issues, such as depression (SA $r^2 = 0.30$, PA $r^2 = 0.28$), anxiety (SA $r^2 = 0.27$, PA $r^2 = 0.20$), post-traumatic stress (SA $r^2 = 0.26$, PA $r^2 = 0.19$), interpersonal sensitivity (SA $r^2 = 0.17$, PA $r^2 = 0.22$), and psychoticism (SA $r^2 = 0.19$, PA $r^2 = 0.20$), but not to gambling or substance use problems. PA-related shame was associated with suicidality $r^2 = 0.05$).

Conclusions: Keeping in mind that this was largely a cross-sectional study and that causality cannot be inferred, the results seem to indicate that youth suffering from abuse-related shame are particularly vulnerable to mental health problems, but not to efforts to numb their problematic thoughts and feelings through gambling and substance use. Shame could serve as an early indicator of which child protection recipients are most in need of preventive efforts.

De Vries I, Goggin KE. The impact of childhood abuse on the commercial sexual exploitation of youth: A systematic review and meta-analysis. *Trauma, Violence & Abuse*. 2018:1524838018801332

<https://doi.org/10.1177/1524838018801332>

Scholars and practitioners have drawn attention to the issue of commercial sexual exploitation CSE of minors, yet we continue to lack a clear understanding of which factors increase a minor's risk to this type of victimisation. The current article reviews the literature about the impact of sexual, physical, or emotional abuse on the risk of CSE.

The study utilises quantitative meta-analytical techniques to estimate an overall impact of prior abuse. Nineteen studies were selected after a comprehensive search of electronic databases covering the fields of social science, criminology, psychology, or related fields.

To be included in the analyses, all articles had to measure the direct impact of sexual, physical, and/or emotional abuse on minor's risk to CSE, utilising multivariate techniques and presenting statistical metrics to assess the impact of prior abuse.

Important findings demonstrate that sexual abuse considerably increases the risk of exploitation, especially among female youth in the United States. Physical and emotional abuse show negligible or no significant independent impacts, even though a few studies have begun to suggest that experiencing multiple types of childhood abuse may aggravate a risk of sexual exploitation.

Our findings can guide further research on the impact of prior victimisations and inform screening instruments that are being developed to identify youth at risk of CSE.

Bourgeois C, Lecomte T, Daigneault I. Psychotic disorders in sexually abused youth: A prospective matched-cohort study. *Schizophrenia Research*. 2018; 199:123-7

<https://www.sciencedirect.com/science/article/pii/S0920996418301725>

CSA has been identified as a potential risk factor for developing a psychotic disorder. However, little is known about the prevalence of psychotic disorders in youth who were sexually abused during adolescence and young adulthood. Gender differences also remain unclear. This study used administrative databases from a Child Protection Agency and a public health care system. It aimed to investigate the prevalence of psychotic disorders in sexually abused youth between the first substantiated report of sexual abuse and the beginning of adulthood. A second objective was to assess gender differences.

Administrative health data for 882 sexually abused youth were compared with 882 matched controls from the general population over a 13-year period using conditional generalized linear mixed models. Stratified analyses by gender (group comparison) and group (gender comparison) were also performed. Sexually abused youths were 10-times more at risk of receiving a diagnosis of psychotic disorder than youth from the general population. There was no gender difference in the prevalence of psychotic disorders among sexually abused youth. These results highlight the importance of targeted prevention of psychotic disorders among sexually abused youth. Future studies should investigate risk factors and developmental trajectories of psychotic disorders in this population.

Tehrani N. Extraversion, neuroticism and secondary trauma in Internet child abuse investigators. *Occupational Medicine (Oxford)*. 2016; 66(5):403-7

<https://doi.org/10.1093/occmed/kqw004>

Background: Working with victims and perpetrators of CSA has been shown to cause secondary traumatic stress (STS) in child protection professionals.

Aims: To examine the role of gender and personality on the development of secondary trauma responses.

Methods: A study of internet child abuse investigators (ICAs) from 2 UK police forces. Participants completed a personality test together with tests for anxiety, depression, burnout, STS and PTSD to assess secondary trauma. The data were normally

distributed and the results were analysed using an independent t-test, Pearson correlation and linear regression.

Results: Among 126 study subjects (50 females and 75 males), there was a higher incidence of STS in investigators who were female, introverted and neurotic. However, there were lower levels of STS in the participants in this study than those found in other studies.

Conclusions: Psychological screening and surveillance of ICAI teams can help to identify risk factors for the development of STS and identify where additional support may be required.

Carpenter J, Jessiman T, Patsios D, Hackett S, Phillips J. Letting the future in: A therapeutic intervention for children affected by sexual abuse and their carers: An evaluation of impact and implementation. NSPCC. 2016

<https://learning.nspcc.org.uk/media/1369/letting-the-future-in-evaluation.pdf>

Letting the Future In is a structured guide to therapeutic intervention with children affected by sexual abuse. It is grounded in an understanding of trauma, attachment and resilience. Largely psychodynamic in nature, it sees the therapeutic relationship between child and practitioner as central. It was developed by the NSPCC and has been implemented by 20 teams since 2011. The intervention is available to children aged between 4 and 17 who have made a disclosure and who live with a safe parent/carer. Children receive up to 4 therapeutic assessment sessions followed by up to 20 intervention sessions. Carers are offered help with the impact of discovering that their child was sexually abused, and to support their child's recovery.

Shuker LE. Safe foster care for victims of child sexual exploitation. Safer Communities. 2015; 14(1):37-46

<https://www.emeraldinsight.com/doi/abs/10.1108/SC-03-2015-0006?journalCode=sc>

Purpose: The purpose of this paper is to report on an evaluation of a pilot of specialist foster care for children at risk, or victims, of CSE and/or trafficking.

Design/methodology/approach: The research adopted a multi-case study approach, gathering placement documentation, interviews and weekly monitoring logs throughout the duration of the 13 placements.

Findings: This evaluation found that safety for those at risk, or victims, of CSE within the in-care population has both a physical and a relational element. The most successful placements were able to deploy restrictive safety measures effectively by tipping the balance of care and control towards demonstrations of compassion and acceptance. Good relationships in these foster homes unlocked other positive outcomes, including reduced missing incidences and increased awareness of exploitation.

Research limitations/implications: The small sample size within this pilot project suggests the need for further research to test the applicability of the notion of multi-dimensional safety to young people's welfare more generally.

Practical implications: The findings confirm previous research that highlights the importance of stable relationships in child protection. They have implications for current tendencies to commission short-term CSE interventions that are unlikely to create the relational security that can improve community safety for young people.

Originality/value: This is the first published evaluation of specialist accommodation for those affected by CSE in the UK, and its findings will therefore be of most value to commissioners and providers of care to looked after young people. The concept of multi-dimensional safety will be relevant to those with responsibility for child welfare/safeguarding.

Eggertson L. Child sexual abuse in Nunavut linked to suicide. *CMAJ: Canadian Medical Association Journal*. 2015; 187(16):E463-E4

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4627888/pdf/187e463.pdf>

The article discusses the link between CSA and suicide risk. An inquest into suicide rates in Nunavut was held in September 2015 because they are higher by nearly 10 times than any other place in the country. Abuse is said to have occurred in residential schools, with some priests and teachers as culprits. Also mentioned are the need for the territory to invest more in child protection and the effectiveness of a surveillance system for people who have attempted suicide.

Bolen RM, Dessel AB, Sutter J. Parents will be parents: Conceptualizing and measuring nonoffending parent and other caregiver support following disclosure of sexual abuse. *Journal of Aggression, Maltreatment & Trauma*. 2015; 24(1):41-67

<https://www.tandfonline.com/doi/abs/10.1080/10926771.2015.1005267>

A gap exists in the literature with regard to the theoretical conceptualisation of non-offending parental and other caregiver (NOC) support of sexually abused children. Measures need to be developed that appropriately capture this construct.

The purpose of this article is to present a qualitative study that asked 17 NOCs in different ways how they supported their sexually abused children after the disclosure of the sexual abuse. The multiple different types of support were coded and, using grounded theory, the structure of NOC support emerged from the data. The final structure of NOC support had 8 dimensions, including basic needs, safety and protection, decision making, active parenting, instrumental support, availability, sensitivity to child, and affirmation.

Results from 2015/6 literature search

Gillies, D., Maiocchi, L., Bhandari Abhishta, P., et al. 2016. Psychological therapies for children and adolescents exposed to trauma. *Cochrane Database of Systematic Reviews*(10)

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012371/pdf>

The aim of this systematic review was to assess the effects of psychological treatments in preventing PTSD, in young people who have experienced a traumatic event. The studies included in this review evaluated a range of psychological therapies, including family therapy, cognitive behavioural therapy, play therapy, eye movement desensitisation and reprocessing, narrative therapy, psychoeducation, and supportive therapy. While the results showed some evidence for the prevention of PTSD and reduction of symptoms for up to a month, the authors felt that their confidence in the findings was limited by the quality of the included studies, and therefore, more research is needed.

Taylor, N., Fraser, H., Signal, T., et al. 2016. Social work, animal-assisted therapies and ethical considerations: A programme example from Central Queensland, Australia. *British Journal of Social Work* 46(1) 135-52

<http://bjsw.oxfordjournals.org/content/early/2014/10/24/bjsw.bcu115.abstract>

Use of animals in social work is on the increase, and while the evidence shows that animal-assisted therapies (ATT) are effective in improving human outcomes, more research is needed to measure the effect on the animals. Concerns with ATTs are about whether the animals are seen as tools or as 'sentient beings with needs of their own'. This paper, set in Australia, looks at a particular programme which uses animals to help victims of CSA recover from their experiences, and explores the ethics of developing this approach.

Bolen, R. M., Dessel, A. B. & Sutter, J. 2015. Parents will be parents: conceptualizing and measuring nonoffending parent and other caregiver support following disclosure of sexual abuse. *Journal of Aggression, Maltreatment & Trauma* 24(1) 41-67

<http://www.tandfonline.com/doi/abs/10.1080/10926771.2015.1005267?journalCode=wamt20>

This qualitative study focuses on the role that the non-offending parent/caregiver (NOPC) has in supporting their sexually abused children following the disclosure of the abuse. Seventeen NOPCs were interviewed, and 8 aspects of support were identified, and these are 'basic needs, safety and protection, decision-making, active parenting, instrumental support, availability, sensitivity to child, and affirmation'.

Cooper, C., Rantell, K., Blanchard, M., et al. 2015. Why are suicidal thoughts less prevalent in older age groups? Age differences in the correlates of suicidal thoughts in the English Adult Psychiatric Morbidity Survey 2007. *Journal of Affective Disorders* 177 42-8

<http://www.pubpdf.com/pub/25745834/Why-are-suicidal-thoughts-less-prevalent-in-older-age-groups-Age-differences-in-the-correlates-of-su>

This study looked at the relationship between age and suicidal thoughts across 20-year age bands, and found that 'reports of previous-year suicidal thoughts decreased with age'. However, the authors did find that childhood abuse, both sexual and physical, is linked to suicidal thoughts throughout the lifetime of someone who has experienced abuse of this nature. They suggest that screening for suicidal tendencies should be carried out regularly, with all age-groups, so that psychological interventions can be applied, where appropriate.

Gomez, J., Becker, S., O'Brien, K., et al. 2015. Interactive effect of child maltreatment and substance use on depressed mood among adolescents presenting to community-based substance use treatment. *Community Mental Health Journal* 51(7) 833-40

<https://www.ncbi.nlm.nih.gov/pubmed/26017474>

Young people who have been sexually abused are more likely to suffer from depression. This study looked at the effects of substance use (SU), such as alcohol and marijuana, on adolescents who have experienced child maltreatment (CM). Seventy-four adolescents who had been referred to a community behavioural health centre (CBHC) for issues with substance abuse and who had been exposed to childhood maltreatment were evaluated to find out if SU and CM have an effect on their levels of depression. They found that young people with a greater exposure to sexual abuse suffered lower levels of depression when smoking marijuana or drinking alcohol. Therefore, teenagers, when referred to CBHCs for SU, should be assessed for exposure to abuse and depression, so that a more effective treatment plan can be provided to them.

Sena, A. C., Hsu, K. K., Kellogg, N., et al. 2015. Sexual assault and sexually transmitted infections in adults, adolescents, and children. *Clinical Infectious Diseases* 61 Suppl 8 S856-64

<https://www.ncbi.nlm.nih.gov/pubmed/26602623>

This paper focuses on the incidence of sexually transmitted infections in survivors of sexual assault, and provides guidance for the management of these conditions, and the frequency of follow-up testing.

Cyr, M., Hébert, M., Frappier, J.-Y., et al. 2014. Parental support provided by nonoffending caregivers to sexually abused children: A comparison between mothers and fathers. *Journal of Child Custody* 11(3) 216-236

<http://www.tandfonline.com/doi/abs/10.1080/15379418.2014.954688?journalCode=wjcc20>

For children who have been sexually abused support from non-offending parents is essential in the recovery process. However, there is not much research around the support provided by fathers who are not identified as the perpetrators. This paper compares the types of abuse-specific and non-specific support provided by both mothers and fathers, after disclosure of the abuse and 6 months later. The findings from this research can help child protective agencies identify parents who are finding it hard to support their child.

Miner, M. H. 2014. Review: Insufficient evidence on the effectiveness of interventions to prevent child sexual abuse in individuals at risk of abusing. *Evidence-Based Mental Health* 17(1) 24

<http://ebmh.bmj.com/content/17/1/24.extract>

This is an evidence-based summary of a review looking at whether psychological or pharmacological interventions are effective in preventing people at risk of sexually abusing children from carrying out the abuse. Eight studies were included in the review, which looked at interventions such as group cognitive behavioural therapy and multisystemic therapy. Studies on pharmacological interventions, such as antiandrogens, were not included because the quality of the studies was so poor. The conclusions said that there was insufficient evidence to confirm if pharmacological or psychological interventions are effective in reducing the risk factors in people at risk of reoffending.

Siegel, K., Lekas, H.-M., Ramjohn, D., et al. 2014. Early life circumstances as contributors to HIV infection. *Social Work in Health Care* 53(10) 969-993

<https://www.ncbi.nlm.nih.gov/pubmed/25397349>

This study looked at how early life experience affected adolescent sexual development and experience. Twenty-six adolescents and young adult females, aged between 16 and 24 years, and diagnosed with HIV infection, participated in the study. They were recruited from 5 New York City adolescent HIV clinics. Neglectful or dysfunctional parenting, sexual abuse, and unstable housing were all listed as risk factors for young women becoming infected with HIV infection. They became at risk because they were looking for love, someone to protect and love them, and provide stability.

Keeshin, B. R., Luebbe, A. M., Strawn, J. R., et al. 2013. Sexual abuse is associated with obese children and adolescents admitted for psychiatric hospitalization. *The Journal of Pediatrics* 163(1) 154-159

<https://www.ncbi.nlm.nih.gov/pubmed/23414663>

In this retrospective study of 1,434 young people admitted to an inpatient psychiatric facility, suffering from significant psychiatric issues, the authors found that where young people had experienced physical abuse, there was no increased risk of obesity. However, young people, in particular females, who had experienced sexual abuse were at greater risk of obesity. The findings of this research should be considered in the development of future childhood obesity prevention initiatives.

Thomas, S. P., Phillips, K., Carlson, K., et al. 2013. Childhood experiences of perpetrators of child sexual abuse. *Perspectives in Psychiatric Care* 49(3) 187-201

<https://www.ncbi.nlm.nih.gov/pubmed/23819669>

This paper looked at the childhood experiences of perpetrators of CSA. Twenty-three community-dwelling perpetrators of sexual abuse against children were interviewed; 21 males and 2 females. Four themes were identified: 'There was no love, Love left, Love was conflated with sex, Pretty good childhood.' Most of the participants demonstrated sorrow for a painful childhood.

Thomas, S. P., Phillips, K. and Gunther, M. 2013. Childhood sibling and peer relationships of perpetrators of child sexual abuse. *Archives of Psychiatric Nursing* 27(6) 293-298

<http://www.sciencedirect.com/science/article/pii/S0883941713001118>

Child maltreatment by a parent often prevents a child from developing relationships with other children. This paper looked at the early childhood interactions with siblings and peers of adult perpetrators of CSA, following experience of parental abuse. Twenty-three community-dwelling perpetrators of sexual abuse against children were interviewed, ranging between 20s and 70s in age. The research showed that childhood relationships for a child who has been maltreated, do not help them sustain health adult relationships.

Thornberry, T. P., Henry, K. L., Smith, C. A., et al. 2013. Breaking the cycle of maltreatment: The role of safe, stable, and nurturing relationships. *Journal of Adolescent Health* 53(s4) S25-31

<https://www.ncbi.nlm.nih.gov/pubmed/24059936>

Childhood maltreatment often leads to the victim becoming a perpetrator in adulthood. However, this can be avoided if in early adulthood, the victim encounters a safe, stable, and nurturing relationship (SSNRs). These findings come from data from the Rochester Youth Development Study, which looked at a community sample of 14 individuals, aged

between 14 and 31 years old. Service providers should be aware of the risk of adult perpetration following childhood maltreatment so that they can help victims build supportive social relationships.

Kalebic Jakupcevic, K. and Ajdukovic, M. 2011. Risk factors of child physical abuse by parents with mixed anxiety-depressive disorder or posttraumatic stress disorder. *Croatian Medical Journal* 52(1) 25-34

<https://www.ncbi.nlm.nih.gov/pubmed/21328717>

The children of parents diagnosed with mixed anxiety and depressive disorder (MADD) or posttraumatic stress disorder PTSD are at greater risk of being physically abused by them. These results are based on a study conducted in 2007, which included 25 men and 25 women with a diagnosis of MADD, and 30 men diagnosed with PTSD, and compared the risk of child maltreatment with 45 men and 55 women from the general population. Parents with PTSD were even more likely to physically abuse their children.

Silverman, J. G. 2011. Adolescent female sex workers: Invisibility, violence and HIV. *Archives of Disease in Childhood* 96(5) 478-481

<https://www.ncbi.nlm.nih.gov/pubmed/21357241>

Many studies of female sex workers have found that 40% of women started this work before turning 18 years old. This young age of entry to sex work has made them more vulnerable to physical and sexual victimisation, and increased their risk of contracting the HIV infection. These studies were carried out in India, Nepal, Thailand, and Canada, and they show the importance of developing effective strategies to protect young people and prevent HIV infection.

Troiano, M. 2011. Child abuse. *Nursing Clinics of North America* 46(4) 413-422

<https://www.ncbi.nlm.nih.gov/pubmed/22055898>

Child abuse has long-term implications for the healthy development of children. Studies of maltreated children show that their intellectual development is delayed and that their performance at school is poor. They also display aggressive behaviours, and find it hard to build healthy relationships compared to children who have not been maltreated. Care professionals need to learn how to recognise child maltreatment as child protection is essential for the future well-being of the child.

Bogaerts, S., Buschman, J., Kunst, M. J., et al. 2010. Intra- and extra-familial child molestation as pathways building on parental and relational deficits and personality disorders. *International Journal of Offender Therapy and Comparative Criminology* 54(4) 478-493

<https://www.ncbi.nlm.nih.gov/pubmed/19398587>

The way a child is treated in their early years influences how he/she will behave as an adult. Where children have been nurtured and cared for, they are less likely to demonstrate deviant sexual behaviours, where they might become perpetrators. This study looks at child molestation pathways both within the family, and externally, where the perpetrator is either a stranger or someone known to the victim and trusted by them. Abuse within the family creates a complex web of secrecy where the issue is avoided so as not to disrupt the family. Extra-familial abuse leads to antisocial behaviour. Knowledge of a perpetrator's upbringing may help to prevent future abuse, by giving him/her the most effective treatment.

Kirk, C. B., Lucas-Herald, A. and Mok, J. 2010. Child protection medical assessments: Why do we do them? *Archives of Disease in Childhood* 95(5) 336-40

<http://adc.bmj.com/content/95/5/336.abstract>

During January 2002 and March 2006, there were 4,549 child protection referrals, with 848 being sent for medical examination. In this study, 742 case notes were reviewed. Of these, 20 cases were for neglect, while 383 were for alleged physical abuse, with 258 showing diagnostic evidence. Out of 267 case notes for sexual abuse, only 67 provided diagnostic evidence. In total more than half of all the examinations showed diagnostic or supportive signs of alleged abuse, and therefore, the medical examination plays an important role in identifying vulnerable children and protecting them from further abuse.

Lalor, K. and McElvaney, R. 2010. Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma Violence and Abuse* 11(4) 159-77

<http://tva.sagepub.com/content/11/4/159.short?rss=1andssource=mfr>

This paper investigates the link between CSA and later sexual exploitation, identifying effective prevention and intervention strategies. Psychological consequences of CSA include low self-esteem, anxiety, and depression. They are also at risk of sexual re-victimisation and high-risk sexual behaviour, involving multiple partners, and leading to teenage pregnancy and adult sexual assault. The authors looked at various CSA prevention programmes, but were unable to make recommendations, because of methodological limitations in the studies they reviewed.

Hill, A. 2009. Combining professional expertise and service user expertise: Negotiating therapy for sexually abused children. *British Journal of Social Work* 39(2) 261-279

<http://bjsw.oxfordjournals.org/content/39/2/261.short>

This is a qualitative study that took place within a therapeutic team in England, and looked at the relationships between care professionals, parents, and children who have been sexually abused. They use the expertise within social work to demonstrate the importance of combining the therapist's expertise with the child's situation so that issues such as blame and responsibility can be dealt with sensitively and effectively.

Noll, J. G., Trickett, P. K., Harris, W. W., et al. 2009. The cumulative burden borne by offspring whose mothers were sexually abused as children: Descriptive results from a multigenerational study. *Journal of Interpersonal Violence* 24(3) 424-449

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096869/>

This prospective longitudinal study looks at the effect of CSA on the child's future experience of motherhood. Females who were sexually abused as children were compared with non-abused females, and assessed 6 times over an 18-year period. The results showed that mothers who experienced sexual abuse in childhood often dropped out of school, became teenage mothers, or gave birth to premature babies. They were more likely to be obese, suffer from psychiatric problems, substance abuse, and become victims of domestic violence. Early prevention or intervention of CSA improves the outcomes for victims and has long-term benefits for future offspring.

Walker, J. 2009. The relevance of the concept of dissociation in child protection. *Journal of Social Work Practice* 23(1) 109-118

<http://www.tandfonline.com/doi/abs/10.1080/02650530902723365?journalCode=cjsw20>

Dissociation refers to the detachment often experienced by children who have been abused, and has consequences on their future relationships. This paper looks at dissociation and its relevance to child protection, focusing on 2 aspects: emotional neglect and choice of partner. Child protection and social work teams should ensure that dissociation is considered during assessments.

Glasser, S., Chen, W., Stoffman, N., et al. 2008. A window of opportunity: Referral of adolescents to the hospital child protection team. *International Journal of Adolescent Medicine and Health* 20(4) 489-500

<https://www.ncbi.nlm.nih.gov/pubmed/19230449>

When adolescents are brought in to the hospital, and there is evidence that they may have been abused or neglected, hospital staff can refer them to the Child Protection Team (CPT). The authors looked at the socio-demographic features and characteristics

of hospitalisation so that they could improve procedures for identifying adolescent cases of suspected abuse or neglect (SCAN). Six hundred and seventy-four CPT referrals aged between 10 and 17 years old, were compared to similarly-aged Emergency Department admissions. Patterns differed between gender and age group. The youngest age group (10-13 years old) had almost double the number of male admissions, while the oldest group (16-17 years) had almost double the number of female admissions. This information can help professionals identify more effectively adolescent victims of child abuse and neglect.

Finkelhor, D., Ormrod, R. K. and Turner, H. A. 2007. Re-victimization patterns in a national longitudinal sample of children and youth. *Child Abuse and Neglect* 31(5) 479-502

<https://www.ncbi.nlm.nih.gov/pubmed/17537508>

In this national longitudinal sample of 1,467 children aged between 2 and 17 years old, children in Year 1 who were victimised, were at high risk of being victimised in Year 2. Furthermore, if they experienced 4 or more types of victimisation ('poly-victims') they were more likely to continue being victimised. Children with good friends were less likely to be poly-victimised. The availability of siblings was both a risk and a protective factor, depending on the age of the victim. This research shows that if a child is victimised in Year 1 or is at risk of being so, then it is essential that efforts to identify and protect them are prioritised to reduce the potential of further victimisation.

Oliver, B. E. 2007. Preventing female-perpetrated sexual abuse. *Trauma, Violence and Abuse* 8(1) 19-32

<http://tva.sagepub.com/content/8/1/19.short>

Research about female sex offenders is scarce, and yet female-perpetrated sexual abuse exists and is as traumatic as sexual abuse carried out by male offenders. This paper presents the common characteristics of female perpetrators, and suggests potential interventions for reaching at-risk females before they offend.

Trent, M., Clum, G. and Roche, K. M. 2007. Sexual victimization and reproductive health outcomes in urban youth. *Ambulatory Pediatrics* 7(4) 313-316

<https://www.ncbi.nlm.nih.gov/pubmed/17660104>

This study, set in an urban environment, analysed cross-sectional data from the Young Adult Survey of the Baltimore Prevention Program's intervention trials. The 1,698 participants were asked about their experiences of sexual victimisation (SV), pregnancy, and sexually transmitted infections (STIs).

The results showed that racial background did not influence a history of SV, but female participants were more likely to report SV than males. With regards to STIs, adolescent

females who had been sexually abused were more likely to have had an infection, compared to those who had not been abused. Male and female adolescents who had been sexually victimised reported involvement in a pregnancy. This information is important for service providers who are working towards reducing pregnancy and STIs in young people living in urban environments.

Vajani, M., Annest, J. L., Crosby, A. E., et al. 2007. Nonfatal and fatal self-harm injuries among children aged 10-14 years: United States and Oregon, 2001-2003. *Suicide and Life-Threatening Behavior* 37(5) 493-506

<https://www.ncbi.nlm.nih.gov/pubmed/17967116>

Suicidal behaviour and self-harm in young adolescents is becoming a big issue for many communities, resulting in fatal and non-fatal injuries. The authors of this paper looked at 2 national U.S. databases and 1 set in Oregon to identify patterns of occurrence of these injuries in young people aged between 10 and 14 years.

The main causes of suicide for this age-group were suffocation and gunshot. Poisoning and self-mutilation were the main causes of non-fatal injuries. The most common reasons for self-harm were issues with drugs and alcohol, family problems, school problems, and physical or sexual abuse. Knowledge of these patterns can be used to develop more effective prevention strategies.

Waldrop, A. E., Hanson, R. F., Resnick, H. S., et al. 2007. Risk factors for suicidal behavior among a national sample of adolescents: Implications for prevention. *Journal of Traumatic Stress* 20(5) 869-879

<https://www.ncbi.nlm.nih.gov/pubmed/17955525>

This paper explored the factors associated with suicidal behaviour in adolescents. The authors found that thoughts of suicide were associated with female gender, age, alcohol and drug problems within the family, exposure to violence, depression, and PTSD. Suicide attempts were more likely to be influenced by female gender, age, incidence of sexual and physical assault, substance abuse or dependence, PTSD, and depression. A discussion around effective intervention and prevention strategies was included.

Walker, J. 2007. Unresolved loss and trauma in parents and the implications in terms of child protection. *Journal of Social Work Practice* 21(1) 77-87

<http://www.tandfonline.com/doi/abs/10.1080/02650530601173656?journalCode=cjsw20>

Parents who have been abused during their childhood, but have not addressed their experiences, for example, received counselling to aid their recovery, may find it difficult to be effective and nurturing parents. This paper looks at the issues around unresolved

childhood trauma, and the potential risks for child protection. To illustrate the issue, a case example is included, where an infant has sustained an unexplained injury.

Lillywhite, R. and Skidmore, P. 2006. Boys are not sexually exploited? A challenge to practitioners. *Child Abuse Review* 15(5) 351-361

<http://onlinelibrary.wiley.com/doi/10.1002/car.952/abstract>

Care professionals often do not see that young males are also at risk of sexual exploitation. To protect vulnerable males under the age of 18 years, this paper investigates why this attitude is held, and what can be done to help professionals recognise young males who are at risk, particularly through prostitution and online sexual approaches. Finally, the authors discuss the impact of childhood sexual abuse on young men.

McQuillan, C. T. 2006. Towards the prevention of the childhood sexual abuse cycle. *Boletin - Asociacion Medica de Puerto Rico* 98(2) 88-96

<http://europepmc.org/abstract/med/19606796>

Children who have been sexually abused are at risk of becoming adult perpetrators and it is important that professionals providing therapeutic services to help the victims recover are aware of this so that they can apply suitable prevention strategies. There are 80 pathological conditions which result from CSA, and some of these are associated with perpetrators, for example, 'disassociation, powerlessness, isolation, lack of social skills, empathy deficits, and irrational beliefs'. Therapy for people who have endured CSA in the past and are receiving therapy, should be made aware of these conditions and supported so that they can develop appropriate social skills and understand the consequences of CSA.

Paul, L. A., Gray, M. J., Elhai, J. D., et al. 2006. Promotion of evidence-based practices for child traumatic stress in rural populations: Identification of barriers and promising solutions. *Trauma, Violence and Abuse* 7(4) 260-273

<https://www.ncbi.nlm.nih.gov/pubmed/17065547>

This paper explores the impact of child maltreatment, such as physical, emotional, or sexual abuse, and other types of traumatic stress, on the victim. The authors found that while adequate support is available in urban environments, rural populations tend to be underserved. Prevalence and associated conditions are discussed, alongside a review of evidence-based interventions for managing child traumatic stress.

Noll, J. G. 2005. Does childhood sexual abuse set in motion a cycle of violence against women? What we know and what we need to learn. *Journal of Interpersonal Violence* 20(4) 455-462

<http://jiv.sagepub.com/content/20/4/455.abstract>

This paper focuses on the long-term effects of childhood sexual abuse on female development. Following the abuse as a child, females often face continued abuse in adolescence and adulthood. Types of abuse can vary between physical and sexual assault, but without support they often continue to be revictimised, so that the continued cycle of violence can be broken.

Orange, L. M. and Brodwin, M. G. 2005. Childhood sexual abuse: What rehabilitation counselors need to know. *Journal of Rehabilitation* 71(4) 5-11

https://www.researchgate.net/publication/288976853_Childhood_sexual_abuse_What_rehabilitation_counselors_need_to_know

Rehabilitation counsellors (RCs) are allied health professionals who support people who suffer from a disability, health condition, or social disadvantage, and therefore find it hard to participate in employment or education, or live independently and access services in the community where they live. RCs need to be aware of childhood sexual abuse CSA, in case their clients have experienced it in the past. Children with disabilities are more likely to be sexually abused than children without disabilities. This paper makes recommendations for RCs about how best to protect victims of CSA.

Paz, I., Jones, D. and Byrne, G. 2005. Child maltreatment, child protection and mental health. *Current Opinion in Psychiatry* 18(4) 411-421

<https://www.ncbi.nlm.nih.gov/pubmed/16639135>

This is a review of the evidence around the long-term impact of child maltreatment, particularly in terms of physical, psychological and social development, and mental health. The authors found that child maltreatment is a global public health issue, because of the subsequent conditions that children suffer as they develop, such as substance abuse, risky sexual behaviour, violent relationships, sexually transmitted infections, and self-harm. More studies are needed to understand the chain of impact through child development in to adulthood, and more research is needed on effective interventions and treatments.

Ryan, G. 2005. Preventing violence and trauma in the next generation. *Journal of Interpersonal Violence* 20(1) 132-141

<http://jiv.sagepub.com/content/20/1/132.abstract>

This article explores the empirical research around the primary prevention of abuse in the next generation. Children who have experienced violence are at risk of being violent in adulthood. However, effective preventive strategies, leading to personal, interpersonal, and social change could help break the cycle of abuse and protect future generations.

Pre-offending and prevent reoffending

Results from 2019 literature search

Konrad A, Amelung T, Beier KM. Misuse of child sexual abuse images: Treatment course of a self-identified pedophilic pastor. *Journal of Sex & Marital Therapy*. 2018; 44(3):281-94

<https://doi.org/10.1080/0092623X.2017.1366958>

The recurrent use of child sexual abuse images (CSAI) for sexual arousal is considered a valid indicator for the existence of a pedophilic preference, which in turn represents a significant risk factor for committing contact offences against children. Treatment programmes for (potentially) sexually delinquent men endeavor to reduce the risk to offend by addressing relevant risk factors and emphasising functional and socially acceptable alternative behaviours. Users of CSAI are a particular target group for prevention services and it has been suggested that the primary treatment focus should be on sexual self-regulation deficits.

Jordan K, Fromberger P, Muller I, Wernicke M, Stolpmann G, Muller JL. Sexual interest and sexual self-control in men with self-reported sexual interest in children - A first eye tracking study. *Journal of Psychiatric Research*. 2018; 96:138-44

<https://doi.org/10.1016/j.jpsychires.2017.10.004>

Sexual child abuse is one of the most destructive events for child development. One possible approach to avert it is the preventive treatment of individuals with a sexual interest in children. The aim of the current eye tracking study was to compare people with a self-reported sexual interest in children who participate in the outpatient preventive treatment project 'PsM', pedophilic forensic inpatients, and a non-pedophilic control group.

Groups were compared with respect to sexual interest and attentional control in the presence of sexual stimuli, both assessed independently of self-report. Two approaches were applied, namely the initial orientation approach for measuring sexual interest, and a sexual distractor task for measuring attentional control.

Our data showed for the first time that outpatients with a self-reported sexual interest in children differed from pedophilic forensic inpatients with respect to attentional control but not with regard to sexual interest. Outpatients showed similar sexual interest in children as pedophilic forensic inpatients. They demonstrated significantly better attentional control than pedophilic forensic inpatients in the face of adult sexual stimuli, but the difference regarding child sexual stimuli did not reach significance. This might reflect a higher capacity for self-control and self-regulation in these patients. Nevertheless, child stimuli remain to be important distractors for them. Our results

provide valuable additional information for the diagnosis and therapy of outpatients with a self-reported sexual interest in children. Obviously, these data are preliminary and further studies with larger groups should examine if they are replicable.

Drummond C, Southgate J. Interventions for perpetrators of child sexual exploitation: A scoping study. Centre of expertise on child sexual abuse. 2018; February

<https://www.csacentre.org.uk/csa-centre-prod/assets/File/CSE%20perpetrators%20%20-%20Interventions%20for%20perpetrators%20of%20CSE.pdf>

This scoping study was part of a programme of research commissioned by the Centre of expertise on CSA, concerning individuals who sexually exploit children. The study's purpose was to:

- ascertain whether any current interventions exist specifically for adult male perpetrators of CSE involving physical contact
- identify areas of promising practice and any evidence of their effectiveness
- gather expert views on what an appropriate approach to an effective intervention for this group would be

The study was designed to review existing evidence and gather the views of experts. A literature review was carried out to identify existing interventions, areas of promising practice and recommendations as to how interventions could be further developed. Interviews were then undertaken with a range of experts, including practitioners and academics.

There are currently no specific interventions delivered in prison, probation or the community for perpetrators of contact CSE. Previously, depending on the offence that an individual was convicted of, they may have undertaken a sex offender treatment programme. New treatment programmes targeted at a wider cohort of male offenders (not just those convicted of sexual offences) are currently being rolled out by HMPPS, but little is currently known about how these will work with individuals convicted of a CSE-related offence. Voluntary, community-based interventions, such as Circles of Support and Accountability, exist for individuals convicted of sexual offences, but are not specific to perpetrators of contact CSE. They are based on a voluntary participation model where the individual is supported to reintegrate into the community.

Christensen LS. Professionals' perceptions of female child sexual offenders. *Journal of Interpersonal Violence*. 2018:886260518785377

<https://doi.org/10.1177/0886260518785377>

The aims of the current study were to first obtain an in-depth understanding about professionals' perceptions of female child sexual offenders, and then identify where system efforts should be focused to address and acknowledge female child sexual offenders better. In-depth semi-structured interviews were conducted one-on-one with a

diverse group of professionals (police officers, social workers, counselors, case managers, child and family support workers, and a legal professional; N = 21) involved in the community response and justice sector, which allowed for unique views across diverse vantage points.

Four core themes were identified through thematic analysis.

1. Female child sexual offenders are a heterogeneous group.
2. Negative impact of female-perpetrated sexual abuse.
3. The gender of perpetrator is predominantly insignificant in case dealings.
4. The need for a more open discourse on female child sexual offenders.

Professionals in the current study acknowledged that female child sexual offenders can inflict serious and persistent negative impacts on victims and that the gender of the offender is insignificant in their individual professional dealings of CSA cases.

While these findings appear to be a positive step forward, away from earlier perceptions identified in the literature, it was evident that the gender of the perpetrator may still play a significant role in some dealings across professions and among colleagues. Two areas were identified by professionals as requiring system efforts.

1. Professional development along with the dissemination of appropriate research to better inform professionals.
2. The need for a more open discussion in society concerning female-perpetrated sexual abuse.

The findings of the current study may assist with appropriate recognition, protection, and intervention for victims of female-perpetrated sexual abuse.

Campbell F, Booth A, Hackett S, Sutton A. Young people who display harmful sexual behaviors and their families: A qualitative systematic review of their experiences of professional interventions. *Trauma, violence & abuse*. 2018;1524838018770414

<https://doi.org/10.1177/1524838018770414>

It is estimated that 30-50% of all childhood sexual abuse involves other young people as perpetrators. The treatment of harmful sexual behaviour (HSB) in young people has evolved from interventions developed for use with adult perpetrators of sexual offences. Increasingly, these approaches were not seen as appropriate for use with young people.

The purpose of this qualitative systematic review was to establish what intervention components are viewed as acceptable or useful by young people and their families in order to inform the development of interventions for young people with HSB. We conducted searches across 14 electronic databases as well as contacting experts to identify relevant studies. Thirteen qualitative studies were included in the analysis, reporting findings from intervention studies from the United Kingdom, United States,

New Zealand, Australia, and Ireland. Thematic analysis was used to combine findings from the studies of young people and parent/carers views.

Five crucial themes were identified as critical components of successful interventions for young people with HSB. These included the important role of the relationship between the young person and practitioner, the significance of the role of parents and carers, the importance of considering the wider context in which the abuse has occurred, the role of disclosure in interventions, and the need to equip young people with skills as well as knowledge. The evidence was limited by the small number of studies that were mainly from the perspectives of adolescent males.

Anderson M, Parkinson K. Balancing justice and welfare needs in family group conferences for children with harmful sexual behavior: The HSB-FGC Framework. *Journal of Child Sexual Abuse*. 2018; 27(5):490-509

<https://doi.org/10.1080/10538712.2018.1477217>

In England and Wales, family group conferences (FGCs) are most often found either in the field of youth justice or in the field of child protection, and consequently often have priorities in line with either 1 of the 2 systems. On the one hand, FGCs are a restorative justice tool to address offending behaviour and hold young perpetrators to account, while giving victims the possibility of contributing to the justice process. On the other hand, FGCs address safeguarding concerns and are used to plan for child safety and protection. In cases where a young person has sexually harmed another young person, that is, has perpetrated harmful sexual behaviour (HSB), all young people involved will have both justice and welfare needs.

FGCs are emerging as promising mechanisms in such cases, not only because of their ability to deal with both sets of needs for both young people but also because of their potential to address more holistic needs. However, HSB cases are often complex and sensitive, and are not without risk. Drawing on their experiences in research and practice, the authors explore how the holistic needs of both the harmed and harming individual can be balanced within a risk managed HSB-FGC framework.

McKibbin G, Humphreys C, Hamilton B. 'Talking about child sexual abuse would have helped me': Young people who sexually abused reflect on preventing harmful sexual behavior. *Child Abuse & Neglect*. 2017; 70:210-21

<https://www.sciencedirect.com/science/article/abs/pii/S0145213417302454>

Harmful sexual behaviour carried out by children and young people accounts for about half of all CSA perpetration. The aim of this study was to draw on the insights of young people who had been sexually abusive to enhance the current prevention agenda. The study involved semi-structured interviews with 14 young people and 6 treatment-providing workers. Sampling was purposive and the young people had previously completed a treatment programme for harmful sexual behaviour in Victoria, Australia.

The young people were approached as experts based on their previous experience of engaging in harmful sexual behaviour. At the same time, their past abusive behaviour was not condoned or minimised. Constructivist Grounded Theory was used to analyse the qualitative data. Opportunities for preventing harmful sexual behaviour were the focus of the interviews with young people and workers. The research identified 3 opportunities for prevention, which involved acting on behalf of children and young people to: reform their sexuality education; redress their victimisation experiences; and help their management of pornography. These opportunities could inform the design of initiatives to enhance the prevention agenda.

Cailleau V, Thirioux B, Harika-Germaneau G, Jaafari N. Accomplices under influence, teachers-lovers, 'Incestigators' or pimps... Who are females child abusers? *Presse Medicale*. 2017; 46(12P1):1144-52

<https://doi.org/10.1016/j.lpm.2017.08.008>

According to victimisation surveys, the percentage of females among child abusers is much higher than 2% or 5%, as usually reported in the devoted literature. The underestimated percentage of CSAs committed by females would result from the dissimulation of sexual acts within nursing care, a gender bias in favor of women among child protection system professionals and low disclosures. Sexual abuses committed by females are often more harmful for children than sexual abuses committed by males. Although a few female child abusers suffer from psychiatric disorders, most of them are psychologically and emotionally dependent from a man or have psychopathic, manipulative and sometimes sadistic personality traits.

Female child abusers are a heterogeneous population either acting under the influence of a man or initiating actively the offending for pedophile or financial motivations. Deconstructing the persistent myths about female child abusers is necessary to better identify these women, treat them and prevent relapse. Copyright © 2017 Elsevier Masson SAS

Turner D, Rettenberger M, Yoon D, Klein V, Eher R, Briken P. Risk assessment in child sexual abusers working with children. *Sexual Abuse: Journal of Research & Treatment*. 2016; 28(6):572-96

<https://www.ncbi.nlm.nih.gov/pubmed/25527631>

CSA occurring in a child- or youth-serving institution or organisation has attracted great public and scientific attention. In light of the particular personal and offence-related characteristics of men who have abused children within such an institution or organisation, it is of special importance to evaluate the predictive performance of currently applied risk assessment instruments in this offender population. Therefore, the present study assessed the risk ratings and predictive performance of 4 risk assessment instruments and 1 instrument assessing protective factors concerning any, violent and sexual recidivism in child sexual abusers working with children (CSA-W) in

comparison with extra-familial child sexual abusers (CSA-E) and intra-familial child sexual abusers (CSA-I).

The results indicate that CSA-W mostly recidivate with a sexual offence. Although all included risk measures seem to function with CSA-W, the Static-99 seems to be the instrument that performs best in predicting sexual recidivism in CSA-W. CSA-W had the most protective factors measured with the Structured Assessment of Protective Factors (SAPROF). While the SAPROF could not predict desistance from recidivism in CSA-W, it predicted desistance from any recidivism in all CSA. As CSA-W frequently hold many indicators for pedophilic sexual interests but only a few for antisocial tendencies, it can be suggested that CSA-W are at an increased risk for sexual recidivism and thus risk measures especially designed for sexual recidivism work best in CSA-W. Nevertheless, CSA-W also hold many protective factors; however, their impact on CSA-W is not clear yet and needs further study.

Levine JA, Dandamudi K. Prevention of child sexual abuse by targeting pre-offenders before first offense. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*. 2016; 25(7):719-37

<https://asu.pure.elsevier.com/en/publications/prevention-of-child-sexual-abuse-by-targeting-pre-offenders-befor>

The population of potential child abuse offenders has largely been unstudied. In the current study, we examine whether a 6-component model used for primary diabetes prevention could be adapted to CSA pre-offenders, whereby individuals who are prone to sexual abuse but have not yet committed an offence can be prevented from committing a first offence.

1. Define and track the magnitude of the problem.
2. Delineate a well-established risk factor profile so that at-risk persons can be identified,
3. Define valid screening tests to correctly rule in those with the disease and rule out those without disease,
4. Test effectiveness of interventions-the Dunkelfeld Project is an example,
5. Produce and disseminate reliable outcome data so that widespread application can be justified
6. Establish a system for continuous improvement.

By using the diabetes primary prevention model as a model, the number of victims of CSA might be diminished.

Lambie I, Johnston E. 'I couldn't do it to a kid knowing what it did to me': The narratives of male sexual abuse victims' resiliency to sexually offending. *International Journal of Offender Therapy & Comparative Criminology*. 2016; 60(8):897-918

<https://doi.org/10.1177/0306624X14567664>

Research has shown that CSA victims are overrepresented among sexual abuse offenders, leading to the sexually abused-sexual abuser hypothesis. However, a large proportion of CSA victims do not go on to sexually offend, and such individuals are labeled as resilient victims. Surprisingly, few studies have looked at why some male victims of sexual abuse do not go on to offend. In-depth qualitative interviews were conducted with 47 resilient men focusing on their beliefs as to why they had not gone on to sexually abuse others. Results revealed 4 themes for why the victims did not offend: empathy, morals, lack of sexual desire, or a combination of the previous 3. In regard to the process of developing their resiliency, some participants claimed they made a conscious decision, whereas others reported the decision was an unconscious one.

The various factors that were reported as contributing to the conscious or unconscious decision (becoming aware of sexual abuse, admitting the experience had happened to them, empathy, social support, and lack of sexual desire to abuse) are discussed, along with the 4 themes, and the implication of these results for prevention. Finally, conclusions are drawn that the victim-offender pathway is far from inevitable as most participants stated their reason for not offending was directly related to their own experience of sexual abuse victimisation.

Clevenger SL, Navarro JN, Jasinski JL. A matter of low self-control? Exploring differences between child pornography possessors and child pornography producers/distributors using self-control theory. *Sexual Abuse: Journal of Research & Treatment*. 2016; 28(6):555-71

<https://doi.org/10.1177/1079063214557173>

This study examined the demographic and background characteristic differences between those arrested for child pornography (CP) possession (only), or CP production/distribution, or an attempted or completed sexual exploitation of a minor (SEM) that involved the internet in some capacity within the context of self-control theory using data from the second wave of the National Juvenile Online Victimization Study (N-JOV2). Results indicate few demographic similarities, which thereby suggest these are largely heterogeneous groupings of individuals.

Results also indicate CP producers/distributors engaged in a greater number of behaviours indicative of low self-control compared with CP possessors. Specifically, offenders arrested for CP production/distribution were more likely to have:

- had problems with drugs/alcohol at the time of the crime
- been previously violent

In contrast, the only indicator of low self-control that reached statistical significance for CP possessors was the previous use of violence. Moreover, in contrast to CP producers/distributors, full-time employment and marital status may be important factors to consider in the likelihood of arrest for CP possessors, which is congruent with the tenets of self-control theory.

Walters GD, Deming A, Casbon T. Predicting recidivism in sex offenders with the psychological inventory of criminal thinking styles (PICTS). *Assessment*. 2015; 22(2):167-77

<https://doi.org/10.1177/1073191114539384>

The purpose of this study was to determine whether the PICTS was capable of predicting recidivism in 322 male sex offenders released from prison-based sex offender programmes in a Midwestern state. The Static-99R and PICTS General Criminal Thinking (GCT), Reactive (R), and Entitlement (En) scores all correlated significantly with general recidivism, the Static-99R correlated significantly with violent recidivism, and the Static-99R score and PICTS GCT, Proactive (P), and En scores correlated significantly with failure to register as a sex offender (FTR) recidivism.

Area under the curve effect size estimates varied from small to large, and Cox regression analyses revealed that the PICTS En score achieved incremental validity relative to the Static-99R in predicting general recidivism and the PICTS GCT, P, and En scores achieved incremental validity relative to the Static-99R in predicting FTR recidivism. It is speculated that the PICTS in general and the En scale in particular may have utility in risk management and treatment planning for sex offenders by virtue of their focus on antisocial thinking.

Pettersen C, Nunes KL, Woods M, Maimone S, Hermann CA, Looman J, et al. Does change in hostility predict sexual recidivism? *International Journal of Offender Therapy & Comparative Criminology*. 2015; 59(6):565-87

<https://doi.org/10.1177/0306624X14547033>

The purpose of the study was to examine whether scores on a widely-used measure of hostility – the Buss-Durkee Hostility Inventory (BDHI) – and change on this measure predicted sexual recidivism in a sample of 120 adult male incarcerated sexual offenders. Pre- and post-treatment scores, simple difference scores, and clinically significant change were examined. The majority of participants had functional scores on the BDHI prior to treatment. Of those who had dysfunctional pre-treatment scores, the majority remained unchanged.

Higher posttreatment scores on the Assault and Verbal Hostility subscales significantly predicted sexual recidivism. The remaining pre- and posttreatment scores as well as change scores and classifications did not significantly predict sexual recidivism. Our findings suggest that the Assault and Verbal Hostility subscales may be useful for predicting sexual recidivism but were not clearly consistent with the notion that the BDHI

assesses a dynamic risk factor(s) for sexual recidivism. Due to a number of limitations of the current study, however, more rigorous research is needed before firm conclusions can be drawn.

Khan O, Ferriter M, Huband N, Powney MJ, Dennis JA, Duggan C. Pharmacological interventions for those who have sexually offended or are at risk of offending. *Cochrane Database of Systematic Reviews*. 2015(2)

<https://www.ncbi.nlm.nih.gov/pubmed/25692326>

Background: Sexual offending is a serious social problem, a public health issue, and a major challenge for social policy. Victim surveys indicate high incidence and prevalence levels and it is accepted that there is a high proportion of hidden sexual victimisation. Surveys report high levels of psychiatric morbidity in survivors of sexual offences. Biological treatments of sex offenders include antilibidinal medication, comprising hormonal drugs that have a testosterone-suppressing effect, and non-hormonal drugs that affect libido through other mechanisms. The 3 main classes of testosterone-suppressing drugs in current use are progestogens, antiandrogens, and gonadotropin-releasing hormone (GnRH) analogues. Medications that affect libido through other means include antipsychotics and serotonergic antidepressants (SSRIs).

Objectives: To evaluate the effects of pharmacological interventions on target sexual behaviour for people who have been convicted or are at risk of sexual offending.

Main results: We included 7 studies with a total of 138 participants, with data available for 123. Sample sizes ranged from 9 to 37. Judgements for categories of risk of bias varied: concerns were greatest regarding allocation concealment, blinding of outcome assessors, and incomplete outcome data (dropout rates in the 5 community-based studies ranged from 3% to 54% and results were usually analysed on a per protocol basis). Participant characteristics in the 7 studies were heterogeneous, but the vast majority had convictions for sexual offences, ranging from exhibitionism to rape and child molestation. Six studies examined the effectiveness of 3 testosterone-suppressing drugs: cyproterone acetate (CPA), ethinyl oestradiol (EO), and medroxyprogesterone acetate (MPA). A seventh evaluated 2 antipsychotics (benperidol and chlorpromazine). Five studies were placebo-controlled. In 2, MPA was administered as an adjunctive treatment to a psychological therapy (assertiveness training or imaginal desensitisation). Meta-analysis was not possible due to heterogeneity of interventions, comparators, study designs, and other issues. The quality of the evidence overall was poor. In addition to methodological issues, much evidence was indirect.

Primary outcome: recidivism. Two studies reported recidivism rates formally. One trial of intramuscular MPA plus imaginal desensitisation (ID) found no reports of recidivism at 2-year follow-up for the intervention group (n = 10 versus 1 relapse within the group treated by ID alone). A 3-armed trial of oral MPA, alone or in combination with psychological treatment, reported a 20% rate of recidivism amongst those in the combined treatment arm (n = 15) and 50% of those in the psychological treatment only

group (n = 12). Notably, all those in the 'oral MPA only' arm of this study (n = 5) dropped out immediately, despite treatment being court mandated. Two studies did not report recidivism rates as they both took place in 1 secure psychiatric facility from which no participant was discharged during the study, whilst another 3 studies did not appear directly to measure recidivism but rather abnormal sexual activity alone.

Secondary outcomes: The included studies report a variety of secondary outcomes. Results suggest that the frequency of self-reported deviant sexual fantasies may be reduced by testosterone-suppressing drugs, but not the deviancy itself (3 studies). Where measured, hormonal levels, particularly levels of testosterone, tended to correlate with measures of sexual activity and with anxiety (2 studies). One study measured anxiety formally; 1 study measured anger or aggression.

Adverse events: Six studies provided information on adverse events. No study tested the effects of testosterone-suppressing drugs beyond 6 to 8 months and the cross-over design of some studies may obscure matters (given the 'rebound effect' of some hormonal treatments). Considerable weight gain was reported in 2 trials of oral MPA and CPA. Side effects of intramuscular MPA led to discontinuation in some participants after 3 to 5 injections (the nature of these side effects was not described). Notable increases in depression and excess salivation were reported in 1 trial of oral MPA. The most severe side effects (extra-pyramidal movement disorders and drowsiness) were reported in a trial of antipsychotic medication for the 12 participants in the study. No deaths or suicide attempts were reported in any study. The latter is important given the association between antilibidinal hormonal medication and mood changes.

Conclusions: We found only 7 small trials (all published more than 20 years ago) that examined the effects of a limited number of drugs. Investigators reported issues around acceptance and adherence to treatment. We found no studies of the newer drugs currently in use, particularly SSRIs or GnRH analogues. Although there were some encouraging findings in this review, their limitations do not allow firm conclusions to be drawn regarding pharmacological intervention as an effective intervention for reducing sexual offending. The tolerability, even of the testosterone-suppressing drugs, was uncertain given that all studies were small (and therefore underpowered to assess adverse effects) and of limited duration, which is not consistent with current routine clinical practice.

Further research is required before it is demonstrated that their administration reduces sexual recidivism and that tolerability is maintained. It is a concern that, despite treatment being mandated in many jurisdictions, evidence for the effectiveness of pharmacological interventions is so sparse and that no RCTs appear to have been published in 2 decades. New studies are therefore needed and should include trials with larger sample sizes, of longer duration, evaluating newer medications, and with results stratified according to category of sexual offenders. It is important that data are collected on the characteristics of those who refuse and those who drop out, as well as those who complete treatment.

Heffernan R, Ward T. The conceptualization of dynamic risk factors in child sex offenders: An agency model. *Aggression & Violent Behavior*. 2015; 24:250-60

<https://doi.org/10.1016/j.avb.2015.07.001>

The current preoccupation of criminal justice practitioners and policy makers with the prediction of reoffending has resulted in a conceptualisation of risk as simply clusters of factors that correlate with recidivism. The reliance on these phenomena as explanations for the causes of sexual offending and as guides for treatment is a mistake, and in our view, the conceptualisation of dynamic risk needs to be reexamined. This article begins with a discussion of the factors that increase and decrease risk of sexual offending; the focus is then widened to include agency, motivation, and values. These normative features are integrated with risk-related factors within the action-based Agency Model of Risk (AMR). This dynamic, interactional model highlights the importance of the relationship between the agent and context, with both proposed to contribute to the patterns of behaviour resulting in an offence. The AMR is applied to a number of dynamic risk domains for sexual offenders, and its utility in explaining behaviour and informing treatment discussed.

Results from 2015/6 literature search

Beier, K. M., Oezdemir, U. C., Schlinzig, E., et al. 2016. 'Just dreaming of them': The Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ). *Child Abuse and Neglect* 52 1-10

<http://www.sciencedirect.com/science/article/pii/S0145213415004639>

This Berlin Project for Primary Prevention of Child Sexual Abuse by Juveniles (PPJ) was initiated to provide diagnostic and therapeutic help to juveniles aged between 12 and 18 years old, whom voluntarily apply for treatment to help them gain control over their sexual preferences for prepubescent and/or early pubescent children. This paper describes the approach taken, including the media campaign to recruit young people at risk of predatory behaviour.

Levine, J. A. & Dandamudi, K. 2016. Prevention of child sexual abuse by targeting pre-offenders before first offense. *Journal of Child Sexual Abuse* 25(7) 719-37

<http://www.sciencedirect.com/science/article/pii/S0145213415004639>

There are few studies on potential child abuse offenders. This paper proposes that a 6-component model used for primary diabetes prevention, be adapted to help identify potential CSA offenders, whom have not yet committed a crime, and can be prevented from offending. The 6 components include:

1. Map the extent of the issue.
2. Define a clear risk factor profile to identify people at risk of offending.

3. Develop valid screening tests.
4. Test the effectiveness of the intervention.
5. Produce and disseminate accurate outcome data.
6. Set-up a process for continual review and improvement.

By adapting the diabetes primary prevention model, it is possible that the incidence of child sexual abuse could be reduced.

McKibbin, G., Humphreys, C. & Hamilton, B. 2016. Prevention-enhancing interactions: a critical interpretive synthesis of the evidence about children who sexually abuse other children. *Health & Social Care in the Community* 24(6) 657-71

<http://www.scie-socialcareonline.org.uk/prevention-enhancing-interactions-a-critical-interpretive-synthesis-of-the-evidence-about-children-who-sexually-abuse-other-children/r/a1CG000003IKIOMAM>

The purpose of this synthesis was to discuss the research about children that sexually abuse other children, with a view to identifying ways to improve the prevention of abuse of this kind. A systematic literature search was carried out, and out of 3,323 papers, 34 were included in the final synthesis. Five themes were identified.

1. Characteristics.
2. Causes.
3. Communications.
4. Interventions.
5. Treatments.

The evidence can be used to enhance future prevention work.

Beier, K. M., Grundmann, D., Kuhle, L. F., et al. 2015. The German Dunkelfeld project: a pilot study to prevent child sexual abuse and the use of child abusive images. *Journal of Sexual Medicine* 12(2) 529-42

<http://www.sciencedirect.com/science/article/pii/S1743609515309383>

The German Dunkelfeld project is a treatment programme, which aims to prevent CSA by helping men who think they are at risk of sexually abusing children and are seeking help voluntarily. Between 2005 and 2011, 319 undetected, help-seeking paedophiles (men who prefer prepubescent minors) and hebephiles (men who prefer pubescent minors) said that they would be interested in participating in an anonymous and confidential, 1-year treatment programme. A broad cognitive behavioural methodology was the treatment used. The results showed that treatment can change the risk factors for child sexual offending, and reduce related behaviours, such as viewing child abusive images/pornography.

Bleyer, J. 2015. Sympathy for the deviant. *Psychology Today* 48(6) 58-86

<https://www.psychologytoday.com/articles/201511/sympathy-the-deviant>

This is the story of a convicted child sexual offender, and has been published to reduce the stigma, and help potential abusers to get help before they commit an offence.

Duffy, J. Y., Hughes, M., Asnes, A. G., et al. 2015. Child maltreatment and risk patterns among participants in a child abuse prevention program. *Child Abuse & Neglect* 44 184-93

<http://www.scie-socialcareonline.org.uk/child-maltreatment-and-risk-patterns-among-participants-in-a-child-abuse-prevention-program/r/a1CG000004TeLnMAK>

This study looked at Child Protective Services (CPS) reports in Connecticut, between 2006 and 2008, to identify risk factors and prevent child maltreatment. Out of 1,125 families, 171 had at least 1 CPS report, and 131 reports were available for review. The authors found that maltreatment outcomes were associated with domestic violence, paternal risk, mothers with a criminal history, and several caregivers.

Faust, E., Bickart, W., Renaud, C., et al. 2015. Child pornography possessors and child contact sex offenders: A multilevel comparison of demographic characteristics and rates of recidivism. *Sexual Abuse: Journal of Research & Treatment* 27(5) 460-78

<https://www.ncbi.nlm.nih.gov/pubmed/24556314>

This study compares people who possess or distribute online images of child pornography (CP) with child contact sex offenders (CC), to see if there are any meaningful differences between the 2 groups. There were differences in reoffending rates, with CPs being less likely to re-offend. CC offenders were also at greater risk of having an arrest for a new crime or a non-sexual violent crime. The authors discuss treatment and policy implications, and make recommendations for further research.

Gronnerod, C., Gronnerod, J. S. & Grondahl, P. 2015. Psychological treatment of sexual offenders against children: A meta-analytic review of treatment outcome studies. *Trauma Violence & Abuse* 16(3) 280-90

<https://www.ncbi.nlm.nih.gov/pubmed/24626457>

This meta-analysis looked at the effectiveness of psychological treatment of sexual offenders against children (SOAC). It looked at 14 studies, which included 1,421 adult SOACs in psychotherapy, and 1,509 adult SOACs who did not receive treatment. The authors found that despite the large volume of research in this area, the studies were of poor quality and did not provide sufficient data from which to draw useful and relevant conclusions.

't Hart-Kerkhoffs, L. A., Boonmann, C., Doreleijers, T. A. H., et al. 2015. Mental disorders and criminal re-referrals in juveniles who sexually offended. *Child and Adolescent Psychiatry and Mental Health* 9

<https://capmh.biomedcentral.com/articles/10.1186/s13034-015-0035-x>

The aim of this study was to look at juvenile suspects who sexually offended (JSOs) to see if they have mental disorders. In The Netherlands, 106 JSOs, aged between 13.5 and 16.5 years old were involved in this research. Nineteen JSOs with child victims, 29 individual JSOs with adolescent and/or adult victims, and 58 group JSOs with adolescent and/or adult victims were assessed, with three-quarters meeting the diagnostic criteria for at least 1 mental disorder.

More than half had additional conditions, and almost two-thirds suffered from functional impaired, where some part of the body is not working at full capacity. JSOs with child victims demonstrated higher prevalence of affective disorders and a lower level of functioning. The authors conclude that JSOs should receive support for their mental wellbeing as this might reduce repeated sexual offending

van Horn, J., Eisenberg, M., Nicholls, C. M., et al. 2015. Stop It Now! A pilot study into the limits and benefits of a free helpline preventing child sexual abuse. *Journal of Child Sexual Abuse* 24(8) 853-72

<https://www.ncbi.nlm.nih.gov/pubmed/26701278>

This is a report of a pilot study in the UK and the Netherlands, which looks at the operation and outcomes of a free anonymous helpline, Stop It Now!, designed to prevent CSA. The findings showed that the benefits reported by helpline users, matched the aims of the helpline.

Johnson, Z. R., McLeod, D. A. & Natale, A. P. 2015. Comparing theoretical perspectives on female sexual offending behaviors: Applying a trauma-informed lens. *Journal of Human Behavior in the Social Environment* 25(8) 934-47

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2015.1040909?journalCode=whum20>

Female sexual offending (FSO) behaviour is the focus of this paper, and the authors look at 3 aspects.

1. Incidence, prevalence, and mediating factors
2. Understanding the causes of FSO behaviour
3. Lessons learned from this analysis.

This information could be used to identify potential female sexual offenders, and protect possible victims.

Khan, O., Ferriter, M., Huband, N., et al. 2015. Pharmacological interventions for those who have sexually offended or are at risk of offending. Cochrane Database of Systematic Reviews 2 CD007989

<https://www.ncbi.nlm.nih.gov/pubmed/25692326>

The purpose of this review was to examine the effectiveness of antilibidinal medications/testosterone-suppressing drugs in preventing sexual offences. The use of these drugs was compared to no treatment, or standard care, such as psychological treatment. Seven studies, all published more than 20 years ago, were included, with a total of 138 participants, and data available for 123 of those participants.

The primary outcome that the authors were looking for was incidence of recidivism, but only 2 studies formally reported rates of reoffending. The other studies did find that in most cases there was a drop in incidence of recidivism when pharmacological interventions had been applied. Secondary outcomes included variation in frequency of deviant sexual fantasies, and side effects, such as anxiety, depression, weight gain, excess salivation, extra-pyramidal movement disorders, and drowsiness.

There is a link between the use of antilibidinal hormonal medication and mood changes, but none of the studies reported deaths or suicide attempts. The authors found no studies on newer drugs, such as selective serotonin reuptake inhibitors (SSRIs) or gonadotropin-releasing hormone (GnRH) analogues, and that, together with age of these small trials, demonstrates that more research, with larger samples, and evaluation of newer medications, is needed to assess whether pharmacological interventions are effective in reducing recidivism.

Leclerc, B., Smallbone, S. & Wortley, R. 2015. Prevention nearby: the influence of the presence of a potential guardian on the severity of child sexual abuse. *Sexual Abuse: Journal of Research & Treatment* 27(2) 189-204

<https://www.ncbi.nlm.nih.gov/pubmed/24145397>

Using data about crime events carried out by adult child sexual offenders in prisons in Queensland, Australia, the authors explored whether the presence of guardians had an impact on the incidence of CSA. They discovered that where a guardian was present, the risk of sexual penetration decreased by 86%. They also found that the duration of sexual contact was reduced.

Maniglio, R. 2015. Significance, nature, and direction of the association between child sexual abuse and conduct disorder: A systematic review. *Trauma Violence & Abuse* 16(3) 241-57

<https://www.ncbi.nlm.nih.gov/pubmed/24626460>

This review looked at the correlations between CSA and conduct disorder. It included 36 studies, with 185,358 participants, and found that conduct disorder was related to CSA, particularly if the child had experienced 'repeated sexual molestation and abuse involving penetration'. Victims of CSA were found to be at risk of further sexual victimisation, because they became involved in dangerous situations and/or relationships.

McLeod, D. A. 2015. Female offenders in child sexual abuse cases: A national picture. *Journal of Child Sexual Abuse: Research, Treatment, and Programme Innovations for Victims, Survivors, and Offenders* 24(1) 97-114

<https://www.ncbi.nlm.nih.gov/pubmed/25635900>

This research was carried out in the United States, primarily to identify the differences between male and female sexual offenders, as there is not much evidence in this area, possibly because it is so difficult for society to accept women as potential offenders. The author analysed almost every substantiated CSA case reported to child protection services in 2010, to identify the characteristics of offenders. Differences between male and female offenders were observed, and these findings can be used to identify female perpetrators, and prevent further abuse.

Oliver, B. E. & Holmes, L. 2015. Female juvenile sexual offenders: understanding who they are and possible steps that may prevent some girls from offending. *Journal of Child Sexual Abuse* 24(6) 698-715

<http://www.tandfonline.com/doi/abs/10.1080/10538712.2015.1058875?journalCode=wcsa20>

Research demonstrating that females committing sexual abuse, is not uncommon and can cause as much harm as males who abuse, is increasing. However, there is little evidence on juvenile females who commit sex offences, and how to intervene with young girls who are at risk of becoming sexual offenders in adolescence. This paper aims to fill that gap, by describing the characteristics of female juvenile sex offenders (JSOs), and highlighting the differences from male JSOs. Using this information, the authors suggest interventions to help prevent at-risk female youth from committing sexual abuse.

Smid, W. J., Kamphuis, J. H., Wever, E. C., et al. 2015. Risk levels, treatment duration, and drop out in a clinically composed outpatient sex offender treatment group. *Journal of Interpersonal Violence* 30(5) 727-43

<https://www.ncbi.nlm.nih.gov/pubmed/24919999>

In this paper, the authors looked at the use of structured risk assessment, to prevent the over-inclusion of low risk offenders in high-intensity outpatient treatment groups. They felt that by assessing the risk of offenders, the sex offender treatment would become more effective and efficient.

Socia, K. M. 2015. State residence restrictions and forcible rape rates: a multistate quasi-experimental analysis of UCR data. *Sexual Abuse: Journal of Research & Treatment* 27(2) 205-27

<https://www.ncbi.nlm.nih.gov/pubmed/24225579>

State residence restriction is a law which restricts where sexual offenders can live. This paper looks at whether this law is effective in reducing the rates of forcible rape. The authors found that while imposing state level residence restrictions increased rates of forcible rape, they were effective in helping detect or report these crimes.

Walters, G. D., Deming, A. & Casbon, T. 2015. Predicting recidivism in sex offenders with the Psychological Inventory of Criminal Thinking Styles (PICTS). *Assessment* 22(2) 167-77

<https://www.ncbi.nlm.nih.gov/pubmed/25013121>

The aim of this research was to see whether the PICTS could predict if 322 male sex offenders who had undergone a prison-based sex offender programme, were likely to reoffend on release. Results showed that there is potential for this tool to be used in risk management and treatment planning, because of the focus on antisocial thinking.

Walton, J. S. & Chou, S. 2015. The effectiveness of psychological treatment for reducing recidivism in child molesters: A systematic review of randomised and nonrandomised studies. *Trauma Violence & Abuse* 16(4) 401-17

<https://www.ncbi.nlm.nih.gov/pubmed/24973229>

This systematic review looked at the effectiveness of psychological treatments as interventions to prevent child molesters (CM) from reoffending. The study included 1 RCT and 9 cohort studies, providing data about 2,119 participants, of which 52.1% received treatment, and 47.9% did not. The recidivism rates for CMs who had been treated were 13.9%, while the reoffending rates for CMs who had not been treated were 18.6%.

Williams, A. 2015. Child sexual victimisation: Ethnographic stories of stranger and acquaintance grooming. *Journal of Sexual Aggression* 21(1) 28-42

<http://eprints.port.ac.uk/17428/>

This article draws on the ethnographic stories gathered by observation, interview, and documentation. It explores the in situ and day-to-day experiences of victims who have been groomed by strangers or people they know. Families and communities also describe the effect of grooming on their local environment. Grooming strategies used by strangers and acquaintances are discussed, and these can be used to develop effective interventions to prevent grooming in the future.

DeGue, S., Valle, L. A., Holt, M. K., et al. 2014. A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior* 19(4) 346-362

<http://www.sciencedirect.com/science/article/pii/S1359178914000536>

This review had 2 goals.

1. To provide a thorough review of the quality and amount of evaluation research in the area of primary prevention strategies for sexual violence perpetration (SVP).
2. To summarise the best evidence for SVP practitioners.

The authors examined 140 outcome evaluations of primary prevention strategies for SVP, and categorised the programmes by the evidence of effectiveness on sexual violence behavioural outcomes.

Most of the SVP strategies were short, psycho-educational programmes, designed to increase knowledge or change attitudes, but the evaluation showed that there was no evidence that these programmes had an impact on sexually violent behaviour. In total, only 3 strategies had significant effects, which may show that existing programmes are not fit for purpose.

Lussier, P. and Blokland, A. 2014. The adolescence-adulthood transition and robins's continuity paradox: Criminal career patterns of juvenile and adult sex offenders in a prospective longitudinal birth cohort study. *Journal of Criminal Justice* 42(2) 153-163

<http://www.sciencedirect.com/science/article/pii/S004723521300072X>

There is an assumption that juvenile sex offenders (JSOs) become adult sex offenders (ASOs). However, this study found the opposite. Using prospective longitudinal data from the 1984 Dutch Birth Cohort study, the authors found that the majority of JSOs did not become ASOs, and ASOs, did not necessarily have a background in juvenile sexual offending.

Langstrom, N., Enebrink, P., Lauren, E. M., et al. 2013. Preventing sexual abusers of children from reoffending: Systematic review of medical and psychological interventions. *British Medical Journal* 347 f4630

<http://www.bmj.com/content/347/bmj.f4630>

This systematic review looked at the evidence around medical and psychological interventions to prevent sexual abusers of children from reoffending. Out of 1,447 abstracts, they were only able to include 8 studies in the review, because the quality of the other papers was not sufficient to provide significant data. The authors suggest that 'better coordinated and funded high quality studies including several countries are urgently needed.' In the meantime, strategies which reduce specific risk factors, should be applied to prevent abusers from reoffending.

Lehmann, R. J., Hanson, R. K., Babchishin, K. M., et al. 2013. Interpreting multiple risk scales for sex offenders: Evidence for averaging. *Psychological Assessment* 25(3) 1019-24

<https://www.ncbi.nlm.nih.gov/pubmed/23730829>

This paper looks at the best use of risk scales to assess the risk of sex offender relapsing into criminal behaviour. The authors carried out a 9-year follow-up study of 940 adult male sex offenders, and found that Rapid Risk Assessment for Sex Offender Recidivism (RRASOR), Static-99R, and Static-2002R were effective in predicting sexual, violent, and general recidivism.

Tharp, A. T., DeGue, S., Valle, L. A., et al. 2013. A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma, Violence, and Abuse* 14(2) 133-167

<https://www.ncbi.nlm.nih.gov/pubmed/23275472>

This review looked at 191 empirical studies to identify risk and protective factors for sexual violence perpetration. Factors examined, included perpetration by and against adolescents and adults, by male and female perpetrators, and offenders who caused harm to people of the same sex or the opposite sex. The focus of this research was towards adolescents and adults, as opposed to children. In total, 67 factors were identified, which shows that prevention programmes must be multi-faceted, and encompass multiple risk and protective factors. The authors also found that 2 areas, attitudes to sexual violence and unhealthy sexual behaviours were not usually addressed in prevention programmes. Existing effective public health strategies for preventing youth violence and sexual health issues could be used to prevent sexual violence.

Janka, C., Gallasch-Nemitz, F., Biedermann, J., et al. 2012. The significance of offending behavior for predicting sexual recidivism among sex offenders of various age groups. *International Journal of Law and Psychiatry* 35(3) 159-64

<https://www.ncbi.nlm.nih.gov/pubmed/22425764>

Set in Germany, this study assessed 682 male sex offenders divided into 4 age groups, to see if the risk of sexual reoffending, changes depending on the age of the offender. The different age groups did show different behavioural patterns, which affected the risk of reoffending. Particularly, with older offenders who described more sophisticated ways of carrying out the sexual act, and where sexually deviant personality traits increase with age. This information is useful for designing strategies to prevent reoffending in different age groups.

Colombino, N., Mercado, C. C., Levenson, J., et al. 2011. Preventing sexual violence: Can examination of offense location inform sex crime policy? *International Journal of Law and Psychiatry* 34(3) 160-167

<http://www.sciencedirect.com/science/article/pii/S0160252711000239>

In some countries, child safety zones (loitering zones) are being created, which stop sex offenders from hanging around areas where children meet. The aim is to prevent reoffending. This study looked at places where sex offenders might first come into contact with their child victims, and whether those places are different to where offences against adults take place.

A review of an archive of 1,557 sex offender cases was carried out, which found that two-thirds of perpetrators against children met their victims in private residential locations. Only 4% met them in child-dense public locations. However, in this sample, where only 3.7% relapsed and re-offended, they were more likely to do so in a public, child-populated arena.

Perpetrators against adults tended to meet their victims in public locations, such as pubs or in the workplace. Current strategies, which only look at where offenders live, are inadequate, and should look at where offenders go, as most abuse of children takes place in a private residence.

Mitchell, K. J., Jones, L. M., Finkelhor, D., et al. 2011. Internet-facilitated commercial sexual exploitation of children: Findings from a nationally representative sample of law enforcement agencies in the United States. *Sexual Abuse: Journal of Research and Treatment* 23(1) 43-71

<http://sax.sagepub.com/content/23/1/43.short>

The National Juvenile Online Victimization Study is a nationally representative longitudinal study of more than 2,500 local, county, state, and federal law enforcement agencies across the United States. Data from Wave 2 of this study was used to find out more about arrests in 2006, related to internet sex crimes against minors. Out of 1,051 cases, 569 arrests were for internet-facilitated commercial sexual exploitation of children (IF-CSEC), and they fell in to 2 categories.

1. People who used the internet to buy or sell access to identified children for sexual purposes or child pornography (CP).
2. People who used the internet to buy or sell pornographic images of children.

More than two-thirds of individuals fell into the second category. Sellers were more likely to have prior arrests for sexual and non-sexual crime, a history of violence, produced CP, joined other offenders, and involved female offenders. Prevention strategies need to address both the sellers and the buyers, because without the latter, there would be no need for the former.

Neutze, J., Seto, M. C., Schaefer, G. A., et al. 2011. Predictors of child pornography offenses and child sexual abuse in a community sample of pedophiles and hebephiles. *Sexual Abuse: Journal of Research and Treatment* 23(2) 212-242

<https://www.ncbi.nlm.nih.gov/pubmed/20935341>

Paedophilia applies to men who act on their self-identified sexual interest in children. Hebephiles are specifically concerned with sexually abusing children on the cusp of puberty. There is not much known about the factors that drive paedophilia/hebephiliac, so this study looks at a sample of 155 self-referred paedophiles and hebephiles, who meet the DSM-IV-TR criteria, to find out what makes men who abuse children different to those who do not. Two sets of comparisons were made.

The first looked at recent activity, comparing men who had committed child pornography or CSA offences in the past 6 months, with men who had not committed offences during the same period. The second looked at the lifetime offence history, not including the most recent 6 months, and 'compared child pornography offenders with child sexual abuse offenders and men who had committed both kinds of offences.' The results showed that there were more similarities between the groups, than differences.

Newton, L., Bishop, S., Ettey, J., et al. 2011. The development of a sex offender assessment and treatment service within a community learning disability team (The SHEALD Project): part 2. *Tizard Learning Disability Review* 16(3) 6-16

<http://www.emeraldinsight.com/doi/abs/10.1108/13595471111158648>

An assessment and treatment service was set up for men with intellectual disabilities who had carried out sexual offences. The service was delivered within a community intellectual disability service. Twenty assessed men were initially recruited, but only 7 completed the treatment. At 12-24 months follow-up, it was found that none of the 7 committed a further sexual offence. This paper also addressed what happened to the remaining men who did not start or complete the treatment.

't Hart-Kerkhoffs, L. A., Vermeiren, R. R. J. M., Jansen, L. M. C., et al. 2011. Juvenile group sex offenders: A comparison of group leaders and followers. *Journal of Interpersonal Violence* 26(1) 3-20

<https://www.ncbi.nlm.nih.gov/pubmed/20442449>

This study looked at group sex offences, with particular regard to the roles played by offenders in terms of leaders and followers, comparing levels of psychopathology, intelligence, and psychosocial and offence-related characteristics. Eighty-nine adolescent group sex offenders, with an average age of 14.9 years, referred to the Dutch child protection agency, were included in the study. Findings showed that both leaders and followers had similar characteristics, but the followers used more force than leaders, during the sexual acts. More emotional problems were reported by leaders, while followers had issues in the social relational domain. This research shows that group offenders have specific mental health needs, which should be addressed to avoid further offences.

't Hart-Kerkhoffs, L., Vermeiren, R., Jansen, L., et al. 2011. Juvenile sex offenders: Mental health and reoffending. *European Psychiatry* 26

<http://www.sciencedirect.com/science/article/pii/S0924933811737804>

In this study addressing the psychiatric characteristics and reoffending rates of juveniles, semi-structured interviews were carried out with 106 adolescent sex offenders, aged between 13.5 and 16.5 years. The group included 60 group offenders, 27 solo rapists, and 19 child molesters, referred to the Dutch child protection agency and juvenile justice institutions. This data, along with a parent-report questionnaire, was used to assess the mental health status of juvenile sex offenders (JSOs). Three-quarters of JSOs met the criteria for at least one psychiatric disorder, and more than half suffered from at least 1 other condition. Child molesters demonstrated high levels of autism symptomology and internalising disorders. While 40% of JSOs had committed several sexual offences, none re-offended within 2 to 4 years after the study. This study shows that juvenile sex offenders should be given appropriate psychiatric care.

Wilson, R. J., Abracen, J., Looman, J., et al. 2011. Pedophilia: An evaluation of diagnostic and risk prediction methods. *Sexual Abuse: Journal of Research and Treatment* 23(2) 260-274

<http://sax.sagepub.com/content/early/2010/11/06/1079063210384277.abstract>

This study used 4 methods to diagnose paedophilia.

1. Phallometric testing
2. Strict application of Diagnostic and Statistical Manual of Mental Disorders
3. Rapid Risk Assessment of Sex Offender Recidivism
4. 'Expert' diagnoses by seasoned clinician.

One hundred and thirty child sexual abusers were diagnosed as paedophiles, but the results were inconsistent, which means that there is reduced accuracy in risk assessment. This has consequences for how paedophiliacs are treated, and how risk of further abuse is prevented.

Colton, M., Roberts, S. and Vanstone, M. 2010. Sexual abuse by men who work with children. *Journal of Child Sexual Abuse* 19(3) 345-364

<https://www.ncbi.nlm.nih.gov/pubmed/20509081>

Evidence is scarce, around people working in organisations who sexually abuse children in their care. This case study looked at 8 adult males, in jail for abusing 35 children while employed in educational and voluntary settings. The data collected provides comprehensive details of the abusers' characteristics, approaches taken, how they selected their victims, secured their trust, and maintained their silence. This information can be used to help develop more effective prevention strategies.

Knoll, J. 2010. Teacher sexual misconduct: Grooming patterns and female offenders. *Journal of Child Sexual Abuse* 19(4) 371-386

<http://www.tandfonline.com/doi/abs/10.1080/10538712.2010.495047>

The media is reporting increased incidence of the sexual misconduct of teachers, and this has raised concerns about the lack of published research on this topic, and the difficulty in identifying victims and prosecuting the perpetrators. There have been a number of high profile cases involving female teachers, which suggests that because people are reluctant to accept that females have the capacity to sexually offend, potential cases are often missed. This paper reviews the literature around female teacher sexual misconduct, grooming patterns, and warning signs, and makes recommendations for prevention strategies.

Levenson, J. S., Fortney, T. and Baker, J. N. 2010. Views of sexual abuse professionals about sex offender notification policies. *International Journal of Offender Therapy and Comparative Criminology* 54(2) 150-168

<http://ijo.sagepub.com/content/54/2/150.abstract>

This study asked 261 sexual abuse professionals for their views on sex crime policies. Few felt that notifying the community that a sex offender is living in their area, but about half felt that information about sex offenders should be publicly available, so that people could check if they had concerns. Approximately 25% of experts said that sex offenders should not be allowed to live in their communities, but most did not think that residential housing restrictions were effective at preventing reoffending. Most of the professionals thought that therapeutic interventions had a positive impact, and more than half said they would support sex offender policies, even if the scientific evidence of efficacy was not available.

O'Reilly, G., Carr, A., Murphy, P., et al. 2010. A controlled evaluation of a prison-based sexual offender intervention program. *Sexual Abuse: Journal of Research and Treatment* 22(1) 95-111

<http://ijo.sagepub.com/content/54/2/150.abstract>

This paper evaluates the effectiveness of Cognitive Behaviour Therapy (CBT) programme delivered to sexual offenders in the Irish Prison Service. The programme runs for 10 months and involves 3, 2-hour long group sessions per week. These sessions are facilitated by a team of clinical psychologists and probation officers. Thirty-eight offenders in the intervention group were compared with 38 untreated offenders, with similar demographics, in terms of marital status, school-leaving age, employment status before incarceration, offence type, previous conviction history, and current sentence length.

In the treatment group, there was significant improvement in some self-report measures of cognitive distortions, empathy, interpersonal skills, self-regulation, and relapse prevention. The authors concluded with a discussion about the delivery of sexual offender interventions.

Beier, K. M., Ahlers, C. J., Goecker, D., et al. 2009. Can pedophiles be reached for primary prevention of child sexual abuse? First results of the Berlin Prevention Project Dunkelfeld (PPD). *Journal of Forensic Psychiatry and Psychology* 20(6) 851-867

<http://www.tandfonline.com/doi/abs/10.1080/14789940903174188>

This paper reports on the Berlin Prevention Project Dunkelfeld (PPD), which aims to prevent CSA by helping men who think they are at risk of sexually abusing children and are seeking help voluntarily. The findings show how these men can be reached, and suggests that when they do get help their efforts to seek help are documented. The men

were encouraged to participate via a media campaign. A telephone screening process was conducted over 18 months, and of the 286 people who completed the screening, 241 were interviewed by a clinician. 139 men said they had a sexual preference for prepubescent minors (paedophilia), while 67 preferred pubescent minors (hebephilia). Twenty-six men preferred mature adults, and 9 men could not be reliably categorised. These men are potential child molesters, and were reached via a media campaign. Child protection services should follow-up this work to help prevent CSA.

Beier, K. M., Neutze, J., Mundt, I. A., et al. 2009. Encouraging self-identified pedophiles and hebephiles to seek professional help: First results of the Prevention Project Dunkelfeld (PPD). *Child Abuse and Neglect* 33(8) 545-9

<https://www.ncbi.nlm.nih.gov/pubmed/19765825>

No abstract available.

Finkelhor, D. 2009. The prevention of childhood sexual abuse. *Future of Children* 19(2) 169-94

<https://www.ncbi.nlm.nih.gov/pubmed/19719027>

This paper looks at 2 strategies aimed at the primary prevention of sexual abuse in childhood: offender management and school-based educational programmes. Examples of offender management include the sex offender register, background employment checks, longer prison sentences, and monitoring where they live. However, these interventions are more effective with abusers who are at high risk of offending, such as paedophiles. Most offenders are known to the victim, and are unlikely to re-offend, or have offended previously, and therefore will not have been registered on the system.

The author suggests that to prevent abuse by strangers, more resources should be available to catch offenders. School-based interventions teaching young people how to recognise dangerous situations, say no, and ask for help, are more effective in preventing CSA where the perpetrator is known to the child. However, more research is still needed in this area.

Oliver, J. and Washington, K. T. 2009. Treating perpetrators of child physical abuse: A review of interventions. *Trauma, Violence, and Abuse* 10(2) 115-124

<https://www.ncbi.nlm.nih.gov/pubmed/19447845>

This review highlights the lack of research in the area of treatment for perpetrators of child physical abuse (CPA). They reviewed 11 empirical studies, and described current themes in research and interventions and the challenges faced by professionals working with families where CPA has taken place. Gaps in the research were highlighted, and suggestions were made for practice, policy, and future research to fill those gaps.

Patrick, S. and Marsh, R. 2009. Recidivism among child sexual abusers: initial results of a 13-year longitudinal random sample. *Journal of Child Sexual Abuse* 18(2) 123-36

<https://www.ncbi.nlm.nih.gov/pubmed/19306202>

A 13-year longitudinal random sample was carried out in Idaho to establish what makes child sexual abusers re-offend. There were no differences according to ethnicity, relationship, gender or age. The only variable associated with recidivism was the Risk Assessment in the Sex Offender Evaluation re-offence. The paper included discussion of these findings and the implications for the legal process, and suggested that more research was needed.

Vess, J. 2009. Risk assessment of sexual offenders for extended supervision orders in New Zealand: Basic principles and current practice. *Journal of Child Sexual Abuse* 18(2) 174-89

<https://www.ncbi.nlm.nih.gov/pubmed/19306205>

In North America, the UK, and Australasia, new legislation has been developed to prevent convicted sexual offenders from reoffending following their release from prison. In New Zealand, their Parole (Extended Supervision) Amendment Act 2004, ensures that sexual offenders with child victims receive additional supervision, for up to 10 years after their release from prison, so that the risk of recidivism is reduced. The author also pointed out that expert evidence and judicial decision-making would benefit from the support of mental health professionals, in understanding sexual offender risk assessment.

Oneal, B. J., Burns, G. L., Kahn, T. J., et al. 2008. Initial psychometric properties of a treatment planning and progress inventory for adolescents who sexually abuse. *Sexual Abuse: Journal of Research and Treatment* 20(2) 161-187

<http://sax.sagepub.com/content/20/2/161.abstract>

The Treatment Progress Inventory for Adolescents who Sexually Abuse (TPI-ASA) is potentially a clinical tool for young people with sexual behaviour problems, that can help develop effective treatment programmes for them. The tool was completed by members of the Association for the Treatment of Sexual Abusers working with 90 male adolescents with sexual behaviour problems. It measured 9 aspects of specialised treatment, including 'inappropriate sexual behaviour, healthy sexuality, social competency, cognitions supportive of sexual abuse, attitudes supportive of sexual abuse, victim awareness, affective/behavioural regulation, risk prevention awareness, and positive family caregiver dynamics'.

The initial findings found that the assessments were consistent, and suggest further research into the development of this resource to help professionals provide the most effective treatment to young people with sexual behaviour problems.

Whitaker, D. J., Le, B., Karl Hanson, R., et al. 2008. Risk factors for the perpetration of child sexual abuse: a review and meta-analysis. *Child Abuse and Neglect* 32(5) 529-48
<https://www.ncbi.nlm.nih.gov/labs/articles/18513795/>

This study reviewed 89 studies, published over 13 years, looking at the risk factors associated with CSA. Risk factors were organised into 6 categories.

1. Family factors
2. Externalising behaviours
3. Internalising behaviours
4. Social deficits
5. Sexual problems
6. Attitudes/beliefs.

Sex offenders who victimised children (SOC) were compared with sex offenders who victimised adults (SOA), non-sex offenders, and non-offenders with no history of criminal or sexual behaviour problems. The authors concluded that 'child sex offenders are different from non-sex offenders and non-offenders but not from sex offenders against adults.'

Wolak, J., Finkelhor, D., Mitchell, K. J., et al. 2008. Online 'predators' and their victims: Myths, realities, and implications for prevention and treatment. *American Psychologist* 63(2) 111-128

<http://www.apa.org/pubs/journals/releases/amp-632111.pdf>

Internet sex crimes between adults and juveniles often fit the model of statutory rape, where the adult offender meets a young person, develops a relationship with them and seduces them. They are less likely to force the young person to have sex with them or molest them as a paedophile might. The media portrays internet sex offenders as adults who trick children or threaten violence, but this is inaccurate, because it means that prevention measures are designed which do not adequately prevent the abuse, for example, advising young people not to give out personal information to strangers.

However, if a child has built an online relationship with the adult, there will be an element of trust involved, and therefore, they may not see the dangers of giving out personal information to their friend. Different prevention strategies are needed at different stages of adolescent development. Older adolescents need to be educated about the issues of sexual relationships with adults, particularly the criminal elements. Younger adolescents should be made aware of issues with online relationships and be taught avoidance skills so that they do not find themselves in a vulnerable position.

Crighton, D. and Towl, G. 2007. Experimental interventions with sex offenders: A brief review of their efficacy. *Evidence-Based Mental Health* 10(2) 35-37

<http://ebmh.bmj.com/content/10/2/35.extract>

With public concern around the increasing prevalence of sex offending, there has been a significant growth in the range of experimental interventions available to reduce the risk of reoffending. However, there are issues, as sex offenders demonstrate different patterns of behaviour, which can be associated with gender, age, family background, socioeconomic status, and other demographic factors. Furthermore, the evidence tends to be related to convicted sex offenders or those on remand. Rates of reporting, detecting, and conviction are still fairly low, so there may be a large number of undetected offenders. This summary found 2 Cochrane reviews, both of which identified no high quality randomised studies looking at the effectiveness of experimental interventions.

Malesky, L. A., Jr. 2007. Predatory online behavior: modus operandi of convicted sex offenders in identifying potential victims and contacting minors over the internet. *Journal of Child Sexual Abuse* 16(2) 23-32

<https://www.ncbi.nlm.nih.gov/pubmed/17895230>

This paper addressed the methods that sex offenders use to identify and contact minors via the internet. The online activity of 31 men who used the internet to perpetrate or attempt to perpetrate contact sex offences against children was examined. Three-quarters of the men monitored chat room dialogue, and almost half looked at the online profile of children, with the purpose of identifying potential victims. The author makes recommendations for how the online safety of young people can be improved.

Drapeau, M. 2005. Research on the processes involved in treating sexual offenders. *Sexual Abuse: Journal of Research and Treatment* 17(2) 117-125

<http://sax.sagepub.com/content/17/2/117.short>

This study sampled 15 to 24 child molesters undertaking a prison-based cognitive behavioural and relapse prevention programme, and quantitative and qualitative methods were applied. The results were presented and discussed in the form of 5 questions.

1. Are therapists just 'technicians'?
2. Does confronting the therapist mean treatment resistance?
3. Are the therapists perceived as therapists, parents, or a bit of both?
4. Is the structure of the programme important?
5. Is a sense of mastery important in a prison setting?

These results could be used to identify what makes a programme such as this effective in preventing recidivism.

Mitchell, K. J., Wolak, J. and Finkelhor, D. 2005. Police posing as juveniles online to catch sex offenders: Is it working? *Sexual Abuse: Journal of Research and Treatment* 17(3) 241-67 URL:

<http://link.springer.com/article/10.1007/s11194-005-5055-2>

Data collected from the National Juvenile Online Victimization Survey showed that a quarter of arrests for internet sex crimes against minors occurred when police carried out proactive investigations, posing online as young people, in order to capture potential offenders. The personas adopted were based on real examples of young people victimised in sex crimes. Because of the structured way these activities were carried out, there were more guilty pleas and few cases were dismissed or dropped. This initiative means that the police can intervene before a young person is victimised, solid evidence is gathered, and offenders can be more readily identified and tracked.

Zankman, S. and Bonomo, J. 2005. Working with parents to reduce juvenile sex offender recidivism. *Journal of Child Sexual Abuse* 13(3-4) 139-156

<https://www.ncbi.nlm.nih.gov/pubmed/15914394>

This paper suggests that parents should be included in the treatment of juvenile sex offenders (JSOs), as this might prevent recidivism. The family context may be a risk factor for adolescent sex offenders, and integrating relapse prevention into daily family life might influence the success or failure of the young person returning to the community. The authors discuss how parents can be involved in relapse prevention, and describe different parenting styles.

Professional support

Results from 2019 literature search Mason-Jones AJ, Loggie J. Child sexual exploitation. An analysis of serious case reviews in England: poor communication, incorrect assumptions and adolescent neglect. 2019

<https://dx.doi.org/10.1093/pubmed/fdy227>

CSE has evolved from being a largely concealed and unrecognised form of child abuse to being the subject of substantial political and public attention. The purpose of this research was to explore health professionals' role in detection and prevention. A systematic thematic analysis and synthesis of serious case review (SCR) reports of CSE in England using a socioecological theoretical framework was undertaken.

Themes identified included health professionals' lack of understanding of CSE, limited knowledge of the UK law, reluctance to apply relevant policies, and lack of appropriate action. Suboptimal communication with the child, between agencies and with families, lack of understanding of the young person's context, their vulnerabilities and their continued needs for care and protection were also important. This is the first time, to our knowledge, that an analysis and synthesis of all SCRs related to CSE in England has been conducted. The potential to recognise young people vulnerable to CSE is essential for public health prevention and intervention. Acknowledging that the SCRs represent the worst case scenario; nevertheless, this research highlighted the multi-factorial and complex nature of CSE and identified factors that require system-level awareness, training and intervention.

Slane A, Martin J, Rimer JR, Eke AW, Sinclair R, Charles G, et al. Professionals' perspectives on viewing child sexual abuse images to improve response to victims. *Canadian Review of Sociology = Revue Canadienne de Sociologie*. 2018;55(4):579-96

<https://doi.org/10.1111/cars.12223>

The complexity of the phenomenon of child sexual abuse images online benefits from cross-disciplinary collaboration across law enforcement, child protection, and children's mental health. Through focus groups with professionals working in these fields, this article focuses on when and whether professionals who work with CSA cases should be exposed to viewing CSAIO and if so under what circumstances doing so would benefit investigations and support services for victims. In a broader sense, this article is about professional experience, decision making, training, and collaboration around a particularly difficult professional experience, namely exposure to viewing CSAIO. Copyright © 2018 Canadian Sociological Association/La Societe canadienne de sociologie.

Radford L. A review of international survey methodology on child sexual abuse and child sexual exploitation. Centre of expertise on child sexual abuse. 2018; February
<https://www.csacentre.org.uk/research-publications/scale-and-nature-of-child-sexual-abuse-and-exploitation/a-review-of-international-survey-methodology-on-child-sexual-abuse-and-child-sexual-exploitation/>

This review was commissioned by the Centre of expertise on child sexual abuse to inform its work on improving data currently collected in England and Wales. Unlike previous reviews which have looked at findings on prevalence rates within and across different countries, this study looked at differences in self-report survey methodologies to research rates of victimisation and perpetration. The aims of the review were to:

- identify methodologically different surveys undertaken in countries outside England and Wales that specifically focus on – or include – CSA
- identify questions used in surveys to assess the scale and nature of CSA – including any questions regarding CSE, and those exploring abuse or grooming that takes place online – and comment on their relative effectiveness
- explore the survey methods used and identify what worked well in achieving a good response rate
- explore the sampling strategies used – including any use of booster samples to reach underrepresented or identified vulnerable groups
- identify questions, survey methods and sampling strategies used to explore potential and actual perpetration of CSA
- discuss what identified good practice would be replicable in the UK context – and to what extent this would allow comparisons to be made across countries

For the purposes of the review, the current definitions of ‘child sexual abuse’ and ‘child sexual exploitation’ set out in UK government policy documents for England were used.

Greenbaum VJ, Dodd M, McCracken C. A short screening tool to identify victims of child sex trafficking in the health care setting. *Pediatric Emergency Care*. 2018; 34(1):33-7

https://journals.lww.com/pec-online/Abstract/2018/01000/A_Short_Screening_Tool_to_Identify_Victims_of.8.aspx

Objectives: The aim of this study was to describe characteristics of commercial sexual exploitation of children/child sex trafficking (CSEC/CST) victims and to develop a screening tool to identify victims among a high-risk adolescent population.

Methods: In this cross-sectional study, patients aged 12 to 18 years who presented to 1 of 3 metropolitan pediatric emergency departments or 1 child protection clinic and who were identified as victims of CSEC/CST were compared with similar-aged patients with allegations of acute sexual assault/sexual abuse (ASA) without evidence of CSEC/CST. The 2 groups were compared on variables related to medical and reproductive history, high-risk behaviour, mental health symptoms, and injury history. After univariate

analysis, a subset of candidate variables was subjected to multivariable logistic regression to identify an optimum set of 5 to 7 screening items.

Results: Of 108 study participants, 25 comprised the CSEC/CST group, and 83 comprised the ASA group. Average (SD) age was 15.4 (1.8) years for CSEC/CST patients and 14.8 (1.6) years for ASA patients; 100% of the CSEC/CST and 95% of the ASA patients were female. The 2 groups differed significantly on 16 variables involving reproductive history, high-risk behaviour, sexually transmitted infections, and previous experience with violence. A 6-item screen was constructed, and a cutoff score of 2 positive answers had a sensitivity of 92%, specificity of 73%, positive predictive value of 51%, and negative predictive value of 97%.

Conclusions: Adolescent CSEC/CST victims differ from ASA victims without evidence of CSEC/CST across several domains. A 6-item screen effectively identifies CSEC/CST victims in a high-risk adolescent population.

Franklin A, Brown S, Brady G. The use of tools and checklists to assess the risk of child sexual exploitation: Lessons from UK practice. *Journal of Child Sexual Abuse*. 2018;1-20
<https://www.tandfonline.com/doi/full/10.1080/10538712.2018.1510453>

Tools to assess the risk of becoming a victim of CSE have been developed by UK CSE practitioners based on their professional experiences, with little evidence underpinning their development, and no evaluation/validation. Little is known about how they are used in practice. This paper summarises 2 studies. The first study consisted of a rapid review to identify factors associated with increased or decreased risk of vulnerability to becoming a victim of CSE and the assessment of 10 tools being used in the UK. The second study undertook interviews and online survey with professionals across multi-agencies to establish the use of tools. Results illustrate the context and processes in which the tools are being used and identify concerns regarding their ability to identify and protect children.

Brady M. UK paramedics confidence in identifying child sexual abuse: A mixed-methods investigation. *Journal of Child Sexual Abuse*. 2018; 27(4):439-58
<https://doi.org/10.1080/10538712.2018.1477223>

United Kingdom (UK) paramedics are in a prime position to identify children and young people who are victims or at risk of sexual abuse. Paramedics have access, by phone, or in person, to unprepared homes and communities which other health professionals such as social workers may not. Little research exists however, investigating UK paramedic confidence in identifying CSA. This mixed-method explanatory sequential investigation used the self-reported confidence levels of 276 UK paramedics to inform the design of 7 semi-structured focus groups with 25 UK paramedics from a large ambulance service with operating models similar to all UK services.

Multiple factors contribute to a lack of confidence in identifying , CSE, and FGM, including a perceived lack of exposure to sexual abuse, the perceived hidden nature of sexual abuse, and the lack of physical symptoms and examination. An overarching lack of knowledge is the most significant contributor to a lack of confidence which in turn perpetuates misinformation surrounding prevalence, location, and the signs and symptoms of sexual abuse. These findings suggest a lack of sufficient training and a need for further research evaluating the content of current training and its method of delivery.

Afifi TO, McTavish J, Turner S, MacMillan HL, Wathen CN. The relationship between child protection contact and mental health outcomes among Canadian adults with a child abuse history. *Child Abuse and Neglect*. 2018; 79:22-30

<https://www.sciencedirect.com/science/article/pii/S0145213418300310>

Despite being a primary response to child abuse, it is currently unknown whether contact with child protection services (CPS) does more good than harm. The aim of the current study was to examine whether contact with CPS is associated with improved mental health outcomes among adult respondents who reported experiencing child abuse, after adjusting for sociodemographic factors and abuse severity. The data were drawn from the 2012 Canadian Community Health Survey-Mental Health (CCHS-2012), which used a multistage stratified cluster design (household-level response rate = 79.8%). Included in this study were individuals aged 18 years and older living in the 10 Canadian provinces (N = 23,395).

Child abuse included physical abuse, sexual abuse, and exposure to intimate partner violence (IPV). Mental health outcomes included lifetime mental disorders, lifetime and past year suicidal ideation, plans, and attempts, and current psychological well-being and functioning and distress. All models were adjusted for sociodemographic factors and severity of child abuse. For the majority of outcomes, there were no statistically significant differences between adults with a child abuse history who had CPS contact compared to those without CPS contact. However, those with CPS contact were more likely to report lifetime suicide attempts. These findings suggest that CPS contact is not associated with improved mental health outcomes. Implications are discussed.

Vertommen T, Kampen J, Schipper-van Veldhoven N, Wouters K, Uzieblo K, Van Den Eede F. Profiling perpetrators of interpersonal violence against children in sport based on a victim survey. *Child Abuse & Neglect*. 2017; 63:172-82

<https://doi.org/10.1016/j.chiabu.2016.11.029>

The current article reports on perpetrator characteristics gathered in the first large-scale prevalence study on interpersonal violence against children in sport in the Netherlands and Belgium. Using retrospective web survey design, 4,043 adults answered questions on their experiences in youth sport. The study looks at the number of perpetrators as

well as individual descriptive characteristics (sex, age, and role in the sport organisation) of perpetrators of psychological, physical and sexual violence as reported retrospectively by victim-respondents. This information was then clustered to provide an overview of the most common perpetrator profiles. Results show that in all types of interpersonal violence in sport, perpetrators are predominantly male peer athletes who frequently operate together in (impromptu) groups.

Several differences between the 3 types of interpersonal violence are highlighted. While incidents of physical violence perpetrated by coaches tend to be less severe compared to those by other perpetrators, acts of sexual violence committed by a coach are significantly more severe. The presented findings shed new light on perpetrators of interpersonal violence in sport, nuancing the predominant belief that the male coach is the main perpetrator while providing nuanced information that can be utilised to improve prevention and child protection measures and other safeguarding initiatives in sport.

Spencer-Hughes V, Syred J, Allison A, Holdsworth G, Baraitser P. Screening for child sexual exploitation in online sexual health services: An exploratory study of expert views. *Journal of Medical Internet Research*. 2017; 19(2): e30

<https://asset.jmir.pub/assets/1359905cbb9bf4dbeb4850ab6b7918f7.pdf>

Background: Sexual health services routinely screen for CSE. Although sexual health services are increasingly provided online, there has been no research on the translation of the safeguarding function to online services. We studied expert practitioner views on safeguarding in this context.

Objective: The aim was to document expert practitioner views on safeguarding in the context of an online sexual health service.

Methods: We conducted semi-structured interviews with lead professionals purposively sampled from local, regional, or national organisations with a direct influence over CSE protocols, child protection policies, and sexual health services. Interviews were analysed by 3 researchers using a matrix-based analytic method.

Results: Our respondents described 2 different approaches to safeguarding. The 'information-providing' approach considers that young people experiencing CSE will ask for help when they are ready from someone they trust. The primary function of the service is to provide information, provoke reflection, generate trust, and respond reliably to disclosure. The approach values online services as an anonymous space to test out disclosure without commitment. The 'information-gathering' approach considers that young people may withhold information about exploitation. Therefore, services should seek out information to assess risk and initiate disclosure. This approach values face-to-face opportunities for individualised questioning and immediate referral.

Conclusions: The information-providing approach is associated with confidential telephone support lines and the information-gathering approach with clinical services. The approach adopted online will depend on ethos and the range of services provided.

Effective transition from online to clinic services after disclosure is an essential element of this process and further research is needed to understand and support this transition.

Shephard W, Lewis B. Working with children who are victims or at risk of sexual exploitation: Barnardo's model of practice. Barnardo's. 2017; January

http://www.barnardos.org.uk/cse_barnardo_s_model_of_practice.pdf

This paper first sets out the issue of CSE and the models and processes used to exploit children and young people, and then explains the '4 As' from a practitioner perspective. It updates Barnardo's '4As' model of support and has been developed for a broad audience, including those who wish to learn about effective and evidence-based engagement with children at risk of, and those who have been victims of, sexual exploitation. It has been developed for a broad audience, including those who wish to learn about effective and evidence-based engagement with children at risk of, and those who have been victims of, sexual exploitation.

Jagannathan R, Camasso MJ. Social outrage and organizational behavior: A national study of child protective service decisions. *Children and Youth Services Review*. 2017; 77:153-63

<https://doi.org/10.1016/j.childyouth.2017.03.015>

In this paper, we extend to CPS, a risk model commonly employed in the fields of environmental science, food safety and chemical engineering, where risk is conceptualised as a function of both technical hazard and social outrage. Much as Jagannathan and Camasso (2011, 2013) did, we argue that child fatalities resulting from maltreatment and the social outrage they often engender serve to influence CPS operations by altering CPS worker and child welfare organisational decision rules. In our empirical analyses, we test for an independent effect of social outrage (captured by child fatalities) on worker decisions while controlling for hazard and other relevant determinants.

We also test whether this relationship is mediated by child welfare reform measures undertaken via judicial interventions or class action litigation. Using data from NCANDS (n = 1122 state-year observations over a 22-year time period across all 50 states and District of Columbia) and panel regression methods we show that social outrage caused by child fatalities significantly and directly influence child welfare worker decisions to: accept a referral of alleged maltreatment for investigation, substantiate reports of maltreatment, and place children out-of-home.

Goldberg AP, Moore JL, Houck C, Kaplan DM, Barron CE. Domestic minor sex trafficking patients: A retrospective analysis of medical presentation. *Journal of Pediatric & Adolescent Gynecology*. 2017; 30(1):109-15

<https://www.ncbi.nlm.nih.gov/pubmed/27575407>

Study objective: To describe the clinical characteristics of patients referred for DMST to improve identification and intervention.

Setting: The Lawrence A. Aubin, Sr Child Protection Center at Hasbro Children's Hospital where patients are evaluated by child abuse pediatricians in outpatient, emergency department, and inpatient settings.

Participants: A total of 41 patients younger than the age of 18 years referred for the evaluation of DMST involvement between August 1, 2013 and March 30, 2015.

Results: Children had frequent contact with medical providers, with 81% seen in the year before referral for DMST. Childhood maltreatment and family dysfunction were identified (sexual abuse, 21/37 or 57%; parental substance abuse, 22/37 or 60%) in the 41 patients. Children had medical problems (such as sexually transmitted infection, 13/41 or 32%), psychiatric needs (such as acute suicidality, 8/41 or 20%; at least 1 previous psychiatric admission, 19/41 or 46%), and substance use (36/41 or 88%). Although 26/41 (63%) had runaway and 17/41 (42%) lived in a group home placement, 28/41 (68%) currently lived at home and 29/41 (71%) presented with a parent/guardian or relative.

Conclusion: Children referred for DMST present frequently to physicians and have complex medical and psychiatric needs. Medical providers' increased awareness of this health issue would inform victim identification and intervention.

Engh Kraft L, Rahm G, Eriksson UB. School nurses avoid addressing child sexual abuse. *Journal of School Nursing*. 2017; 33(2):133-42

<https://www.ncbi.nlm.nih.gov/pubmed/26989159>

CSA is a global public health problem with major consequences for the individual child and society. An earlier Swedish study showed that the school nurses did not initially talk about nor mention CSA as 1 form of child abuse. For the child to receive adequate support, the disclosure is a precondition and is dependent on an available person prepared to listen. The aim of the study was to explore the ability of the school nurses to detect and support sexually abused children. It is a secondary analysis of focus group interviews with school nurses. Thematic analysis was performed. Results showed that the school nurses avoided addressing CSA due to arousal of strong emotions, ambivalence, and a complicated disclosure process. In order to detect CSA and support abused children, attentiveness of sexual abuse as a possible cause of physical and mental ill-health is crucial.

Department for Education. Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation. 2017; February

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

This advice is non-statutory, and has been produced to help practitioners, local leaders and decision makers who work with children and families to identify CSE and take appropriate action in response. This includes the management, disruption and prosecution of perpetrators.

This advice replaces the 2009 guidance Safeguarding children and young people from sexual exploitation. It should be read alongside Working Together to Safeguard Children (most recent updates available on gov.uk) which continues to provide statutory guidance covering the legislative requirements on services to safeguard and promote the welfare of children, including in relation to CSE.

This advice is intended to help all those working with children, and their parents and carers, to understand CSE and what action should be taken to identify and support victims. The online annexes to this document set out work to tackle perpetrators, another critical element of a holistic response. Section A is for everyone whose work brings them into contact with children and families, including those who work in early years, children's social care, health, education (including schools), the police, adult services and youth offending teams.

This section sets out first the background to the nature of CSE, followed by a series of guiding principles. It is relevant to those working in the statutory, voluntary or the independent sectors, and applies in relation to all children and young people irrespective of whether they are living at home with their families and carers or away from home. Section B is for those in strategic and management roles who are planning responses to CSE within local authorities and other agencies working in partnership. It is relevant for Local Safeguarding Children Boards and any new arrangements required in legislation. However, all practitioners may find this information useful to support effective front-line practice on CSE.

Brown S, Brady G, Franklin A, Crookes R. The use of tools and checklists to assess risk of child sexual exploitation: An exploratory study. 2017

<https://www.csacentre.org.uk/research-publications/cse-risk-tools/exploratory-study-on-the-use-of-tools-and-checklists-to-assess-risk-of-child-sexual-exploitation/>

In a recent research study (Brown et al, 2016), we identified many issues with the tools and checklists used throughout England and Wales to identify young people at risk of CSE – in particular, that risk indicators varied considerably across the large number of tools being used. We raised serious concerns that some indicators were actual signs of sexual abuse and exploitation rather than risk of abuse. The threshold for being

identified as a potential victim was very high in some tools, resulting in differences in practice and responses across local authorities and agencies. The current study builds directly on that previous study, exploring the use of screening and risk assessment tools relating to CSE in England and Wales with professional groups who currently use such tools. Professionals working in this area are very keen to improve practice and the tools they use, and to do this quickly. This project aimed to identify how and when the current tools and checklists are being used, and provide research evidence, in order to make recommendations for the development of tools/checklists and practice.

Turner D, Hoyer J, Schmidt A, Klein V, Briken P, Schmidt AF. Risk factors for sexual offending in men working with children: A community-based survey. *Archives of Sexual Behavior*. 2016; 45(7):1851-61

<https://www.ncbi.nlm.nih.gov/pubmed/27184566>

Identifying risk factors for sexual abuse in men who work with children and who have already abused a child could lead to more appropriate screening and prevention strategies and is thus of major scientific and societal relevance. A total of 8,649 German men from the community were assessed in an extensive anonymous and confidential online survey. Of those, 37 (0.4%) could be classified as child sexual abusers working with children, 90 (1%) as child sexual abusers not working with children, and 816 (9.4%) as men who work with children and who have not abused a child. We assessed the impact of working with children as an individual risk factor for self-reported CSA and compared personal factors, pedophilic sexual fantasies, deviant sexual behaviours, antisocial behaviours, and hypersexuality among the 3 groups.

Most interestingly, working with children was significantly associated with a self-reported sexual offence against children; however, it explained only 3% of its variance. Child sexual abusers working with children admitted more antisocial and more sexually deviant behaviours than child sexual abusers not working with children and than men working with children who have not abused a child. Our findings support some of the suggestions made by other researchers concerning factors that could be considered in applicants for child- or youth-serving institutions. However, it has to be pointed out that the scientific basis still seems premature.

Marquez-Flores MM, Marquez-Hernandez VV, Granados-Gamez G. Teachers' knowledge and beliefs about child sexual abuse. *Journal of Child Sexual Abuse*. 2016; 25(5):538-55

<https://www.ncbi.nlm.nih.gov/pubmed/27472508>

CSA is one of the main types of abuse still to be addressed within the field of education, yet the education system itself can serve as a primary tool for its prevention. A better understanding of teachers' knowledge and beliefs about CSA will allow us to establish important starting points from which to utilise the system for prevention. Four hundred and fifty teachers participated in this study, completing a questionnaire regarding their

knowledge and beliefs about CSA. The study revealed that over half the teachers, 65.3% (n = 294), had never received any type of training in CSA education and that the majority were not familiar with methods of identifying CSA, 90.7% (n = 279). Various mistaken beliefs were identified among the participating teachers, such as pathological profiles of abusers, that the vast majority of CSA implies violent behaviour, and that there cannot be abusers the same age as the victim. These results indicate that knowledge deficiencies do exist about CSA among teachers and highlight the need for training in this field.

Bovarnick S, Scott S. Child sexual exploitation prevention education: A rapid evidence assessment. *Barnardo's*. 2016; July

http://www.barnardos.org.uk/cse_exploitation_education_rea.pdf

With their ability to reach the largest number of children and young people, schools have the potential to play an invaluable role in preventative education (Beckett et al 2013; The Education and Training Inspectorate 2014). However, while UK safeguarding policies recognise the unique position of schools and other educational settings in delivering prevention programmes to a 'captive audience' (OFSTED 2012; The Education and Training Inspectorate 2014), relatively little is known about what makes such work effective (Topping and Barron 2009). This briefing is based on a rapid assessment of the available evidence relevant to CSE prevention education. It brings together important messages from research and evaluation about what works to prevent sexual exploitation and promote healthy relationships. As specific evidence is limited, it also incorporates some messages from other kinds of prevention work in educational settings. It explores what successful interventions might look like, how they should be delivered, and what impact such interventions might be expected to achieve.

Wager NM. Understanding children's non-disclosure of child sexual assault: implications for assisting parents and teachers to become effective guardians. *Safer Communities*. 2015; 14(1):16-26

<https://www.emeraldinsight.com/doi/abs/10.1108/SC-03-2015-0009>

Purpose: The purpose of this paper is to examine adult survivors' of childhood sexual abuse CSA retrospective reflections on their motives for not disclosing their abuse. The aim was to identify factors that might facilitate early disclosure in order to both enhance the future safety of young people who have experienced sexual victimisation and to offer a means of reducing the numbers of future victims.

Design/methodology/approach: This was a retrospective web-based, mixed-methods survey which was completed by 183 adult survivors of CSA. The data presented here is in relation to answers offered in response to an open-ended question which were thematically analysed.

Findings: In all, 75% of the survivors of CSA indicated that they had not told anyone of the abuse whilst they were a child. Analysis of the responses revealed 5 barriers to disclosure.

1. A lack of opportunity.
2. Normality/ambiguity of the situation.
3. Embarrassment.
4. Concern for others.
5. A sense of hopelessness.

Additionally, some respondents highlighted implicit attempts to disclose and others reported later regret over non-disclosure.

Practical implications: A timely disclosure of CSA, which is appropriately responded to, has the potential to reduce the risk for subsequent sexual exploitation/re-victimisation, and to foreshorten the predations of offenders. To achieve this, responsible and trusted adults in the lives of children need to learn how to invite a genuine disclosure of CSA.

Originality/value: This paper offers practical suggestions for parents and teachers on what signs indicate that an invitation might be warranted and for creating the right context for their invitation to be accepted.

Tomyn AJ, Powell MB, Cassematis P, Smallbone S, Wortley R. Examination of the subjective well-being of Australian Internet Child Exploitation Investigators. *Australian Psychologist*. 2015; 50(3):203-11

<https://doi.org/10.1111/ap.12119>

Objective: Internet child exploitation investigation is an area of policing associated with high levels of work stress, potentially contributing to the development of mental and other health-related problems. This study extends prior research suggesting that child abuse investigation officers have normal levels of life satisfaction using a well-validated and more robust measure of subjective well-being.

Method: The Personal Wellbeing Index (PWI) was self-completed by a representative sub-sample of Australian police officers (N = 139) who work in a confronting and challenging area of child abuse investigation (internet child exploitation). Their data were compared to a comparative sample of 102 non-internet child exploitation police officers and participants of the first 28 surveys of the Australian Unity Wellbeing Index (N = 55,697).

Results: Consistent with previous research, mean subjective well-being for internet child exploitation officers was above the Australian adult normative range and comparable to the control group of non-child abuse police investigators. Analysis of domain-based satisfaction judgments comprising the PWI revealed that satisfaction with 'Relationships' and 'Achieving in Life' contributed more variance to the prediction of life satisfaction than in the comparative mainstream Australian sample.

Conclusion: Australian police officers who work in internet child exploitation investigation have a higher-than-normal level of subjective well-being. These results attest to the resilience of these investigators in their ability to withstand the confronting nature of their work and handling potentially significant sources of negative workplace stress. The results also highlight the importance role that organisational and informal social support plays in facilitating this resilience.

Domoney J, Howard LM, Abas M, Broadbent M, Oram S. Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care. *BMC psychiatry*. 2015; 15:289

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4650496/pdf/12888_2015_Article_679.pdf

Background: Human trafficking is a global crime and human rights violation. Although research has demonstrated a high prevalence of mental disorder among trafficked people and that trafficked people are in contact with mental health services, little is known about mental health professionals' experiences of identifying and providing care for trafficked people. This study aimed to understand how people are identified as trafficked within mental health services and the challenges professionals experience in responding to trafficked people's mental health needs.

Method: Qualitative study of electronic health records of trafficked people in contact with secondary mental health services in South East London, England. Comprehensive clinical electronic health records for more than 200,000 patients in contact with secondary mental health services in South London were searched and retrieved to identify trafficked patients. Content analysis was used to establish how people were identified as trafficked, and thematic analysis was used to explore the challenges experienced in responding to mental health needs.

Results: The sample included 130 trafficked patients, 95 adults and 35 children. In 43% (41/95) of adult cases and 63% (22/35) child cases, mental health professionals were informed that their patient was a potential victim of trafficking by another service involved in their patient's care. Cases were also identified through patients disclosing their experiences of exploitation and abuse. Important challenges faced by staff included social and legal instability, difficulties ascertaining history, patients' lack of engagement, availability of services, and inter-agency working.

Conclusions: Training to increase awareness, encourage helpful responses, and inform staff about the available support options would help to ensure the mental health needs of trafficked people are met. Further research is needed to establish if these challenges are similar in other health settings.

Chang K, Lee K, Park T, Sy E, Thu Q. Using a clinic-based screening tool for primary care providers to identify commercially sexually exploited children. *Journal of Applied Research on Children*. 2015; 6(1):1-15

<https://digitalcommons.library.tmc.edu/childrenatrisk/vol6/iss1/6/>

Introduction: CSEC, which encompasses acts of DMST, is a hidden problem in the U.S. that affects an estimated 300,000 children. Significant health impacts to victims include violence, substance abuse, mental illness, sexually transmitted diseases, and unintended pregnancy. However, due to the covert nature of sexual exploitation, the lack of understanding among service providers and law enforcement, and complex psychological factors experienced by victims, identifying CSEC is a tremendous challenge. Primary care providers can play a critical role in identifying CSEC victims within clinical settings to help address this silent epidemic.

Objective: The goal of this project was to assess the prevalence of CSEC using a clinic-based screening tool within a community health centre serving indigent populations, with a large proportion of the patients being of Asian and Pacific Islander descent.

Methods: Medical charts were reviewed of young female patients (n=621) between 13 to 23 years old and seeking clinical services in Asian Health Services' Teen Clinic from 2008 through 2011, during the implementation of a clinic-based CSEC screening tool used by primary care providers. The CSEC screening tool consists of 2 questions about sexual exploitation.

Results: Of the 621 patients in the study, 57.5% were Asian and Pacific Islander. Clinical providers applied the CSEC screening tool on 28.5% (n=177) of female patients in the study. Of the 177 patients who were screened, 7.3% (n=13) responded positive to questions about commercial sexual exploitation.

Discussion: Using a clinic-based screening tool with patients who have identified risk factors helps primary care providers identify CSEC victims and link them to available resources. Under-reporting among victims and under-screening among providers remain major considerations in estimating CSEC prevalence. To address under-screening, it is important to raise awareness among primary care providers around the CSEC epidemic and their potential role for intervention, including screening for a history of sexual exploitation among youth patients.

Brassard MR, Fiorvanti CM. School-based child abuse prevention programs. *Psychology in the Schools*. 2015; 52(1):40-60

<https://doi.org/10.1002/pits.21811>

Child abuse is a leading cause of emotional, behavioural, and health problems across the lifespan. It is also preventable. School-based abuse prevention programmes for early childhood and elementary school children have been found to be effective in increasing student knowledge and protective behaviours. The purpose of this article is to help school psychologists understand the potential positive impact of abuse

prevention programmes in their school, choose a high-quality programme for their population, and be aware of the practical considerations of implementation. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Ashby J, Rogstad K, Forsyth S, Wilkinson D. Spotting the Signs: a national toolkit to help identify young people at risk of child sexual exploitation. *Sexually Transmitted Infections*. 2015;91(4):231-

<https://sti.bmj.com/content/91/4/231>

It has been widely reported in research and inquiries that CSE is both under-reported and unrecognised by statutory and voluntary sector organisations. A report by the Office of the Children's Commissioner found that at least 16,500 children were identified as being at risk of CSE each year by gangs and groups.¹ Between 5% and 17% of children under 16 (between 650,000 and 2 million children) experience sexual abuse, and more than 1 in 3 do not tell anyone during childhood. CSE has been defined by the National Working Group for Sexually Exploited Children and Young People as the involvement of those aged <18 in exploitative situations, contexts and relationships where the young people (or a third person) receive something (such as affection and gifts) as a result of them and/or others engaging in sexual activities.

Results from 2015/6 literature search

Hayward, M. 2016. What to do if you are concerned that a child or young person is, or is at risk of, being trafficked. *British Journal of School Nursing* 11(7) 341-48

<http://www.magonlinelibrary.com/doi/abs/10.12968/bjsn.2016.11.7.341?af=R&>

This article is part of the 'What to do if' series, and aims to provide practical safeguarding information on a variety of issues, including human trafficking (HT). It looks at the UK and international legislation, defines human trafficking, and describes the characteristics of children at risk, including the most common countries of origin. Guidance is provided on what to look for when assessing a child who is possibly at risk of HT, and how to ensure the future protection of the child.

Hayward, M. 2016. What to do if you are worried a child or young person is at risk of sexual exploitation. *British Journal of School Nursing* 11(5) 231-38

<http://www.magonlinelibrary.com/doi/abs/10.12968/bjsn.2016.11.5.231?af=R>

This article is part of the 'What to do if' series, and aims to provide practical safeguarding information on a variety of issues, including CSE. It describes the different types of CSE, such as via virtual or physical contact, known and not known to the child, and the techniques used to force, coerce, or entice young people into sexual activity. There is discussion about the health impact on victims of CSE, and how care providers

can recognise the signs and understand the next steps, so that they can ensure the future protection of the victim.

Hoback, J. 2016. Children: Not for sale. *State Legislatures* 42(9) 24-8

http://www.ncsl.org/Portals/1/Documents/magazine/articles/2016/SL_0916-ChildTrafficking.pdf

This paper provides examples of CST in neighbourhoods in America, to raise awareness within communities about what to look for to prevent further incidence.

Kruger, A. C., Harper, E., Zabek, F., et al. 2016. Facilitating a school-based prevention of commercial sexual exploitation of children. *Health Promotion Practice* 17(4) 530-36

<https://www.ncbi.nlm.nih.gov/pubmed/27084026>

In America, African American girls in middle school are at particular risk of commercial sexual exploitation CSE. This paper looks at the difficulties of developing a school-based prevention programme (SBPP), using the culture-specific intervention model. The authors provide an analysis of the factors that can help overcome some of the issues in developing relevant SBPPs, such as working with other community organisations, and building trust, particularly with at-risk students.

Letourneau, E. J., Nietert, P. J. & Rheingold, A. A. 2016. Initial assessment of stewards of children program effects on child sexual abuse reporting rates in selected South Carolina counties. *Child Maltreatment* 21(1) 74-9

<https://www.ncbi.nlm.nih.gov/pubmed/26530898>

This paper reports on the assessment of the Stewards of Children programme, designed to increase the reporting of CSA. The programme was disseminated in 3 counties in the American State of South Carolina, and the impact was measured against 3 comparison counties, where the programme had not been substantially disseminated. The authors found that this prevention programme was linked with increased allegations of CSA, but that the effectiveness needed to be measured against other counties. They also felt that it would be beneficial to investigate whether an increase in disclosure rates, leads to lower incidence of CSA.

Sabella, D. 2016. CE: Mental health matters: Revisiting child sexual abuse and survivor issues. *American Journal of Nursing* 116(3) 48-54; quiz 55

http://journals.lww.com/ajnonline/Fulltext/2016/03000/CE___Mental_Health_Matters___Revisiting_Child.22.aspx

This learning resource has been developed to help nurses understand their role in preventing, and managing CSA. It discusses prevalence, possible risk factors, and describes the signs and symptoms of CSA that nurses need to look out for. It also includes resources that nurses can give to their patients, to help address the long-term issues faced by victims of CSA.

Appleton, J. V., Terlektsi, E. & Coombes, L. 2015. Implementing the Strengthening Families approach to child protection conferences. *British Journal of Social Work* 45(5) 1395-414

<http://bjsw.oxfordjournals.org/content/45/5/1395>

The aim of the Strengthening Families (SF) child protection conference model is to help engage families more effectively, and enhance risk assessment. One of the issues with initial child protection conferences (ICPCs) was that families felt disempowered and judged. The SF model was tested across 1 local authority, and while they found it difficult to roll-out the training for the SF approach, professionals who used it, adhered to the process, and parents were more active in their contributions to the meetings.

Ashby, J., Rogstad, K., Forsyth, S., et al. 2015. Spotting the Signs: a national toolkit to help identify young people at risk of child sexual exploitation. *Sexually Transmitted Infections* 91(4) 231

<http://sti.bmj.com/content/91/4/231.extract>

This article reports on the development of a national toolkit to help care providers identify young people at risk of CSE. The national proforma has been developed by the British Association for Sexual Health and HIV, and is available here:

<https://www.bashh.org/documents/Spotting-the-signs-A%20national%20proforma%20Apr2014.pdf>

Bates, N. D. & Army, C. 2015. Preventing child sexual abuse in youth-serving organizations. *Journal of Healthcare Protection Management* 31(2) 71-9

<https://www.ncbi.nlm.nih.gov/pubmed/26411053>

This paper is aimed at professional care providers and parents of children at risk of, or who have experienced sexual abuse. It details the extent of the issue, along with the characteristics of offenders and victims. Guidance on reporting policies, pre-employment screening, and supervision of staff are provided, together with tools and

resources to help parents recognise the symptoms of CSA, and how to report against incidence of CSA in organisations serving young people.

Bergquist, K. 2015. Criminal, victim, or ally? Examining the role of sex workers in addressing minor sex trafficking. *Affilia: Journal of Women & Social Work* 30(3) 314-27
https://www.researchgate.net/publication/276856861_Criminal_Victim_or_Ally_Examining_the_Role_of_Sex_Workers_in_Addressing_Minor_Sex_Trafficking

This paper looks at the role of sex workers in preventing CSEC, suggesting that sex workers should work with social workers to help protect children who are at risk of becoming CST victims.

Bounds, D., Julion, W. A. & Delaney, K. R. 2015. Commercial sexual exploitation of children and state child welfare systems. *Policy, Politics & Nursing Practice* 16(1/2) 17-26
<http://www.emfp.org/Doc-Vault/MFP-Fellows/Bounds/Commercial-Sexual-Exploitation-of-Children-and-State-Child-Welfare-Systems-PDF.pdf>

In several states in America, the CSEC is now a child abuse offence. This paper describes CSEC, and the characteristics of potential victims, and difficulties in providing effective care. The State of Illinois is used as a good practice example, because they have overcome challenges to establish an effective state reporting system, and the lessons learned are described in this article.

Goldman, J. D. and Grimbeek, P. 2015. Preservice teachers' sources of information on mandatory reporting of child sexual abuse. *Journal of Child Sexual Abuse* 24(3) 238-58
<https://www.ncbi.nlm.nih.gov/pubmed/25942284>

In many countries, teachers are legally obliged to report cases of child abuse, neglect and CSA. However, few teacher-training qualifications provide courses on how to appropriately manage these sensitive issues. This research looked at a sample cohort of 56 final, fourth year university bachelor of education (primary school) student teachers in Australia to discover how they find out about child protection. The authors found that they were not taught about the processes involved in reporting a suspected case of child maltreatment. When compared with previous research, results show that there is clearly a gap in the curriculum for people training to be primary teachers. This should be addressed in the future design of teacher-training courses, so that mandatory reporting of child abuse is integrated in to the rest of the syllabus.

Grady, M. D., Hurt, C., Cronin, K., et al. 2015. The state of the state: Childhood sexual abuse prevention efforts in North Carolina. *Sexual Addiction & Compulsivity* 22(3) 222-48

<http://www.tandfonline.com/doi/abs/10.1080/10720162.2015.1039152?journalCode=usac20>

In North Carolina, 384 people, representing the general public, survivors of childhood sexual abuse CSA, family members of CSA victims, and professional care providers working in the area of CSA, were surveyed to find out how much they know about community CSA preventive interventions. The results showed that there was limited knowledge about local CSA prevention programmes, demonstrating that while CSA is a public health issue, more efforts are needed to raise awareness in the community.

Greenbaum, V. J., Dodd, M. & McCracken, C. 2015. A short screening tool to identify victims of child sex trafficking in the health care setting. *Pediatric Emergency Care*. 23

<https://www.ncbi.nlm.nih.gov/pubmed/26599463>

This cross-sectional study examined the cases of 25 victims of CSEC/CST and compared them with 83 young people who had experienced acute sexual assault/abuse (ASA) without evidence of CSEC/CST. The participants were aged between 12 and 18 years. There were significant differences between the 2 groups, relating to reproductive history, high-risk behaviour, sexually transmitted infections, and previous experience with violence. With this information, the authors were able to develop a 6-item screening tool to help professional care providers identify CSEC/CST victims in a high-risk adolescent population.

Hulse, R. 2015. Working together to tackle child sexual exploitation. *Journal of Family Health* 25(5) 20-3

<https://www.ncbi.nlm.nih.gov/pubmed/26625592>

This case study about Safe and Sound in Derby, describes how CSE organisations can help care providers identify potential victims of suspected abuse, and act effectively to prevent further harm.

Jimenez, M., Jackson, A. M. & Deye, K. 2015. Aspects of abuse: commercial sexual exploitation of children. *Current Problems in Pediatric & Adolescent Health Care* 45(3) 80-5

<https://www.ncbi.nlm.nih.gov/pubmed/25823944>

While recognising that the commercial sexual exploitation CSEC of young people is a global issue, this paper looks at the situation in the United States. The authors highlight the issue of not having a central database containing accurate data on the incidence and prevalence of CSEC of young people. There are estimated figures, but the actual statistics are not known. Health care providers have a crucial role to play in identifying potential victims of CSEC, but they need to know what signs and symptoms to look for.

Victims of CSEC will demonstrate issues with mental, physical, and sexual health, and this paper aims to make health providers more aware of the particular symptoms they have to look out for.

Kairys, S. 2015. The prevention of child sexual and physical abuse. *Paediatrica Croatica* 59 208-11

<http://hpps.kbsplit.hr/hpps-2015/PDF/Dok%2048.pdf>

This paper reviews the evidence for primary, secondary, and tertiary child abuse prevention programmes, because the long-term effects of child sexual and physical abuse are life-long, in terms of mental and physical health.

Mathews, B., Walsh, K., Coe, S., et al. 2015. Child protection training for professionals to improve reporting of child abuse and neglect (Protocol). *Cochrane Database of Systematic Reviews*(6)

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011775/pdf>

This is the protocol to a forthcoming review, and therefore, there is no abstract, but the objective of the research is to assess the effectiveness of training aimed at improving the reporting of child maltreatment by care providers, and to identify the components of a training programme that make it more effective than others.

McElvaney, R. 2015. Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review* 24(3) 159-69

<http://onlinelibrary.wiley.com/doi/10.1002/car.2280/abstract>

This paper looks at the research about the reporting of CSA, and explores why children are sometimes reluctant to disclose their experiences. This has implications for the development of adequate services, because it will give care providers a greater understanding of the needs of young people who have been abused or are at risk of abuse.

Mendelson, T. & Letourneau, E. J. 2015. Parent-focused prevention of child sexual abuse. *Prevention Science* 16(6) 844-52

<http://link.springer.com/article/10.1007/s11121-015-0553-z>

CSA prevention strategies should be aimed towards the parents of young children, as current approaches are not effective. This paper reviews existing interventions for reducing CSA prevalence, describing their limitations, and provides a rationale for developing parent-focused prevention programmes.

Morton, B. 2015. Seeking safety, finding abuse: Stories from foster youth on maltreatment and its impact on academic achievement. *Child & Youth Services* 36(3) 205-25

<http://www.tandfonline.com/doi/abs/10.1080/0145935X.2015.1037047?journalCode=wcys20>

The focus of this paper is the safety of young people in foster care in the United States, as research in this area is scarce. The authors look at the findings of interviews, collected in a phenomenological study, of foster youth who have reported maltreatment by their foster parents, and find out that abuse carried out while in care affects academic achievement.

Rabinovitch, S. M., Kerr, D. C., Leve, L. D., et al. 2015. Suicidal behavior outcomes of childhood sexual abuse: Longitudinal study of adjudicated girls. *Suicide & Life-Threatening Behavior* 45(4) 431-47

<https://www.ncbi.nlm.nih.gov/pubmed/25370436>

This paper looks at the link between prior sexual victimisation, and suicidal attempt or self-harm in young women. Early, non-consenting is associated with lifetime suicide attempts and a history of self-harm. Adolescent girls in the juvenile justice system (JJS) have a high incidence of exposure to childhood sexual abuse CSA, and are therefore at risk of suicidal behaviour. This information can help care providers in the JJS provide appropriate support to these young girls.

Rheingold, A. A., Zajac, K., Chapman, J. E., et al. 2015. Child sexual abuse prevention training for childcare professionals: an independent multi-site randomised controlled trial of Stewards of Children. *Prevention Science* 16(3) 374-85

<https://www.ncbi.nlm.nih.gov/pubmed/25015782>

Teachers, childcare personnel, and clergy, are all in a strong position to help prevent CSA. This study involved 352 childcare professionals, who participated in the Stewards of Children prevention programme. They were randomly assigned to 1 of 3 groups.

1. Face-to-face training.
2. Web-based training.
3. Wait-list control.

The results showed that knowledge, attitudes, and preventive behaviours were all improved following the training, and that the method of delivery did not make any difference to the final outcome. The authors conclude that brief training sessions delivered to childcare professionals may have an impact on the prevention of CSA.

Salisbury, E. J., Dabney, J. D. & Russell, K. 2015. Diverting victims of commercial sexual exploitation from juvenile detention: development of the InterCSECT screening protocol. *Journal of Interpersonal Violence* 30(7) 1247-76

<https://www.ncbi.nlm.nih.gov/pubmed/25038222>

The InterCSECT screening tool was developed to identify child victims of commercial sexual exploitation in the juvenile justice system, so that they can be referred to appropriate protection and care services. A 3.5-month pilot of the tool was carried out in the Clark County Juvenile Court in Washington. During this period, 535 juveniles, aged between 9 and 19 years old, were screened during intake. Of these, 47 reported risk factors associated with CSEC, and they were referred to relevant protective services. Six young girls were confirmed as CSEC victims, and were removed from juvenile detention, and given appropriate care. The authors conclude that people working in the juvenile justice system need to be aware about the risk factors so that they can ensure the victims are diverted to the services that they need.

Wood, M. & Archbold, C. A. 2015. Bad touches, getting away, and never keeping secrets: Assessing student knowledge retention of the Red Flag Green Flag People program. *Journal of Interpersonal Violence* 30(17) 2999-3021

<https://www.ncbi.nlm.nih.gov/pubmed/25355856>

The Red Flag Green Flag People programme is 1 of many school-based prevention programmes designed to prevent childhood sexual abuse in the United States. This paper discusses the results of a brief survey given to student participants on the programme to assess their knowledge retention. The results showed that students retained the information taught for up to 2 years following the programme.

Kellogg, N. D. 2014. Working with child protective services and law enforcement: What to expect. *Pediatric Clinics of North America* 61(5) 1037-1047

<https://www.ncbi.nlm.nih.gov/pubmed/25242714>

It is very difficult for care professionals to diagnose a potential case of child abuse, because abusive parents can be very convincing with their lies, and the child is possibly too frightened or unable to speak up. Furthermore, there are often tensions between the clinician and law enforcement, because of misunderstandings about roles and responsibilities. This paper aims to clear up those misunderstandings, and help all parties involved in child protection to work together more effectively.

Mott, A. and Thomas, A. 2014. Peer review in child protection. *Paediatrics and Child Health* (United Kingdom) 24(12) 544-549

[http://www.paediatricsandchildhealthjournal.co.uk/article/S1751-7222\(14\)00139-5/abstract](http://www.paediatricsandchildhealthjournal.co.uk/article/S1751-7222(14)00139-5/abstract)

This paper discusses the benefits of the peer review process, which enables paediatricians to get together and discuss individual child protection cases so that the best care pathway is implemented to ensure the safety of the child. In order to get a clear picture of each case, the case history reviewed along with photo documentation, the medical report and the activities of all the agencies involved in the case. Not only does this improve the care delivered to the child, but it also strengthens the expertise of professionals involved.

All health organisations that employ paediatricians working in child protection should ensure that child protection peer review meetings are set up with clear terms of reference, and the lead consultant taking responsibility for any changes in opinion. This process also reassures the courts that accepted standards of practice are being met.

Clapton, G., Cree, V. and Smith, M. 2013. Moral panics, claims-making and child protection in the UK. *British Journal of Social Work* 43(4) 803-812

<http://bjsw.oxfordjournals.org/content/early/2013/05/14/bjsw.bct061>

Child protection agencies play an important role in making the public aware of concerns about the safety of children and young people, but sometimes 'claims-making' activities, such as press releases, can have a negative effect on the protection of young people from child maltreatment. This paper explores how moral panics can hinder preventive practice, and cause a deterioration in the relationship between social workers and the families they support.

Clapton, G., Cree, V. E. and Smith, M. 2013. Moral panics and social work: Towards a sceptical view of UK child protection. *Critical Social Policy* 33(2) 197-217

<http://csp.sagepub.com/content/early/2012/08/28/0261018312457860>

Using the lens of moral panic, this paper examines child protection social work in the UK. The authors focus on 2 examples of anxieties with regards to child endangerment, the first being the launch of the National Society for the Prevention of Cruelty to Children (NSPCC) and its campaign for the 1889 Children's Charter. The second example focuses on the anxiety associated with the safety of children and young people using the Internet, and looks at the work of the Child Exploitation and Online Protection Centre (CEOP), which has produced the Children and Young Persons' Global Online Charter.

Clause, K. J. and Lawler, K. B. 2013. The hidden crime: human trafficking. Pennsylvania Nurse 68(2) 18-23

<https://www.ncbi.nlm.nih.gov/pubmed/23977773>

Nurses are often the first point of contact for victims of abuse, and therefore play an important role in preventing further abuse. However, in order to be effective, they need to know how to recognise the symptoms, and who the suspected victim should be referred to so that they receive the best care and protection. Protecting a victim of human trafficking is potentially a dangerous undertaking and must be handled by trained professionals. For further information to prevent human trafficking, the authors suggest visiting the Somaly Mam Foundation (www.somaly.org) or the US Department of State (www.state.gov).

Hackett, A. J. 2013. The role of the school nurse in child protection. Community Practitioner 86(12) 26-29

<https://www.ncbi.nlm.nih.gov/pubmed/24383164>

School nurses are in a pivotal position to recognise when a child is in danger. However, evidence from 1 Scottish city found that the health needs of vulnerable, school-aged children are not always recognised or addressed. The author took a qualitative approach and interviewed 6 school nurses, to find out more about how they perceive their role in child protection and identify training needs. The results showed that the school nurses were unclear about their role and would benefit from clarity with regards to child protection. They felt that training in report writing, child trafficking, and legal issues would be beneficial in strengthening their ability to support vulnerable children.

Harris, C. and Welbury, R. 2013. Top tips for child protection for the GDP. Dental Update 40(6) 438-440

<https://www.ncbi.nlm.nih.gov/pubmed/23971341>

Dental teams should be aware of their role in child protection, as physical, sexual, or emotional abuse, and neglect, may present in different ways. This paper provides some top tips to help dentists, hygienists, and dental nurses, act when they have concerns about the welfare of a child, so that they know how to recognise signs of abuse and neglect, what they need to do, and who to go to for help.

Martin, E. K. and Silverstone, P. H. 2013. How much child sexual abuse is 'below the surface,' and can we help adults identify it early? Frontiers in Psychiatry 4

<https://www.ncbi.nlm.nih.gov/pubmed/23874306>

The research evidence shows that CSA occurs, most frequently, in children aged between 2 and 17 years old. It is more common for girls to be abused, particularly when

they are aged between 13 and 17 years old, and many victims suffer multiple episodes of abuse alongside additional victimisations, such as physical assault. This paper highlights the gaps in the research with regards to the different definitions of CSA, and aims to resolve this by identifying the 4 types of behaviour that should be classified as CSA.

1. Non-contact – grooming, flashing, encouraging children to perform sexual acts over the internet, exploitation.
2. Genital touching.
3. Attempted vaginal and anal penetrative acts.
4. Vaginal and anal penetrative acts.

Types 2, 3, and 4 are more likely to have major long-term implications on the health and well-being of victims. The studies reviewed found that 95% of cases of CSA were not reported to the authorities, and therefore remain 'below the surface'. This has major implications on public health because it means that there are many victims of CSA who are not being protected and are not receiving the care that they need. Because CSA often occurs with other types of abuse, training programmes for care professionals should focus on detection and treatment of CSA and other abuse to enable early recognition and prevention.

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

<http://www.sciencedirect.com/science/article/pii/S0149718913000323>

In America, awareness of the CSEC is on the increase, and in some states, child protection agencies have started to develop and implement training on CSEC for social service staff. This training could benefit other organisations involved in child protection, and in this paper, the authors present the results of a randomised controlled trial to measure the effectiveness of a CSEC webinar training programme.

Molyneux, E. M., Kennedy, N., Dano, A., et al. 2013. Sexual abuse of children in low-income settings: Time for action. *Paediatrics and International Child Health* 33(4) 239-46

<https://www.ncbi.nlm.nih.gov/pubmed/24070539>

This paper focuses on CSA in low-income settings to get a gauge on the extent of the problem. The authors discuss the signs to look out for when presented with children at risk and how best to manage suspected CSA. They recommend that working with other agencies, relevant training, and providing a safe environment is essential for supporting victims of CSA.

Søftestad, S. and Toverud, R. 2013. Challenges and opportunities: Exploring child protection workers' experiences of ensuring protection of the child during child sexual abuse suspicion. *British Journal of Social Work* 43(8) 1510-1526

<http://bjsw.oxfordjournals.org/content/early/2012/07/02/bjsw.bcs084>

The focus of this paper was child protection workers' (CPW) perspectives on working with families where CSA is suspected. The authors interviewed eleven CPWs, and used the principles of grounded theory approaches to examine their recent experiences. Five thematic domains were identified, looking at challenges and opportunities identified.

1. Own competence in handling cases of CSA suspicion.
2. Support from colleagues and leaders.
3. Cooperation with specially-trained professionals.
4. Interaction with parents regarding protection and care.
5. Interaction with the children.

CPWs felt that they needed more training for meeting the challenges of dealing with families where CSA is suspected. They also said that CPWs without specialist knowledge of CSA should work with CPWs with expertise in this area, as this improved continuous and engaged involvement with the children and their families. Finally, CPWs emphasised the need for more direct interaction between CPWs and children, when suspicions of CSA are raised.

Grace, L. G., Starck, M., Potenza, J., et al. 2012. Commercial sexual exploitation of children and the school nurse. *Journal of School Nursing* 28(6) 410-417

<https://www.ncbi.nlm.nih.gov/pubmed/22627024>

School nurses are the primary source of health care for children throughout America, and therefore are in an excellent position to help identify young people at risk of commercial sexual exploitation. However, they are not as effective as they could be as there is still a lack of awareness, stigma, and/or denial around the existence of CSEC. The average age of entry for girls into the commercial sex industry, specifically prostitution, is 12 to 15 years old. Some of these girls may still attend school, but attendance rates may drop. School nurses need further training so that they can be more aware of the signs to look for so that they can help stop young girls from being sexually exploited.

Newby, A. and McGuinness, T. M. 2012. Human trafficking: What psychiatric nurses should know to help children and adolescents. *Journal of Psychosocial Nursing and Mental Health Services* 50(4) 21-24

<https://www.ncbi.nlm.nih.gov/pubmed/22421012>

Victims of human trafficking endure emotional trauma, sexual violence, and physical injury, and as a consequence, high rates of posttraumatic stress disorder, depression, and anxiety. Psychiatric nurses have an important role in identifying victims of human trafficking, stopping the abuse, and helping victims with their recovery. This paper details important questions which can help identify victims, and provides links to relevant web-based resources.

Paranal, R., Washington Thomas, K. and Derrick, C. 2012. Utilizing online training for child sexual abuse prevention: Benefits and limitations. *Journal of Child Sexual Abuse* 21(5) 507-520

<https://www.ncbi.nlm.nih.gov/pubmed/22994690>

Training in recognising signs of needs to be innovative, particularly as perpetrators find new ways for identifying victims, such as the internet. This paper examined online training programmes for preventing, looking at advantages and disadvantages, and identifying which aspects of the training were most effective, and what challenges participants encountered. The information provided can be used by practitioners and researchers who hope to use and evaluate online prevention training programmes in the future.

Preer, G., Sorrentino, D. and Newton, A. W. 2012. Child abuse pediatrics: Prevention, evaluation, and treatment. *Current Opinion in Pediatrics* 24(2) 266-273

<https://www.ncbi.nlm.nih.gov/pubmed/22426158>

This review has been produced to update paediatricians on the most recent evidence about child abuse. Although child abuse has been around for many years, public acknowledgement, and prevention and intervention strategies are still relatively new areas of research, which is why it is essential that paediatricians keep up-to-date with the latest evidence on preventing, evaluating, and treating victims of abuse.

Stavrianopoulos, T. and Gourvelou, O. 2012. The role of the nurse in child sexual abuse in USA. *Health Science Journal* 6(4) 647-653

<http://www.hsj.gr/medicine/the-role-of-the-nurse-in-child-sexual-abuse-in-usa.php?aid=3152>

Because nurses are often the first person to meet an abused child in a clinical setting, they are in a crucial position to identify children at risk and make the necessary referrals

to child protection teams. Furthermore, with proper training, they can also collect and preserve the necessary forensic evidence.

Committee on Child Abuse and Neglect. 2011. Protecting children from sexual abuse by health care providers. *Pediatrics* 128(2) 407-26

<http://pediatrics.aappublications.org/content/128/2/407>

This paper presents the stance of the American Academy of Pediatrics, which talks about the unacceptability of carried out by healthcare providers, and makes recommendations for medical institutions to prevent further. The Academy suggests that staff members should be screened for a history of child abuse issues, and training should be provided so that healthcare providers understand appropriate boundaries, and respect and maintain them. Medical institutions should also establish policies and procedures so that concerns about patient abuse can be professionally and sensitively dealt with. All people working in the health system have a responsibility towards ensuring the safety of children in their care, and must scrupulously follow procedures when investigating reports of patient abuse.

Deering, R. and Mellor, D. 2011. An exploratory qualitative study of the self-reported impact of female-perpetrated childhood sexual abuse. *Journal of Child Sexual Abuse* 20(1) 58-76

<https://www.ncbi.nlm.nih.gov/pubmed/21259147>

This exploratory, qualitative study looked at the impact of female-perpetrated sexual abuse of children. Nine men and 5 women who said they had been sexually abused by a female as a child, participated in the study. They completed a questionnaire describing their experiences of the abuse, and what they felt the consequences were. They experienced negative impacts as children, and later as adults, and the impacts were similar to those reported by victims who had been sexually abused by a male. Little is known about the impact on young people who have been abused by a female, but more research is needed to raise awareness with the public and professionals about the seriousness of female perpetrators.

Floyed, R. L., Hirsh, D. A., Greenbaum, V. J., et al. 2011. Development of a screening tool for pediatric sexual assault may reduce emergency-department visits. *Pediatrics* 128(2) 221-6

<https://www.ncbi.nlm.nih.gov/pubmed/21788216>

This tool is made up of 4 questions to ascertain whether a child receiving an initial evaluation for alleged sexual assault should be seen in an emergency setting.

1. Did the incident occur in the past 72 hours, and was there oral or genital to genital/anal contact?
2. Was genital or rectal pain, bleeding, discharge, or injury present?
3. Was there concern for the child's safety?
4. Was an unrelated emergency medical condition present?

If the answer to any of the questions is yes, then the child should receive immediate evaluation in an emergency department.

The authors retrospectively reviewed 163 electronic medical records, and found that using the tool would have identified 163 children requiring immediate evaluation in the emergency department (ED). Seventy-three children who had been allegedly sexually assaulted did not need to be evaluated in the ED, but could be evaluated elsewhere, such as at a child protection service.

McClain, N. M. and Garrity, S. E. 2011. Sex trafficking and the exploitation of adolescents. *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* 40(2) 243-252

<https://www.ncbi.nlm.nih.gov/pubmed/21284727>

This paper describes how important nurses are in child protection, especially with regards to human trafficking, which affects a large number of young people, around the world, in particular, women and girls. As the first person that the victim sees, nurses are in a strong position to recognise the signs of abuse and provide assistance, to protect the victim from further abuse. However, nurses do need training in recognising the signs of trafficking, in the same way they need to recognise other types of violent crime.

Honor, G. 2010. Child sexual abuse: Consequences and implications. *Journal of Pediatric Healthcare* 24(6) 358-364

<https://www.ncbi.nlm.nih.gov/pubmed/20971410>

CSA is a big issue in America. This paper describes the role that paediatric nurse practitioners (PNP) play in preventing further abuse, and helping the victim recover by understanding the long-term effects of CSA, and knowing how best to meet the physical and mental health needs of the patient. Often being the first person the victim meets, PNPs can help identify young people at risk, but they need to be able to recognise the signs, and therefore more training may be necessary.

Rogstad, K., Thomas, A., Williams, O., et al. 2010. UK National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People (2009). *International Journal of STD and AIDS* 21(4) 229-41

<https://www.bashh.org/documents/2674.pdf>

This guideline was published to ensure that children and young people receive sensitive and effective care when treated for sexually transmitted infections and related conditions. It is applicable to Genitourinary Medicine clinics, and other services providing sexual health advice, management, or treatment to young people. In addition to recommendations about the assessment, examination, screening, treatment, and prophylaxis, guidance is also provided about consent and confidentiality.

Tishelman, A. C. and Geffner, R. 2010. Forensic, cultural, and systems issues in child sexual abuse cases: Part 1: An introduction. *Journal of Child Sexual Abuse* 19(5) 485-490

<https://www.ncbi.nlm.nih.gov/pubmed/20924907>

This paper provides an introduction to the issues faced when managing CSA cases – there are 3 themes.

1. How culture can influence CSA disclosure and reporting.
2. The mental health of the child during the forensic interview.
3. The use of anatomical dolls during forensic interviews.

The authors make several recommendations. They suggest that the mental health of the child should be prioritised while minimising disruption to the forensic processes so that they are not prolonged. Professionals should identify the best models of practice for assessing and evaluating CSA, when 1 forensic interview is insufficient. They should also evaluate CSA concerns when they have not been disclosed by the victim. Finally, professionals should be aware of cultural sensitivity during interviews and evaluations.

Tishelman, A. C. and Geffner, R. 2010. Forensic, cultural, and systems issues in child sexual abuse cases: Part 2: Research and practitioner issues. *Journal of Child Sexual Abuse* 19(6) 609-617

<http://www.tandfonline.com/doi/abs/10.1080/10538712.2010.523514>

This paper discusses the myths around CSA, and highlights best practice for managing extended sexual abuse interviews and evaluations. It also describes best practice for each member of multi-disciplinary teams based in a child advocacy centre.

Urbas, G. 2010. Protecting children from online predators: The use of covert investigation techniques by law enforcement. *Journal of Contemporary Criminal Justice* 26(4) 410-425

<http://ccj.sagepub.com/content/26/4/410.short>

This paper explores methods applied to reduce the incidence of cybercrimes effecting young people. In some countries, police use the same tactics that online predators use, and assume the identity of a child or young person, so that they can identify potential suspects. Sometimes, they take over the actual identity of a child who is at risk, or they make create a completely fictitious person. The undercover police engage in chatroom, email or SMS conversations with a suspect, under the premise that they are also a young person. Where this method of investigation has led to an arrest and prosecution, it is vital that procedures have been followed or the accused may argue about entrapment or say that the evidence was illegally or improperly obtained. The authors discuss how cybercrimes, such as online grooming, can be covertly investigated, and provide evidence of best practice on how this can be achieved legally and effectively.

Woolfson, R. C., Heffernan, E., Paul, M., et al. 2010. Young people's views of the child protection system in Scotland. *British Journal of Social Work* 40(7) 2069-2085

<http://bjsw.oxfordjournals.org/content/40/7/2069.abstract>

In the UK, the number of child protection investigations and children on Child Protection Registers is high, and continually rising. Professionals are bound by law to protect the rights of children and keep them from harm. However, research has shown that many young people with experience of the Child Protection System (CPS) are dissatisfied with services provided to them. This study, set in Scotland, reports the results of a consultation with eleven young people (6 aged between 12 and 15 years, and 5 aged 15 years or over), about their experiences with the CPS in a Scottish local authority. They were willing and able to present their views, and made suggestions around service improvement and engagement of young people. This information can be used to make changes within the CPS so that dissatisfaction is reduced and anxiety allayed.

Cairns, A. M. and Welbury, R. R. 2009. The role of the dental team in child protection: A review. *Scottish Medical Journal* 54(2) 37-40.

<http://europemc.org/abstract/med/19530502>

No abstract available.

Dunne, M. P., Zolotor, A. J., Runyan, D. K., et al. 2009. ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countries. *Child Abuse and Neglect* 33(11) 815-825

<https://www.ncbi.nlm.nih.gov/pubmed/19853301>

The ISPCAN Child Abuse Screening Tool Retrospective version (ICAST-R) was developed by scientists and practitioners representing 28 countries, to retrospectively measure child abuse. The development of the tool took place via focus group discussions, and resulted in a questionnaire, made up of 15 questions about potentially abusive physical, sexual, and emotional events, with follow-up questions about perpetrator characteristics, frequency of abuse, and when the abuse occurred. The tool was translated in to 6 languages and tested on 842 young adults, aged between 18 and 26 years, from 7 countries. This tool has demonstrated its effectiveness in a broad range of cultures and languages, and will enable researchers to understand more about the prevalence of child abuse in their local environments.

Matkins, P. P. and Jordan, K. S. 2009. Pediatric sexual abuse: Emergency department evaluation and management. *Advanced Emergency Nursing Journal* 31(2) 140-152

<https://www.ncbi.nlm.nih.gov/pubmed/20118864>

In America, statistics show that about 25% of females and 16% of males are sexually abused before the age of 18. Because the emergency departments (ED) are often the first place that victims go, it is essential that ED staff have the knowledge and skills to recognise the signs, and understand the next steps for protecting the child from further harm. This article describes the information that ED leaders need to know about mandatory reporting, triage, assessment, treatment, and follow-up, to ensure that effective medical management of sexually abused young people is provided.

Runyan, D. K., Dunne, M. P. and Zolotor, A. J. 2009. Introduction to the development of the ISPCAN child abuse screening tools. *Child Abuse and Neglect* 33(11) 842-5

<http://www.sciencedirect.com/science/article/pii/S0145213409001963>

The World Report on Children and Violence, published in 2006, recommended that there should be an improvement in the research on child abuse. As a consequence of this recommendation, ISPCAN has developed 3 new instruments for assessing the incidence and prevalence of child abuse and neglect, and these are discussed in this paper.

Ungar, M., Tutty, L. M., McConnell, S., et al. 2009. What Canadian youth tell us about disclosing abuse. *Child Abuse and Neglect* 33(10) 699-708

<http://www.sciencedirect.com/science/article/pii/S0145213409001756>

In Canada, between 2000 and 2003, the Red Cross ran a violence prevention programme called RespectED. This study examined data from 1,099 evaluation forms

completed following the programme. In addition to this data, 27 interviews and focus groups were held, with the overall purpose of understanding youth experiences of reporting abuse. Results showed that less than a quarter of young people who had been abused reported the incidence.

Young people, aged between 14 and 15 years old were more likely to make a disclosure to professionals or police, if they had been physically abused or abused by a family member. Young people felt that there would be negative consequences if they reported incidences of abuse. They were concerned that they would be less empowered because further decisions about their well-being would be taken out of their hands. The authors suggested that prevention programmes should emphasise the positive outcomes of reporting abuse.

Zolotor, A. J., Runyan, D. K., Dunne, M. P., et al. 2009. ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multinational pilot testing. *Child Abuse and Neglect* 33(11) 833-841

<https://www.ncbi.nlm.nih.gov/pubmed/19857897>

This paper describes the development of an international child abuse screening tool. The ISPCAN Child Abuse Screening Tool Children's version (ICAST-C) was informed by scientists and practitioners representing 40 countries, and aims to improve the screening of children at risk of victimisation. The tool is available in 6 languages, and was tested in 4 countries on 571 children, aged between 12 and 17 years. The ICAST-C has 44 items which serve as screeners. If the response is positive, then there are queries for frequency and perpetrator.

The types of abuse that the children reported included exposure to violence, physical victimisation, psychological victimisation, sexual victimisation, neglect in their homes. Some respondents also reported that they had experienced high rates of physical, psychological, and sexual victimisation in their schools. This was a pilot test, but the results show that children were able to understand and respond to the questions asked. Furthermore, there were low rates of missing data, and internal consistency was moderate to high. This is a multinational, multilingual, consensus-based survey instrument, which can be used to estimate prevalence of child victimisation so that the scope of the problem can be understood, which will help set national and local priorities for child protection.

Keane, C. and Chapman, R. 2008. Evaluating nurses' knowledge and skills in the detection of child abuse in the emergency department. *International Emergency Nursing* 16(1) 5-13

<https://www.ncbi.nlm.nih.gov/pubmed/18519048>

This paper, set in Australia, recognises that child abuse is on the increase, and that nurses working in emergency departments (ED) have an important role in breaking the

cycle of abuse. If child abuse is not prevented, then longer term, more serious injury may occur, or even death. Furthermore, children who have endured abuse are more likely to suffer from long-term development issues. However, many cases are going undetected in the ED, and while nurses are often the first person to see the suspected victim, they often do not have the skills to recognise the signs of abuse. This needs to be addressed to prevent victims being returned to an environment, where they face further abuse.

Kopp, B. and Miltenberger, R. G. 2008. Evaluating the validity and social acceptability of child sexual abuse prevention skill measures. *Child and Family Behavior Therapy* 30(1) 1-11

http://www.tandfonline.com/doi/abs/10.1300/J019v30n01_01

The purpose of this research was to evaluate the effectiveness of the use of role-play in teaching young children about CSA prevention. Surveys were sent to 97 child protective service workers, asking them to rate the validity and acceptability of 35 scenarios aimed at 10-year-old children. Twenty-three surveys were returned and rated the scenarios as realistic to very realistic, and appropriate to the target audience.

Werner, J. and Werner, M. C. M. 2008. Child sexual abuse in clinical and forensic psychiatry: A review of recent literature. *Current Opinion in Psychiatry* 21(5) 499-504

<https://www.ncbi.nlm.nih.gov/pubmed/18650695>

Diagnosis of CSA is very complex, as while the medical examination provides some evidence, the majority depends on the original allegation. This paper highlights the need for highly trained forensic child and adolescent practitioners, who are experienced in the use of appropriate diagnostic instruments. Decisions must be documented against the instruments used to make the diagnosis, as this will ensure legal validity and ensure that alleged victims do not have to go through the process again. Changes in this area, for example, sexual offences via the internet, require new ways of diagnosing CSA, and child protection experts need to be prepared for future ethical and forensic dilemmas that might arise.

Goldbeck, L., Laib-Koehnemund, A. and Fegert, J. M. 2007. A randomised controlled trial of consensus-based child abuse case management. *Child Abuse and Neglect* 31(9) 919-933

<https://www.ncbi.nlm.nih.gov/pubmed/17870161>

Set in the German child welfare and healthcare system, this randomised controlled trial evaluated the impact of expert-assisted case management compared to case management as usual. Case workers from different sectors (social workers, counsellors, clinic-based and office-based psychotherapists, and physicians) took part

in the study. Eighty child protection cases were randomly assigned to either the expert-assisted case management or case management as usual groups.

The victims were aged between 0 and 18 years, and had experienced, or allegedly experienced, physical, sexual, or emotional abuse, and/or neglect. The aim of the study was to see if the involvement of an external expert on child abuse might change the case workers' perception of the evidence for abuse. Case workers who had expert assistance did feel more satisfied with the perceived degree of child protection, and there were significantly fewer legal prosecutions of the perpetrators.

Hodge, D. R. and Lietz, C. A. 2007. The international sexual trafficking of women and children: A review of the literature. *Affilia: Journal of Women and Social Work* 22(2) 163-174

<http://aff.sagepub.com/content/22/2/163>

This review of the literature around the trafficking of young women and children for prostitution and other forms of sexual exploitation, was written to inform social workers so that they can improve the services they provide to victims of trafficking. It looks at the role played by criminal networks, and the strategies they apply to recruit victims.

Marcum, C. D. 2007. Interpreting the intentions of internet predators: An examination of online predatory behavior. *Journal of Child Sexual Abuse* 16(4) 99-114

<https://www.ncbi.nlm.nih.gov/pubmed/18032248>

This is an exploration of how predators use the internet to prey on vulnerable young people by approaching them in chat rooms, where they lead them into sexual activities. Three transcripts were analysed from internet chat rooms, where adult predators conversed with members of the group Perverted Justice who were posing as young people. This research showed how cyber-sexual offending against children is on the increase, and describes the blatant methods used by perpetrators to reach vulnerable children and manipulate them.

Cronch, L. E., Viljoen, J. L. and Hansen, D. J. 2006. Forensic interviewing in child sexual abuse cases: Current techniques and future directions. *Aggression and Violent Behavior* 11(3) 195-207

<http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1005andcontext=psychfacpub>

This paper explores the best methods for interviewing victims of CSA, and identifies factors, such as interviewer and child characteristics, that influence disclosure during interviews. Effective forensic interviewing skills protect the victims, while ensuring that the evidence against the perpetrator is sufficiently robust to lead to a conviction. Different interview techniques are discussed, including the Child Advocacy Center (CAC) model, which prevents repeated interviewing. CACs already provide safe, child-

friendly settings for children and families where the interviews can take place. The authors talk about the limitations of the research, and make recommendations for interviewers.

Perry, K. 2006. To what extent are social work students in England and Denmark equipped to deal with child sexual abuse? A comparative discourse analysis between English and Danish social work education in relation to child sexual abuse. *European Journal of Social Work* 9(3) 375-377

https://www.ucviden.dk/portal/files/13622569/PAPER_To_What_Extent_are_Social_Work_Students_in_England_and_Denmark_Equipped_to_Deal_with_Child_Sexual_Abuse.pdf

Pre- and post-qualifying social work education should teach social workers how to appropriately and effectively intervene where a child is at risk. They are there throughout the process from identification, protection, treatment, to providing support for the families and victims, helping them to recover, returning to the community or removal to a safer environment, and with the prosecution process. The decisions made by social workers will affect the child for the rest of their life, and the consequences of misjudgement or non-action are very serious and life-changing.

Speight, N. 2006. Child abuse. *Current Paediatrics* 16(2) 100-105

[http://www.paediatricsandchildhealthjournal.co.uk/article/S0957-5839\(05\)00172-7/abstract](http://www.paediatricsandchildhealthjournal.co.uk/article/S0957-5839(05)00172-7/abstract)

Child abuse can be defined as 'anything that hinders the optimal development of the child'. It includes physical, emotional, and sexual abuse, and neglect, and effective paediatric care can change a child's life for the better, giving them greater outcomes for the future. This paper looks at the importance of supporting paediatricians who are involved in child protection work, as it is a particularly challenging area to work in.

Vandeven, A. M. and Newton, A. W. 2006. Update on child physical abuse, sexual abuse, and prevention. *Current Opinion in Pediatrics* 18(2) 201-5

<https://www.ncbi.nlm.nih.gov/pubmed/16601504>

This is a questionnaire survey which was carried out among primary care paediatricians working in Alabama, to find out more about their perceived competence to conduct sexual or physical abuse examinations. Out of the paediatricians who did not feel they were competent to carry out these examinations, 27% were still called on to carry out examinations on suspected victims of sexual abuse, and 19% on suspected victims of physical abuse. Respondents also said that they would be willing to carry out these examinations for a specific amount of time per week or month, for \$200 per examination, but they would value more training in this area.

Arnold, D. H., Spiro, D. M., Nichols, M. H., et al. 2005. Availability and perceived competence of pediatricians to serve as child protection team medical consultants: A survey of practicing pediatricians. *Southern Medical Journal* 98(4) 423-428

<https://www.ncbi.nlm.nih.gov/pubmed/15898517>

Hill, S. 2005. Partners for protection: a future direction for child protection. *Child Abuse Review* 14(5) 347-364

<http://onlinelibrary.wiley.com/doi/10.1002/car.907/full>

This paper describes a group-based, educational and therapeutic approach, aimed at female, non-abusing carers, to help them protect children from sexual abuse. It looks at the issues faced by women in terms of implementing child protection procedures, and how agencies should work together.

Policy development and service delivery

Results from 2019 literature search

Mathews B. A taxonomy of duties to report child sexual abuse: Legal developments offer new ways to facilitate disclosure. *Child Abuse and Neglect*. 2019; 88:337-47

<https://www.sciencedirect.com/science/article/pii/S0145213418304472>

Background: CSA is undisclosed for many reasons that are resistant to change. Citizens can play an important role in disclosing cases of CSA to authorities. Professionals who deal with children also play a crucial role. Office-holders in organisations have a clear responsibility to prevent cover-ups of sexual abuse. Recently, some countries have created important new legal duties for adults to disclose CSA.

Objective(s): This article creates a contemporary taxonomy of duties to disclose cases of CSA, and explains their nature and justification. Participants and setting: Citizens, professionals dealing with children in the course of their work, and managers of child and youth-serving organisations.

Method(s): Legal analysis created a taxonomy of reporting duties. Analysis of these duties from perspectives of criminal jurisprudence, public health law, children's rights and ethics considered their justification.

Result(s): Seven legal duties now exist, in criminal law, civil law and child protection law. Some apply to all citizens; others to managers in organisations; others to professionals dealing with children in the course of their work. All the duties are directed to early detection of cases; some are directed towards prevention; and some are focused on avoidance of institutional corruption.

Conclusion(s): These developments represent historic progress in overcoming normally intractable barriers to disclosure of cases of CSA. New legal duties are consistent with principles from criminal jurisprudence, public health law, children's rights and ethics. Where adopted, societies should ensure the creation and maintenance of ecological conditions in which these duties can be observed.

Seth R. Child sexual abuse & the development of a national child protection medical professional network. *Current Medicine Research and Practice*. 2018; 8(4):138-41

<https://www.sciencedirect.com/science/article/pii/S235208171830103X>

Sexual abuse of children is of serious dimensions in India and worldwide. It may present in various forms of physical violence, mental abuse, rape, incest and other pervert sexual behaviours. The exact figures of sexual abuse in children are far greater than reported. Every effort must be made to sensitise the doctors, paramedical staff and general public to actively look for any evidence of abuse in children and report to the

concerned authorities. Role of media in highlighting this problem in the right perspective is important. Various strategies for prevention of children from sexual abuse should be planned and stringent punitive measures enforced. Various organisations like World Health Organization (WHO), United Nations (UN) and India Academy of Pediatrics (IAP) are actively involved in formulation of management guidelines and prevention of sexual abuse in children.

Scottish Government. National action plan to prevent and tackle child sexual exploitation: Progress report 2017/18. 2018

<https://www.gov.scot/publications/national-action-plan-prevent-tackle-child-sexual-exploitation-progress-report-9781788517010/>

The second annual progress report for the national action plan to prevent and tackle CSE.

Perrigo JL, Berkovits LD, Cederbaum JA, Williams ME, Hurlburt MS. Child abuse and neglect re-report rates for young children with developmental delays. *Child Abuse & Neglect*. 2018; 83:1-9

<https://www.sciencedirect.com/science/article/abs/pii/S0145213418302369>

The study objective was to examine the likelihood and magnitude of child abuse and neglect (CAN) re-reports for young children (0-71 months) with delays in cognitive, language, and adaptive development, compared to typically developing children. The National Survey of Child and Adolescent Well-Being (NSCAW II), a nationally representative and longitudinal survey, was used to examine CAN re-reports at 2 follow-up waves, 18- and 36-months post baseline assessments.

Logistic regression models were employed to determine the correlation between number of developmental delays and a CAN re-report at waves 2 and 3. Results indicate that children with 3 or more domains of delays had odds 4.73-times higher than children without developmental delays of re-report to CPS at wave 2 but not at wave 3. In this study, children with multiple developmental delays have elevated rates of CAN re-reports when compared to typically developing children. Allocation of child welfare resources should include strategies for preventing maltreatment risk among children with developmental delays.

Jay A, Evans M, Frank I, Sharpling D. Interim report of the independent inquiry into child sexual abuse. *Independent Inquiry Child Sexual Abuse*. 2018; April

<https://www.iicsa.org.uk/key-documents/5368/download/full-interim-report-independent-inquiry-into-child-sexual-abuse.pdf>

The Inquiry recognises that some people who have been sexually abused identify as victims, and others as survivors of sexual abuse. For this reason it uses the phrase 'victim and survivor' when referring to someone who indicates that they have been

sexually abused. However, the term 'complainant' is used in the context of the Inquiry's public hearings when referring to a victim or survivor where the fact of the abuse has not been formally established. This report includes a number of accounts from victims and survivors. These accounts have been anonymised or pseudonyms have been used to ensure that victims and survivors cannot be identified.

Independent Inquiry Child Sexual Abuse. Child migration programmes: Investigation report. 2018

<https://www.iicsa.org.uk/key-documents/4265/view/child-migration-programmes-investigation-report-march-2018.pdf>

This report sets out the results of the Inquiry's investigation into the experiences of child migrants, and the extent to which institutions took sufficient care to protect these children from sexual abuse. The investigation also examined the extent to which the institutions involved knew, or should have known, about the sexual abuse of child migrants and how they have responded to any such knowledge. Finally, it considered the adequacy of support and reparations for sexual abuse, if any, which have been provided by the institutions concerned.

Although the focus of the Inquiry is on sexual abuse, the accounts of other forms of abuse provide an essential context for understanding the experiences of child migrants.

Ijadi-Maghsoudi R, Bath E, Cook M, Textor L, Barnert E. Commercially sexually exploited youths' health care experiences, barriers, and recommendations: A qualitative analysis. *Child Abuse & Neglect*. 2018; 76:334-41

<https://www.ncbi.nlm.nih.gov/pubmed/29195171>

The current study sought to understand commercially sexually exploited CSE youths' health care experiences, barriers to care, and recommendations for improving health care services. We conducted focus groups (N=5) with 18 CSE youth from February 2015 through to May 2016 at 2 group homes serving CSE youth in southern California. We performed thematic content analysis to identify emergent themes about CSE youths' perspectives on health care. Youth described facilitators to care, including availability of services such as screening for sexually transmitted infections, knowledge about sexual health, and a strong motivation to stay healthy. Barriers included feeling judged, concerns about confidentiality, fear, perceived low quality of services, and self-reliance.

Overall, youth emphasised self-reliance and 'street smarts' for survival and de-emphasised 'victimhood' which shaped their interactions with health care, and recommended that health providers develop increased understanding of CSE youth. Our findings suggest that providers and community agencies can play an essential role in raising awareness of the needs of CSE youth and meet their health needs through

creating a non-judgmental environment in health care settings that validates the experiences of these youth.

Burbridge-James W. Childhood sexual abuse: Disclosure and mandatory reporting – ethical and clinical implications. *BJPsych Advances*. 2018;24(2):141-4

<https://doi.org/10.1192/bja.2017.33>

The widespread nature of CSA is increasingly recognised and in the public domain following high-profile cases. Children and vulnerable people need protecting from such abuse. At the heart of the dilemma facing clinicians is the need to feel supported by the legislative framework to maintain confidentiality and use their clinical discretion in the best interests of their patients, ensuring that they receive the help they need, but also protecting others at risk. There are compelling arguments both for and against strengthening legislation to improve child protection. Learning objectives help to understand:

- the context for the potential introduction of mandatory reporting.
- the arguments for and against mandatory reporting of childhood, including historic, sexual abuse.
- and reflect on the implications of mandatory reporting of childhood, including historic, sexual abuse for readers clinical practice

Bracewell TE. Outcry consistency and prosecutorial decisions in child sexual abuse cases. *Journal of Child Sexual Abuse*. 2018; 27(4):424-38

<https://www.ncbi.nlm.nih.gov/pubmed/29775169>

This study examines the correlation between the consistency in a child's sexual abuse outcry and the prosecutorial decision to accept or reject cases of CSA. Case-specific information was obtained from 1 Texas CAC on all cases from 2010 to 2013. After the needed deletion, the total number of cases included in the analysis was 309. An outcry was defined as a sexual abuse disclosure. Consistency was measured at both the forensic interview and the sexual assault exam. Logistic regression was used to evaluate whether a correlation existed between disclosure and prosecutorial decisions. Disclosure was statistically significant. Partial disclosure (disclosure at one point in time and denial at another) versus full disclosure (disclosure at 2 points in time) had a statistically significant odds ratio of 4.801. Implications are discussed, specifically, how the different disciplines involved in child protection should take advantage of the expertise of both forensic interviewers and forensic nurses to inform their decisions.

Bermudez LG, Williamson K, Stark L. Setting global research priorities for child protection in humanitarian action: Results from an adapted CHNRI exercise. *PLoS ONE*. 2018;13(8): e0202570

<https://doi.org/10.1371/journal.pone.0202570>

Background: Armed conflict, natural disaster, and forced displacement affect millions of children each year. Such humanitarian crises increase the risk of family separation, erode existing support networks, and often result in economic loss, increasing children's vulnerability to violence, exploitation, neglect, and abuse. Research is needed to understand these risks and vulnerabilities and guide donor investment towards the most effective interventions for improving the well-being of children in humanitarian contexts.

Methods: The Assessment, Measurement and Evidence (AME) Working Group of the Alliance for Child Protection in Humanitarian Action (ACPHA) identified experts to participate in a research priority setting exercise adapted from the Child Health and Nutrition Research Initiative (CHNRI). Experts individually identified crucial areas for research investment which were subsequently ranked by participants using a Likert scale. Research Priority Scores (RPS) and Average Expert Agreement (AEA) were calculated for each identified research topic, the top 15 of which are presented within this paper.

Results: Intervention research, which aims to rigorously evaluate the effectiveness of standard child protection activities in humanitarian settings, ranked highly. Child labour was an important area of sector research with 2 of the top 10 priorities examining the practice. Respondents also prioritised research efforts to understand how best to bridge humanitarian and development efforts for child protection as well as identifying most effective way to build the capacity of local systems in order to sustain child protection gains after a crisis.

Conclusions: Rigorous, scientific research that assesses the scope of child protection risks, examines the effectiveness of interventions to improve child well-being, and translates evidence to practice is critical. Findings from this research priority setting exercise offer guidance for a global research agenda on child protection in humanitarian settings, encouraging cooperation among donors, implementers, and academics to pursue a coordinated approach to evidence generation (copyright © 2018 Bermudez et al). This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Azzopardi C, Eirich R, Rash CL, MacDonald S, Madigan S. A meta-analysis of the prevalence of child sexual abuse disclosure in forensic settings. *Child Abuse and Neglect*. 2018; December

<https://doi.org/10.1016/j.chiabu.2018.11.020>

Background: Identification, substantiation, prosecution, and treatment of CSA often rely heavily on a disclosure from the victim in the absence of corroborating evidence. For some, disclosure can be impeded by developmental or motivational barriers, thus compromising child safety and well-being. The literature on disclosure prevalence and mitigating influences does not yield a coherent picture. A more accurate estimate will help to inform investigation strategies to facilitate disclosure.

Objective(s): This study provides a meta-analysis of available research examining the prevalence of sexual abuse disclosure in forensic interviews with children under 18 years old, and examines a range of factors that may influence the likelihood of disclosure.

Method(s): Databases were searched for published and unpublished studies up to May 2017. In total, 2,393 abstracts were assessed for eligibility, 216 full-text articles were reviewed, and 45 samples (with 31,225 participants) provided estimates of effect sizes.

Result(s): The mean prevalence of CSA disclosure in forensic settings was 64.1% (95% CI: 60.0-68.1). Between-study variability was explained by:

- child age and gender, with higher prevalence in older children and females
- prior disclosure, with higher prevalence when present
- study year, with higher prevalence in more recent studies

Conclusion(s): This meta-analysis confirms an upward trend in CSA disclosure prevalence. However, more than a third of children do not disclose when interviewed, with those who are younger, male, and without a prior disclosure at greatest risk. Important implications for forensic interviewing protocols and future research are discussed (copyright © 2018 Elsevier Ltd).

Wright K, Swain S, McPhillips K. The Australian Royal Commission into Institutional Responses to Child Sexual Abuse. *Child Abuse & Neglect*. 2017; 74:1-9

<https://www.ncbi.nlm.nih.gov/pubmed/29037437>

The Royal Commission into Institutional Responses to Child Sexual Abuse is the largest royal commission in Australia's history and one of the largest public inquiries into institutional child abuse internationally. With an investment from the Australian government of \$0.5 billion, it examined how institutions with a responsibility for children, both historically and in the present, have responded to allegations of CSA. Announced in the wake of previous Australian and international inquiries, public scandals and lobbying by survivor groups, its establishment reflected increasing recognition of the often lifelong and intergenerational damage caused by childhood sexual abuse and a strong political commitment to improving child safety and wellbeing in Australia. This article outlines the background, important features and innovations of this landmark

public inquiry, focusing in particular on its extensive research programme. It considers its international significance and also serves as an introduction to this special edition on the Australian Royal Commission, exploring its implications for better understanding institutional CSA and its impacts, and for making institutions safer places for children in the future.

Wright K. Remaking collective knowledge: An analysis of the complex and multiple effects of inquiries into historical institutional child abuse. *Child Abuse & Neglect*. 2017; 74(December):10-22

<https://doi.org/10.1016/j.chiabu.2017.08.028>

This article provides an overview and critical analysis of inquiries into historical institutional child abuse and examines their multiple functions and complex effects. The article takes a broadly international view but focuses primarily on Australia, the UK and Ireland, jurisdictions in which there have been major national inquiries. Drawing on sociological and other social science literature, it begins by considering the forms, functions, and purposes of inquiries. An overview of emergent concerns with institutional abuse in the 1980s and 1990s is then provided, followed by an examination of the response of many governments since that time in establishing inquiries. Important findings and recommendations are considered.

The final sections of the article explore the evaluation of inquiries, both during their operation and in their aftermath. Policy change and legislative reform are discussed but the focus is on aspects often underplayed or overlooked, including an inquiry's credibility, its role in processes of knowledge production, and the part it plays in producing social and cultural shifts. In the context of growing numbers of inquiries across Western democracies, including the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, it is argued that grasping the complexity of the inquiry mechanism, with its inherent tensions and its multiple effects, is crucial to evaluating inquiry outcomes.

Smallbone S. The impact of Australia's Royal Commission on child- and youth-serving organizations. *Child Abuse & Neglect*. 2017; 74:99-102

<https://www.ncbi.nlm.nih.gov/pubmed/28967433>

This commentary considers the impact to date of Australia's Royal Commission into Institutional Responses to CSA on child- and youth-serving organisations, particularly its influence on organisations' efforts to create and maintain 'child safe, child friendly' cultures, policies and practices. Opportunities and challenges for organisational leaders are outlined. The commentary calls for more involvement by researchers in empirical research that is relevant to the causes and prevention of abuse in organisations, and for findings to be disseminated in ways that are useful to organisations.

Seth R, Srivastava RN. Child sexual abuse: Management and prevention, and Protection of Children from Sexual Offences (POCSO) Act. *Indian Pediatrics*. 2017; 54(11):949-53

<https://www.ncbi.nlm.nih.gov/pubmed/29217802>

CSA is an alarming reality and is being increasingly reported in India as well as globally. Pediatricians and allied medical professionals are often the first point of contact with abused children and their families. They have an important role in detecting CSA, providing immediate and long-term care and support to the victims and their families. India has adopted the Protection of Children from Sexual Offences Act (POCSO) in 2012. It is a comprehensive law on sexual abuse, which expands the scope and range of forms of sexual offences, makes reporting of abuse mandatory and defines guidelines for the examination of victims. Pediatricians and health care professionals need to acquire necessary expertise for clinical evaluation of CSA, and its prevention, management and reporting.

Palmer D, Feldman V. Toward a more comprehensive analysis of the role of organizational culture in child sexual abuse in institutional contexts. *Child Abuse & Neglect*. 2017; 74:23-34

<https://doi.org/10.1016/j.chiabu.2017.08.004>

This article draws on a report prepared for the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (Palmer et al., 2016) to develop a more comprehensive analysis of the role that organisational culture plays in CSA in institutional contexts, where institutional contexts are taken to be formal organisations that include children among their members (referred to here as 'youth-serving organisations').

We begin by integrating 5 strains of theory and research on organisational culture from organisational sociology and management theory into a unified framework for analysis. We then elaborate the main paths through which organisational culture can influence CSA in youth-serving organisations. We then use our unified analytic framework and our understanding of the main paths through which organisational culture can influence CSA in youth-serving organisations to analyse the role that organisational culture plays in the perpetration, detection, and response to CSA in youth-serving organisations. We selectively illustrate our analysis with case materials compiled by the Royal Commission into Institutional Responses to CSA and reports of CSA published in a variety of other sources. We conclude with a brief discussion of the policy implications of our analysis.

Morton S. Getting evidence into action to tackle institutional child abuse. *Child Abuse & Neglect*. 2017; 74:111-4

<https://www.sciencedirect.com/science/article/abs/pii/S0145213417304003>

The Australian Royal Commission into Institutional Responses to Child Sexual Abuse is an example of a government response to survivors' demands to address the harm they suffered. It is also a major response by a national government to improve child safety in the future. Facing up to child abuse is difficult and in other countries similar inquiries have suffered delays and derailing. This commentary uses an evidence-to-action lens to explore why clear evidence of CSA may be ignored and sidelined. It argues that where evidence challenges the powerful, is surprising and shocking, or undercuts current institutional and policy arrangements, then that evidence is likely to be ignored, undermined or refuted – all factors which are present in the case of historical institutional CSA.

Moore TP. Children and young people's views on institutional safety: It's not just because we're little. *Child Abuse & Neglect*. 2017; 74:73-85

<https://www.ncbi.nlm.nih.gov/pubmed/28886870>

The Australian Royal Commission into Institutional Responses to Child Sexual Abuse has set in motion a number of systemic and organisational approaches to identify and respond to CSA. These include increased child abuse awareness, developing and enhancing child-safe organisational cultures and policies and more thorough screening and supervision of staff in child and youth serving organisations. Although these advances should be applauded, many of the concerns that children and young people have raised about interpersonal safety have not been fully addressed. There is therefore a risk that children's physical, relational, generational, and organisational powerlessness are reinforced through child-safe practices that restrict their meaningful participation, ignore their agency and capacity and fail to respond to their felt safety needs or wishes.

This paper presents the findings of a qualitative research project conducted with 121 Australian children and young people and presents their perspectives on issues of vulnerability and the ways that they would like adults and institutions to respond to their safety concerns. The value of adult-child alliances, of formal mechanisms that are child-friendly and accessible and having external agencies monitor and review institutional strategies to preventing harm are discussed.

Mian M, Collin-Vezina D. Adopting a public health approach to addressing child sexual abuse and exploitation. *Child Abuse & Neglect*. 2017; 66:152-4

<https://www.sciencedirect.com/science/article/abs/pii/S0145213417300832?via%3Dihub>

The WHO adopted the public health approach in addressing violence prevention. This approach involves 4 interrelated steps.

1. Identification of the nature and extent of the problem.
2. Identification of the underlying causes and risk factors.
3. Design and testing of interventions that address the underlying causes and risk factors.
4. Scaling up and monitoring of effective interventions by their integration into policies and programmes.

The papers included in this special issue provide insights into the application of these steps to address the problem of child sexual abuse and exploitation (CSA/E). With regards to the first step that is to identify the nature and extent of the problem, the first challenge, then, in addressing the problem of CSA/E is to define what it is and how big a problem it is in various parts of the world. In the WHO Consultation on Child Abuse Prevention (p.15) the following definition was formulated for sexual abuse:

“CSA is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. CSA is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.”

This may include, but is not limited to, the:

- inducement or coercion of a child to engage in any unlawful sexual activity
- exploitative use of child in prostitution or other unlawful sexual practices
- exploitative use of children in pornographic performances and materials

Mathews B. Optimising implementation of reforms to better prevent and respond to child sexual abuse in institutions: Insights from public health, regulatory theory, and Australia's Royal Commission. *Child Abuse & Neglect*. 2017; 74(December):86-98

<https://www.sciencedirect.com/science/article/pii/S0145213417302624>

The Australian Royal Commission Into Institutional Responses to Child Sexual Abuse has identified multiple systemic failures to protect children in government and non-government organisations providing educational, religious, welfare, sporting, cultural, arts and recreational activities. Its recommendations for reform will aim to ensure organisations adopt more effective and ethical measures to prevent, identify and respond to CSA. However, apart from the question of what measures institutions should adopt, an under-explored question is how to implement and regulate those measures.

Major challenges confronting reform include the diversity of organisations providing services to children; organisational resistance; and the need for effective oversight. Failure to adopt theoretically sound strategies to overcome implementation barriers will jeopardize reform and compromise reduction of institutional CSA.

This article first explains the nature of the Royal Commission, and focuses on important findings from case studies and data analysis. It then analyses public health theory and regulatory theory to present a novel analysis of theoretically justified approaches to the implementation of measures to prevent, identify and respond to CSA, while isolating challenges to implementation. The article reviews literature on challenges to reform and compliance, and on prevention of institutional CSA and situational crime prevention, to identify measures which have attracted emerging consensus as recommended practice.

Finally, it applies its novel integration of regulatory theory and public health theory to the context of CSA in institutional contexts, to develop a theoretical basis for a model of implementation and regulation, and to indicate the nature and functions of a regulatory body for this context.

Marsden H. Journey to justice: Prioritising the wellbeing of children involved in criminal justice processes related to sexual exploitation and abuse. Barnardo's. 2017; September

http://www.barnardos.org.uk/journey_to_justice_full_report.pdf

We have recently conducted research with young people, parents, practitioners and police to understand the needs of CSE victims as they go through the criminal justice system. While there have been many positive developments in improving this process for child victims of sexual abuse, there is still a lack of dedicated support for victims of CSE going through the criminal justice process. Our research showed that victims can find going through the criminal justice system a traumatic process.

A single, independent practitioner was crucial to the promotion of their wellbeing and to reduce the potential for their re-traumatisation as far as possible. Barnardo's research with victims of CSE showed that young people needed support through 4 crucial points in the criminal justice process. These are: disclosure and police investigation, Crown Prosecution Service decision, preparation for the trial and during the trial, and the verdict and moving on.

Hamilton MA. The barriers to a national inquiry into child sexual abuse in the United States. *Child Abuse & Neglect*. 2017; 74:107-10

<https://www.ncbi.nlm.nih.gov/pubmed/29102439>

There is an often overlooked but critical factor at the centre of institutional CSA that must be acknowledged and addressed: adults tend to place the interest of institutions and other adults above the protection of children. As the Australian Royal Commission

into Institutional Responses to CSA has shown, this phenomenon is evident across institutional settings and any institutional reform aimed at improving child safety must therefore guard against this tendency if it is to be effective in protecting children. In the United States there are also other barriers to dealing with CSA in institutional contexts. State government responses to the challenges of CSA have varied. However, the federal government has been silent on the problem of religious institutional sexual abuse. This commentary considers how the politics of religious liberty in the United States inhibits action by protecting institutions that cover up CSA.

Dickson S, Willis GM. Primary prevention of sexual violence in Aotearoa New Zealand. *Sexual abuse: a journal of research and treatment*. 2017;29(2):128-47

<https://journals.sagepub.com/doi/abs/10.1177/1079063215583852>

The extensive and sometimes profoundly damaging effects of sexual violence and large numbers of victims necessitate dedicated attention to primary prevention efforts. Few studies have examined the scope of current prevention activities or their fit with empirical research into effective prevention strategies. The current article presents findings from a survey of primary prevention activities in non-Maori and bicultural communities within Aotearoa New Zealand. Forty-four respondents representing 42 agencies responded to a comprehensive survey that canvassed types of sexual violence primary prevention activities undertaken, sexual violence primary prevention programmes, and barriers and supports to sexual violence prevention work. Consistent with findings from previous international surveys, the focus of primary prevention work in New Zealand was on sexual violence education and increasing awareness. Findings are discussed in the context of the sexual violence prevention literature and what works in prevention more broadly to help identify promising initiatives as well as gaps in current practices. Recommendations for advancing sexual violence primary prevention research are also provided.

de Jong IM, Kupper F, de Ruitter C, Broerse J. A paedophile scan to prevent child sexual abuse in child care? A thought experiment to problematize the notion of alignment in Responsible Research and Innovation. *Life Sciences, Society and Policy*. 2017;13(1):2

<https://www.ncbi.nlm.nih.gov/pubmed/28247250>

Responsible Research and Innovation (RRI) is a science policy concept that gained traction from 2000 onwards in the EU and US, in which alignment on purposes and values between different stakeholders is an important aspect. This thought experiment problematizes this particular notion: ethically acceptable and societally desirable outcomes are not necessarily achieved when alignment is a consequence of early closure.

To argue this point, we took the example of the potential development of scanning technology for the detection of paedophilia among job applicants, for which indicators of

broad societal support were found in an RRI project on neuroimaging. We analysed this case by looking through several lenses, obtained by structured and non-structured literature searches. We explored how facts and values are masked when a taboo topic is considered. This results in the black boxing of the problem definition, potential solutions and development trajectories. Complex unstructured problems can thus be perceived as manageable structured problems, which can in turn lead to irresponsible policies surrounding technology development.

Responsible processes of research and technology development thus require the involvement of a critical reflector who is alert to signs of early closure and who prevents foreclosure of ongoing reflexive deliberation. There is an important role for ethical, legal and societal aspect studies within the framework of RRI. This paper shows that the concepts of 'value/fact diversity masking' and 'early discursive closure' are new avenues for RRI research.

Bovarnick S, Scott S, Pearce J. Direct work with sexually exploited or at risk children and young people: A rapid evidence assessment. Barnardo's. 2017; January

http://www.barnardos.org.uk/work_with_exploited_or_at_risk_rea.pdf

This review is intended to provide Barnardo's with an overview of what 'direct work' with young people entails in the context of CSE. Part 1 explores the nature, types and contexts of direct work and gives an overview of the range of risks and vulnerabilities that direct work typically addresses. Part 2 focuses on the journey of direct work with young people in greater detail and outlines 6 core elements of direct interventions.

Berry LJ, Tully RJ, Egan V. A case study approach to reducing the risks of child sexual exploitation (CSE). *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*. 2017;26(7):769-84

<https://www.ncbi.nlm.nih.gov/pubmed/28857724>

The risk of CSE is a growing concern, both within community and child care settings. Within community services working with vulnerable young people, the risks of exploitation are pervasive and present a constant management problem for professionals. This makes the need for focused educational interventions within such settings all the more vital. This case study aims to describe the assessment, formulation, intervention, and outcomes of a young female considered to be at risk of sexual exploitation. It was hypothesised that, after completion of a psychoeducational group designed to enhance knowledge and skills around CSE, positive outcomes would be seen in psychometric assessment, risk-taking behaviour, and risk awareness.

Results demonstrated no clinically significant change for measures of impulsivity, resourcefulness, or self-reported difficulties. A significant increase was seen for self-reported self-esteem, and all outcomes revealed a positive direction of change. Observational accounts of behavioural and attitudinal change produced more positive

results, revealing an increase in prosocial behaviours and a reduction in risk-taking behaviours. Outcomes are discussed in relation to the individual's history and the residential care environment. Implications for future research and practice are outlined, and the study limitations are considered.

The Scottish Government. National action plan to prevent and tackle child sexual exploitation: Update. 2016

<https://www2.gov.scot/Resource/0049/00497283.pdf>

CSE is a complex crime which happens in person or online or a combination of both. It can affect girls and boys from any background or community. Perpetrators are often well organised and use sophisticated tactics to manipulate children and young people and evade detection. Young people may not understand the exploitative nature of the experience until months or even years later which makes identification of victims more difficult. We know that young people who are sexually exploited are sometimes viewed negatively and that they are not always recognised as victims of abuse.

Preventing and tackling sexual exploitation requires a co-ordinated multi-agency response. Children and young people need information to help them build resilience and make safe choices. Parents and carers need information about how to talk to their children and how to recognise the signs that their child may be at risk. Practitioners must be equipped with the knowledge and skills to recognise sexual exploitation and respond appropriately. This must be accompanied by work to detect, disrupt and prosecute perpetrators and reduce reoffending.

Smeaton E. Going the extra mile. Barnardo's. 2016;May

http://www.barnardos.org.uk/17561_going_the_extra_mile_23_5_16.pdf

This report presents evidence-based learning from an evaluation of Barnardo's SECOS (Sexual Exploitation Children's Outreach Service) CSE service based in Middlesbrough. This report aims to add to existing knowledge about practice responses to CSE through presenting aspects of SECOS' services that work well and including the views and opinions of important stakeholders, including young people, the SECOS project team and external professionals working with SECOS in the local area.

Nathanson D, Woolfenden S, Zwi K. Is there a role for paediatric Sexual Assault Nurse Examiners in the management of child sexual assault in Australia? *Child Abuse & Neglect*. 2016; 59:13-25

<https://www.sciencedirect.com/science/article/abs/pii/S0145213416301430>

In Australia, paediatricians and Child Protection Specialists provide the medical and forensic examinations of child victims of sexual assault. There are workforce challenges

in the recruitment and retention of doctors to undertake child sexual assault CSA work particularly in remote and rural areas. Pediatric Sexual Assault Nurse Examiner (PSANE) programmes have existed in the USA and the UK for many years. Using Rapid Evidence Assessment (REA) methodology, a systematic search of the literature was performed to ascertain what is known about SANE programmes, to evaluate the evidence for their effectiveness across a number of domains (accessibility, health and legal outcomes and cost effectiveness) and to inform policy on models of care and elements of best practice which may be appropriate for local implementation in Australia.

This review showed that despite the limited evidence available and significant gaps in the evidence, SANEs provide a high standard of medical care and are not detrimental to the legal process. By providing recommendations regarding the potential value, effectiveness and feasibility of establishing a PSANE programme in Australia, this article may be of interest to other high income countries facing similar workforce challenges in meeting the needs of children with alleged sexual assault.

Letourneau EJ, Nietert PJ, Rheingold AA. Initial assessment of stewards of children program effects on child sexual abuse reporting rates in selected South Carolina counties. *Child Maltreatment*. 2016;21(1):74-9

<https://www.ncbi.nlm.nih.gov/pubmed/26530898>

CSA prevention programmes often include a focus on increased reporting of suspected abuse, in addition to other prevention components such as helping trainees recognise suspected abusive situations. This study aimed to determine whether the Stewards of Children prevention programme is associated with increased CSA reporting. Analyses examined whether rates of CSA allegations increased over time in 3 counties in South Carolina (SC) targeted with programme dissemination efforts and whether CSA reporting trends differed between the 3 targeted counties and 3 comparison counties that did not experience substantial programme dissemination.

CSA allegation data were obtained by county and year for pre-dissemination and post-dissemination periods from the SC Department of Social Services. Results indicated that, for the targeted counties but not the nontargeted counties, estimated allegation rates increased significantly over time, corresponding with the onset of significant programme dissemination efforts. Results also indicated significant between-groups differences in allegation trends for targeted versus nontargeted counties. These findings suggest that the Stewards prevention intervention may be associated with increased CSA allegations. However, results require replication with randomisation of counties. Moreover, whether increased reporting is associated with decreased CSA incidence remains unknown.

HM Inspectorate of Probation. 'Time to listen'– a joined up response to child sexual exploitation and missing children. 2016; September

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/676421/Time_to_listen___a_joined_up_response_to_child_sexual_exploitation_and_missing_children.pdf

Understanding CSE is not simply about identifying the characteristics of children who are vulnerable to abuse. As recent research shows, it requires a wider perspective and understanding of 'the contexts, situations and relationships in which exploitation is likely to manifest'. Some of these contexts or relationships include, but are not limited to:

- gang-association
- missing from home, care or school
- adolescent mental health issues
- harmful sexual behaviour
- drug and alcohol misuse
- teenage relationship abuse.

D'Arcy K, Thomas R. Nightwatch: CSE in plain sight: Final evaluation report. The International Centre Researching Child Sexual Exploitation, Violence and Trafficking. 2016; December

http://www.barnardos.org.uk/nightwatch_cse_in_plain_sight.pdf

The aim of Nightwatch was to safeguard children and young people from CSE by increasing awareness of CSE among businesses and services working in the night time economy (NTE); by developing strategies, in co-production with these businesses and others, to identify and protect children at risk at night; and by intervening early by providing advice, support, training and guidance. Positive evidence from the case studies in this report demonstrate the overall effectiveness of the Nightwatch initiative.

Brown S, Brady G, Franklin A, Bradley L, Kerrigan N, Sealey C. Child sexual abuse and exploitation: Understanding risk and vulnerability. Early Intervention Foundation. 2016; August

<https://www.eif.org.uk/files/pdf/child-sexual-abuse-and-exploitation-understanding-risk-and-vulnerability.pdf>

In order to provide policy makers and practitioners with an assessment of the best evidence for identifying and appraising risk indicators for CSA and CSE, a REA was undertaken to establish:

- what is known about indicators that suggest a child under the age of 18 is at heightened (or reduced) risk of becoming a victim of CSA or CSE in its various forms

- what is known about indicators that suggest a child under the age of 18 may be at heightened (or reduced) risk of perpetrating CSA/CSE in the future and may benefit from preventative support including the use of social media to identify indicators of risk
- the suitability of risk assessment tools and checklists in light of these above findings to identify future potential victims/perpetrators of CSA/CSE

The aim was to help support early intervention and safeguard children and young people.

Wissink IB, van Vugt E, Moonen X, Stams G-JJM, Hendriks J. Sexual abuse involving children with an intellectual disability (ID): a narrative review. *Research in Developmental Disabilities*. 2015;36:20-35

<https://doi.org/10.1016/j.ridd.2014.09.007>

The current paper provides a narrative review of the literature on sexual abuse, involving children with Intellectual Disability (ID). The 13 articles that were found and met our criteria vary in their definitions of sexual abuse and in how ID was determined. Still, they do paint a general picture concerning the:

- extent of sexual abuse
- nature of the sexual abuse
- institutional reactions following sexual abuse of children with ID

Our findings confirm the greater vulnerability of children with ID to become involved in sexual abuse both as a victim and as a perpetrator, and we discuss ways to help strengthening prevention and intervention methods. Nevertheless, more research is needed, as it is still a rather unexplored topic, which is striking in light of the high vulnerability of this group.

Schwartz HS. Letting kids be kids: Employing a developmental model in the study of domestic minor sex trafficking. *Journal of Applied Research on Children*. 2015;6(1):1-22

<https://files.eric.ed.gov/fulltext/EJ1188520.pdf>

DMST, the exploitation of American minors through such activities as pornography, commercial sexual acts, and stripping, constitutes an egregious human rights violation. Though estimates are imprecise, it is likely that in the United States alone more than 100,000 American minors engage in such activities each year. Minors are recruited young. The average age of entry into sex trafficking is 12 to 14 years old and this average indicates that individuals even younger than 12 are recruited... adolescents, the most common age group to be recruited and thus the most vulnerable.

This information will reveal why pimps and traffickers, keenly attuned to the perverse benefit of exploiting innocence, calculatingly target young, immature, and impressionable boys and girls. As an anonymous vice president of a child advocacy organisation noted, traffickers recognise the developmental process and are thus 'the

most brilliant child psychologists on the planet.' While this article will focus primarily on those who are under pimp-control, the majority of whom are female, the pertinent developmental issues also relate to individuals who engage in survival sex, who were not recruited by a pimp, or who operate independently within the world of commercial sexual exploitation.

Menning C, Holtzman M. Combining primary prevention and risk reduction approaches in sexual assault protection programming. *Journal of American College Health*. 2015;63(8):513-22

<https://www.ncbi.nlm.nih.gov/pubmed/26057603>

Objective: The object of this study is to extend prior evaluations of Elemental, a sexual assault protection programme that combines primary prevention and risk reduction strategies within a single programme.

Participants and methods: During 2012 and 2013, programme group and control group students completed pre-test, post-test, and 6-week and 6-month follow-up surveys assessing sexual attitudes and knowledge as well as experiences with assault.

Results: The results reinforce previous findings that Elemental is effective in reducing sexual assault risk. Programme effects were both direct, in that participation was associated with lower risk of assault, and mediated, in that participation impacted attitudes and beliefs that are empirically linked to risk of later assault.

Conclusions: By combining both primary prevention and risk reduction approaches, Elemental is not only effective at reducing incidences of assault, it is also consistent with a number of recent recommendations for directions in sexual assault prevention programming.

Devries KM, Child JC, Elbourne D, Naker D, Heise L. 'I never expected that it would happen, coming to ask me such questions': Ethical aspects of asking children about violence in resource poor settings. *Trials*. 2015;16(1):1-12

<https://trialsjournal.biomedcentral.com/track/pdf/10.1186/s13063-015-1004-7>

Background: International epidemiological research into violence against children is increasing in scope and frequency, but little has been written about practical management of the ethical aspects of conducting such research in low and middle-income countries. In this paper, we describe our study procedures and reflect on our experiences conducting a survey of more than 3,700 primary school children in Uganda as part of the Good Schools Study, a cluster randomised controlled trial of a school-based violence prevention intervention. Children were questioned extensively about their experiences of physical, sexual, and emotional violence from a range of different perpetrators. We describe our sensitisation and consent procedures, developed based on our previous research experience and requirements for our study setting.

To respond to disclosures of abuse that occurred during our survey, we describe a referral algorithm developed in conjunction with local services. We then describe our experience of actually implementing these procedures in our 2012 survey, based on reflections of the research team. Drawing on 40 qualitative interviews, we describe children's experiences of participating in the survey and of being referred to local child protection services.

Results: Although we were able to implement much of our protocol in a straightforward manner, we also encountered major challenges in relation to the response of local services to children's disclosures of violence. The research team had to intervene to ensure that children were provided with appropriate support and that our ethical obligations were met.

Conclusions: In resource poor settings, finding local services that can provide appropriate support for children may be challenging, and researchers need to have concrete plans and back-up plans in place to ensure that obligations can be met. The merits of mandatory reporting of children's disclosures to local services need to be considered on a case by case basis-in some places this has the potential to do harm. Research teams also must agree on what level of ancillary care will be provided, and budget accordingly. Further practical examples of how to address the challenges encountered in this work are needed, in order to build a consensus on best practices. Trial Registration: NCT01678846 [clinicaltrials.gov], August 24, 2012.

D'Arcy K, Dhaliwal S, Thomas R, Brodie I, Pearce J. Families and Communities Against Child Sexual Exploitation (FCASE) Final Evaluation Report. Barnardo's. 2015

http://www.barnardos.org.uk/university_of_bedfordshire_FCASE_report.pdf

This is the final evaluation report for the Barnardo's FCASE, produced by the International Centre, researching CSE, Violence and Trafficking at the University of Bedfordshire. The programme was launched in April 2013, funded by the Department for Education and concluded in March 2015. The evaluation was undertaken during the same period. The FCASE model has been piloted in 3 sites, which for the purposes of this report have been anonymised and will be referred to using pseudonyms. It consists of the following elements: a structured programme of 6 to 8 weeks direct work with young people and families where a risk of CSE has been identified; delivery of CSE training with professionals; and undertaking community awareness raising. The evaluation has been informed by a range of qualitative data.

The report identifies the elements that work well and some of the challenges in its implementation. This had been done in order to determine good practice in supporting families and communities and embed more effective practice on protecting children and young people, including those in foster care, from sexual exploitation, harnessing the protective factors within a child's family and/or foster home. The learning from the project is intended to help other agencies to implement the FCASE model. An online learning resource is to be produced in order to facilitate this process.

Burke M, McCauley HL, Rackow A, Orsini B, Simunovic B, Miller E. Implementing a coordinated care model for sex trafficked minors in smaller cities. *Journal of Applied Research on Children*. 2015;6(1):1-13

<https://core.ac.uk/download/pdf/46720014.pdf>

Background: Addressing the social and clinical service needs of minors who have been sexually exploited remains a challenge across the United States. While larger metropolitan centres have established shelters and service provision specific for trafficked persons, in smaller cities and more rural settings, survivors of trafficking (especially minors) are usually served by multiple, disparate social service and health providers working across different systems. Sexually-exploited minors present an even greater challenge due to intersections with child welfare and juvenile justice systems, histories of abuse by family that limit placement options, and limited services that address the complex medical, mental health, and psychosocial needs of these youth. Major health organisations have recommended a coordinated care model that integrates the therapeutic and social service needs of trafficked persons including housing and education; implementation of such service provision requires intensive, multi-sectoral collaboration.

Methods: We present 2 case studies from an anti-trafficking coalition established in a smaller urban area.

Findings/Conclusions Multi-sector collaboration requires the development of policies and protocols for addressing the diverse needs (acute and ongoing) of trafficked minors who are often 'dual jurisdiction,' involved in both the juvenile justice and child welfare systems. Principles of care including autonomy, empowerment, protection, and safety may be at odds as systems may approach these youth differently. A clearly identified care coordinator can help navigate across these systems and facilitate communication among service providers while protecting client privacy, confidentiality, and autonomy. Assessing the quality of services provided and accountability among service providers remain significant challenges, especially in resource limited settings.

Bounds D, Julion WA, Delaney KR. Commercial sexual exploitation of children and state child welfare systems. *Policy, Politics & Nursing Practice*. 2015;16(1/2):17-26

<https://www.ncbi.nlm.nih.gov/pubmed/25908664>

In several states, CSEC is now a reportable child abuse offence. Illinois has taken the lead in tackling the issue and the Illinois experience illuminates valuable lessons. This article delineates the protection, practice, and policy implications that evolve when CSEC falls under a state child welfare system. The specific aims are to:

- discuss CSEC, its victims, risks, harms, and challenges inherent in providing effective care

- use Illinois as an exemplar to explicate the consequences and implementation challenges of establishing a state reporting system that frames CSEC as a child-welfare issue
- recommend strategies for developing effective state reporting models
- demonstrate how nurses are well poised to advocate for victims of human trafficking on both state and national levels.

Recommendations for improving the identification of CSEC victims and overcoming challenges to state implementation are offered.

Results from 2015/6 literature search

Barnert, E. S., Abrams, S., Azzi, V. F., et al. 2016. Identifying best practices for 'Safe Harbor' legislation to protect child sex trafficking victims: Decriminalization alone is not sufficient. *Child Abuse & Neglect* 51 249-62

<http://www.sciencedirect.com/science/article/pii/S0145213415003609>

'Safe Harbor' laws have been initiated in the United States to help divert victims of CCSE and CST from the criminal justice system into the child welfare system, thus preventing further traumatisation. However, in a survey of 32 Safe Harbor experts, issues were identified, such as insufficient funding for welfare services, and significant gaps in the laws, so that in some areas, victims of CCSE were still being kept in the juvenile justice system for their own protection. The findings from this research demonstrate a need for local and state responders to work together to protect victims of CCSE and prevent further harm.

Bourke, M. L., Prestridge, D. & Malterer, M. B. 2016. Interdiction for the protection of children: Preventing sexual exploitation 1 traffic stop at a time. *Aggression and Violent Behavior* 30 68-75

<http://www.sciencedirect.com/science/article/pii/S1359178916300994>

This paper describes the role that the police has in identifying potential victims of CSE, and describes a training programme targeted at law enforcement officers, to help them understand how to identify:

- people who pose a risk to children;
- children who are being trafficked, exploited, or abused by adult(s);
- children who are at risk of exploitation, such as runaways or abductees.

The participants on the training programme are first taught about CSE, so that they have a greater understanding of the issues. Then they are taught to recognise signs that indicate that the person they are dealing with is potentially a perpetrator, a victim, or a child at risk of being a victim. Part of the training involves making sure that the participants recognise the importance of working with other child protection organisations to ensure the safety of each child.

Coyle, I. R., Halon, R. L., Campbell, T. W., et al. 2016. Alice in recidivism land: The queens logic and child protection workers' assessment of sexual dangerousness. *American Journal of Forensic Psychology* 34(1) 5-36

http://epublications.bond.edu.au/law_pubs/836/

This paper focuses on the decisions made to exclude family members who are alleged to have sexually offended against children, and the dangers of relying on unreliable evidence. The authors suggest that the information used to decide when a family member is to be excluded must be reliable and valid, to avoid miscarriages of justice.

Girardet, R., Lahoti, S., Bolton, K., et al. 2016. Characteristics of cases submitted to a statewide system of child abuse experts. *Children and Youth Services Review* 67 198-202

<http://www.sciencedirect.com/science/article/pii/S0190740916301852>

A review of case data from the Texas Department of Family and Protective Services (DFPS) found that children at risk of child abuse in the area, and referred for care, demonstrated risk factors, such as prior history of DFPS referral, single-parent household, mental illness, substance abuse, and domestic violence. African American children were at greater risk than Caucasian and Asian children, and this was comparable with national trends. There were issues with the recording of data, such as inadequate photographs providing poor quality evidence, but the authors suggested that this could be improved with training.

Greeley, C. S., Chuo, C.-Y., Kwak, M. J., et al. 2016. Community characteristics associated with seeking medical evaluation for suspected child sexual abuse in Greater Houston. *The Journal of Primary Prevention* 37(3) 215-30

<https://www.ncbi.nlm.nih.gov/pubmed/26803840>

Each year, in the United States, more than 62,000 children are exposed to CSA. One of the issues is that there is a lack of knowledge around community level risk factors for CSA, and therefore, it has not been possible to develop an effective public health prevention strategy. The authors of this paper focused on the Greater Houston area, in 2009, and evaluated the community level characteristics for children who needed care for suspected CSA. They abstracted the medical charts of 1,982 children who were receiving a medical evaluation for suspected CSA, and after evaluating 18 community level variables, identified from the American Community Survey, for the 396 zip codes where these children lived. They found that where there were more children looking for help for suspected CSA, there were also more vacant houses, single females, unemployed people, and poor families, demonstrating that socioeconomic factors have implications for the future protection of young people. If health and welfare services can identify particular community level characteristics, which correlate with increased incidence of CSA, then these areas can be targeted to improve child protection services.

Lindahl, M. W. & Hunt, L. A. 2016. Reunification in intrafamilial child abuse cases: A model for intervention. *Family Court Review* 54(2) 288-299

<http://onlinelibrary.wiley.com/doi/10.1111/fcre.12219/abstract>

The purpose of this paper was to look at ways of successfully reuniting parents and children separated by allegations of child abuse. The authors developed an intervention model, which was informed by clinical experience, feedback from clients and professionals, and the published literature. The model that they developed has elements of therapy, education, mediation, and forensic expertise. It also incorporates a personalised treatment plan for each family, which is delivered by an interdisciplinary treatment team that brings in professionals when needed, and a case manager to oversee the whole programme.

Nwogu, N. N., Agrawal, L., Chambers, S., et al. 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. *JBIC Database Of Systematic Reviews And Implementation Reports* 13(12) 93-129

<https://www.ncbi.nlm.nih.gov/pubmed/26767818>

The authors of this review looked at all the research about the effectiveness of Child Advocacy Centers in increasing the satisfaction of non-offending caregivers, and the prosecution rates of alleged sex offenders. They found that Child Advocacy Centers and multidisciplinary teams did improve prosecution rates and the experiences of the non-offending, family members involved. They suggested using surveys to measure the satisfaction rates of non-offending caregivers, and that children with allegations of CSA should be referred to Child Advocacy Centers for evaluation.

Afifi, T. O., MacMillan, H. L., Taillieu, T., et al. 2015. Relationship between child abuse exposure and reported contact with child protection organizations: results from the Canadian Community Health Survey. *Child Abuse & Neglect* 46 198-206

<http://www.sciencedirect.com/science/article/pii/S0145213415001581>

Data was collected from the 2012 Canadian Community Health Survey: Mental Health, and used to examine the prevalence of child abuse experiences (physical, sexual, and exposure to domestic violence) and see how these related to contact with child protection organisations. The authors found that only 7.6% of the adult population with a history of child abuse said that they had had contact with child protection services. People who had experienced all 3 types of child abuse were more likely to have had contact with child protection representatives. The authors suggest that strategies are needed to increase child abuse disclosure so that children and families can be connected with the relevant services.

Brink, F. W., Thackeray, J. D., Bridge, J. A., et al. 2015. Child advocacy center multidisciplinary team decision and its association to child protective services outcomes. *Child Abuse & Neglect* 46 174-81

<http://www.sciencedirect.com/science/article/pii/S0145213415001295>

This retrospective cohort study of victims of childhood sexual abuse CSA examined the multidisciplinary team decision-making processes and outcomes, with regards to child protection, and found that decisions were driven by the type of disclosures.

Harvey, J. H., Hornsby, R. A. & Sattar, Z. 2015. Disjointed service: An English case study of multi-agency provision in tackling child trafficking. *British Journal of Criminology* 55(3) 494-513

<http://bjc.oxfordjournals.org/content/55/3/494.abstract>

This is a regional case-study, set in the United Kingdom, which looks at the issues of child trafficking, and how multi-agencies respond to it. The authors found that child trafficking in England is far more wide-spread than first thought, and that there are gaps in child protection services due to disjointed partnerships and poor understanding between organisations.

Krase, K. S. & DeLong-Hamilton, T. A. 2015. Comparing reports of suspected child maltreatment in states with and without Universal Mandated Reporting. *Children and Youth Services Review* 50 96-100

<http://www.sciencedirect.com/science/article/pii/S0190740915000328>

In America, there is variation in who is expected to report suspicions of child maltreatment to Child Protective Services (CPS). In some states, any adult can make a report, and this is the Universal Mandated Reporting (UMR) approach, while in other states only certain professionals can make reports. This study compares the characteristics and outcomes of reports from states with and without UMR, and the findings show that there no differences in the rate or disposition of reports. This shows that other states could effectively introduce Universal Mandated Reporting.

Tener, D. & Murphy, S. B. 2015. Adult disclosure of child sexual abuse: A literature review. *Trauma Violence & Abuse* 16(4) 391-400

<https://www.ncbi.nlm.nih.gov/pubmed/24903400>

This paper reviews the literature about the issues and dilemmas that adult survivors face when deciding whether or not to report their experiences of childhood sexual abuse CSA. Literature published between 1980 and 2013 was reviewed, and important themes identified, such as decisions to report CSA in adulthood, barriers and facilitators to reporting, who should be told, how to tell and what the impact is on the well-being of the

survivor. Having looked at the evidence, the authors describe the implications for policy and practice, and further research.

Tonmyr, L. & Gonzalez, A. 2015. Correlates of joint child protection and police child sexual abuse investigations: results from the Canadian Incidence Study of Reported Child Abuse and Neglect-2008. *Health Promotion and Chronic Disease Prevention in Canada* 35(8-9) 130-7

<https://www.ncbi.nlm.nih.gov/pubmed/26605560>

The authors of this paper examined data from the Canadian Incidence Study of Reported Child Abuse and Neglect to assess the frequency of joint investigations carried out by child protection teams and the police, comparing sexual abuse investigations with investigations for other types of maltreatment. They found that sexual abuse was most often jointly investigated, followed by physical abuse, neglect, and emotional maltreatment.

When the police were involved in the investigation, placement in out-of-home care, the involvement of the child welfare court, and referral of a family member to specialised services was more likely. The authors concluded that more research is needed to determine the effectiveness of joint investigations by child protection services and law enforcement.

Cockbain, E., Brayley, H. and Sullivan, J. 2014. Towards a common framework for assessing the activity and associations of groups who sexually abuse children. *Journal of Sexual Aggression* 20(2) 156-171

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4579043/>

This work is the result of a collaboration between academic institutions and the UK's Child Exploitation and Online Protection Centre. They have looked at the role of groups and CSA, interviewing 3 group-offenders to find out how groups are formed and resourced. The aim is to develop a framework to help design effective interventions to prevent groups co-ordinating CSA.

D'Cruz, H. and Gillingham, P. 2014. Improving child protection services: Australian parents' and grandparents' perspectives on what needs to change. *Practice* (09503153) 26(4) 239-257

<http://www.tandfonline.com/doi/abs/10.1080/09503153.2014.934797>

Child protection investigations affect parents and grandparents too, and for this study, the authors interviewed 9 people to find out about their experiences and identify ways to improve child protection services in Australia, particularly with regards to navigating the legal issues.

Lanning, K. V. and Dietz, P. 2014. Acquaintance molestation and youth-serving organizations. *Journal of Interpersonal Violence* 29(15) 2815-38

This paper is informed by research evidence and the experience of experts in the field, and looks at the profile of acquaintance molesters, people who have chosen a career which makes it easier for them to meet children. Organisations must have robust processes in place, for screening, management, and supervision, to ensure that children are protected from grooming and assault by people that they have grown to trust.

Office of Refugee Resettlement, Administration for Children and Families, Department of Health and Human Services. 2014. Standards to prevent, detect, and respond to sexual abuse and sexual harassment involving unaccompanied children. Interim final rule (IFR). *Federal Register* 79(247) 77767-800

<https://www.ncbi.nlm.nih.gov/pubmed/25546883>

This was a consultation about standards and procedures proposed by the Interim Final Rule to prevent and detect sexual abuse of unaccompanied children in the care of the Office of Refugee Resettlement.

Raissian, K. M., Dierkhising, C. B., Geiger, J. M., et al. 2014. Child maltreatment reporting patterns and predictors of substantiation: Comparing adolescents and younger children. *Child Maltreatment* 19(1) 3-16

<https://www.ncbi.nlm.nih.gov/pubmed/24425801>

Using the National Child Abuse and Neglect Data System, the authors examined the difference in reporting of cases of maltreatment of younger children compared to adolescents. There were more reports of younger children being maltreated than older adolescents. The findings can help child protection services develop more relevant services for different age groups.

Reading, R., Rogstad, K., Hughes, G., et al. 2014. Gonorrhoea, chlamydia, syphilis and trichomonas in children under 13 years old: National surveillance in the UK and Republic of Ireland. *Archives of Disease in Childhood* 99(8) 712-716

<https://www.ncbi.nlm.nih.gov/pubmed/24771307>

This research analysed how frequently sexually transmitted diseases (STIs) in children between the ages of 12 months and 13 years were diagnosed and reported in the UK and Ireland. The British Paediatric Surveillance Unit conducted the study over 25 months, and found that STIs are rare in children, but when diagnosed, they are then satisfactorily investigated.

Rogstad, K. E. and Omer, R. M. I. A. 2014. Sexually transmitted infections in children and adolescents. *Medicine (United Kingdom)* 42(6) 302-306

[http://www.medicinejournal.co.uk/article/S1357-3039\(14\)00075-9/abstract](http://www.medicinejournal.co.uk/article/S1357-3039(14)00075-9/abstract)

The research evidence for the relationship between the contracting of sexually transmitted infections (STIs) and CSA is poor. One of the issues is age, because a child can be aged anything between 0 and 18 years old. Therefore, a teenager may have contracted an STI legitimately through consensual sex, or it may be a sign of abuse. When dealing with STIs in young people, care providers need to recognise the balance between child protection and rights of young people to confidential services.

Spratt, T., Nett, J., Bromfield, L., et al. 2014. Child protection in Europe: Development of an international cross-comparison model to inform national policies and practices. *British Journal of Social Work* 45(5) 1508-25

<http://bjsw.oxfordjournals.org/content/45/5/1508>

The purpose of this work was to identify the historical development and common drivers of child protection systems. Prevalence and impact of child abuse, along with early investment in child development, the rights of children, and comparisons of child well-being gathered from international league tables, are all vital to informing the development of robust child protection systems. These systems must be culturally sensitive, facilitate multi-departmental working to ensure coordinated care, and be evidence-based. This work led to the redevelopment of the Swiss child protection system, the Association Programme National pour la Protection de l'Enfant.

Melrose, M. 2013. Twenty-first century party people: Young people and sexual exploitation in the new millennium. *Child Abuse Review* 22(3) 155-168

<http://onlinelibrary.wiley.com/doi/10.1002/car.2238/abstract>

This paper suggests that different types of sexual exploitation of young people may be taking place at the same time in the same area. It suggests that practitioners should examine the areas within the work and tailor services to cater for the needs of the young people who are being sexually exploited, rather than applying theoretical models that might not meet the needs of the context.

Wekerle, C. 2013. Resilience in the context of child maltreatment: Connections to the practice of mandatory reporting. *Child Abuse and Neglect* 37(2-3) 93-101

<https://www.ncbi.nlm.nih.gov/pubmed/23312119>

Countries that have signed up to the United Nation's Convention on the Rights of the Child are committed to provide the minimal standards of care for children, and this

includes having laws which ensure that maltreatment of children is reported, and that the welfare of the child is protected.

Braquehais, M. D., Picouto, M. D. and Matali, J. L. 2011. Child abuse and its prevention. *Minerva Psichiatria* 52(1) 37-50

<http://www.minervamedica.it/en/journals/minerva-psichiatria/article.php?cod=R17Y2011N01A0037>

Increasingly, the research is demonstrating the short- and long-term harm experienced by victims of child abuse, and the compounded risk of future mental and physical health issues. This paper describes several different preventive strategies, primary, secondary, and tertiary, but few have been effective. Out of them all, the primary prevention methods have been most successful, but more rigorous evaluation of all prevention strategies must take place so that there is a stronger evidence base of what works and what is less effective.

Chouliara, Z., Karatzias, T., Scott-Brien, G., et al. 2011. Talking therapy services for adult survivors of childhood sexual abuse (CSA) in Scotland: perspectives of service users and professionals. *Journal of Child Sexual Abuse* 20(2) 128-156

<https://www.ncbi.nlm.nih.gov/pubmed/21442530>

This qualitative study was carried out in Scotland, to understand more about what CSA survivors and professionals think about talking therapy services. 13 adult survivors and 31 professionals were interviewed. Findings showed that talking therapies enabled the survivors to feel safe and able to share their experiences with someone they could trust. Their self-esteem and feelings of self-worth increased, enabling them to focus on recovery. Some of the issues raised included the lack of sustainable, consistent services, accessibility at times of greatest need, and having to focus on the trauma experienced.

Kirk, C., Logie, L. and Mok, J. Y. Q. 2010. Diagnosing sexual abuse (excluding forensics). *Paediatrics and Child Health* 20(12) 556-560

<http://www.sciencedirect.com/science/article/pii/S1751722210001575>

This article provides guidance on diagnosing and managing CSA, so that as these signs become more recognisable, more can be done to prevent further incidences of CSA.

Skrzypulec, V., Kotarski, J., Drosdzol, A., et al. 2010. Recommendations of the Polish Gynecological Society concerning child sexual abuse. *International Journal of Adolescent Medicine and Health* 22(2) 177-88

<https://www.ncbi.nlm.nih.gov/pubmed/21061918>

Around the world, women are twice as likely to be victims of CSA. In Poland, about 20% of girls and 5%-6% of boys under the age of 15 years have been sexually abused, and in the case of boys, their abuse has involved violence. The majority of perpetrators are men, and the majority are known to the boys and the girls. The Polish Gynaecological Society has made some recommendations for how to manage cases of suspected CSA, and these are presented here.

Devaney, J. 2009. Chronic child abuse: The characteristics and careers of children caught in the child protection system. *British Journal of Social Work* 39(1) 24-45

<http://bjsw.oxfordjournals.org/content/39/1/24.abstract>

Quality Protects was an initiative set up to challenge social services to look at their systems and processes for protecting children on the at risk register. At that time, one quarter of the children on the at-risk register had been there for quite a length of time, and were seen as chronic cases. This paper looked at the characteristics of these children and their families and how social services could improve their systems to provide greater support to the child and family so that they would no longer be at risk.

Cook, L. and Fleming, C. 2007. Audit of under-14s who attend sexual health clinics in Gwent, South Wales, UK: Identifying young people at risk of abuse and exploitation. *Journal of Family Planning and Reproductive Health Care* 33(1) 27-30

<http://jfprhc.bmj.com/content/33/1/27.abstract>

The purpose of this study, carried out at a sexual health clinic in Gwent, South Wales, was to assess whether that service provider had suitable processes in place to identify young people at risk of sexual abuse or exploitation. The case notes of 242 young people, who had made 598 visits to the clinic, were analysed, and the author found that insufficient information was being recorded to identify potential victims under the age of 14 years.

Hall, D. M. B. 2006. The future of child protection. *Journal of the Royal Society of Medicine* 99(1) 6-9

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1325073/>

While child abuse has always taken place, it was only in 1962, when Kempe et al. described the common features of physical abuse. Since then, further aspects have been identified; sexual abuse, emotional abuse, neglect, Munchausen syndrome by proxy (now known as fabricated and induced illness). Because of all the complexities

with diagnosing, treating, and preventing CSA, and the recent controversial child protection cases, many paediatricians no longer feel confident

Lebloch, E. K. and King, S. 2006. Child sexual exploitation: A partnership response and model intervention. *Child Abuse Review* 15(5) 362-372

<http://onlinelibrary.wiley.com/doi/10.1002/car.957/abstract>

In 1999, the London Borough of Camden set up a project to help young runaways living in the borough. The Children Abused Through Sexual Exploitation (CATSE) project focused on dangers outside of the family, whereas the usual interventions focused on issues within the families. Local health practitioners had found it difficult to differentiate between adolescent sexual exploration and adult sexual activity, and this was 1 of the reasons CATSE was set up. It is a partnership between several agencies, and works towards preventing abuse, but also helping young people recover from experiences, while investigating and prosecuting perpetrators.

Sedlak, A. J., Schultz, D., Wells, S. J., et al. 2006. Child protection and justice systems processing of serious child abuse and neglect cases. *Child Abuse and Neglect* 30(6) 657-677

<http://www.sciencedirect.com/science/article/pii/S0145213406001207>

This telephone survey examined how cases moved forward through the 4 systems involved in child abuse prevention, namely child protection, law enforcement, dependency courts, and criminal courts. The survey was carried out for the National Incidence Study of Child Abuse and Neglect, and 1 of the main findings was that while disorganisation was not an issue, tracking cases across organisations was difficult. This study will help identify better ways of sharing data securely across relevant organisations so that child abuse cases can be managed more efficiently.

Jack, G. 2005. Assessing the impact of community programmes working with children and families in disadvantaged areas. *Child and Family Social Work* 10(4) 293-304

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2005.00379.x/abstract>

Community programmes to reduce child abuse and youth offending, in disadvantaged neighbourhoods, have proved popular in the UK. However, the evidence to validate the success of these community programmes is not in place. More evaluation of these programmes is required to balance out the inequalities faced within these communities.

Newman, B. S. and Dannenfelser, P. L. 2005. Children's protective services and law enforcement: Fostering partnerships in investigations of child abuse. *Journal of Child Sexual Abuse* 14(2) 97-111

<https://www.ncbi.nlm.nih.gov/pubmed/15914413>

Collabouration does take place between relevant agencies whose role is to protect children and ensure their welfare, but there are often barriers, such as role conflicts and differences between organisations. This paper describes some of the issues and discusses the conditions that could make collabouration more effective.

Religion and ethnic background

Results from 2019 literature search

Rashid F, Barron I. Critique of the Vatican's role in recent child protection practice: A brief report. *Journal of Child Sexual Abuse*. 2018;27(2):141-53

<https://doi.org/10.1080/10538712.2018.1425948>

The current report aims to clarify the practices and implicit intentions of the Holy See in addressing CSA by clerics in the twenty-first century. Church investigation reports, United Nations reports, press coverage, and academic literature were explored to understand the relationship between Church intention and practice. Various types of literature highlight the Roman Catholic Church (RCC) as an organisation that is self-referential and self-defensive, with the implicit aim of protecting the reputation of RCC at the expense of children. Organisational responses are seen as promoting the protection of perpetrating clerics, resulting in the spread of CSA by clergy nationally and globally. Recommendations are made for the introduction of modern-day management practices in RCC, filtered through a faithful understanding of gospel principles. The authors suggest that the United Nations may be an important vehicle for fostering leverage for change in RCC child protection practice.

Epstein SB, Crisp BR. Educating Australia's Jewish communities about child sexual abuse. *Journal of Child Sexual Abuse*. 2018;27(5):523-36

<https://doi.org/10.1080/10538712.2018.1479724>

It has been claimed that effective responses to CSA must engage with the specific cultural, social, and religious contexts of the target communities. For Jewish communities in Australia, the programme J-Safe was established to raise awareness, create cultural change, and empower the Jewish community to be able to prevent, recognise, and address child sexual assault within the school setting. This paper reports on the experiences of teachers in 2 Jewish-day schools who had participated in the J-Safe Project's protective behaviours teacher training programme. Participants' accounts of the training indicate the Project builds teachers' knowledge and supports teachers' skill development in the areas of incidence, behavioural indicators and responding to disclosure suggest the training has relevance for the Jewish teaching context. However, the extent to which the training was successful at engaging with culturally specific norms within the Jewish community seems to have been limited, although it may be that the participants were not atypical from the wider group who participated in the J-Safe Project training.

Choudhry V, Dayal R, Pillai D, Kalokhe AS, Beier K, Patel V. Child sexual abuse in India: A systematic review. *PLoS ONE*. 2018;13 (10) (no pagination)(e0205086)

<https://doi.org/10.1371/journal.pone.0205086>

Objective: CSA is a pressing human right issue and public health concern. We conducted a systematic review of quantitative and qualitative studies published in the past decade on CSA in India to examine the distribution of the prevalence estimates for both genders, to improve understanding of the determinants and consequences of CSA and identify gaps in the current state of research.

Methods: For this systematic review, we searched electronic literature databases (PubMed, POPLINE, and PsycINFO) for articles published in English on CSA in India between January 1 2006 and January 1 2016 using 55 search terms. Data were extracted from published articles only. Findings from 51 studies met inclusion criteria for the review. The review indicates that prevalence rates of CSA is high among both boys and girls in India. Due to heterogeneity of study designs and lack of standardised assessments, reported prevalence estimates varied greatly among both genders in different studies. There is a need to conduct representative studies using a validated instrument to obtain valid epidemiological estimates. Commercial sex workers, men who have sex with men, and women with psychiatric disorders were at higher risks for sexual abuse during childhood. In addition, the synthesis of qualitative data across studies included in the review suggests that exposure and perpetration of CSA is a multifaceted phenomenon grounded in the interplay between individual, family, community, and societal factors. The review indicates poor physical, behavioural, social, and mental health outcomes of CSA in India.

We conclude with a research agenda calling for quantitative and qualitative studies to explore the determinants and perpetration of CSA in India from an ecological lens. This research agenda may be necessary to inform the development of a culturally tailored primary prevention and treatment strategy for CSA victims in India.

Bjornseth I, Szabo A. Sexual violence against children in sports and exercise: A systematic literature review. *Journal of Child Sexual Abuse*. 2018;27(4):365-85

<https://www.ncbi.nlm.nih.gov/pubmed/29877758>

Sexual violence against children in sports receives little research attention. The aim of this Preferred Reporting Items for Systematic Reviews and Meta-Analyses-based systematic literature review was to synthesise the up-to-date knowledge and identify the already known and the still unknown information in this area. The literature search yielded 7 eligible studies for inclusion. Their main outcomes suggest that sexual violence against children in sports is prevalent.

Girls are more often the victims than boys, but gender appears to mediate the disclosure. Minority groups are at higher risk for sexual violence, and athletes at higher levels of competition seem to be more vulnerable for grooming. While the coach is often

seen as the perpetrator, new research suggests that peer-athletes may precede the coach. Disclosure is a problem, due to personal and interpersonal concerns, which deters scholastic research in this area. In the final section of the review, a 'what we know' and 'what we need to know' list of highlights is offered as the concluding summary of the review.

These factual points could raise the awareness of parents and/or guardians about the vulnerability of their children to sexual abuse if they are involved in sports. They could also attract the attention of the policy makers to the urgent need of developing and implementing preventive measures to make sports and exercise environments pleasurable and safe for children.

Xie QW, Sun X, Chen M, Qiao DP, Chan KL. What prevents Chinese parents from reporting possible cases of child sexual abuse to authority? A holistic-interactionistic approach. *Child Abuse & Neglect*. 2017;64:19-31

<https://doi.org/10.1016/j.chiabu.2016.12.006>

The reporting of suspected CSA cases to authorities in a timely manner is important in preventing continued abuse and protecting abused children at early ages. The current study seeks to explore parents' intentions of reporting their own children's CSA experiences to authorities as well as their reporting willingness when they become aware of possible CSA cases happening to children in other families. Two rounds of semi-structured interviews were conducted among a sample of 26 parents in Beijing. These parents were purposefully selected so as to be diverse in terms of gender, age, and socioeconomic status. The data were analysed thematically.

The findings showed that the reporting of suspected CSA to authorities was a choice made by only a few Chinese parents; it was often even a last resort. By using a holistic-interactionistic approach, the interaction between Chinese parents' intentions of reporting CSA and the Chinese socio-cultural context was analysed as a dynamic and continuously ongoing process. The impacts of the definition and perceptions of CSA on reporting, the balance of children's rights and parents' power, and the double effect of informal social control are discussed. The implications, both locally and globally, are also discussed.

Dressing H, Dolling D, Hermann D, Horten B, Kruse A, Schmitt E, et al. Sexual abuse of minors within the Catholic Church and other institutions : A literature review. *Neuropsychiatrie*. 2017;31(2):45-55

<https://link.springer.com/article/10.1007%2Fs40211-017-0223-4>

Sexual violence against children remains a global public health problem. The health sector has an opportunity and responsibility to be part of the multisector collaboration to prevent and respond to sexual abuse of minors. The following article presents a critical analysis of hitherto published empirical studies that examine the extent and

variety of sexual abuse of minors within the Catholic Church and other institutions. The analysis consists of 40 studies concerning the Catholic Church and 13 studies concerning other institutions not belonging to the Catholic Church. We report the characteristics of the offenders and the offences.

Furthermore, the devastating consequences for children abused by members of powerful institutions are discussed. Knowledge on the role of institutions in sexual abuse of minors and psychological distress following these experiences is necessary to point the way to improvements in prevention and intervention strategies. This literature review is part of a larger research project on the sexual abuse of minors in the context of the Catholic Church in Germany (MHG Study) that is conducted by an interdisciplinary team of psychologists, psychiatrists, criminologists, and sociologists and is funded by the German Bishops' Conference.

Doyle TP. The Australian Royal Commission into Institutional Responses to Child Sexual Abuse and the Roman Catholic church. *Child Abuse & Neglect*. 2017;74:103-6

<https://www.sciencedirect.com/science/article/abs/pii/S0145213417303551>

The Australian Royal Commission into Institutional Responses to Child Sexual Abuse received more reports of sexual abuse of minors from victims of personnel from the Catholic Church than from any other source. It looked beyond the circumstances of the individual reports, to the response of Church leaders. It then took the inquiry to the more fundamental issue of the elements of the Church's structure and its unique culture that enabled sexual abuse and supported the hierarchy's counter-productive responses. This commentary looks at the structural and cultural aspects of the institutional Church most directly connected to sexual abuse by clerics and the ensuing cover-up and it examines their theological and historical foundations. The reality that sexual abuse by clerics was not only known but condoned and covered up cannot be justified but it can be explained in great part by the Church's justification for its own structure and the role of its clerics.

Spraitz JD, Bowen KN. Techniques of neutralization and persistent sexual abuse by clergy: A content analysis of priest personnel files from the Archdiocese of Milwaukee. *Journal of Interpersonal Violence*. 2016;31(15):2515-38

<https://doi.org/10.1177/0886260515579509>

The sexual abuse problem in the Catholic Church has received considerable attention by the media in recent years and growing attention from empirical researchers. Despite this growth, there is a lack of theoretical research that uses neutralisation techniques to examine clergy offending. Using Sykes and Matza's theory, this study examines the techniques of neutralisation used by accused priests in the Archdiocese of Milwaukee. Priests' personnel files, which were made publicly available by the Archbishop of Milwaukee in July 2013, were analysed retrospectively through a qualitative content

analysis of all direct statements and correspondences from the accused. The findings indicate that many priests denied responsibility or injury in an effort to justify their sexually-abusive behaviours, but that no discernible patterns of technique use emerged. The need for continued research using recently released personnel files from other dioceses is also discussed.

Okur P, van der Knaap LM, Bogaerts S. Ethnic differences in help-seeking behaviour following child sexual abuse: a multi-method study. *Culture, Health & Sexuality*. 2016;18(1):99-111

<https://www.tandfonline.com/doi/full/10.1080/13691058.2015.1062144>

In Western societies, groups from a minority ethnic background are under-represented in formal mental health care. However, it is unknown if the minority ethnic victims of CSA differ from majority ethnic victims regarding their help-seeking behaviours. This study used a multi-method design to investigate the prevalence of (in)formal help-seeking after CSA and the influence of attitudes towards gender roles and sexuality on help-seeking among the Dutch minority ethnic and majority ethnic victims. We also examined differences in reasons not to seek help.

Quantitative survey data on help-seeking patterns among 1,496 CSA victims were collected. Four qualitative focus groups were conducted with professionals working in the field of CSA and minority ethnic groups to explore help-seeking behaviour. No significant differences between ethnicity emerged in help-seeking rates. However, respondents with more liberal gender attitudes were more likely to disclose than conservative respondents. Additionally, an interaction effect was observed between ethnicity and gender attitudes, indicating that, contrary to the main effect, young people of Moroccan and Turkish heritage with more liberal gender attitudes were less likely to disclose abuse. Reasons for not seeking help differed among groups. Focus group members emphasised mistrust towards counsellors and perceptions that inhibit minority ethnic youth from seeking help.

Fox CL. It's not on the radar. Barnardo's 2016;March

http://www.barnardos.org.uk/its_not_on_the_radar_report.pdf

CSE can affect all children, including those with disabilities, regardless of their gender identity, sexuality, ethnicity, faith or economic background. It's not on the radar – bringing together discussions from 4 roundtables and existing literature – explores how perceptions of sexual exploitation can affect the identification and response to CSE.

Leeb RT, Fluke JD. Child maltreatment surveillance: enumeration, monitoring, evaluation and insight. *Health promotion and chronic disease prevention in Canada : research, policy and practice*. 2015;35(8-9):138-40

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4911133/>

Application of epidemiologic surveillance to child abuse and neglect (CAN) presents specific challenges related to varying definitions and incident reporting. Definitions of abuse and neglect differ within and across countries, obscuring estimates of the true magnitude of the problem. Definitions also vary depending on the nature of the child protection system. Countries may lack legal or social systems with specific responsibility for responding to and recording reports of CAN, particularly countries where populations are remote or in flux (due to conflict, for example). Underreporting of CAN results in underestimates of prevalence. Violence by caregivers toward children is often known only to the perpetrator, and depending on the developmental capacity of the child, the victim. Further, CAN cases may be reported to a wide variety of sentinels (such as educators, clergy, physicians, law enforcement, child welfare), or may not be reported to any official source at all. Social stigma and unintended consequences of reporting, as well as cultural and political barriers, also impact reporting both within communities and globally.

Results from 2015/6 literature search

Okur, P., van der Knaap, L. M. & Bogaerts, S. 2016. Ethnic differences in help-seeking behaviour following child sexual abuse: a multi-method study. *Culture, Health & Sexuality* 18(1) 99-111

<https://www.ncbi.nlm.nih.gov/pubmed/26265161>

Set in the Netherlands, this study took a multi-method approach to examine the prevalence of help-seeking after CSA in groups from minority ethnic backgrounds. Quantitative data was gathered from the survey results of 1,496 CSA victims, to identify patterns in help-seeking behaviour. Qualitative data was gathered from 4 focus groups. The authors found that while there were no significant differences between ethnicity in the rate of help-seeking, there were cultural differences in terms of which groups were more likely to disclose incidence of CSA. On the whole, where attitude to gender was more liberal, disclosure was more likely than with more conservative groups. Young people of Moroccan or Turkish descent were the exception to these findings, and were less likely to report abuse, despite their more liberal attitudes to gender.

Langeland, W., Hoogendoorn, A. W., Mager, D., et al. 2015. Childhood sexual abuse by representatives of the Roman Catholic Church: a prevalence estimate among the Dutch population. *Child Abuse & Neglect* 46 67-77

<https://www.ncbi.nlm.nih.gov/pubmed/26003819>

The authors of this paper sought to gather data about the extent of childhood sexual abuse CSA within the Roman Catholic Church (RCC), in the Netherlands. The authors randomly identified 34,267 people, aged 40 years and above. In phase 1 of the study, they were screened for 'childhood exposure to sexual abuse by non-family members, a history of institutionalisation and a Roman Catholic upbringing'. In phase 2, 2,462 people gave more detailed information about sexual abuse disclosure in the RCC. The results of this study, found that 14% of respondents had experienced non-familial CSA, the rate being higher in women. The prevalence of CSA in the Dutch RCC was 1.7%, with the rate being higher in men. Respondents who had spent longer periods of time in institutions run by the RCC, were at higher risk of CSA disclosure.

Laufersweiler-Dwyer, D. & Mackinem, M. 2015. A case study of the perversion files: An application of Lanning and Dietz 'Commonly Misunderstood Phenomena'. *Current Psychiatry Reports* 17(10) 82

<https://www.ncbi.nlm.nih.gov/pubmed/26307034>

This paper is about the 'perversion files', a set of confidential files that detailed sexual abuse allegations from 1959 to 1985, within the Boy Scouts of America. The organisation was ordered, by the Oregon Supreme court, to release the files, enabling the demographics of this large sample of alleged sexual offenders to be examined, and to find out why only a small percentage were referred to law enforcement.

Bunge, M. J. 2014. The positive role of religion and religious communities in child protection. *Child Abuse and Neglect* 38(4) 562-566

<http://www.sciencedirect.com/science/article/pii/S0145213414001100>

This is an editorial presenting a brief overview of 4 articles about the role of religion in child protection. While the media has highlighted negative stories about children being abused under the auspices of a religious community, there are some positive examples where religion has been helpful with regards to child protection, for example, the work of charities, some of which stem from a religious founding. Some of the articles discussed look at Judaism, Christianity, Islam and Buddhism, and their core values with regards to children and child protection. Other articles looked at the importance of cooperation and partnership among the different religious communities.

Chan, C. and Scott-Ladd, B. 2014. The Judas within: A look at the sexual abuse crisis in the Catholic Church. *Ethics and Behavior* 24(4) 326-339

<http://www.tandfonline.com/doi/abs/10.1080/10508422.2013.865525>

The media has reported on several incidents of CSA within the Catholic Church. This article focuses on what is needed from the United States Conference of Catholic Bishops, in order to stop the occurrence of further incidents in the future.

Bubar, R. and Bundy-Fazioli, K. 2011. Unpacking race, culture, and class in rural Alaska: Native and non-native multidisciplinary professionals' perceptions of child sexual abuse. *Journal of Ethnic and Cultural Diversity in Social Work* 20(1) 1-19

<http://www.tandfonline.com/doi/abs/10.1080/15313204.2011.545941>

This paper is set in Alaska, where the authors interviewed 15 multidisciplinary team professionals from 2 rural communities, to see how class, culture, and race influence the reporting of CSA. The findings were discussed alongside the implications for policy and practice.

Terry, K. J. 2008. Understanding the sexual abuse crisis in the Catholic Church: Challenged with prevention policies. *Victims and Offenders* 3(1) 31-44

<http://www.tandfonline.com/doi/abs/10.1080/15564880701750482?journalCode=uvao20>

This paper includes information about clergy abusers, such as demographics, choice of victim, the methods they used to groom the victims, the length of time the abuse continued, and issues faced by the victims when they reported the abuse. The author focuses in particular on the Catholic Church, which faced a crisis in 2002 with regards to the involvement of some members of the Catholic Church who sexually abused children. The US Conference of Catholic Bishops created the Charter for the Protection of Children and Young People, in the hope that future incidences such as these could be avoided.

Chand, A. and Thoburn, J. 2006. Research review: Child protection referrals and minority ethnic children and families. *Child and Family Social Work* 11(4) 368-377

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2006.00412.x/abstract>

This paper looks specifically at the variation in referral of children from the main ethnic groups in the UK, to child and family social work teams, because they may be in need of child protection.

Kane, M. N. 2006. Codes of conduct for Catholic clergy in the United States: The professionalization of the priesthood. *Mental Health, Religion and Culture* 9(4) 355-377
<http://www.tandfonline.com/doi/abs/10.1080/13694670500138957>

Following the Catholic Church crisis in 2002, codes of conduct such as the Charter for the Protection of Children and Young People, and Virtus Model Code of Pastoral Conduct have been developed to prevent further incidences of clergy abuse. This paper looks at the implications of these codes of conduct, focusing in particular on the Virtus Model.

Gilligan, P. and Akhtar, S. 2005. Child sexual abuse among Asian communities: Developing materials to raise awareness in Bradford. *Practice* (09503153) 17(4) 267-284
<http://www.tandfonline.com/doi/abs/10.1080/09503150500426735>

While child abuse exists in all communities in the UK, the level of reporting varies in different communities, in particular Asian communities in Britain. This paper looks at experiences of reporting in Pakistan, India, and Bangladesh, focusing on cultural norms relating to family structure and hierarchical relationships. Work has begun in Bradford to raise awareness of how best to address CSA in the area, and this has included discussions with community groups, a consultation event in 2003, and a multilingual information booklet, all designed to encourage appropriate responses to CSA.

Search Strategy

Date of searches: 11 and 18 June 2015, 15 November 2016 and 21 January 2019.

Databases searched: Cochrane Library, OVID Medline, OVID Embase, EBSCO CINAHL, OVID PsycInfo

Searcher: Caroline De Brún (caroline.debrun@phe.gov.uk), PHE Knowledge and Library Services

1. exp Child Abuse, Sexual/pc [Prevention and Control
2. exp Child Abuse, Sexual/
3. exploitation.tw.
4. child trafficking.tw.
5. child trafficker*.tw.
6. trafficked child*.tw.
7. child sexual abuse.tw.
8. exp Pedophilia/
9. p?edophilia.tw.
10. child molest*.tw.
11. predator*.tw.
12. perpetrator*.tw.
13. sex offen*.tw.
14. 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13
15. exp Primary Prevention/
16. child protection.tw.
17. 15 or 16
18. 14 and 17
19. 1 or 18
20. limit 19 to (english language and last 15 years)