



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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# Contents

Executive summary	4
Context	5
Increasing resilience	18
Treat earlier trauma	33
Pre-offending and prevent reoffending	42
Professional support	56
Policy development and service delivery	74
Religion and ethnic background	82
Search Strategy	85

## Executive summary

Child sexual abuse (CSA) and the sexual exploitation of children (CSEC) 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, the Public Health England (PHE) Knowledge and Library Services carried out a literature search to identify the latest research about effective interventions to prevent child sexual abuse and child sexual exploitation.

At this same time as this document was published, a report led by PHE was published on **Child sexual exploitation: How public health can support prevention and intervention**. This provides a summary of UK research and a prevention framework for Directors of Public Health.

This literature review contains the citations retrieved from an international literature search and the **search strategy**, which was run on five 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. All the included references have been organised by the following 7 themes, in chronological order. The number in brackets reflects the number of references per theme. Links are provided to the abstract or full-text where freely available:

1. Context (55)
2. Increasing resilience (65)
3. Treat earlier trauma (36)
4. Pre-offending and prevent reoffending (52)
5. Professional support (69)
6. Policy and service delivery (33)
7. Religion and ethnic background (10)

Please note: The abstracts included in this document are not the original ones from the bibliographic databases. They have been re-written by the PHE Knowledge and Library Services team, to comply with copyright legislation concerning the reproduction of bibliographic database abstracts.

## Context

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 [URL: <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 1<sup>st</sup> July 2011 and 30<sup>th</sup> 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 one 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 [URL:

<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 [URL:

<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 child sexual abuse, 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 a key 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) 104-14 [URL:

<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 (MOU), 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) [URL:

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

The authors studied 311 cases of child sexual abuse, 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 [URL:

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

With child sex trafficking and commercial sexual exploitation of children 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 [URL: <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 domestic minor sex trafficking, 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 [URL: <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 [URL: [http://www.scielo.br/scielo.php?pid=S0103-21002015000100054&script=sci\\_arttext&lng=en](http://www.scielo.br/scielo.php?pid=S0103-21002015000100054&script=sci_arttext&lng=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 [URL: <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 [URL: <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 [URL:

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

This retrospective study examined patients aged between 12 and 18 years, who had attended one of four paediatric health care settings, and presented as suspected victims of child commercial sex exploitation (CCSE). Their symptoms and experiences were compared with victims of child sexual abuse 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 [URL:

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

The research evidence on child sexual abuse (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 [URL:

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

While recent research on child sexual abuse 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 offenses.

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 [URL: <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 [URL: [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, 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 [URL: <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 [URL: <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 two 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/23682765>]

Although child sexual abuse (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 six themes. While more research is needed, this methodology has the potential to raise awareness of child sexual abuse.

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 [URL: <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 offenses. 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 [URL: <http://aff.sagepub.com/content/early/2013/02/05/0886109912475172>]

The reporting of domestic minor sex trafficking (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 [URL: <http://www.tandfonline.com/doi/abs/10.1080/10538712.2013.811136?journalCode=wcsa20>]

This paper emphasises the importance of identifying robust, child sexual abuse (CSA) preventative measures, and reviews existing preventive interventions aimed at children, their parents, and professionals. The research discussed has three 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 [URL: <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 [URL: <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 one 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, e.g. 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 [URL: <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 [URL: <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 [URL: <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 [URL: [http://childcentre.info/robert/database/?id=10602andop=view\\_entryandentry\\_id=265](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 [URL: <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 [URL: <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 [URL: <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 [URL: <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 2002-2004, 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/20345776>]

Retrospective examination of the records of 101 victims of child sexual abuse (CSA) was carried out. The findings were used to help agencies plan effective prevention interventions. Fifty-seven were female and one 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, 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 [URL: <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 [URL: <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 child sexual abuse. 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/21113834>]

Professional awareness of child sexual abuse (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 [URL: [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 child sexual abuse 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 [URL: <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 [URL: <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 [URL: [https://www.elsevier.com/\\_\\_data/promis\\_misc/callout623291.pdf](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 [URL: <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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/19856733>]

This paper looks at the legal and social service aspects of child sexual abuse, 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 [URL: <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 [URL:

<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 [URL: <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 [URL: <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 policy-makers 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 [URL:

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

This work is set in London, and is based on the findings of a two 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 [URL:

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

It is difficult to calculate the prevalence of child sexual abuse (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 [URL:

<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 child sexual abuse (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 [URL:

<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 one 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

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 behavioral problems.** *Child and Adolescent Psychiatric Clinics of North America* 25(2) 139-56 [URL: <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 [URL: <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 [URL: <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 commercial sexual exploitation of children (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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/25635899>] While programmes to prevent child sexual abuse (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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/25092721>]

This review looked at the different formats that are used for school-based, child sexual abuse (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 [URL: <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 one 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-randomized evaluation.** *American Journal of Public Health* 105(7) 1344-50 [URL: <http://www.nyspcc.org/wp-content/uploads/AJPH-publication-published-PDF.pdf>]

"Safe Touches" is a school-based child sexual abuse (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 [URL: [http://www.cochrane.org/CD004380/BEHAV\\_school-based-programmes-for-the-prevention-of-child-sexual-abuse](http://www.cochrane.org/CD004380/BEHAV_school-based-programmes-for-the-prevention-of-child-sexual-abuse)]

School-based, child sexual abuse 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 [URL: <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 [URL: <http://www.tandfonline.com/doi/abs/10.1080/14681811.2013.816949>]

The European Union's Daphne III scheme funded a two-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 10-11 years and 13-14 years 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 on child welfare system involvement: A first look at longitudinal child maltreatment outcomes.** *Children and Youth Services Review* 42 127-135 [URL: <http://www.sciencedirect.com/science/article/pii/S0190740914001509>]

Early Head Start (EHS) is one of the largest, American, federally-funded initiatives, which supports low-income families through pregnancy to age three years. In a randomized 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 [URL: <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 [URL: [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 child sexual abuse 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 revictimization.** *Journal of Child Sexual Abuse: Research, Treatment, and Programme Innovations for Victims, Survivors, and Offenders* 23(4) 367-386 [URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4047823/>]

This paper looked at whether socio-economic factors influence the level of risk of child sexual abuse. 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 [URL: <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 [URL: <http://cwrp.ca/publications/3068>]

Past research has involved quantitative evaluation of school-based, child sexual abuse 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 child sexual abuse 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) [URL: <https://www.ncbi.nlm.nih.gov/pubmed/24517625>]

Because of the long-lasting consequences of child sexual abuse, 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 child sexual abuse.

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

This study evaluated a school-based child sexual abuse 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/23686619>]

This study measured the impact of a community-based child sexual abuse (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 [URL: <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 one 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 [URL: <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 child sexual abuse 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 [URL: <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 [URL: <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 [URL: [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 200,000-300,000 young people are at risk of commercial sexual exploitation of children (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 [URL: <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 [URL: <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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/22809047>]

In this study, the authors wanted to explore the efficacy of child sexual abuse prevention programmes aimed at adults. A randomized controlled trial was carried out with the programme being delivered in two 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 [URL: <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 child sexual abuse 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 [URL: <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 child sexual abuse (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 [URL: <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 child sexual abuse prevention. Two-thirds of respondents said that 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 [URL:

<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 [URL: <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 [URL:

<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 [URL:

<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 child sexual abuse. 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 URL:

<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 5<sup>th</sup> to 12<sup>th</sup> 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 [URL:

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

This literature review focuses on the role of parents in preventing child sexual abuse (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 ten 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 [URL:

<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 [URL:

<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 [URL: <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 child sexual abuse 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 [URL: <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 four 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 [URL: <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 child sexual abuse. Group processes and recruitment and retention are discussed alongside child and parent outcomes.

Kopp, B. and Miltenberger, R. G. 2009. **Evaluating the acceptability of four versions of a child sexual abuse prevention program.** *Child and Family Behavior Therapy* 31(3) 192-202 [URL: <http://www.tandfonline.com/doi/abs/10.1080/07317100903099183>]

Fifty-nine college students evaluated four, child sexual abuse 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 [URL: <http://www.who.int/bulletin/volumes/87/5/08-057075.pdf?ua=1>]

This review looked at seven 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 child sexual abuse 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 [URL: <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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/19197612>]

Child sexual abuse impacts not only impacts 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 [URL: <http://onlinelibrary.wiley.com/doi/10.1002/car.1034/abstract>]

In 1987, two paediatricians in Cleveland, used a controversial diagnostic technique to identify victims of child sexual abuse (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 [URL: <http://onlinelibrary.wiley.com/doi/10.1002/car.1012/abstract>]

This article reviews existing child sexual abuse education programmes and highlights the most effective methods, looking at the different target groups, e.g. child, parent, teacher. The research found that teaching children to recognise inappropriate touching, and techniques for resisting inappropriate advances had an impact on preventing child sexual abuse. 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 [URL: <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 [URL: <http://jiv.sagepub.com/content/23/6/728.abstract>]

The authors of this paper evaluated a multimedia child sexual abuse (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 child sexual abuse prevention.** *The Journal of Behavior Analysis of Offender and Victim Treatment and Prevention* 1(1) 52-64 [URL: <http://psycnet.apa.org/journals/bov/1/1/52.pdf>]

Child sexual abuse impacts not only impacts 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 two 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 [URL: <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 [URL: <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 child sexual abuse, 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 [URL: <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 [URL: <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 child sexual abuse. 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/18025942>]

In 2005, statistics showed that there were 2.9 million reports of child sexual abuse, 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, one 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 [URL: <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 [URL: <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=241827>]

This paper describes three 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 fantasises; 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 [URL: <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 child sexual abuse (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.

Wolfteich, P. and Loggins, B. 2007. **Evaluation of the Children's Advocacy Center model: Efficiency, legal and revictimization outcomes.** *Child and Adolescent Social Work Journal* 24(4) 333-352 [URL: <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 revictimisation rates. The sample was made up of 184 child abuse and neglect cases, selected over a five year-period, from three 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) [URL: <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 child sexual abuse (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 3-12 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 [URL: <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 four 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/15753196>]

This review explores about 90 empirical studies, highlighting the risk factors of sexual revictimisation. Research shows that two-thirds of people who have been sexually victimised

will be revictimised. The incidence and severity of child sexual abuse, multiple experiences of trauma, and the recency of the abuse, are all predictors of revictimisation. 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 revictimisation. The authors suggest that more longitudinal studies on sexual revictimisation are required.

## Treat earlier trauma

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) [URL: <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 post-traumatic stress disorder (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 [URL:

<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 child sexual abuse 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 [URL:

<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 [URL: <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 [URL: <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 [URL: <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 [URL: <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 six 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 [URL: <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 [URL: <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 five 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., Luebke, 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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/23819669>]

This paper looked at the childhood experiences of perpetrators of child sexual abuse. 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 [URL: <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 child sexual abuse, 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 [URL: <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. 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 [URL: <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 [URL: <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 of age. 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 [URL: <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 [URL: <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 [URL: <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 [URL: <http://tva.sagepub.com/content/11/4/159.short?rss=1andssource=mfr>]

This paper investigates the link between child sexual abuse (CSA) and later sexual exploitation, identifying effective prevention and intervention strategies. Psychological consequences of child sexual abuse include low self-esteem, anxiety, and depression. They are also at risk of sexual revictimisation 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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096869/>]

This prospective longitudinal study looks at the effect of child sexual abuse (CSA) on the child's future experience of motherhood. Females who were sexually abused as children were compared with non-abused females, and assessed six 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 child sexual abuse 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 [URL:

<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 two 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 [URL: <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) had almost double the amount of male admissions, while the oldest group (16-17 years) had almost double the amount 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 [URL: <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 four 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 [URL: <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 [URL: <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., Annet, 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 [URL: <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 two

national U.S. databases and one 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 [URL: <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 post-traumatic stress disorder (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. 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 URL: <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 [URL: <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 [URL: <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 child sexual abuse (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 [URL: <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 [URL: <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 [URL: <http://eds.a.ebscohost.com/eds/detail/detail?sid=ccc6ab2b-3db6-46bb-9641-eac7698b6219%40sessionmgr4010andvid=0andhid=4111andbdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=19164172anddb=asx>]

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 [URL: <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 [URL: <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

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 [URL:

<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, who 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 [URL:

<http://www.sciencedirect.com/science/article/pii/S0145213415004639>]

There are few studies on potential child abuse offenders. This paper proposes that a six-component model used for primary diabetes prevention, be adapted to help identify potential child sexual abuse offenders, who have not yet committed a crime, and can be prevented from offending. The six components include: map the extent of the issue, define a clear risk factor profile to identify people at risk of offending, develop valid screening tests, test the effectiveness of the intervention, produce and disseminate accurate outcome data, and 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 [URL: <http://www.scie-socialcareonline.org.uk/prevention-enhancing-interactions-a-critical-interpretive-synthesis-of-the-evidence-about-children-who-sexually-abuse-other-children/r/a1CG0000003IKIOMAM>]

The purpose of this synthesis was to discuss the research about children who 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: characteristics, causes, communications, interventions, and treatments, and 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 [URL:

<http://www.sciencedirect.com/science/article/pii/S1743609515309383>]

The German Dunkelfeld project is a treatment programme, which aims to prevent child sexual abuse (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 [URL:

<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 offense.

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

[URL: <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 one 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 [URL:

<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 two groups. There were differences in re-offending 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 [URL: <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 [URL: <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 years and 16.5 years 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 one 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 [URL: <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 child sexual abuse. 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 [URL:

<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 three 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 [URL: <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 re-offending. 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 [URL: <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 child sexual abuse. 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/24626460>]

This review looked at the correlations between child sexual abuse (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 [URL: <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 child sexual abuse 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 [URL:

<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 offenses, 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 [URL: <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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/25013121>]

The aim of this research was to see whether the Psychological Inventory of Criminal Thinking Styles (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 randomized and nonrandomized studies.** *Trauma Violence & Abuse* 16(4) 401-17 [URL: <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 re-offending. The study included one 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 re-offending 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 [URL: <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 [URL: <http://www.sciencedirect.com/science/article/pii/S1359178914000536>]

This review had two 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 three 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 [URL: <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 [URL: <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 re-offending.

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 [URL: <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 [URL: <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 two 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/22425764>]

Set in Germany, this study assessed 682 male sex offenders divided into four age groups, to see if the risk of sexual re-offending, changes depending on the age of the offender. The different age groups did show different behavioural patterns, which affected the risk of re-offending. 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 re-offending 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 [URL:

<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 re-offending. 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 offenses 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 [URL: <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 two 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 [URL: <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/hebephilia, 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 child sexual abuse offences in the past six months, with men who had not committed offenses during the same period. The second looked at the lifetime offense history, not including the most recent six months, and "*compared child pornography offenders with child sexual abuse offenders and men who had committed both kinds of offenses.*" 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 [URL: <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 offenses. The service was delivered within a community intellectual disability service. Twenty assessed men were initially recruited, but only seven completed the treatment. At 12-24 months follow-up, it was found that none of the seven 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/20442449>]

This study looked at group sex offenses, with particular regard to the roles played by offenders in terms of leaders and followers, comparing levels of psychopathology, intelligence, and psychosocial and offense-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 offenses.

't Hart-Kerkhoffs, L., Vermeiren, R., Jansen, L., et al. 2011. **Juvenile sex offenders: Mental health and reoffending.** *European Psychiatry* 26 [URL: <http://www.sciencedirect.com/science/article/pii/S0924933811737804>]

In this study addressing the psychiatric characteristics and re-offending 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 one other condition. Child molesters demonstrated high levels of autism symptomology and internalising disorders. While 40% of JSOs had committed several sexual offenses, none re-offended within 2-4 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 [URL: <http://sax.sagepub.com/content/early/2010/11/06/1079063210384277.abstract>]

This study used four 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 [URL: <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 eight 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 [URL: <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 [URL: <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 re-offending. 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 [URL: <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 three 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 [URL: <http://www.tandfonline.com/doi/abs/10.1080/14789940903174188>]

This paper reports on the Berlin Prevention Project Dunkelfeld (PPD), which aims to prevent child sexual abuse (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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/19719027>]

This paper looks at two 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, e.g. 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 child sexual abuse 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 [URL: <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 [URL: <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-offense. 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 [URL: <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 re-offending 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 [URL: <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 [URL: <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 child sexual abuse (CSA). Risk factors were organised into 6 categories (family factors, externalising behaviours, internalising behaviours, social deficits, sexual problems, and 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 [URL: <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.

Crichton, D. and Towl, G. 2007. **Experimental interventions with sex offenders: A brief review of their efficacy.** *Evidence-Based Mental Health* 10(2) 35-37 [URL: <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 re-offending. 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 two 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 [URL: <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 offenses 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 [URL: <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 program 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 [URL: <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

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 [URL: <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 [URL: <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 child sexual exploitation (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 [URL: [http://www.ncsl.org/Portals/1/Documents/magazine/articles/2016/SL\\_0916-ChildTrafficking.pdf](http://www.ncsl.org/Portals/1/Documents/magazine/articles/2016/SL_0916-ChildTrafficking.pdf)] This paper provides examples of child sex trafficking 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 [URL: <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 [URL: <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 child sexual abuse (CSA). The programme was disseminated in three counties in the American State of South Carolina, and the impact was measured against three 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 [URL: [http://journals.lww.com/ajnonline/Fulltext/2016/03000/CE\\_\\_\\_Mental\\_Health\\_Matters\\_\\_\\_Revisiting\\_Child.22.aspx](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 child sexual abuse (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 [URL: <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 one 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 [URL: <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 child sexual exploitation. 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 [URL: <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 child sexual abuse (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. [URL:

[https://www.researchgate.net/publication/276856861\\_Criminal\\_Victim\\_or\\_Ally\\_Examining\\_the\\_Role\\_of\\_Sex\\_Workers\\_in\\_Addressing\\_Minor\\_Sex\\_Trafficking](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 commercial sexual exploitation of children, suggesting that sex workers should work with social workers to help protect children who are at risk of becoming child sex trafficking 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 [URL: <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 commercial sexual exploitation of children (CSEC) is now a child abuse offense. 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/25942284>]

In many countries, teachers are legally obliged to report cases of child abuse, neglect and child sexual abuse (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 4<sup>th</sup> 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 [URL:

<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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/26599463>]

This cross-sectional study examined the cases of 25 victims of commercial sexual exploitation of children/child sex trafficking (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 two 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/26625592>]

This case study about Safe and Sound in Derby, describes how child sexual exploitation 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 [URL: <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 [URL: <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) [URL: <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 [URL: <http://onlinelibrary.wiley.com/doi/10.1002/car.2280/abstract>]

This paper looks at the research about the reporting of child sexual abuse (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 [URL: <http://link.springer.com/article/10.1007/s11121-015-0553-z>]

Child sexual abuse (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 [URL:

<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 [URL: <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 child sexual abuse 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 randomized controlled trial of Stewards of Children.** *Prevention Science* 16(3) 374-85 [URL:

<https://www.ncbi.nlm.nih.gov/pubmed/25015782>]

Teachers, childcare personnel, and clergy, are all in a strong position to help prevent child sexual abuse (CSA). This study involved 352 childcare professionals, who participated in the Stewards of Children prevention programme. They were randomly assigned to one of three 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 [URL:

<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, were

screened during intake. Of these, 47 reported risk factors associated with commercial sexual exploitation of children, 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 Flat People" program.** *Journal of Interpersonal Violence* 30(17) 2999-3021 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/25355856>]

The "Red Flag Green Flag People" programme is one 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 [URL: <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 [URL: [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 [URL:

<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 [URL:

<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 two 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/23977773>]

Nurses are often the first point of contact for victims of abuse, and therefore play a key 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](http://www.somaly.org)) or the US Department of State ([www.state.gov](http://www.state.gov)).

Hackett, A. J. 2013. **The role of the school nurse in child protection.** *Community Practitioner* 86(12) 26-29 [URL: <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 one 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 six 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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/23874306>]

The research evidence shows that child sexual abuse (CSA) occurs, most frequently, in children aged between 2 and 17 years. It is more common for girls to be abused, particularly when they are aged between 13 and 17 years, 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 four 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 Programme Planning* 40 1-9 [URL:

<http://www.sciencedirect.com/science/article/pii/S0149718913000323>]

In America, awareness of the commercial sexual exploitation of children (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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/24070539>]

This paper focuses on child sexual abuse (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 [URL: <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 child sexual abuse (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) co-operation 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 [URL: <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 a key 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 commercial sexual exploitation of children. 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 [URL: <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 key 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/22994690>]

Training in recognising signs of child sexual abuse 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 child sexual abuse, 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 [URL: <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 key 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 [URL: <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 child sexual abuse 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 [URL: <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 five women who said they had been sexually abused by a male 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/21788216>]

This tool is made up of four questions to ascertain whether a child receiving an initial evaluation for alleged sexual assault should be seen in an emergency setting. The questions are: 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 [URL: <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.

Hornor, G. 2010. **Child sexual abuse: Consequences and implications.** *Journal of Pediatric Healthcare* 24(6) 358-364 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/20971410>]

Child sexual abuse (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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/20924907>]

This paper provides an introduction to the issues faced when managing child sexual abuse (CSA) cases. There are three 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 prioritized 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 one 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 [URL: <http://www.tandfonline.com/doi/abs/10.1080/10538712.2010.523514>]

This paper discusses the myths around child sexual abuse, 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 [URL: <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 [URL: <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 (six 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. [URL: <http://europepmc.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 [URL: <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 six languages and tested on 842 young adults, aged between 18 and 26 years, from seven 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 [URL: <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 [URL: <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, The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) has developed three, 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 [URL: <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 multi-national pilot testing.** *Child Abuse and Neglect* 33(11) 833-841 [URL: <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 six languages, and was tested in four 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 multi-national, multi-lingual, 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 [URL: <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 [URL: [http://www.tandfonline.com/doi/abs/10.1300/J019v30n01\\_01](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 child sexual abuse 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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/18650695>]

Diagnosis of child sexual abuse (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 randomized controlled trial of consensus-based child abuse case management.** *Child Abuse and Neglect* 31(9) 919-933 [URL: <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 [URL: <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 [URL: <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 "Perverved 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 [URL:

<http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1005andcontext=psychfacpub>]

This paper explores the best methods for interviewing victims of child sexual abuse, 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 [URL: [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](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 [URL: [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 [URL: <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 [URL: <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 [URL: <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

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 [URL:

<http://www.sciencedirect.com/science/article/pii/S0145213415003609>]

'Safe Harbor' laws have been initiated in the United States to help divert victims of commercial child sexual exploitation (CCSE) and child sex trafficking (CST) from the criminal justice system into the child welfare system, thus preventing further traumatising. 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 one traffic stop at a time.** *Aggression and Violent Behavior* 30 68-75 [URL: <http://www.sciencedirect.com/science/article/pii/S1359178916300994>]

This paper describes the role that the police has in identifying potential victims of child sexual exploitation (CSE), and describes a training programme targeted at law enforcement officers, to help them understand how to identify: 1) people who pose a risk to children; 2) children who are being trafficked, exploited, or abused by adult(s); 3) 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 [URL:

[http://epublications.bond.edu.au/law\\_pubs/836/](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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/26803840>]

Each year, in the United States, more than 62,000 children are exposed to child sexual abuse (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 [URL:

<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 [URL: <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 child sexual abuse 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 [URL: <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 three 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 [URL: <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 [URL: <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 [URL:

<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 are 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 [URL:

<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 key 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 [URL: <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 [URL:

<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 child sexual abuse, 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 child sexual abuse.

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 [URL: <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 nine 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 [URL: <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 [URL: <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 of age: National surveillance in the UK and Republic of Ireland.** *Archives of Disease in Childhood* 99(8) 712-716 [URL: <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 [URL: [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 child sexual abuse 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 [URL: <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 [URL: <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 [URL: <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 Psichiatrica* 52(1) 37-50 [URL: <http://www.minervamedica.it/en/journals/minerva-psichiatrica/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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/21442530>]

This qualitative study was carried out in Scotland, to understand more about what child sexual abuse 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 [URL: <http://www.sciencedirect.com/science/article/pii/S1751722210001575>]

This article provides guidance on diagnosing and managing child sexual abuse (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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/21061918>]

Around the world, women are twice as likely to be victims of child sexual abuse. 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 child sexual abuse, 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 [URL: <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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1325073/>]

While child abuse has always taken place, it was only in 2962, when Kempe et al. described the key 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 child sexual abuse, 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 [URL:

<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 one 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 [URL: <http://www.sciencedirect.com/science/article/pii/S0145213406001207>]

This telephone survey examined how cases moved forward through the four 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 one 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 [URL: <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 [URL: <https://www.ncbi.nlm.nih.gov/pubmed/15914413>]

Collaboration 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 collaboration more effective.

## Religion and ethnic background

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 [URL: <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 child sexual abuse (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 four 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 [URL: <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 [URL: <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 [URL: <http://www.sciencedirect.com/science/article/pii/S0145213414001100>]

This is an editorial presenting a brief overview of four 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 [URL: <http://www.tandfonline.com/doi/abs/10.1080/10508422.2013.865525>]

The media has reported on several incidents of child sexual abuse 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 [URL: <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 two rural communities, to see how class, culture, and race influence the reporting of child sexual abuse. 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 [URL:

<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 [URL:

<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

[URL: <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

[URL: <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 child sexual abuse 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 child sexual abuse.

# Search Strategy

Date of searches: 11<sup>th</sup> and 18<sup>th</sup> June 2015, 15<sup>th</sup> November 2016

Databases searched: Cochrane Library, OVID Medline, OVID Embase, EBSCO CINAHL, OVID PsycInfo

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- 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)