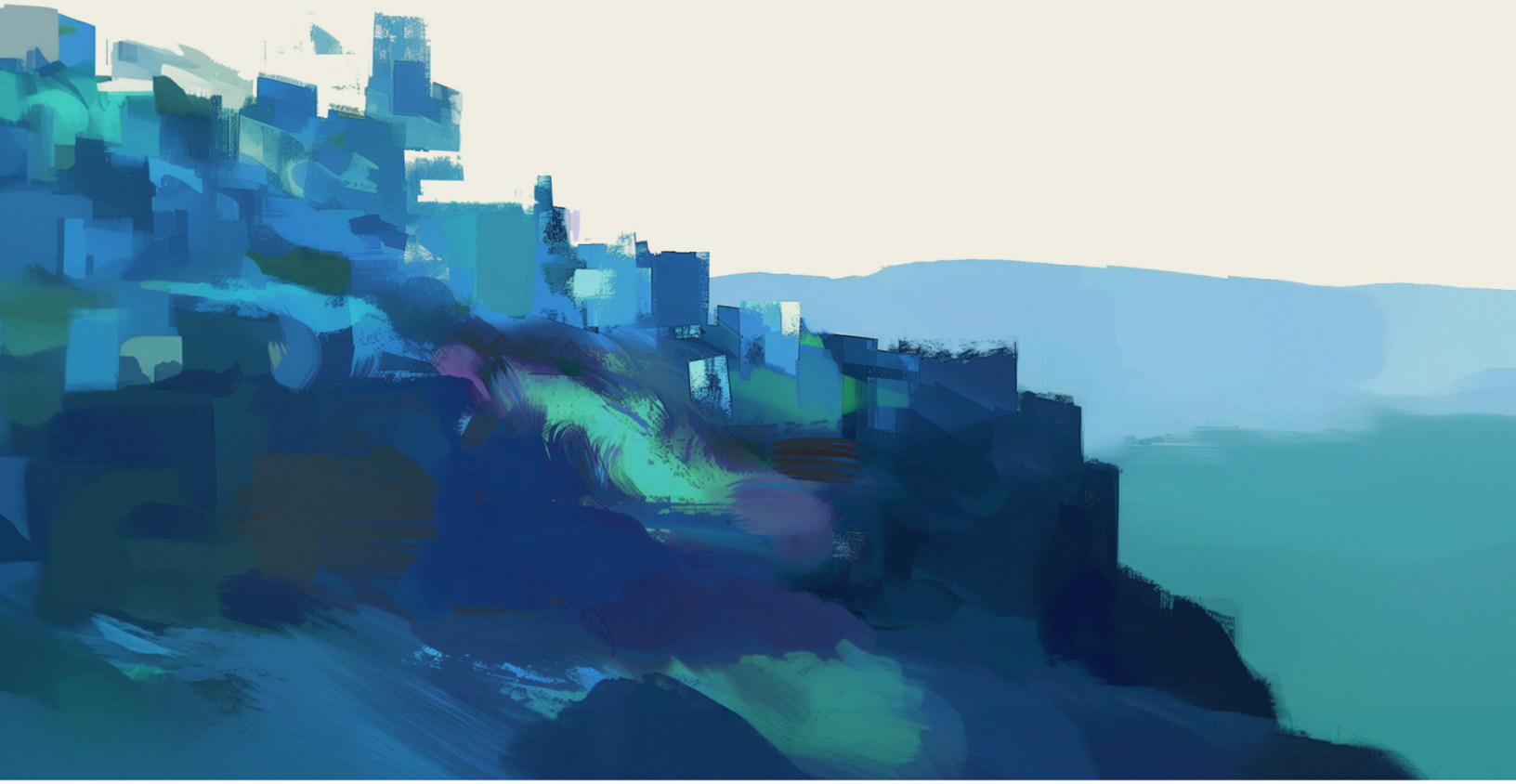
Department of Social Policy and Intervention

UNIVERSITY OF OXFORD

SAFE FUTURES HUB

Building Safe Futures: Preventing childhood sexual violence in high-income countries

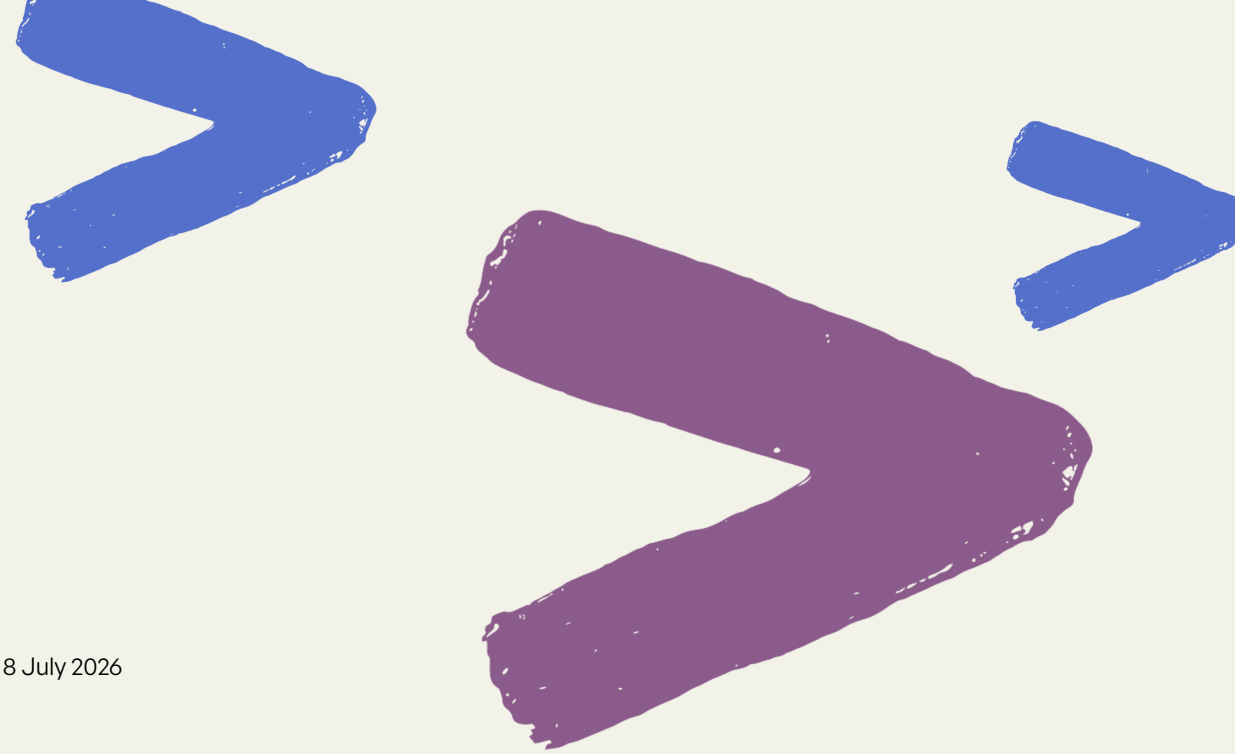
Evidence brief



SVRI sexual violence research initiative

Together for girls STRENGTH IN NUMBERS

weprotect Global Alliance



Last modified on: 8 July 2026

About this brief. This brief was developed by the Safe Futures Hub (SFH) and a research team from the Department of Social Policy & Intervention, University of Oxford. SFH is a joint initiative between the Sexual Violence Research Initiative, Together for Girls, and WeProtect Global Alliance focused on solutions to end sexual violence against children.

This brief focuses on high-income country evidence on childhood sexual violence prevention and builds on and follows from the SFH evidence review Building Safe Futures, which synthesized evidence from low- and middle-income countries. Together, the evidence from these two reviews provides a global picture of approaches to preventing childhood sexual violence across diverse contexts. The findings in this brief are based on a living systematic review (LSR) commissioned by SFH and undertaken by a team of researchers in the Department of Social Policy and Intervention, at the University of Oxford. The LSR was conceptualized by SFH which also provided initial dashboard design ideas, technical guidance, and feedback throughout the design, analysis, and writing process. At the University of Oxford, Bridget Steele and Amiya Bhatia led the technical design and implementation of the living systematic review. Sonica Minhas led data extraction. Anja Zinke-Allmang led the development of this brief and data visualization. Jinseo Kim led data analysis. Susan Swingler and Alexa Davis contributed to data extraction and analysis. Michelle Delgi Esposti and Jane Barlow provided feedback of the design of the study. The SFH Advisory Group provided feedback on the study design and drafts of this brief.

Citation. Department of Social Policy and Intervention, University of Oxford and Safe Futures Hub (Sexual Violence Research Initiative, Together for Girls, WeProtect Global Alliance). 2026. Building Safe Futures: Preventing childhood sexual violence in high-income countries evidence brief.

Use of Artificial Intelligence (AI) in this research. This brief presents evidence from a living systematic review that utilized EPPI-Reviewer to conduct screening of peer-reviewed articles and data extraction. This review utilized the integrated EPPI-Reviewer machine-learning screening algorithm to prioritize articles for review. All final inclusion decisions were made by researchers. During data extraction, this review tested then utilized built-in LLM functionalities in EPPI-Reviewer and Claude to cross-check researcher-led extracted data and to determine feasibility and reliability for future use. All AI-generated outputs were validated by the research team.

Contents

Background

Why does the field of violence prevention and response need this evidence brief?

Efforts to distill and synthesize the evidence on interventions to prevent childhood sexual violence (CSV) are expanding. Recent evidence reviews, such as Building Safe Futures: Solutions to end childhood sexual violence, have focused on synthesizing evidence in low- and middle-income countries. Evidence on interventions, laws, and policies to prevent CSV in high-income countries (HICs) has not yet been systematically synthesized.

This brief describes the peer-reviewed evidence on efforts to prevent CSV in HICs from 2018 to 2025. It describes the characteristics and effectiveness of CSV prevention efforts including interventions, laws, and policies that have been evaluated in HICs. It also presents the evidence within each of the seven strategies to prevent violence outlined in the WHO and UNICEF INSPIRE framework (World Health Organization, 2016). By bringing together findings on which interventions, laws, and policies were able to reduce CSV, this brief aims to inform policy, programming, and investment in efforts to prevent sexual violence against children.

Evidence reviews on childhood sexual violence prevention

2019	What works to prevent sexual violence against children: Evidence review
2020	Action to end child sexual abuse and exploitation: A review of the evidence
2024	Building safe futures: Solutions to end childhood sexual violence
2025	Scoping review to identify child sexual violence research gaps in low- and middle-income countries
2026	Advancing the science of outcome measurement in child sexual violence prevention: Results of a rapid review

What is childhood sexual violence?

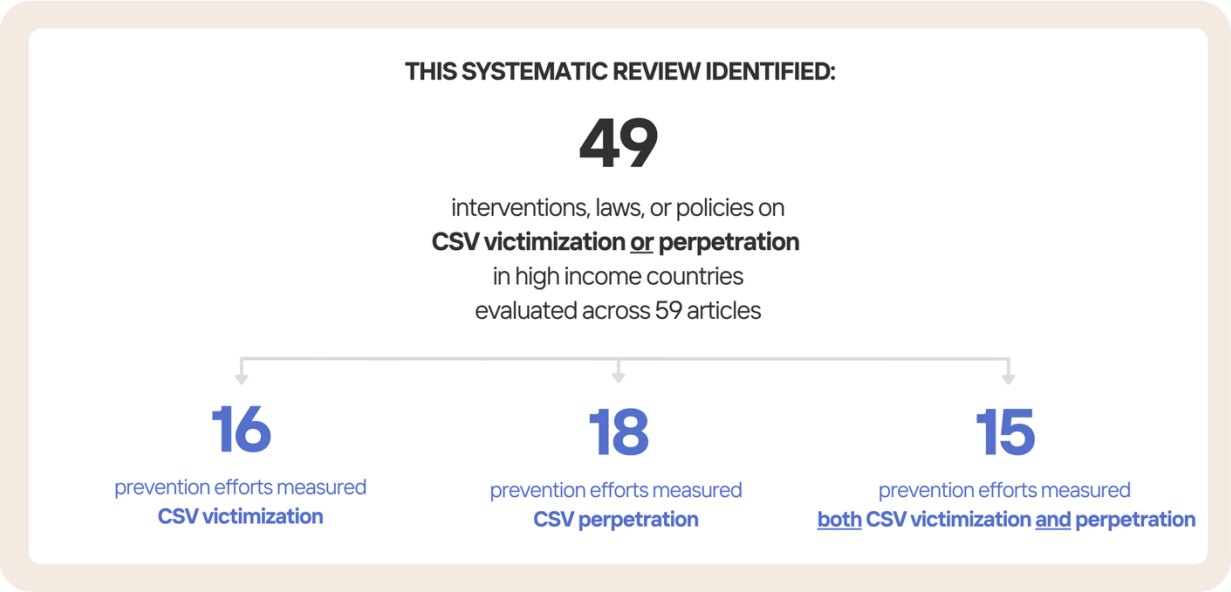
Childhood sexual violence (CSV) is a preventable violation of children's rights, with severe short- and long-term consequences for survivors, families, and communities (Piolanti et al., 2025). CSV is defined by UNICEF as any deliberate "*act of a sexual nature that is perpetrated against a child [18 years or younger] and that results in or has a high likelihood of resulting in injury, pain, or psychological suffering"* (United Nations Children's Fund, 2023). CSV includes multiple forms of violence victimization and perpetration. For example, forced sex, harassment, dating violence, abuse, aggression, exploitation, solicitation, and online violence. New types of CSV continue to emerge, especially with increased exposure to digital spaces (WeProtect Global Alliance, 2019).

CSV can occur in the places children live, play, learn, and work in as they grow up, including in homes, schools, workplaces, health facilities, public spaces, and online spaces (Ligiero & Radford, 2019). Most instances of CSV are perpetrated by adults or children known to the child, each requiring targeted preventative and response interventions (Mathews et al., 2024). CSV should be understood as a form of gendered violence that occurs across lines of power, that often disregards the age of consent, and is often unequally experienced by subgroups of children. Global evidence shows that girls (Piolanti et al., 2025), sexual and gender minority children (Capaldi et al., 2024), and children with disabilities are disproportionally affected by CSV (Cardoso et al., 2025; Fang et al., 2022).

What is the scale of childhood sexual violence in high income countries?

Globally, an estimated 20.1% of girls and 16.8% of boys have experienced any type of CSV and 12.4% of girls and 10% of boys have experienced contact CSV before the age of 18 (Fang et al., 2026). In HICs, approximately one in four girls (24%) and one in seven boys (15%) have reported experiencing contact sexual violence during childhood (Cagney et al., 2025). HICs are diverse in their policy environments, contexts, and histories and the prevalence of CSV varies both between HICs and within each country (Cagney et al., 2025; Fang et al., 2026; Piolanti et al., 2025). CSV prevalence estimates represent efforts by governments, organizations, advocacy groups, activists, and survivors of CSV to make the magnitude of the problem visible. However, CSV remains underreported since children face significant barriers to reporting and disclosure, including stigma, fear, and lack of safe reporting mechanisms. Further, most CSV measurements do not capture emerging forms of CSV including online and technology-facilitated sexual violence. Governments and institutions also face challenges in consistently monitoring and measuring CSV (Lemaigre et al., 2017). Despite these limitations, existing evidence clearly demonstrates that CSV remains a widespread and serious public health and child protection issue in HICs.

What evidence does this brief include?



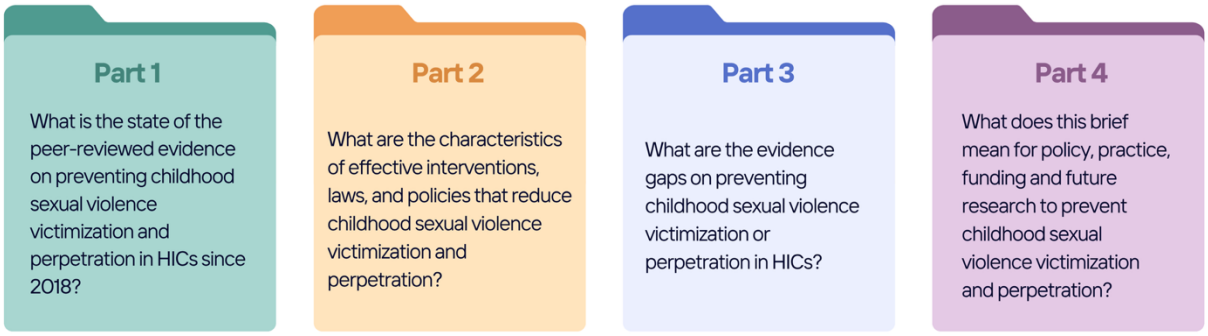
This brief includes evidence from 2018 to 2025 in HICs[1] (Metreau et al., 2025) drawn from a global systematic review of evaluations of interventions, laws, and policies to prevent CSV victimization and perpetration (Steele et al., 2026). All evaluations in this brief measured CSV victimization and perpetration among children under the age of 18, and perpetrators of CSV at any age. All evaluations were quantitative and published in English in academic peer-reviewed journals.

This evidence brief does not capture the work being done to prevent and respond to CSV that is ongoing, unpublished, or local and global efforts to support child or adult survivors of sexual violence. The brief also does not include qualitative or formative evaluations, evidence in other languages, prevention efforts where all evaluations were conducted before 2018, and does not provide an assessment of the quality of evidence. This brief focuses on sexual violence and does not examine the effects of interventions, laws, or policies on other types of violence against children.

[1] HICs are defined using the World Bank definition of countries with a gross national income per capita of $13,935 and above in 2024 and include 87 out of the 218 countries and territories in the world.

How is this brief organized?

This brief has four parts. Part 1 explores the state of the peer-reviewed evidence on CSV victimization and perpetration prevention published between 2018 and 2025. Part 2 discusses which prevention efforts (interventions, laws, or policies) were effective in reducing CSV and provides examples of effective prevention efforts across the seven INSPIRE categories. Part 3 describes key evidence gaps identified. Part 4 offers reflections for policy, practice, research, and funding to advance CSV prevention efforts.



Part 1

What is the state of the peer-reviewed evidence on preventing CSV victimization and perpetration in HICs since 2018?

Between 2018 and 2025, there were 59 published articles evaluating 49 unique interventions, laws, and policies to prevent CSV victimization and perpetration in HICs.

CSV prevention efforts in HICs have expanded.

Since 2018, the number of evaluated interventions, laws, and policies to prevent CSV in HICs have grown, with a more rapid increase in evaluations being undertaken and published after 2021. By the end of 2025, there was a similar number of prevention efforts for victimization as there was for perpetration.

CUMULATIVE NUMBER OF PREVENTION EFFORTS TO PREVENT CHILDHOOD SEXUAL VIOLENCE EVALUATED SINCE 2018

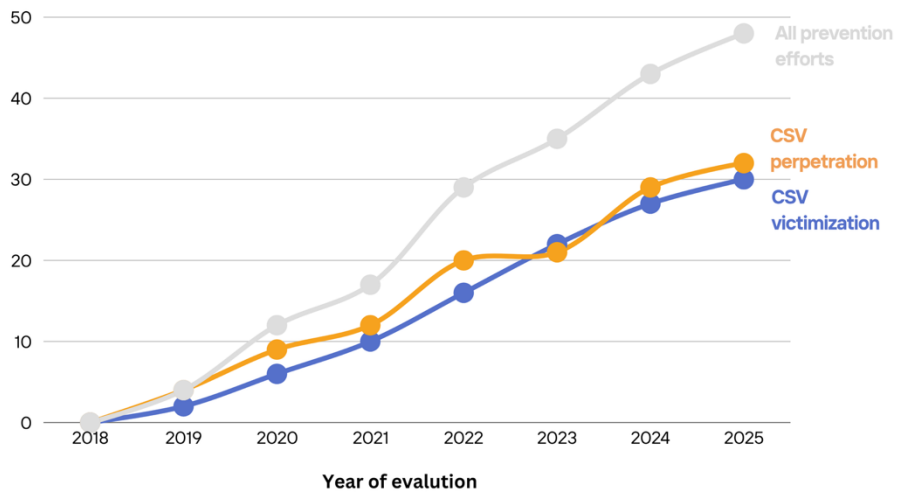


Figure reflects 59 peer-reviewed published evaluations on 49 interventions, laws, & policies to prevent CSV.

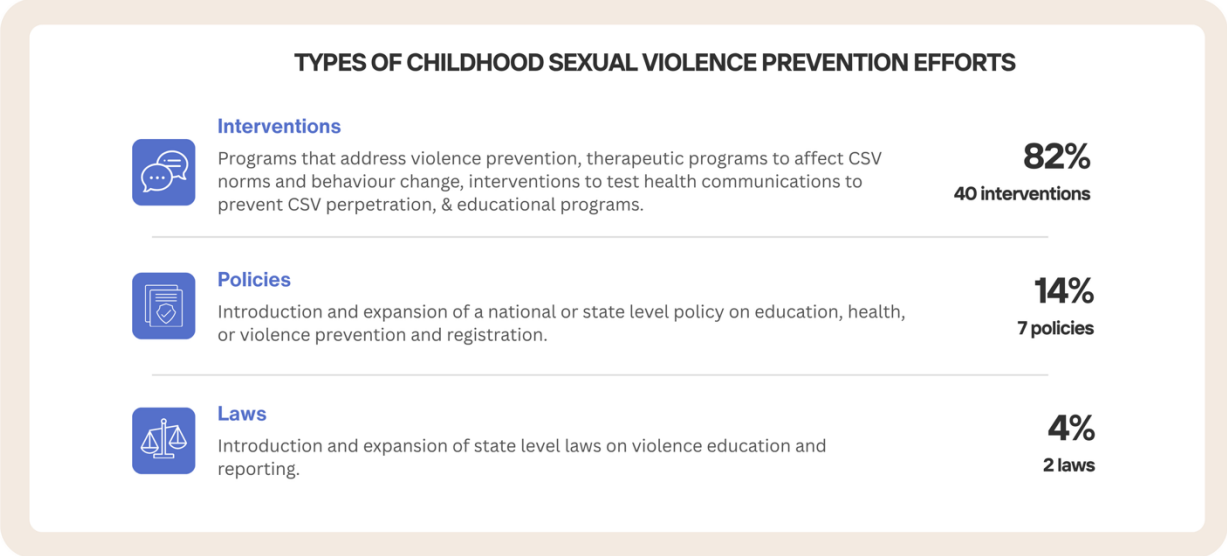
Efforts to prevent CSV in HICs mostly came from the United States with some representation from other HICs.

The 49 unique prevention efforts included interventions, laws, and policies that were evaluated between 2018 and 2025 came from only 9 out of all 87 HICs worldwide. No peer-reviewed evaluations since 2018 were identified in the remaining 78 HICs. Most prevention efforts evaluated

were implemented in the Americas & the Caribbean (30 interventions in the US and Canada) with fewer in Europe & Central Asia (14 interventions across 6 countries), and East Asia and the Pacific (4 interventions all from Australia).

There was more evidence on interventions than policies or laws in HICs.

Since 2018, 40 interventions to prevent CSV victimization or perpetration in HICs were evaluated in contrast to seven policies and two laws. This may reflect the challenges of evaluating large-scale policies and legal reforms or it may reflect more limited legal and policy change to address CSV.



Most CSV prevention efforts were for adolescents.

All interventions, laws, and policies that addressed CSV victimization included adolescents between 10-18 years old. The only efforts to prevent CSV victimization among infants, toddlers, or babies and children aged 5-9 years were changes in national or state policy or law, (e.g., Affordable Care Act Medicaid (Assini-Meytin et al., 2023) and Safe Harbor Laws (Gies et al., 2020)), and one multi-component intervention (Noll et al., 2025).

Efforts to prevent CSV perpetration were also mostly designed for adolescent CSV (82%). Three (9%) efforts focused on CSV perpetration included children aged 5-9 (two of which were therapeutic interventions, and one was a policy change). Six prevention interventions aimed to prevent CSV perpetration among adults, of which two were therapeutic programs to address CSV re-perpetration (Latth et al., 2022; Wild et al., 2020), three were interventions to examine the efficacy of online behavioral prompts to reduce access and sharing of child sexual images (Prichard, Scanlan, et al., 2022; Prichard et al., 2024; Prichard, Wortley, et al., 2022), and one was a mass media awareness campaign (Newman et al., 2024).

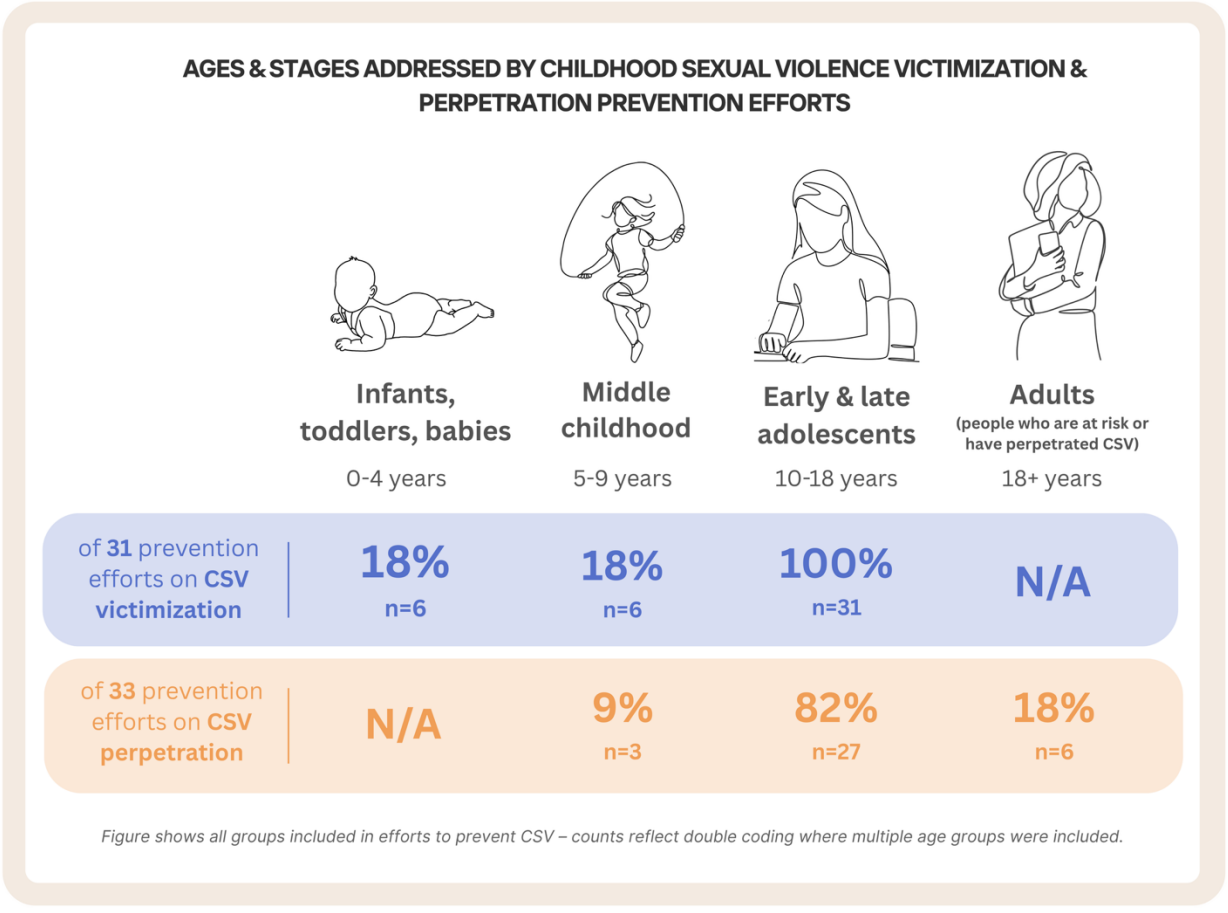


Figure shows all groups included in efforts to prevent CSV – counts reflect double coding where multiple age groups were included.

CSV victimization and perpetration were measured using many different outcomes and approaches.

Across the 49 CSV prevention interventions, laws, and policies evaluated between 2018 and 2025, 16 reported victimization outcomes, 18 reported perpetration outcomes, and 15 reported both. Overall, 25 types of CSV were measured across prevention efforts, which were thematically grouped into six categories:

1. Sexual violence, assault, abuse, and aggression
2. Sexual harassment
3. Online sexual violence
4. Sexual recidivism
5. Sexual and reproductive coercion
6. Sexual exploitation

Evaluations of efforts to prevent CSV victimization most often measured sexual violence, assault, abuse and aggression (24 prevention efforts); sexual harassment (10 prevention efforts); and online sexual violence (6 prevention efforts). Sexual exploitation and sexual and reproductive coercion were measured less frequently (one intervention each). Similarly, CSV perpetration prevention efforts most often measured sexual violence, assault, abuse and aggression (22 prevention efforts); sexual harassment (10 prevention efforts); and online sexual violence (10 prevention efforts).

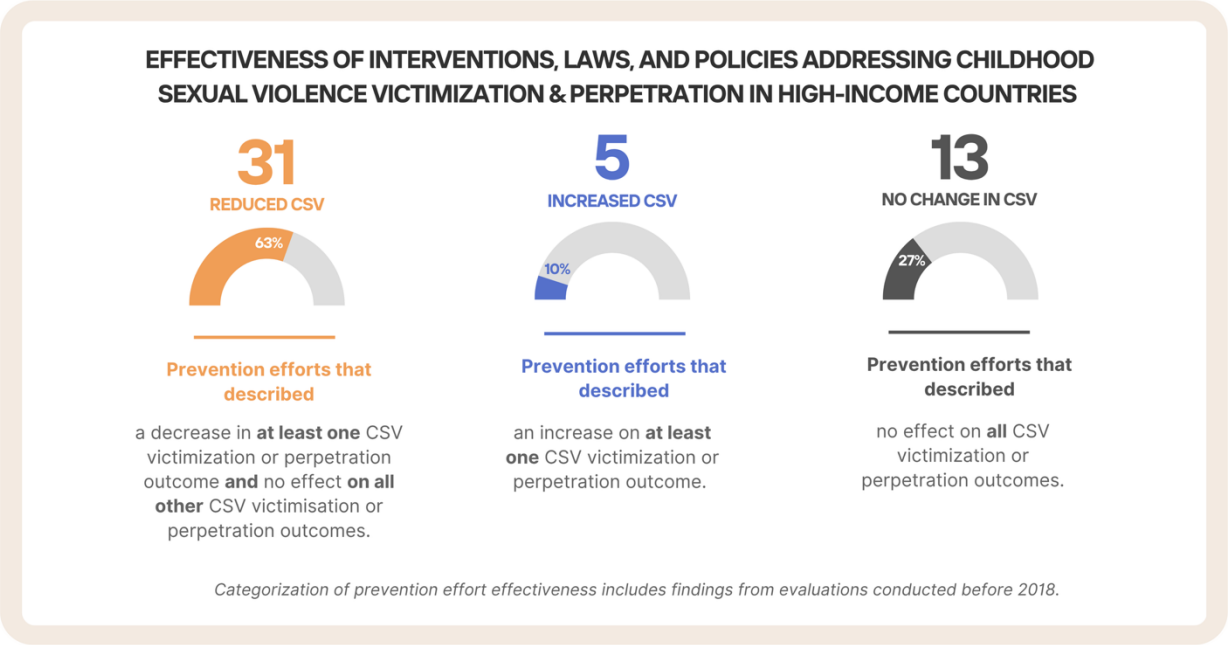
Children self-reported CSV victimization and perpetration in most evaluations.

Across the 49 CSV prevention efforts evaluated between 2018 and 2025, CSV victimization and perpetration was either self-reported by children (29 prevention efforts), reported by parents or caregivers (2 prevention efforts), reported by adults who perpetrated or who were at risk of perpetrating (3 prevention efforts), or measured through administrative data (15 prevention efforts). Examples of administrative data sources used were reports to child protective services or police and court reports. Some prevention efforts used more than one of the above approaches to measure CSV, for example, a combination of self-report CSV and reports from parents or caregivers.


THEMATIC CATEGORISATION OF TYPES OF CHILDHOOD SEXUAL VIOLENCE VICTIMIZATION & PERPETRATION OUTCOMES
Group 1
Sexual violence, assault, abuse, & aggression
Forced sex
Incapacitated sex
Sexual aggression
Sexual violence
Sexual abuse
Sexual dating violence
Sexual assault
Victimization: 24 prevention efforts
Perpetration: 22 prevention efforts
Group 5
Sexual & reproductive coercion
Sexual & reproductive coercion
Sexual coercion
Victimization: 1 prevention effort
Perpetration: 1 prevention effort
Group 2
Sexual harassment
Unwanted sexual contact
Sexual harassment
Sexual harassment & stalking
Sexually explicit behavior
Victimization: 10 prevention efforts
Perpetration: 10 prevention efforts
Group 3
Online sexual violence
Online sexual abuse
Non-consensual sexting
Online sexual dating violence
Viewing child sexual abuse materials
Distributing child sexual abuse materials
Online sexual solicitation & interactions
Online sexual harassment
Online sexual interactions
Online sexual aggression
Online sexual violence
Victimization: 6 prevention efforts
Perpetration: 10 prevention efforts
Group 4
Sexual recidivism
Sexual recidivism
Perpetration: 3 prevention efforts
Group 6
Sexual exploitation
Commercial sexual exploitation
Victimization: 1 prevention efforts
Perpetration: 0 prevention efforts

There were 31 interventions, laws, or policies that reduced CSV and 5 that increased CSV since 2018.

Out of 49 interventions, laws, and policies included, 31 reduced CSV, 13 did not change CSV, and 5 found increases in at least one reported CSV victimization or perpetration outcome.



The 31 interventions that reduced CSV are discussed in detail in Part 2 of the brief. Among the five prevention efforts that increased at least one CSV outcome, there were four interventions and one policy. The authors of all five evaluations discussed whether the increase in CSV outcomes reflected an increase in awareness and reporting of CSV or an increase in CSV victimization or perpetration. However, the outcomes that increased CSV were not outcomes that were intended by study authors to measure formal or informal CSV reporting. Therefore, the intervention or policy was likely to have caused harm to some participants for some CSV outcomes measured. This underscores the need for considering the possibility of harm as well as other unintended effects in intervention and policy design and delivery. Ensuring that evaluations and interventions have safety protocols, stopping criteria, and procedures to assess harm could serve to prevent unintended harm from prevention efforts. Qualitative process evaluations and outcome metrics on disclosure of CSV could help explore the mechanisms underlying increases in CSV. Interventions, laws, and policies that increased CSV should not be scaled or expanded.

Part 2

What are the characteristics of effective interventions, laws, and policies that reduce childhood sexual violence victimization and perpetration?

This section describes the 31 interventions, laws, and policies that reduced CSV. Of these 31 prevention efforts, 13 reduced CSV victimization, 13 reduced CSV perpetration, and 5 reduced both.

Schools were the most common site of effective CSV prevention efforts.

Most of the prevention efforts that reduced CSV victimization and perpetration were implemented in schools (13) or in a combination of schools and an additional context (6). Among these interventions, components included classroom curricula, norms and attitude change, community engagement or events, and bystander awareness and training components. Four prevention efforts that reduced CSV were delivered online and four were delivered within health and mental health services. There were two interventions delivered at the community-level, and only one intervention delivered via the criminal justice system.

No peer-reviewed published evidence of CSV prevention was identified in homes, alternative care settings, workplaces, religious, or humanitarian settings. This evidence gap for spaces where children spend much of their time and often experience violence highlights the need for prevention to target these contexts.

CONTEXTS WHERE CHILDHOOD SEXUAL VIOLENCE PREVENTION EFFORTS WERE IMPLEMENTED

		REDUCTION IN CHILDHOOD SEXUAL VIOLENCE
Schools	16 interventions	13 interventions
Schools & an additional context	8 interventions	6 interventions
Online	4 interventions	4 interventions
Health & mental health services	7 interventions	4 interventions
Communities	3 interventions	2 interventions
Criminal justice system	1 intervention	1 intervention
National or state policies or law	7 interventions	0 intervention
Health & mental health services & online	1 intervention	1 intervention
Communities & health	1 intervention	0 interventions
Home	0 interventions	0 interventions
Residential or alternative care	0 interventions	0 interventions
Workplaces	0 interventions	0 interventions
Religious or faith spaces	0 interventions	0 interventions

Effective reductions in CSV outcomes were reported to decrease on at least one measured and reported outcomes of CSV victimization or perpetration. All other CSV outcomes had no reported effect on CSV victimization or perpetration.

Effective interventions reduced many different types of CSV.

Across the 31 effective prevention efforts, multiple types of CSV victimization and perpetration were reduced, including: sexual recidivism or reoffending of CSV (2 prevention efforts), online sexual violence victimization and/or perpetration (12 prevention efforts), sexual violence, assault, abuse and aggression victimization and/or perpetration (14 prevention efforts), sexual harassment victimization and/or perpetration (8 prevention efforts), and sexual exploitation victimization (1 prevention effort). No efforts were found to effectively reduce sexual and reproductive coercion.

Only one effective prevention effort was designed for a specific population.

Among the four interventions that were designed for a specific population, IMpower, a school-based self-defense program for girls, was the only intervention that reduced CSV. This intervention was adapted for and reduced CSV among Native American Girls in the US (Edwards et al., 2022). Prevention interventions can and should be adapted to consider local context, culture, history, and the needs of subgroups of children with attention to whether adaptations work.

Interventions with adaptations for specific populations that reduced childhood sexual violence

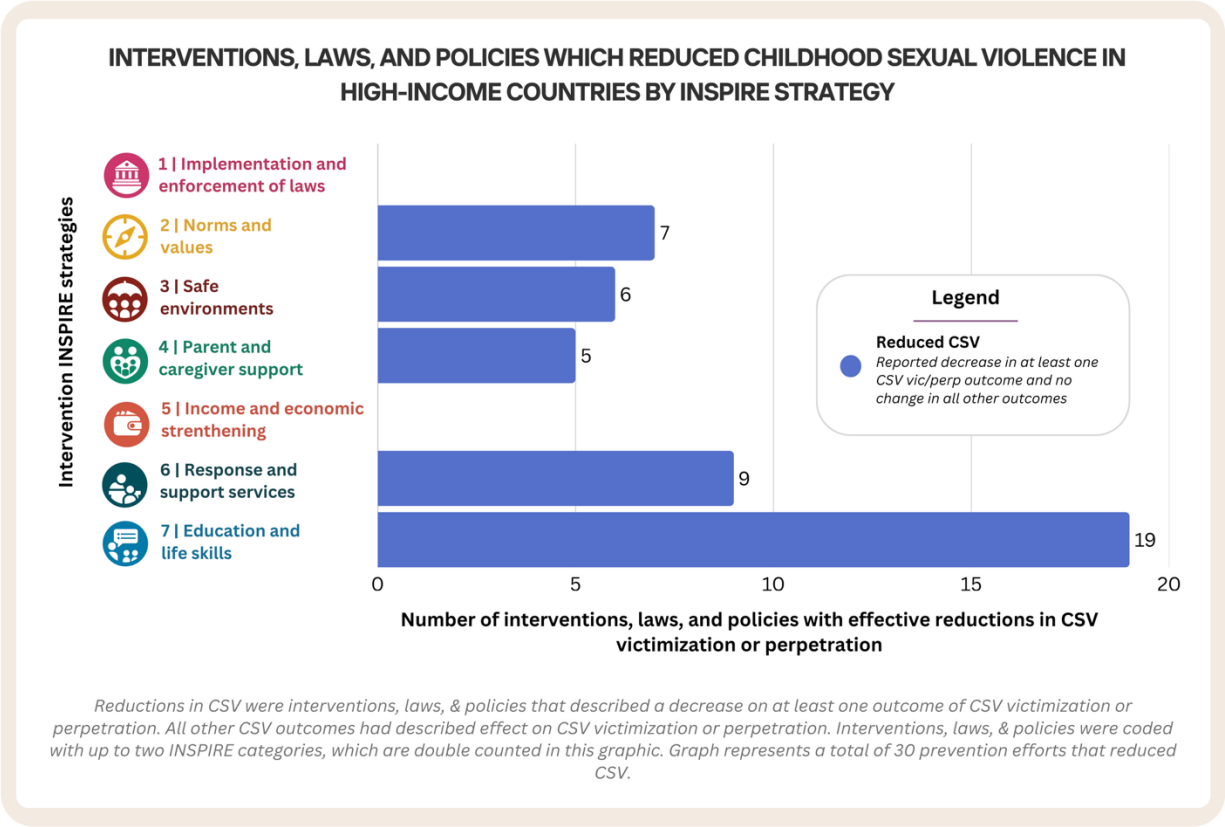
Adapted for:	
Native American girls	**IMpower (United States).** A school-based self-defence programme for girls aged 10-20 years originally designed and implemented in Kenya and Malawi. The intervention was implemented and evaluated for Native American girls in the United States. Adaptations were made in consultation with community stakeholders living on the Native American reservation and included integrating local language and contextually relevant content into the curriculum (Edwards et al., 2022).

Only three effective prevention efforts had evaluations with subgroup analyses.

Among the 31 prevention efforts that reduced CSV, three conducted subgroup analyses. Two were effective among some, but not all, subgroups of children. None of these interventions reported adaptations for any subgroups of children. Green Dot found reductions in CSV among sexual majority children, but no change in CSV outcomes among sexual minority children (Coker et al., 2020). A series of four school-based policies on sexual- and gender-minority inclusive practices in New Mexico, United States, found an average reduction in CSV victimization among heterosexual and cisgender youth as well as lesbian, gay, and bisexual youth (Cruz et al., 2023). However, while schools that implemented inclusive sexual health education reduced lifetime forced sex victimization for transgender youth, schools that implemented inclusive teacher training were associated with an increase in lifetime forced sex victimization among transgender youth (Cruz et al., 2023).

Effective interventions, laws, and policies to reduce CSV were distributed unevenly across INSPIRE categories with clear evidence gaps.

Most HIC prevention efforts which reduced CSV fit into two INSPIRE strategies (World Health Organization, 2016): Response and support services and Education and life skills. In the following sections, we describe the distribution of effective prevention efforts across INSPIRE strategies.



Reductions in CSV were interventions, laws, & policies that described a decrease on at least one outcome of CSV victimization or perpetration. All other CSV outcomes had described effect on CSV victimization or perpetration. Interventions, laws, & policies were coded with up to two INSPIRE categories, which are double counted in this graphic. Graph represents a total of 30 prevention efforts that reduced CSV.

1 | Implementation and enforcement of laws

There were no evaluated **laws** that reduced CSV. However, there are several limitations and methodological challenges connected to evaluating legal and policy reforms that could explain this finding, including the need for high-quality longitudinal administrative data or large-scale population surveys to detect changes in violence outcomes and to examine the indirect effects of laws on behavioral outcomes. Despite this, laws and policies are an essential component of CSV prevention and are best understood as the essential scaffolding for CSV prevention, creating conditions in which other prevention efforts may be implemented effectively, including the effective prevention efforts described in this brief.

2 | Norms and values

Seven CSV prevention efforts reduced CSV by addressing **norms and values** to prevent CSV or by including a norm change component. All of these prevention efforts were delivered in schools and had components that overlapped with other INSPIRE strategies. They aimed to promote positive norms and values (e.g., gender equitable attitudes), raise awareness of CSV, shift attitudes around gender norms and sexuality, challenge the acceptance of violence, and encourage bystander intervention to prevent CSV. For example:

- **Green Dot (United States)** was a school-based bystander program that aimed to teach secondary school students (aged 14-18 years) to recognize situations and behaviors that could lead to sexual violence and how to intervene safely. The intervention was found to reduce sexual harassment victimization and perpetration and sexual violence victimization (Coker et al., 2020). The intervention was particularly effective at reducing CSV among a high-risk group of students who had witnessed parental intimate-partner violence (Mennicke et al., 2022).

- **Safety.net (Spain)** was a school-based program aimed to develop digital competencies in students (aged 11-14 years) related to risks on the internet, including sexting, online grooming and cyber dating abuse. The intervention was effective at reducing the risk of cyber dating abuse and sexualized interactions and solicitation by adults online (Ortega-Barón et al., 2024).

3 | Safe environments

Out of 31 prevention efforts that reduced CSV, five interventions and one policy reduced CSV by promoting **safe environments**. These focused on school climate policies and community-level prevention. For example:

- **A honeypot website (Australia)** targeted young adults online to test deterrence approaches to prevent accessing webpages that may contain child sexual images. Deterrence approaches included posting warning messages and images on accessing or sharing child sexual abuse material (Prichard, Scanlan, et al., 2022). Deterrence messages combined with animations warning that sharing sexual images of people

under 18 years old is illegal was effective in reducing attempts to distribute child sexual abuse material on the website (Prichard, Scanlan, et al., 2022).

- **Stop It Now! (United Kingdom)** aimed to prevent child abuse through a media campaign that raised awareness within the general public and offered information and advice for anyone concerned about their own or others' behavior, including individuals who have sexually offended, or who are at risk of doing so. This media campaign was delivered over three years through newspaper, radio, national television, and social media outlets (Newman et al., 2024).

4 | Parent and caregiver support

Five interventions reduced CSV through intervention components which included **parent and caregiver support**. None of the interventions that reduced CSV were designed to primarily or exclusively target parents and caregivers to prevent CSV. All five interventions focused on prevention among children and adolescents and worked with young people directly with at least one intervention component offering parent and caregivers with some information or support. For example:

- **The Griffith Youth Forensic Service (Australia)** was a specialized therapeutic treatment for court-adjudicated youth (aged 10-17 years) that aimed to prevent sexual recidivism by providing individualized assessment and treatment involving caregivers, other professionals, and local stakeholders to ensure continuity of care beyond the intervention (Cale et al., 2025). This intervention was associated with a reduction in sexual recidivism for children who received treatment compared to those who did not (Cale et al., 2025).

- **Dating Matters (United States)** was a multicomponent, comprehensive teen dating violence prevention program that was delivered in schools and communities and involved community events for parents of children aged 11-14 years, targeting risk factors for both sexual violence and teen dating violence. This intervention was found to reduce sexual harassment victimization for male and female adolescents (DeGue et al., 2021).

5 | Income and economic strenthening

There were no effective prevention efforts that reduced CSV through **income and economic strengthening** in HICs between 2018 and 2025. This may reflect the challenges of evaluating large-scale economic policies for specific violence outcomes, as well as differing priorities of policy and research within HICs. In many HICs, social protection systems are already embedded within broader welfare structures and existing evaluations of such interventions may focus on other violence outcomes, such as maltreatment or family wellbeing, rather than sexual violence specifically.

6 | Response and support services

Nine out of 31 preventions efforts reduced CSV through **response and reporting systems**. For example:

- **Prevent It iCBT (multi-country)** was an online therapeutic intervention that used cognitive behavioral therapy and psychoeducation approaches to reduce child sexual abuse material use and child-related sexually abusive and exploitative behaviors among adults. The intervention was particularly effective in reducing time spent viewing child abuse sexual materials and on other behaviors related to sexual interest in children (Latth et al., 2022).

- **My Life My Choice (United States)** was a mentorship program that paired children (aged 11-18 years) who had experienced or were at high risk of commercial sexual exploitation with trained adult mentors who themselves had lived experience of exploitation. Mentors supported mentees in exiting commercial sexual exploitation, in their recovery from the trauma of exploitation, and accessing specialist services, such as housing and healthcare as needed. Participation in the program was found to reduce commercial sexual exploitation (Rothman et al., 2020).

7 | Education and life skills

Of the 31 effective prevention efforts, 19 reduced CSV through **education and life skills**. Prevention efforts were implemented in schools and communities and aimed to improve children and adolescents' ability to identify, prevent, and report CSV. Increasing awareness of CSV was a key component designed to prevent victimization and perpetration, especially with access to online communication platforms. Some examples include:

- **IMpower (United States)** was an empowerment and self-defense program for adolescent girls and young women (aged 10-20 years) that aimed to develop skills in identifying risk of sexual assault, self-defense, and improve positive self-image. Originally implemented in low-and-middle-income country (LMIC) contexts, in the HIC context the curriculum was effective in reducing sexual assault and sexual harassment among Native American girls (aged 12-18 years) who completed the 12 hours of classroom sessions (Edwards et al., 2022).

- **A growth mindset and self-affirmation intervention (Spain)** was a school-based program for adolescents (aged 14 years) that encouraged students to reflect on their values, online risks, and aimed to increase awareness of and provide skills to manage cyber-bullying and online grooming. The intervention was effective in reducing self-reported sexualized interactions with adults online (Calvete et al., 2021).

- **The Practitioner Program and the Scientist-Practitioner Program (Germany)** were two school-based sexual violence prevention programs designed for students (aged 12-16 years) to coincide with adolescent development and first dating or sexual experiences (Muck et al., 2021). Both programs deliver the same curriculum that includes knowledge on sexual violence, how to access help, and address victim-blaming attitudes, but differ in delivery. The Practitioner Program consists of a single 90-minute mixed-gender session, while the Scientist-Practitioner Program includes a second 90-minute session for single-gender groups and active participation elements like role-play. The evaluation for these programs compared each to a control group which received no intervention and did not compare the programs to each other. The Practitioner Program was found to be effective in reducing sexual dating violence victimization.

Part 3

Evidence gaps

Findings from this brief indicate eight key evidence gaps:

Gap 1: Missing countries and contexts.

Between 2018 and 2025 there were no published evaluations in the English language of CSV prevention efforts in 78 out of all 87 HICs globally, highlighting a lack of context specific evidence in many HICs over the past eight years. A recent review of reviews underlined this evidence gap and also identified few effective interventions to address violence against children in HICs (Little et al., 2026). Among countries where evidence existed, it was usually for a specific context (e.g., schools), leaving evidence from other contexts under explored. There were no CSV prevention efforts located in homes, workplaces, faith spaces, or residential or alternative care settings. This is surprising given the significant amount of time children can spend in these spaces before age 18 and the influence of these spaces on children's lives.

Gap 2: Missing children.

While four interventions were adapted for the needs of subgroups of children, only one was effective in reducing CSV. Further, among all prevention efforts, only three reported effectiveness among subgroups of children. Given that CSV prevention efforts are unlikely to work the same way for all children, evidence for how prevention might work for subgroups of children is missing. It is therefore challenging to understand how to adapt interventions and which interventions work for specific groups of underserved, marginalized and minoritized children, including children with disabilities, gender and sexuality minorities, children living in poverty, and children living in and aging out of alternative care settings. Or, whether interventions, laws, and policies work across the intersections of age, gender, and disability. Understanding how prevention efforts work among subgroups of children is important for ensuring CSV prevention meets the needs of underserved, marginalized and minoritized children, of children and for preventing harm or unintended effects among subgroups.

Gap 3: Limited interventions for preventing CSV perpetration among adults.

Six evaluated interventions addressed the prevention of (re)perpetration among adults, all of which were effective in reducing CSV. In contrast, 26 interventions and one policy aimed to address perpetration among children, of which six were effective in reducing (re)perpetration of CSV. Although 10 interventions included components for parents/caregivers or teachers, relatively few interventions targeted adults responsible for children, including parents, caregivers, teachers. All perpetration prevention interventions among adults were for perpetrators outside of the home and did not explicitly focus on intrafamilial violence perpetration. Efforts to prevent CSV perpetration among adults are lacking and should be a key focus for future interventions and evaluations.

Gap 4: Limited attention to the effects of policies and laws.

While we identified nine laws and policies with the aim of reducing CSV, none were effective. This could reflect the inadequacy of the law or policy in reducing CSV, challenges in implementation, or challenges in evaluating the effectiveness of laws and policies on CSV. Robust evaluations of laws and policy changes require the availability of high-quality longitudinal administrative data or large-scale population surveys and strong quasi-experimental designs to detect changes in violence outcomes. These types of data and methods require resourcing, multi-institutional support, and regular data collection. Still, legal and policy reform are essential foundations to prevent CSV upon which other interventions may be implemented effectively.

Gap 5: Need for standardized and consistent measures of CSV victimization and perpetration.

The evidence presented in this brief is based on 25 types of CSV outcomes. On one hand, this demonstrates that CSV includes a broad set of experiences and harms which should be understood. However, such a wide set of measurement approaches and the limited number of studies using the same measures make it challenging to compare and synthesize measures of CSV. In evaluation studies, most often CSV is reported by children. Further work is needed to ensure safe and ethical ways for children to report CSV. Efforts to improve measurement should be combined with efforts to ensure the experience is safe and response protocols are in place.

Gap 6: More evidence is required on how to prevent emerging forms of CSV.

Recent estimates suggest that online sexual exploitation and abuse, including online solicitation (11.5%) and online sexual exploitation (7.3%) are prevalent (Fry et al., 2025). Although 12 prevention efforts addressed online CSV, gaps exist in understanding these rapidly emerging forms of CSV. Work is needed to define and measure emerging forms of CSV and to develop and evaluate prevention interventions.

Gap 7: Limited evidence across multiple stages of childhood development.

Most CSV prevention efforts included adolescents, which has created a growing evidence base for children age 10-18 years. However, few CSV prevention efforts were designed for early (0-4 years) and middle (5-9 years) childhood which are distinct developmental stages marked by unique risk and protective factors. Prevention efforts among these younger age groups require interventions that include parents, caregivers, families, and other adults who care for children to increase capacity to identify and report CSV and to prevent CSV perpetration among these key groups.

Gap 8: Limited evidence on systems and multi-sector approaches.

CSV prevention requires coordinated, multi-sectoral action, involving the health, education, housing, and justice sectors among others. However, prevention efforts in this brief did not include a multi-sectoral or systems approach to reducing CSV. Evidence and examples of multi-sectoral collaborative action for CSV prevention remains sparse.

Part 4

Reflections for policy, practice, funding and research

The evidence discussed in this brief included quantitative peer-reviewed evaluations of interventions, laws, and policies to prevent CSV in HICs between 2018-2025. This was a period of immense global change, including a global pandemic and shifting patterns in health, welfare, and social spending in many HICs (Deepak et al., 2025). Within this context and looking ahead, this final section offers reflections on how policymakers, practitioners, funders, and researchers can advance efforts to prevent CSV and build an evidence base to support action.

Invest in multi-component prevention delivered in schools and communities.

Schools were the most common sites of effective prevention in the evidence base with the most evaluations of interventions and the most effective interventions. In particular, school-based interventions that incorporated families, communities, and parents into intervention components showed reductions in CSV outcomes. Promising prevention efforts that reduced CSV came from multi-component interventions that combined norm change with bystander education, awareness raising, or broader community engagement, rather than relying on single-component approaches. Interventions that promoted gender-equitable norms and challenged acceptance of violence, particularly when delivered in school or educational settings, showed the most consistent evidence of effectiveness in reducing CSV victimization and perpetration.

Strengthen and rigorously evaluate laws and policies intended to prevent CSV.

There is currently limited evidence that laws alone reduce CSV. This brief includes evaluations of laws to reduce substance use, juvenile offender registration, and notification policies, and education mandates, which did not have a measured impact on CSV. However, legal and policy change are essential in creating an enabling environment for the development and delivery of effective programs and to uphold children's rights, or restricting action to prevent and respond to CSV. Laws and policies that target the factors that drive CSV across the social ecology are essential and emerging evidence suggests that some system-level reforms may influence reporting and detection patterns, and multi-sector policies focused on safe environments were identified to reduce CSV at the population level. Further research is needed to understand the role of laws and policies at a systems level in preventing CSV as part of a comprehensive multifaceted approach to reducing CSV (Heise & Pierotti, 2024).

Combine universal and targeted approaches to prevent CSV.

The evidence indicates that universal prevention alone is insufficient. While school-based education and life skills programs aim to strengthen children’s recognition, response, and help-seeking behaviors, there is strong evidence for specialized therapeutic interventions for youth and adults who are at risk of or already have perpetrated harm. Specialized therapeutic programs, particularly

those that included parents and caregivers, were associated with reductions in sexual reoffending among adjudicated youth. Prevention requires both universal school- and community-based approaches in addition to targeted evidence-based health interventions for youth and adults who have caused harm.

Invest in ethical evidence generation to fill evidence gaps.

Collecting data and reporting data on CSV requires rigorous ethical approvals, standards, and practices to ensure the safety, confidentiality, and appropriate response and referral for children who have disclosed violence (Bhatia et al., 2024; Dayal et al., 2018; Save the Children, 2003; Williams et al., 2025; World Health Organization, 2007, 2017). Researchers, practitioners, and policy makers should ensure that evidence generation is ethical, rights-based, and protects children and adults who participate in programs or are affected by policies or laws. If interventions increase CSV, ethical protocols should be in place to interrupt harm to children, report adverse outcomes to ethical review boards, and conduct investigations into the mechanisms and causes of harm (Cardoso et al., 2025; Fang et al., 2022; Finkelhor et al., 2024).

Learn from a range of research approaches, practice-based knowledge, and lived experience to understand CSV prevention.

Quantitative evaluations help us understand the impact of efforts to reduce CSV, but they do not capture the full landscape of CSV prevention. Systematic synthesis of qualitative research, process evaluations and practice-based knowledge, including expertise from people with lived experience, are essential to understand how and why prevention efforts work, for whom, and under what circumstances. Building a cumulative and usable evidence base requires drawing together multiple forms of knowledge rather than privileging one approach over another. Victims and survivors of CSV hold critical insights to inform prevention and response interventions and policies and should be consulted at all stages to ensure efforts reflect lived experience.

Prioritize comprehensive multisectoral prevention.

Prevention of CSV requires multisectoral efforts and collaboration to create sustainable reductions in CSV. Evidence from this brief underscores the importance and efficacy of prevention that draws on the resources and contributions of the health, education, child protection, and justice sectors to prevent CSV. Prevention requires enabling legal and policy environments that provide the legal infrastructure for programs to be implemented, alongside ethical and rigorous evidence generation.

Efforts to prevent and respond to CSV require robust child protection systems.

Child-centered, well-funded, and effective child protection systems are crucial in supporting CSV prevention and response efforts. Child protection systems should also be strengthened to improve efforts to monitor and respond to CSV. Child protection actors, teachers, parents, and other adults that interact with children must be prepared to receive disclosures of CSV and navigate referral systems so that children can access health, justice, and social services. This requires capacity

building, resourcing of response and support services, and robust case management systems to strengthen prevention and response efforts and reduce unintended effects of CSV prevention and response implemented in underprepared child protection systems.

Critical evidence gaps need to be addressed.

To strengthen the evidence base for prevention, evidence is needed on: 1) Preventing adult perpetration of CSV across a range of contexts; 2) supporting caregivers, teachers, and health professionals to prevent CSV; and 3) adapting prevention efforts to the needs of children with disabilities and other minority and marginalized children who are more likely to experience sexual violence (Cardoso et al., 2025; Fang et al., 2022). To strengthen our understanding of CSV, measures of CSV used in evidence generation should respond to the lived experiences of children and adult victims and survivors and must be robust, validated, and shared with the wider community to promote the use of standardized measures of CSV. As children increasingly spend time online, measures also need to be updated to reflect the contexts children spend time in and types of CSV children experience (Finkelhor et al., 2024).

CSV is solvable and preventable.

CSV is not inevitable and it is preventable. This brief describes 30 interventions, laws and policies in HICs which reduced CSV and were evaluated between 2018 and 2025. These are concrete examples of efforts a range of institutions and actors can take to prevent CSV. Learning from, adapting, and scaling these interventions should be done with care, with attention to evidence related to these and other interventions published before 2018 (Ligiero & Radford, 2019), with an interest in whether these interventions also reduce other forms of violence, with efforts to prevent harm embedded throughout the process, and in parallel with evidence from LMICs (Safe Futures Hub, 2024). With sustained political will, investment, research, and cross-sector collaboration, prevention can and must become central to child protection systems globally. Ending CSV will require coherence, long-term commitment, shared measurement, and collective action.

Annex Table 1. List of effective prevention efforts identified in this living systematic review

Number	Intervention name	INSPIRE strategy	CSV victimization and perpetration outcomes that the prevention effort reduced*	Studies that evaluated the intervention	Country
1	Date-e Adolescence	Education and life skills	Victimization (sexual violence) Perpetration (sexual aggression)	(Munoz-Fernandez et al., 2019)	Spain
2	Dating Matters	Education and life skills Parent and caregiver support	Victimization (sexual harassment in females) Perpetration (sexual harassment for males and females)	(DeGue et al., 2021)	USA
3	Coaching Boys into Men	Norms and values Education and life skills	Perpetration (sexual assault, sexual harassment)	(Jones et al., 2021)	USA
				(Miller et al., 2020)	USA
4	Green Dot	Norms and values Education and life skills	Perpetration (sexual harassment, sexual assault) Victimization (sexual harassment, sexual violence)	(Coker et al., 2020)	USA
				(Mennicke et al., 2022)	USA
				(Coker et al., 2024)	USA
5	School policy to provide healthy and respectful relationships education	Education and life skills	Victimization (sexual abuse)	(Newby-Kew & Horner-Johnson, 2023)	USA
6	IMpower	Education and life skills	Victimization (sexual assault, sexual harassment)	(Edwards et al., 2022)	USA

7	My Life My Choice	Response and support services	Victimization (commercial sexual exploitation)	(Rothman et al., 2020)	USA
8	None (A growth mindset and self-affirmation intervention)	Education and life skills	Victimization (online sexual interactions)	(Calvete et al., 2023)	Spain
9	None (Honeypot website and messaging intervention)	Safe environments	Perpetration (viewing child sexual abuse materials)	(Prichard, Scanlan, et al., 2022)	Australia
10	None (Honeypot website and messaging intervention)	Safe environments	Perpetration (distributing child sexual abuse materials	(Prichard, Wortley, et al., 2022)	Australia
11	None (Honeypot website and messaging intervention)	Safe environments	Perpetration (viewing child sexual abuse materials	(Prichard et al., 2024)	Australia
12	None (Multilevel educational program)	Education and life skills Response and support services	Victimization (forced sex)	(Robin et al., 2022)	USA
				(Suarez et al., 2022)	USA
13	None (Preventative online grooming intervention)	Education and life skills	Victimization (Online sexual solicitation and interaction)	(Calvete et al., 2021)	Spain
14	None (Preventative online grooming intervention)	Education and life skills	Victimization (online sexual solicitation and interaction)	(Calvete et al., 2022)	Spain
15	None (Sexual and gender minority-inclusive school policies and practices)	Education and life skills Safe environments	Victimization (forced sex,	(Cruz et al., 2023)	USA
16	None (School based tip-line intervention)**	Safe environments	Perpetration (sexual assault)	(Planty et al., 2022)	USA

17	Practitioner Programme (PP) and Scientist-Practitioner Programme (SPP)	Education and life skills	Victimization (sexual dating violence)	(Muck et al., 2021)	Germany
18	Prevent It iCBT	Response and support services	Perpetration (viewing child sexual abuse material, sexual violence,	(Latth et al., 2022)	Multi-country
19	Prevention of Sexual Abuse	Response and support services	Perpetration (sexual behavior)	(Wild et al., 2020)	Germany
20	Project Date SMART	Education and life skills	Combined victimization and perpetration measure (sexual abuse)	(Rizzo et al., 2018)	USA
21	Safe and Healthy Communities Initiative	Education and life skills Parent and caregiver support	Victimization (sexual abuse)	(Noll et al., 2025)	USA
22	Safety.net	Education and life skills Norms and values	Victimization (online sexual dating violence, online sexual solicitation and interaction)	(Ortega-Barón et al., 2024)	Spain
23	The Cadet Healthy Personal Skills (CHiPS)	Norms and values Education and life skills	Victimization (unwanted sexual contact)	(Griffin et al., 2021)	USA
24	Therapy Program for Adequate Sexual Behaviors (ThePaS-I and ThePaS-II)	Response and support services	Perpetration (sexual recidivism)	(Aebi et al., 2022)	Switzerland
25	The Griffiths Youth Forensic Service (GYFS) specialised treatment program	Response and support services Parent and caregiver support	Perpetration (sexual recidivism)	(Cale et al., 2025)	Australia
				(Ogilvie et al., 2024)	Australia

26	Threat Assessment of Bullying Behaviour in Youth (TABBY)	Education and life skills Norms and values	Victimization (non-consensual sexting) Perpetration (non-consensual sexting)	(Touloupis, 2024)	Greece
27	Virtual-PRO	Education and life skills Norms and values	Victimization (sexual harassment, online sexual harassment)	(Rodríguez-deArriba et al., 2025)	Spain
				(Sanchez-Jimenez et al., 2024)	Spain
28	Bringing in the Bystander High School Curriculum (BITB-HSC)	Education and life skills Norms and values	Perpetration (sexual harassment)	(Waterman et al., 2022)	USA
				(Edwards et al., 2019)	USA
29	The Children's Programme	Response and support services Parent and caregiver support	Perpetration (problem sexual behavior)	(Barry & Harris, 2019)	UK
30	Media campaign for Stop It Now!	Safe environments Response and support services	Perpetration (viewing child sexual abuse materials)	(Newman et al., 2024)	UK
31	None (cognitive behavioural therapy and trauma-informed care treatment)	Response and support services Parent and caregiver support	Perpetration (sexual violence)	(Rodriguez, 2025)	USA

** These are interventions which have been evaluated in peer-reviewed literature and the evaluations reported that the prevention efforts were effective at reducing at least one type of CSV. Interventions were categorized as effective if they reported a decrease in at least one CSV outcome and did not report an increase in any CSV outcome. For prevention efforts that were included in this brief and are listed in this table, all evaluations are included for each prevention effort published before 2018. This pre-2018 evidence was used in the effectiveness categorization and therefore this table does not include prevention efforts where a pre-2018 evaluation found an increase in CSV.*

***We also checked other VAC outcomes in each of the evaluations of prevention efforts included in the review to see if these efforts unintentionally increased another form of VAC. While effective for CSV, an evaluation for this intervention reported an increase in other forms of violence against children.*

List of abbreviations

Abbreviation	Term
CSV	Childhood sexual violence
HIC	High-income country
LSR	Living systematic review
VAC	Violence against children

References

Aebi, M., Krause, C., Barra, S., Vogt, G., Vertone, L., Manetsch, M., Imbach, D., Endrass, J., Rossegger, A., Schmeck, K., & Bessler, C. (2022). What Kind of Therapy Works With Juveniles Who Have Sexually Offended? A Randomized-Controlled Trial of Two Versions of a Specialized Cognitive Behavioral Outpatient Treatment Program. *Sexual abuse : a journal of research and treatment*, *34*(8), 973-1002. https://doi.org/10.1177/10790632211070804

Assini-Meytin, L. C., Nair, R., McGinty, E. B., Stuart, E. A., & Letourneau, E. J. (2023). Is the Affordable Care Act Medicaid Expansion Associated With Reported Incidents of Child Sexual Abuse? *Child Maltreat*, *28*(2), 203–208. https://doi.org/10.1177/10775595221079605

Barry, S., & Harris, E. (2019). The children's programme: a description of a group and family intervention for children engaging in problematic and harmful sexual behaviour and their parents/carers. *Journal of Sexual Aggression*, *25*(2), 193-206. https://doi.org/10.1080/13552600.2019.1589002

Bhatia, A., Zinke-Allmang, A., Bangirana, C. A., Nakuti, J., Amollo, M., Mirembe, A. F., Nangati, P., Guedes, A., Carter, K., Peterman, A., & Devries, K. (2024). Putting children's safety at the heart of violence research. *Nat Med*, *30*(10), 2721–2724. https://doi.org/10.1038/s41591-024-03291-1

Cagney, J., Spencer, C., Flor, L., Herbert, M., Khalil, M., O'Connell, E., Mullany, E., Bustreo, F., Singh Chandan, J., Metheny, N., Knaul, F., & Gakidou, E. (2025). Prevalence of sexual violence against children and age at first exposure: a global analysis by location, age, and sex (1990-2023). *Lancet*, *405*(10492), 1817–1836. https://doi.org/10.1016/S0140-6736(25)00311-3

Cale, J., Whitten, T., Perales, F., O'Shannessy, D., & Leclerc, B. (2025). A quasi-experimental evaluation of a specialized treatment service for youth adjudicated for sexual offences in Queensland, Australia. *Journal of Criminal Justice*, *99*. https://doi.org/10.1016/j.jcrimjus.2025.102462

Calvete, E., Cortazar, N., Fernández-González, L., Echezarraga, A., Beranuy, M., León, A., González-Cabrera, J., & Orue, I. (2021). Effects of a Brief Preventive Intervention in Cyberbullying and Grooming in Adolescents. *Psychosocial Intervention*, *30*(2), 75-84. https://doi.org/10.5093/pi2020a22

Calvete, E., Fernandez-Gonzalez, L., & Orue, I. (2023). A Growth Mindset and Self-Affirmation Intervention to Reduce Violent and Risky Online Behaviors: The Moderating Role of Previous Victimization. *Journal of interpersonal violence*, *38*(7-8), 5875-5901. https://doi.org/10.1177/08862605221127221

Calvete, E., Orue, I., & Gamez-Guadi, M. (2022). A Preventive Intervention to Reduce Risk of Online Grooming Among Adolescents. *Psychosoc Interv*, *31*(3), 177-184. https://doi.org/10.5093/pi2022a14

Capaldi, M., Schatz, J., & Kavenagh, M. (2024). Child sexual abuse/exploitation and LGBTQI+ children: Context, links, vulnerabilities, gaps, challenges and priorities. *Child Protection and Practice*, *1*. https://doi.org/10.1016/j.chipro.2024.100001

Cardoso, J., Sousa, S. C., & Almeida, T. C. (2025). Sexual Violence Against Children and Youth with Disabilities: A Systematic Review. *Journal of Child & Adolescent Trauma*, *18*(2), 409–422. https://doi.org/10.1007/s40653-024-00679-6

Coker, A. L., Bush, H. M., Clear, E. R., Brancato, C. J., & McCauley, H. L. (2020). Bystander Program Effectiveness to Reduce Violence and Violence Acceptance Within Sexual Minority Male and Female High School Students Using a Cluster RCT. *Prev Sci*, *21*(3), 434-444. https://doi.org/10.1007/s11121-019-01073-7

Coker, A. L., Huang, Z., Ding, X., Brancato, C. J., Clear, E. R., Bush, H. M., & Follingstad, D. R. (2024). Post Cluster-Randomized Controlled Trial: Longer-Term Efficacy of a Bystander Program to Reduce

Violence Perpetration and Victimization in a Prospective Cohort. *Journal of Family Violence*, *40*(7), 1277-1291. https://doi.org/10.1007/s10896-024-00718-8

Cruz, T. H., Ross-Reed, D. E., FitzGerald, C. A., Overton, K., Landrau-Cribbs, E., & Schiff, M. (2023). Effects of School Policies and Programs on Violence Among All High School Students and Sexual and Gender Minority Students. *J Sch Health*, *93*(8), 679-689. https://doi.org/10.1111/josh.13297

Dayal, R., Kalokhe, A. S., Choudhry, V., Pillai, D., Beier, K., & Patel, V. (2018). Ethical and definitional considerations in research on child sexual violence in India. *BMC Public Health*, *18*(1), 1144. https://doi.org/10.1186/s12889-018-6036-y

Deepak, S., Keshavarzian, G., & Wehbe, M. (2025). *A Pivotal Moment for Donors: An Analysis of the Violence Against Children Sector and Recommendations for a Way Forward*.

DeGue, S., Niolon, P. H., Estefan, L. F., Tracy, A. J., Le, V. D., Vivolo-Kantor, A. M., Little, T. D., Latzman, N. E., Tharp, A., Lang, K. M., & Taylor, B. (2021). Effects of Dating Matters(R) on Sexual Violence and Sexual Harassment Outcomes among Middle School Youth: a Cluster-Randomized Controlled Trial. *Prev Sci*, *22*(2), 175-185. https://doi.org/10.1007/s11121-020-01152-0

Edwards, K. M., Banyard, V. L., Sessarego, S. N., Waterman, E. A., Mitchell, K. J., & Chang, H. (2019). Evaluation of a Bystander-Focused Interpersonal Violence Prevention Program with High School Students. *Prevention science : the official journal of the Society for Prevention Research*, *20*(4), 488-498. https://doi.org/10.1007/s11121-019-01000-w

Edwards, K. M., Siller, L., Wheeler, L. A., Charge, L. L., Charge, D. P. L., Bordeaux, S., Herrington, R., Hopfauf, S. L., & Simon, B. (2022). Effectiveness of a Sexual Assault Self-defense Program for American Indian Girls. *J Interpers Violence*, *37*(15-16), NP13245-NP13267. https://doi.org/10.1177/0886260521997942

Fang, X., Ren, J., Kang, J., Ligiero, D., Fry, D., Annor, F. B., Burrows, S., Butchart, R. A., Diaz, K. J., Fang, Z., Fernandez, B., Finkelhor, D., Ginestra, C., Gong, X., Howard, A. L., Jin, W., Krzeczkowska, A., Kurdi, Z., Liu, J., . . . Vermeulen, I. (2026). A systematic review of the global and regional estimates of the prevalence of sexual violence against children. *Nat Hum Behav*. https://doi.org/10.1038/s41562-026-02436-1

Fang, Z., Cerna-Turoff, I., Zhang, C., Lu, M., Lachman, J. M., & Barlow, J. (2022). Global estimates of violence against children with disabilities: an updated systematic review and meta-analysis. *Lancet Child Adolesc Health*, *6*(5), 313–323. https://doi.org/10.1016/S2352-4642(22)00033-5

Finkelhor, D., Turner, H., & Colburn, D. (2024). The prevalence of child sexual abuse with online sexual abuse added. *Child Abuse Negl*, *149*, 106634. https://doi.org/10.1016/j.chiabu.2024.106634

Fry, D., Krzeczkowska, A., Ren, J., Lu, M., Fang, X., Fry, D., Krzeczkowska, A., Anderson, N., Ren, J., Lu, M., Jin, W., Liu, W., Vermeulen, I., McFeeters, A., Harker-Roa, A., Jaramillo Diaz, K., Kurdi, Z., Marmolejo Lozano, M. P., Olié, L., . . . Fang, X. (2025). Prevalence estimates and nature of online child sexual exploitation and abuse: a systematic review and meta-analysis. *The Lancet Child & Adolescent Health*, *9*(3), 184–193. https://doi.org/10.1016/s2352-4642(24)00329-8

Gies, S. V., Healy, E., Green, B., & Bobnis, A. (2020). From villain to victim. *Criminology & Public Policy*, *19*(2), 389–408. https://doi.org/10.1111/1745-9133.12497

Griffin, K. W., Williams, C., Travis, W., & Tharp, A. (2021). Prevention of Unwanted Sexual Contact Among Cadets at the United States Air Force Academy: A Brief Small-Group Intervention. *Am J Public Health*, *111*(4), 672-674. https://doi.org/10.2105/AJPH.2020.306050

Heise, L., & Pierotti, R. (2024). *Policy Levers to Reduce Intimate Partner Violence and Sexual Assault*. https://www.svriforum2024.org/wp-content/uploads/2024/11/Lori-Heise.pdf

Jones, K. A., Tancredi, D. J., Abebe, K. Z., Paglisotti, T., & Miller, E. (2021). Cases of Sexual Assault Prevented in an Athletic Coach-Delivered Gender Violence Prevention Program. *Prev Sci*, *22*(4), 504-508. https://doi.org/10.1007/s11121-021-01210-1

Latth, J., Landgren, V., McMahan, A., Sparre, C., Eriksson, J., Malki, K., Soderquist, E., Oberg, K. G., Rozental, A., Andersson, G., Kaldo, V., Langstrom, N., & Rahm, C. (2022). Effects of internet-delivered cognitive behavioral therapy on use of child sexual abuse material: A randomized placebo-controlled trial on the Darknet. *Internet Interv*, *30*, 100590. https://doi.org/10.1016/j.invent.2022.100590

Lemaigre, C., Taylor, E. P., & Gittoes, C. (2017). Barriers and facilitators to disclosing sexual abuse in childhood and adolescence: A systematic review. *Child Abuse Negl*, *70*, 39–52. https://doi.org/10.1016/j.chiabu.2017.05.009

Ligiero, D. H. C. F. E. T. A., & Radford, L. (2019). *What works to prevent sexual violence against children: Evidence Review*. https://cdn.togetherforgirls.org/assets/files/What-Works-to-Prevent-Sexual-Violence-Against-Children-Evidence-Review.pdf

Little, M. T., Butchart, A., Massetti, G. M., Hermosilla, S., Wittesaele, C., Pearson, I., Jochim, J., Swingler, S., Schupp, C., Bohret, I. A., Neelakantan, L., Backhaus, S., Martin, M., Mase, M., Page, S., Janowski, R., Blackwell, A., Bernstein, K. T., Rakotomalala, S., & Cluver, L. (2026). Interventions to prevent, reduce, and respond to violence against children and adolescents: a systematic review of systematic reviews to update the INSPIRE Framework. *Lancet Child Adolesc Health*, *10*(1), 49–61. https://doi.org/10.1016/S2352-4642(25)00214-7

Mathews, B., Finkelhor, D., Pacella, R., Scott, J. G., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D., Malacova, E., Haslam, D. M., & Collin-Vezina, D. (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse Negl*, *147*, 106562. https://doi.org/10.1016/j.chiabu.2023.106562

Mennicke, A. M., Bush, H. M., Brancato, C. J., & Coker, A. L. (2022). Bystander Program to Reduce Sexual Violence by Witnessing Parental Intimate Partner Violence Status. *Am J Prev Med*, *63*(2), 262-272. https://doi.org/10.1016/j.amepre.2021.12.022

Metreau, E., Young, K. E., & Eapen, S. G. (2025). *Understanding country income: World Bank Group income classifications for FY26 (July 1, 2025–June, 2026)*. World Bank Group. https://blogs.worldbank.org/en/opendata/understanding-country-income--world-bank-group-income-classifica

Miller, E., Jones, K. A., Ripper, L., Paglisotti, T., Mulbah, P., & Abebe, K. Z. (2020). An Athletic Coach-Delivered Middle School Gender Violence Prevention Program: A Cluster Randomized Clinical Trial. *JAMA Pediatr*, *174*(3), 241-249. https://doi.org/10.1001/jamapediatrics.2019.5217

Muck, C., Schiller, E. M., Zimmermann, M., & Kartner, J. (2021). Preventing Sexual Violence in Adolescence: Comparison of a Scientist-Practitioner Program and a Practitioner Program Using a Cluster-Randomized Design. *J Interpers Violence*, *36*(3-4), NP1913-1940NP. https://doi.org/10.1177/0886260518755488

Munoz-Fernandez, N., Ortega-Rivera, J., Nocentini, A., Menesini, E., & Sanchez-Jimenez, V. (2019). The Efficacy of the "Dat-e Adolescence" Prevention Program in the Reduction of Dating Violence and Bullying. *Int J Environ Res Public Health*, *16*(3). https://doi.org/10.3390/ijerph16030408

Newby-Kew, A., & Horner-Johnson, W. (2023). Healthy and Respectful Relationship Education: Differences by Disability Status and Associations With Sexual Abuse. *J Sch Health*, *93*(7), 565-572. https://doi.org/10.1111/josh.13317

Newman, E. F., Efthymiadou, E., Quayle, E., Squire, T., Denis, D., Wortley, R., Beier, K. M., & Koukopoulos, N. (2024). The Impact of a Public Health Campaign to Deter Viewing of Child Sexual Abuse Images Online: A Case Study of the UK Stop It Now! Campaign. *Sex Abuse*, *36*(6), 635-661. https://doi.org/10.1177/10790632231205784

Noll, J. G., Felt, J., Russotti, J., Guastaferro, K., Day, S., & Fisher, Z. (2025). Rates of Population-Level Child Sexual Abuse After a Community-Wide Preventive Intervention. *JAMA Pediatr*, *179*(5), 521-528. https://doi.org/10.1001/jamapediatrics.2024.6824

Ogilvie, J. M., McKillop, N., Cale, J., Allard, T., Rynne, J., & Smallbone, S. (2024). Assessing the Effectiveness of a Specialized, Field-Based Treatment Program for Youth Who Have Committed Sexual Offenses in an Australian Jurisdiction. *International journal of offender therapy and comparative criminology*, *68*(15), 1540-1557. https://doi.org/10.1177/0306624X231219216

Ortega-Barón, J., Machimbarrena, J. M., Díaz-López, A., Caba-Machado, V., Tejero, B., & González-Cabrera, J. (2024). Efficacy of a multi-risk internet prevention program: Safety.net. *Revista de Psicodidáctica (English ed.)*, *29*(2), 97-106. https://doi.org/10.1016/j.psicoe.2024.02.001

Piolanti, A., Schmid, I. E., Fiderer, F. J., Ward, C. L., Stockl, H., & Foran, H. M. (2025). Global Prevalence of Sexual Violence Against Children: A Systematic Review and Meta-Analysis. *JAMA Pediatr*, *179*(3), 264–272. https://doi.org/10.1001/jamapediatrics.2024.5326

Planty, M., Lindquist, C., Williams, J., Cutbush, S., & Banks, D. (2022). National Assessment of the Relationship Between Tip Line Implementation and School Safety Outcomes. *Journal of School Violence*, *21*(4), 429-443. https://doi.org/10.1080/15388220.2022.2108433

Prichard, J., Scanlan, J., Krone, T., Spiranovic, C., Watters, P., & Wortley, R. (2022). Warning messages to prevent illegal sharing of sexual images: Results of a randomised controlled experiment. *Trends and Issues in Crime and Criminal Justice*(647).

Prichard, J., Wortley, R., Watters, P., Spiranovic, C., & Scanlan, J. (2024). The effect of therapeutic and deterrent messages on Internet users attempting to access 'barely legal' pornography. *Child Abuse Negl*, *155*, 106955. https://doi.org/10.1016/j.chiabu.2024.106955

Prichard, J., Wortley, R., Watters, P. A., Spiranovic, C., Hunn, C., & Krone, T. (2022). Effects of Automated Messages on Internet Users Attempting to Access "Barely Legal" Pornography. *Sex Abuse*, *34*(1), 106-124. https://doi.org/10.1177/10790632211013809

Rizzo, C. J., Joppa, M., Barker, D., Collibee, C., Zlotnick, C., & Brown, L. K. (2018). Project Date SMART: a Dating Violence (DV) and Sexual Risk Prevention Program for Adolescent Girls with Prior DV Exposure. *Prevention science : the official journal of the Society for Prevention Research*, *19*(4), 416-426. https://doi.org/10.1007/s11121-018-0871-z

Robin, L., Timpe, Z., Suarez, N. A., Li, J., Barrios, L., & Ethier, K. A. (2022). Local Education Agency Impact on School Environments to Reduce Health Risk Behaviors and Experiences Among High School Students. *J Adolesc Health*, *70*(2), 313-321. https://doi.org/10.1016/j.jadohealth.2021.08.004

Rodriguez, A. (2025). Integrated CBT and Trauma Therapy for Juvenile Sexual Offenders. *The Family Journal*, *34*(1), 143-145. https://doi.org/10.1177/10664807251371980

Rodríguez-deArriba, M.-L., Muñoz-Fernández, N., Durán-Guerrero, E., Ortega-Rivera, J., Jódar-Marín, J.-Á., & Sánchez-Jiménez, V. (2025). Does virtual reality increase the success of interventions? Comparing non-VR and VR Virtual-PRO programmes' efficacy for the prevention of sexual harassment among adolescents. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, *19*(2). https://doi.org/10.5817/cp2025-2-1

Rothman, E. F., Preis, S. R., Bright, K., Paruk, J., Bair-Merritt, M., & Farrell, A. (2020). A longitudinal evaluation of a survivor-mentor program for child survivors of sex trafficking in the United States. *Child Abuse Negl*, *100*, 104083. https://doi.org/10.1016/j.chiabu.2019.104083

Safe Futures Hub. (2024). *Building safe futures: Solutions to end childhood sexual violence*. https://www.safefutureshub.org/resources/building-safe-futures-solutions-to-end-childhood-sexual-violence

Sanchez-Jimenez, V., Rodriguez-de Arriba, M. L., Ortega-Rivera, J., & Munoz-Fernandez, N. (2024). Can Virtual Reality be Used for the Prevention of Peer Sexual Harassment in Adolescence? First Evaluation of the Virtual-PRO Program. *Psychosoc Interv*, *33*(1), 29-42. https://doi.org/10.5093/pi2024a1

Save the Children. (2003). *Save the Children's Policy on Protecting Children from Sexual Abuse and Exploitation*.

Steele, B., Minhas, S., Zinke-Allmang, A., Kim, J., Swingler, S., Davis, A., Esposti, M. D., Barlow, J., Makharashvili, N., Howard, A., Ginestra, C., Jennings, B., Dartnall, E., Ligiero, D., Drennan, I., & Bhatia, A. (2026). *Preventing childhood sexual violence: A living systematic review*. osf.io/fw5r9

Suarez, N. A., Cooper, A. C., Kaczkowski, W., Li, J., Robin, L., & Sims, V. M. (2022). Associations of a Multilevel School Health Program and Health Outcomes Among Lesbian, Gay, and Bisexual Youth. *AIDS Educ Prev*, *34*(5), 395-412. https://doi.org/10.1521/aeap.2022.34.5.395

Touloupis, T. (2024). School prevention of non-consensual sexting among middle adolescents: Does sexual preoccupation awareness matter? *Front Psychol*, *15*, 1384620. https://doi.org/10.3389/fpsyg.2024.1384620

United Nations Children's Fund. (2023). *International Classification of Violence against Children*. https://data.unicef.org/resources/international-classification-of-violence-against-children/

Waterman, E. A., Edwards, K. M., Banyard, V. L., & Chang, H. (2022). Age and Sexual Orientation Moderated the Effects of a Bystander-Focused Interpersonal Violence Prevention Program for High School Students. *Prevention science : the official journal of the Society for Prevention Research*, *23*(1), 96-107. https://doi.org/10.1007/s11121-021-01245-4

WeProtect Global Alliance. (2019). *Global Threat Assessment 2019: Working together to end the sexual exploitation of children online*. https://www.weprotect.org/global-threat-assessment

Wild, T. S. N., Muller, I., Fromberger, P., Jordan, K., Klein, L., & Muller, J. L. (2020). Prevention of Sexual Child Abuse: Preliminary Results From an Outpatient Therapy Program. *Front Psychiatry*, *11*, 88. https://doi.org/10.3389/fpsyt.2020.00088

Williams, W., Brown, C., Chiang, L. F., Seya, M. K. S., McFarlane, D. A., Massetti, G. M., Howard, A., & Ginestra, C. (2025). *Ethical Considerations and Safeguarding Practices in Conducting Surveys on Violence Against Children and Youth*. https://cdn.togetherforgirls.org/assets/files/VACS-safeguarding-and-ethical-guidelines-1.pdf

World Health Organization. (2007). *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*. https://iris.who.int/server/api/core/bitstreams/687b3e0a-6509-4a78-8036-cf470885cfbd/content

World Health Organization. (2016). *INSPIRE: Seven strategies for ending violence against children*. https://iris.who.int/server/api/core/bitstreams/55d8366c-91e9-4afd-8a05-538a0f08ad57/content

World Health Organization. (2017). *Responding to children and adolescents who have been sexually abused: WHO clinical guidelines*.

Department of Social Policy and Intervention

UNIVERSITY OF OXFORD

SAFE FUTURES HUB