SAFE FUTURES HUB

TRILATERAL
RESEARCH
Ethical AI

Children displaying harmful sexual behaviours (HSB): Evidence and responses

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Contents

Executive summary

The current global response to Harmful Sexual Behaviours (HSB) among children is failing. Despite growing awareness, support systems remain fragmented, reactive, and disconnected from the lived realities of children. This report, based on an evidence review and stakeholder consultations with nine global experts, finds that while the drivers of HSB, rooted in trauma, peer dynamics, and digital ecosystems, are increasingly understood, prevention efforts often start too late and are undermined by systemic failures.

However, the research also identifies a clear path forward. Impactful, innovative models already exist, offering proof-of-concept that a different approach is possible. This report offers actionable strategies to scale these successes and shift from a reactive, punitive paradigm toward a holistic, rights-based approach grounded in prevention.

Key findings

The research surfaced a critical disconnect between the complex reality of HSB and the systems designed to address it. Key findings include:

- **Prevention starts too late and often fails to resonate with children, caregivers, and frontline practitioners.** While stakeholders stressed that HSB is shaped by early childhood experiences, most interventions start too late, missing a critical early window for prevention. This delay weakens their impact and may explain the limited traction among policymakers, who lack access to scalable, evidence-based programmes tailored to earlier life stages.

- **Support systems are fragmented and ill-equipped.** A landscape of siloed services, precarious short-term funding, and insufficiently trained and supported frontline practitioners leaves children with nowhere to turn.

- **The digital environment is the new social reality.** HSB is increasingly enacted and enabled in online spaces, yet prevention models often rely on outdated "stranger danger" narratives that fail to address the relational and emotional complexity of children's digital lives, where harm frequently occurs in the context of online friendships, peer relationships, or romantic interactions formed through gaming, messaging, or shared interests.

- **Complexity is misunderstood and underfunded.** Stakeholders highlighted a critical disconnect between the complex, intersecting drivers of HSB, such as trauma, neurodivergence, peer dynamics, online ecosystems, and social inequality, and the systems designed to respond. These systems often cater to simplified, punitive models that do not reflect how HSB manifests. For example, few prevention frameworks meaningfully address the distinct vulnerabilities of LGBTQ+ youth or neurodivergent children. Similarly, the peer-to-peer nature of many HSB cases, particularly in digital spaces, complicates assumptions of power and consent. A child may simultaneously be navigating social pressure, seeking acceptance, mimicking harmful content, experiencing abuse themselves, and exercising limited agency, yet systems tend to respond with binary labels such as "victim" or "perpetrator." Without frameworks that account for this layered reality, interventions risk being both ineffective and unjust.

- **Silence and minimisation act as structural barriers.** Practitioners described how reporting HSB, especially in schools or conservative contexts, can provoke backlash, sensationalist media coverage, or even funding cuts. As a result, silence or minimisation often reflects self-protection by practitioners and institutions, rather than lack of knowledge. Cultural norms around shame and honour, coupled with institutional denial, mean children most at risk may also be the least likely to be heard (Ali, Butt & Phillips, 2021; Hackett, 2014; McKibbin et al., 2017).

What needs to change: A framework for action

This report offers targeted recommendations for all actors in the ecosystem:

- **Policymakers and donors** must shift to long-term funding cycles that prioritise early, lifespan-based prevention, and invest in robust, independent evaluation frameworks. These frameworks must go beyond one-off outcome snapshots and instead track change over time using mixed methods. This includes measuring not only what outcomes occurred, but how and why, by combining quantitative indicators (e.g., reductions in risky behaviour, increased disclosure) with qualitative insights (e.g., changes in children's sense of safety or confidence to seek help). Robust evaluation should also assess equity, ensuring programmes work across different identities and contexts, and should include child-centred indicators that reflect developmentally appropriate measures of impact. Crucially, these evaluations must be designed with local stakeholders and embedded from the start, not retrofitted post-implementation.

- **Service providers must** reframe prevention around building trust, addressing stigma and harm reduction, not prohibition and fear-based messaging. This requires co-designing tools with children, centering survivor voices and delivering evidence-based, culturally grounded, and co-designed interventions that reflect the realities children face. Programmes must be rigorously evaluated to ensure they do no harm and are appropriate for scale-up, particularly in resource-constrained contexts.

- **Technology and gaming platforms must** build prevention into their core architecture, embedding gender-sensitive design and safeguards throughout. This includes adopting a *safety by design* approach, ensuring that child protection principles apply not only to physical environments but also to the digital ecosystems children increasingly inhabit. Platforms should be required to integrate proactive safety features, such as real-time behavioural flags for concerning interactions, restrictions on private messaging for younger users, and mandatory safety onboarding that equips children to recognise and report harm. While regular audits of in-platform economies and user interactions are important, they must be paired with structural changes to platform design and monetisation models that currently create risk pathways. This includes re-evaluating features that enable anonymity, reward harmful engagement, or facilitate unmoderated peer interactions, especially for children.

- **Justice actors must** reframe their role from enforcers to safeguarding allies by participating in trust-building prevention efforts and, where appropriate and feasible, establishing non-criminalising referral pathways. Children must always be treated in accordance with child rights frameworks, upholding the principle of the best interests of the child, ensuring procedural fairness, access to legal aid, and developmentally appropriate responses.

- **Organisations such as WeProtect Global Alliance and Safe Futures Hub** can champion a practical, adaptable "Accountability Matrix" to clarify roles and reduce fragmentation. A recurring barrier highlighted across interviews was the lack of clearly defined responsibilities between sectors, particularly schools, health systems, platforms, and justice actors, resulting in inaction, duplication, and "buck-passing." To address this, these organisations could convene a working group to develop a regionally adaptable *Accountability Matrix* that explicitly maps which sector leads on which stage of prevention and response (e.g., schools on early identification, platforms on reporting mechanisms, health services on therapeutic care). This tool can serve as a basis for embedding clear responsibilities into national strategies, supporting system-wide coherence. It would also foster cross-country learning by surfacing good practices from both high- and low-income contexts.

1. Introduction

This report presents findings from an evidence review and stakeholder consultation across multiple regions and sectors, exploring how to better understand, prevent, and respond to Harmful Sexual Behaviour (HSB) among children. This report focuses specifically on children, defined in line with the UN Convention on the Rights of the Child as all individuals under the age of 18. Commissioned by WeProtect Global Alliance and supported by a grant from the Safe Futures Hub, this work is intended to inform the 2025 Global Threat Assessment and WeProtect Global Alliance's wider advocacy strategy by surfacing practice-based insights and global perspectives on prevention and early support.

HSB of children refers to sexual actions by those under 18 that are exploitative, abusive, or developmentally inappropriate, and which cause or have the potential to cause harm to self or others. These behaviours sit along a spectrum, from Problematic Sexual Behaviours (PSB), which may be shaped by a range of factors, for example, trauma, unmet developmental needs, social learning, lack of adult guidance, or exposure to harmful content and should be understood as the result of a complex interplay of individual, developmental, peer, and structural factors rather than an isolated behavioural issue. These factors are not limited to "less serious" behaviours; trauma and vulnerability can be relevant across the full spectrum of HSB (e.g., developmentally atypical sexualised language or play), to clearly abusive conduct (e.g., coercive acts involving force or exploitation). The field uses various overlapping terms (e.g., "peer–on–peer abuse") depending on national or legal contexts.

For clarity, this report uses "Harmful Sexual Behaviours (HSB)" as an umbrella term that includes what some frameworks label as "Problematic Sexual Behaviour (PSB)", with the distinction often relating more to the level of harm caused than to intent or underlying drivers. PSB can escalate into HSB if unaddressed. Further clarification is provided in Annex A.

Although HSB has received growing attention in high-income countries (HICs), there remains significant data, policy, and service gaps in many low- and middle-income countries (LMICs). This report draws on literature and expert insights from both settings where available.

This includes consideration of how Sexual and Reproductive Health and Rights (SRHR) education, or equivalent frameworks adapted to local contexts, intersects with prevention, body autonomy, and consent from early childhood onwards. Particular attention is given to the role of online spaces, including gaming environments, as both a context and catalyst for HSB. With children's digital lives increasingly shaping their relationships, identities, and vulnerabilities, online platforms represent an urgent and underexplored domain for prevention.

The report places emphasis on prevention and early, trauma-informed support, grounded in the understanding that many children who display HSB have themselves experienced harm. Shifting from a reactive, criminalising paradigm toward holistic, developmentally appropriate interventions is both a strategic and ethical imperative.

2. Background and framing

HSB among children is a complex and under-addressed global issue. While it manifests across a spectrum, from developmentally inappropriate acts to clearly abusive behaviours, it remains poorly understood, inconsistently defined, and often shrouded in stigma (Hackett, 2014). In England, HSB features in an estimated 40% of child protection referrals (Department for Education, 2022), and in what is a critical gap in the evidence, emerging from low- and middle-income countries (LMICs) indicates that peer-perpetrated sexual harm is more common than formally reported (ECPAT International, 2022; UNICEF Office of Research – Innocenti, 2022). Despite its prevalence, funding for early prevention remains low, even in well-resourced systems, with most resources directed toward reactive or tertiary interventions and responses often fragmented or inconsistently implemented (WeProtect Global Alliance, 2023).

To meaningfully address HSB, the field is increasingly adopting a **multi-lens framing** that recognises its developmental complexity and systemic drivers. This report draws on three overlapping perspectives:

- **Safeguarding lens:** HSB is fundamentally a child protection concern that affects both children who cause harm and those who are harmed. Rigid categorisations of "perpetrator" and "victim" often fail to capture the lived realities of children whose behaviours are shaped by trauma, unmet needs,

or social pressures (McKibbin et al., 2017; Allardyce & Yates, 2018). Developmentally attuned safeguarding responses are needed that emphasise safety, relational repair, and support.

- **Rights-based lens:** The UN Convention on the Rights of the Child (UNCRC, 1989) affirms all children's right to protection from abuse, access to support, and treatment with dignity, regardless of their behaviour. This also intersects with child justice considerations. In line with General Comment No. 24 (UNCRC, 2019) on children's rights in the child justice system, responses to HSB should uphold principles of proportionality, dignity, and the best interests of the child, ensuring that interventions are child-centred, developmentally appropriate, and avoid criminalisation wherever possible. Rights-based approaches challenge punitive and exclusionary practices that criminalise children rather than address root causes (ECPAT International, 2022). Crucially, children who cause harm remain rights-holders under the UN Convention on the Rights of the Child, and all interventions must be non-stigmatising, age-appropriate, and aligned with their evolving capacities.

- **Public health lens:** HSB, like other youth risk behaviours, is patterned and preventable. It is often linked to Adverse Childhood Experiences (ACEs), mental health issues, neurodivergence, and peer or online influences (Lussier et al., 2019; Papalia et al., 2018). Public health approaches call for early intervention, protective factor strengthening, and attention to contextual drivers such as gender norms and exposure to pornography (Chiang et al., 2020; Belton & Hollis, 2016).

This framing reveals a number of structural challenges:

- **Definitional ambiguity**: There is no universally accepted distinction between typical, problematic, and HSB. This creates confusion for practitioners, legal systems, and families, and undermines data collection and service coordination (Hackett et al., 2014; McKibbin et al., 2017; sexual behaviours.

- **Digital transformation of risk**: Children's sexual development and socialisation increasingly unfold online, where boundaries are blurred and harmful content is easily accessed. Online gaming, social media, and influencer culture shape behaviours in ways not easily captured by traditional frameworks (Livingstone & Mason, 2015; ECPAT International, 2022).

- **Geographical and resource disparities**: While high-income countries (HICs) dominate the research landscape, children in LMICs often face greater barriers to access support, and are more affected by systemic gaps, non-criminalisation of children displaying HSB, to ensure they can be diverted from punitive legal responses and supported through child-centred, therapeutic interventions, and sociocultural silencing (Chiang et al., 2020; WPGA, 2023).

Nonetheless, promising models are emerging across the ecosystem, from school-based early interventions like those offered by the Hug Project in Thailand and educational and awareness campaigns like Everyone's Invited in the UK, to the specialist prevention and treatment services of the Lucy Faithfull Foundation and global research hubs like Childlight and Moore's Centre at Johns Hopkins. This report seeks to build on those efforts by identifying key insights and actionable strategies grounded in expert perspectives and global evidence.

3. Methodology

3.1 Approach and aims

This study used a qualitative, exploratory design combining a rapid narrative literature review with semi-structured expert interviews. The aim was to deepen understanding of HSB in children and to identify actionable insights for prevention and early support. The methodology was designed to surface practice-based knowledge and evidence from diverse contexts and professions, aligned with We Protect Global Alliance's commitment to child-centred, rights-based, and globally inclusive approaches.

3.2 Literature review

This project conducted a rapid narrative review of 77 peer-reviewed and grey literature sources published between 2013 and 2024. Sources were identified through targeted database searches, grey literature repositories, and citation tracking. Inclusion criteria focused on relevance to children under 18 and thematic relevance to HSB definitions, drivers, intervention models, and gaps. Studies with a purely carceral (an approach focused on systems of punishment and incarceration) or adult-focused orientation were excluded. The review was not systematic but aimed to provide a rigorous and policy-relevant synthesis of global evidence using thematic analysis.

3.3 Stakeholder interviews

Recruitment: Nine semi-structured interviews were conducted with experts working across child protection, youth mental health, survivor advocacy, helplines, and online safety. Participants were purposively selected through the WeProtect Global Alliance's membership and professional networks to represent diverse geographies, disciplines, and forms of intervention. A snowballing technique was also used to identify additional relevant experts.

Data Collection: A consistent semi-structured interview guide was used for all discussions to ensure thematic alignment. All participants received a detailed information sheet and provided signed informed consent prior to the interview to ensure ethical data collection. Interviews took place between May and July 2025 and lasted approximately 60–90 minutes. All interviews were conducted online and audio-recorded with permission. Participants had the option to remain anonymous. The interviewees represented the following organisations or participated in an independent capacity:

1. Lucy Faithfull Foundation (LFF) (Europe)
2. Hug Project (South East Asia)
3. Childlight (Global)
4. Child Helpline International (CHI) (Global)
5. Everyone's Invited (EI) (Europe)
6. INHOPE (Global)
7. Care and Protection of Children at Columbia University (CPC) (North and South America)

8. Participant 8 (Independent Consultant) (Africa)
   9. Dr Daniel Rothman (Forensic Psychologist) (North America)

3.4 Data analysis

All recordings were transcribed verbatim. Transcripts were then coded using a structured thematic codebook, developed iteratively based on the project aims and refined throughout the analysis. The codebook included six core domains: Prevention, Perceived Drivers of HSB, Digital Dynamics, Challenges and Gaps in Support, Structural and Policy Constraints, and Good Practices and Opportunities. These domains were informed by the Second Edition of the Terminology Guidelines for the Protection of Children from Sexual Exploitation and Abuse (ECPAT, 2025), which provide international standards for child protection terminology and conceptual clarity on HSB. Coding was conducted manually using Microsoft Excel to organise, track, and analyse qualitative data by the research team, and sub-codes were added to capture cross-cutting themes such as contextual complexity, systemic responsibility, and intersectional vulnerability.

3.5 Ethical considerations

The study was approved under Trilateral Research's internal ethics framework and complied with UK GDPR standards. All participants received a detailed information sheet and signed informed consent forms prior to taking part. Participation was voluntary, and individuals retained the right to withdraw at any stage. Interviews were anonymised in accordance with participant preference. All data was stored securely on encrypted, access-controlled drives, and no personal identifiers were retained.

While no children or individuals with lived experience were interviewed, safeguarding protocols were in place. These included providing participants with advance notice of sensitive topics and offering optional breaks or early termination of interviews. A peer support system for the research team was also implemented to mitigate vicarious trauma risks.

3.6 Limitations

The findings of this report should be considered in light of a few limitations. The literature review was rapid rather than systematic, meaning some relevant studies may have been missed. The sample of nine expert interviews, while diverse in role is not representative and reflects perspectives accessible through the project's networks. As with all qualitative interview data, there is a potential for social desirability bias in participant responses. Finally, the scope of this project did not include interviews with children displaying HSB or individuals with lived experience as survivors. The insights presented are grounded in the professional experiences of the stakeholders consulted.
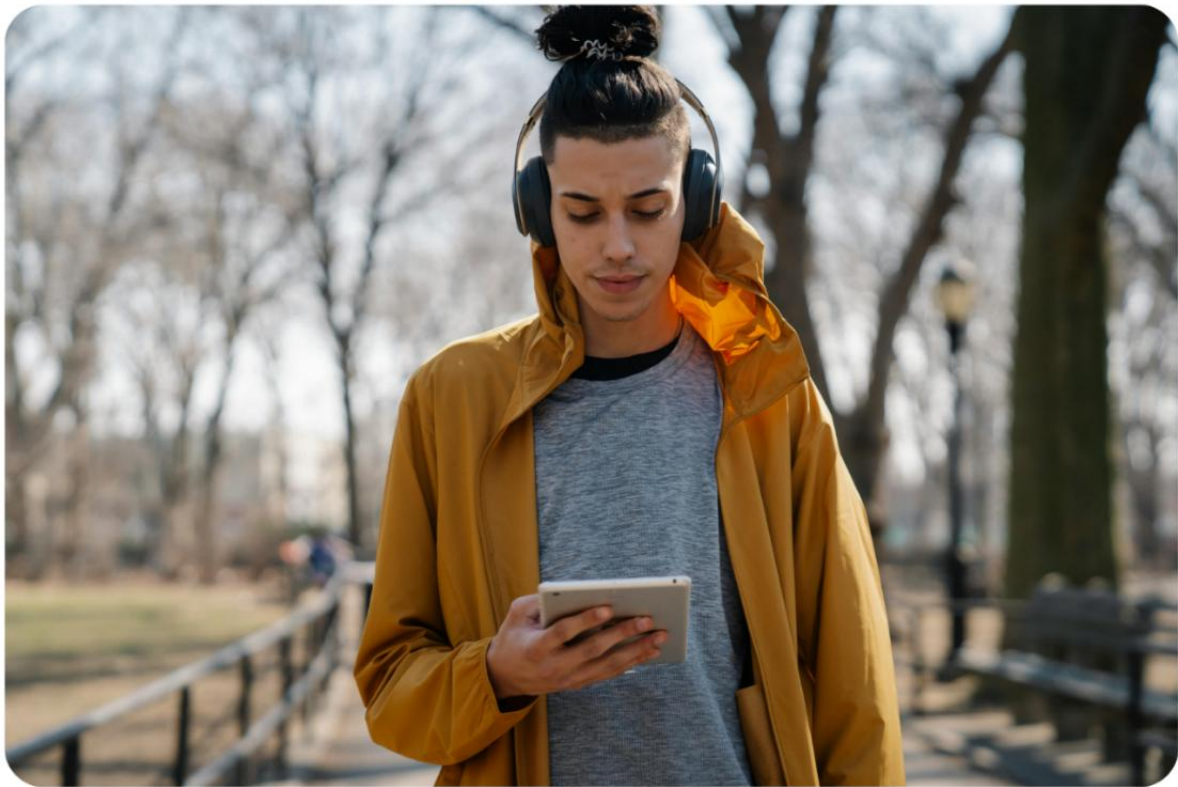
4. Literature review

4.1 Understanding the drivers of harmful sexual behaviour

HSB among children arises from a complex interplay of individual, developmental, interpersonal, and systemic factors. The literature emphasises that such behaviours are not simply the product of individual deviance, but are often shaped by ACEs, relational contexts, and environmental exposure to harmful norms or content (Allen, 2017; Hackett, 2014; Lussier et al., 2019).

Adverse childhood experiences and trauma

A consistent finding across the literature is the strong association between HSB and ACEs particularly maltreatment, neglect, and exposure to family violence (Allen, 2017; Lussier et al., 2019). In a systematic review by Lussier et al. (2019), 88% of youth who had committed sexual offences had experienced one or more ACEs, with over 40% reporting four or more. These findings reinforce the importance of trauma-informed and developmentally attuned responses to HSB.

Children with sexual behaviour problems often display overlapping vulnerabilities including attachment disruptions, low self-esteem, and challenges in emotional regulation (Allen, 2017; Papalia et al., 2018). Hackett (2014) highlights how trauma can affect cognitive development and impulse control, contributing to behaviours that are sexualised, coercive, or inappropriate for a child's developmental stage.

Developmental vulnerability

Developmentally, HSB is often shaped by normative curiosity gone unmoderated by appropriate guidance or boundaries. It is important to understand that most sexual behaviours that children engage in out of curiosity are a normal part of their development and not harmful. It is when these action harm another person that they are problematic. Many children engaging in HSB do not fully comprehend the consequences of their actions or may lack the capacity to interpret social cues (Papalia et al., 2018). This is particularly true for younger children or those with developmental delays or neurodivergence (McPherson et al., 2024). The literature underscores that developmental stage, rather than chronological age alone, must be considered in assessing intent, impact, and accountability (Hackett, 2014; Papalia et al., 2018).

Neurodivergence and cognitive impairment

A trauma-informed and neurodevelopmentally sensitive lens is therefore critical for accurate assessment and support (Allen, 2017; McPherson et al., 2024). Children with neurodivergent profiles or disabilities may require tailored support to understand social norms and boundaries. Their rights to inclusive, developmentally appropriate education and safeguarding must be upheld, without pathologising their behaviour. Several studies point to neurodevelopmental conditions such as Attention Deficit/Hyperactivity Disorder (ADHD), autism spectrum conditions, or learning disabilities as overrepresented in populations of children displaying HSB (Papalia et al., 2018; McPherson et al., 2024). These children may have difficulties understanding boundaries, interpreting social signals, or recognising the harm caused by their actions, especially in online contexts.

Peer dynamics and social influences

Peer influence is another key driver. Group dynamics, peer pressure, and normalisation of harmful attitudes toward sex and gender, particularly among boys, can play a significant role in shaping behaviours (Hackett, 2014; McKibbin et al., 2017). Children who have displayed HSB often report a lack of healthy role models or exposure to harmful masculinities and peer-sanctioned sexual aggression (McKibbin et al., 2017).

In peer contexts, harmful behaviours may take the form of dares, games, or incidents involving multiple perpetrators of sexual harm Importantly, some children themselves express regret and a desire for earlier education, highlighting missed opportunities for preventive interventions (McKibbin et al., 2017).

Online and pornography exposure

There is growing recognition of the role of digital environments in shaping HSB. Repeated exposure to online pornography, particularly violent or degrading content, has been linked to distorted attitudes about consent, desensitisation to aggression, and increased likelihood of engaging in coercive behaviours (Belton & Hollis, 2016; Livingstone & Mason, 2015; ECPAT International, 2022). Studies have also documented that some children re-enact sexual content viewed online, sometimes without fully understanding its implications (UNICEF Innocenti, 2022).

Online spaces also enable peer interaction and image-based sexual abuse (e.g., sharing explicit content without consent), which may not always be understood by children as abusive. The convergence of online risk and offline vulnerability is particularly concerning for children with existing trauma histories or limited supervision (WeProtect Global Alliance, 2023).

4.2 Prevention and intervention models

Literature reflects growing consensus that early, trauma-informed, and developmentally appropriate interventions are essential to uphold children's rights to protection, participation, and holistic development—beyond simply reducing risk and children engaging in HSB. However, prevention programming remains underdeveloped in many contexts, often reactive, and rarely integrated into broader child safeguarding frameworks (Hackett, 2014; Allardyce & Yates, 2018).

Trauma-informed and child-centred approaches

There is a growing call to reframe intervention away from purely risk-based models and toward trauma-informed, child-centred care. McPherson et al. (2024) argue that traditional behavioural interventions may overlook the impact of abuse histories, neurodiversity, and family dysfunction. Effective models require multi-agency collaboration, including child protection, mental health, and education services (Hackett, 2014; Allardyce & Yates, 2018). All responses should be trauma informed, understanding the past experiences and vulnerabilities of children who display HSB.

This perspective is reinforced by research showing that punitive or carceral responses can exacerbate harm and entrench shame, particularly when applied to young children or adolescents with limited understanding of their actions (Papalia et al., 2018; McKibbin et al., 2017). A rights-based, public health approach to prevention emphasises building protective factors, such as trusted adult relationships, healthy emotional expression, and positive peer modelling, rather than focusing exclusively on risk management.

School-based and community-level interventions

Prevention efforts often begin in schools, where the inclusion of consent education, emotional literacy, and respectful relationship modules can serve as early protective measures. However, the quality and reach of these programmes vary widely. Hackett (2014) notes that many interventions do not begin early enough developmentally and often lack the capacity to engage meaningfully with complex trauma, neurodivergence, or digital harms.

Community-based education initiatives, including peer-led workshops and parent engagement sessions, have shown promise in creating safer environments and reducing stigma (Allardyce & Yates, 2018). However, such programmes often rely on short-term funding and lack robust evaluation frameworks, limiting scale-up or long-term implementation (McPherson et al., 2024).

Clinical models: MST and CBT

Among therapeutic interventions, Multisystemic Therapy (MST) and Cognitive Behavioural Therapy (CBT) remain the most frequently cited evidence-based approaches for children with HSB. CBT, focuses on cognitive restructuring, empathy development, and behavioural self-regulation with individuals. MST is a comprehensive family- and systems-based intervention that aims to reduce reoffending by targeting the social ecology of the child, including peers, school, and caregivers (McPherson et al., 2024).

These approaches have demonstrated effectiveness in reducing the act of a person repeating an undesirable behaviour after they have experienced negative consequences of that behaviour and addressing the underlying drivers of HSB, particularly in high-income contexts. However, McPherson et al. (2024) caution that even these "gold standard" programmes are not uniformly adapted to developmental stages or cultural contexts. Their application in low-resource settings remains sparse and under-evaluated.

Gaps in evidence and evaluation

Despite promising practices, the field continues to suffer from insufficient evidence on programme effectiveness, particularly in low- and middle-income countries (Chiang et al 2020). Many interventions lack long-term follow-up, culturally relevant adaptation, or participatory design. As McPherson et al. (2024) highlight, "good practice" is often determined from a service delivery perspective rather than grounded in the lived experiences of children themselves.

There is also a need for more holistic indicators of success. Few programmes incorporate feedback from children or families, and rates of repeated HSB remain the dominant metric, even though it fails to capture emotional wellbeing, relationship repair, or developmental progress (Papalia et al., 2018; Hackett, 2014).

4.3 Gaps and challenges in the evidence base

Despite growing attention to HSB the literature highlights persistent and significant gaps in definitions, data systems, evidence, and equity of service provision. These gaps constrain the development of holistic prevention strategies and limit the effectiveness of responses, particularly outside high-income settings.

Definitional inconsistencies

A foundational challenge is the lack of universally agreed definitions of HSB and PSB. These terms are often used interchangeably across jurisdictions, with considerable variation in how they are understood and applied. In many contexts, neither term is widely recognised or clearly defined, and behaviours are instead viewed either as purely 'criminal' or, conversely, as a normative expression of adolescent sexuality—leading to missed opportunities for early intervention and support. The terms are often used interchangeably across jurisdictions, with considerable variability in how behaviours are interpreted by educators, police, health professionals, and child protection workers (Hackett, 2014; Papalia et al., 2018).

The absence of shared thresholds for what constitutes 'harm' or 'inappropriateness' complicates both assessment and cross-sectoral coordination. As noted in the updated global Terminology Guidelines (ECPAT, 2025), framing must consider developmental capacity, context, and impact, not merely the behaviour itself.

Data, surveillance and monitoring

There is widespread agreement across the literature that data collection is fragmented, inconsistent, and underdeveloped. Many jurisdictions do not disaggregate sexual abuse cases by age of perpetrator, and few collect longitudinal data to track outcomes for children displaying HSB (UNICEF Innocenti, 2022; WeProtect Global Alliance, 2023). While some tools exist in high-income countries, these are often siloed, not publicly accessible, or lack age- and gender-sensitive indicators (Department for Education, 2022; Chiang et al., 2020).

Moreover, the dominance of rates of repeated HSB as a proxy measure of success in interventions skews how effectiveness is understood. Studies note that other outcomes, such as disclosure, social reintegration, and emotional wellbeing, are rarely measured, yet crucial to meaningful prevention (McPherson et al., 2024; Papalia et al., 2018).

Geographic and equity gaps

The literature base is skewed heavily toward English-language studies and high-income countries (Chiang et al., 2020; McPherson et al., 2024). Evidence from low- and middle-income countries (LMICs) remains sparse, despite indications that peer-on-peer harm is widespread and often unreported in these settings (UNICEF Innocenti, 2022; ECPAT International, 2022). This creates a distorted evidence landscape where

most models are tested in clinical or carceral settings with limited adaptability to community-based, culturally relevant interventions.

Marginalised children, including those with disabilities, neurodivergence, or who identify as LGBTQ+, are also underrepresented in both research and programming (Hackett, 2014; Papalia et al., 2018). The field continues to lack participatory approaches that meaningfully involve children in the design and evaluation of interventions intended for them.

5. Thematic analysis of stakeholder interviews

The thematic analysis presented in this report is grounded in the insights from nine semi-structured interviews with a diverse group of global experts. Participants were purposively selected from across the child protection ecosystem to ensure a range of professional perspectives, including from frontline service delivery, online safety and helplines, survivor advocacy, policy, and research. The sample includes experts based in the Europe, North and South America, and Southeast Asia, providing a broad global viewpoint please see **Annex B** for more information on each of the stakeholders.

5.1 Coding framework and approach

To analyse the perspectives, a structured thematic codebook was developed. This was grounded in the project aims and built around six core domains: **(1) Perceived Drivers of HSB, (2) Prevention, (3) Digital Dynamics, (4) Challenges and Gaps in Support, (5) Structural and Policy Constraints, and (6) Good Practices and Opportunities.**

This initial framework was iteratively refined throughout the coding process as new insights emerged across the interviews. Additional sub-codes were added, and some were adapted to more accurately capture nuances, particularly around complexity, systemic responsibility, and contextual variation.

Table 1 - Summary of Final Codebook Categories and Definitions

Themes	Sub-Themes	Codes	Definition/Focus
1· Perceived Drivers of HSB	Curiosity Without Compass	Factors_Developmental	Developmental vulnerabilities tied to age, curiosity, or impulse control.
	The Peer-Driven Pipeline to HSB	Factors_SocialPeer	Peer pressure, online subcultures, influencers, and group dynamics.
	When HSB Signals Distress not Deviance	Factors_Individual	Individual-level drivers such as trauma, neurodiversity, or compulsive behaviour.
	Systems of Silence	Factors_Systemic	Cultural norms, gender inequalities, legal gaps, and poverty.
2. Prevention	Start with the Basics, Sooner	Timing	When prevention begins, often too late; emphasis on early intervention, even in early childhood.
	Make it Engaging and Relatable; Make Risks Real and Recognisable; Building the Scaffolding Within,	ContentStyle	Pedagogical and content approach, trauma-informed, pop-culture aligned, youth-accessible.
	Closest to the Problem, Closest to the Solution	Participation	Youth co-design, family involvement, and community integration in intervention planning.
	Prevention Through Trust	ProtectiveFactors	Role of trusted adults, peer support, mentoring, and emotional literacy.
	Fitting the Tool to the Context	OnlineResource	Use of digital resources for prevention, reflection, and early help.
3. Digital Dynamics	Online as a Core Social Reality; Stranger Danger as a Broken Prevention Model; From Static Pornography to Interactive Abuse; Reassessing the Digital Divide	Digital_Dynamics	Role of online platforms, exposure to extreme content, livestreaming, and platform safeguards.

4 · Challenges & Gaps in Support	Working in the Dark	Gaps_Data	Absence of granular, shared, or longitudinal data on HSB and outcomes.
	Shame, Silence, and Institutional Evasion; A Fractured and Precarious Ecosystem	Intervention_Challenges; Gaps_Monitoring	Legal, funding, and systemic constraints that limit service delivery. Weak monitoring systems and lack of long-term impact assessment.
	Practitioner Uncertainty and Training Gaps	Gaps_Training	Lack of practitioner training, guidance, or confidence to handle HSB.
	Moving Beyond Binary Categories	Complexity_Experience	Lived experience is intersectional, involving trauma, culture, neurodiversity.
	Systemic Failures in Measurement and Accountability	Gaps_Monitoring; Complexity_Impact Assessment	Weak monitoring systems and lack of long-term impact assessment. Need for nuanced, qualitative and child-safe ways to assess intervention success.
	When Everyone is Accountable, No One Is	Complexity_Responsibility	Shared roles between families, institutions, platforms, and states.
5. Structural and Policy Constraints	The Criminalisation-Prevention Dilemma	Legal_Policy_Constraints	Laws and policies that hinder prevention or stigmatise youth.
	Everyone Working in Silos	CrossCut_Fragmentation	Poor coordination and duplication across sectors (health, education, justice).
6. Good Practices and Opportunities	Make it Engaging and Culturally Safe; Grounding Prevention in Lived Experience; Design from Where the Harm Happens; Building Trust Through Data and Partnership; Reimagining Schools as Holistic Health Hubs	Intervention_Opportunities	Models or reforms worth scaling (e.g., co-designed tools, integrated services).
	Rethinking Measurement	Measuring_Impact	Examples of promising evaluation metrics or success indicators.

5.2 Thematic analysis of stakeholder interviews

Each transcript was manually coded against the full codebook. The following analysis presents a thematic synthesis of the most salient insights, bringing together interview findings with relevant literature to illuminate the current landscape of challenges, gaps, and promising practices in the field of HSB prevention and response. Note: All interviews are anonymised in accordance with each participant's stated preferences.

5.2.1 Perceived drivers of HSB

When discussing divers of HSB, stakeholders consistently described HSB as the outcome of a complex interplay of individual, developmental, peer, and structural factors rather than an isolated behavioural issue. These insights closely align with the literature, which emphasises that HSB often emerges from overlapping vulnerabilities, ACEs, developmental challenges, and exposure to harmful social norms and digital environments (Hackett, 2014; Allen, 2017; Papalia et al., 2018). The following subsections present the main drivers of HSB discussed in the interviews.

Curiosity without compass

The developmental window between ages 8 and 13 emerged as a critical period of vulnerability. Participants commented that HSB often begins with unmoderated curiosity or confusion about sex and relationships, especially in the absence of age-appropriate guidance. A Lucy Faithful Foundation (LFF) team member described this as *"a collision between natural curiosity and unmet guidance,"* particularly among children without access to comprehensive sexuality education or open family communication.

This insight aligns with findings from the literature, which argue that many behaviours labelled as harmful may reflect a lack of sexual knowledge or social immaturity, rather than malicious intent (Hackett, 2014). Several interviewees noted the disconnect between rigid legal frameworks and children's actual capacity to understand the impact of their behaviour, echoing calls in the literature for contextual, developmentally sensitive interpretation of harm (Papalia et al., 2018). This underscores the need to tailor prevention to distinct developmental stages, rather than applying a single approach to all children and adolescents.

The peer-driven pipeline to HSB

Experts across interviews identified peer dynamics and digital subcultures as accelerating drivers of HSB. EI and INHOPE described how online group chats and social

media platforms facilitate coercive "dares," sexualised challenges, and boundary-pushing behaviour, often normalised by peer validation. Other stakeholders raised concerns about the influence of online masculinist and misogynistic figures, *"We're seeing more boys saying 'this is just banter' after quoting Andrew Tate, it's like they've internalised it without realising,"* said one practitioner from EI. This adds nuance to existing research on how media and pornography shape coercive norms, attitudes and rape myths (Haslop et al., 2024; Stanley et al., 2016). From a clinical perspective, Dr. Daniel Rothman, a Canadian clinical psychologist and academic specialising in developmental sexual harm, trauma, and adolescent forensic assessment added that key internal contributors to HSB Rothman noted that online cultures often create unhealthy behavioural norms without adult input. *"Kids will lack some understanding around those kinds of norms... [like] is it OK to request a nude?"* Their own internet-based culture has evolved without the benefit of much responsible adult supervision.

However, the interviews add granularity by identifying specific online practices not yet widely documented in academic studies. For instance, the Hug Project shared cases in which perpetrators used online games to groom boys by offering in-game rewards in exchange for sexual content, a tactic that highlights the evolving nature of platform-based coercion.

When HSB signals distress, not deliberate harm

All interviewees identified trauma and ACEs as core contributors to HSB. Participant 8, a gender, violence prevention and data specialist with a focus on African countries noted that in many cases, *"a specific traumatic experience might elicit a lot of those things to come together to actually then result in the HSB,"* reinforcing the understanding that these behaviours often stem from distress, not deviance. This reflects findings in the literature that a history of maltreatment is found in 50–80% of children displaying PSB (Allen, 2017, as cited in McPherson et al., 2024). *"Most of the kids I see... have experienced bona fide trauma. There seems to be a pathway from those things to a kid later on developing a range of harmful behaviours"* (Rothman).

Neurodivergence also featured prominently in relation to the manifestation of HSB. Practitioners from LFF, CPC, and Childlight highlighted the over-representation of children with autism spectrum disorder, ADHD, and learning disabilities in HSB referrals. These children often face challenges in understanding boundaries, interpreting social cues, and regulating behaviour, all of which can increase vulnerabilities, particularly in digital contexts, when adequate support is lacking. Importantly, these vulnerabilities arise not from neurodivergence itself but from unmet support needs and environments that fail to accommodate children's developmental profiles. From a clinical perspective, Rothman noted that in neurodivergent children these challenges may include *"difficulties with impulse control [and] problem solving,"* sometimes compounded by a *"genuine, atypical sexual interest profile"* or struggles with sexual compulsivity, particularly for neurodivergent youth who may be more vulnerable to fixations. The

literature confirms that neurodevelopmental conditions are present in a substantial proportion of youth referred for HSB, underscoring the need for developmentally attuned assessments which are also trauma-informed and avoid over-pathologisation (Allen, 2023; McPherson et al., 2024). At the same time, a lack of adequate support can heighten vulnerability not only to engaging in harmful behaviours but also to experiencing harm from others. As one LFF practitioner noted, *"prevention has to start from recognising how kids with ADHD or autism might process things differently – otherwise we're setting them up to fail."*

> *"Kids don't talk about it, because their families pretend it doesn't exist"*
> **Research participant**

Systems of silence

Stakeholders also emphasised the importance of structural and systemic conditions in shaping both risk and response. Participant 8 flagged the *"legal non-criminalisation of specific acts"* in some LMICs as a fundamental barrier to recognition, data collection, and service provision. In Southeast Asia, stakeholders such as the Hug Project described how certain sexual behaviours among children, such as sharing nudes or exploratory online interactions, are often hidden rather than openly acknowledged, *"...due to strong cultural taboos and family silences. Kids don't talk about it, because their families pretend it doesn't exist"* said a practitioner from the Hug Project. *"Even the word sex is taboo in many homes."* These actions are frequently stigmatised and occur behind closed doors due to strong cultural taboos and family silences. This adds further complexity to how children understand their own behaviours and undermines their ability to seek help or access support. As noted in the literature, stigma and cultural discomfort around sexuality and education can suppress reporting, weaken institutional response, and limit the development of effective prevention strategies across all contexts, though to differing degrees (Chiang et al., 2020; ECPAT, 2025). These dynamics are not unique to LMICs and have also been observed in high-income contexts, particularly among Black, Asian, Minority and Ethnic (BAME) communities in the UK and other cultural minority groups, as highlighted in previous Global Threat Assessments (WeProtect Global Alliance, 2023).

These understandings reinforce a consistent concern across the literature: that HSB remains significantly under-addressed in LMICs due to legal ambiguity, fragmented governance, and weak infrastructure for prevention and early intervention (Sheikh & Rogers, 2024). While several LMICs have made important legal and policy strides, including the adoption of comprehensive child protection frameworks, significant implementation gaps and resource constraints continue to limit consistent prevention and early intervention. As noted in the literature, failure to confront these root conditions contributes to the marginalisation of at-risk youth and perpetuates cycles of silence, stigma, and underreporting (Hackett, 2014; Papalia et al., 2018).

5.2.2 Prevention: start earlier, make it meaningful and involve youth

Stakeholders across all interviews voiced a clear and consistent message: current prevention efforts are insufficient, too late, and often disconnected from children s' lived realities. This echoes longstanding calls for trauma-informed, culturally grounded strategies that begin earlier and reflect children's realities (Hackett, 2014; McPherson et al., 2024; Allardyce & Yates, 2018). In addition, power dynamics, including those shaped by gender, age, ability, and social status, are central to how HSB manifests and how children experience harm or exclusion. Responses must attend to these imbalances rather than apply gender-neutral or binary frameworks (Newman, 2024, p. 11).

Start with the basics, sooner

The Hug Project and Participant 8 both stressed that prevention should begin *"in the womb"* highlighting the importance of maternal health, parental wellbeing, and early childhood development as the foundations for resilience. This aligns with broader SRHR approaches, which frame prevention as beginning in maternal health and extending through early childhood, ensuring that concepts such as body autonomy and consent are introduced in developmentally appropriate ways. Supporting families during these stages can strengthen attachment, nurture social and emotional skills, encourage healthy parenting practices, and create protective environments long before formal sex education typically begins. Practitioners from the CHI added that by the time many children receive lessons on consent or boundaries, their ideas about relationships and gender have already been shaped, often by harmful digital influences. *"Children as young as 4 are already forming ideas around relationships, consent and body autonomy. I think starting the conversation from before the age of 10 really looks at using developmentally appropriate language."* Early intervention therefore means not only introducing developmentally appropriate conversations about consent and body autonomy, but also embedding positive, rights-based approaches to relationships from the very start of a child's life. These insights echo findings from Hackett (2014), which emphasise the critical importance of early, developmentally appropriate interventions.

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Making it engaging and relatable

The Hug Project described how they integrate song, dance, and play into their sessions to reduce fear and increase participation, particularly among younger children. EI similarly emphasised the value of *"colourful, interactive, and non-lecture-based formats"* to engage adolescents. *"We look at updating our content termly to make it contextually relevant. fonts, colour schemes, pop culture—they change how children engage with us."* Moreover, they noted that these stylistic decisions and efforts to make the education trainings they deliver to children in schools are carefully thought about and iterated constantly to keep the trainings fresh and engaging. These findings align with McPherson et al. (2024), who warn that didactic or clinical content often alienates children, especially those with trauma histories. Prevention, as several organisations noted, must *"speak the language"* of children and adolescents rather than that of bureaucracies. This often requires non-verbal and non-written tools, including art, play, and sport, which can create safe and accessible ways for children to express themselves and engage with prevention messages. Rothman also emphasised that effective programming must involve skills-based practice, giving children the *"opportunity to practice skills that are taught,"* which might include role-playing scenarios, practising refusal skills, or actively rehearsing how to seek help in unsafe situations. The Hug Project also noted that using real-life case studies, such as incidents of financial extortion via online gaming, makes prevention content more emotionally resonant and memorable. Rather than abstract warnings, they anchor lessons in narratives that children can relate to. Participant 8 highlighted that these stories create *"moments of recognition,"* making the risks feel more immediate and the support systems more accessible. This is seen in the literature's argument for trauma-informed pedagogy and mentalisation-based strategies, which is an approach that helps children understand both their own and others' mental states to foster empathy and reflection (Papalia et al., 2018). Moreover, EI noted the

benefits of using their digital safe space, where survivors can share their testimonies anonymously. This has been used to shape lesson plans, and it was noted that it led to an increase in disclosures, leading to greater awareness on the issues in their schools.

Practitioners also emphasised the importance of equipping children with language to describe experiences that feel wrong but are hard to name. One example is the concept of a *"confusing touch"* used by organisations like the Hug Project, which helps children articulate when something feels off, even if it was not painful or clearly abusive. As they explained, **"We don't just say good touch and bad touch. We say confusing touch. Because sometimes kids feel something but don't have the words or think it was wrong."** This gives them a way in, to say, *"Something happened, and I'm not sure how I feel." "That's where disclosure starts."* This framing reduces shame and signals that it's safe to speak, even in uncertainty.

Building the scaffolding within

Stakeholders stressed that prevention is most effective when it builds children's internal capacity to navigate complex social situations, particularly by developing empathy, critical thinking, and emotional regulation. LFF highlighted the importance of helping children understand their own feelings, recognise discomfort, and make safe decisions under peer pressure. They also described the need to support children in navigating *"moral grey areas"* rather than relying on rigid rule-based messaging. Furthermore, effective prevention requires mandatory participation from the surrounding ecosystem. Rothman stressed that caregiver involvement must be *"baked in to how we do things. it's not optional. There's no taking no for an answer."* While practitioners stressed the importance of framing caregiver engagement as essential and non-negotiable, it is equally important to recognise the structural and cultural barriers that may limit caregivers' capacity to participate, such as poverty, long working hours, stigma, or lack of access to information. Acknowledging these realities ensures that the principle of mandatory engagement is framed in a supportive and inclusive way, rather than as a punitive expectation.

The researcher from CPC similarly pointed to the importance of emotional literacy and reflective pause, the ability to slow down before acting impulsively. The Hug Project described mentoring schemes that create safe relational environments for practising these skills, fostering self-worth and the capacity for respectful communication. This broader focus on behavioural health was reinforced by Rothman, who noted a *"ton of overlap between kids who engage in sexual harm and kids who engage in generally antisocial behaviour."* He argued that from a prevention standpoint, this overlap is crucial:
"Even if our focus were just on sort of wider kind of behavioral health, then we would also be benefiting the majority of kids with problematic sexual behaviors. Because again, there's lots of overlap. a more broadly based set of interventions. could be very beneficial because most of the underlying factors are the same." (Rothman).

These approaches reflect a shift away from fear-based messaging towards a model that nurtures psychological safety and internal regulation, consistent with findings in the literature (Allen, 2017; Allardyce & Yates, 2018; McPherson et al., 2024). The importance of this holistic approach is underscored by long-term outcome research. Hackett et al. (2024) found that successful adult outcomes for those who displayed HSB in childhood were strongly associated with developmental factors like stable partner relationships, wider supportive networks, and educational achievement, rather than the specifics of their original harmful behaviour. Rothman emphasised the role of emotional and cognitive scaffolding in

prevention: *"A big part of treatment involves helping kids understand what's going on inside them,"* including emotional regulation and recognising impulses. He also uses explicit strategies to build empathy: *"Even with [children who struggle with empathy or emotional connection]... I still teach them how to think about someone else's welfare. We're not good at predicting who will change, so we should build the scaffolding anyway."*

Closest to the problem, closest to the solution:

Closest to the Problem, Closest to the Solution: This principle aligns with children's right to be heard, as enshrined in Article 12 of the UNCRC, and reflects evidence that meaningful participation can itself be protective. When children are actively involved in shaping their own environments, policies, and prevention strategies, they not only contribute valuable insights but also strengthen their sense of agency, belonging, and safety. Organisations like Childlight and the Hug Project described positive outcomes from co-designed materials and youth advisory boards, echoing the literature's emphasis on children's participation as a driver of impact and credibility (McKibbin et al., 2017). *"We need to stop designing for children and start designing with them. They're the closest to the problem and often the closest to the solution as well."* (Childlight). EI added that effective campaigns should not only educate but also provide platforms for all children, including survivors. to be heard, to be heard, shifting from didactic to participatory models. INHOPE and the Hug Project both stressed that involving youth in shaping the language, tone, and interface of reporting tools directly improves help-seeking, particularly in digital environments where children may otherwise feel alienated or fearful. This insight is echoed in broader child protection research, which finds that child-friendly digital reporting mechanisms increase the likelihood of disclosure, especially when co-designed with children themselves (UNICEF Innocenti, 2022; ECPAT International, 2022). This is also consistent with international law on children's participation, enshrined in Article 12 of the UNCRC, and aligns with academic research such as Lundy's (2007) model of child participation, which emphasises space, voice, audience, and influence.

Prevention through trust

Several stakeholders highlighted that prevention also involves reshaping how children perceive authority figures, particularly law enforcement. The Hug Project described bringing law enforcement officers into all school-based prevention sessions, not to intimidate, but to build trust. By positioning officers as protectors rather than enforcers, the sessions aim to shift perceptions of justice institutions and increase children's comfort with disclosure. As noted by the Hug Project: *"we always bring the police with us, and the kids said they respond better to that than just theories. For them to see real cases and how it happens—it helps a lot more."* This tactic represents a proactive, community-based model of prevention rarely documented in the literature, though it aligns with broader public health principles of reducing barriers to help-seeking (Allardyce & Yates, 2018). In addition, the law enforcement officers are able to participate in singing songs and engaging with the children directly, which also increases the trust and helps tackle the widespread negative perception of law enforcement. At the same time, practitioners cautioned that police presence must be carefully managed to avoid triggering fear or retraumatisation, particularly for children from over-policed or marginalised communities, or those with migrant backgrounds.

Fitting the tool to the context

Several experts highlighted digital tools as critical entry points for early help and reflection in prevention by offering children early, low-barrier

> *"Children may not distinguish between "online" and "offline" experiences, they navigate one continuous social ecosystem."*
> **Research participant**

access to support and information, particularly when anonymity is important. Organisations such as LFF and Child Helpline International cited the promise of youth-centred digital resources like 'Shore' an anonymous, expert-informed platform built by the LFF for teenagers worried about their own or others' sexual behaviour and SMS-based services, which provide low-barrier access to information and early help. However, Participant 8 and INHOPE warned that such tools must be locally adapted. What works on a smartphone in the United States of America may not translate to shared-phone settings in Mozambique or rural Thailand, underscoring the importance of co-developing solutions with local children to reflect linguistic, cultural, and technological realities. This underscores the literature's critique of transplanting global majority models without cultural tailoring (Chiang et al., 2020). As Participant 8 noted *"It's absolutely bonkers to think that something can be developed in the States or in the UK and then be implemented here in Uganda or Kenya. It's just won't work."* However, the Hug Project cautioned against assumptions of digital exclusion in Southeast Asia. They noted widespread youth access to high-speed internet and global platforms, warning that such assumptions can marginalise communities and lead to underinvestment in prevention tools tailored to their increasingly globalised online behaviours.

5.2.3 Digital dynamics

Despite the potential of using the digital environment in support of prevention, there was universal agreement among stakeholders that these spaces are now a central, and in many cases primary, site for the emergence of HSB. As a practitioner from EI noted, *"Children may not distinguish between "online" and "offline" experiences, they navigate one continuous social ecosystem."* This collapse of boundaries requires a fundamental rethinking of traditional prevention strategies, which have historically treated digital harm as an add-on, rather than a primary focus.

Online as core social reality

Multiple stakeholders, including those from Childlight and the LFF. observed that online interactions are no longer peripheral to children 's lives, they *are* their lives. One practitioner from EI noted that for many children, online harm is experienced as *"the same thing"* as offline harm. This insight directly challenges outdated safeguarding models that treat the internet as a separate or less real space. It also aligns with literature that highlights how digital platforms have reconfigured sexual development and risk in ways that outpace traditional response systems (Belton & Hollis, 2016; McPherson et al., 2024). *"Some children fail to distinguish between what's private and what's performative, particularly in online spaces."* This reflects a broader concern raised by practitioners around the blurring of boundaries between online self-presentation and real-world social norms. Rothman explained: *"Kids will lack some understanding around those kinds of norms... [like] is it OK to request a nude?"* Such uncertainty is particularly pronounced for younger or neurodivergent children, or those lacking adequate digital literacy education, and it underscores the urgency of equipping them with clear, age-appropriate guidance about consent, privacy, and relational expectations online.

Other stakeholders also flagged the dangers of adults misjudging the significance of online experiences. As the expert from CPC noted, minimising these harms risks alienating children and failing to address the platforms where grooming, coercion, and sexual exploitation now commonly occur. In the view of this project, these risks are likely to intensify as generative AI becomes more integrated into online ecosystems, enabling hyper-personalised grooming tactics, realistic synthetic media, and the potential for AI-generated content to mimic the voices or images of peers. Without urgent safeguards, AI may further blur boundaries between reality and manipulation, deepening the challenges of digital prevention and detection.
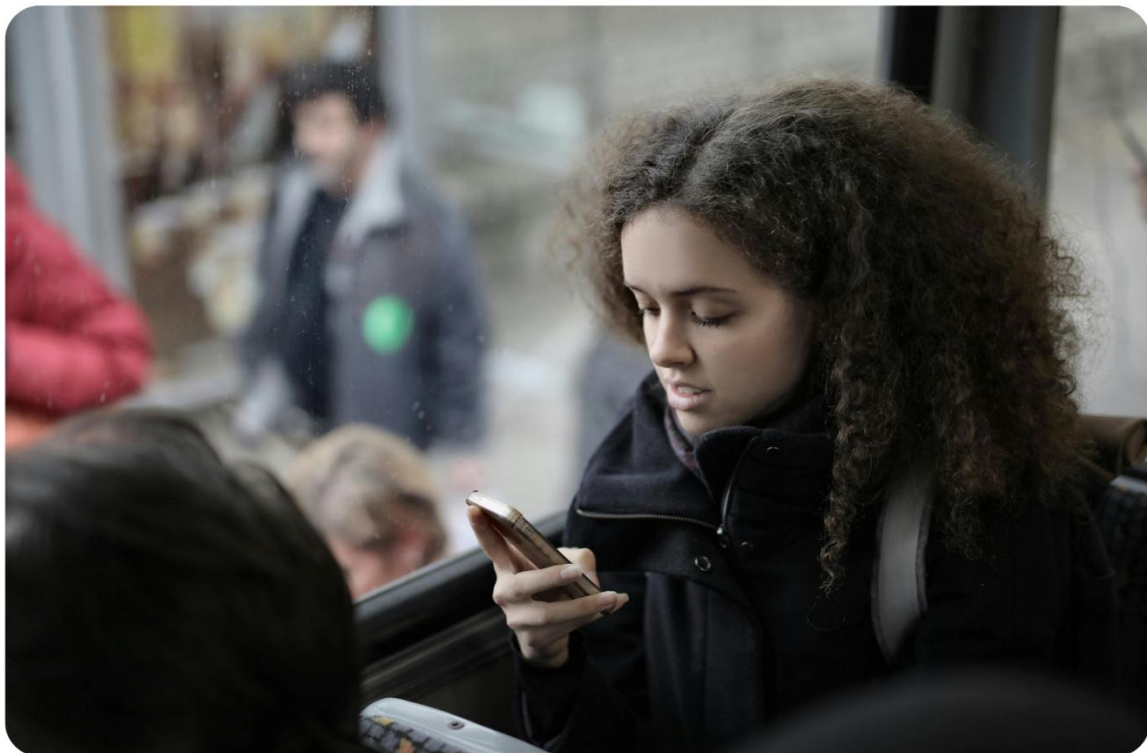
'Stranger danger' as a broken prevention model

> *"Algorithms are driving kids towards increasingly extreme content — it's not just what they search, it's what they're fed."* **Research participant**

A key insight shared by the Hug Project is that the narrative of *"stranger danger"* is increasingly obsolete. Children often form online relationships through shared interests (e.g., gaming, music), and do not perceive these contacts as strangers. This cognitive shift in how trust and familiarity are formed increases grooming vulnerability and undermines prevention messages based on outdated binaries of known/unknown or online/offline. This finding resonates with the literature's critique of overly simplistic harm-avoidance messaging (ECPAT International, 2022) and supports a growing call for prevention strategies that reflect the relational complexity of digital life.

From static pornography to interactive abuse

While exposure to pornography remains a key concern, stakeholders repeatedly emphasised that the most urgent risks are now embedded in interactive, gamified, and social platform design. Livestreaming platforms were also flagged as an emerging site of real-time abuse, with minimal oversight or content moderation. As one practitioner from EI observed: *"Algorithms are driving kids towards increasingly extreme content — it's not just what they search, it's what they're fed."* Highlighting the risks derived from social media platforms in amplifying toxic gender norms through algorithmic recommendation systems, normalising coercive behaviours and distorting children 's sense of what is acceptable or desirable. These insights push beyond the traditional focus on passive content consumption and toward a more nuanced understanding of *interactive harm pathways*, echoing emerging evidence on how platform design itself facilitates abuse (WeProtect Global Alliance, 2023).

Reassessing the digital divide

A nuanced discussion emerged around digital access and equity. Stakeholders from Child Helpline International and Participant 8 warned against assuming that HSB in LMICs plays out only on sophisticated social media platforms. In many contexts, harms are facilitated through SMS, shared phones, or social media platforms such as WhatsApp, all of which operate outside formal reporting structures. This reinforces the literature's critique of transplanting high-income country (HIC) models into low-resource settings without adaptation (Chiang et al., 2020; Sheikh & Rogers, 2024).

However, the Hug Project challenged assumptions about digital exclusion in Southeast Asia. They reported widespread access to high-speed internet and youth engagement with global online trends, warning that global north actors risk overlooking critical digital harms in these regions by presuming "the digital divide" means disengagement. This dual perspective calls for better contextual intelligence when designing prevention tools, ones that neither underplay technological risks nor misjudge access realities.

5.2.4 Challenges and gaps in support

Stakeholders across all interviews were unequivocal: despite growing awareness, the system of support for children and families affected by HSB remains critically underdeveloped, under-resourced, and fragmented. This reflects long-standing critiques in the literature about the limitations of current systems in addressing the full complexity and scale of HSB (Hackett, 2014; McPherson et al., 2024).

Working in the dark

Across all contexts, the absence of reliable, shared, and longitudinal data was identified as a fundamental barrier to progress. In LMICs legal ambiguity in implementation, under-resourced systems, or limited enforcement capacity and funding shortfalls obstruct even the basic collection of national data on child protection. As Participant 8 explained, *"you can't act on what you can't name, and if it's not criminalised, it's not counted."* While this is true, criminalization of consensual relationship between adolescents is also at the other end of the continuum and forces adolescents into the criminal justice system without actually offending. In HICs, stakeholders such as LFF, CPC, and EI described the lack of data on children who display HSB as *"a blind spot"* with no shared indicators or feedback loops to measure long-term impact. CPC and EI also raised the issue of limited access to helpline data, which is often siloed or inconsistently recorded. The Hug Project described how some schools actively conceal incidents of HSB to avoid reputational damage, while children often decline to proceed with complaints for fear their parents will find out. Such dynamics make the scale of the issue difficult to even approximate. These insights echo the literature's call for stronger cross-sectoral data systems, including the use and

strengthening of Child Protection Information Management Systems (CPIMS), a tool used to collect, manage, and analyse child protection data across services, and the development of indicators that are both developmentally appropriate and ethically grounded (WeProtect Global Alliance, 2023).

Shame, silences and institutional evasion

Multiple organisations spoke to the compounded barriers that silence children and families. The Hug Project described how survivors fear backlash from both families and communities, a reflection of harmful social and cultural norms and stigma that inhibit disclosure across diverse cultural settings. EI's expert similarly pointed to *"institutional denial"* as a recurring pattern, with schools, faith groups, and youth organisations often sidestepping disclosures rather than confronting the full implications. Research confirms that this silence is not only cultural but also structural. For example, the CSA Centre (Ali, Butt & Phillips, 2021) found that Black, Asian and minority ethnic children in the UK are under-represented in service reporting, not because abuse is less prevalent, but because cultural norms around shame and honour combine with professional reluctance to acknowledge them as victims. In this sense, minimisation can function as a self-protective act by practitioners and organisations, shielding themselves from community backlash, media scrutiny, or funding cuts, rather than as a simple gap in knowledge. Literature highlights this cultural silence, shame, and institutional self-protection as systemic obstacles to help-seeking (Hackett, 2014; McKibbin et al., 2017).

A fractured and precarious ecosystem

The ecosystem of services was repeatedly described as fragmented, precariously funded, and highly reactive. As Rothman stated, *"in most jurisdictions there just aren't any prevention initiatives going on, so I would call that a significant gap. There's just an absence of anything." This is compounded by what he termed the "astounding" problem of "short-sightedness in our governments,"* where promising, long-term programmes are abandoned for new initiatives, preventing sustained investment and impact.

"It's for some reason it fell out of favour in the province because I think something new and shiny came along and they decided to go with that and stopped funding it, which was really disappointing, but that's the way things go. I think pretty universally, something even with promise gets abandoned for something that, you know, a new government gets attracted to or ideologically or otherwise." (Rothman)

This expert testimony highlights a core challenge: political and funding cycles are fundamentally misaligned with the longitudinal commitment needed for effective prevention. This as a systemic failure to value future gains over immediate results. In many contexts, crisis management is prioritised over prevention, especially where donor funding dominates. Participant 8 noted that recent shifts, including the disbanding of USAID's dedicated child protection structures and broader Official Development Assistance (ODA) cuts, have further weakened coordination and institutional memory. As they explained, *"It's the same story again and again — donor cycles end, and all the local staff they trained get pulled into other jobs or just disappear. The knowledge doesn't stay. Then two years later someone else comes in and starts from scratch."* In many cases, locally embedded systems and services that had relied on USAID support have been left without adequate resourcing, particularly in post-emergency or humanitarian contexts. Stakeholders expressed concern that when donor-supported structures are dismantled without sustainable transition plans, national child protection responses risk fragmentation

and loss of institutional knowledge. The Hug Project and LFF both flagged the problem of **"pilot project fatigue,"** where innovative models are launched but cannot be sustained or evaluated due to short-term funding cycles. Post-pandemic, the interviewees described a decline in collaboration across sectors, with one noting **that "people are going back to silos, and the competition for funding is fiercer than ever"** (Childlight). Others noted that stigma around children displaying HSB leads to reluctance among some service providers and donors to engage in long-term programme design or evaluation.

Practitioner uncertainty and training gaps

Frontline practitioners often operate within under-resourced, high-pressure environments that offer limited opportunities for specialised training, reflection, or clear guidance. Police officers, teachers, and youth workers were said to **"fear getting it wrong"** (LFF), which results in either avoidance or punitive overreaction. INHOPE noted that tech platforms, too, are often unclear on how to support children who may be engaging in concerning behaviours but have not yet committed a reportable offence. Participant 8 called for updated guidance on developmental capacity and age thresholds, particularly for youth-facing practitioners in education and law enforcement. These concerns reinforce the literature's call for nuanced, developmentally informed, and trauma-aware training across sectors (McPherson et al., 2024). Additionally, reflective supervision and peer support structures for therapists and frontline practitioners is important to reduce burnout and vicarious trauma and also to reduce training gap and should be considered.

Moving beyond binary categories

Beyond the challenges of data and resources, stakeholders highlighted a deeper more conceptual challenge: how to translate the complex, non-binary reality of HSB into clear policy and public messaging. They emphasised it cannot be understood through the binary categories of "perpetrator" and "victim," yet they also acknowledged how difficult it is to gain public or political support for such a nuanced framing: **"Policy doesn't like complexity, it wants a villain, not a context"** (Childlight). Moreover, labelling a child as a 'perpetrator' can violate their rights to dignity, non-discrimination, and developmentally appropriate support, as enshrined in the UN Convention on the Rights of the Child.

Participants also warned against reductive narratives that treat neurodivergence as a convenient explanation for HSB. The literature similarly warns against over-pathologisation and calls for assessments that are sensitive to neurodevelopmental diversity without erasing agency or accountability (Allen, 2017; McPherson et al., 2024). CPC highlighted how children's behaviour is often a mirror of deeper systemic and familial harm, a point that reinforces the need for relational, equitable, not individualised, responses.

Systemic failures in measurement and accountability

Measuring impact emerged as a particularly complex challenge. Interviewees highlighted the absence of appropriate indicators, and the literature reinforces this critique, showing a profound disconnect between standard metrics and real-world success. A recent long-term UK study by Hackett et al. (2024) provides powerful evidence for this gap. The authors found that while only 6% of their sample had sexually reoffended 10-20 years after displaying HSB in childhood, only 26% were classified as having successful overall life outcomes. This disparity demonstrates that traditional outcomes like "reduced reoffending" fail to capture the broader developmental struggles many of these children continue to face, such as poor

relationships and unstable lifestyles. Several experts called for more ethnographic and participatory methods, including anonymous child feedback, reflective diaries, and longitudinal qualitative tracking. Proxy indicators such as improved help-seeking, reduction in school incidents, and increased disclosures were cited as interim measures, but many stakeholders cautioned that these remain anecdotal and ethically complex to capture at scale. *"It's not enough to just see if disclosures went up. Are we changing how children feel about seeking help? That takes years to show us"* (Participant 8). As McPherson et al. (2024) note, the field urgently needs better proxy indicators and participatory monitoring tools that reflect the complexity of change in this space.

In the view of this project, digital tools offer untapped potential to support more nuanced, child-friendly monitoring. For example, anonymised chatbot interactions, keyword trends across peer-led platforms, or sentiment analysis within feedback tools could provide ongoing, non-invasive indicators of shifting attitudes, trust, and safety. These approaches require careful ethical design, particularly around consent and surveillance risk, but could form part of a more participatory, real-time understanding of what meaningful change looks like.

When everyone is accountable, no one is

The distribution of responsibility was described as both essential and dangerously ambiguous. Stakeholders saw HSB prevention and response as a shared duty between families, schools, health systems, platforms, and governments, but warned that the lack of specificity often leads to paralysis. As one expert noted, *"everyone thinks someone else will take the lead"* (Childlight). This phenomenon, where responsibility is diffused across systems without clear role allocation, is well-documented in cross-sector governance literature (Sheikh & Rogers, 2024). Even when children exhibiting HSB are identified, there is often no clear pathway for sustained support. Rothman echoed this frustration: *"We identify these kids... and then there's a big "and now what?"*

5.2.5 Structural and policy constraints

Despite growing recognition of the importance of addressing HSB, stakeholders described widespread structural limitations that hinder consistent, equitable, and effective responses. These challenges fall into two broad categories: overly punitive and reactive legal and policy frameworks, and persistent cross-sector fragmentation that leaves children without coordinated support.

The criminalisation-prevention dilemma

Stakeholders across contexts criticised the dominance of punitive policy frameworks. Several pointed to rigid legal age thresholds and a lack of legislative frameworks for police diversion, and limited provision of restorative or diversion-based programming as major barriers. Participant reflected that in some contexts, particularly where systems remain underdeveloped, *"the only way that these types of cases get reported is through the police."* This highlights the urgent need to establish alternative child-sensitive reporting pathways, for example, through trained school counsellors, designated safeguarding leads, or community-based child protection actors, who can assess the situation and initiate support without triggering punitive or inappropriate responses. Usually they don't really know what to do and so they would rather not do anything about it or record anything." Similarly, the Hug Project described a culture of paper compliance, where schools *"copy-paste"* generic child protection policies to meet requirements but fail to implement them meaningfully, creating a false sense of safety.

These critiques echo literature on the over-criminalisation of child behaviour and the lack of trauma-informed, age-appropriate responses (Hackett, 2014; McPherson et al., 2024). However, stakeholders were acutely aware of the political and cultural resistance to reform. One expert noted, *"Policies are still focused on punishment. There's little room for restorative or educational approaches once a child crosses a legal threshold"* (CPC). Efforts to acknowledge that some children engage in harmful behaviours remain politically and emotionally fraught, a tension that reinforces resistance to reform and makes it difficult to prioritise in policy discussions.

"We're fighting stigma at every level — from families, from institutions, and even from funders"
Research participant

Nevertheless, important normative progress has been made. For example, General Comment No. 24 on children's rights in the child justice system strongly recommends restorative, developmentally appropriate, and diversionary approaches over punitive responses. In line with this, the recommendation is to shift political discourse and policy environments away from retributive logic (i.e., the belief that harmful behaviour, even by children, should be punished) and towards rights-based models that are rehabilitative, supportive, and grounded in the evolving capacities and best interests of the child. These approaches support reintegration and healing, and align with the UNCRC's emphasis on dignity, non-discrimination, and child participation.

Such models may include family-based therapy, community conferencing, and structured diversion programmes. However, more research and context-specific evaluation is needed to strengthen the global evidence base on what works in responding to children who display HSB. These tensions also affect ethical research and evaluation practices. Several participants described high thresholds from ethics boards to research these issues, lack of clarity on what is permissible, and widespread discomfort among school staff and authorities in participating in research related to this topic. As one participant summarised, *"We're fighting stigma at every level — from families, from institutions, and even from funders"* (EI).

Everyone working in silos

Participants repeatedly pointed to siloed systems and weak cross-sector coordination as major obstacles to child protection. The education, justice, health, and tech sectors often operate in parallel rather than in partnership, leading to significant gaps in care. An expert from LFF summarised the issue: *"We often find that social workers, schools, and police aren't communicating."* This fragmentation is so profound that in some contexts, as Rothman noted, there are effectively no prevention initiatives at all: *"In most [Canadian] jurisdictions, there just aren't any."* It is also further noted that this is common across all child safeguarding issues.

As highlighted in UNICEF's global work on child protection systems strengthening, effective coordination across sectors is foundational to a functioning child protection system. Their 2024 Global Report Card identifies cross-sectoral governance, accountability mechanisms, and multi-stakeholder collaboration as persistent gaps that undermine prevention and response efforts, especially for complex forms of violence like HSB (UNICEF, 2024a; UNICEF, 2024b).

"This lack of interoperability is particularly acute in many LMICs, where national child protection systems often struggle with fragmented mandates and weak inter-agency coordination. Challenges commonly arise between key sectors such as police, education, health, and the social service workforce, which frequently operate in silos with limited information-sharing or joint case management. A practitioner described how *"UNICEF comes, then UNFPA, then another part of UNICEF... the governments get overwhelmed, and there's no clarity on how efforts link together — it's duplication"* (CPC). While this comment highlights the perception of overlapping external support, it also underscores the need for

strengthened national coordination frameworks to ensure that external actors align with and reinforce existing child protection mechanisms. The literature similarly warns that poor coordination worsens child vulnerability and erodes public trust (Sheikh & Rogers, 2024).

Yet, examples of good practice exist. The LFF described using a 12-point prevention grid to map specific intervention areas (offenders, victims, situational risk, and ecological systems across primary, secondary, and tertiary prevention) (Figure 1 below). This model could allow them to identify which organisations were working on which parts of the problem. By mapping the efforts of various actors on these twelve focal points, it could serve as concrete framework to reduce duplication and foster collaboration. This systems-mapping approach finds resonance in LMIC contexts as well. For example, the Hug Project in Thailand has developed a multi-level prevention model that embeds police and prosecutors directly into school-based education programmes. This not only strengthens institutional trust but also grounds prevention in real-life case studies and locally resonant digital risks, such as gaming-based extortion. Their approach exemplifies how context-sensitive models can work in practice to create engaging, scalable, and coordinated prevention ecosystems.

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Offenders	General deterrence Developmental prevention	Interventions with at-risk adolescent and adult males	Early detection Specific deterrence Offender treatment & risk management
Victims	'Resistance' training Resilience building	Resilience building & other interventions with at-risk children	Ameliorating harm Preventing repeat victimisation
Situations	Opportunity reduction Controlling precipitators Extended guardianship	Situational prevention in at-risk places	Safety Plans Organisational interventions
Ecological Systems	Parenting education Community capacity-building	Responsible bystander training Enabling guardians Interventions with at-risk communities	Interventions with 'problem' families, peers, schools, service agencies & communities

Figure 1. 12 Points of focus for preventing CSA (LFF, n.d.)

Looking forward, stakeholders also raised the potential for AI-assisted coordination mechanisms. These could help governments and NGOs identify gaps, suggest partnerships, and track overlapping mandates, provided they are designed with ethical safeguards and contextual adaptation. Such tools represent a promising shift from simply calling for "multi-agency responses" to engineering the systems needed to support them.

5.2.6 Good practices and opportunities

Despite the systemic barriers identified throughout this report, stakeholders pointed to a number of promising models that are already pushing the boundaries of traditional approaches. While some of these examples may overlap with earlier parts of the thematic analysis, this section deliberately brings them together to isolate and highlight what is working in practice. By clustering examples of innovation and impact, we aim to offer a focused snapshot of replicable strategies that demonstrate how prevention and support responses can be delivered in developmentally attuned, culturally safe, and systemically effective ways. These practices challenge assumptions about where innovation comes from and provide concrete blueprints for policy and programming across diverse contexts.

Making it engaging and culturally safe

Stakeholders highlighted several practices that make prevention engaging and culturally safe by focusing on institutional partnership and participatory design. For example, the Hug Project in Thailand builds institutional partnerships by bringing prosecutors and law enforcement officers directly into schools. They ground their lessons in real-life case studies, including on gaming-based extortion, which, as they explained, is highly effective: "***We always bring the police with us. and the kids said they respond better to that than just theories.***" While this approach has proven successful in their context, it is important to note that police presence in schools may not always be appropriate. In some settings, particularly those with histories of over-policing or marginalization, police-led sessions may inadvertently heighten fear or retraumatisation. Prevention strategies must therefore be contextually grounded and developed in consultation with the communities they seek to serve.

Similarly, EI utilises participatory models through its Community Champions programme, where children design and deliver their own peer-led initiatives. In one successful example, a student developed a school-wide talk on online behaviour that is now delivered annually. These examples illustrate a set of core principles that other stakeholders like INHOPE also stressed: ***"effective prevention must be interactive, reflect pop culture, be trauma-informed, and give youth ownership over the content."*** This approach aligns with the literature's emphasis on affective pedagogy and developmental fit (Hackett, 2014; Papalia et al., 2018). The literature increasingly calls for a move away from interventions that are exclusively focused on past harmful behaviour. As Hackett et al. (2024) argue, a "triple focus" is needed: one that not only reduces harm and promotes welfare, but which also "actively supports normal child, adolescent, and young adult development."

Grounding prevention in lived experience

To make prevention content more emotionally resonant and memorable, stakeholders highlighted several innovative practices that anchor lessons in relatable narratives rather than abstract theories. For instance, the Hug Project developed the "EXPOSE" simulation tool, a narrative guide that walks families through the practical and emotional steps that follow an incident of online child victimisation. As one team member explained, the goal is to reduce fear and build confidence to seek help: ***"It helps them see it's not the end of the world. They understand the system better"*** (Hug Project).

Similarly, EI uses fictional media as an accessible entry point for discussion. As one practitioner described their method, **_"It's a bit more like: show a fictional soap character. or use music in some way and then have some kind of conversation about it afterwards."_** Stakeholders noted that the value of these narrative-based approaches is that they are more effective than traditional fear-based messages at increasing empathy, sparking reflection, and creating a safe space for conversation.

Design for where the harm happens

Stakeholders discussed the need for interventions to occur within the same digital environments where harm takes place. LFF's 'Shore' platform stands out as a rare, youth-centred digital intervention built specifically for teenagers worried about their own or someone else's sexual behaviour. Fully anonymous and co-designed with children, 'Shore' provides expert-informed advice, real-life stories, and a growing library of topics, allowing users to explore sensitive issues at their own pace and without fear of judgment. It offers an early, stigma-reducing entry point to help-seeking, especially for those who may not feel comfortable talking to parents, teachers, or services. Stakeholders described it as **_'self-directed, fully anonymous. and actively used by children,'_** highlighting its potential as a scalable model for digital safeguarding.

LFF's Project Intercept chatbot, initially piloted on Pornhub UK, uses pre-written dialogue to intercept people searching for child sexual abuse material (CSAM) and redirects them toward support. In 82% of sessions, a single message was enough to deter further illegal search behaviour (LFF, 2024). This

represents a scalable, AI-supported model for harm reduction, one that could be adapted across platforms and languages.

Stakeholders also emphasised the importance of anonymous, digitally native safe spaces where children can ask questions, express concerns, or share their stories without fear of judgement or reprisal. EI, for example, provides a confidential online platform where thousands of children have disclosed their experiences, often for the first time. These environments were seen as essential precursors to formal help-seeking, especially for those who feel alienated from traditional support systems.

INHOPE cited Stop It Now! as a model of platform-based outreach worth expanding. *"If a chatbot or redirect works on Pornhub, could it work on a gaming site? On TikTok?"* asked one expert, pointing to the vast potential for cross-sector innovation if tech partners are willing to act.

> *"Uptick in reports isn't failure, it's visibility"*
> **Research participant**

Building trust through data and partnerships

CHI highlighted the power of helpline data not just as a service tool, but as an advocacy asset. They described how patterns in caller data, age, gender, language used, can reveal emerging risks and provide partner organisations with the "proof of harm" needed to press for platform change or policy reform. However, they cautioned that these data systems remain underfunded and siloed; *"the right investment in helplines could really scale impact"* (CHI).

Reimagining schools as holistic health hubs

Looking forward, a powerful opportunity lies in fundamentally rethinking the role of schools in prevention. Rothman proposed a transformative vision of turning schools into *"wider thinking kinds of health hubs where behavioural health outcomes are valued as much as mathematics."* He argued that since school is the one place that generally captures the entire youth population, it is the ideal setting to integrate prevention and support services directly into the educational fabric. This model would involve moving beyond one-off programmes to a system where children with identified needs are streamed into tailored interventions as a core part of the school's function. As he explained, *"the assessment part we're decent about and the intervention part we're not as good at, but we should take advantage of that knowledge and get those kids with those needs the types of interventions that are most likely to benefit them."*

While compelling, this model may be less immediately applicable in contexts where formal education systems are underdeveloped, under-resourced, or inconsistently accessed. Particularly In low-income countries, where school attendance can be sporadic or gender-unequal, parallel community-based settings may need to be explored as alternative platforms for early identification and support.

Rethinking measurement

Defining success in HSB prevention remains deeply challenging, particularly when it comes to monitoring sensitive experiences like abuse or exploitation. One expert from CPC illustrated this dilemma by noting the ethical limits of direct questioning: *"You can't ask a child if they were raped in the last six months,"*

(CPC). Instead, stakeholders argued for ethically grounded, proxy indicators, like help-seeking behaviour, changes in relational language, or uptake of anonymous tools.

The Hug Project cited a prosecutor-led shift in syllabus training as one of their proudest achievements, changing how all new recruits are taught to approach child abuse cases.

The literature reinforces this call to move from punitive, binary metrics (e.g., reoffending rates) toward more holistic, youth-centred frameworks (Papalia et al., 2018; McPherson et al., 2024). As Participant 8 summarised, *"Uptick in reports isn't failure, it's visibility."* This framing reflects a common tension in evaluating progress: increases in disclosures are often misinterpreted as evidence of rising harm, when in fact they may signal improved trust in reporting systems, better awareness among children, and reduced stigma. However, this presents a communication challenge, especially in policy and media spaces, where higher numbers may be seen as institutional failure rather than a positive shift towards transparency and access to support.

The examples shared by stakeholders do not present a universal solution. But they offer proof-of-concept that with the right design, delivery, and trust, interventions can resonate. Crucially, they challenge the assumption that best practice must flow from the HICs to LMICs. As the Hug Project demonstrates, effective models already exist in LMICs, what's missing is often recognition and resourcing: "*We think the knowledge comes from the UK, from the US. But actually, we've got good models here. And they work*" (Hug Project). This insight offers a critical challenge to dominant narratives in global child protection, reframing LMICs not as passive recipients of expertise, but as active innovators whose models merit greater recognition and investment.
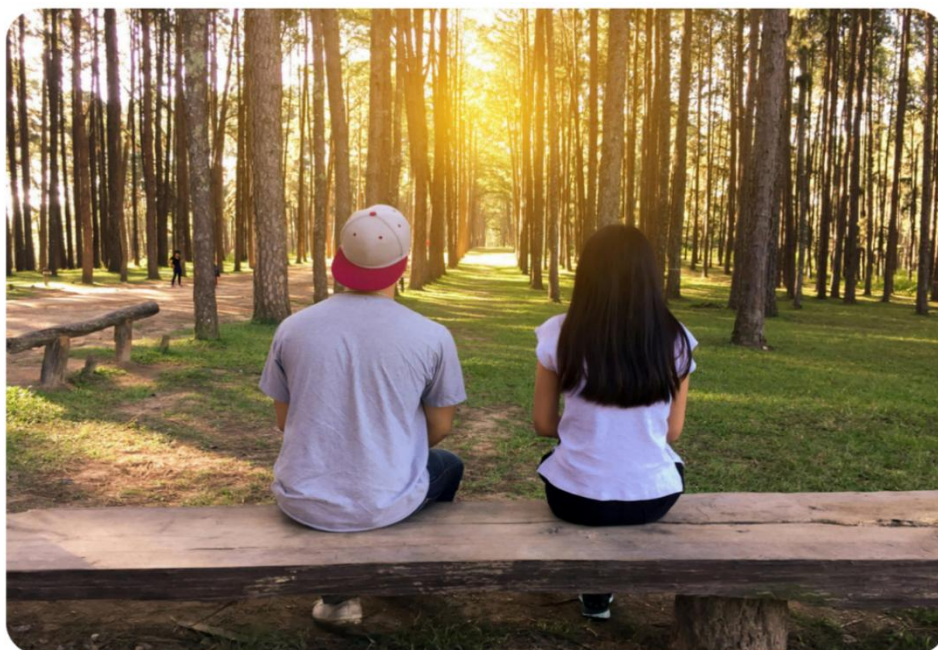
6. Recommendations

The findings from this research point to a field that is rich in insight but constrained by fragmentation, short-termism, and a persistent gap between interventions and the lived realities of children. HSB among children demands a prevention and response system that is developmentally attuned, trauma-informed, and built around trust, not fear.

Importantly, the evidence and stakeholder perspectives surfaced in this report challenge punitive, pathologising paradigms. Many risky or exploratory behaviours are developmentally normal and do not require suppression, but rather guidance, support, and safety nets. The aim of prevention must therefore shift from stopping behaviour at all costs to creating an environment where children can safely navigate mistakes, seek help, and be met with care rather than condemnation.

To support that vision, this section offers targeted, practical recommendations across five stakeholder groups, alongside cross-cutting roles for WeProtect Global Alliance as a convener, advocate, and systems catalyst. Each set of recommendations draws directly from interview insights and global evidence, and prioritises concrete shifts in funding, practice, coordination, and measurement.

6.1 For governments, donors and funders

Re-engineer systems to prioritise preventions, not just response

Policymakers and donors are uniquely positioned to shape the long-term viability and focus of prevention systems. However, as stakeholders emphasised, funding cycles are often short-term and reactive, while promising, trauma-informed approaches are rarely embedded into national policy. To reverse this, structural and long-term investment is needed in both the timing and the methodology of prevention.

Fund early, developmentally staged prevention across the lifespan

Prevention must begin well before adolescence, and be integrated into maternal care, early childhood development, and SRHR education (or its equivalent, depending on the context). Policymakers should mandate, and donors should resource, developmentally appropriate education on body autonomy, consent, empathy, and emotional regulation from the earliest years, so that violence can be prevented early on. This should be sustained through adolescence with age-specific modules that focus on navigating peer dynamics, digital citizenship, and the complexities of online relationships.

Invest in disaggregated, contextual and participatory data

The absence of reliable, developmentally sensitive data is a persistent barrier to evidence-based policy on HSB in children, particularly in LMICs. Funders and policymakers must move beyond a narrow reliance on rates of repeated HSB based metrics and instead mandate the use of holistic, ethically-grounded indicators.

The types of data to be collated should include:

- Demographic disaggregation to identify vulnerabilities and protective factors
- Nature and context of HSB
- Pathways to disclosure and support (e.g. rates of disclosure, help-seeking behaviour, referral routes, and barriers to accessing services)
- Relational and psychosocial indicators
- System responses and outcomes

Policymakers should strengthen and adapt existing child protection information management systems (such as CPIMS+ or national equivalents) to include specific HSB-related fields, ensuring consistency and comparability across agencies. Data systems must:

- Embed developmentally sensitive categories to distinguish between normative, problematic, and harmful behaviours.
- Incorporate participatory methods that capture children's and caregivers' perspectives in safe, ethical ways.

- Enable confidential, anonymized reporting that protects children's rights and reduces stigma.
- Be interoperable with health, education, and justice sectors to allow cross-sectoral understanding of HSB trends.
- Be accompanied by capacity building for frontline practitioners to record, analyse, and use HSB data appropriately.

Given that many of these impacts take time to become visible, funders should support longer funding cycles and sustained investment in data systems. This will allow trends in disclosure, help-seeking, and peer norms to be meaningfully tracked alongside more immediate indicators of system response.

Specifically for funders, we recommend that they:

Commit to 3-5 year funding cycles with embedded evaluation

The *"pilot project fatigue"* described by stakeholders, where promising initiatives are abandoned for newer, shinier ideas, reflects short-sighted planning. Funders should support 3–5 year programme cycles with staged evaluations that prioritise participatory methods and track nuanced outcomes like help-seeking, disclosure, and shifts in peer culture, not just rates of repeated HSB.

Specifically for governments, we recommend that they:

Establish or strengthen independent safeguarding oversight

Countries should explore the creation or strengthening of non-partisan entities, such as a National Human Rights Institution (NHRI), in line with the Paris Principles, with explicit oversight and investigatory powers on child protection and HSB (GANHRI, 2024). Such bodies must be independent, neutral, and mandated to hold governments accountable for safeguarding commitments.

Embed HSB prevention in long-term national action plans
Adopt a futures-oriented approach by developing 5–10 year national child protection or violence against children (VAC) action plans, embedding HSB prevention as a core element. Long-term planning beyond electoral cycles ensures continuity, stability, and sustained progress in child safeguarding.

6.2 For service providers (NGOs, CSOs, educators and health actors)

Shift from prohibition to protection: build trust before crisis

The core message from service providers to children must shift from prohibition to protection. Risk-taking is a part of development; the goal is not to eliminate it, but to build resilience and ensure children know where to turn for help when things go wrong.

Frame prevention with a "Safety Net" philosophy

Rather than teaching children to fear mistakes, prevention efforts should normalise boundary-testing as part of growing up and focus on cultivating help-seeking behaviours when harm occurs. Rothman called this "prevention by scaffolding," equipping children with the emotional tools to recognise risk, seek support, and navigate consequences. Practically, this means designing programme modules that explicitly focus on scenarios of 'repair' (what to do after a mistake) and 'recognition' (how to articulate when something feels wrong), not just avoidance.

Ground prevention in lived experience

Use anonymised case studies, fictional media, and survivor-informed narratives to make risk recognition more emotionally resonant. The Hug Project's EXPOSE tool and EI's use of anonymous testimonies demonstrate how lived experience can foster empathy and self-awareness without inducing shame.

Make prevention developmentally attuned and engaging

Prevention must be delivered in formats that reflect children 's realities and should be play-based, colourful, musical, interactive, and embedded in pop culture. As stakeholders warned, trauma-affected youth disengage from clinical or didactic formats. Practitioners should "speak their language," using digital media, storytelling, and play. Ultimately, stakeholders were clear that effective prevention must speak the language of children and adolescents, not that of bureaucracies.

Move from youth voice to shared decision-making power

Participation must be embedded as a structural principle, not a performative gesture.

Establish mechanisms such as standing youth advisory boards with real authority

Youth must have meaningful influence over the design, tone, and delivery of services. Mechanisms such as advisory boards should be guided by recognised participation frameworks, such as the Lundy Model of Child Participation (2007), which emphasises children's space, voice, audience, and influence in order to be compliant with Article 12 of the UNCRC. Boards should be diverse, compensated, and engaged through clear feedback loops that show how their input translates into real change. Since children are closest to the problem, workable solutions can be found when children are involved in designing them.

Co-design digital tools with children

Digital prevention tools are most effective when built with, not just for, the communities they serve. The Hug Project and INHOPE showed how involving youth in interface design, tone of language, and reporting mechanisms increases disclosure and trust. Digital platforms like *'Shore'* also exemplify how safe, anonymous spaces can offer non-judgmental support at scale.

Ensure caregiver engagement is non-negotiable

"There's no taking no for an answer." As one practitioner described, caregiver engagement must be treated as a core component, not an add-on. This involves proactively identifying and addressing barriers to participation, such as addiction, poverty, or mental health challenges, to ensure prevention efforts are consistently reinforced within the family environment and designing programmes that create multiple, accessible pathways for caregivers to be involved, regardless of their starting point.

6.3 For the technology and gaming industry

Design for prevention and build trust where the harm happens

Platforms can no longer position themselves as neutral intermediaries. They are now central spaces of social interaction and risk, especially for children . Prevention must be embedded as a key safety-by-design principle.

Integrate proactive redirection and support

Platforms should adopt harm-reduction tools that engage users before harm escalates. *Project Intercept*, piloted by the LFF, uses pre-written messages to intercept users searching for CSAM and redirect them to anonymous support. In over 80% of sessions, a single message was enough to deter illegal behaviour. *This model should be expanded to other high-risk contexts, including in-game chats, livestreaming platforms, and forums frequented by young users.* Platforms should therefore invest in developing and scaling AI-driven interventions that can detect grooming behaviours in real time and proactively offer support to potential victims or provide bystander guidance.

Audit and redesign in-platform economies and interaction systems

Grooming and financial coercion are not just content problems; they are design problems. As stakeholders highlighted, features like in-platform gifting, trading, and virtual currency create direct pathways for exploitation. Companies must conduct regular safety audits of these systems and redesign them to mitigate risk. This includes transparency in peer-to-peer interactions, restrictions on private messaging for underage accounts, and friction-based design that interrupts harmful patterns without undermining usability.

Involve children in safety feature design

Like service providers, tech companies should treat children as co-designers, not just users. *This includes testing interface features, reporting workflows, and user language with youth panels to ensure trustworthiness and accessibility.* This is not just an ethical imperative; it is a product design necessity to ensure that safety features are intuitive, trusted, and actually used by their target audience.

Embed safety in core metrics of success

To break down internal silos, safety can no longer be the sole responsibility of trust-and-safety teams. Instead, it must be embedded into core product metrics and KPIs. This includes tracking disclosures, help-seeking behaviour, use of block/report functions, and feedback from child safety audits. Internal accountability frameworks should align with sector-wide best practices and international children's rights frameworks (e.g. General Comment No. 25 on children's rights in the digital environment).

6.4 For justice and law enforcement

Reframe justice actors as safeguarding allies

Justice actors, particularly law enforcement, are often viewed by children as threats rather than sources of support. These perceptions are not simply about a general "fear of authority" but are rooted in histories of over-policing, class and caste-based discrimination, racial profiling, and colonial legacies that continue to shape children's lived experiences. This significantly undermines help-seeking and disclosure. Prevention efforts must move beyond punitive logic and reposition justice actors as trauma-aware, rights-based partners in safeguarding. They must also be backed by mandatory training and capacity-building on child rights, trauma-informed practice, and anti-discrimination, so that justice actors are equipped to build trust and actively support children's protection needs.

Train law enforcement in developmental and trauma-informed approaches

Officers must be trained to understand the developmental realities of children displaying HSB. This includes understanding of adolescent brain development, recognising signs of trauma, navigating disclosures with care, and distinguishing between harmful intent and curiosity-driven behaviours. Training should also address the risks of over-criminalisation, particularly for neurodivergent children, those with complex trauma histories, and otherwise already marginalised children belonging to minority groups.

Integrate law enforcement into prevention as trust-builders

The Hug Project's model of inviting police officers into school-based prevention sessions offers a compelling alternative. Officers are presented not as disciplinarians but as protectors, engaging directly with students through music, stories, and real-life case examples. This humanises law enforcement and helps demystify the justice system. This model should be replicated with robust safeguarding measures, including mandatory training for participating officers, clear protocols for managing disclosures, and community oversight mechanisms to ensure accountability.

Establish clear, non-punitive but accountable referral pathways

Justice systems must actively collaborate with schools, helplines, and NGOs to co-design and implement child-friendly, non-criminalising referral pathways **for** children who display HSB. "Non-punitive" must not mean invisible or unsupervised. Referrals should ensure active monitoring, tailored therapeutic support, and safe engagement with families and professionals. In line with Article 39 of the UNCRC, these pathways should prioritise early identification, rehabilitation, and social reintegration in environments that foster each child's health, self-respect, and dignity. One such example is the International Centre for Missing and Exploited Children (ICMEC) led programme to train law enforcement. Recently, in Nepal the Multisectoral

Response and Capacity Assessment (based on WeProtect Global Alliance's Model National Response), was the basis for training judges, prosecutors, and law enforcement, to strengthen trauma-informed responses and establish clearer interagency protocols that safeguard children while avoiding over-criminalisation (International Centre for Missing and Exploited Children, 2024).

Strengthen diversion pathways and child-friendly justice

Where cases do escalate, justice systems should enable diversion at every possible stage, whether through prosecutorial, police, or judicial discretion, recognising that many countries lack formal prosecutorial frameworks. The call for prosecutorial discretion is a strong step forward, but an expansive vision of child-friendly justice should also include other essential building blocks: restorative alternatives, child-sensitive courts, access to legal aid, and protections during procedures. Pathways must be culturally grounded, non-criminalising, voluntary, and safeguarded through informed consent, legal representation, and procedural fairness. This is particularly vital in LMIC contexts where the justice system may be the only available mechanism, but is rarely equipped to handle children's needs sensitively. In LMIC, diversion will require hybrid models that integrate formal justice actors with community-based dispute resolution mechanisms which uphold child rights standards.

In line with the UNCRC's call for child-friendly justice that upholds the best interests of the child, responses should favour restorative and therapeutic options, family group conferencing, specialist treatment programmes, or other evidence-based models. Within a child rights framework, these responses can support both the child who caused harm and the child harmed. This approach mitigates the well-documented harm of incarceration, stigma, and lack of legal aid, and promotes accountability, rehabilitation, and reintegration within a rights-respecting framework. The ROSA Project in Scotland demonstrated that diversionary approaches are both feasible and effective: the young people referred had engaged in behaviours that could have led to prosecution. Instead, referral into ROSA provided a supportive, non-judgemental intervention that reduced stigma, improved online safety choices, and addressed underlying needs (Vaswani et al., 2022). This early, non-criminalising response filled a major service gap and prevented further system contact, showing how diversion can protect children while safeguarding communities.

6.5 Cross-cutting recommendations

Catalyse system change through strategic convening, frameworks, and global knowledge leadership

As a global convener with access to policymakers, the private sector, civil society, and researchers, the WeProtect Global Alliance is uniquely positioned to drive the systemic coordination and innovation needed to prevent HSB globally. The following cross-cutting recommendations leverage WeProtect Global Alliance's strategic strengths to move the field from fragmentation to alignment, and from promising pilots to sustainable prevention systems.

Clarify global language and concepts on HSB in the next terminology guidelines

The Global Terminology Guidelines have played a vital role in standardising language and strengthening conceptual clarity in the child protection sector. However, the evolving nature of HSB particularly in the digital age, requires further nuance. As a convening actor, WeProtect Global Alliance should lead the development of a dedicated HSB section in the next iteration of the Guidelines. This should incorporate emerging evidence on developmental capacity, online contexts of harm, protective, and rights-based rather than punitive framings, drawing from this report and other recent research. Greater definitional clarity will support more consistent data collection, cross-border cooperation, and appropriate, non-criminalising responses for children across contexts.

Champion an "accountability matrix" to clarify responsibilities

A recurring challenge across interviews was the absence of clearly defined roles between government, platforms, schools, and service providers, leading to inaction and "buck-passing." One useful tool could be the development of national or regional 'Accountability Matrices' that explicitly assign prevention and response roles to different sectors.

Stakeholders identified the LFF's 12-point prevention grid as a practical example, mapping efforts across actors and prevention stages (primary, secondary, tertiary). Building on this, WeProtect Global Alliance members, or a designated working group, could socialise and adapt such a model to regional contexts, by developing a practical, adaptable toolkit that clarifies which sector leads on which stage (e.g., schools on early identification, platforms on safer reporting mechanisms, health services on therapeutic care, justice actors on child-sensitive investigations). Members could also offer technical support to governments and coalitions to embed it within child protection strategies. Members can champion this approach within their own contexts, ensuring that responsibilities are clear and collective action is sustained.

Convene global learning exchanges between HICs and LMICs

To challenge the assumption that best practice flows from the HICs, WeProtect Global Alliance can use its existing platforms and publications (such as the member library, newsletter and the reference group) to elevate context-specific innovations from LMICs. Examples such as the Hug Project in Thailand and anonymous digital tools in East Africa show that scalable models are already in place but often overlooked. WeProtect Global Alliance could:

- Encourage the WeProtect Global Alliance reference groups to encourage practice-based knowledge sharing and   connect practitioners across continents.
- Collate existing material about HSB and context-specific prevention models in the WeProtect Global Alliance member library.

Rebalance donor and government priorities for HSB prevention

Global actors, including the UN, INGOs, governments, donors and coalitions, can play a vital role in rebalancing the resourcing for HSB prevention. Through research, evidence and collective influence, stakeholders should:

- Highlight the long-term social and economic costs of inaction, using cost-benefit framing to shape funder priorities
- Advocate for multi-year prevention funding tied to holistic indicators like relational literacy, emotional safety, and help-seeking
- Champion a global standard for ethical, participatory data collection to close the evidence gap, particularly in LMICs, and drive smarter investment in context-appropriate solutions.

Work towards minimum safeguarding standards for digital prevention tools

Global actors should collaborate on establishing minimum safeguarding standards for digital tools that engage with HSB prevention. These should include clear protocols for anonymity, trauma-informed design, safeguarding during disclosures, and inclusive UX principles.

Models such as 'Shore', Project Intercept, and EI demonstrate the potential of anonymous, youth-centred platforms in early help-seeking. Stakeholders can accelerate the uptake of these standards globally by promoting good practice, strengthening capacity, and supporting implementers to build tools that are ethical, trusted, and effective., and supporting implementers to build tools that are ethical, trusted, and effective.

7. Conclusion

This report has examined the complex and often misunderstood landscape of HSB among children. Through a combination of global literature and practitioner insight, a clear picture has emerged: HSB is not simply a matter of individual wrongdoing, but a patterned response shaped by trauma, developmental vulnerability, peer and social dynamics, digital ecosystems, and structural gaps in support. It is both preventable and addressable, but not without a fundamental rethinking of how we design, deliver, and sustain responses.

What the evidence and interviews reveal is not a failure of awareness, but a failure of systems. Support remains fragmented, underfunded, and reactive. Too many children fall through the cracks, especially those living in low-resource settings or navigating intersecting marginalisations such as neurodivergence, poverty, and gendered stigma. Stakeholders stressed that boys and girls often experience very different forms of stigma, misunderstanding, and even criminalisation, with boys more frequently treated as aggressors and girls more often silenced or shamed. Responses must recognise and address these differences to avoid reinforcing harm.

Prevention too often arrives late, is under-evaluated, and rarely reflects the realities of children's digital and social lives. In some contexts, rigid legal frameworks add to the problem. The absence of "close-in-age" exemptions in age-of-consent laws means that consensual peer activity may be treated as criminal or labelled as HSB, further stigmatising young people and undermining trust in safeguarding systems.

Yet amidst these challenges, a number of common principles have emerged. First, we must normalise risk as a part of childhood, not pathologise it. Curiosity, boundary-testing, and even mistake-making are developmentally typical. The goal is not to eliminate these behaviours, but to ensure children know where to turn if things go wrong. As several stakeholders emphasised, the message should not be "don't do it" but rather, "if you do, and you're worried, we're here."

Second, the digital realm must no longer be treated as an add-on to safeguarding. It is now the primary social reality for many children. Harm happens, and help must be available, where children already are: in games, chats, and online platforms. Interventions must evolve to meet them there, through accessible, anonymous tools, peer-relevant design, and language that invites rather than alienates.

Third, participation must move beyond tokenism. Children and adolescents are experts in their own lives. Co-design, youth advisory boards, and anonymous digital forums like LFF's 'Shore' or EI are not just inclusive, they are more effective. Trust, after all, is the first step toward disclosure.

Finally, responsibility must be clearly shared. This report has shown how vague calls for "multi-agency collaboration" often dilute action. Instead, we need specific, role-mapped commitments across government, platforms, schools, and families, backed by funding, training, and meaningful accountability.

Organisations such as WeProtect Global Alliance and Safe Futures Hub are uniquely positioned to lead this shift. By convening actors across sectors and geographies, championing evidence-based strategies, and amplifying child-centred innovations, it can move the field from fragmented effort to global alignment. When framing these responsibilities, it is important to avoid over-generalising about "LMICs." Stakeholders

stressed that while low-resource settings face acute barriers, they also demonstrate innovation and resilience that should inform global practice. Regional diversity and strengths must be recognised rather than overlooked.

HSB is not inevitable. With courage, long-term investment, and a shared vision, societies can build prevention-focused systems that children trust and turn to. The time for incremental change has passed. The space requires practitioners to reimagine protection as a collective global responsibility.

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Annex A: Terminology and Definitions

Harmful Sexual Behaviour (HSB)

Harmful sexual behaviour (HSB) refers to sexual actions initiated by children or children under the age of 18 that are developmentally inappropriate, coercive, abusive, or violent, and which cause physical, emotional, or psychological harm to others or to themselves (Hackett, 2014; ECPAT, 2025). These behaviours can occur online, offline, or in blended spaces, and may include both contact and non-contact acts. HSB exists on a continuum of severity and intent, ranging from inappropriate or experimental behaviours to those that are clearly abusive or exploitative (McPherson et al., 2024).
A widely accepted framework (Hackett, 2014) categorises HSB across four domains: normal, inappropriate, problematic, and abusive. This spectrum recognises that children's sexual behaviours vary by developmental stage and contextual factors. Responses must therefore be developmentally attuned, trauma-informed, and proportionate to the behaviour displayed.

Problematic Sexual Behaviour (PSB)

Problematic sexual behaviour (PSB) refers to sexual actions that may be inappropriate or concerning but do not meet the threshold for harm or abuse. These behaviours are often developmentally influenced, may arise from exposure to trauma or pornography, and can occur without clear intent to cause harm (Allen, 2017; McPherson et al., 2024). PSB typically involves children exploring boundaries or seeking emotional regulation in maladaptive ways, and should be met with support rather than criminalisation. While PSB and HSB are sometimes used interchangeably, it is important to distinguish between them. PSB may signal a need for support and supervision, whereas HSB requires a safeguarding and, in some cases, legal response. In both cases, the underlying drivers often include adverse childhood experiences, unmet emotional needs, or distorted social learning, making early intervention essential.

Annex B: Stakeholder Summary

1. Lucy Faithfull Foundation (LFF) (UK) The Lucy Faithfull Foundation is a specialist UK-based child protection charity dedicated to preventing child sexual abuse. Their work encompasses the full spectrum of response, from providing direct clinical assessment and treatment for children displaying HSB, to running national prevention campaigns like *Stop It Now!* and innovative, anonymous digital support tools for children , such as the *'Shore'* platform. Their expertise is grounded in decades of frontline practice, research, and professional training.

2. Hug Project (Thailand) The Hug Project is a frontline non-governmental organisation based in Thailand that provides direct support to child victims of online sexual abuse and exploitation. They are recognised for developing and implementing innovative, multi-level prevention programmes in schools that are deeply culturally grounded. Their work is notable for its participatory methods, engagement with law enforcement to build trust, and its focus on making prevention accessible and engaging for children.

3. Everyone's Invited (EI) (UK) Everyone's Invited is a survivor-led, grassroots organisation in the UK focused on exposing and eradicating rape culture. It began as an anonymous online platform for survivors

to share testimonies of abuse, which has since grown into a powerful advocacy and educational movement. Their expertise lies in understanding peer dynamics, the normalisation of harmful behaviours in educational settings, and designing school-based awareness campaigns that are informed by survivor experiences.

4. Childlight (Global) Childlight is a global research and action hub dedicated to generating evidence to inform policy and practice on child safety, particularly concerning online sexual exploitation and abuse. They conduct research on emerging risks, institutional responses, and the effectiveness of different interventions. Their expertise lies in bridging the gap between research, policy, and practice on a global scale.

5. Child Helpline International (CHI) (Global) Child Helpline International is the global network of child helplines, providing a collective voice for 168 members in 139 countries. Their members provide a crucial, often anonymous, first point of contact for children seeking help on a wide range of issues. Their expertise lies in understanding the self-reported concerns of children globally, analysing large-scale data from helplines to identify trends and gaps in protection, and adapting support to diverse technological contexts, including low-barrier SMS services.

6. INHOPE (Global) INHOPE is the global network of hotlines for reporting online Child Sexual Abuse Material (CSAM). Its members work to facilitate the rapid removal of illegal content from the internet through a notice-and-takedown process, in close collaboration with law enforcement and the technology industry. Their expertise lies in the technical and operational response to online CSAM, understanding global trends in illegal content, and the complex ecosystem of online safety, policy, and international cooperation.

7. Care and Protection of Children at Columbia University (CPC) Columbia University (USA) The CPC at Columbia University is an academic research and practice centre focused on child protection, particularly in humanitarian and development settings. Their work involves building the evidence base for what works in child protection, with a strong focus on systemic, multi-level approaches to preventing and responding to violence against children. Their expertise is in research, evidence-based programming, and child protection in complex emergencies.

8. Participant 8 (Independent Consultant) Participant 8 is a gender, violence prevention, and data specialist. Her work focuses on strengthening child protection data systems to make violence against children visible, particularly in low- and middle-income and post-conflict contexts. Her experience includes supporting UNICEF with the global roll-out of the International Classification of Violence against Children (ICVAC). Her expertise lies in data systems, gender-based violence, and the specific challenges of implementing prevention and response in under-resourced settings.

9. Dr. Daniel Rothman (Forensic Psychologist, Canada) Dr. Daniel Rothman is a registered clinical and forensic psychologist with specialist expertise in the assessment, treatment, and consultation for youth displaying HSB. His work focuses on the intersection of trauma, attachment, and neurodivergence (particularly Autism Spectrum Disorders) as they relate to HSB. He has co-authored practice guidelines for the Association for the Treatment of Sexual Abusers (ATSA) and provides training to a wide range of professionals. His expertise is in clinical practice, forensic assessment, and the individual psychological drivers of HSB.