

The role of practice-based knowledge in preventing and responding to childhood sexual violence

Background paper



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We welcome your suggestions and feedback at info@safefutureshub.org

Introduction



Background

The [Safe Futures Hub: Solutions to end childhood sexual violence](#) (SFH), launched in September 2023, is co-led by the [Sexual Violence Research Initiative](#) (SVRI), [Together for Girls](#), and the [WeProtect Global Alliance](#). Its mission is to end childhood sexual violence (CSV) by promoting solutions informed by data, evidence, practitioner knowledge, and community-led approaches. By leading efforts to end CSV through collaboration, knowledge sharing, and innovation, SFH provides stakeholders with the tools and resources needed for transformative change.

The work of SFH is built around three key pillars:

1

Redefining knowledge

Documenting and promoting different forms of knowledge from the field, including practice-based knowledge (PbK).

2

Mobilising knowledge

Gathering and presenting existing evidence in easy-to-understand, inclusive, and interactive formats.

3

Building knowledge

Identifying evidence gaps (for example, CSV experienced by children with disabilities or sibling-perpetrated CSV) and creating new research, while advocating for more focus on these areas.

The **redefining knowledge pillar** brings together practice, lived and academic expertise to strengthen CSV prevention and response. This pillar promotes diverse forms of knowledge, with a particular emphasis on PbK. It aims to build a fuller picture of what works and to bridge the gap between research and real-world implementation.

The two resources

This Background Paper is a foundational resource produced as part of SFH's redefining knowledge pillar. It **establishes the value of PbK in CSV prevention and response**, and is supported by **examples from those with practice and lived expertise**. This Background Paper aims to encourage all stakeholders in the field of CSV prevention and response — practitioners, researchers, policymakers, and funders — to consider the value of PbK in shaping more effective and grounded strategies.

Background Paper

What is PbK?
Why does it matter?



Guidance Framework

How do we gather and use PbK?



This Background Paper complements the [Using practice-based knowledge to prevent and respond to childhood sexual violence: Guidance framework](#) (Guidance Framework).

The Guidance Framework **offers practical guidance on gathering, sharing, and applying PbK**, and is primarily intended for practitioners.

Methodology and approach

The Safe Futures Hub adopted a consultative process to develop the Background Paper and the Guidance Framework. Between January 2024 and July 2025, this process prioritised the meaningful involvement of people with lived and practice expertise, recognising them as essential participants in shaping the design, direction, and content of the work. This approach reflects our commitment to equity by challenging traditional assumptions about whose knowledge is considered credible and valuable. It also involved working through tensions across types of expertise, while opening space for new ways of learning.

Specifically, SFH's approach to compiling these two resources included:

- **Centring lived and practice expertise** by actively involving practitioners and those affected by CSV in shaping the content of these resources.
- **Engaging historically excluded voices** by acknowledging structural factors, including colonial legacies, that have privileged some perspectives, and by creating intentional opportunities for diverse forms of knowledge-building.
- **Embedding ethical, trauma-informed engagement** by designing safe, inclusive spaces for engagement, dialogue and reflection.
- **Prioritising practical and accessible knowledge sharing** that reflects real-world experiences.
- **Recognising intersecting identities** which shape people's experiences of CSV, their access to services, and the diverse forms of knowledge they bring.
- **Grounding the framing of PbK in a rights-based approach** by recognising everyone involved as rights-holders, not merely contributors or vulnerable groups. This includes upholding the rights to protection from harm, non-discrimination, privacy, dignity and agency for all individuals,

while also ensuring that children have safe, age-appropriate opportunities to be heard and for meaningful participation.¹

The methodology included:

- **Key informant interviews:** Sixty-three key informants were consulted across various regions, including Sub-Saharan Africa, the Middle East and North Africa, South Asia, East and Southeast Asia, Oceania, Europe, North America, and Latin America and the Caribbean. Informants held an array of roles in the prevention and response to CSV. They were primarily practitioners, alongside movement builders, policy consultants, researchers, individuals with lived expertise, activists, and a funder.



- **Knowledge mapping:** In addition to academic research, we learnt from organisation websites, reports, newsletters, zines, blogs, videos, podcasts, social media posts, a simulation and game prototyping. Crucially, we also drew from unpublished materials.

- **Listening sessions:** Two in-person sessions were held to refine the Guidance Framework. Over the two sessions, twenty-five practitioners and researchers provided critical feedback on the resource's relevance and usability.
- **Review and vetting of examples:** Examples offered in this Background Paper have been reviewed by the knowledge creators (practitioners or individuals with lived expertise) to ensure they are accurate and true to their context.

- **External review:** The SFH Advisory Group, as well as key informants, gave detailed feedback on the documents and shared additional reflections over a virtual feedback session. The discussion brought together a range of perspectives, affirming the value of the resources while also offering rich insights for their continued strengthening and evolution.

What is practice-based knowledge?

The role of practice in generating knowledge is being increasingly recognised. As such, it is essential to clarify what is meant by practice-based knowledge, how it is generated, what value it offers, and how it differs from other forms of knowledge.

How others have defined PbK

Over the past decade, several initiatives have explored PbK and its significance.² The box below offers a snapshot of the varying definitions and understandings of PbK.

*“[P]ractice-based learning³ [is] the **cumulative journey of intentional learning over time**, informed by insights gained from direct experiences, observations, stories, informal reflections, monitoring processes, and more. At its core, practice-based learning centres on the experience and expertise of activists and practitioners as we develop, implement, and support violence prevention programming. This is distinct from research studies and other endeavours that aim to analyse, evaluate, or assess work from an external perspective, often led by individuals who are not embedded in the programming itself.”⁴*

Raising Voices

“PbK is the cumulative knowledge and learning acquired by practitioners through years of innovation, reflection, and refinement. It includes insights gained from observations, conversations, direct experience, and programme monitoring.”⁵

Prevention Collaborative

*“PbK is about creating a **platform where diverse experiences are shared**. It is not limited to those with credentials; rather, it is about recognising valuable knowledge that arises from learning processes and can benefit others.”*

Key informant

Our understanding of PbK

Based on our consultative process with more than a hundred individuals (see [Methodology and approach](#)), including those with practice, lived, and academic expertise, we arrived at the following understanding of PbK in the context of CSV:

PbK refers to the **valuable insights** gained through **direct engagement** in prevention or response. It includes **knowledge from practitioners**, as well as from **those with lived expertise** – when the experience of receiving

support, navigating systems, or surviving harm is intentionally drawn upon to influence or improve practice. Often **informal** and sometimes **undocumented**, PbK is **not limited to those with formal credentials**. PbK strengthens CSV prevention and response by **complementing and enriching other forms of knowledge**.

In addition, PbK:

- Reflects what works in **diverse contexts**, **how** and **why** it works, and how prevention and response strategies can be adapted to different contexts.
- Can **emerge through multiple methods**; it often emerges from repeated engagement, reflection, adaptation, and learning in real-world contexts. It may be shaped through regular monitoring practices, feedback from communities, informal team meetings, or adaptations made in response to challenges on the ground.
- Can be **shared in various forms**; it may be informal and undocumented, or it may take more structured forms depending on context and intent.

Who contributes to PbK?

During our consultative process for creating this Background Paper and the Guidance Framework (see [Methodology and approach](#)), we recognised that PbK is created by multiple sources and groups:

- **Practitioners:** Those working directly on CSV prevention and response (frontline workers, educators, healthcare providers, activists,⁶ law enforcement, etc.) play a central role in generating PbK. Their knowledge emerges from delivering interventions in complex, real-world environments and through intentional reflection and documentation.
- **People with lived expertise:** Victims and/or survivors of CSV, their caregivers, and others directly affected by harm, contribute a different but equally vital kind of knowledge: lived expertise. This knowledge is rooted in firsthand experience of harm, healing, and survival. When this insight is used intentionally to improve systems, guide peer support, or

shape practice, it becomes a powerful form of PbK. Excluding lived expertise would limit PbK to the perspectives of implementers and risk overlooking how practice is experienced or received (see also [Why include lived expertise in PbK](#)).

- **People who have caused harm:** Our consultations also highlighted that CSV prevention efforts can benefit from understanding how and why harm occurs. When approached carefully and ethically (without centring or excusing those who have caused harm) engagement with this group can offer insights into patterns, vulnerabilities, and opportunities for earlier intervention. Crucially, this category is not monolithic. People who cause harm may themselves be children.
- **Families, caregivers and support networks:** In some contexts, families, caregivers, and broader support networks play a significant role in prevention and response processes. Their experiences of navigating health, justice, and other systems offer valuable insights into the barriers and opportunities for more effective interventions and services.
- **Children:** Children offer invaluable insight into their safety needs and the effectiveness of existing prevention efforts. When engaged ethically and age-appropriately, their contributions show how interventions are experienced by those they are meant to protect.
- **Donors and funders:** Through long-term engagement with programmes, partners, and systems, donors accumulate knowledge about how approaches gain traction, where challenges emerge, and how change is sustained.

PbK must value inclusivity and embrace contributions from diverse roles and experiences.

While the accompanying [Guidance Framework](#) is designed specifically to support practitioners in gathering, sharing, and applying PbK, different approaches may be needed to meaningfully engage with each of these groups, including children, caregivers, those with lived expertise and others.

Key dimensions of PbK



Rooted in practice and experience

PbK emerges from the **firsthand insights** of practitioners and individuals with lived expertise — when those experiences are intentionally used to inform practice. It reflects knowledge gained through **practice, reflection and real-world engagement**. PbK also includes **tacit knowledge** — insights that practitioners develop through experience and intuition, even when not fully articulated or written down. PbK is often **led by those directly engaged in prevention and response**.⁷

Context-specific

PbK is **shaped by the specific social, cultural, and institutional realities** of the contexts in which it develops. PbK cannot be separated from the specific environments in which it emerges.

Dynamic and evolving

PbK is not static. It is **continually refined through reflection and real-world experience**, adapting to challenges, shifting needs, and emerging patterns.

Shared through diverse and accessible formats

PbK can be **shared in many ways**, including oral sharing, annual reports, videos, blogs, case studies, podcasts and other structured or unstructured formats (see the [Guidance Framework](#)'s section on Sharing PbK).

Synthesised through patterns and reflection

PbK moves beyond isolated anecdotes to **identify patterns or broader themes and insights**. At the same time, individual experiences, especially those that reveal overlooked dynamics or challenge dominant narratives, remain valuable sources of knowledge. They may shed light on gaps in response, deepen understanding of complex cases, or spark shifts in frontline practice.

Ethically grounded

As with any knowledge form, PbK can cause harm if not approached ethically. Ethical PbK involves principles of consent, safety, confidentiality, transparency, mutual well-being and accurate ownership. This often requires **context-sensitive and reflective approaches**, rather than rigid standards (see the [Guidance Framework](#)'s section on Ethics).

Refined through reflection and peer review

Instead of conventional academic peer review, PbK is strengthened through practice-appropriate processes such as:

- **Ethical safeguards** to prevent harm and misrepresentation
- **Peer discussions and review** within and across organisations
- Wherever possible, **triangulation** with programme data, participant feedback, evaluation findings, or academic knowledge

(see the [Guidance Framework](#)'s section on 'Peer reviewing' PbK).

Additional resource

The accompanying [Frequently Asked Questions](#) bring together key reflections, challenges, and conversations that have emerged in discussions about PbK.

What PbK is not: important notes

PbK requires critical reflection

PbK is not just the sharing of practice

We do not suggest that all practitioner activity results in valuable knowledge. Rather, PbK refers specifically to reflective, intentional, and articulated knowledge that emerges from practice.

PbK is not just the promotion of practice

PbK is not about glorifying practice or shielding it from scrutiny. It includes identifying gaps, limitations, and unintended consequences in real-world responses. In fact, some of the most valuable PbK comes from critically reflecting on what didn't work, what caused harm, or where systems failed to protect children.

PbK is not without rigour

While PbK does not follow conventional research methodologies, it still requires attention to quality, integrity, and critical reflection. Transparency, contextualisation and review by other practitioners help ensure its credibility.

PbK is contextual and situated

PbK is context-dependent

PbK is often deeply embedded in local contexts, relationships, and institutional settings. Its rootedness is a defining strength in child protection, a field where challenges are often deeply local and require context-sensitive responses.

PbK ≠ automatically generalisable insight

PbK should not be assumed to reflect sector-wide realities. Although lived/practice expertise is a powerful form of knowledge, it is always situated and partial. PbK must be contextualised and, where possible, complemented with diverse perspectives and even contrasting examples.

However, when PbK is shared transparently and with critical reflection, it can be informative across contexts, not because it offers a model to replicate, but because it can prompt deeper questions that help other practitioners reflect on their own practice.

PbK works best as part of a broader knowledge ecosystem

PbK is most effective when triangulated with other forms of knowledge

PbK works best when triangulated with research, evaluation, and other forms of PbK. Treating it as a standalone source of truth risks oversimplification and misuse.

PbK is not a replacement for evidence

PbK does not replace scientific research, empirical or evidence-based studies. Instead, PbK can complement and enrich these approaches by highlighting situated frontline insights that are often overlooked or under-documented.

PbK does not undermine evidence-based decision-making

While PbK can inform research hypotheses, surface critical gaps, and enhance understanding of implementation contexts, it should not be the sole basis for designing policy, allocating resources, or claiming outcomes. However, by illuminating how policy is implemented on the frontlines, and how it is experienced by those it aims to protect, PbK strengthens the feedback loops necessary for adaptive, grounded, and evidence-informed decision-making.

PbK is not a loophole to avoid programme evaluation

We encourage PbK to feed into formal evaluation processes whenever relevant and appropriate. PbK should be part of a feedback-rich ecosystem that values continuous learning and improvement, not a way to escape scrutiny.

PbK does not guarantee effectiveness

Just because something is widely practised or strongly believed does not mean it works. PbK may capture what is common, intuitive, or routine- but that is not always necessarily the same as what is effective. Determining effectiveness requires evidence.

PbK is distinct but complementary to other knowledge traditions

PbK is distinct from, but aligned with, applied and participatory research

Fields such as participatory action research and knowledge translation share important goals with PbK, such as making knowledge more practical, context-specific, and grounded in lived expertise. However, unlike these approaches, which often use structured methodologies and academic validation, PbK draws on more flexible, informal, and practitioner-led processes to surface insights from everyday practice.

PbK is distinct from, but aligned with, decolonising, Indigenous, feminist, intersectional, transgressive, or integrated knowledge approaches

While PbK draws from and resonates with many rich traditions such as decolonising, feminist and

Indigenous research, it is not identical to them. PbK stands alongside these approaches, echoing their commitments to equity and lived expertise, but offering its own distinct focus on frontline, practice-rooted learning.

PbK must be ethical and inclusive

PbK must be used ethically and thoughtfully

PbK includes sensitive insights, especially in the context of CSV. Care must be taken to ensure insights are not taken out of context or used in ways that alter their original meaning.

PbK is not immune to bias or power dynamics

Just like academic knowledge, PbK can reflect internal hierarchies, organisational agendas, or dominant practitioner voices. It must be situated within an awareness of whose knowledge is being surfaced and whose is being left out.

The relationship between academic research and PbK

Academic research and PbK both deepen our understanding of what works to prevent and respond to CSV. But they do so in different ways. Rather than being opposing or interchangeable, they are **complementary forms of knowledge**. Each offers distinct strengths, limitations, and ways of generating insight. When **jointly engaged, they can lead to responses that are more grounded, effective, and ethical**. Recognising this relationship helps avoid the conflation of two knowledge systems that serve different but interconnected purposes.

Divergence: How do PbK and academic research differ?

While both PbK and academic research generate valuable knowledge, they differ in their origins, processes, and where and how they are shared. Our consultations highlighted that while distinctions between PbK and academic research are useful, they are **not always clear-cut**. The differences and overlaps are discussed below:

- **Process and methods:** Academic research typically follows established methods to

generate knowledge, often with a degree of externality where researchers study a practice as outsiders.⁸ PbK emerges through **direct involvement in practice** and is led by those directly involved in the work, often without specific, predefined processes. *However, PbK can involve the use of methods often associated with research—interviews, focus groups, or pre- and post-assessments—to support learning, adaptation, and reflection in context.*

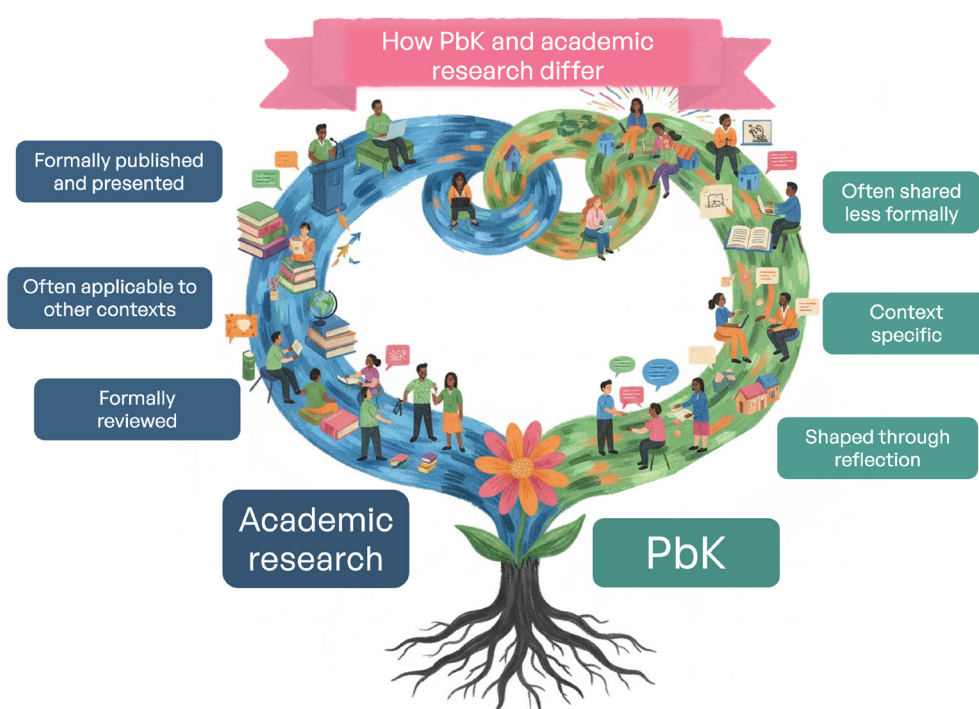
- **Review:** Academic research is typically subject to formal peer review and ethical oversight before publication.⁹ PbK is refined through **informal, internal reflection or practitioner-to-practitioner review** rather than uniform, standardised, external review mechanisms. *However, our consultations highlighted that some organisations are in the process of developing formal review processes to refine their PbK work.*
- **Scope and applicability:** Academic knowledge is often designed to be generalisable across contexts,¹⁰ although some studies are context-specific. PbK is **deeply rooted in specific settings and shaped by local realities.** *However, our consultations highlighted that some practitioners are synthesising large volumes of PbK, sometimes through collective efforts across organisations, to produce reflective analyses that inform the field more broadly. These contributions can help surface shared insights that can shape sector-wide learning.*

- **Formats and channels for sharing:** Academic knowledge is commonly disseminated through peer-reviewed journals and conferences. PbK is often **shared in more informal spaces**, including conversations, blogs, internal organisational reports, and practitioner forums. *However, this is also beginning to shift, with more formal platforms (such as the [Child Protection and Practice](#) journal or conferences such as the [SVRI Forum](#)) now inviting and publishing practice-based insights (see the [Guidance Framework](#)'s section on Sharing PbK).*

These developments reflect an evolving landscape. While the intent and function of PbK remain distinct from those of academic research, the tools and platforms used to refine and share it are becoming more diverse, sometimes intersecting with research spaces.

Where does PbK end and academic knowledge begin?

The **boundaries between PbK and academic knowledge are not always rigid.** Certain grey literature, such as practice-focused reports by frontline organisations, can be considered to be PbK. Even though these reports may use structured methodologies (focus group discussions/interviews or pre and post assessments for evaluating impact), these knowledge products are often excluded from formal literature reviews or systematic reviews. This may be due to structural barriers, such as a lack of



academic indexing or the absence of conventional peer review processes.

The Safe Futures Hub's conceptualisation of PbK seeks to **expand the space for recognising knowledge that may not fit within traditional academic structures.**

The goal is to ensure that diverse ways of knowing, including documentation by frontline organisations, are valued, legitimised, and meaningfully integrated into broader knowledge-building efforts. However, this inclusion is not intended to diminish the importance of rigorous evidence, which remains significantly distinct from PbK.

Convergence: How PbK and academic research inform each other

- **PbK as a driver and/or foundation for research:** PbK consists of insights drawn from practice and lived expertise, and shaped through reflection. This knowledge may begin as informal documentation and later be analysed through structured academic inquiry. Where appropriate and relevant, PbK or the interventions that emerge from it can be systematically documented, evaluated and tested through rigorous research methods. Additionally, PbK can actively shape research questions and identify gaps. In this way, **what is considered PbK today can lay the groundwork for future academic research.**



- **PbK's role in contextualising evidence:** Evidence does not exist in isolation; its application depends on context. PbK provides critical insights into how interventions are received, experienced, and adapted to different settings. These real-world insights help avoid mechanical replication and enable more ethical, effective application of evidence across diverse contexts.

- **PbK is not the only approach that captures insights from practice and lived expertise:**

Academic approaches such as ethnography, participatory action research, and co-design also draw on practice and lived expertise. PbK resonates with these approaches but remains distinct: it is often more practitioner-led and embedded within the flow of frontline work. This embeddedness makes it particularly valuable in under-resourced or fast-moving settings where formal research may not be feasible.

The value of PbK for strengthening CSV prevention and response



Through the consultation process, we identified **four broad ways in which PbK contributes to CSV prevention and response**. The benefits are interrelated and often reinforce one another.

These **contributions are not unique to PbK**, but **PbK plays an important role in strengthening and expanding them**.

1. Expanding learning from underrepresented regions and populations

PbK surfaces insights from communities and contexts that have been historically excluded from CSV research. This helps ensure their experiences are recognised and reflected in prevention and response efforts. By documenting how interventions are implemented in these contexts—what enables or hinders them, and how practitioners and communities respond—PbK **helps build a complete and more inclusive picture** of what it takes to prevent and respond to CSV in diverse settings. It **recognises urgent priorities** before they appear in the data and **highlights local innovation**. PbK helps fill evidence gaps, not by substituting for research, but by expanding what is considered knowledge, and offering **grounded, real-time insights from those closest to the issue**. PbK also enables the formulation of more effective and relevant research questions in these contexts.

2. Strengthening frontline practice

PbK helps practitioners and organisations refine their own work in real-time. It can support the early stages of **trying a new intervention**, the **ethical adaptation of evidence-based approaches** to fit local context and **enable smarter scaling** that reflects practical realities. It also reveals when **implementation drifts** from the intended purpose, ensuring **fidelity** and improving delivery. In doing so, PbK directly improves frontline practice.

3. Learning from the expertise of practitioners

Practitioners are not just implementers; they continually generate valuable knowledge from their direct experiences. Such knowledge can help other practitioners and stakeholders in the CSV prevention and response field.

PbK captures the **everyday expertise** that practitioners build through action, reflection, and relationships, i.e., what they attempt, notice, and refine in real time. PbK makes this frontline insight visible, shareable, and actionable. For instance, practitioners often **provide early warnings about emerging risks**, **highlight ethical concerns and offer perspectives** from children that might never surface through formal research. PbK **highlights what seems to work**, what is causing harm, and what needs to change in places **where little research exists**. This kind of knowledge helps others **avoid repeating mistakes** or “reinventing the wheel”. It informs smarter decisions and can even push institutions to reform. PbK does not just improve delivery; it honours practitioners as creators of knowledge and brings their wisdom into the knowledge base.

4. Learning from CSV lived expertise

People with lived expertise of CSV (victims and/or survivors, caregivers, and affected community members) hold crucial knowledge that can strengthen prevention and advocacy, and support systems. When lived expertise is **intentionally applied to inform practice**, it contributes to the same goals as other forms of PbK: grounding interventions in reality, identifying risks, and shaping more ethical, effective responses. It helps expand our understanding of **how practice is received and experienced**, not just how it is designed or delivered. PbK can help ensure that CSV responses are **grounded in the lived realities of those most affected** and reflect their knowledge, needs, and priorities.

The following sections provide a detailed examination of the **four ways in which PbK can influence the field** and the significant role it plays in informing and

improving multiple aspects of CSV prevention and response.

Before you dive in: A note on how to read these examples

A different lens on what counts as knowledge

This Background Paper aims to recognise the value of informal, experiential knowledge without overstating its influence or overlooking its limitations. The examples reflect what practitioners, individuals with lived expertise, and communities have observed, learned, and applied in real-world settings. Recognising PbK in this way does not diminish the value of research. Rather, it invites us to expand what we consider valid and useful knowledge in CSV prevention and response.

Interpreting these examples: What to keep in mind

- 1. Examples are illustrative of PbK, but not PbK sharing:** These short examples provide a glimpse into the kinds of insights PbK can offer. They do not capture the full process of reflection, refinement, or feedback that may have occurred. For a fuller understanding of how PbK is gathered and shared, see the [Guidance Framework](#).
- 2. Provocations to spark dialogue and reflection:** These examples represent insights with potential and do not imply tested or generalisable impact. Their inclusion is intended to spark curiosity, dialogue and reflection about the role of practice-based insights in CSV response, not to serve as replicable models.
- 3. The absence of data ≠ success or failure:** Some examples do not include results because the PbK is still emerging or has not yet been applied in a way that allows changes to be assessed. Absence of impact data should not be interpreted as evidence of success or failure.
- 4. Evaluation has a role:** While PbK surfaces valuable insights from direct experience, evaluation or subsequent formal research can help assess impact, test relevance, and identify unintended effects. This is critical in sensitive fields like CSV prevention and response.

What the examples represent

This Background Paper includes two types of examples:

- **PbK already informing action:** These are practice-based insights that have already shaped interventions, practice or decisions. This PbK is often integrated with formal research or monitoring.
- **PbK insights with potential:** These are emerging insights that could strengthen future prevention and response efforts. Many key informants shared that they have developed substantial PbK over time but have never had opportunities to document or apply it.

2.1 Expanding learning from underrepresented regions and populations

CSV prevention and response evidence leaves **significant gaps in our understanding** of what works in underrepresented regions and populations. PbK offers a timely, grounded way to learn from contexts where formal studies are absent or slow. It is also value-adding when working with marginalised populations (such as Indigenous children, children with disabilities, boys, LGBTQ+ youth, and children deprived of liberty) who are routinely excluded due to systemic biases, funding limitations, or ethical complexities.

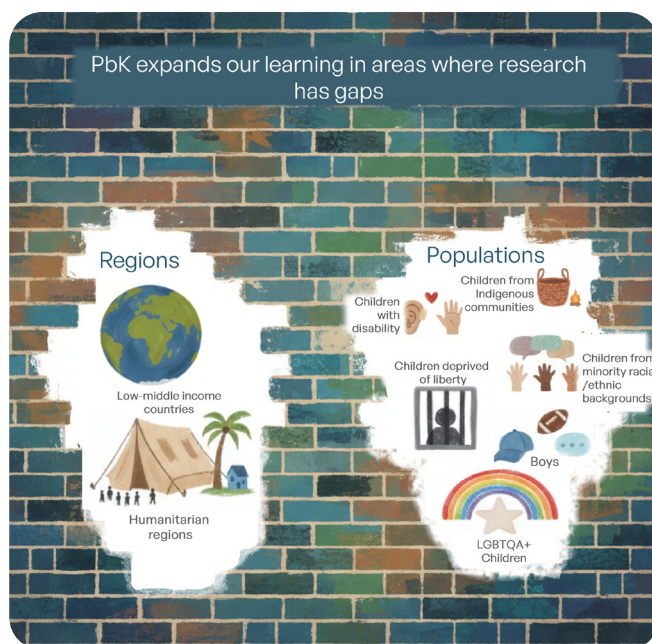
When research lags, prevention suffers. PbK helps to begin to close that gap.

Learning from PbK does not mean bypassing rigorous research. It means valuing what practitioners and those with lived expertise are already learning. It also means using that knowledge to inform practice, improve services, and shape future inquiry.

2.1.a Expanding knowledge in underrepresented regions

Research capacity and funding are heavily concentrated in high-income countries (HICs). This contributes to **wide disparities in the ability to generate and apply evidence**. For example:

- In 2019, low-income countries (LICs), home to approximately 8.5% of the global population, contributed only 0.9% of scientific publications.¹¹
- In 2018, Sub-Saharan Africa, home to 14% of the global population, accounted for merely 0.7% of researchers.¹²
- Despite notable progress in regions such as Spanish-speaking Latin America, publication rates remain relatively low per capita compared to other parts of the world.¹³



Countries with well-established national public health institutions, such as the United States, are better positioned to generate and apply research for policymaking.¹⁴ In contrast, many low- and middle-income countries (LMICs) **lack the institutional infrastructure to produce systematic evidence**. Even between LMICs, findings are not always transferable. Contexts vary widely. For example, interventions developed in high-violence settings such as South Africa may not align with the needs or realities of lower-crime settings such as Bhutan.

Specifically, within the field of CSV prevention and response, the concentration of research in HICs means that findings from these contexts are disproportionately represented in the evidence base.¹⁵ This creates a major challenge for LMICs, especially LICs, which often **face higher rates of violence** but **lack the evidence** needed to design interventions grounded in their own realities.¹⁶ The result is a mismatch between where the burden of harm is highest and where the guidance for action is being produced.

“Where children face the greatest risk, waiting for research is not just a luxury; it is a loss. The answers are already emerging from practice. We need to listen.”

Key informant

Practitioners working directly in such regions are often well-positioned to identify trends, challenges, and promising interventions. Yet, their insights are often dismissed as anecdotal or biased; a form of “**research oppression**” that disempowers local expertise.¹⁷

PbK helps us learn from this critical knowledge. It captures insights from practice and lived expertise

from those closest to the issue. While it does not replace rigorous research (including the valuable studies that are emerging from these regions), PbK offers a vital, **complementary stream of insight**. This includes grounded observations, real-time adaptations, and context-specific strategies that are often overlooked in formal evidence-building.

“If we are not included at the tables as African feminists, we must build our own tables—where we will create, share, and amplify the richness of our knowledge.”

Key informant

EXAMPLE: PREVENTION THROUGH COMMUNITY-LED INSIGHT – ZANZIBAR’S KUWAZA PROJECT¹⁸

The KUWAZA III (Swahili for *to think*; Collective Thinking for Child Protection Intervention) project in Unguja North, Zanzibar¹⁹ is an example of how PbK can drive contextually relevant solutions in a setting with limited formal evidence on CSV prevention.

Context

The KUWAZA project has evolved over a decade as a multi-phase initiative to prevent violence against children. Its third phase (2021–2024) focused specifically on preventing CSV among children aged 7–14 using a prevention toolkit. Data from the [2009 Violence Against Children and Youth Survey \(VACS\)](#) showed high rates of CSV, with 6.2% of girls and 9.3% of boys affected before age 18, as well as low reporting and limited services. Despite this, there was little documented knowledge on prevention strategies suited to Zanzibar’s social and cultural context. KUWAZA responded to this gap by building on the practice-based insights of [C-Sema](#) and its partners, [Pathfinder International](#) and [ActionAid Tanzania](#), who had years of experience working directly with children, parents, and community leaders in the region.

From PbK insight to action

Drawing on this PbK, KUWAZA III **co-developed a CSV prevention toolkit** for children (ages 7–14), teachers, caregivers, and local leaders. This toolkit was grounded in the realities of Zanzibar, incorporating cultural norms, community dynamics, and lessons from past engagement — all forms of PbK that shaped both the content and delivery. The project trained community members to deliver curriculum-based sessions with children, their caregivers and teachers, and community and religious leaders. The sessions aimed to:

- address the root causes of CSV
- strengthen adults’ child-protection, bystander, communication, and caregiving skills
- increase children’s knowledge of their bodies, gender, and puberty
- build children’s agency, confidence, and awareness of where to seek help

It was **field-tested** and adapted in real time, and has since been **approved by the government as a national prevention resource**.

What changed

Sixty trained facilitators used the toolkit to reach over 800 children, 270 caregivers, and 90 leaders with prevention messages and skills. Participant reflections, and project endline evaluation using surveys and focus group discussions with caregivers and children revealed:

- **Stronger confidence in disclosing CSV:** Confidence in disclosing increased for boys (79% to 97%) and girls (76% to 94%). It was also noted that more children were willing to report beyond the family.
- **Increased awareness of CSV forms and legal protections for both boys and girls:** For instance, a child who had participated in the training refused a ride from a stranger and immediately alerted her teacher and parent. This also demonstrated awareness translating into action.
- **Ripple effect and community action:** Religious leaders, *Madrassa* teachers, parents, and *Shehia* administrative leadership trained through KUWAZA not only changed their own practices but extended knowledge to others, creating a ripple effect. In 2025, six *Madrassas* developed action plans and implemented prevention strategies using local resources. All of this was **done voluntarily and without financial incentives**. Communities also **developed and implemented action plans using their own resources**. Activities included clearing bushes around schools and roads to create safe spaces, constructing a latrine and a small bridge for easy access to school, and demolishing a gangster hideout.

“Now, I know more, how to protect children not just in theory, but with real, practical steps, and most importantly making them part of a conversation.”

Local leader

“Community members have actively engaged in the implementation of action plans without financial incentives. We are united by a shared commitment and values to protect our children.”

Madrassa leader

- **Change in social norms:** This was achieved through greater parental engagement in discussing sensitive topics. Children’s comfort discussing sexual violence with parents rose from 69% to 90%. Parents described moving from violent discipline toward open, trust-based communication, signalling an important shift in social norms around parenting and protection. After the intervention, 9% more parents believed children who reported CSV.

“Now, parents are more attentive and willing to discuss these matters with their children.”

Social Welfare Officer, North Unguja

“This was my first time having a face-to-face conversation with my child about puberty. I learned how to start.”

Parent

Forms of PbK

KUWAZA drew on and generated several distinct forms of PbK:

- **Frontline experience** shaped the prevention toolkit based on what partners knew worked in Zanzibar's unique setting. This was based on years of direct engagement with children and families.
- **Cultural norms:** PbK also helped recognise *Muhali*, a cultural silence around abuse, and adapt communication accordingly. Rather than confront resistance, they helped communities work through it, using familiar language and trusted messengers.
- **Community-led insight:** residents used local knowledge to map risks and implement protective measures with their own resources.

Why this matters

In a setting with little formal research on CSV prevention, KUWAZA shows how PbK can inform interventions that are both culturally relevant and practically feasible. By building on the long-standing insights of local practitioners, the project developed prevention strategies rooted in Zanzibar's realities, adapted them in real time, and secured government approval for national use. This demonstrates PbK's ability to produce solutions that are more likely to be accepted, acted upon, and sustained by communities themselves.

Humanitarian contexts

Humanitarian contexts²⁰ are not geographical regions in themselves but often overlap with under-researched regions. Many humanitarian crises occur in LMICs, where research infrastructure is often already limited. The urgency for CSV prevention is often greatest in these settings due to **heightened risks**.²¹ Yet evidence on what works remains scarce.²² For instance, in refugee camps, sexual exploitation, including sex in exchange for survival needs, is widely reported.²³ However, little data exists on its prevalence and underlying drivers.

Conducting **structured research in these environments is difficult**. Displacement, instability, and security risks make formal studies time-consuming, expensive, and, at times, unsafe. Ethical challenges, rapidly changing conditions, and resource constraints add further barriers.

Nationally representative surveys²⁴ and powerful practice-based research²⁵ have recently begun to provide valuable insights into the prevalence and circumstances surrounding violence against children and youth in humanitarian settings. However, the field still faces a long journey to generate comprehensive and actionable data for these settings.

The role of PbK

In humanitarian settings, when formal data collection is impractical or delayed, **frontline practitioners are often the first to observe risks and patterns of harm** and identify emerging responses. PbK becomes a vital source of learning, not because it replaces evidence, but because it offers learning that can inform programming and future evidence building in highly constrained settings.

EXAMPLE: RESPONDING WHERE SYSTEMS FALL SHORT — LEARNING FROM FRONTLINE PRACTITIONERS IN KURDISTAN’S CRISIS CONTEXT²⁶

In the Kurdistan region of Iraq, the work of [ECPAT International](#) and [the Jiyan Foundation for Human Rights](#) highlights how PbK can illuminate gaps and guide practice in a complex humanitarian setting.

How PbK was gathered

ECPAT International, in collaboration with the Jiyan Foundation for Human Rights, surfaced PbK insights through a structured process involving interviews with frontline practitioners. The learnings resulted in a published [case study](#).

Learnings from PbK

- **Service gaps:** Practitioners observed that existing systems were overwhelmed and failing to meet demand.
- **Patterns of harm:** Practitioners identified heightened risks for girls, children of displaced families, those working on the streets, and children associated with ISIS.²⁷
- **Community coping:** PbK revealed that families, fearful of stigma and retaliation, often avoided formal reporting channels. In some cases, child marriage was used as a perceived protection strategy—a pattern also documented in other contexts—underscoring the urgent need to confront this dynamic in all prevention efforts.²⁸

PbK-informed recommendations

- **Context-specific solutions:** Frontline workers recommend context-sensitive approaches, such as training religious leaders (*Mullahs*) on CSV prevention and monitoring workplaces where children are known to be at risk.

PbK-informed action

- **Healing and recovery:** Earlier, in 2015 based on ongoing PbK insights, the Jiyan Foundation for Human Rights created the Healing Garden for Children and Families in Chamchamal. Jiyan Foundation’s PbK revealed that conventional therapeutic models are insufficient for survivors of abuse (including CSV) in this region. It called for a more integrated, emotionally nurturing space. The garden integrates art, nature, and animal-assisted therapy with local cultural practices to support children and families in recovery.

Why this matters

In a humanitarian setting where displacement, stigma, and insecurity limit both service access and formal research, PbK can surface urgent patterns of harm, coping strategies, and service gaps that may not be prominent in other data. Making these dynamics visible is a critical first step. It enables deeper reflection, encourages more responsive programming, and ensures that frontline realities are not erased or overlooked.

EXAMPLE: SUPPORTING BOYS IN CONFLICT AND DETENTION – PRACTICE-BASED APPROACHES IN PALESTINE²⁹

Context

In Palestine, protracted occupation, war, conflict, and humanitarian crisis have created extreme challenges for protecting children, including for boys affected by CSV. Structural violence is combined with restrictive policies that limit access to education, healthcare, and legal protection. In humanitarian response priorities, CSV experienced by boys is often overlooked, as immediate survival needs take priority. In this complex setting, [SAWA](#) and [Defence for Children International - Palestine](#) (DCIP) work on child rights, including directly with boys affected by CSV. Among other important work, SAWA operates a child helpline in the West Bank and the Gaza Strip and DCIP provides comprehensive support to children in conflict with the Palestinian law, including those deprived of liberty.

How PbK was gathered

To address the lack of attention to boys in CSV prevention and response, ECPAT International and ECPAT Global Boys Initiative are working on combining research with PbK across multiple countries.³⁰ In Palestine, ECPAT Global Boys Initiative and ECPAT International, in collaboration with SAWA and DCIP, surfaced PbK insights. The methodology used pre-designed, semi-structured tools and identified practices that the organisations considered helpful in supporting boy survivors in a humanitarian context. This involved an in-person meeting and follow-up discussions with frontline practitioners, resulting in a published [case study](#).

Learnings from PbK

- **Increased risks in conflict settings:** Occupation and repeated military violence expose boys to trauma, displacement, and heightened vulnerability to abuse and exploitation. In northern West Bank cities and Gaza, boys face further risks due to school closures, checkpoints, and disrupted services.
- **Limited access to support:** Movement restrictions, destroyed infrastructure, or the broader impact of conflict often block formal pathways for reporting violence and accessing protection services. Boys have limited safe ways to seek help, especially in crisis conditions.
- **Rigid gender norms:** Dominant ideals of masculinity prevent boys from disclosing CSV. Occupation-specific masculinity norms are further shaped by concepts such as resilience, resistance, martyrdom, and honour. Speaking about abuse is seen as incompatible with their expected roles, creating deep shame and fear of judgment. Services need to actively counter these norms and create safe spaces for boys to speak.

From PbK insight to action

- **Building trust over time:** Boys in the West Bank who contact the SAWA helpline often initially seek food or emergency aid, or joke with the helpline counsellors. Deeper disclosures emerge gradually over time. Helpline **counsellors first link the boys to relevant organisations for immediate support, while also building trust and offering space for further conversation.** The counsellors' patience, empathy, and sustained presence help boys feel safe to share their experiences at their own pace.
- **Adjusting helpline practice:** SAWA helpline counsellors have adapted their approach by **changing how they begin calls with children living in the Gaza Strip.** While confidentiality is a primary concern for boys living in the West Bank, it is a secondary issue for boys in the Gaza Strip because of the life-threatening conditions there. Instead of using standard confidentiality scripts in the Gaza Strip, counsellors, recognising that privacy is rarely possible, begin by asking the boys if they are safe and comfortable speaking. This adjustment helps acknowledge their context and helps boys decide whether they feel ready to talk.

- **Navigating cultural barriers in schools:** Schools and communities often resist including sexuality education in school programmes, fearing that discussing them would introduce inappropriate ideas. In schools, SAWA **reframes prevention sessions as “family relations”**. This creates a space for conversations about protection and consent in a culturally acceptable and age-appropriate manner, without triggering pushback.
- **Trauma-informed practices:** DCIP’s psychosocial specialists working with boys deprived of liberty **avoid taking notes during sessions**. This is because writing can make boys feel scrutinised or interrogated. By prioritising trust and emotional safety, they help boys feel more at ease to express their experiences. Non-verbal and creative tools are also used to support boys in processing trauma when verbal disclosure is too difficult. The **use of drawing, painting and clay** helps focus on emotional wellbeing and slowly builds trust. Further, children in groups often express their anger through disruptive behaviour or aggression, and facilitators are **trained to see this as a form of communication and discuss it with the child**. This opens up space for further communication. Often, CSV disclosures emerge only after weeks of consistent engagement.

! Why this matters

In the context of protracted occupation and conflict, where boys affected by CSV face stigma, movement restrictions, and disrupted services, PbK has informed service adaptations to boys’ realities and needs. These grounded, culturally aware changes have helped practitioners build trust, open channels for disclosure, and provide support in highly constrained environments.

These examples show two key contributions of PbK:

1. First, it **expands learning from regions and populations that remain under-researched**. In humanitarian and conflict-affected settings where formal research is often limited or delayed, frontline practitioners and affected communities provide urgent insights into risk, adaptation, and care. PbK captures this knowledge, making visible what would otherwise remain undocumented. As a result, it can also pave the way for future research.
2. Second, while PbK is not designed for replication across contexts, it **prompts deeper reflection and better adaptation in settings facing similar constraints**. It helps practitioners ask reflective, grounded questions about:

a. Protective–harmful dynamics: *Are there practices in our setting that are harmful in some ways but perceived locally as protective (e.g., child marriage as ‘protection’ in Kurdistan)? How can our prevention work address this complexity without alienating communities?*

b. Indirect communication from children:

What are children already telling us through indirect means, such as informal help-seeking, humour, withdrawal, or expressions of anger (e.g., boys’ indirect disclosures in Palestine’s helpline and detention settings)? How can we adjust our engagement to recognise and respond to these signals?

c. Gatekeepers and access: *How do displacement, stigma, or the influence of religious or community leaders shape children’s access to services (e.g., involving Mullahs in Kurdistan or Madrassa leaders in Zanzibar)? Who might we need to train, partner with, or seek permission from to build trust and open access?*

d. Norms and reframing: *Where are rigid social or cultural norms blocking open discussion of CSV (e.g., Muhali in Zanzibar, language considered taboo in Palestinian schools)? How can we reframe entry points for engagement to allow for the safe and acceptable discussion of sensitive topics?*

2.1.b Learning from the unique situations and experiences of underrepresented populations

Beyond geography: Who gets researched and who doesn't

While some regions remain under-researched, exclusion from evidence generation extends far beyond geography. Children from marginalised and discriminated populations also experience **distinct lived realities and challenges** that conventional, evidence-based frameworks often struggle to adequately address.³¹

In the context of CSV, recent reviews of evidence and gaps underscore the importance of recognising the unique experiences of marginalised groups.³² These include children who are Black, children with disabilities, LGBTQ+ children, children belonging to ethnic or religious minorities and those in institutions, deprived of liberty or in conflict with the law. Many of these children are also considered to be at **increased risk for CSV**.³³

CSV also often **intersects with other forms of violence, discrimination, and social inequalities**. However, there are multiple evidence gaps on how factors such as gender, sexuality, race, caste, disability, ethnicity, socio-economic status, and cultural norms shape experiences of sexual violence for children.³⁴

Why these gaps persist

This **exclusion is not incidental**; research priorities and funding streams determine which populations receive attention.³⁵ As previously noted by SFH, the persistent neglect of certain topics may stem, in part, from **subconscious discomfort** of many academics and decision-makers who do not fully represent the identities most affected.³⁶ At the same time, there are **very real practical and structural challenges** to researching these issues, including difficulties in accessing hard-to-reach populations and navigating complex ethical approval processes. Other barriers include the high costs and specialised skills required to conduct rigorous, sensitive research in these settings. Together, these factors contribute to significant evidence gaps, leaving many populations unrepresented in practice, research and policy discussions.

The role of PbK

In settings where formal evidence is absent, limited, or ill-suited, PbK provides grounded insights from those with direct experience, such as frontline practitioners and individuals with lived expertise. It **surfaces realities** that remain hidden in aggregated data and helps identify tailored and relevant responses. While not a substitute for research, PbK provides **essential direction for where inquiry, innovation, and investment** are most urgently needed.

This section highlights six populations (among many more) that are under-researched: Indigenous children, children deprived of liberty, children with disabilities, boys, children from ethnic minority backgrounds and LGBTQ+ children.

1. Children with disabilities

There is a notable lack of research on disability-inclusive CSV prevention. Despite acknowledgement that children with disabilities are at increased risk of sexual violence, the evidence base remains thin and fragmented.³⁷ During our consultations, a key informant with practice and lived expertise highlighted that many leading CSV resources omit disability entirely or only reference it in passing. They noted that this exclusion contributes to the continued invisibility of these children's distinct needs within prevention and response systems.

Disability is diverse

Disability encompasses a broad spectrum of physical, intellectual, sensory, and developmental differences, each with distinct vulnerabilities and barriers that shape children's experience of CSV. However, these differences are rarely disaggregated or meaningfully explored in existing research. For example, a systematic review of 676 primary school-based prevention programmes found no randomised controlled trials focused on children with intellectual disabilities.³⁸

Barriers to disclosure and support

Further, children with disabilities also face multiple barriers to disclosure and receiving support. [The Royal Commission into Institutional Responses to Child Sexual Abuse](#) found that stigma, prejudice, communication challenges, and a lack of understanding among adults made it **especially difficult for these children to be understood, believed, and protected**.³⁹

While formal research is also beginning to address these gaps, frontline practitioners and those with lived expertise have long been developing approaches grounded in direct experience. Yet, as our key informant explained, much of this knowledge remains

siloed within under-resourced organisations, limiting its visibility and uptake. Valuing PbK brings these insights into view, helping shape more inclusive, disability-aware strategies for prevention and support.

EXAMPLE: DEAF CHILDREN, DIGITAL SAFETY, AND DIGNITY – INNOVATIONS LED BY LIVED AND PRACTITIONER EXPERTISE⁴⁰

Context

[DeafKidz International \(DKI\)](#), founded by Steve Crump, a deaf leader, emerged from PbK. Crump's work in conflict and post-conflict settings, combined with practitioner and lived expertise from deaf communities in South Africa and elsewhere, revealed **widespread, but largely invisible, abuse** faced by deaf children. Many of these children had **no access to communication systems** that would allow them to report abuse or seek help.

From PbK insight to action

Based on these insights, Steve developed pilot projects in South Africa and Jamaica that challenged harmful social norms affecting children with disabilities, improved access to communication, and strengthened justice system responses.

- **DeafKidz Defenders:** DKI developed [DeafKidz Defenders](#) by centring PbK drawn from the knowledge and experiences of deaf children, families, and practitioners. This innovative digital tool teaches deaf children about online safety and how to recognise and respond to online and offline abuse, including CSV, through animations and games. **PbK shaped key programme elements, such as conducting sessions in local sign languages, using minimal text, and featuring strong, deaf characters.** The prototype version of the game was tested with children, and PbK was combined with user feedback to refine the tool.
- **DeafKidz Goal!:** Another PbK-based initiative, [DeafKidz Goal!](#), trains deaf youth and young adults as football coaches to lead sessions that reinforce safety, gender equity, and resilience. Using Indian Sign Language, this peer-led model strengthens inclusion while embedding CSV prevention into recreational and leadership spaces for deaf youth.

As DKI expanded across Zimbabwe, Malawi, India, Pakistan, and beyond, it remains committed to solutions shaped by the PbK of those with practice and lived expertise.

What changed

DeafKidz Defenders has been implemented in Pakistan, South Africa, Zambia, and Kenya. An evaluation with 620 children across 10 schools in Pakistan and South Africa shows that:

- 91% of children **gained increased knowledge on how to recognise and respond to unsafe situations.**
- 98% of teachers felt **more confident in teaching safety and handling disclosures.**

Why this matters

Deaf and disabled children are often overlooked in CSV prevention, with programmes typically designed without considering their communication and access needs. PbK, in the form of practice and lived expertise, can shape tools that make prevention more inclusive.

Ongoing evaluation of DeafKidz Defenders is strengthening the evidence base while keeping adaptations grounded in frontline PbK and children's lived realities (see also SFH's [case study](#) on DeafKidz Defenders). This underscores how PbK-generated insights can transition into formally evaluated interventions, offering a pathway from experiential knowledge to measurable impact.

2. Children belonging to Indigenous communities

Children belonging to Indigenous communities⁴¹ face **heightened risks of CSV** shaped by the legacies of colonisation, forced removals, and systemic discrimination.⁴² Further, historical trauma and systemic barriers have created deep mistrust of authorities for many Indigenous communities, leading to additional barriers in disclosing, **underreporting and limited access to child protection services**.⁴³

While Indigenous communities have long relied on their own culturally grounded approaches to harm prevention and response, our consultative process highlighted how these **strategies are rarely acknowledged or integrated into formal research and policy frameworks**. A forthcoming systematic review highlights this gap, noting the absence of English-language reviews on healing from CSV in Indigenous contexts worldwide.⁴⁴

EXAMPLE: HEALING HISTORICAL HARM – INDIGENOUS COMMUNITY-LED CSV PREVENTION⁴⁵

Context

Alaska Native children were found to face rates of CSV six times the national average,⁴⁶ yet culturally appropriate support was limited. In response, Indigenous leaders in Alaska collaborated to develop a model grounded in their practices and histories. Pathway to Hope (PTH) was co-developed by Diane Payne, an Indigenous practitioner, and Alaska Native leaders. It combines a video, a Tribal Community Facilitator Video Guidebook, and a 3-day training.

How PbK was gathered

Diane built practice expertise as an advocate for survivors and through developing Tribal CSV response systems. She learned that using Indigenous resources from other contexts turned out to be culturally mismatched for Alaska Native contexts. Through a grant from the Office for Victims of Crime, Indian Country, an advisory group comprising Alaska Native elders and young adults was established. Two days of facilitated discussion were held to create core messages and a culturally resonant video format. Subsequently, 40 Indigenous people in Alaska were interviewed to create the video at the heart of the PTH curriculum.

Learnings from PbK

- **Understanding the culture of silence:** Silence around CSV often reflected a coping strategy shaped by generations of harm and discrimination. It was a way communities tried to survive difficult histories, not simply denial or lack of concern.⁴⁷
- **Addressing historical harm:** Healing required acknowledgement of collective harms, including genocides, pandemics, and abuses in residential boarding schools.
- **Need for culturally grounded resources:** Prevention strategies needed to be community-owned, values-based, and reflective of the specific Indigenous languages, symbols, and storytelling traditions.

From PbK insight to action

PTH was developed as a framework—not a one-size-fits-all programme—that could be adapted to each Indigenous context. PTH builds on PbK in the form of Indigenous values, beliefs, and understandings of safety, trauma, and resilience. Key features include:

- Training **community facilitators** to lead discussions and healing sessions. These are **individuals with in-depth local knowledge, selected by local communities**.
- **Recognising high prevalence rates.** Advisors recognised that in any Alaska Native audience, as many as two-thirds might be survivors of childhood trauma. The programme aimed to ensure the training helped facilitators respond safely. To this end, only those who completed the 3-day facilitator training could access the PTH video and 195-page guidebook.

- Curriculum materials **featuring Indigenous imagery, music, and language**, and a film voiced by a Native actor and over 45 Indigenous people. Some key elements of the film are:
 - A video that opens with elders speaking in five Alaska Native languages (*Inupiat, Athabascan, Yupi'k, Tlingit, Alutiiq*)
 - Inclusion of Alaska landscapes, nature sounds, music, and rural imagery
 - Native elders appearing throughout to guide the discussion
- As part of prevention, structured discussions that **explicitly address historical trauma** (including genocides, pandemics, and abuses in residential boarding schools) and its impact on present-day CSV rates.
- Framing silence around CSV not simply as avoidance, but as a collective survival response to past injustices. They encourage the use of **community gatherings to celebrate and honour children**, rebuild trust, and spark a shift from silence to collective strength.

Challenges

The first chapter of the programme ended due to funding challenges and the passing away of Diane Payne. In 2021, Alaska Children's Trust again tried to revitalise the programme; it began developing a new, adaptable version for non-Alaska Native and Black, Indigenous, and People of Colour communities, reinforcing its flexible, practitioner- and community-driven model. However, it again had to be suspended due to a lack of funding.

What changed

Between 2007 and 2012, more than 450 facilitators were trained across Indigenous communities in the USA and Canada. Many were victims and/or survivors of CSV, including Tribal leaders and elders, victim services staff, educators, health workers, law enforcement, justice officials, clergy, and community members. Although PTH had not undergone formal programme evaluation, it saw significant uptake:

“The most significant limitation to PTH has been the lack of a formal programme evaluation... Despite these limitations, PTH has clearly been in demand.”⁴⁸

PTH created **culturally safe spaces** for survivors to speak openly and receive support within their traditions. PTH also moved communities to a **new stage of awareness**, where dialogue, cultural wisdom, and readiness among service providers **led to tangible action**. In particular:

- In some villages, this led to initiatives such as a **men's wellness support group for adult survivors**, led with guidance from elders featured in the PTH video.
- In two different regions of Alaska, PTH was a **direct predecessor to the establishment of a child advocacy centre** to provide a multidisciplinary response to CSV.
- In some communities, Tribal governments **legislated a “Children's Bill of Rights”** to keep children safe from CSV.

Why this matters

Pathway to Hope is an example of a programme developed through practice and lived expertise within a historically under-researched population.

1. PTH illustrates how PbK can function as a **valuable, early-stage knowledge system**. This is even more relevant in contexts where dominant research paradigms have historically excluded Indigenous voices. PbK, in this case, offers preliminary frameworks, grounded hypotheses, and testable models that can **inform future research and evaluation**.

2. While not directly transferable, this learning can **help other communities reflect** on the role of historical trauma, community leadership, and cultural knowledge in their own contexts. It enables more relevant and grounded questions when designing responses. It also offers insight into processes that can help gather this valuable knowledge.

3. Children deprived of liberty

Children deprived of liberty, whether in conflict with the law, in immigration detention, in psychiatric institutions, or state-run care, face **elevated risks of sexual violence**. However, they are often invisible in research. **Ethical constraints, restricted access, and political sensitivities** make it extremely difficult to collect reliable data from these settings. Even where some prevalence data exists,⁴⁹ few studies explore how CSV unfolds in detention or what

supports victims and/or survivors need. This leaves critical protection gaps unaddressed.

In these settings, practitioners who work directly with affected children possess critical PbK grounded in firsthand experience, long-term trust, and engagement with victims and/or survivors. Their insights offer rare visibility into CSV risk patterns, mechanisms of harm, and contextual barriers to reporting or redress.

EXAMPLE: NAMING THE UNSEEN – DOCUMENTING SEXUAL SLAVERY IN SYRIAN DETENTION CENTRES⁵⁰

PbK revealed patterns of sexual slavery against children in detention in Syria. It succeeded in surfacing harm that remained undocumented due to access, stigma, and legal barriers.

Context

In Syria, widespread detention and torture have been used as tools of political control. Since 2012, [Lawyers and Doctors for Human Rights \(LDHR\)](#), a frontline organisation of Syrian legal and medical professionals, has worked to document these abuses. Their focus includes torture victims and/or survivors and ex-detainees, including children. LDHR staff, trained in international humanitarian law, gather testimonies and conduct medico-legal documentation.

How PbK was gathered and what it highlighted

Lawyers and doctors gathered PbK through direct engagement with victims and/or survivors. This included medical examinations, clinical interviews, and psychological assessments.

- Previously, LDHR had examined **violations against children in Syrian detention centres**, including torture, sexual violence, arbitrary detention, and enforced disappearance. They found that **four out of five girls were subjected to CSV**, and three out of five boys experienced forced nudity, a form of CSV.
- Doctors and lawyers subsequently identified **sexual slavery in Syrian detention centres experienced by both adults and children**, drawing focus on a distinct form of CSV that had been previously overlooked. This included:
 - forced labour combined with sexual violence
 - minors subjected to repeated abuse by guards
 - coerced sexual acts under threat

How PbK was shared

1. In 2019, based on the PbK they gathered from 10 medical evaluations for children detained, LDHR published a [report](#) that highlighted brutal and sustained sexual violence experienced by children.
2. In 2022, LDHR published another detailed [report](#) that named and documented the sexual slavery experienced by adults and children in detention. Drawing on clinical interviews and medical assessments, the report aimed to:
 - **inform legal and advocacy efforts** by documenting medico-legal evidence that is credible in international justice mechanisms.
 - **raise awareness about under-recognised forms of sexual slavery**, in closed settings.
 - **encourage survivor-centred support and future prevention efforts by providing targeted insights** for organisations, service providers, and legal actors to develop appropriate care and response strategies that consider the barriers faced by victims and/or survivors.

The recommendations call for the Syrian government and international bodies to ensure accountability, support survivor-centred care, and implement systemic reforms, while promoting legal and humanitarian support for affected communities.

Why this matters

LDHR's work illustrates the indispensable role of **PbK in surfacing CSV in extreme or inaccessible environments**. It demonstrates how practitioner-led documentation can generate forms of early knowledge that both inform immediate interventions where none exist and create a foundation for future research.

4. Boys

Despite global evidence showing substantial rates of CSV against boys,⁵¹ they remain largely invisible in policy, research, and programming. A meta-analysis of 165 studies across 80 countries revealed that boys

experience contact sexual violence at comparable rates to girls,⁵² yet many prevention and support services continue to assume a default female survivor. In LMICs, some programmes exclude boys entirely,⁵³ and few address the specific challenges boys face in disclosing CSV, seeking help, or being believed.

EXAMPLE: COMMUNICATING WITH BOY SURVIVORS – RETHINKING PROTECTION FOR BOYS IN NAMIBIA⁵⁴

Context

LifeLine/ChildLine Namibia operates a toll-free national child helpline offering remote and in-person counselling. Historically, sexual violence cases involving women and girls received greater attention, with limited visibility of CSV against boys. In 2021, reports from schools of boys sexually abusing and exploiting other boys prompted wider public and sector discussions. The organisation responded by training all staff on the specific dynamics of CSV against boys and adapting case management and awareness-raising materials to ensure sensitive, gender-responsive support.

How PbK was gathered

As part of ECPAT International's Global Boys Initiative (which combines research and PbK from multiple countries – see, for instance, [the Palestine example](#)), a [case study](#) was developed on LifeLine/Childline Namibia's work. Using a structured assessment and learning tool, PbK was gathered through interviews with LifeLine/ChildLine Namibia's counselling, case management, and gender teams, as well as with men from the gender champions programme and male youth groups. The process gathered learning on what practices seem effective and the key elements that need to be considered in order to address the challenges boys face.

Learnings from PbK

LifeLine/ChildLine Namibia's deep-rooted engagement with communities has uncovered the following critical insights into how boys disclose CSV, seek support, and navigate the stigma associated with it in their context:

- **Facilitator selection:** Facilitators who are young men serve as trusted role models without reinforcing traditional power dynamics.
- **Consistency and patience:** Many boys initially shut down, making patience and reliability crucial. Facilitators must demonstrate consistency in their words and actions to build trust over time.
- **Using group activities for safe expression:** Play, sports, and structured group discussions create a safe environment in which boys can open up. These activities help break down the stigma around vulnerability.
- **Addressing aggressive or disruptive behaviour:** Some boys express frustration through aggression or interruptions, shaped by societal expectations of masculinity. Instead of suppressing these behaviours, facilitators use them as entry points for emotional discussions, asking reflective questions such as “What is this behaviour causing to me and others?” and “What am I angry about?”
- **Tailoring communication styles:** Adapting communication styles, for instance, by understanding the most updated slang, can help reduce power imbalances and support stronger engagement with boys.
- **Providing peer and community support:** Peer support structures encourage solidarity among boys. Involving older men as positive role models reinforces healthy masculinity.
- **Supporting facilitators in managing emotional demands:** Facilitators need to receive training to manage their own emotional responses and attend regular debriefing sessions to process challenges. This helps ensure they remain effective in their roles and feel supported.

What changed

PbK from LifeLine/ChildLine Namibia is leading to **tangible shifts in their practice**, particularly in how boys are supported. Adjustments range from using informal group spaces and relatable male facilitators, to rethinking how boys communicate distress or build trust. These adaptations emerged from long-term engagement with boys in community settings, rather than from standardised protocols.

Why this matters

Grounded in the Namibian context, this PbK does not offer universal solutions. Instead, **it surfaces real-world questions** grounded in frontline experience that others may explore in their own settings.

For example, it may support reflection on:

- **Assumptions:** *Who is seen as most at risk, and how do ideas about gender and victimhood shape practice?*
- **Disclosure environments:** *What kinds of spaces make boys more comfortable sharing - formal or informal, individual or activity-based?*
- **Facilitator preparation:** *Do staff notice and interpret silence, humour, or defiance as possible signs of distress or disclosure?*
- **Communication styles:** *How can tone, language, and cultural reference points be adapted to resonate with boys?*
- **Engagement processes:** *Are boys given enough time to build trust before being expected to share sensitive information?*
- **Monitoring tools:** *Do existing tools capture how boys actually experience services, not just whether they access them?*

PbK has the power to surface context-specific examples of these experiences in practice, particularly **how** boys disclose, seek help, and respond to support. This knowledge is essential not only for designing more effective and inclusive services but also for challenging assumptions that lead to the continued invisibility of boys in prevention efforts. Without the practical wisdom of those working directly with boys, and of the boys themselves, interventions risk being irrelevant or inaccessible. PbK ensures that CSV prevention and response efforts are grounded in the realities of those they aim to support.

5. Children from minority racial and ethnic groups

Key informants highlighted how children from minority ethnic backgrounds often face **significant barriers in disclosing and accessing support for CSV. These include cultural norms, language barriers, fear of authorities, systemic discrimination, legal status and a lack of culturally responsive services.** PbK offers valuable insights into these challenges, providing practitioner-led understanding of why these gaps persist or what culturally safe support might look like.

EXAMPLE: BRIDGING THE TRUST GAP – CULTURALLY SAFE CSV RESPONSES FOR BLACK, ASIAN, AND MINORITY ETHNIC CHILDREN IN THE UK⁵⁵

Context

In the UK, the [Centre of Expertise on Child Sexual Abuse](#), a research and practice development organisation, along with the [Race Equality Foundation](#), explored how children from minority ethnic backgrounds experience and respond to CSV. While statistical data showed underreporting and lower service uptake, **PbK was used to understand the reasons behind this invisibility better and to inform more culturally responsive programming.** The PbK gathered through this initiative informed the publication of a [report](#).

Learnings from PbK

Insights from 16 practitioners revealed key PbK in the form of insights on barriers and gaps in the response system:

- **Barriers to disclosure:** Fear of disbelief within their communities discourages children from reporting CSV. This is particularly the case in ultra-Orthodox Jewish and South Asian Muslim communities, where perpetrators in positions of power may be protected.
- **Service gaps:** Professionals often overlook the CSV of Black and South Asian girls due to assumptions about victimhood being primarily experienced by White children.
- **Hesitation to intervene:** Fear of being perceived as racist can lead professionals to avoid necessary action.
- **Limited awareness:** A lack of knowledge about sex and consent can prevent recognition of CSV, especially among South Asian Muslim and Haredi Jewish communities.
- **Mistrust of services:** Racism, exclusion, and past negative experiences contribute to a reluctance to engage with statutory services. Some victims and/or survivors prefer support from practitioners within their own community, while others feel safer seeking help from external sources.

Why this matters

While data can identify disparities, it is often through PbK that the **mechanisms behind exclusion and mistrust are surfaced.** Practitioner accounts provide the contextual detail needed to understand *why* existing systems fail and what culturally safe, effective responses might look like.

Although the broader impact has not yet been documented, the report itself provides a grounded entry point for others to examine how exclusion, stigma, and mistrust influence children's access to protection.

This PbK opens space for new inquiry – practical, situated questions that can help practitioners reflect on the gaps, assumptions, and possibilities within systems.

For example:

- *How are cultural or religious norms shaping silence, shame, or loyalty around disclosure?*
- *When is it helpful (or harmful) to match providers and children by ethnicity or religion?*
- *What signals, intended or not, might make services feel unsafe or out of reach?*
- *Do awareness efforts reflect assumptions about language, literacy, or values that do not hold across communities?*
- *How are frontline staff supported to act confidently and sensitively, without fear of being seen as racist?*

This learning does not prescribe a particular model. Instead, it highlights areas where deeper reflection and adaptation may be necessary to establish trust and relevance in diverse cultural contexts.

6. Children with diverse sexual orientations, gender identities and expression, and sex characteristics

Despite growing attention to LGBTQ+ rights, there remains **very limited evidence** on how sexual orientation and gender identity shape children's experiences of sexual violence,⁵⁶ particularly in LMICs.⁵⁷ There are, however, some exceptions.⁵⁸ In some contexts, LGBTQ+ children may be **disproportionately affected** by some forms of CSV,

such as commercial sexual exploitation.⁵⁹ However, most CSV interventions are not designed with LGBTQ+ children in mind. Even in settings where LGBTQ+ issues are more visible, children's own voices and needs remain under-documented and under-addressed. There is also a particular need for interventions tailored to diverse gendered identities and sexual orientations, including the distinct needs of gender-fluid, non-binary, and trans children, whose experiences are rarely documented or addressed in formal research or programming.⁶⁰

EXAMPLE: PIZZA, PROTECTION, AND PRIDE – LGBTQ+ YOUTH TELL US WHAT THEY NEED TO BE SAFE⁶¹

Context

In 2008, amid heightened concern following multiple suicides among LGBTQ+ teens in Washington State, USA, practitioners and community members created [Pizza Klatch](#). This informal support group provided a safe and affirming lunchtime space for LGBTQ+ youth in public high schools, offering pizza as an incentive. While not originally framed as a CSV prevention programme, it quickly became a trusted environment where students shared their experiences of harm, safety, and belonging.

Learnings from PbK

Over time, students and facilitators surfaced key needs:

- **Gender-neutral facilities** such as locker rooms and restrooms (where CSV often occurs)
- LGBTQ+ **competency training** for staff
- Stronger **enforcement of school policies**
- LGBTQ+ inclusive **mental health support**
- Comprehensive **sexual health education**

These insights were based on lived expertise relating to what young people need to feel safe from sexual and gender-based violence. When lived expertise is intentionally reflected on to improve prevention and response, it becomes an essential part of PbK.

How PbK was shared

Researchers subsequently collaborated with Pizza Klatch on an academic study that gathered insights from children and youth on school-based CSV prevention. The study's findings reflected the priorities Pizza Klatch participants had been emphasising for years.

Why this matters

This example illustrates how young people, when given a safe space, can identify and propose solutions to urgent issues long before established systems catch up. Though situated in a high-income setting, the insights from Pizza Klatch may prompt educators, school counsellors, and programme designers elsewhere to reflect on parallel questions such as:

- *Where do LGBTQ+ children go to feel safe during the school day?*
- *Are there any trusted adults or peers they can turn to when they experience harm?*
- *Do existing prevention interventions or life skills programmes reflect the realities of LGBTQ+ children?*
- *How are disclosures handled — and what messages do children get about who will be believed?*

This PbK does not necessarily offer a model to adopt, but offers **a signal to listen: safety is not always created by systems. Sometimes, it is carved out by those left unprotected.** Such spaces hold valuable lessons on how prevention must evolve.

Secondly, this example illustrates how PbK can identify critical issues and needs well before they are formally studied in a specific context, serving as an early warning or alert system. While early PbK should not be conflated with rigorous evidence, it plays a valuable role in guiding research directions, helping ensure that academic inquiry remains responsive to lived realities.

What this section tells us

The real-world examples in this section demonstrate how PbK enhances the field by surfacing insights from areas and populations where research is limited or slow to emerge. In refugee camps, conflict zones, Indigenous communities, and detention centres, those closest to the issue are already generating practical knowledge about how harm unfolds and how to prevent it. From adapting helpline protocols for boys in Gaza, to designing disability-inclusive tools in Pakistan, to breaking silences in Alaska Native communities, this is learning that formal systems have not yet fully captured. PbK brings it into view, helping us act earlier, design more relevant responses, and ask sharper questions where they are needed most.

2.2 Strengthening frontline practice

“In the field, we have all these complex models and theories of change, but will they make sense to the person who actually talks to the child?”

So many frameworks for violence against children are full of jargon. I can tick the boxes and say we used them, but nothing really changes on the ground.”

Key informant

“Flying from one state to another may mean you have passed through all the states in between and even seen them from above, but it does not mean you truly understand their landscapes.

Similarly, academic insights may address the outcomes but often miss the depth and nuance of lived and practice experiences.”

Key informant

PbK strengthens practice by **making space for intentionally adopting the kinds of learning that often go undocumented**. This is the knowledge that practitioners and communities build through doing the work, navigating complexity, and responding to real-time challenges. It is especially vital in contexts where formal evidence is absent, outdated, or too rigid to apply meaningfully.

When practitioners create space for PbK to be generated, valued and meaningfully used (see the [Guidance Framework](#)’s section on Using PbK), it improves both individual judgement and collective practice.

Specifically, PbK:

- Reveals **what is happening during implementation**, not just what was planned
- Helps teams **spot risk patterns early**, even before formal data catches up
- **Supports course-correction** and practical innovation in real time
- Bridges the gap between frontline practitioners and leadership, creating **feedback loops** that improve strategy
- Offers **real-time tools** to respond to dilemmas no manual can predict

Encouraging PbK also fosters a culture of shared reflection and honest learning. When staff feel safe in naming uncertainties or exploring what did not work, it can strengthen cohesion, improve staff retention, and support more responsive and adaptive programming.

Across the sections that follow, we explore how PbK enhances frontline practice in four ways:

- Supporting innovation
- Enabling adaptation to diverse contexts
- Strengthening implementation fidelity
- Informing ethical and context-sensitive scaling



PbK does not replace formal evidence, **but it expands what we learn from, how we learn, and who gets to shape that learning.**

2.2.a Innovation: Developing CSV prevention interventions

Innovation in CSV prevention often begins with **frontline discomfort** when practitioners realise that

existing tools, training, or theories do not fully prepare them for what is actually needed to prevent harm. **PbK allows this discomfort to become productive:** it captures early insight and helps test new ideas before formal evaluation and evidence exist.

EXAMPLE: PRACTICE AND LIVED EXPERTISE INFORMING A NEW INTERVENTION⁶²

Context

[Hidden Water](#) is a virtual organisation with participants from 43 states in the USA and 22 countries: eight HICs and 14 LMICs across Africa, Asia, Europe, Latin America, and the Pacific. The organisation has built a deep body of PbK in CSV through years of working with adults harmed as children (victims and/or survivors), individuals seeking accountability, those who love either or both, and people with dual experiences of being harmed and having caused harm.⁶³

Learnings from PbK

Over years of facilitation, the team began to notice a recurring gap in CSV prevention: **knowledge alone did not translate into action**. Even when adults recognised warning signs of CSV or understood reporting mechanisms, many hesitated to intervene. These hesitations were not due to lack of knowledge, but rather **emotional overwhelm or fear of social consequences**. This pattern surfaced repeatedly across sessions and participant profiles. They were not in rare or extreme situations, but in everyday moments where adults wanted to take action but felt stuck. Some of these include:

- Speaking up when a family member tried to hug the child without their consent
- Talking to a nanny or caregiver about body safety
- Responding to discomfort when an acquaintance photographed their child

From insight to action

In response, Hidden Water developed **Safe(r) Adults**, a 12-week prevention programme focused on building real-world readiness, not just awareness. The programme was built on the following insights:

- **PbK provided the foundation for the programme**, based on long-standing insights from facilitation work highlighting the barriers adults face when wanting to intervene.
- This practice-based insight was intentionally complemented by an intern-led **review of CSV prevention literature**, which **echoed similar barriers and identified empirically-backed strategies** such as active learning, behavioural skills training, peer support, and multimedia content. These were approaches that aligned with what Hidden Water practitioners had already seen work in practice.
- To further inform and enrich the design, Hidden Water drew on **experiential and external sources**. This included members enrolling in existing prevention programmes for hands-on learning, and **collaboration with models like [Stop It Now!](#)**, a public health-oriented nonprofit that emphasises adult responsibility and systemic prevention.

Unlike many adult-focused efforts that rely on one-off sessions or lecture-style content, this programme offered **weekly experiential learning spaces** where participants could build real-world readiness, not just intellectual understanding. Participants **practised in dyads, reflected** in the group, and **learned from one another's real-world dilemmas**. The curriculum built knowledge about CSV, encouraged emotional reflection, developed practical skills, and helped participants apply and reflect on these skills in real-life situations. Facilitators, who themselves **had lived expertise in CSV, played a central role in shaping and adapting the curriculum**.

What changed

Two pilot cohorts ran in 2025, engaging 17 participants. Although still in its early stages and not yet formally evaluated, internal data from the pilot reveal promising practice-based insights and participant-reported shifts.

- **All participants reported growth** across the first three core areas: increased knowledge of CSV, deeper emotional understanding, and enhanced communication skills. Each of these was strengthened through repeated weekly practice.
- Approximately **60% of participants reported using their skills in real-life situations**. This is a strong early result, especially given that some may not have yet encountered the opportunity to intervene, and others were navigating emotionally complex or socially sensitive contexts. The fact that many were able to take action, highlights the potential of consistent, experiential spaces in building real-world readiness.
- Participants also affirmed the value of the model, with 100% stating they would recommend the training to others.

Why this matters

Hidden Water's PbK insights challenge a common assumption in CSV prevention: that once adults know, they will act accordingly. **Information alone is not enough**. Without emotional readiness and relational skills, prevention efforts may stall at the point of awareness.

These insights may be valuable in other settings where awareness has increased, but action remains inconsistent. They prompt important questions for the broader field:

- *Do our prevention efforts equip people to act, not just know?*
- *What emotional or relational obstacles might stop someone from intervening?*
- *Are our interventions helping people practice what it takes to intervene, not just understand why?*
- *Are we equipping adults to challenge harm within families or close-knit communities?*
- *What structures are in place to build relational and emotional readiness over time?*

2.2.b Adaptation: Supporting the adaptation of interventions to diverse contexts

Adaptation: The intentional modification of an intervention to make it fit better within a specific context. It can happen in advance (before implementation) or during delivery (in response to new challenges). Because contexts evolve, adaptation is often an ongoing process throughout the intervention's lifecycle.

Effective CSV prevention programmes must align with the cultural and social contexts of the communities they serve. Cultural norms, community dynamics, infrastructure, and trust in institutions all shape how people respond to prevention and

protection measures. Even when supported by strong research evidence, approaches may not work or may result in unintended negative consequences when implemented in different contexts. For example, an intervention focused on encouraging reporting might work very well in one region but may be met with resistance or fear in another, particularly where family reputation is paramount or systems are distrusted.⁶⁴

Mainstream research may overlook what is effective in diverse contexts.⁶⁵ **When contextual factors are overlooked, interventions can fail to resonate with communities,⁶⁶ reinforce harmful power dynamics, exclude marginalised groups, or prove impractical** due to a lack of infrastructure or trained personnel.

Here, PbK is essential. Practitioners and community members often spot early signs of misalignment, surface risks, and show what makes prevention efforts resonate locally.

Examples of context influencing implementation and outcomes



Cultural and social norms

- **School security measures can become racialised:** A school-based programme in the USA reduced dating violence by utilising restraining orders and increasing security and faculty presence in “hot spots”.⁶⁷ However, when similar approaches were implemented in South Africa, PbK-based insights highlighted concerns that such approaches would reinforce racialised disciplinary practices and lead to targeting certain children.⁶⁸
- **Protection messaging can clash with cultural values:** In many collectivist cultures, programmes that teach children to say “no” to adults may clash with deeply held norms of deference.⁶⁹ PbK offers insight into how prevention messages can be framed in a way that is both culturally appropriate and protective.

Infrastructure and workforce capacity

- **Digital divide in Ghana:** While guidance often promotes the use of digital tools for CSV prevention,⁷⁰ infrastructure gaps can limit their effectiveness. A key informant from Ghana noted that many practitioners lack access to digital tools recommended by evidence and other global organisations, making these interventions impractical in their context.
- **Workforce capacity in Palestine:** A key informant from Palestine noted that a shortage of mental health professionals limits the feasibility of the therapeutic interventions

recommended in the research.⁷¹ In response, local practitioners have trained community members in trauma-informed first aid, ensuring that support remains accessible despite limited resources.

Resources and priority areas

- **Differences in results across countries:** An adolescent girls’ empowerment programme has shown strong outcomes in Uganda but not in Tanzania.⁷² Differences in resource availability and girls’ priorities, led to weaker results.

An intervention found to be effective in one setting is not always likely to achieve the same results in a different context without adaptation.

Adapting evidence-based programmes ethically

Intentional adaptation can ensure evidence-based models remain relevant in other contexts. For example, the HIV prevention initiative *Parents Matter!* in the USA was adapted into *Families Matter!* in Kenya. This was accomplished through modifications to family engagement strategies, the integration of local proverbs and songs, and alignment with Kenyan family structures, while retaining its core evidence-based elements.⁷³ These adjustments improved community ownership and effectiveness.

The role of PbK in adaptation

PbK can play a helpful role in the adaptation process, ensuring that interventions align with the realities of diverse contexts. PbK can be used to supplement frameworks such as the ADAPT+ Framework.⁷⁴ When embedded early and revisited throughout the lifecycle of an intervention, PbK strengthens adaptation in the following ways:

- Informs **culturally relevant and community-specific adjustments** to content and delivery.
- Provides **ongoing feedback** from practitioners and participants that can be used to adapt content and delivery in real-time.
- Enhances the ethical quality of adaptations by ensuring they **reflect the lived realities of those most affected**, rather than reinforcing dominant assumptions.

Context

The WeProtect Global Alliance's [Model National Response](#) (MNR) is a multi-sectoral framework that supports countries in building comprehensive, victim-centred strategies to prevent, detect, and respond to online CSV. It outlines the core capabilities needed to prevent and respond effectively to online CSV. The MNR distils extensive research and cross-country experience to offer a globally recognised framework for governments, civil society, and industry. For many West African practitioners, the MNR has offered a critical starting point for building or reviewing national strategies.

Learnings from PbK

The *Consortium for West Africa Acceleration to End Online Abuse and Exploitation of Children* (C-WAEC) was created in 2024 to address gaps in online CSV prevention in West Africa. Practitioners emphasised that the MNR's effectiveness will increase in the region if it is contextualised while retaining fidelity to its core elements. This resonates with the MNR's own learnings that strategies must be tailored to local contexts to address unique cultural norms, legal systems, and access to technology.

In the early stages of C-WAEC's work, practitioners across the region have begun surfacing PbK in the form of key contextual challenges that shape the feasibility and relevance of global models. These include the learning that:

- **Legal systems vary** across the region. For instance, in Cape Verde, a 2021 amendment to cybercrime laws addressed online CSV offences but failed to mandate private-sector collaboration, limiting investigative reach. In Côte d'Ivoire, outdated legal definitions create prosecution gaps, making it harder to address technology-facilitated abuse.
- **Technology and digital literacy challenges** also complicate efforts to protect individuals. Nigeria's internet penetration has reached nearly 50%, yet digital literacy efforts have not kept pace, leaving children and caregivers vulnerable to online risks.
- **Social and cultural factors** further shape the response landscape. Deep-rooted norms, such as child marriage in Sierra Leone and gender biases in Ghana, contribute to underreporting and inadequate victim support. Additionally, emerging threats like commercial sexual exploitation (in the context of tourism) and cyber-enabled crimes (particularly in hubs like Abidjan) highlight the need for targeted, context-specific interventions.

C-WAEC is working to embed the MNR's core principles more deeply into regional systems by integrating the practical wisdom of local actors. PbK is helping to localise the MNR by:

- Mapping **where core MNR capabilities were strong**
- Identifying **where adaptation was needed without undermining the framework's integrity**
- **Informing region-specific strategies**, such as aligning legal responses across the Economic Community of West African States,⁷⁶ tailoring digital literacy programmes, and improving cross-border investigations

Why this matters

While the work of C-WAEC is still in its early stages, it shows how PbK has the potential to inform the localisation of global frameworks. By intentionally combining global guidance with PbK, C-WAEC aims to ensure that online CSV prevention strategies are not only evidence-based but also regionally relevant and sustainable.

INSIGHT: NEED TO ACCOUNT FOR CULTURAL GENDER NORMS

Context

Challenging harmful gender norms is recognised as an effective strategy for preventing CSV.⁷⁷ However, how masculinities are constructed and experienced can vary greatly across contexts. A key informant working closely with boys noted that efforts to shift gender norms must be adapted with care, especially in communities where rigid masculinity is socially reinforced.

Learning from PbK

PbK highlights the flipside of abrupt change in certain communities. Boys who reject ‘tough’ behaviours can be met with bullying, ridicule, exclusion, or backlash. While gender norms must be challenged, abrupt change without community engagement may harm the very children programmes seek to protect.

This does not mean that harmful gender norms should be upheld. Instead, **PbK can support a more nuanced approach by working with communities** to identify and reinforce aspects of masculinity that align with protective, supportive, and non-violent behaviours. In practice, this could mean shifting narratives around masculinity in ways that remain culturally resonant while promoting gender equity and safety. For example, rather than framing masculinity solely as dominance or toughness, community-driven adaptations might emphasise values such as responsibility, care, and collective well-being.

Why this matters

PbK can surface important design considerations before implementation begins. It reflects the role of local insight in anticipating risks that research may not yet document, and can support ethical adaptation.

2.2.c Strengthening implementation fidelity: Catching and correcting bias in real time

Fidelity: Fidelity requires delivering a programme or approach in a way that stays true to its core purpose and essential components, while making minor, real-time adjustments to respond to what is happening on the ground. These adjustments protect the model’s intent without allowing it to drift.

PbK as a tool for real-time ethical fidelity

Even the most rigorously designed interventions can fall short if they are delivered in ways that diverge from their intended purpose or perpetuate harmful norms. Research and evaluation, especially when

participatory, can help identify gaps in fidelity. But these often surface after the fact and too late to prevent harm.

PbK, on the other hand, captures what practitioners and individuals with lived expertise notice as programmes unfold. **It allows for mid-course reflection and correction, informed by real-time insight from those closest to the delivery process.** This makes it especially powerful for surfacing subtle shifts in delivery: what facilitators say (or avoid saying), how participants react, and how social norms shape what unfolds in the room.

PbK strengthens implementation fidelity not by enforcing rigid adherence to a script, but by **supporting continuous reflection**, guided by frontline insight, and accountable to the lived realities of those most affected. PbK can serve as a real-time complement that helps ensure that programmes are delivered ethically and effectively.

INSIGHT: USING PBK TO ADDRESS IMPLEMENTATION BIAS IN SCHOOL-BASED PROGRAMMING

Context

A key informant shared insights from a school-based prevention programme aimed at equipping children to recognise and respond to CSV. They shared that the programme was grounded in evidence, formally integrated into school curricula, and seen as age-appropriate and inclusive.

Learnings from PbK

Despite its strengths on paper, frontline facilitators delivered the content in ways that unintentionally reinforced social biases. For instance:

- They focused heavily on “stranger danger” scenarios involving drivers, delivery workers, or others from marginalised caste or class occupations, reflecting deep seated bias.
- They avoided addressing risks posed by authority figures such as teachers, family members, or religious leaders, despite these being common perpetrators of CSV in that community.

Without mechanisms to notice or reflect on these patterns, they risked becoming embedded in practice.

Why this matters

These biases were not immediately visible to external evaluators. Our key informant highlighted how structured opportunities for gathering PbK could have strengthened fidelity at several points:

- **Before delivery:** Practitioner insights could have helped **identify how and where facilitators might unintentionally introduce bias** or skip sensitive topics. By addressing these risks in training, the programme would have been more likely to be delivered in line with its original intent.
- **During implementation:** Tools like peer debriefs or reflective journals could have supported facilitators to **notice and correct subtle shifts** in how they presented material. This could have helped ensure delivery consistency, relevance, and alignment with both the curriculum and ethical goals.
- **After delivery:** Insights gathered from facilitators and participants could have been used to refine the curriculum and training materials. This would ensure that **future sessions maintain fidelity not just to the content but also to the programme’s values.**

2.2.d Supporting scaling

Scaling: The process of expanding the reach of an intervention while maintaining its effectiveness and core principles. Scaling can involve replication in new settings, integration into existing systems, or expansion of the target population.

Scaling evidence-based interventions is a complex process. Several global frameworks offer guidance on scaling, including the [INSPIRE⁷⁸ Guide to Adaptation and Scale-up⁷⁹](#) and the [ExpandNet scaling up framework⁸⁰](#). However, most do not focus specifically on CSV. Evidence-based specialists rightly caution against scaling solely on the basis of anecdotal experience or informal insights. This can result in

harm or in the wastage of precious resources. Further, without careful attention, scale-up can dilute core components. At the same time, evidence alone often cannot guide sustainable scale in real-world conditions, especially when interventions move across geographies, institutions, and populations.

The role of PbK in scaling

PbK provides grounded, real-time insights into what helps or hinders implementation as interventions are scaled. PbK can capture the relational, logistical, and cultural dynamics that shape whether and how an intervention takes root beyond a pilot site.

The “What Works II”⁸¹ initiative, which examined the challenges of scaling effective interventions for preventing violence against women and girls (VAW/G), advocates for including PbK in the scaling process.⁸²

While global evidence on VAW/G prevention has grown, What Works found limited understanding of how to scale successfully. They recommend **that integrating PbK into scaling can enhance**

sustainability and relevance. PbK helps **identify barriers, surface needed adjustments, and support community ownership.** These are all critical for sustainable and transformative scaling.

EXAMPLE: LEARNING FROM PBK IN SCALING AN EVIDENCE-BASED INTERVENTION⁸³

Note: SASA! Together is not a CSV-specific intervention but a violence against women (VAW) prevention intervention that offers valuable PbK insights on scaling relevant across fields.⁸⁴

Context

[Raising Voices](#)' process of adapting and scaling up the evidence-based SASA! programme shows how PbK can inform scaling.⁸⁵ Developed in Uganda in 2008 by Raising Voices, SASA! uses community mobilisation to address power imbalances between women and men. Over the following decade, it was adopted by more than 75 organisations in over 30 countries. As the programme grew, Raising Voices recognised the need to ethically revise and adapt the intervention based on evolving research, as well as on what practitioners were learning in diverse contexts. This led to the creation of *SASA! Together*, a refined version of the programme that systematically integrated research, partner feedback, and practice-based learning.

How PbK was gathered and combined with evidence

Raising Voices developed a structured methodology to **merge practice-based and research-based insights**, ensuring that adaptations were grounded in real-world experience while maintaining a strong evidence base (see the [Guidance Framework](#) for a more detailed discussion on the process used). This structured approach involved consultation, synthesis, conceptual framing, content development, testing, and refinement.

Learnings from PbK

PbK insights informing *SASA! Together*:

- **Scope:** PbK insights highlighted that overly broad focus areas have the potential to dilute impact. As a result, *SASA! Together* **narrowed focus** to intimate partner violence (IPV) against women rather than focusing on multiple forms of violence.
- **Resistance to shift in household gender roles:** When programmes focused only on dividing household tasks amongst men and women, some men treated domestic work as a favour instead of a shared duty. PbK insights revealed that shifting the focus to decision-making and relationship values led to more sustainable change, as couples were more open to shifting roles when it was framed around mutual care and open communication.⁸⁶
- **Engaging faith leaders:** Some religious leaders resisted key concepts in SASA!. PbK insights informed the development of faith-based materials that **intentionally positioned religious leaders as allies and collaborators**, encouraging engagement while minimising backlash.
- **Embedding practical guidance:** PbK highlighted the need for mentoring staff, building facilitation skills among community activists, promoting creative problem-solving, structuring sustainable teams, and guiding responses to victims and/or survivors in contexts with limited services. These insights were integrated throughout *SASA! Together* in a **dedicated section, “Details that make a difference”**, ensuring real-world learning informs every stage of implementation.

“While drawing on the existing evidence base is critical, there is no substitute for grounded expertise gained through deep programming experience.”⁸⁷

Building academic knowledge

The methodology of the revision process was later recognised in the academic sphere, with its insights published in the journal of *Evaluation and Program Planning*.

Why this matters

The revision of *SASA! Together* offers a compelling example of how PbK and research can be systematically integrated to refine and scale an intervention. PbK helped the programme scale with sharper focus, stronger cultural fit, less resistance and better delivery support. PbK helped ensure that, as the programme grew, it **not only reached more people but also reached them in ways that were ethical, effective, and genuinely rooted in their lives.**

What this section tells us

Across innovation, adaptation, fidelity, and scaling, PbK strengthens the frontline delivery of CSV prevention and response. PbK does this by providing grounded, real-time insights that complement research evidence and address the practical realities of implementation - whether it is recognising why adults hesitate to act, adapting global frameworks to local systems and norms, or spotting bias in classroom delivery. When PbK is integrated into practice, it helps ensure that strategies remain relevant, grounded, and aligned with the realities they aim to address.

2.3 Learning from the expertise of practitioners

“If it came to saving your life, would you trust the doctor who writes about medicine from a desk or the one who has been in the surgery room, hands-on, for 20 years, knowing exactly what to do and when to do it, even without a single publication? Why not the same for preventing CSV? Be guided by those who are actually on the frontlines.”

Key informant

The previous section explored how PbK strengthens practice by helping practitioners to adapt, implement, and scale interventions more effectively. However, PbK does more than shape how interventions are delivered; it is a rich **source of knowledge that can advance the entire CSV prevention and response field**.

Practitioners are not just implementers. They are **observers, troubleshooters, and innovators who notice patterns, anticipate risks, and adapt** in ways that formal research may take years to uncover. PbK allows the existing knowledge base to be enriched by practitioners' expertise.

Traditional research processes frequently employ a top-down approach, where research priorities, questions, methodologies, and interpretations are defined without substantial input from practitioners.⁸⁸ Despite increasingly encouraging examples to the contrary,⁸⁹ when practitioners contribute to mainstream academic studies, conventional research methods often limit their role to answering predefined

questions. While valuable, this offers only a partial understanding of practitioners' knowledge.

This section examines how **PbK captures the fuller picture – the complexity of practitioner insights, including tacit knowledge, failures, and adaptive strategies**, thereby complementing and contextualising formal research evidence.

Side note: Reclaiming knowledge ownership

A core benefit of PbK is that it **recentres knowledge ownership and recognition with practitioners** – the people generating insight through day-to-day prevention and response. Whereas academic research often draws on practitioner experience, academic institutions usually retain control and credit. PbK positions practitioners as legitimate knowledge-holders whose expertise merits acknowledgement.

Further, when formal research builds on PbK (which we strongly encourage where relevant and appropriate), this stance improves both equity and quality. Treating practitioners as partners (not subjects) means co-shaping questions, agreeing on consent and data-use terms, ensuring appropriate attribution (including co-authorship where warranted), resourcing participation, and returning findings to practice in usable forms. By recognising PbK as a valid foundation, researchers are encouraged to collaborate with practitioners, rather than extract from them.

2.3.a Not having to reinvent the wheel: Saving resources

“We waste time solving the same problems over and over when someone else already figured it out.”

Key informant

The challenge

Across contexts, practitioners working to prevent or respond to CSV often face similar challenges. However, without access to practical, experience-based insights, many end up repeating mistakes, duplicating efforts, or spending precious time trying to solve problems that have already been addressed elsewhere. This often forces practitioners to “reinvent

the wheel,” slowing progress and diminishing impact.⁹⁰

The PbK remedy

PbK offers a remedy. It documents the expertise of practitioners, detailing what they tried, how they adapted, and what they learned, so that others can benefit from their experience. Rather than claiming to offer universally proven solutions, PbK shares grounded, situated responses that have made a difference in specific contexts. PbK’s distinct value lies not in its claim to offer proof, but in surfacing how practice unfolds in the real world. Unlike formal research, which may take years to be published and disseminated, PbK can contribute timely, context-sensitive learning that helps practitioners:

- **Reflect on their approaches** based on what has been tried elsewhere
- **Anticipate potential pitfalls** before they arise
- **Avoid preventable missteps** by learning from others’ experiences
- **Prevent avoidable harm** and inefficiencies

EXAMPLE: PRACTITIONER-FOCUSED PBK ON ENGAGING GENERALIST PRACTITIONERS⁹¹

Context

Generalist practitioners working with children, such as teachers, youth workers, and community health staff, are often the first point of contact when a child discloses CSV. However, without the proper training or resources, they may struggle to respond in ways that are supportive, timely, and effective.

Without preliminary support, generalist practitioners may:

- Feel uncertain about handling disclosures, leading to immediate referrals without providing any preliminary support. This may unintentionally make the child feel that their experience is too overwhelming for others to handle.
- Contribute to delays in receiving primary support, as specialist resources are often limited and overburdened.
- Struggle to provide effective interim support, leaving families at risk of not wanting to engage with other support systems.
- Spend time searching for guidance or developing new approaches, rather than using tried, experience-based strategies.

PbK-informed response

[Emerging Minds](#), an organisation in Australia, gathered insights from experienced CSV specialists to develop practical resources tailored for generalist practitioners. These included:

- Animated explainer videos
- Practice papers grounded in real-world experiences

! Why this matters

Research on responding to disclosures is strong, but not always accessible or actionable for generalist practitioners. By drawing on the practical expertise of those who have handled disclosures, the resources **support generalist practitioners to respond with greater confidence**. The PbK enables practitioners to **avoid preventable missteps and reduce harm** without needing to reinvent the wheel. As a result, such PbK also improves immediate support for children and families.

Side note: How PbK makes knowledge more accessible

While research plays a critical role in the evidence base, it is often resource-intensive, slow to disseminate, and inaccessible to many frontline actors. When knowledge is shared in practitioner-friendly formats, frontline workers can apply insights immediately. Specifically, PbK is:

- **Timely and cost-effective:** Traditional evidence-building is resource-intensive and slow, often excluding grassroots organisations.⁹² PbK enables knowledge to be **gathered and shared in practical and affordable ways**, allowing for quicker responses to emerging issues.
- **Shared in engaging formats:** PbK is often shared in **accessible formats**, such as zines, comics, music, videos, and interactive platforms. Examples in the [Guidance Framework](#) highlight how creative formats make PbK more engaging and easy to apply.
- **Supportive of collaborative learning:** PbK is shared in spaces such as communities of practice, practice banks, and e-learning modules (see the [Guidance Framework](#) for examples), allowing practitioners to **exchange insights easily** and refine learning.
- **Contributing to open, inclusive knowledge:** PbK aligns with global efforts to make scientific knowledge more open, accessible, and inclusive. For example, the United Nations Educational, Scientific and Cultural Organisation (UNESCO) Recommendation on Open Science of 2021 emphasises involving societal actors beyond academia in the research process.⁹³ Such an approach mirrors the goals of PbK. By integrating practitioner expertise into knowledge-building, PbK contributes to a **more inclusive understanding of knowledge while also supporting the universal right to participate in scientific advancement**.⁹⁴

2.3.b Learning about hidden or overlooked dynamics

“A significant amount of real knowledge and lived experience never make it to academic journals.”

Key informant

PbK can surface early warnings, subtle risks, and unintended consequences that formal studies may overlook or take years to capture.

Spotting risks early

PbK helps **identify emerging risks that may take years to appear in formal research**. For example, some common games that appear harmless can, in specific contexts, take on dynamics that increase children’s vulnerability to coercion or CSV. A key informant described how the “truth or dare” game was often used in their context to exert social pressure and involve children in increasingly risky behaviour. Other practice-based insights report similar concerns about role-playing games such as “doctors and nurses” or “police”, where peer-to-peer power dynamics may become unsafe.⁹⁵

“Without this ground-level knowledge, interventions might fail to capture how everyday activities like games can evolve into forms of violence, ultimately compromising prevention strategies.”

Key informant

These insights are not generalisable evidence. Instead, they act as **early signals that prompt closer monitoring, deeper community conversations, and, where needed, targeted research.** PbK enables locally grounded responses while more systematic studies catch up. PbK strengthens the knowledge base by adding timely knowledge that can course correct and **enable the inclusion of context-specific**

threats in prevention planning, before they become entrenched.

Surfacing unintended consequences

CSV prevention occasionally has unintended consequences. However, little is known about these.⁹⁶ For example, a comprehensive review of 676 studies came across only one two-decade-old study, which revealed that some children became more anxious or resistant to authority after participating in a prevention programme.⁹⁷ Unintended consequences of culturally adapted interventions include some children feeling excluded or children from minority ethnic backgrounds feeling singled out.⁹⁸ However, these remain underexplored in academic literature.

Practitioners, on the other hand, regularly encounter such complexities. Their direct engagement with children and families enables them to identify patterns where prevention efforts may cause distress, backlash, or exclusion. This PbK allows unintended consequences to be addressed early and sensitively.

EXAMPLE: IDENTIFYING UNINTENDED CONSEQUENCES OF RISK-REDUCTION STRATEGIES⁹⁹

Context

In Washington State (USA), Erin's Law encourages schools to teach children how to recognise, resist, and report unsafe situations. While well-intentioned, concerns emerged about how some children were experiencing this programming in practice.

Learnings from PbK

Practitioners and stakeholders, including school staff, law enforcement, and child protection actors, observed that some children with prior experiences of sexual violence felt they had failed by not speaking up or saying “no” strongly enough. These findings (in the form of a published [report](#)) highlight that risk-reduction strategies (which teach children to recognise unsafe situations, assert boundaries, and seek help) can have unintended effects.

PbK-informed reflection

Rather than rejecting the intervention, stakeholders are using these practitioner insights to recommend a shift in focus: from placing the burden of action on children to equipping adults to create safer environments, recognise signs of harm, and respond effectively.

Learning from tacit knowledge

PbK also captures tacit knowledge – the intuitive, experience-based insights that practitioners rarely have the space or time to articulate but draw upon every day. It is often learned through observation, trial and error and reflection, rather than through formal training.

One key informant compared it to chess, explaining that while knowing the rules is useful, the real skill lies in reading the board and anticipating what comes next. Similarly, practitioners on the frontlines of CSV prevention rely on their everyday learning to refine their approaches, often developing intuitive strategies that academic research struggles to fully capture.

PbK ensures that this instinctive know-how is shared rather than lost. PbK allows other

practitioners to learn from these insights, strengthening overall CSV prevention and response.

INSIGHT: “WHERE WOULD YOU LIKE TO SIT?” STRENGTHENING TRAUMA-INFORMED CARE THROUGH TACIT KNOWLEDGE

Context

Trauma-informed care, a foundational approach in CSV response, focuses on understanding the lasting impacts of trauma and responding in ways that promote safety, empowerment, and healing. Core principles of trauma-informed care have been extensively explored in the literature¹⁰⁰ and are enshrined in widely used frameworks.¹⁰¹ Despite being familiar with these concepts, a practitioner working with child victims and/or survivors noticed that many children did not feel emotionally safe during court-preparation sessions (the meetings and practice activities before a hearing or trial that help a child understand the process and prepare to give evidence).

Learnings from PbK

Through trial, observation, and reflection, the practitioner discovered the power of **seemingly small, everyday choices. Inviting children to decide where to sit in the room, or which colour crayon to use** allowed them to feel in control of their environment. Some children chose seats near the exit, which helped them remember they could leave at any time. Others chose corners where they could feel safer.

This instinctual understanding and micro-adjustments, developed over time through multiple interactions, was critical to applying trauma-informed principles in practice.

Why this matters

Tacit knowledge helps translate general principles into day-to-day practice. It supports more relational, child-centred environments where children feel empowered, safe, and more likely to disclose or seek help.

2.3.c Learning about complex and under-researched aspects

Some areas of CSV remain significantly under-examined, leaving practitioners without sufficient guidance to act ethically and effectively in real time. These include both specific forms of CSV, such as intrafamilial CSV, as well as emerging approaches such as restorative justice.

PbK cannot replace the need for empirical evidence. However, it can **strengthen the knowledge base by offering grounded insights where research is still evolving**, helping practitioners navigate complexity, avoid harm, and shape more relevant interventions. PbK can also highlight urgent areas for future inquiry.

Responding to intrafamilial CSV

CSV by a parent, sibling, or extended family member presents unique challenges, precisely because it occurs in spaces that are meant to ensure safety. Research on intrafamilial CSV remains limited.¹⁰² Even interventions shown to improve reporting have not had any significant impact when the perpetrator is a family member.¹⁰³

Practitioners working in this space offer insights that are not yet captured in formal literature. These include how to support a child without compromising the safety of siblings, how to engage non-offending caregivers in recovery, and how to recognise early signs of risk. While these findings are not generalisable, they can guide decisions in practice and inform future research agendas.

EXAMPLE: SUPPORTING NON-OFFENDING CAREGIVERS¹⁰⁴

Context

When children disclose CSV by a family member, practitioners often work closely with non-offending caregivers. These caregivers may experience guilt, confusion, isolation, and self-blame, which can affect their ability to support the child. They may:

- Emotionally shut down or withdraw
- Blame the child or defend the perpetrator
- Fail to enforce boundaries or take protective action

Learnings from PbK

PbK highlights that **many caregivers needed support** not only to understand the child's needs but also to **process their own emotional response**. [Emerging Minds](#), an organisation in Australia, channelled these insights into a practice paper on field-informed strategies for engaging and supporting non-offending parents.

This includes specific PbK-informed learning such as:

- **Normalising parental distress:** Acknowledging caregivers' emotions, rather than ignoring or dismissing them, creates space for constructive conversations about the child's well-being.
- **Reinforcing parental strengths:** Encouraging parents to reflect on their strengths in the parent-child relationship helps counteract feelings of helplessness and reinforces their role in their child's recovery.

Why this matters

These insights do not constitute generalisable evidence, but they provide a helpful starting point for practice. This PbK can help other programmes recognise the importance of supporting non-offending caregivers. It also provides preliminary direction for considering how to engage with them.

Restorative justice for responding to CSV

Restorative justice involves facilitated dialogue between victims and/or survivors and those who have caused harm. It aims to promote healing and accountability for those who voluntarily seek such spaces. It can take different forms: direct, indirect, or through a representative. In the case of CSV, restorative justice often takes place long after the harm occurred, when the victims and/or survivors are adults. The use of these practices for sexual violence carries considerable risks and is still a relatively emergent field of inquiry. While a growing body of research has begun to examine the potential of restorative justice in cases of sexual violence,¹⁰⁵ there is limited evidence about its safety, appropriateness, or outcomes in CSV.¹⁰⁶ For this reason, CSV-specific

restorative justice practice must proceed with extreme caution, robust ethical safeguards, and clear limits.

At the same time, our consultations highlighted that some **practitioners are already exploring alternative justice approaches**. This is not because they dismiss risk, but because they are **responding to the very real limitations of existing legal systems**, which victims and/or survivors often find re-traumatising, inaccessible or not designed to meet their needs. In these settings, practitioners are turning to PbK — continuous learning based on what they hear from children and families. PbK offers a valuable understanding of what victims and/or survivors need, which may, at times, reflect the desire for restorative justice.¹⁰⁷

“Whether we acknowledge it or not, practitioners are creating new interventions when they see a gap, with or without formal evidence, so why wait for formal evidence when we can make them safer right now by learning from real-world experience?”

Key informant

Learning from PbK in such a field is not a call to promote restorative justice for CSV. Rather, it is a call to document and reflect on what is already happening. **Innovations often precede validation, and practice-based insights can be used to refine and safeguard such innovations** while research catches up. In high-risk, low-evidence spaces such as this, the responsible use of PbK can guide more ethical, informed, and survivor-centred decisions, while stressing the need for formal study.

EXAMPLE: SURVIVOR-LED PRACTICE-BASED KNOWLEDGE IN RESTORATIVE JUSTICE¹⁰⁸

Context

The [European Forum for Restorative Justice](#) promotes restorative justice through networking, knowledge sharing, research, and policy advocacy across Europe. Their report, [From survivors to survivors: Conversations on restorative justice in cases of sexual violence](#), captures PbK through firsthand accounts of survivors of sexual violence (including CSV). The survivors, who engaged with (or chose not to engage with) restorative justice processes, share their journeys.

Learnings from PbK

This resource provides PbK in the form of **real-world insights into what helped or harmed during the restorative justice processes**. It guides practitioners toward safer, more survivor-informed approaches while evidence is being built. These accounts offer detailed reflections on preparation, facilitation, and survivor agency. Themes include:

- Preparing participants and assessing readiness for participation in restorative justice
- Facilitating emotionally safe dialogue
- Identifying what supported or hindered recovery

Why this matters

Restorative justice in cases of CSV remains highly sensitive and under-researched. These insights do not provide evidence of effectiveness and are not presented as models to be replicated. Instead, they provide practitioner-relevant knowledge about **what questions to ask, what risks to anticipate, and how to better centre survivor choice and safety**. For practitioners working in contexts where restorative justice is already being considered or requested by victims and/or survivors, this PbK can help them proceed with greater care. Simultaneously, PbK can help identify the most pertinent research questions that need to be studied.

2.3.d Centring children's expertise

Practitioners often learn most from the children they work with. Through everyday interactions such as disclosures, observations, conversations, or quiet moments of trust, children communicate what safety means to them, what puts them at risk, and how adult responses help or harm.

This type of learning is a powerful form of PbK. It reflects **practitioner expertise that is shaped by children's lived expertise**, including what children need, how existing systems fall short, and how to strengthen CSV prevention and response in ways that are relevant to children's realities. PbK also reflects how children navigate risk and protection across lines of disability, gender, ethnicity, caste, class, and other social identities. PbK becomes a means of honouring and acting on children's knowledge, **especially**

in contexts where formal participation is not possible.

Despite growing focus on child participation,¹⁰⁹ children affected by CSV are still often excluded from shaping prevention strategies.¹¹⁰ This section shows how PbK strengthens the knowledge base by ensuring that it accurately reflects children's expertise.

Note: Children's contributions to PbK must always be treated with the highest standard of ethical care. While their insights often become part of broader patterns, safeguarding remains paramount. The [Guidance Framework](#) sets out conditions to ensure PbK is gathered and applied ethically in all contexts, including in work with children.

Distinguishing between child participation and children's contributions to PbK

PbK does not replace child participation — it complements it. By capturing what children share in informal contexts, PbK expands the field's understanding of how children perceive risk and safety, and how prevention strategies can respond to their realities.

- **Children's expertise emerges in real-time, not just in structured processes:** Child participation typically refers to structured, intentional efforts to involve children in giving input, such as through youth consultations, advisory groups, or participatory research. Children's contributions to PbK often happen **informally**, through daily interactions with practitioners. These contributions are shared **spontaneously**, sometimes **unprompted**, and emerge from trust and real-life relationships, not structured processes. PbK provides a way to recognise and apply this everyday knowledge, especially in contexts where formal participation is not feasible.
- **PbK acknowledges what matters to children, not just what adults define as important:** Many participation efforts frame children's input within predefined objectives set by adults, limiting the scope of what can be shared. PbK, in contrast, allows practitioners to capture insights as they arise, centring children's perspectives rather than filtering them through rigid frameworks. This ensures that prevention strategies respond to the realities children experience, rather than just the priorities of researchers and policymakers.
- **Rigid participation structures exclude many children, PbK expands inclusion:** Traditional participation mechanisms require access, resources, and facilitation, which can exclude children facing systemic barriers. PbK removes these constraints by **allowing knowledge to be gathered wherever children share it**. While research-practice partnerships are crucial for ethical child engagement in CSV prevention, they require sustained funding and institutional support, conditions that are not always readily available. PbK ensures that children's contributions are valued even outside these formal structures.
- **Practitioners already learn from children, their knowledge should be recognised:** Children, particularly those affected by CSV, often shape prevention efforts informally by sharing their experiences with trusted practitioners. However, because these insights are not gathered through formal methods, they are rarely acknowledged as knowledge. PbK can help ensure that what practitioners already learn from children is recognised as valid knowledge.

PbK strengthens CSV prevention efforts by ensuring that interventions are grounded in the realities and priorities of children. The following examples illustrate

how PbK can document and amplify children's insights to shape policies and interventions.

EXAMPLE: INCREASING LEGAL AWARENESS FOR ADOLESCENTS THROUGH PBK¹¹¹

Context

Although the *Protection of Children from Sexual Offences Act* in India provides comprehensive legal protection for children impacted by CSV, its complexity often prevents them from understanding their rights. To address this, the [Child Rights Clinic at Jindal Global University](#) and [The YP Foundation](#), a youth-led organisation, developed a simplified [Adolescent friendly guide on POCSO](#) for adolescents aged 8–13 years.

From PbK insight to action

Years of working with adolescents had shown practitioners where children misunderstood the law, what they feared, and what felt out of reach. Building on this PbK, practitioners sought direct input from children to shape the guide, ensuring it reflected both lived realities and legal accuracy. The result was a co-created, simplified legal guide that combined practitioner expertise with children's insights.

Children:

- Shared examples reflecting situations they commonly face, ensuring the guide addressed real-life concerns.
- Provided feedback on the language and tone to ensure clarity and relatability.
- Highlighted practical challenges in accessing legal protections, which shaped the guide's content.

Practitioners:

- Used their experience working with adolescents to ensure the guide was both accurate and practical.
- Ensured legal accuracy while making the content accessible.

Why this matters

This is PbK in action, rooted in how children actually understand and experience the law. It demonstrates how learning from practitioners—grounded in children's perspectives—can transform preventive tools into resources that young people can truly utilise.

EXAMPLE: CHILDREN'S VOICES IN SHAPING ONLINE SAFETY POLICIES IN CAMBODIA¹¹²

Context

The [SCROL \(Safety for Children and their Rights OnLine\) project](#) is led by [Terre des Hommes Netherlands](#) in collaboration with [AusCam Freedom Project](#) (working on preventing trafficking of young girls and women) and [APLE Cambodia](#) (working on preventing CSV for over two decades). SCROL empowers Cambodian children and youth to advocate for protection against online CSV. Designed in 2022, in collaboration with partners, stakeholders, and children in Kenya, Nepal, Cambodia, and the Philippines, the programme recognises children as key knowledge holders.



Learnings from PbK

Children play a central role in the design, implementation, and evaluation of SCROL, not just as participants but as contributors who shape strategies, inform policies, and lead peer-to-peer initiatives.

While PbK has shaped SCROL from the outset, a 2023 workshop provided a structured space to capture specific recommendations from children and youth. Twenty children offered insights that helped shape the National Plan to End Violence Against Children (2025–2030). The processes built on children’s ongoing role in SCROL and went beyond the formal participation to also incorporate PbK.



PbK recommendations from children and youth

The children offered PbK-driven recommendations, highlighting practical solutions based on their lived expertise:

- **Policy and governance:** Children emphasised the importance of online CSV awareness being taught in schools and recommended **stricter social media regulations** to block harmful content. Children called for urgent legislative action, emphasising the need for a law on child protection.
- **Victim support:** Children highlighted the need for **accessible, confidential reporting channels and support systems**, as well as community training to foster a supportive culture and counter victim-blaming.
- **Criminal justice:** Children stressed the need for more child-friendly response practices, including **increasing the number of female officers** to create a supportive environment.
- **Private sector engagement:** Recommendations included internet service provider-enforced **age restrictions and content filtering**, stronger data protection, and mobile campaigns to raise online CSV awareness.

Children’s PbK has not only shaped SCROL but also influenced broader policy efforts in Cambodia. Their workshop recommendations informed national policy discussions and contributed to the first-ever child and youth consultation in Cambodia.¹¹³



Why this matters

This is an example of PbK that is framed and shaped by what children were sharing. The role of practitioners was to recognise this knowledge, translate it into policy-relevant language, and amplify it within national systems. It shows how frontline learning, grounded in children’s realities, can begin to influence broader discussions on prevention.

2.3.e Surfacing institutional lapses in CSV prevention and response

When safeguards exist but fail in practice

PbK can sharpen our understanding of where institutions fall short in protecting children from CSV. It can reveal where systems fail to uphold the very protections they promise. In India, for instance, legal provisions exist to safeguard victims and/or survivors throughout the judicial processes. Such provisions include shielding them from aggressive cross-examination and ensuring they don’t have to face the perpetrator in court. However, in practice, these

safeguards are often inconsistently applied, putting children at risk of harm and retraumatisation.

PbK, grounded in direct experience, can help identify these breakdowns, showing where systems fail, why certain harms go unchecked, and how victims and/or survivors experience institutional lapses.

From PbK insight to accountability

When systematically gathered and shared, this kind of PbK exposes structural lapses. While it may not always lead to immediate improvements, **PbK can play a vital role in pushing institutions** (including schools, faith-based bodies, and justice systems) **to reflect, respond, and reform** in ways that are more informed and accountable.

PbK should be seen as part of a broader knowledge ecosystem. Its strength lies in revealing how policies and protections work (or fail) in practice, not in replacing formal research.

When integrated thoughtfully with other knowledge forms, PbK offers researchers and policymakers vital insights—grounded in frontline practice, survivor advocacy, and service delivery—that can make institutional reform more responsive and context-aware.

Education systems: Strengthening school safeguarding mechanisms

Practitioners working in school settings (e.g., teachers and social workers) are often able to detect patterns that formal oversight mechanisms fail to recognise. This could include unclear reporting channels or cultural norms that discourage disclosure. PbK can also reveal structural problems in how schools respond to allegations and safeguard children.

EXAMPLE: LEGAL ADVOCACY USING PBK TO STRENGTHEN SCHOOL SAFEGUARDING IN MEXICO¹⁴

Context

The [Oficina de Defensoría de los Derechos de la Infancia \(Office of Advocacy of the Rights of Children\)\(ODI\)](#) is a frontline organisation advocating for children's rights in Mexico. Through years of direct legal representation of children subjected to CSV, ODI has built a robust body of PbK that has been instrumental in exposing systemic failures in school-based CSV and pushing for policy reforms.

How PbK was gathered

Between 2017 and 2024, ODI documented 45 cases of CSV across 12 Mexican states, all of which had similar patterns. When authorities failed to investigate, ODI documented and published their PbK.

Learnings from PbK

ODI's case files, courtroom experience, learnings from children's testimony and reports from affected families exposed critical structural failures within the school system and the Public Education Secretariat (SEP), including:

- **Patterns of CSV:** The cases ODI studied involved multiple school staff members, including teachers, principals, administrative staff, and maintenance workers, acting together to exploit children as young as three. Victims were often sedated, removed from school premises, and subjected to CSV in groups, sometimes forced to attack each other while being filmed. In some instances, up to seven perpetrators, including principals, teachers and other staff, acted together.
- **Hidden spaces:** Abusive acts were often facilitated in secluded environments which were difficult to monitor, for instance, windowless storage rooms.
- **Institutional failures:** Administrative negligence was rampant within the SEP, where cases were frequently dismissed and investigations were delayed. The SEP attempted to discourage victims from reporting and conducted investigations without notifying criminal authorities.
- **Flawed investigative practices:** The inadequacy of forensic methods in interviewing young victims often led to dismissals of children's testimonies, which further hindered justice.

What changed

1. **National attention:** ODI's 2021 report, *It's a Secret: Child Sexual Exploitation in Schools*, sparked **widespread national and international attention**. Over 50 media outlets covered the issue, and the Mexican President was publicly questioned about the state's response. However, the government's reaction remained largely dismissive.

2. Judicial decision: In 2021, the same year, ODI represented a group of children¹¹⁵ in a high-profile legal case against SEP. Despite political resistance, ODI's legal advocacy influenced the following judicial decision:

- **Redesigning schools:** A court order mandated that SEP eliminate hidden spaces (such as rooms without windows) within schools and ensure that the visibility of what happens inside classrooms is not obstructed
- **Improved investigative practices:** The Attorney General's Office was required to adopt specialised methods for supporting young victims (both boys and girls) to testify within a reasonable time frame.
- **Curriculum integration:** Schools were required to include sexual violence education to help students recognise CSV and seek support
- **State liability:** The judge condemned the Mexican State as jointly liable for the reparation of the damage while sentencing a teacher.

3. Investigation: One of the other key outcomes following the publication of ODI's report was the decision by the Office of the Attorney General to open a national investigation into all reported cases of CSV in schools.

Despite these legal victories, ODI continues to highlight the lack of meaningful structural change. Cases of CSV in schools persist, and SEP has yet to implement systemic reforms despite the widespread publicity and the court order. While the national investigation marked a significant step forward, ODI reports that there is no clear investigative strategy or coordinated action plan in place.

Why this matters

Practitioner expertise, rooted in direct case handling, can surface institutional lapses that children alone cannot safely or effectively identify. PbK, in this case, informed legal reform, exposed structural abuse, and forced national attention. Despite the lack of immediate systemic change, PbK remains vital because it continues to provide critical insights that other actors might overlook.

Legal and policy systems: Accounting for cross-border realities

Legislation works best when it not only aligns with international standards and child rights but also takes into account local contexts.¹¹⁶ While PbK can offer

crucial insights into these dynamics, where relevant, it must be integrated carefully alongside research. This ensures that legal frameworks are not only responsive to real-world challenges but also grounded in robust, evidence-based strategies.

INSIGHT: NATIONAL STRATEGIES MAY NOT ACCOUNT FOR CROSS-BORDER COMMUNITIES

Context

In East Africa, many communities span national borders. However, our consultations highlighted how national child protection policies often assume static populations and fail to address the mobility of perpetrators, children, and families.

Learnings from PbK

Practitioners working in border regions have raised recurring concerns that highlight systemic risks, including:

- **Perpetrators fleeing across borders** to avoid arrest

- Children at risk of female genital mutilation or other CSV **being moved to evade national bans** or detection by social services
- Victims and/or survivors seeking support being caught in **jurisdictional limbo**, with unclear pathways to legal redress or victim services
- **Informal workarounds like cross-border referrals going unrecognised** in formal protocols

This PbK signals where protective systems are faltering in practice and where further research and coordinated reform are needed.

! Why this matters

PbK generated by frontline practitioners can surface gaps that formal systems may not yet have identified. By recognising these practitioner insights as legitimate knowledge, policymakers and researchers are better positioned to test assumptions, design more context-aware protections, and anticipate risks before they escalate.

For another example of how PbK can improve institutional responses, see also [How the lived expertise of survivors contributed to legal change in Chile](#)

What this section tells us

This section shows that frontline practitioners do more than deliver programmes — they generate knowledge. Through their daily work, they spot early risks, respond to complex forms of harm, and learn directly from children in ways formal systems often miss. PbK recognises this expertise as a vital source of insight that can inform broader CSV prevention and response efforts.

2.4 Learning from CSV lived expertise

“When survivors participate, the solutions become more realistic and meet the specific issues they experience.”

Wangu Kanja Foundation¹¹⁷

Lived expertise, when intentionally drawn on to inform practice, is a vital source of PbK. When people who have experienced or been affected by CSV intentionally draw on that experience to support others, shape systems, or influence change, they generate knowledge that is grounded, practical, and deeply informed by real-life challenges (see also [Why include lived expertise in PbK](#)).

If PbK is limited to practitioner perspectives, it risks becoming a one-way loop where insight circulates among implementers without engaging those most affected by harm. Including lived expertise helps close

that loop. This inclusion ensures that the knowledge shaping prevention and response is informed not only by those delivering practice and services, but also by those navigating them.

This section explores how PbK helps us learn from lived expertise across individual, collective, and family experiences. It highlights examples where victims and/or survivors and caregivers have shaped reporting mechanisms, legal reforms, family support tools, public advocacy, and research itself.

2.4.a Lived expertise driving new tools

Victims and/or survivors often hold the clearest understanding of why systems fail to protect children, what prevents disclosure, and what support is most meaningful. When these insights are intentionally reflected on and acted upon, they can spark practical innovations such as child-friendly reporting mechanisms that transform prevention and response in real-world settings.

EXAMPLE: FRANCE’S BUTTERFLY MAILBOXES – SURVIVOR-INITIATED INNOVATION¹¹⁸

Context

One CSV survivor’s insight into the barriers children face in disclosing CSV led to the development of a nation-wide response system. Boyet’s experience revealed what many policies and systems overlook: disclosure is not just a legal or procedural act, but an emotional and relational challenge.

Learnings from PbK

Laurent Boyet is a police officer and the founder of [Les Papillons](#), a French frontline organisation. He drew on his own lived expertise as a survivor of CSV and the difficulties he faced in reporting, as well as from observing the challenges encountered by many other children in speaking out. He identified key insights such as:

- Children often fear retaliation, exposure, or not being believed.
- Disclosure needs to feel private, safe, and accessible especially for children without supportive adults.
- Systems must respond quickly, sensitively, and without placing further burden on the child.

These insights were translated into practice: Les Papillons developed Les Boîtes aux lettres Papillons (Butterfly Letterboxes), confidential mailboxes where children can report all forms of abuse, including CSV. Their motto is:

“If you can’t say it, write it.”

The mailboxes, mainly installed in schools, provide note dispensers with forms. Children need to fill out their name, age, and grade, as well as whether they are writing for themselves or a friend and whether they know the person hurting them. Agreements with municipalities enable police officers to collect messages at least twice a week and forward them to trained psychologists. The organisation’s psychologists analyse all messages and, whenever necessary, forward them to the police/prosecutors.



What changed and what didn't

The mailbox system offers children a discreet and secure way to share their experiences without fear of retaliation or exposure.

“Listening directly to the people we want to protect (...) was the key element.”

Mayor of Saint-Clément, France

On the first day a mailbox was installed in a school in eastern France in June 2022, a 10-year-old girl used it to report CSV. She left a message disclosing that her grandfather had subjected her to CSV. Shortly after, an investigation revealed that she and two other girls in her family had been victims of intra-familial CSV for years. By September, the grandfather was convicted and sentenced to 12 years in prison, demonstrating the effectiveness of the mailbox system in enabling children to disclose CSV safely and confidentially. This case highlights the importance of accessible and confidential reporting systems.

Since its launch, the initiative has **expanded across France and recently into Germany**, with schools increasingly adopting the mailbox system. **Over 30,000 messages were submitted in a year.** In Paris, **primary schools have also begun installing these mailboxes**, reflecting a growing recognition of their importance in child protection.

Despite these successes, Laurent Boyet, the founder of Les Papillons, reflects that while more children are now willing to speak out, adults and institutions still struggle to listen and act on these disclosures effectively. This challenge highlights the need for continued advocacy and institutional reform to ensure that children’s voices are heard and acted upon.

Why this matters

This initiative grew from the founder’s lived expertise of knowing first-hand what it means to be unable to disclose CSV. It shows how PbK can turn deeply personal, experience-driven insights into systemic change that makes disclosure safer for children. Rather than offering a one-size-fits-all model, it provides a guiding example for how frontline practice can be informed by lived expertise.

2.4.b Collective survivor lived expertise exposing systemic harm and advocating for change

When victims and/or survivors intentionally come together to reflect on, document and share their

expertise, they produce a powerful form of PbK. This PbK can provide critical insights into the failures (or successes) of institutional responses and offer concrete recommendations for improving systems. This collective knowledge can also shift public narratives, challenge entrenched institutions, and drive legal or policy change that individual efforts alone may not achieve.

EXAMPLE: HOW THE LIVED EXPERTISE OF SURVIVORS CONTRIBUTED TO LEGAL CHANGE IN CHILE¹¹⁹

Context

The Catholic Church has long held a place of reverence in Chile, a country with a substantial Catholic majority. However, in recent years, the Church has been increasingly scrutinised as a result of widespread allegations of CSV by clergy, and systematic cover-ups by church officials. The experiences and voices of victims and/or survivors have played a critical role in bringing these issues to light.

Learnings from PbK

Frustrated by the lack of institutional accountability, survivors organised to document and analyse patterns of abuse. One initiative, led by Eneas Espinoza and his fellow members of the Red de Sobrevivientes de Chile/[Network of Institutional Abuse Survivors of Chile](#), documented cases and created a database of clergy abuse.

This survivor-driven knowledge-building process provided insights into the systemic nature of CSV by:

- **Countering institutional narratives:** The survivors' documentation challenged the Church's official stance. It showed the abuse was widespread and systemic, not isolated incidents as the Church claimed.
- **Capturing patterns and gaps:** Survivors identified recurring tactics used by the Church to silence survivors, such as relocating abusive clergy or discouraging legal action.

What changed

The initiative brought a relatively hidden issue of CSV to the public's attention. It succeeded in:

- **Changing media narratives:** Organising data and survivor testimonies ensured that media coverage framed CSV as an institutional crisis rather than isolated misconduct.
- **Challenging the Church's position:** The survivor-led movement pressured Church leadership to acknowledge and respond to the crisis in ways it had previously resisted. **The Pope apologised** to the survivors' group when he visited Chile.
- **Legal reform:** After increased media attention and public pressure, Chilean lawmakers **abolished the statute of limitations on sexual offences against minors**, a crucial step towards enabling victims and/or survivors to pursue justice, regardless of how much time had passed since the violence.
- **Increased investigations:** Between July 2018 and May 2019, the number of **cases quadrupled to 166**, involving 221 accused, including 10 bishops. Of the 248 victims, 131 were children at the time of the sexual violence.
- **Political attention:** The survivors' network continued to advocate for a truth and reparations commission to document the full extent of violence, but faced resistance. However, there have been noteworthy steps. In 2022, Chile's President Gabriel Boric **included in his election manifesto** a commitment to establish a truth and reparations commission.
- **International attention:** In 2022, the **United Nations' Committee on the Rights of the Child urged the Chilean government to establish a national inquiry** into cases of child abuse within the Catholic Church and state-run residential centres.

While the truth and reparations commission is yet to be created, the ongoing advocacy has kept the issue in the public eye. Chile's experience demonstrates **the vital role PbK (in the form of survivors' voices) can play in effecting change, particularly within institutions resistant to scrutiny.** PbK helps us learn from lived expertise by transforming survivors' profound understanding of systemic harm into actionable knowledge that others, including journalists, lawyers, and policymakers, can utilise to respond to abuse within powerful institutions.

At the global level, survivor networks, such as the Brave Movement, demonstrate how lived expertise can influence not only national reform but also international commitments and accountability.

EXAMPLE: SURVIVOR-LED GLOBAL ADVOCACY – THE BRAVE MOVEMENT¹²⁰

Context

The [Brave Movement](#), a global survivor-centred initiative launched in 2022, has been instrumental in pushing CSV to the forefront of international policy discussions through its advocacy.

From insight to action

- **Global advocacy and engagement:** The Brave Movement's work has raised awareness of CSV on the international stage, notably influencing the G7 summit,¹²¹ where the [Brave G7 Call to Action](#) was included.
- **Lanzarote Committee engagement:** In 2023, the Brave Movement gained observer status with the Lanzarote Committee,¹²² marking a key milestone in integrating survivor voices into global child protection decision-making.
- **Increasing global accountability:** Their advocacy has driven more nations to commit to protecting children, as seen with the publication of the [#BeBrave G7 Scorecard 2025](#). The scorecard tracks the G7's progress on CSV prevention and holds governments accountable for their commitments.
- **Actionable resources:** The Brave Movement developed a [practical guide](#), with input from survivor advocates, to help establish survivor councils. These councils aim to ensure that survivors' perspectives inform policies and provide a platform for their voices in decision-making, fostering more survivor-centred responses.

Reflections and challenges

Despite these successes, the Brave Movement continues to face challenges, including the slow pace of change and a lack of accountability mechanisms in many countries. The movement's ongoing advocacy highlights the need for continued engagement in global policy discussions.

Why this matters

The Brave Movement is reshaping how the world tackles CSV by framing survivors' lived expertise as actionable knowledge. By amplifying these voices, the Brave Movement is holding governments accountable for their promises and prompting a deeper examination of the gaps in existing systems.

2.4.c Families' and carers' lived expertise supporting other families and carers

Parents, caregivers, and family members who have supported a child after the disclosure of CSV carry

unique knowledge about what helps, what hinders, and what support is missing. When shared and applied, these insights can guide the creation of more compassionate, responsive services that better meet the needs of other families in similar situations.

EXAMPLE: CO-CREATING RESOURCES FOR FAMILIES AND CARERS¹²³

Context

[The Green House](#), a UK-based charity supporting children, young people, and families, engaged its parents and carers group to gather insights on what information would have been most helpful when supporting a child affected by CSV.

Learnings from PbK

The Green House developed a [handbook offering](#) practical guidance and emotional support. It carries the message *“For parents and carers, by parents and carers who have walked the path before you.”* The resource offers reassurance and advice based on lived expertise.

The suggestions include:

- Offering children the **option to have regular check-ins with a safe adult of their choice** at school, rather than defaulting to the designated safeguarding lead.
- Providing a **quiet, designated safe space in school** for children to go when they feel overwhelmed.
- Exploring exam access arrangements and other **academic adjustments** in collaboration with the school.
- Linking with **therapeutic support** available through the school, such as play therapy, or school counselling.
- **Encouraging families to ask questions** and raise concerns about professional decisions, reinforcing that they have a role in shaping support for their child.
- Recommending **mental health apps and services** that carers had found personally helpful, including Headspace, Beat Panic, WellMind, and the Somerset Phoenix Project.

Why this matters

This is PbK generated by those walking alongside the child—translating their own lived expertise into practical, care-informed tools for others. Their contributions are not presented as universal truths, but as experience-informed suggestions, grounded in what they have found helpful or wish they had known.

2.4.d Individual lived expertise informing advocacy and support

Individual victims and/or survivors often channel their lived expertise into advocacy, public education, and

peer support. By transforming personal experiences into knowledge, they can help others navigate both the justice system and the long-term recovery process.

EXAMPLE: USING LIVED EXPERTISE TO SUPPORT SURVIVOR AND FAMILY HEALING BEYOND THE LEGAL PROCESS

Context

Candice Harris, a survivor of CSV, channels her lived expertise to support victims and/or survivors, as well as their families, not only through the justice system but also through healing and everyday care. She created [Conversations We've Never Had](#),¹²⁴ a podcast that addresses the emotional and relational impact of CSV, particularly on families who are trying to support a child after disclosure.

Learnings from PbK

Candice's PbK has surfaced critical insights for service providers, highlighting that:

- Emotional recovery continues long after legal processes end, and families need guidance throughout. While legal proceedings may provide justice, they do not address the full scope of recovery.
- Non-offending caregivers often feel unsupported or blamed; targeted support can help them become protective allies.

Why this matters

Candice's podcast turns her lived expertise into a resource for others. By naming the unspoken emotional and relational impacts of CSV, she creates space for survivors and families to recognise their own struggles and find pathways to healing. This is PbK in action: knowledge generated from lived expertise, reflected on and shared, so that it strengthens support systems and makes responses more compassionate and relevant.

What this section tells us

Lived expertise is a vital source of PbK—offering insights that are grounded in personal and collective experience. Those affected by CSV carry deep knowledge about how systems succeed and where they fall short. PbK recognises this as more than testimony; it is knowledge that strengthens prevention and response — from shaping child-friendly reporting tools to driving legal reform, supporting other families, and informing prevention strategies. Including lived expertise ensures that the solutions are not only well-designed but truly responsive to the needs and realities of those they are meant to serve.

Concluding thoughts:

Redefining what counts

- a call to recognise, resource, and act on practice-based knowledge

The knowledge we need is already here

Preventing and responding to CSV is among the most urgent and complex responsibilities today. If there is one message this Background Paper seeks to make, it is this: to meet that responsibility effectively, ethically and justly, **we must expand what counts as knowledge and who is recognised as holding it.**

PbK challenges us to recognise that critical insight emerges not only from academic studies and research institutions but also from daily acts of practice. PbK does not wait for publication. It appears in the quiet shift of a practitioner's tone or the safety a child finds in a gesture that is never written down. It is real-time, relational and deeply situated, and is generated through improvisation, trial, adaptation and the persistent effort to do better with what is available.

PbK does not weaken the evidence base; rather, it strengthens it. It reveals the hidden seams in systems that appear to function. It captures the quiet knowledge of those who adjust, resist, and respond every day, often without recognition or support.

From recognition to rigour

Throughout this Background Paper, we have described how PbK strengthens prevention and response by surfacing insights from underrepresented regions and populations, revealing gaps in our understanding, capturing innovation, and embedding the wisdom of survivors and caregivers at the heart of systems change. It complements research not by replicating its methods, but by anchoring them in practice and lived reality. It deepens our understanding of what works, how it works, for whom, and in what contexts.

However, to make this knowledge count, it **must be engaged with intention: not extracted, not romanticised, and not used in isolation.** Because it is often experiential, relational and unevaluated, it must be engaged with care. This raises urgent ethical and methodological questions — *how is PbK generated, and under what conditions? Who decides what is valid? What risks does it carry, especially around misrepresentation, privacy or harm?* These questions are not peripheral. In a field as high-stakes as CSV, they are central.

The accompanying [Guidance Framework](#) offers emerging ways to begin addressing these questions. It calls for structures that support ethical gathering, rigour, careful interpretation and intentional use.

Making it count

For PbK to improve prevention and response in practice, it must be made usable. This means creating space for practitioners and those with lived expertise to reflect, share and learn from one another, not just in exceptional moments, but as part of how organisations work. This requires building bridges between practitioners, researchers, policymakers, and funders, so that knowledge is not only exchanged but also meaningfully engaged. And it means demonstrating, through funding, strategy and system reform, that **PbK is not a soft add-on. It is complementary. It is essential.**

When these enabling conditions are in place, PbK becomes more than a tool for reflection. It becomes a lever for change. It helps us identify harm sooner, adapt more ethically, and stay accountable not only to frameworks, but to the children they are meant to protect.

In closing

What is at stake is not only the strength of our interventions, but our collective ability to truly protect.

We cannot prevent what we do not fully see. And we cannot see clearly if we overlook those who live and work closest to the realities of harm and healing.

Practice-based knowledge is not waiting to be discovered. It **already exists** in the hands of practitioners, in the strategies of communities, and in the lived expertise of victims and/or survivors and families. What it now requires is **recognition, resourcing, and respect.**

The **question is no longer whether PbK matters.** **The question is whether we will act on it,** whether we will build the structures and relationships that allow it to inform decisions, strengthen systems, and bring us closer to the safety and justice every child deserves.

Terminology

- **Abuse:** Refers to acts that cause harm, including physical, emotional, and sexual abuse.
- **Child:** Any person below the age of 18.
- **Childhood sexual violence (CSV):** CSV is used as a broad term to capture different forms of sexual harm against children, including abuse, exploitation, and online sexual violence. While we received important feedback that the acronym “CSV” may feel reductionist, we use it here for brevity and consistency, anchored in an expanded definition that aims to reflect the full range and complexity of sexual violence against children.
- **Frontline organisations:** Organisations working directly with individuals and communities. These may include NGOs, grassroots groups, community-based organisations, service providers, and advocacy organisations that engage in CSV prevention and response.
- **Knowledge (broader than evidence):** Knowledge encompasses various ways of understanding, including practitioner insights, lived expertise, and informal practices, as well as formal, research-based evidence.

Why use “knowledge” instead of “knowledges”?

The argument for using “knowledges” is based on the need to acknowledge the diversity of perspectives and ways of knowing. Any conceptualisation of PbK must embrace this diversity. However, using “knowledge” in the singular ensures that this diversity is not fragmented or treated as separate, but rather recognised as a collective and legitimate body of knowledge that holds multiple perspectives within it. This framing also aligns with how knowledge is generally recognised in policy and research spaces, strengthening its credibility.

- **Knowledge creators:** Anyone contributing to the development of knowledge, whether through practice, lived expertise, or research.
- **Lived expertise:** Lived expertise refers to the knowledge built through experiencing CSV or

navigating its impacts as a caregiver, family member, or other person closely affected. It recognises that those directly affected develop distinctive insights into the nature of harm, the adequacy of prevention and response, and the realities of navigating systems.

Why use “lived expertise” instead of “lived experience”?

“Lived experience” may sometimes be misunderstood as passive or anecdotal. “Lived expertise” recognises the important contributions people make on the basis of their direct experiences. This language shift also resists tokenism. It acknowledges that people with lived experience are not simply sharing stories; they are producing knowledge that is vital to preventing and responding to CSV.

- **People who have caused harm/individuals seeking accountability:** These terms are used to describe individuals responsible for harm without defining them solely by their actions. The terms avoid stigmatisation while recognising the need for accountability and the potential for change. “Perpetrator” is also used interchangeably where legally or contextually relevant.
- **Practice/intervention:** Terms used interchangeably to describe organised actions, strategies, or programmes undertaken to prevent or respond to CSV.
- **Practice-based knowledge (PbK):** In the context of CSV, PbK refers to the valuable insights developed through direct engagement in prevention or response. It includes knowledge from practitioners, as well as from those with lived expertise — when the experience of receiving support, navigating systems, or surviving harm is intentionally drawn upon to influence or improve practice. Often informal and sometimes undocumented, PbK is not limited to those with formal credentials. PbK strengthens CSV prevention and response by complementing and enriching other forms of knowledge. Sometimes also referred to as practice-based insights.

Why practice-based knowledge (PbK) and not practice-based learning (PbL)?

We sincerely appreciate the suggestion that “learning” better captures the ongoing, evolving nature of how practitioners generate insights in real time. Some organisations use the language of PbL to emphasise that the process itself is central: that practice gives rise to knowledge through reflection, questioning, and adaptation.¹²⁵

Our approach is fully aligned with this understanding: PbK is not simply a product to be collected, but a process rooted in curiosity, critical reflection, and collective sense-making. Seeing PbK this way supports more rigorous, grounded, and credible use of insight across teams and systems.

At the same time, through our consultations, we heard that the term “knowledge” carries weight. Practitioners across diverse settings believe that using “knowledge” affirms that what they know through lived expertise and frontline work is legitimate and valuable. “Knowledge”, in this sense, signals that these insights are serious, citation-worthy, and should inform decisions. For this reason, we chose to use PbK, while holding firmly to the values and spirit of learning that make it meaningful.

- **Practitioners:** People directly engaged in frontline practice. Also referred to as service providers, staff, team members, frontline workers, or grassroots practitioners.
- **Victims and/or survivors:** Different individuals and communities have varying preferences for how they describe their experiences. “Survivor” often emphasises resilience, while “victim” may be used in legal contexts or to recognise harm. Both terms are used here, with awareness that language is personal and contextual.

List of abbreviations

CSV	Childhood sexual violence
C-WAEC	Consortium for West Africa Acceleration to End Online Abuse and Exploitation of Children
DCIP	Defence for Children International, Palestine
HICs	High-income countries
INSPIRE	A set of seven evidence-based strategies developed by WHO and partners to end violence against children: Implementation and enforcement of laws, Norms and values, Safe environments, Parent and caregiver support, Income and economic strengthening, Response and support services, and Education and life skills.
IPV	Intimate partner violence
LDHR	Lawyers and Doctors for Human Rights
LGBTQ+	Lesbian, gay, bisexual, trans, queer, and other identities
LICs	Low-income countries
LMICs	Low- and middle-income countries
M&E	Monitoring and evaluation
MICs	Middle-income countries
MNR	Model National Response
NCACIA	National Crimes Against Children Investigators Association
ODI	Defensoria de los Derechos de la Infancia AC
PbK	Practice-based knowledge
PbL	Practice-based learning
POCSO	Protection of Children from Sexual Offences Act (India)
PTH	Pathway to Hope
RCTs	Randomised controlled trials
SAMHSA	Substance Abuse and Mental Health Services Administration
SCROL	Safety for Children and their Rights Online
SEP	Public Education Secretariat (Mexico)
SFH	Safe Futures Hub: Solutions to end childhood sexual violence
SVRI	Sexual Violence Research Initiative
TfG	Together for Girls
UNESCO	United Nations Educational, Scientific and Cultural Organisation
VAC	Violence against children
VACS	Violence Against Children and Youth Survey
VAW	Violence against women
VAW/G	Violence against women and girls

Appendix: Why include lived expertise in PbK

What we mean by lived expertise in PbK

Lived expertise becomes part of PbK when people with direct experience of CSV—or with close, secondary experience as caregivers or family members—intentionally draw on that experience to inform or transform practice.

This section explores why and how such contributions can be recognised as PbK, what risks and tensions this raises, and what principles can help ensure this inclusion is both ethical and meaningful.

Key tensions

Across consultations, many emphasised that lived expertise, when intentionally applied to influence or improve practice, strengthens accountability, deepens contextual understanding, and roots interventions in real-world realities. At the same time, others raised concerns regarding the inclusion of lived expertise within PbK: it could blur the conceptual boundaries between practitioner knowledge and lived expertise, risk the instrumentalisation of personal stories, or dilute the practitioner-centred definition of PbK.

Rather than sidestep these tensions, we seek to engage them with care. Naming the tensions allows us to engage more carefully and to distinguish between private experiences and applied, practice-shaping contributions.

We believe that **not all lived expertise is PbK**.

However, when lived expertise is intentionally applied to inform or transform practice, and reflected upon, such contributions belong within the landscape of PbK. Private narratives, reflections, or stories of experiencing harm shared without the intent to shape practice are not PbK. The **difference lies in intention, reflection, and the application** of these experiences.

What lived expertise adds to PbK

It holds practice accountable

Without lived expertise, **PbK risks becoming a closed loop**, with practitioners reflecting only on what they designed and delivered. PbK then risks being:

- Descriptive rather than transformative
- Focused on delivery rather than impact
- Self-contained within systems that may already marginalise or exclude

Lived expertise introduces a second, vital loop: how harm was experienced, how interventions were received, and what safety, justice, or healing meant in practice. It surfaces less visible dynamics, challenges assumptions, and reconnects programming to its intended impact.

Including lived expertise in PbK can:

- **Challenge practitioner or institutional assumptions.** Some victims and/or survivors may prioritise regaining control over their story rather than pursuing legal action. Recognising this helps systems shift outcome measures from institutional and practitioner-defined metrics to survivor-defined goals, such as being heard, feeling safe, and rebuilding dignity.
- **Ground innovation in lived reality.** Lived expertise reveals how violence takes root in everyday spaces of trust: with a relative, a teacher, a youth leader. These insights push prevention efforts beyond generic awareness to address power, silence, and grooming dynamics.
- **Make solutions more accountable to those they aim to serve.** Hearing from victims and/or survivors who face insensitive systems (rushed services, dismissive tones, or lack of follow-up) helps professionals understand how small shifts in tone or timing can either support or re-traumatise.

It already shapes practice, but rarely by name

Many practical tools, interventions, and approaches in the field of CSV emerge from direct engagement with victims and/or survivors and affected caregivers. Whether through formal co-design processes or informal relationships, these insights often inform practitioner decisions. However, they are rarely named as sources of knowledge. Including lived expertise within PbK makes origins visible, honours contributions, and strengthens ethical accountability.

Ethically including lived expertise within PbK

Decisions about whether lived expertise constitutes PbK must be made with humility, transparency, and care. We propose that:

- **No automatic exclusion.** Survivor and caregiver insights should not be automatically excluded from PbK.

- **No automatic inclusion.** Not all lived experience is PbK. Experiences that are private, unshared, or not intended to shape practice must never be co-opted.
- **Clear intention.** Lived expertise becomes PbK when it is intentionally applied to inform or improve practice.
- **Agency and safeguards.** Victims and/or survivors and affected communities must retain agency in how their knowledge is recognised or shared. Practitioners and organisations bear responsibility to engage lived expertise respectfully, with clarity of purpose, and with safeguards against instrumentalisation.

Recognising lived expertise in PbK does not dilute practitioner knowledge. Done carefully, it sharpens our collective understanding of what works, how, why, and for whom — while ensuring that those closest to harm are engaged ethically and responsibly.

Without lived expertise



Assumptions + gaps

With lived expertise



Stronger + safer

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Endnotes

- 1 Children were not directly involved in the development of this Background Paper and Guidance Framework, to avoid risks of over-consultation and harm without a clear safeguarding mandate. Instead, we drew on insights from practitioners and organisations working directly and closely with children. We recommend that, where appropriate and ethically feasible, PbK processes create safe and age-appropriate opportunities for children's meaningful participation.
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- 3 We recognise that different terms, such as Practice-based learning (PbL), are used to describe this approach. Through our consultative process, we arrived at Practice-based knowledge (PbK) to emphasise the depth of understanding gained through practice, rather than just the learning process. Most of those we engaged with felt that 'knowledge' conveys something more concrete and valuable, reflecting insights developed through action, reflection, and experience. However, we fully acknowledge the approach taken by others, such as the Raising Voices who use the term learning rather than knowledge as it shows that learning is continuous, generative and organic.
See also [Why practice-based knowledge \(PbK\) and not practice-based learning \(PbL\)?](#)
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- 5 Prevention Collaborative. (n.d.). *Practice-based knowledge (PbK)*. <https://prevention-collaborative.org/guide-programming/practice-based-knowledge/>
- 6 The term 'practitioners' is being used to include activists who play a vital role in shaping, delivering, and adapting responses- while recognising that activists may work outside formal systems and bring distinct forms of experiential and movement-based knowledge to the field.
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