The state of the evidence on preventing and responding to the sexual exploitation of children

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Background and purpose

- Need for evidence based, consolidated UNICEF guidance on preventing and responding to child sexual abuse and exploitation.
- Desk based research to review evidence and existing guidance, consult with experts & gather case studies.
Literature & guidance review

**EVIDENCE REVIEW**
- 17 electronic databases (eg Cochrane, Embase)
- UNICEF bibliography
- Hand searching journals
- Grey literature search

- Problem & trends
  - 817 rel
  - 132 included

- Effective responses
  - 10,837 found
  - 108 rel
  - 82 included

**GUIDANCE REVIEW**
- UNICEF bibliography
- Web searching human rights orgs

- 110 found
- 80 included
Engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities (this does not apply to consensual sexual activities between minors), and b) engaging in sexual activities with a child where use is made of coercion, force or threats; or abuse is made of a recognised position of trust, authority or influence over the child, including within the family; or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence.
Definition child sexual exploitation

Child sexual abuse becomes sexual exploitation when a second party benefits monetarily or socially through sexual activity involving a child. It includes harmful acts such as sexual solicitation and prostitution of a child or adolescent and, in the Council of Europe Convention, covers situations where a child or other person is given or promised money or other form of renumeration, payment or consideration in return for the child engaging in sexual activity, even if the payment/renumeration is not made.
Prevalence & definitions
## Prevalence data – Baltic Sea study & selected VAC surveys

<table>
<thead>
<tr>
<th>Country</th>
<th>CSA female</th>
<th>CSA male</th>
<th>CSE female</th>
<th>CSE male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>4.4%</td>
<td>5.6%</td>
<td>1.6%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Estonia</td>
<td>43.0%</td>
<td>10.0%</td>
<td>3.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Kenya</td>
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<td>7.0%</td>
<td>6.0%</td>
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<tr>
<td>Lithuania</td>
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<td>2.4%</td>
<td>9.1%</td>
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<tr>
<td>Norway</td>
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<td>18.0%</td>
<td>1.0%</td>
<td>4.3%</td>
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<tr>
<td>Poland</td>
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<td>23.0%</td>
<td>14.6%</td>
<td>25.2%</td>
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<tr>
<td>Swaziland</td>
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<td></td>
<td>9.5%</td>
<td></td>
</tr>
<tr>
<td>Sweden</td>
<td>56.0%</td>
<td>14.0%</td>
<td>2.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Tanzania</td>
<td>27.9%</td>
<td>13.4%</td>
<td>4.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
### Mapping evidence on type of response across different system levels

<table>
<thead>
<tr>
<th>Framework for presenting findings on the evidence</th>
<th>TYPE</th>
<th>OF</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>System level</td>
<td>Prevention</td>
<td>Identification and Child Protection Response</td>
<td>Recovery &amp; reintegration</td>
</tr>
<tr>
<td>1. National responses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Multi-sectoral and sectors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Community/civil society responses</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Child, family and relationships</td>
<td></td>
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</tbody>
</table>
Challenges in the evidence

- Research bias to HICs, interventions rather than systems
- Lack evidence on outcomes
- What works, for whom, where & in what circumstances?
- Fragmented approaches – GBV, HIV & reproductive health, CSA, CSE, child protection
- Similar and different issues GBV & violence to children
Evidence Rating

- Tested effective – replicable & rigorously evaluated experimental design.
- Promising – formalised programme, evidence of some impact, not experimental design; OR experimental design but limited impact OR mixed results.
- Emerging promising – new programme and evidence just emerging OR evaluation difficult but some monitoring data exists.
- Pioneering – example of what can be done but evidence is still poor.
- Low – no evidence / harmful.
## Overview of findings

<table>
<thead>
<tr>
<th>Tested effective</th>
<th>Promising</th>
<th>Emerging promising</th>
<th>Pioneering</th>
<th>Low/harmful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>National More known</td>
<td>System about what</td>
<td>Responses does not work</td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td>Identification and Protection</td>
<td>and</td>
<td></td>
</tr>
<tr>
<td>Recovery</td>
<td></td>
<td>and Reintegration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Messages national actions

- Trend from single issues focus to enabling environment for social change & capacity building CPS
- Forces influencing social change are complex
- Increased knowledge about VAC via surveys and National Action Plans
- We know more about what does not work
- Positive messages = theory driven outcome focused goals, system wide, implementation, resources, monitoring, coordination, participation, leadership
Case example Tanzania

- VAC survey 2009 with wide focus LT & PY physical, sexual & emotional abuse by adults and peers, including CSE and FGM
- Multi sector task force to communicate and implement findings
- Costed NAP with monitoring procedures
- Actions include – expand child protection in local authorities, training, police children’s desks, safe schools programme, Childline set up
Messages on prevention

We are starting to find out about prevention in 3 areas:
1. Changing social ‘norms’, attitudes, behaviour via universal or targeted education – men and boys (e.g. IMAGES, Soul City & Buddyz Namibia & Botswana).
2. Situational prevention e.g. camp design, offender regulation
3. Reducing risks & building resilience (e.g. ELA Uganda Bandiera et al 2012).
Identification and protection

- Progress in health & police in coordinated one stop shop responses (E.g. Barnahus)
- Responses also include law reform, training, child friendly reporting, child helplines, screening, outreach, common assessments, information sharing.
- Coordinated responses – case management, specialist multi agency teams.
- Community based child protection (e.g. Families Matter, Romania Child line)
- Perpetrator focus
Recovery & reintegration

• Welcome shift from ‘rescue’ but focus HICs on individual mental health impact victim & parent, less on reintegration.
• TFCBT (e.g. Zambia apprenticeship model, Murray et al, 2011)
• Social needs – education, employment, social support, empowerment.
• Reintegration and reducing risks
Moving Forward

- Lack of evidence is no excuse for inaction, we need evidence in context
- Responses across several levels
- Closer working GBV and VAC
- Relevance of outcome based, child’s rights framework & monitoring
- A child focused theory of change
- A developmental & lifecourse perspective
- Looking for positives – challenging the deficit model of risk